Infant Toddler ePyramid Modules

Handbook for Leaders

THE PYRAMID MODEL CONSORTIUM
Supporting Early Childhood PBIS

Overview of the ePyramid Modules

The ePyramid is an online professional development program created by experts in the field. It provides complete, on-demand access to Pyramid Model training.

Each ePyramid package consists of up to 18 hours of content, divided into three modules. A subscription provides one staff member with a year of online access.

For an individual subscription, go to https://www.pyramidmodel.org/online-courses-epyramid/. To receive access codes in bulk, contact Erin Kalanick at erin.kalanick@pyramidmodel.org

The package that is appropriate for a staff member or program depends upon the ages of the children being served. Three separate packages are available:

- Infant Toddler ePyramid Module Package
- Preschool ePyramid Module Package (can also be used for Kindergarten)
- Birth-Five ePyramid Module Package (appropriate for mixed-age groups, or for staff members who work across age ranges)

Each module includes high-quality video teaching, handouts, assignments, knowledge checks, and action planning. All ePyramid packages provide evidence-based instruction on how to:

- Create Nurturing and Responsive Relationships
- Provide High Quality Supportive Environments
- Implement Targeted Social Emotional Supports
- Practice Intensive Interventions

This handbook focuses on the Infant Toddler ePyramid Module Package. On the following page, you will see a more complete overview of the content of each module.

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Overview of the ePyramid Modules (continued)

Infant Toddler Module 1: Social Emotional Development within the Context of Relationships

Content Includes:

- Understanding the importance of social emotional development and how it unfolds during the infant and toddler years.
- What is social emotional development?
- Considering the foundational nature of early relationship experiences.
- Forming and maintaining relationships with your young children, families and co-workers.
- Identifying responsive care giving strategies adults can use to support infants and toddlers.

Infant Toddler Module 2: Responsive Routines, Environments, and Targeted Strategies

Content Includes:

- Identifying ways a high-quality supportive environment can promote social emotional development in infants and toddlers.
- Exploring how the environment can help provide support and prevent challenging behavior.
- Targeted strategies to enhance social emotional well-being of infants and toddlers.
- Understanding the positive impact of responsive caregiving routines and well-designed learning environments.

Infant Toddler Module 3: Individualized Intervention: Determining the Meaning of Behavior and Developing Appropriate Responses

Content Includes:

- Overview of Positive Behavior Supports
- Reviewing the dimensions of communication: Form and function
- Considering behavior, including challenging behavior as communication
- Providing an introduction to Functional Assessment
- Understanding the development of Behavior Support Planning

Using the Modules: Who and How

Decisions about how to use the modules may happen at a state, region, district, agency, program, or site level.

Leaders will want to answer several questions prior to using the ePyramid Modules:

- What are we hoping to accomplish through our use of the ePyramid modules?
- Who will receive ePyramid training?
- What approach will we take to the modules? Will we require staff members to complete the modules in their entirety, or will we use them as a menu of options based on role, data, or other factors?
- Who will support the learning process?
- Will we facilitate use of the modules in a group? With individuals?
- What is the timeline for training using the ePyramid Modules?
- How will we create time for staff members to complete the ePyramid Modules?
- Will staff members be compensated for their time working on the modules, or receive flex time?
- Will they be given professional development credit?
- Who will provide accountability?

This handbook has been created to help you consider possible answers to many of these questions, and to guide your facilitation of the ePyramid Modules.

Who can benefit from using the ePyramid Modules?

- All staff members who interact with children or families
- Leaders who are interested in supporting quality improvement initiatives related to social-emotional development
- Coaches or professional development specialists who are supporting staff in implementing social-emotional practices

Knowing what you want to accomplish will determine how you approach the ePyramid modules. Some possible approaches:

Use the complete package:

- With all staff to launch a program-wide Pyramid Model initiative
- For onboarding new staff
- As a refresher for staff members who have already experienced in-person training

Use some of the lessons:

- Those that apply to a particular role within your agency (see Appendix A for more information about which lessons are appropriate for each role)
- Those that directly address concerns expressed by staff members.
- As a resource at coaching meetings, to teach more about the specific practices that teachers are working to implement
- As homework or follow-up after in-person trainings
- To support improvement based on data (TPOT, TPITOS, ECERS, ITERS, CLASS, etc.)

The video lessons and accompanying assignments can be completed individually, in small teams, or as a whole staff.

Which of these groupings would make the most sense in your context?

VIEW THE VIDEO LESSONS	COMPLETE THE ASSIGNMENTS
Individually	Individually
Individually	As a teaching team
Individually	At staff meetings or other large group format
As a teaching team	Individually
As a teaching team	As a teaching team
As a teaching team	At staff meetings or other large group format
At staff meetings or other large group format	Individually
At staff meetings or other large group format	As a teaching team
At staff meetings or other large group format	At staff meetings or other large group format

On page 5 you will find sample plans outlining how leaders might allocate time, ensure lesson completion, and support implementation, depending on which grouping option you choose.

Role of the Leader

Note that when the video lessons are watched as a group, there is currently no method for individuals to mark the lessons as completed within each online module, meaning that reports will not allow leaders to track individual completion after group viewing. We recommend that whichever approach you choose, you provide some level of in-person support to supplement and provide accountability for use of the online modules.

The person who provides this support may be an administrator, professional development specialist, TA provider, behavior or mental health specialist, coach, or teacher. Ideally, this person will have experience in implementation of the Pyramid Model, knowledge of related resources, and time to devote to the project.

Practice-Based Coach (PBC) Training and ePyramid Training for Leaders are available through Pyramid Model Consortium. In addition, the Pyramid Model Consortium offers cohort coaching for the infant toddler and preschool ePyramid packages.

The role of the leader may include:

- **Supporting Implementation**
  - Guiding participants
  - Following up on learning
  - Extending activities (See page 9)
- **Documentation**
  - Monitoring progress through modules (See Appendix C)
  - Accountability for action items/projects

Some leaders fill both support and documentation roles, while other programs assign these roles to separate leaders.

We recommend that leaders provide participants with a binder that includes all of the handouts (see Appendix D), multiple copies of the action plan form, blank paper for journaling, and other relevant documents such as information about program implementation of Pyramid Model practices.

According to one leader, “Having the materials printed and in a notebook, and ready on Day 1 was absolutely necessary—it would be unrealistic for me to expect the participants to take care of this on their own…it would not have happened.”

Supporting implementation might include checking in regularly with individual participants to answer questions about content, directing to further resources, and otherwise extending learning. It could include providing feedback on the quality and content of completed assignments or using the action plan for each lesson as the focus of coaching.

Leaders might also facilitate communities of practice that allow participants to share their learning and implementation with each other. Community of practice meetings can take place weekly, biweekly, or monthly.

Documentation might include providing deadlines, reviewing reports to monitor progress through the modules, and following up with participants to ensure that they are completing and feeling supported across all lessons, assignments, and action plans.

Leaders can access progress reports for each staff member on a weekly basis. Contact Erin Kalanick, erin.kalanick@pyramidmodel.org, to arrange for this access.

At this time, users are able to continue to the next lesson even even if they do not meet the required percentage on the Knowledge Check. Leader reports do indicate whether a participant has passed each Knowledge Check, and participants are not able to complete the course until they have passed all Knowledge Checks.

Participants receive a completion certificate when they have watched all of the videos and successfully completed all Knowledge Checks. Your agency may wish to provide additional recognition or documentation for participants' ongoing progress and successful completion of handouts and other assignments.

Coaching

The practices found in the strengths and needs assessments at the end of each ePyramid module can serve as the focus of coaching. At the end of each lesson, participants are asked to choose one practice and create an action plan for implementing that practice.

Coaches can follow the Practice-Based Coaching cycle to support participants in implementation. This cycle entails assisting with the action planning process, conducting focused observation related to the action plan, and meeting with participants after the observation to reflect on implementation and provide feedback.

This cycle can be completed a few times per module, once per lesson, or coaches and participants can engage in multiple coaching cycles per lesson.

Visit https://eclkc.ohs.acf.hhs.gov/professional-development/article/practice-based-coaching-pbc to find out more about Practice-Based Coaching, and contact Rob Corso at rob.corso@pyramidmodel.org to arrange for PBC Coach Training.

Sample Timelines for Completion of the Modules

Participants have access to the modules for one year, and each participant can work through the modules at their own pace. This is often ideal for new staff members who begin mid-year, or for getting substitute teachers up to speed. However, it may be beneficial to provide some guidance for pacing of the lessons, or to have a group of staff members work through the modules together. Here are three sample plans for completion of the modules over different time periods: 9 months, 6 months, and 3 months.

Sample A - Plan for completion of the ePyramid Modules over 9 months	
July	Recruit, train, and prepare leaders/coaches Plan for the year Ensure that leaders have access to progress reports
August	Recruit and orient teachers Ensure that all participants have user accounts and can access the modules
September	Teachers complete Module 1, Lessons 1-2
October	Teachers complete Module 1, Lessons 3-4
November	Teachers complete Module 1, Lessons 5-6
December	Teachers complete Module 1, Lesson 7 Obtain feedback from participants
January	Teachers complete Module 2, Lessons 1-2
February	Teachers complete Module 2, Lessons 3-4
March	Teachers complete Module 2, Lessons 5-6
April	Teachers complete Module 3, Lessons 1-3
May	Teachers complete Module 3, Lessons 4-6
June	Celebrate success Obtain feedback from participants

Sample Timelines for Completion of the Modules (continued)

Sample B - Plan for completion of the ePyramid Modules over 6 months	
August	Recruit, train, and prepare leaders/coaches Plan for the year Ensure that leaders have access to progress reports Recruit and orient teachers Ensure that all participants have user accounts and can access the modules
September	Teachers complete Module 1, Lessons 1-4
October	Teachers complete Module 1, Lessons 5-7
November	Teachers complete Module 2, Lessons 1-3
December	Teachers complete Module 2, Lessons 4-6
January	Teachers complete Module 3, Lessons 1-3
February	Teachers complete Module 3, Lessons 4-6
March	Celebrate success Obtain feedback from participants

Sample C - Plan for completion of the ePyramid Modules over 3 months	
August	Recruit, train, and prepare leaders/coaches Plan for the year Ensure that leaders have access to progress reports Recruit and orient teachers Ensure that all participants have user accounts and can access the modules
September	Teachers complete Module 1
October	Teachers complete Module 2
November	Teachers complete Module 3
December	Celebrate success
	Obtain feedback from participants

Sample Monthly Plans for Leaders

The tasks and time required of leaders will vary depending on the number of staff members, whether staff members are working through the modules independently or as a group, and the level of support provided.
Here are sample plans outlining three possible monthly schedules for leaders to follow.

Sample Monthly Plan #1

At this program, teachers do lessons independently, Community of Practice meets 1x/month

Week 1: Check in with all teachers • Review Progress Report • Support each teacher in planning to complete assigned lessons for the month • Follow up from last month	**Week 3: Check in with teachers E, F, G, H:** • Review action plan and assignments/projects • Reflection/Feedback • Determine any additional support needed
Week 2: Check in with teachers A, B, C, D: • Review action plan and assignments/projects • Reflection/Feedback • Determine any additional support needed	**Week 4: Community of Practice meeting** **(see sample agenda on pg 8)**

Sample Monthly Plan #2

At this program, teachers do lessons together, Community of Practice meets 2x/month

Week 1: Community of Practice Meeting • Watch two lessons + do assignments together • Write action plans	**Week 3: Community of Practice Meeting** • Watch two lessons + do assignments together • Write action plans
Week 2: Check in with all teachers • Review Progress Report • Follow up on implementation of action plans • Reflection/Feedback	**Week 4: Check in with all teachers** • Review Progress Report • Follow up on implementation of action plans • Reflection/Feedback

Sample Monthly Plan #3

At this program, teachers do lessons independently, there is no Community of Practice

Week 1: Check Progress Reports and Follow Up • Check in with teachers as needed regarding completion of lessons or passing of knowledge checks • Provide all teachers with refresher information, reflective questions, or extension activities related to past lessons/content	**Week 3: Check in with teachers E, F, G:** • Review action plan and assignments/projects • Reflection/Feedback • Determine any additional support needed
Week 2: Check in with teachers A, B, C • Review action plan and assignments/projects • Reflection/Feedback • Determine any additional support needed	**Week 4: Check in with teachers H, I, J:** • Review action plan and assignments/projects • Reflection/Feedback • Determine any additional support needed

Sample Community of Practice Agendas

Community of Practice meetings typically take place in person and are typically scheduled to last 1, 1 ½, or 2 hours.

First Meeting:
- Welcome
- Orient teachers
- Relationship-building activities
- Establish schedule/norms
- Provide binders
- Technology
  - Signing in
  - Format of lessons
  - Troubleshooting

Ongoing Meetings:
- Welcome
- Reflection on the Content:
  - What did you learn?
  - What new ideas did you get?
- Show and Tell
- Reflection on Implementation:
  - What have you done to implement this content?
  - Successes? Challenges?
  - What child responses have you noticed?
- Action Planning

Last Meeting:
- Celebrate successes and accomplishments
- Plan for future implementation
- Provide certificates

Extension Questions/Assignments

Each ePyramid lesson includes assignments and activities that the participant is expected to complete (see Appendix B.) As you consider how you will support learning, prioritize discussion about the needs assessment and action plan for each lesson, and emphasize implementation of the practices.

These additional questions and activities are optional and can be used to review, reinforce, and extend learning for individual users, or to provide discussion topics for Community of Practice meetings.

Infant Toddler Module 1 Extension Questions/Assignments

Lesson 1
- Who did you tell about the Pyramid Model?
- How did the conversation go?
- Do you have questions about implementation of the Pyramid Model here at our agency?
- Is there anything that you are nervous about, related to Pyramid Model implementation? Excited about?
- In what ways does the Pyramid Model relate to your role here at our agency?

Lesson 2
- What have you continued to learn about related to social and emotional development and the brain? What has surprised you?
- What did you think your work would be like in relationship to supporting families' social and emotional well-being?
- What feels hardest about building relationships with and supporting families? Easiest?
- What has been your greatest surprise in your work relationships so far (something you now know or accept about children, families, or others that you did not anticipate in your role)?
- Share a picture or video from your classroom that is an example of how you help families feel understood, respected, and valued.

Lesson 3
- What surprises you about brain development in infants and toddlers?
- Share with me how you understand and have been able to make connections between what you do (teaching, caregiving, coaching) and supporting a developing brain.
- What personal insights did you explore and gain following the Milestones Expectations activity? What questions did this activity raise for you?
  - How will you use the information gained from this activity to support your work with young children, families and co-workers?
  - How many of your expectations do you feel you are able to act on or support, regularly, in your work here at our agency?

Lesson 4
- Which hot button behaviors did you identify for yourself?
- What are some of your emotional responses to these hot button behaviors?
  - Which emotions do you experience most often and what do you notice about these responses? What purpose do they serve?
- What influences your approach to observations?
- What feels hard about observing infants and toddlers?
- What are some of the ways you use your observations to support positive outcomes?

Lesson 5
- What did you notice and learn after tracking your hot button behaviors?
- What new strategy did you try in response to your hot button(s) being pushed?
  - How did it feel?
  - What did you notice?
- What are some ways you try to better understand and respond to a young child(ren)?
- What did you learn about temperament? Would you like to share the Temperament Continuum you completed?
  - Your temperament style?
  - A child's?
- When thinking about a young child whose behavior you find challenging, do you think there are temperament traits that are a part of what feels challenging to you?

Lesson 6
- Share what you observe and experience from the children and families in your care - how do they build relationships?
  - Does it feel familiar or different based on how you build relationships?
- What might children and families believe about relationships because of their interactions and experiences with you?

Lesson 7
- What are some of the ways you build new relationships with families?
- What impact did forming a close relationship with a family have on your relationship with the child? Can you share an example with me?
  - What impact did this have on the parent-child relationship?
- How do you build and maintain relationships with co-workers?
- Are there relationships that feel harder to build? How do you respond when relationships feel hard?

Let's also take some time to review the completed action plans you have worked on throughout module one. Is there a particular action plan you would like to share?

- What led you to choose this specific practice to implement?
- What was it like for you determining the action steps? This can be one of the hardest parts when developing an action plan.
- What were you looking for to help you determine and know when you met your goal? Was there specific data you were collecting? This is such an important part as it includes the results of your hard work and actions.
- What do you still need to add or change?

Infant Toddler Module 2 Extension Questions/Assignments

Lesson 1

- Share the five things you have learned about the Pyramid Model.
- What is the biggest change you have implemented since you began the ePyramid modules? What has been your biggest challenge?
- What is the biggest change to your thoughts, ideas, or planned strategies since you began the ePyramid modules?
- What strengths are in place at our agency and helping to support implementation of the Pyramid Model?
- Are there barriers to implementing the Pyramid Model at our agency?

Lesson 2

- What came to mind for you when you thought about the social emotional climate of your classroom? Our agency?
- What are some of the ways you observe and/or measure the social emotional climate of your classroom?
- Share some examples of ways you have tried to create a space/environment that provides key positive messages for children and adults (specific to relationships, initiative and self-regulation)?
- What do people experience while in your classroom?
  - Yourself?
  - Children?
  - Families?
  - Co-workers?
- What about your environment also has you thinking about challenging behavior? Why do you think that is?
- Let's talk about some of the ways the environment here at our agency supports your well-being. Anything additional you would like considered? What about your environment - how might you arrange your environment differently to support your well-being?

Lesson 3

- Together, let's think about an infant or toddler who is already part of our early care and learning environment. What can we look for that offers insight as to what he or she needs and wants in the environment?
- What powerful effect(s) does the work environment have on you?
- Why do you believe routines are important to infants and toddlers?
- In what ways do routines help support social and emotional well-being?

Lesson 4

- Share with me how you determined the design of your classroom environment.
- How do you know when the environment "works" for young children in your care? Their families? Yourself?
- What feels challenging about your classroom environment?

Lesson 5

- What stands out within the plans you developed for two children in your care related to routines?
  - What steps did you take to move forward?
  - What did you observe?
- Which feeling words did you identify as important to expose infants and toddlers to? How did you decide on these words?
- Which children's book did you choose to read to the infants and/or toddlers in your care?
  - Why did you choose this book?
  - What way(s) did you use this book with children to help enhance emotional literacy?
  - What will you do next?

Lesson 6

- Which feeling words have you found yourself using more often? What have you noticed from children in their response?
- What ways do you learn more about a child's social development?
- How do you help support the infants and toddlers in your care with play skills and peer connections?

Let's also take some time to review the completed action plans you have worked on throughout module one.
Is there a particular action plan you would like to share?

- What led you to choose this specific practice to implement?
- What was it like for you determining the action steps? This can be one of the hardest parts when developing an action plan.
- What were you looking for to help you determine and know when you met your goal? Was there specific data you were collecting? This is such an important part as it includes the results of your hard work and actions.
- What do you still need to add or change?

Infant Toddler Module 3 Extension Questions/Assignments

Lesson 1
- What has gone well and what has felt challenging as you've made your way through the first two modules?
- Are there topics that you would like to know more about or resources that you might need to help you implement what you have been learning?
- Have you tried any of the strategies that you wrote down for nurturing yourself?

Lesson 2
- Which children come to mind when you think of acting out behaviors? What children come to mind when you think of withdrawing behaviors?
- What have you done to make deposits with these children?
- What have you done to make deposits with family members of these children?

Lesson 3
- Share at least three factors that affect a child's behavior
- How can you get more information about possible factors that affect the behavior of a child you work with?
- What insights did you gain from considering the perspective of a child? How about when you considered the perspective of another adult?

Lesson 4
- You were asked to reflect on your own experiences with who display persistent challenging behaviors. Think more about this and what you have learned throughout this training. How have your thoughts changed from the start of this training to the end?
- What are barriers to making objective observations? How can we work to overcome those barriers?
- Since you viewed this lesson, have you tried to delay interpreting behavior until you have made objective observations? How did that feel?
- What are your current systems for collecting data in the learning environment?
- How do you find the data collected to be helpful in making decisions about your learning environment and plans for activities/experiences/ materials you provide for children?

Lesson 5
- Relationships with families are essential in providing high quality early care and education. Talk about 3 things you do (or plan to do) to engage families.
- Share a time that you had a positive interaction with someone in a child's family. Why do you think this interaction went well?
- Share a time that you had an interaction with someone in a child's family that was more challenging. Would any of the suggestions on the "Talking with Families" handout have helped in this situation?
- What support do you need from the program so that you can work with families to gather information about a child's behavior?

Lesson 6
- Is there a comprehensive program-wide system in place for addressing challenging behavior?
- If there is, does it work? If there isn't, or if it doesn't work, what role can you play in refining or developing a system?
- Do you take a team approach to intensive intervention? Who writes the plan? Who implements it? How do you know if the plan is working or not working?

Review the completed action plans you have worked on throughout module three. Choose one of your action plans and show me evidence of implementation of the plan. Evidence could include a photo of a support you have added to the learning environment or a description of the strategies you have implemented, or explanation of how the children responded to what you tried. You should include the result of your actions – what happened when you _____. What do you still need to change or add?

Resources to Support Implementation

- pyramidmodel.org
- challengingbehavior.cbcs.usf.edu
- Center on the Social and Emotional Foundations for Early Learning (CSEFEL)

Appendix A
ePyramid Lessons Appropriate for Various Roles

This chart lists the length of each video and indicates which portions of each lesson are most appropriate for various staff members.

Front office staff, custodians, bus drivers, kitchen staff, etc. are grouped in the Support Staff category.
Directors, education managers/coordinators, site supervisors, etc. are grouped in the Administrator category.
The Teachers and Caregivers category includes teacher assistants, paras, etc.

E-Pyramid Mods - Infant Toddler

LESSON NAME	TIME	ROLE				
Module 1		**Teachers and Caregivers**	**Mental Health, Behavior Specialists and Coaches**	**Support Staff**	**Admin**	**Fiscal and Operational Staff**
Lesson 1 - Social Emotional Skills						
Handout: Course Objectives	0:00	X	X		X	
Introduction Video	2:27	X	X	X	X	X
1.1a Introduce: Social Emotional Skills	2:13	X	X	X	X	X
1.1b Why Focus on Social Emotional Development?	2:51	X	X	X	X	X
1.1c LEARN: The Pyramid Model: An Overview and the Effective Workforce	9:30	X	X	X	X	X
1.1d Promotion	4:10	X	X	X	X	X
1.1e Prevention and Intervention	1:39	X	X	X	X	X
1.1f DO: Review and Checklist	5:04	X	X	X	X	
Handout: Addressing Challenging Behavior	0:00	X	X	X	X	X
Handout: Implementing Positive Behavioral Support	0:00	X	X	X	X	X
Handout: Foundation Assessment	0:00	X	X	X	X	X
Handout: Inventory of Practices I	0:00	X	X	X	X	
Handout: Inventory of Practices II	0:00	X	X	X	X	
Handout: Inventory of Practices III	0:00	X	X	X	X	
Handout: Inventory of Practices IV	0:00	X	X	X	X	
Handout: Action Plan	0:00	X	X	X	X	
Handout: Checklist for Module One	0:00	X	X	X	X	
Knowledge Check 1.1	0:00	X	X	X	X	X
Lesson 2 – Understanding Social Emotional Development						
1.2a: Introduce: Understanding Social Emotional Development	3:56	X	X	X	X	X
1.2b: LEARN: Definition of Social Emotional Development	4:36	X	X	X	X	X
1.2c: The Roots of Social Emotional Development	7:14	X	X	X	X	X
1.2d: How Can We Get There?	1:31	X	X	X	X	X
1.2e: Adults Supporting Social Emotional Development	4:49	X	X	X	X	X
1.2f: The Developing Brain	3:41	X	X	X	X	X
1.2g: DO: Review and Checklist	3:09	X	X	X	X	X
Handout: Inventory of Practices - Tool I	0:00	X	X		X	
Handout: Definition of Social Emotional Development	0:00	X	X	X	X	X
Handout: Key Findings on Social Emotional Health and Brain Development	0:00	X	X	X	X	X
Handout: Responses: Key Findings on Social Emotional Health and Brain Development	0:00	X	X	X	X	X
Knowledge Check 1.2	0:00	X	X	X	X	X

LESSON NAME	TIME	ROLE				
Module 1 (continued)		Teachers and Caregivers	Mental Health, Behavior Specialists and Coaches	Support Staff	Admin	Fiscal and Operational Staff
Lesson 3 - Challenging Behavior						
1.3a: Introduction: Thinking About Behavior	1:14	X	X	X	X	X
1.3b: LEARN: Perceptions of Behavior	4:57	X	X	X	X	X
1.3c: Behavior That Pushes Our Emotional Buttons	6:46	X	X	X	X	X
1.3d: Culturally-Based Beliefs	6:24	X	X	X	X	X
1.3e: Seeking Understanding	6:09	X	X	X	X	X
1.3f: DO: Review and Checklist	2:38	X	X	X	X	X
1.3g: Action Planning	5:28	X	X	X	X	X
Handout: Milestone Expectations	0:00	X	X	X	X	X
Handout: Understanidng Your Child's Behaviors	0:00	X	X	X	X	X
Handout: Inventory of Practices - Tool I	0:00	X	X	X	X	X
Handout: Action Plan	0:00	X	X	X	X	X
Knowledge Check 1.3	0:00	X	X	X	X	X
Lesson 4 – The Language of Behavior						
1.4a: Introduction: The Language of Behavior	1:55	X	X	X	X	X
1.4b: Reflect on Hot Buttons	2:25	X	X	X	X	X
1.4c: Story	4:16	X	X			
1.4c: LEARN: Careful Observation	3:18	X	X	X	X	
1.4d: Reflection	2:48	X	X	X	X	
1.4e: Noticing Cues	1:22	X	X	X	X	
1.4g: Knowing Social Emotional Milestones	2:55	X	X	X	X	
1.4h: Behavior Has Meaning	1:20	X	X	X	X	X
1.4i: What is Behavior Trying to Tell Us?	1:35	X	X	X	X	X
1.4j: DO: Review and Checklist	1:59	X	X	X	X	
Handout: Inventory of Practices - Tool I	0:00	X	X	X	X	
Handout: Action Plan	0:00	X	X	X	X	
Knowledge Check 1.4	0:00	X	X	X	X	
Lesson 5 – Temperament						
1.5a: Introduction: Temperament	3:15	X	X	X	X	
1.5b: Every Child is Unique	1:54	X	X	X	X	
1.5c: Temperament Traits	3:48	X	X	X	X	
1.5d: Staying Curious About Temperament	1:45	X	X	X	X	
1.5e: The Temperament Continuum	2:48	X	X	X	X	
1.5f: Temperament and Challenging Behavior	5:21	X	X	X	X	
1.5f: DO: Review and Checklist	1:19	X	X	X	X	
Handout: Temperament Traits	0:00	X	X	X	X	
Handout: Understanding Temperament in Infants and Toddlers	0:00	X	X	X	X	
Handout: Inventory of Practices - Tool I	0:00	X	X	X	X	
Handout: Action Plan	0:00	X	X	X	X	
Knowledge Check 1.5	0:00	X	X	X	X	

LESSON NAME	TIME	ROLE				
Module 1 (continued)		Teachers and Caregivers	Mental Health, Behavior Specialists and Coaches	Support Staff	Admin	Fiscal and Operational Staff
Lesson 6 - Importance of Nurturing Responsive Relationships						
1.6a: Introduction: Nurturing Responsive Relationships	1:17	X	X	X	X	X
1.6b: Thinking About Relationships	1:52	X	X	X	X	X
1.6c: LEARN: Building Relationships with Young Children	1:30	X	X	X	X	X
1.6d: Observing Relationships	5:00	X	X	X	X	X
1.6e: Building and Maintaining Relationships with Children	4:58	X	X	X	X	X
1.6f: DO: Review and Checklist	1:05	X	X	X	X	X
Handout: Inventory of Practices - Tool I	0:00	X	X	X	X	X
Handout: Reflective Inventory	0:00	X	X	X	X	X
Handout: Action Plan	0:00	X	X	X	X	X
Knowledge Check 1.6	0:00	X	X	X	X	X
Lesson 7 – Building Positive Relationships						
1.7a - Introduction: A Web of Relationships	2:53	X	X	X	X	X
1.7b: -EARN: Building Relationships with Families	3:06	X	X	X	X	X
1.7c - Connecting with Families	2:01	X	X	X	X	X
1.7d - Considerations: Working Closely with Families	2:37	X	X	X	X	X
1.7e - Building Relationships with Co-workers	1:35	X	X	X	X	X
1.7f - Digging Deeper: Strategies	1:31	X	X	X	X	X
1.7g - Essential Messages	1:23	X	X	X	X	X
1.7h - Module One Reflection	1:03	X	X	X	X	X
1.7i - DO; Review and Checklist	2:28	X	X	X	X	X
Handout: Inventory of Practices - Tool I	0:00	X	X	X	X	
Handout: Working with Families	0:00	X	X	X	X	X
Handout: Action Plan	0:00	X	X	X	X	
Knowledge Check 1.7	0:00	X	X	X	X	X
Module 2						
Lesson 1 - Introduce Module Two	**4:13**	**X**	**X**	**X**	**X**	**X**
2.1b - Reveiw of the Pyramid Model	2:31	X	X	X	X	X
2.1c - Key Points from Module 1	2:48	X	X	X	X	
2.1d - DO: Review and Checklist	:40	X	X	X	X	
Handout: Key Points from Module 1	0:00	X	X	X	X	
Handout: Key Points from Module 1 Responses	0:00	X	X	X	X	
Handout: Checklist for Module 2	0:00	X	X	X	X	
Handout: Action Plan	0:00	X	X	X	X	
Knowledge Check 2.1	0:00	X	X	X	X	
Lesson 2 – Social Emotional Climate						
2.2a - Introduce: Social Emotional Climate	4:27	X	X	X	X	X
2.2b - LEARN: Perspectives on Social Emotional Climate	3:50	X	X	X	X	X
2.2c - Relationships Influence the Social Emotional Climate	6:32	X	X	X	X	X
2.2d - DO: Review and Checklist	:47	X	X	X	X	X
Handout: Inventory of Practices - Tool II	0:00	X	X	X	X	X

LESSON NAME	TIME	ROLE				
Module 2 (continued)		Teachers and Caregivers	Mental Health, Behavior Specialists and Coaches	Support Staff	Admin	Fiscal and Operational Staff
Lesson 2 – Social Emotional Climate (cont.)						
Handout: Action Plan	0:00	X	X		X	
Knowledge Check 2.2	0:00	X	X	X	X	X
Lesson 3 - Responsive Schedules and Routines						
2.3a - Introduce: Responsive Schedules and Routines	3:42	X	X	X	X	
2.3b - LEARN: Importance of Responsive Schedules and Routines	7:20	X	X		X	
2.3c - Exploring Additional Strategies - Responsive Routines	6:41	X	X		X	
2.3d - Examine Your Routines	1:07	X	X		X	
2.3e - DO: Review and Checklist	2:45	X	X		X	
Handout: Responsive Routines Inventory	0:00	X	X		X	
Handout: Inventory of Practices - Tool II	0:00	X	X		X	
Handout: Action Plan	0:00	X	X			
Knowledge Check 2.3	0:00	X	X		X	
Lesson 4 - Responsive Environments						
2.4a - Introduce: Responsive Environments	3:09	X	X	X	X	
2.4b - Environments Tell a Story	3:16	X	X	X	X	
2.4c - What Do You Notice?	5:56	X	X		X	
2.4d - Planning the Environment	2:09	X	X		X	
2.4e - DO: Reivew and Checklist	1:41	X	X		X	
Handout: Inventory of Practices - Tool III	0:00	X	X		X	
Handout: Action Plan	0:00	X	X			
Knowledge Check 2.4	0:00	X	X		X	
Lesson 5 - Targeted Strategies for Emotional Literacy						
2.5a - Introduce: Targeted Strategies for Emotional Literacy	1:48	X	X		X	
2.5b - LEARN: What is Emotional Literacy?	3:35	X	X		X	
2.5c - Strategies to Teach Emotional Literacy	4:16	X	X		X	
2.5d - DO: Review and Checklist	1:33	X	X		X	
Handout: Inventory of Practices - Tool III	0:00	X	X		X	
Handout: Action Plan	0:00	X	X			
Knowledge Check 2.5	0:00	X	X		X	
Lesson 6 - Targeted Strategies for Social Skills						
2.6a - Introduce: Targeted Strategies for Social Skills	4:51	X	X		X	
2.6b - LEARN: Peer Interactions and Play Skills	4:52	X	X		X	
2.6c - Strategies to Teach Social Skills	2:48	X	X		X	
2.6d - DO: Review and Checklist	3:06	X	X		X	
Handout: Development of Play Skills	0:00	X	X		X	
Handout: Support Friendship Skills	0:00	X	X		X	
Handout: Inventory of Practices - Tool III	0:00	X	X		X	
Handout: Action Plan	0:00	X	X			
Knowledge Check 2.6	0:00	X	X		X	

LESSON NAME	TIME	ROLE				
Module 3		Teachers and Caregivers	Mental Health, Behavior Specialists and Coaches	Support Staff	Admin	Fiscal and Operational Staff
Lesson 1 – Pyramid Model Review						
3.1a – Pyramid Model Review	1:26	X	X			
3.1b – Definition of Challenging Behavior	2:42	X	X	X		
3.1c – Reflection	2:23	X	X			
3.1d – Review of the Pyramid Model/Modules 1 and 2	2:11	X	X			
3.1e – Putting it all together	3:24	X	X			
Knowledge Check 3.1	0:00	X	X			
Handout: Completion checklist for online modules	0:00	X	X			
Handouts: Ideas for Nurturing Yourself	0:00	X	X	X		
Handouts: Putting it All Together: Problem Solving Action Plan	0:00	X	X			
Lesson 2 – What is Challenging Behavior?						
3.2a – Introduction to What is Challenging Behavior?	0:58	X	X	x		
3.2b – Reflection	3:28	X	X			
3.2c – Definition and effects	3:29	X	X			
3.2d – Behavior is communication	4:24	X	X	x		
3.2e – Form and Function	3:06	X	X	x		
3.2f – Pyramid Model approach	1:46	X	X	x		
3.2g – Checklist	0:39	X	X			
Knowledge Check 3.2	0:00	X	X			
Handouts: Strategies for Responding to Infant and Toddler Behaviors	0:00	X	X			
Handouts: Acting out and Withdrawing Behaviors	0:00	X	X	x		
Handouts: Action Plan	0:00	X	X			
Lesson 3 – A Relationship-Based Approach to Understanding Challenging Behavior						
3.3a – Introduction to a Relationship-Based Approach	1:54	X	X	X	X	
3.3b – Reflection	4:49	X	X		X	
3.3c – Reasons for challenging behavior	4:18	X	X	X	X	
3.3d – The tip of the iceberg	3:47	X	X	X	X	
3.3e – PBIS/process for addressing challenging behavior	13:29	X	X		X	
3.3f – Perspective taking/reflection	3:41	X	X	X	X	
3.3g – Checklist	5:27	X	X		X	
Michael video	0:31	X	X		X	
Knowledge Check 3.3	0:00	X	X		X	
Handouts:What is My Perspective?	0:00	X	X		X	
Handouts: Needs Assessment	0:00	X	X		X	
Handouts: Action Plan	0:00	X	X		X	
Lesson 4 – Observation as a Strategy						
3.4a – Introduction to Observation as a Strategy	0:26	X	X	X	X	
3.4b – Reflection	0:53	X	X		X	
3.4c – Objective observation	10:00	X	X	X	X	
3.4d – Collecting data	4:42	X	X		X	

LESSON NAME	TIME	ROLE				
Module 3 (continued)		Teachers and Caregivers	Mental Health, Behavior Specialists and Coaches	Support Staff	Admin	Fiscal and Operational Staff
Lesson 4 – Observation as a Strategy (cont.)						
3.4e – Apply the process to your context	0:29	X	X		X	
3.4f – Checklist	1:34	X	X		X	
Katie video	2:11	X	X		X	
Ryan video	1:48	X	X		X	
Knowledge Check 3.4	0:00	X	X		X	
Handouts: Observation Documentation	0:00	X	X		X	
Handouts: Needs Assessment	0:00	X	X		X	
Handouts: Action Plan	0:00	X	X		X	
Lesson 5 – The Collaborative Process						
3.5a – Introduction to The Collaborative Process	0:19	X	X		X	
3.5b – Reflection	2:09	X	X		X	
3.5c – The PBIS approach and collaborative process	2:13	X	X		X	
3.5d – Establishing a Team	3:47	X	X		X	
3.5e – Gathering Information	2:29	X	X		X	
3.5f – Creating a Hypothesis	6:08	X	X		X	
3.5g – Getting Started on a Plan	0:41	X	X		X	
3.5h – Checklist	1:26	X	X		X	
Tim video	1:44	X	X		X	
Knowledge Check 3.5	0:00	X	X		X	
Handouts: Functional Assessment Interview	0:00	X	X		X	
Handouts: Tim's Functional Assessment Interview	0:00	X	X		X	
Handouts: Talking with Families: Dos and Don'ts	0:00	X	X		X	
Handouts: Questions to Discuss with Family Members	0:00	X	X		X	
Handouts: Home Observation Card	0:00	X	X		X	
Handouts: Blank Activity Skills Matrix	0:00	X	X		X	
Handouts: Needs Assessment	0:00	X	X		X	
Handouts: Action Plan	0:00	X	X		X	
Lesson 6 – Designing a Support Plan (cont.)						
3.6a – Introduction to Designing a Support Plan	0:38	X	X		X	
3.6b – Reflection	0:49	X	X		X	
3.6c – The process and elements of a support plan	2:11	X	X		X	
3.6d – Apply: Developing a hypothesis	1:05	X	X		X	
3.6e – Preventing challenging behavior	10:21	X	X		X	
3.6f – Apply: Prevention	0:34	X	X		X	
3.6g – Functional Equivalence	3:57	X	X		X	
3.6h – Supporting and teaching new skills	5:21	X	X		X	
3.6i – Adult responses to challenging behavior	5:02	X	X		X	
3.6j – Implementing the support plan	1:44	X	X		X	
3.6k – After the support plan	1:08	X	X		X	

LESSON NAME	TIME	ROLE				
Module 3 (continued)		Teachers and Caregivers	Mental Health, Behavior Specialists and Coaches	Support Staff	Admin	Fiscal and Operational Staff
Lesson 6 – Designing a Support Plan						
3.6l – Closing	2:41	X	X		X	
Tim video	1:44	X	X		X	
Knowledge Check 3.6	0:00	X	X		X	
Handouts: Support Planning Chart	0:00	X	X		X	
Handouts: Blank Activity Skills Matrix	0:00	X	X		X	
Handouts: Infant Toddler Action Support Plan	0:00	X	X		X	
Handouts: Needs Assessment	0:00	X	X		X	
Handouts: Action Plan	0:00	X	X		X	

Appendix B
List of Assignments/Priority Activities

The assignments within the modules have been designed to ensure that each ePyramid lesson is interactive and will lead to implementation of the practices discussed. Whenever possible, leaders should support participants in completing all assignments for each module. If circumstances do not allow you to provide support and accountability for all of the assignments, you may choose to focus on the highlighted portions of this chart.

Assignments highlighted in yellow are priority for participants to complete. If you do not have time or resources to follow up on every single assignment, focus on these.

Assignments highlighted in orange are essential for participants to complete. At a bare minimum, the leader should check to make sure these are completed. However, it is important to understand that if these are the only assignments that are completed, learning will be sketchy at best, and implementation of the practices is highly unlikely.

Appendix B

Checklist for Module 1

Lesson 1

Reflect

- ☐ On what it means for young children to have a strong foundation and develop social and emotional skills early in life
- ☐ On ways you are supported and ways you support yourself as part of an Effective Workforce
- ☐ On what the words Relationships: The Heart of Development and Learning mean to you
- ☐ On what a well-organized, dependable and flexible environment means to you

Learn

- ☐ Watch all Lesson 1 videos
- ☐ Read the article, Implementing Positive Behavioral Intervention and Support: The Evidence-Base of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children
- ☐ Read the article, The Center on the Social and Emotional Foundations for Early Learning: Addressing Challenging Behavior in Infants and Toddlers
- ☐ Tell someone about the Pyramid Model

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Download and print the Action Plan form

Lesson 2

Reflect

- ☐ Think about and write down ways your social emotional development was supported while you were growing up. What have you continued to learn about social emotional development?
- ☐ Reflect on the definition of social emotional development
- ☐ Select one element from the definition and highlight personal strengths associated with the element selected
- ☐ Think about families you support and identify strategies you are using and that could be used to help them feel understood, respected and valued.
- ☐ Think about the strategies you are using to help build healthy brain connections.

Learn

- ☐ Draw a picture of an idea you want to remember after reading the article, Five Numbers to Remember About Child Development
- ☐ Read and highlight what stands out to you in the handout, Definition of Social Emotional Development.
- ☐ Read and highlight 7 things related to social emotional development after reading the handout, It's Never "Just Play!"
- ☐ Read and highlight responses within the handout, Key Findings on Social Emotional Health and Brain Development
- ☐ Watch all Lesson 2 videos

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Review and complete the Inventory of Practices – Tool I

Appendix B

Checklist for Module 1

Lesson 3

Reflect

- ☐ Think about and write down two things you did to support healthy brain development
- ☐ Think about and write down thoughts associated with 5 behaviors you often see from the infants or toddlers in your care.

Learn

- ☐ Watch all Lesson 3 videos
- ☐ Complete the Milestones Expectations worksheet
- ☐ Read an article from Young Children magazine titled Understanding the Influences of Culture on Caregiving Practices, From the Inside Out
- ☐ Complete the Reframing Activity

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Review the Inventory of Practices – Tool 1 (focus on item #9)
- ☐ Create an action plan for implementing one practice.

Lesson 4

Reflect

- ☐ Hot button behaviors: children and adults
- ☐ Think about and write down what it means to be a good "wonderer" of infants and toddlers

Learn

- ☐ Review the photograph and write down your observations
- ☐ Consider a young child in your care – write down cues you observe and notice
- ☐ Review the five slides highlighting social emotional milestones
- ☐ Watch all Lesson 4 video clips

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Complete the Inventory of Practices – Tool I (Focus on practices highlighted for #8)
- ☐ Create an action plan for implementing one of those practices

Lesson 5

Reflect

- ☐ Meaning of the word "temperament"
- ☐ Think about your own temperament traits

Learn

- ☐ Review the Temperament Traits handout
- ☐ Review and complete the Temperament Continuum for a child in your care and yourself
- ☐ Read the handout, Understanding Temperament in Infants and Toddlers

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Complete the Inventory of Practices – Tool I (Focus on practices highlighted for #7)
- ☐ Create an action plan for implementing one of those practices

Appendix B

Checklist for Module 1

Lesson 6

Reflect

- ☐ What relationships are and ways they develop
- ☐ What does your nurturing caregiving look and sound like?

Learn

- ☐ Complete the Reflective Inventory
- ☐ Review 3 photographs – identify relationship building and create speech bubbles
- ☐ Watch all Lesson 6 video clips

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Complete the Inventory of Practices – Tool I (Focus on practices highlighted for #4 and #5)
- ☐ Create an action plan for implementing one of those practices

Lesson 7

Reflect

- ☐ Importance of building relationships with families
- ☐ Think about ways you are already building relationships with families

Learn

- ☐ Develop a list of possible influences and effects
- ☐ Complete the Working with Families Inventory
- ☐ Review resources on the website, www.challengingbehavior.org
- ☐ Identify positive essential messages

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Complete the Inventory of Practices – Tool I (Focus on practices highlighted for #5 and #8)
- ☐ Create an action plan for implementing one of those practices

Appendix B

Checklist for Module 2

Lesson 1

Reflect

- ☐ Think about and write down 5 things you have learned about the Pyramid Model

Learn

- ☐ Review and complete the handout, Key Points from Module One
- ☐ Draw and Label the Pyramid Model

Check and Do

- ☐ Complete the Knowledge Check

Lesson 2

Reflect

- ☐ Think about and write down what infants, toddlers and their families experience in your care setting
- ☐ Think about and write down crucial factors of the social emotional climate from four different perspectives

Learn

- ☐ Watch all Lesson 2 videos

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Complete the Inventory of Practices – Tool II
- ☐ Create an action plan

Lesson 3

Reflect

- ☐ On what infants and toddlers learn from the care environment that you provide
- ☐ On your routines, what they represent and the meaning they hold for you

Learn

- ☐ Watch all Lesson 3 videos
- ☐ Complete the Responsive Routines Inventory
- ☐ Consider and plan for two children in your care

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Review and focus on the Inventory of Practices – Tool II (items 11, 12 and 14)
- ☐ Create an action plan for implementing one of those practices

Lesson 4

Reflect

- ☐ On the photographs, think about the design of the environment and the story it shares with young children, families and yourself

Learn

- ☐ Watch all Lesson 3 videos
- ☐ Complete the Infant and Toddler Environments Planning Document

Lesson 4 continued

Appendix B

Checklist for Module 2

Lesson 4 continued

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Review and focus on the Inventory of Practices, Tool II (items 10 and 14)
- ☐ Create an action plan for implementing one of those practices

Lesson 5

Reflect

- ☐ On all of the emotions you experience in a typical day

Learn

- ☐ Watch all Lesson 5 videos
- ☐ Create a list of feeling words
- ☐ Read a favorite children's book – identify feeling words, consider and plan ways to use this book with children to help enhance emotional literacy
- ☐ Explore Book Nooks (see website address)

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Review, reflect and complete the Inventory of Practices, Tool III
- ☐ Create an action plan for implementing one of those practices (focus on items 18 and 19)

Lesson 6

Reflect

- ☐ On feeling words you've used since the last lesson
- ☐ On feelings the young children you care for have been experiencing
- ☐ Strategies you use to intentionally support the social development of young children in your care

Learn

- ☐ Watch all Lesson 6 videos
- ☐ Review handout, Development of Play Skills for Infants and Toddlers
- ☐ Create strategies to support social skills for a young child in your care
- ☐ Find additional resources on the CSEFEL website: www.csefel.vanderbilt.edu.

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Review the Inventory of Practices – Tool III (items 16, 17, and 20)
- ☐ Create an action plan for implementing one of those practices

Appendix B

Checklist for Module 3

Lesson 1

Reflect

- ☐ Reflect on personal experiences and feelings when caring for a young child who is displaying persistent challenging behavior

Learn

- ☐ Watch all Lesson 1 videos
- ☐ Write down the names of two people who can be part of your support system for handling challenging behavior
- ☐ Read the Ideas for Self Nurturing handout
- ☐ Write down two things you can do to nurture yourself on a regular basis.
- ☐ Review the "Hot Buttons" lesson and review the strategies for regulating your emotions when behavior pushes your buttons
- ☐ Read and complete the Putting It All Together: Problem Solving Action Plan handout

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Download and print the Action Plan form

Lesson 2

Reflect

- ☐ On the words that come to mind when you think of a child with challenging behavior on a difficult day
- ☐ On the feelings that come up when you read this list
- ☐ Reframe your thinking to find the strengths in this child/behavior

Learn

- ☐ Watch all Lesson 2 videos
- ☐ Complete the Acting Out and Withdrawing Behaviors handout

Check and Do

- ☐ Complete the Knowledge Check

Lesson 3

Reflect

- ☐ On your thinking about challenging behavior
- ☐ On your own emotional responses to challenging behavior

Learn

- ☐ Watch all Lesson 3 videos
- ☐ Consider factors that affect a child's behavior and factors that support appropriate social-emotional development
- ☐ Consider the possible reasons for a behavior
- ☐ Consider effectiveness of past intervention
- ☐ Complete the What is My Perspective handout
- ☐ Consider the perspective of a child in your care
- ☐ Consider the perspective of another adult

Lesson 3 continued

Appendix B

Checklist for Module 3

Lesson 3 continued

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Complete Needs Assessment 3a
- ☐ Make an action plan for implementing one of those practices

Lesson 4

Reflect

- ☐ On shifts in your thinking about challenging behavior
- ☐ On internalizing and externalizing behaviors you have noticed
- ☐ On your thinking about form and function of behavior
- ☐ On your emotional responses to challenging behavior

Learn

- ☐ Watch all Lesson 4 videos
- ☐ Fill out the Observation Documentation handout as you observe Katie and Muk
- ☐ Record two observations of Ryan
- ☐ Remember the importance of screening, referral, and intervention
- ☐ Consider your current data collection systems:
- ☐ Make a plan to engage in systematic, objective observation for a child in your care.

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Complete Needs Assessment 3b
- ☐ Make an action plan for implementing one of those practices

Lesson 5

Reflect

- ☐ On two things you can do this week to build a stronger relationship with a child who sometimes displays challenging behavior
- ☐ On one thing you can do this week to build a stronger relationship with another adult in that child's life

Learn

- ☐ Watch all Lesson 5 videos
- ☐ Learn about the process of developing a behavior support plan
- ☐ Read the handout "Talking With Families: Dos and Don'ts"
- ☐ Review the Functional Assessment Interview form
- ☐ Review the handout "Important Questions to Discuss with Family Members"
- ☐ Review the Home Observation card
- ☐ Practice making observations to collect data on behavior
- ☐ Practice forming a hypothesis about the function of behavior
- ☐ Plan to apply these skills with a child in your care

Lesson 5 continued

Appendix B

Checklist for Module 3

Lesson 5 continued

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Complete Needs Assessment 3c
- ☐ Make an action plan for implementing one of those practices

Lesson 6

Reflect

- ☐ On your relationships with families and how those affect your ability to discuss concerning behavior
- ☐ Plan three ideas to use in the next to weeks to continue developing strong relationships with families

Learn

- ☐ Watch all Lesson 6 videos
- ☐ Determine your role in creating a program-wide system for addressing challenging behavior
- ☐ Complete Tim's behavior review form
- ☐ Decide which prevention strategies might help Tim
- ☐ Plan for collaborating with a team to develop a support plan for any children in your care who would benefit from this level of support

Check and Do

- ☐ Complete the Knowledge Check
- ☐ Complete Needs Assessment 3d
- ☐ Make an action plan for implementing one of those practices

Appendix C

IRIS Educational Media
Pyramid—Infant Toddler

Email	Full Name	Created Date	Last Login	Pyramid–Infant Toddler Percent Complete	Pyramid–Infant Toddler Completion Date
		2019-02-25T20:17:18Z	2019-07-22T18:29:35Z	70.74	n/a
		2018-10-11T16:37:33Z	2019-03-27T13:35:33Z	100	2019-03-27T14:16:40.983
		2018-07-12T12:45:28Z	2018-11-08T15:49:00Z	100	2018-11-08T15:35:09.647
		2018-10-11T14:03:55Z	2019-02-21T18:41:27Z	60.10	n/a
		2018-07-16T21:35:42Z	2019-12-11T10:05:30Z	100	2018-07-25T12:09:07.463
		2018-07-22T21:53:34Z	2019-01-29T19:42:32Z	100	2019-01-29T20:44:29.33
		2019-01-25T17:32:52Z	2019-07-29T13:03:11Z	100	2019-07-29T13:28:51.403
		2019-01-15T17:25:05Z	2019-06-21T11:12:35Z	100	2019-06-21T00:37:38.663
		2019-02-12T17:32:11Z	2019-10-01T12:35:48Z	100	2019-10-01T13:28:08.86
		2019-01-30T14:32:02Z	2019-03-26T13:42:23Z	11.84	n/a

Appendix D–Handouts

For ease of copying, and so that you don't have to download each handout individually, we have included the handouts for all three modules here.

Infant Toddler Module 1
Lesson 1

Social Emotional Skills

Handouts

THE PYRAMID MODEL CONSORTIUM

Supporting Early Childhood PBIS

Implementing Positive Behavioral Intervention and Support:

The Evidence-Base of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children

November, 2014

Lise Fox & Mary Louise Hemmeter
Pyramid Model Consortium

The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003) is a positive behavioral intervention and support framework early educators can use to promote young children's social and emotional development and prevent and address challenging behavior. The Pyramid Model (shown in figure 1) organizes evidence-based practices that include universal promotion practices for all children, practices for children who need targeted social-emotional supports, and individualized behavior support practices for children with significant social skill deficits or persistent challenging behavior. These practices are based on research focused on effective instruction for young children (National Research Council, 2001; Burchinal, Vandergrift, Pianta, & Mashburn, 2010), strategies to promote child engagement and appropriate behavior (Chien et al., 2010; Conroy, Brown, & Olive 2008), the promotion of children's social skills (Brown, Odom, & McConnell, 2008; Vaughn et al., 2003), and the implementation of individualized assessment-based behavior support plans for children with the most severe behavior challenges (Conroy, Dunlap, Clarke, & Alter, 2005; Blair, Fox, & Lentini, 2010; McLaren & Nelson, 2008).

Pyramid Model practices were identified through a systematic review of the research on classroom promotion, prevention, and intervention practices that have been associated with positive social-emotional outcomes and decreases in challenging behavior in young children with and without disabilities (e.g., Dunlap et al, 2006; Howes & Hamilton, 1993; Walker et al., 1998; Webster-Stratton, Reid, & Hammond, 2004). This literature review was conducted by faculty associated with the Head Start and Child Care funded Center on Social Emotional Foundations for Early Learning (CSEFEL) and the Office of Special Education Programs funded Center for Evidence Based Practice for Young Children's Challenging Behavior initially in 2001, with updates in 2006 and 2010. The literature review resulted in identification of a set of practices aligned to the Pyramid Model levels to ensure a comprehensive three-tiered framework could be described, operationalized, and implemented (Hemmeter, Ostrosky, & Fox, 2006). Table 1 shows the specific practices aligned with each level of the Pyramid Model and representative examples of the empirical literature that supports the practices.

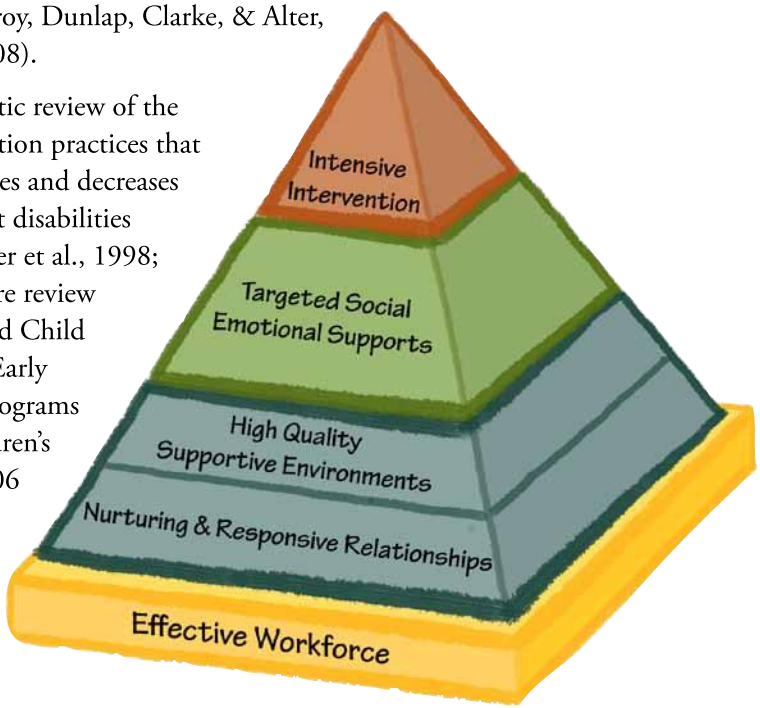

Figure 1.
Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children

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The Center on the Social and Emotional Foundations for Early Learning

Addressing Challenging Behavior in Infants and Toddlers

AMY HUNTER
ZERO TO THREE
MARY LOUISE HEMMETER
Vanderbilt University

Jamal, age 17 months, began attending the Bright Baby Child Care Center 8 weeks ago. In these initial weeks at the center, Jamal has spent much of his time crying. He frequently hits and bites other children and the caregivers. He has had difficulty falling asleep; often he does not nap at all. Jamal's primary caregiver, Ms. Gatson, doesn't know what to do. Nothing she has tried seems to help. Ms. Gatson is particularly worried about him biting other children. She is also worried about her ability to provide sufficient attention to the other children while trying to help Jamal. Ms. Gatson has considered talking to her supervisor about telling Jamal's mother that the Bright Baby Child Center might not be a good fit for Jamal. Ms. Gatson knows she needs to talk to her supervisor, but she is worried her supervisor will think she is a bad teacher.

Prior to coming to the center Jamal was cared for by his grandmother while his mother worked full time. Jamal had little prior contact with groups of young children, but he had never bitten or hit other children. Since attending the center Jamal has been having difficulty eating and sleeping at home. His mother, Malena, asked her pediatrician for guidance; the pediatrician responded that Jamal might be "stressed" and suggested child care may be too much for him. Malena is not sure what to do. She needs care for Jamal, yet she is concerned about the toll it seems to be taking on him.

The Impact of Challenging Behavior

In the absence of focused support, Jamal may be asked to leave his child care center. If he stays in the child care program and his behaviors persist, his relationships and his development may suffer. Jamal's peers may begin to ostracize him, or perceive him to be a poor playmate whom they would rather avoid, or both. Jamal's teacher may become overwhelmed by his behavior and begin to treat him with impatience, frustration, or harshness. In addition, Jamal may likely experience his mother's stress in the way she interacts with him, cares for him, and speaks about him.

The potential impact of Jamal's challenging behavior on his social–emotional development is significant. He may come to believe relationships are stressful and difficult. Jamal may develop negative associations with other caregivers, child care, or school. He may develop an idea that the world is an unsafe and unsatisfying place where he does not fit in. Jamal may develop negative thoughts about his self-image and identity such as, "I cannot be soothed," "I have needs that cannot be met," "I am a person others cannot understand," and, perhaps, "I am not worth being treated well or of having satisfying relationships with others." Jamal's behavior problems contribute significantly to his mother's worry, her level of stress, and the general quality of family life.

It is unclear from this brief scenario whether Jamal's behaviors represent developmental or transitional issues, issues in the care environment or relationships, or issues internal to Jamal. Jamal's experiences likely reflect a combination of all of these interactional experiences. Although there is increasing consensus that social–emotional and behavioral problems exist in infancy and toddlerhood (Zeanah, 2000), relatively little is known about the course and persistence of such early emerging social–emotional and behavioral problems (Briggs-Gowan, Carter, Bosson-Heenan, Guyer, & Horwitz, 2006). What is clear in this scenario is that Jamal, his teacher, Ms. Gatson, and his mother, Malena, need support and strategies to navigate this complex situation.

Prevalence of Social–Emotional and Behavioral Problems

Unfortunately, situations like Jamal's are all too common. The Michigan Child Care Expulsion Prevention Initiative, one of the country's few programs dedicated explicitly to the prevention of expulsion of very young children,

Abstract

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) is a federally funded national resource center designed to support early care and education (ECE) providers in addressing the social-emotional needs of children birth through age 5 years. Recent research has found that an extraordinarily high number of young children are being asked to leave early childhood settings because of their behavior. The authors describe the Pyramid Model, a framework of recommended practices to help ECE programs support the social–emotional competence of young children and address challenging behavior.

reported that 67% of referrals they received in 2006–2007 were for children birth through age 3 years (Mackrain, 2008). Additional data suggest that an estimated 10%–15% of 1- and 2-year-old children experience significant social–emotional problems (Briggs-Gowan, Carter, Skuban, & Horwitz, 2001; Roberts, Attkisson, & Rosenblatt, 1998). Other data similarly suggest that 12%–16% of the total population of children from birth to 3 years old exhibit challenging behavior (Boyle, Decouflé, & Yeargin-Allsoop, 1994; Campbell, 1995). Yet, fewer than 8% of 1- and 2- year-olds with social–emotional problems receive any developmental or mental health services (Briggs-Gowan, Carter, Irwin, Wachtel, & Cicchetti, 2004). From an early intervention perspective, Danaher, Goode, and Lazara (2007) found that in 2006 only 2.41% of the national population of children from birth to 3 years received services and supports through the early intervention system.

Perhaps the fact that so few young children with social, emotional, and behavioral problems are identified and receive services offers partial insight into why 4-year-olds in Pre-K programs are expelled at a rate three times that of all children in grades K-12 (Gilliam, 2005). In most cases, challenging behavior develops over a period of time in the context of children's relationships and environments. On the basis of prevalence data, it is possible that many of the children expelled at age 4 could have been identified with proper screening and assessment tools in earlier years of their development.

Need for Additional Information for Parents and Teachers

Despite an increasing trend in the number of young children with challenging behavior, many teachers of young children feel ill-equipped to meet the needs of children with challenging behavior (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003). Early childhood teachers report that challenging behavior is their number-one training need and that challenging behavior negatively affects their job satisfaction (Hemmeter, Corso, & Cheatham, 2006).

Similarly, parents are often unsure how to respond to their children's challenging behavior. Frequently, parents worry about how to meet their child's needs while also meeting work responsibilities and other family and personal obligations. Parents may be put in a position where their child's needs are at odds with their work responsibilities. Parents rely on family, friends, pediatricians, and their child's teachers for guidance and advice; however, information and services for very young children with challenging behavior are not widely available. In fact, in a study exploring the experiences of parents of young children (from 25 to 43 months of age) with challenging behavior, many of the parents considered information provided by pediatricians to be inadequate; parents reported that pediatricians often suggested that the children's challenging behavior reflected a normal range of functioning for the child's age, and/or that the child would grow out of the behavior (Worcester, Nesman, Raffaele Mendez, & Keller, in press).

The Center on Social Emotional Foundations for Early Learning

The Office of Head Start and the Child Care Bureau recognized the need for a national resource center to support early educators in addressing the needs of children expressing challenging behavior in the classroom. The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) was initially funded in 2001 to develop materials and resources to assist teachers in supporting the social–emotional development of children ages 2 to 5 years and addressing challenging behavior. In 2006, CSEFEL was funded again with an explicit focus on expanding the model and materials to address the needs of early educators working with children from birth to 2 years old.

The CSEFEL approach to understanding and addressing challenging behavior in young children is designed to build the capacity of teachers and parents to support the social–emotional development of all young children. The Pyramid Model for Supporting Social–Emotional Competence in Infants and Young Children (see Figure 1) provides a conceptual framework for organizing effective practices for promotion, prevention, and intervention. The four levels of the Pyramid Model are, from bottom to top: Nurturing and Responsive Relationships, High Quality Supportive Enviroments, Targeted Social Emotional Supports, and Intensive Intervention. The base of the Pyramid, Effective Workforce, reflects the importance of providing support and training to providers in order to support them in implementing the Pyramid practices.

Effective Workforce

The foundation of any effective organization is an effective workforce. A well-supported, well-qualified workforce is even more critical in programs serving infants and toddlers where the quality of children's care and education is largely based on their interactions and relationships with their caregivers

Figure 1. The Pyramid Model for Supporting Social–Emotional Competence in Infants and Young Children

(Kagan, Tarrant, Carson, & Kauerz, (2006). Working to promote children's social–emotional development and to prevent and address challenging behaviors requires that programs have a number of systems and policies in place to support the adoption and maintenance of evidence-based practices (Hemmeter, Fox, Jack, & Broyles, 2007). Programs should develop formal and informal strategies that are individualized to promote each staff's ongoing professional development. Staff members should know the specific procedures to request support and share concerns, and they should have access to timely and qualified support in response. Staff members should have regular opportunities to reflect on their practices and their own sense of well-being, and to offer feedback and suggestions.

There are a number of leadership strategies that support developing an effective workforce to support young children's social–emotional development. A leadership and administrative team should

- Demonstrate a commitment to promoting all children's social and emotional development;
- Regularly recognize and acknowledge staff efforts and contributions;
- Involve staff in shared decision making;
- Articulate the program's expectations and goals;
- Work to ensure that staff at all levels of the organization are accountable;
- Use data to make continual program improvements;
- Recognize that changing practice is challenging; and
- Maintain enthusiasm, passion, and direction for enhancing staff competency and quality children's services.

PHOTO: MARILYN NOLT

Quality early care and education depends on quality interactions between children and caregivers.

Nurturing and Responsive Relationships

The foundation for promoting social–emotional development in young children is characterized by responsive relationships and high quality environments. Very young children learn what relationships look and feel like by participating in and observing relationships with others. Interactions between children and staff, parents and children, staff and parents, and among staff are all critical to consider when thinking about promoting children's social–emotional development. Young children develop their self-image and their beliefs about the world, and the people in it, on the basis of their early relationships with their caregivers. Children who have positive relationships, self-confidence, and social skills are less likely to engage in challenging behavior. Similarly, very young children are more likely to respond to caregivers with whom they have developed a positive trusting relationship.

Caregivers who have nurturing and responsive relationships with children in their care often engage in practices such as

- Maintaining frequent and close eye contact with children;
- Acknowledging children's efforts;
- Providing praise and encouragement to children and their parents;
- Smiling and warmly interacting with children, using positive language at all times;
- Responding to children's vocalizations and communication attempts;
- Frequently using language to talk about emotions, experiences, and the environment;
- Using significant amounts of physical closeness (e.g., holding children, sitting next to children at their level, rocking children);
- Holding infants while feeding them a bottle; and
- Spending time on the floor with children.

Organizational practices such as continuity of care, primary caregiving, using everyday experiences and routines to guide the curriculum, and low caregiver-to-child ratios set the stage for caregivers to form close and secure relationships with children and their families. Individualizing care by uniquely responding to each child's temperament (e.g., allowing a child who is slow to warm up more time to watch an activity before he joins in), interests, strengths, needs (e.g., carrying an infant who is used to being held frequently in a baby carrier or sling), and individual sleeping, feeding, and playing rhythms helps caregivers get to know each child and be responsive to his individual needs.

When providers make an effort to communicate and develop relationships with each child's family, they demonstrate that they understand and respect the key role the family plays in shaping how their children learn about themselves and their emotions and develop their own way of interacting and relating to others (National Research Council & Institute of Medicine, 2000). Establishing a trusting relationship with each family early ensures that if a child does exhibit challenging behavior it can be addressed openly in the context of an existing trusting relationship. In addition, systems that serve infants and toddlers and their families have the opportunity to positively contribute to a family's social support network and to reduce the level of stress families may experience (Gowen & Nebrig, 2002; Seibel, Britt, Gillespie, & Parlakian, 2006).

There are a number of concrete practices that can assist caregivers in developing and maintaining responsive nurturing and

supportive relationships with families (see box, Practices to Support and Enhance Relationships With Children and Families).

High-Quality Environments

High-quality environments facilitate children's ability to safely explore and learn. High-quality environments facilitate positive interactions among children and between adults and children. In addition, physical environments that are well-designed (e.g., changing tables placed where caregivers can see other children, sinks next to the changing tables, child-sized toilets in the restroom, ample space for children to move and play, sufficient storage) and well-supplied (e.g., adult-sized furniture and child-sized furniture, plenty of materials) facilitate caregivers' ability to successfully care for children and help caregivers feel comfortable and valued (see box, Characteristics of High-Quality Environments).

Targeted Social–Emotional Supports

Essential social–emotional skills include cooperating, sharing, turn taking, engaging with and getting along with others, regulating/managing emotions, expressing emotions, listening, recognizing emotions, taking the perspective of another, empathizing with others, and using words and gestures to resolve conflicts. The development of these skills starts early (infants as young as 7 months can recognize a discrepancy between a caregiver's tone and facial expression (Grossman, Striano, & Friederic, 2006). Responsive flexible routines and systematic approaches to teaching social–emotional skills can have a preventive and remedial effect on young children's social–emotional development.

There are many ways to support young children in learning and developing social–emotional skills. Caregivers who are intentional and purposeful provide multiple and diverse opportunities throughout the day for young children to observe, experience, and practice their social–emotional skills. Children with strong social–emotional skills have fewer challenging behaviors

USING ROUTINES

Caregivers can use routines such as feeding and diapering to provide each child with one-on-one time for interacting, bonding, and engaging in relationships (i.e., demonstrating relationship skills). Caregivers of older toddlers can engage children in developing social skills by sitting with them during eating and encouraging conversations about the food or experiences (versus hovering over them). Toddlers benefit greatly from predictable yet flexible routines that help them to feel safe and secure in knowing what is coming. As children feel comfortable in their routine and in their surroundings they are able to explore and learn.

DEVELOPING SELF-REGULATION

Through relationships with their caregivers very young children begin to recognize and regulate their own feelings. As caregivers respond when children are hungry and when they indicate they are satisfied or want to stop eating, children learn to recognize and respond to their own feeling states. When caregivers tune in to a child's cues for how much stimulation he may need and respect when he is uninterested in interaction, a child begins to learn how to regulate his own emotions and interests. When caregivers respond to children's attempts to communicate individual needs consistently over time, children learn that their communication is meaningful and effective in getting their needs met. Picking up a crying baby, offering soothing touches, rocking, singing, or providing calming words sets the stage for him to develop his own ability to self-soothe. Encouraging older toddlers to notice their feeling states (e.g., "you look so angry right now"), engage in deep breathing, experiment with different feeling expressions and different bodily states (e.g., tense, stiff, loose, relaxed) provides children practice in identifying their own feelings and learning how to calm themselves.

Characteristics of High-Quality Environments

- Safe and free from hazards
- Clean and free of clutter
- Inviting, interesting, and aesthetically pleasing
- Natural light with windows
- Comfortable spaces for adults to sit with and/or hold children (e.g., adult-sized couch, rocking chair, mat with large pillows to lean up against)
- Quiet, soft spaces for children to be alone and/or interact with one other child (e.g., a nest with a blanket over it, a loft space or box for two children to crawl in)
- Children's art work at eye level
- A space for developmentally appropriate toys and manipulative items at children's level so they can reach them
- Mirrors at children's level so they can see themselves
- A space for reading to children and places for infants and toddlers to reach books and look at them
- Space and materials for sensory exploration
- Space and materials for development of gross motor skills (e.g., floor space so children can move freely about, ramps and short climbers, balls of all sizes, rocking boats, tunnels to crawl through, a bar fastened to the wall at various levels to accommodate multiple children attempting to stand, slides and climbers that invite peer interaction
- Space and materials for dramatic play (e.g., hats, scarves, purses placed at children's' levels; child-sized kitchen furniture and utensils; multi-ethnic dolls, baby bottles, bed and blankets)
- Spaces and materials appropriate for children's ages (i.e., developmentally appropriate, individually appropriate, and culturally appropriate)

Practices to Support and Enhance Relationships With Children and Families

- Ask parents about their child's needs, interests, routines, and preferences.
- Talk frequently with the child's parents about their caregiving practices at home (e.g., how do they feed the infant? How do they put her to sleep?).
- Communicate with children and families in their home language.
- Communicate daily with families about the child's activities and experiences.
- Welcome families and encourage them to stay or visit anytime.
- Develop rituals with families and children at "drop-off" and "pick-up."
- Encourage breast-feeding and offer private, comfortable spaces for breast-feeding.
- Conduct home visits.

Infants and toddlers also learn about emotions when their caregivers and parents label children's emotions as well as their own throughout the day. Children learn turn-taking when caregivers encourage children to imitate their actions such as putting a block in a bucket. When caregivers offer opportunities for young children to help (e.g., set the table, clean up toys and spills) and provide specific praise for helping, children learn social skills of cooperating, being responsible, and contributing to their surroundings. Peek-a-boo and other social games offer children engaging and fun opportunities for give and take in social interaction. Regularly offering children choices (e.g., asking which book they want to read) helps children feel powerful and independent. Following a child's lead in play is another strategy to support children's social–emotional development. When adults allow a child to direct the play, the child learns that his ideas are valued and he is more likely to further initiate, explore, and interact. When problems or conflicts occur between children, caregivers can teach children to problem solve by offering alternative solutions and gradually helping them use problem-solving steps on their own.

Intensive Intervention

Even when teachers establish positive relationships with children and families, design and implement supportive environments, and intentionally offer multiple and varied opportunities for children to develop their social–emotional skills, a small percentage of children will continue to need more intensive and individualized intervention. One approach to developing individualized plans is called Positive Behavior Support (PBS). PBS recognizes that children's behavior has meaning. "In the last decade research has demonstrated that positive behavior support (PBS) is a highly effective intervention approach for addressing severe and persistent challenging behavior" (Fox et al., 2003). It has been described and used successfully with young children including toddlers (Dunlap, Ester, Langhans, & Fox, 2006; Dunlap & Fox 1999; Fox & Clarke, 2006; Fox, Dunlap, & Cushing, 2002; Powell, Dunlap, & Fox, 2006).

The focus of PBS is to understand the meaning of the child's behavior and help the child and adult discover together more effective means for communicating needs, wishes, and desires. As a result of using a PBS approach, adults develop new ways of responding to children and children develop more effective strategies for communicating what they want or need. Using PBS reduces challenging behavior, enhances relationships between adults and children, and generally helps caregivers and children experience an improved quality of life. Steps in implementing a PBS process include:

- Conduct observations and collect data on the child's behavior and the context in which it occurs in order to identify the function of the behavior.
- Respond immediately to any unsafe behavior.
- Meet with the family to collect information about the child's behavior at home and in the community, share information, and demonstrate a commitment to working together to address the child's needs.
- Convene a team meeting (including family members) to collaborate and design a behavior support plan based on an understanding of the child's behavior in everyday activities and routines.
- Provide support to the caregivers to implement the plan at home and at school.
- Continue to conduct observations and collect data in order to evaluate the plan and ensure the plan is being implemented consistently.
- Set a timeframe and method for evaluating the plan and changes in the child's behavior.

If challenging behavior persists,

- Determine whether the plan is being implemented as designed.
- Conduct additional observations to determine whether the team correctly identified the meaning of the child's behavior.
- Determine whether the plan needs to be revised.
- Determine whether additional evaluations, assessments, supports, or professional expertise are needed.

Individualized plans are developed based on a comprehensive assessment process that includes observation, interviews with significant others, and reviewing records.

The assessment should include:

- Information from the family
  - The parent's view of the behavior and parents' current responses to the behavior
  - Family history
  - Significant changes in family composition and/or other relationships
  - A review of the child's developmental and medical history
  - Family circumstances
  - Level of stress, etc.
- Information and data on the behavior
  - Frequency, intensity, and duration; function of the behavior
  - What happens before and after the behavior
  - The setting and context in which the behavior occurs, etc.
- An assessment of the child's interests, strengths, and development
- Observations of the child in multiple environments
- Results from any screenings or other assessment

The goal of the assessment process is to identify the function or purpose of the child's challenging behavior. Individualized plans should be designed based on an understanding of the individual child's behavior and should include prevention strategies, new skills to teach the child, and strategies for changing or modifying the way adults respond to the challenging behavior. Plans can be designed for the child care center, the home, or both. The most effective plans are those that are consistently implemented by all the caregivers in a child's life. A sample of a behavior plan for a toddler is provided (see box, Sample Individualized Behavior Support Plan).

Providing care to children with challenging behaviors is hard work and can be stressful for caregivers. Any individualized planning efforts should consider the stress level and emotions of the caregivers. Caregivers implementing individual behavior plans need and greatly benefit from opportunities to: reflect on their experience, share concerns and beliefs, gain support, and receive positive recognition for their efforts and accomplishments.

Putting the Pyramid Model Into Practice

The following is an example of how the CSEFEL Pyramid Model can be used in an infant–toddler classroom to support social–emotional competence.

Ms. Little, the administrator at Palm Tree Child Development Center, helps Ms. Powell, an infant–toddler teacher, warm a bottle and set out food for the children. It is the beginning of the year and Ms. Little wants to ensure that the infant and toddler teachers have the help they need to communicate effectively with each child and parent upon arrival (Effective Workforce).

When Theo, age 6 months, arrives at the center, Ms. Powell gently takes him from his mother. She nuzzles him close and smiles at him, telling him how much she missed him over the weekend. As she holds him close to her she asks his mother, Tori, how her weekend was. She asks Tori about Theo's sleeping and eating patterns and the progression of his teething. Ms. Powell then talks a bit to Theo about the classroom and his favorite areas to play in. As Tori leaves, she smiles to herself thinking how lucky she is to have Theo cared for in such an

Sample Individualized Behavior Support Plan

Dean is a social, engaging, active 22-month-old boy. He has just started a group child care program for the first time. When his parents first brought him to the center, they talked with the teacher about their concerns about his behavior at home. His language is delayed. When adults can't understand what he is saying he gets frustrated and starts crying and screaming. He often does not follow directions, especially when he has to change activities. When changing activities (e.g., from playing in the classroom to going outside), he often has temper tantrums and falls to the ground crying. The teacher, center director, and parents are all committed to developing a plan to help him be successful. On the basis of several observations, they determine that Dean has challenging behaviors most often when (a) he is asked to transition to another activity, (b) he is engaged in an activity that is difficult, and/or (c) he is asked to follow directions to do something he does not appear interested in. The team hypothesizes that when tasks are challenging and/or when he doesn't want to do something he attempts to avoid the activity. The team works together to develop a plan based on their observations and discussions. The strategies below address Dean's difficulty with transitions. Similar plans are developed for following directions and engaging in difficult tasks. These plans can be used at home or at child care.

Goal: To improve Dean's ability to transition from one activity to another.

- Prevention Strategies
  - Provide him with a picture schedule to help him understand the transition.
  - Use a timer to help him prepare for the transition.
  - Use simple language to warn him that a transition is about to happen.
  - Include times on the schedule when he can do the things he really likes to do.
  - Write a short story about what he should do during transitions and read it to him each day. Include photos of Dean and the classroom to provide illustrations of what he should do during transitions.
- New Behaviors
  - Teach him to use the visual schedule (i.e., turn over the photo of one activity in preparation for the next activity).
  - Teach him to transition when the timer sounds; practice transitioning at times when he is not upset.
- Adult Responses/Support
  - Provide positive descriptive feedback when he uses his schedule and when he transitions without having a tantrum.
  - Validate his feelings.
  - Refer to the schedule to help him through transition.
  - Stay physically close to provide support and encourage him through small steps of the transition.
  - Have a peer bring him something related to the next activity (e.g., a ball for outdoor time).
  - Use "first, then" statements, (e.g., "first we change your diaper, then we can go outside").

interesting environment by a teacher who really loves him (Nurturing and Responsive Relationships and High–Quality Supportive Environments).

Ms. Powell holds Theo on her lap while she feeds him a bottle. With Theo on her lap she sits at a child-sized table with two toddlers who are practicing feeding themselves. As she feeds Theo, she engages all the children in conversation about what they are eating. One of the children, Lizzy, pushes her food away and makes an angry face. Ms. Powell says, "Lizzy, you look angry. Are you finished with your food? Can you say, 'all done'?" Lizzy imitates Ms. Powell's words. Ms. Powell responds, "Great job trying to use your words, Lizzy. If you are done eating you can go ahead and play with the toys from the shelf" (Targeted Social Emotional Supports).

Ms. Powell has been a bit worried about the behavior of another child, Sarah. Lately she has noticed a change in how readily Sarah has been hitting and biting to try to get what she wants. Ms. Powell, Ms. Little, and Sarah's parents have been keeping in close communication about Sarah's behavior and may soon develop an individualized behavior plan for home and school in order to try to strategically prevent and address the behavior. They all agree that a plan will help them better understand Sarah's behavior and find the most effective ways to prevent and respond to it (Intensive Intervention).

CSEFEL developed three training modules to support caregivers in addressing the social–emotional needs of infants and toddlers. These modules reflect the three tiers of the Pyramid, with Module 1 focusing on the bottom tier, Module 2 focusing on the second tier, and Module 3 focusing on the top of the pyramid. (see box, Training Modules for Promoting the Social and Emotional Competence of Infants and Toddlers).

Summary

I am so frustrated by these behaviors. Some days I feel so incompetent, I just want to quit!

Sometimes I cry, not because he is hurting me but because I don't know what to do for him.

Although these quotes are from teachers with whom we have worked, they are not unusual. In our work with early childhood providers in a variety of settings, we hear these kinds of comments on a regular basis. Teachers are frustrated by infants and toddlers with challenging behavior and feel that they lack both the direction and support to help them respond appropriately. Their frustrations affect their job satisfaction and no doubt affect their interactions with children and families. In this article we have described a model that addresses teachers' need for effective practices and supports teachers in implementing those practices. The Pyramid Model offers a set of practices for promoting social–emotional development and addressing challenging behaviors in all young children. Implicit in the model is the recognition that program policies and procedures must be in place to provide supports to teachers in implementing these practices. In this model, addressing the social, emotional, and behavioral needs of young children is a program responsibility rather then only the teacher's responsibility. Staff whose programs have fully implemented the Pyramid Model have described changes in the day-to-day operation of the program. In the words of one teacher, "The Pyramid Model was difficult at first, but the more you use it, the better it is—and it is life-changing."

Training Modules for Promoting the Social and Emotional Competence of Infants and Toddlers

Module 1: Social–Emotional Development Within the Context of Relationships
Module 2: Responsive Routines, Environments, and Strategies to Support Social–Emotional Development in Infants and Toddlers
Module 3: Individualized Intervention with Infants and Toddlers: Determining the Meaning of Behavior and Developing Appropriate Responses

Each of the three modules includes a presenter's script, PowerPoint slides, accompanying handouts, and video clips. A facilitator's guide is available. The training modules as well as additional resources are downloadable (www.vanderbilt.edu/csefel) and may be copied and distributed freely.

Amy Hunter, *MSW, LICSW, is a senior early childhood mental health specialist at ZERO TO THREE. Ms. Hunter works with the Early Head Start National Resource Center and directs the birth-to-3 portion of the Center on the Social and Emotional Foundations for Early Learning project. She served for 2 years as a National Head Start Fellow at the Office of Head Start. Prior experience includes managing the mental health services of a Head Start program and providing therapy to children and families in homes, clinics, and domestic violence shelters.*

Mary Louise Hemmeter, *PhD, is an associate professor in special education at Vanderbilt University. She is also the director of the Center on the Social and Emotional Foundations for Early Learning. Her research focuses on two areas related to young children: developing effective instruction for young children with and without disabilities, and creating supports for teachers and programs to address young children's social–emotional development and challenging behavior.*

Photo: Debbie Rappaport

Caregivers can use routines such as diapering for one-on-one interaction and bonding.

Learn More

Technical Assistance Center on Social Emotional Interventions (TACSEI)
www.challengingbehavior.org

TACSEI is funded by the Office of Special Education Programs and focuses on addressing the social–emotional needs of infants, toddlers, and preschoolers with disabilities. The Web site has multiple resources including recommended practices, case studies, PowerPoint presentations, and tools for teachers.

The Emotional Development of Young Children: Building an Emotion-Centered Curriculum (2nd ed.)
M. Hyson (2004)
New York: Teachers College Press

This book includes an overview of social–emotional development and guidance in designing classrooms to promote children's emotional development.

An Activity-Based Approach to Developing Young Children's Social Emotional Competence
J. Squires, & D. Bricker (2007)
Baltimore: Brookes

This practical guidebook is a ready-to-use, linked system for identifying concerns and improving young children's social–emotional health. This book walks readers through a five-step intervention process called Activity-Based Intervention: Social-Emotional.

Endless Opportunities for Infant and Toddler Curriculum: A Relationship Based Approach
S. Peterson & D. Wittmer (2009)
Upper Saddle River, NJ: Pearson Education

This is a practical "how-to" book designed to help infant–toddler care teachers plan a responsive and relationship-based curriculum. This book, which helps infant–toddler teachers make intentional decisions about the care they provide, was a primary source for the development of the infant–toddler CSEFEL modules.

Strategies for Understanding and Managing Challenging Behavior in Young Children: What Is Developmentally Appropriate—and What Is a Concern?
www.ehsnrc.org/PDFfiles/TA10.pdf
EHS/NRC Technical Assistance Paper 10, 2006

This useful Technical Assistance paper uses a realistic scenario to: offer insight into infant and toddler behavior, illustrate how temperament relates to challenging behavior, and describe how Early Head Start programs can support infants and toddlers who exhibit challenging behavior. Prepared for the Head Start Bureau, under contract # HHSP233200429OOYC, by the Early Head Start National Resource Center @ ZERO TO THREE.

Digging Deeper: Looking Beyond Behavior to Discover Meaning, A Unit of Three Lessons,
http://eclkc.ohs.acf.hhs.gov/hslc/Professional%20Development/On-line%20Lessons/Digging%20Deeper%20-%20Looking%20Beyond%20Behavior%20to%20Discover%20Meaning/Digging_Deeper_intro.html

These three on-line lessons offer user-friendly self-paced lessons on understanding the meaning of behavior as well as a process for determining how to respond to challenging behavior.

Michigan Association of Infant Mental Health (MI-AIMH)
www.mi-aimh.org/

The mission of MI-AIMH is to promote and support nurturing relationships for all infants The Web site provides up-to-date information on infant mental health and lists training, resources, and products related to supporting infant mental health.

Program for Infant/Toddler Caregivers
www.pitc.org/

The Program for Infant/Toddler Caregivers Web site offers information on training, resources, and practices to meet their mission of ensuring America's infants get a safe, healthy, emotionally secure, and intellectually rich start in life.

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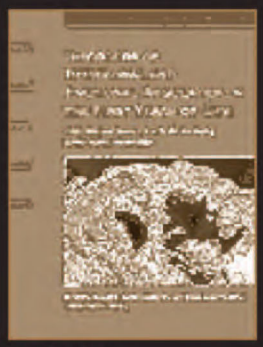

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Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

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 selfreflection, 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 forTraining*. 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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9. Examines personal, family, and cultural values, beliefs, and assumptions

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14. Uses age appropriate expectations to guide children's behavior
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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

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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 High-Quality Supportive Environments* 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.

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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 caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.
Occasionally:	The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.
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Use of the Action Plan: Once users have determined the specific *Practices and Indicators* from the Inventory they want to target for development, a plan for next steps can be developed using the *Action Plan.* In the first column of the *Action Plan*, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

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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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
4. Provides physical and emotional security for each child	3	2	1	YES	NO	
• Demonstrates responsive caregiving. Acknowledges and responds to infants' and toddlers' needs promptly when the need is expressed * *(i.e. verbally acknowledges verbal and non-verbal forms of expression when unable to physically because they are caring for another child and provides appropriate response to meet need as soon as possible)*						
• Provides physical forms of comfort and support, such as, holding infants close, holding toddlers hands while walking around with them, sitting close while reading, talking, singing or interacting and playing with infants and toddlers.						
• Prepares and informs children about transitions *(i.e. lets infants and toddlers know when the primary caregiver or parent will be leaving the room/program) and facilitates rituals for routines (eating, sleeping, arrival, departing, diapering/toileting); helps parents understand the importance of these rituals (saying goodbye, waving at parent from the window)*						
• Uses photos, songs, stories and objects that reflect the child's family and culture						
• Provides easy access to and allows children to keep important objects or comfort items with them throughout the day *(e.g. blankets, stuffed animals, pacifiers)*						
• Reassures children who venture off to explore that caregivers are still close by if needed						
• Reconnects with a child through a smile, hug, or kind words after having a challenging interaction						
• Encourages children to explore and try new experiences *(e.g. encourage crawling by practicing tummy time and placing a favorite toy a bit out of reach; encourage child to try new foods; encourage child to play near or with other children and notice what they are doing)*						
Comments:						
5. Develops meaningful relationships	3	2	1	YES	NO	
Develops Meaningful Relationships with Infants and Toddlers						
• Spends time on the floor, communicates with children at eye level, face to face, using smiles and positive responsive verbal and non-verbal interactions						
• Speaks calmly and warmly to infants and toddlers						
• Uses words, writing, music, and songs whenever possible in the child's home language						
• Uses one-on-one times, such as diapering and feeding to interact with infants and toddlers individually						
• Is "in tune" with each child in her or his care; reads infants and toddlers individual cues *(understands when a young infant is ready to play and responds by placing her on her tummy for a few minutes; responds to infants sleep cues)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Follows children's lead in play						
• Uses books, stories and conversations to help make meaningful connections to children's experiences children's experiences and the important events in their lives *(reads a book about different kinds of families, a story about a new baby in the family)*						
• Plays responsive social games with children (e.g. peek-a-boo)						
• Demonstrates joining infant and toddlers emotions						
• Regulates pace of interaction in response to child's state or emotional expression						
• Demonstrates reciprocity in interactions						
• Engages in joint attention with infants and toddlers						
Develops Meaningful Relationships with Families						
• Listens to and incorporates parents' beliefs, as appropriate, into practices around social emotional issues, such ways to hold a baby, ways to calm and soothe children, ways to encourage and guide children						
• Uses a system to communicate with families in a meaningful way on a daily basis and ongoing, using a variety of communication methods *(notes, touch base during drop off and pick-up, daily reports, home visits , parent-child meetings)*						
• Speaks to children and families by name						
• Greets children and adults individually on arrival and says goodbye at departure						
• Uses arrival and departure times to connect with the family and gather valuable information about the child since last seen. Caregiver asks what has happened since last seeing the child						
• Follows a consistent plan to transition child from parent to caregiver upon arrival						
• Encourages parent's sense of competence by commenting and acknowledging positive parent child interactions						
Promotes the Parent-Child Relationship						
• Creates comfortable spaces for adults *(adult furniture in care space)* and spaces that welcome family members *(e.g. spaces for breastfeeding, to receive and provide information, facilitate meaningful transitions during drop-off and pick-up, or playing with their children)*						
• Asks all parents about their feelings *(including asking about depression related symptoms and feelings)*						
• Provides information to parents about ways to support their child's social emotional development *(e.g. including information on practices in this inventory)*						
• Provides resources and support for parents unique needs and interest.						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
Encourages and Models Positive Relationships with Other Adults in the Environment						
• Creates opportunities for family members of children in the group setting to interact with and get to know one another *(family meetings, outings and group activities)**						
• Demonstrates positive relationship with colleagues including co-workers and administration						
Comments:						
6. Assists infants and toddlers in regulating emotions	3	2	1	YES	NO	
• Assists children in regulating their emotions and reactions to outside stimuli (mirrors baby's emotions/face, takes a sweater off when a baby seems warm, explains what is happening in a calm voice, labels what the child is doing, talks for the child)						
Comments:						
7. Applies knowledge of children's individual temperaments to interactions and practice	3	2	1	YES	NO	
• Acknowledges children's temperamental traits *("I know you like to watch for a while when we try new things. Don't worry we will take our time.")*						
• Adapts schedule, behavior, and energy level to meet the temperamental characteristics of different children in care *(follows children's toileting and eating patterns, holds a child who is fearful when a new adult enters the room, stays calm and quiet if needed; provides increased activity and stimulation if needed)*						
• Uses positive or neutral descriptors *(dramatic, assertive, persistent, watchful, observing, takes her time with new people, excited, energetic)* and avoids the use of negative labels for children's temperament *(loud, aggressive, stubborn, scared, shy, fearful)*						
Comments:						
8. Engages in ongoing observation and reflection about infants' and toddlers' social emotional development to facilitate relationship building	3	2	1	YES	NO	
• Observes throughout the day and objectively and routinely records the behavior, interactions and activities *						
• Sensitively shares observations regularly with colleagues and child's family to learn if everyone is observing similar things and to discuss how the child is progressing *						
• Uses observations to inform next steps for continuing to build the relationships with the child *(noticing that rocking calms and soothes when she is overwhelmed and upset)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Uses observations to make a best guess about the meaning of behavior and uses this information to inform interactions/planning *						
• Uses formal and informal assessments to measure toddlers' social emotional development over time * *(structured and spontaneous observations)*						
Comments:						
9. Examines personal, family, and cultural values, beliefs, and assumptions	3	2	1	YES	NO	
Examines own attitudes toward challenging behavior						
• Understands the relationship between infants' and toddlers' social emotional development and challenging behaviors						
• Understands that infants' and toddlers' challenging behaviors are conveying some type of message						
• Understands there are many things that can be done to prevent challenging behaviors						
• Identifies what behaviors "push my buttons"						
• Develops strategies for dealing with situations when children's behavior "push my buttons"						
• Works together with a team to problem solve around issues related to challenging behaviors						
Examines personal, family, and cultural views of child's challenging behavior						
• Considers personal beliefs regarding the acceptability and unacceptability of specific types of child behavior						
• Considers personal beliefs regarding the causes of specific types of unacceptable child behavior						
• Acknowledges contrasting or conflicting beliefs held by others regarding acceptable and unacceptable types of child behavior						
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	CSEFEL Resources
			Where to find helpful training information… **Tool I: Nurturing and Responsive Relationships** 4. Provides physical and emotional security for each child – **Module 1 & 2** 5. Develops meaningful relationship with children and families – **Module 1** 6. Assists infants and toddlers in regulating emotions – **Module 2** 7. Applies knowledge of children's individual temperaments to interactions and practice – **Module 1**

Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

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 for providers to be successful in implementing the practices detailed in Tools I-III.

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 High-Quality Supportive Environments* 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 caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.
Occasionally:	The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.
Seldom:	The caregivers may not understand the concept or practice and the practice is not performed very often if at all. *If self-administered:* Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The caregivers often miss 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: Once users have determined the specific *Practices and Indicators* from the Inventory they want to target for development, a plan for next steps can be developed using the *Action Plan.* In the first column of the *Action Plan*, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

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
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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

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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
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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
10. Designs responsive environments that promote social emotional competence	3	2	1	YES	NO	
• Provides an environment that considers circulation patterns *(where children and adults enter/exit; how children navigate the space without obstruction from furniture)*						
• Provides quiet spaces for infants and toddlers, away from active play						
• Arranges classroom so there is protected and safe space for young infants to have tummy time						
• Allows children freedom to move around *(provides safe places for tummy time, pulling up, walking, and climbing)*						
• Removes obstacles that make it difficult for children with disabilities to move around and utilize the room						
• Provides private spaces *(for children to play alone)* and semi-private spaces *(for children to play with one or two friends)*						
• Sets up diapering, feeding, sleeping and play areas to allow quiet, personal contact between caregivers and toddlers						
• Arranges classroom materials so they are orderly and accessible to toddlers and adults and provides duplicates of favorite toys						
• Defines activity areas by creating boundaries						
Provides a variety of play spaces:						
• Spaces for delighting the senses						
• Spaces to interact with caregivers						
• Space for development of large motor movement						
• Space for infants and toddlers to use creative arts materials						
• Space for toys and manipulative items						
• Space for toddlers to build and construct						
• Space for dramatic and pretend play						
• Space for looking at books						
• Outdoor space						
• Considers children's interests and abilities when deciding what materials to put in play spaces *						
• Space is flexible and changes with children's interests and developing skills						
• Continually observes infants and toddlers on a regular basis and makes changes to the environment based on *(written)* observations *						
Ensures that play areas are well-equipped with materials and furniture						
• water supply near art area						
• hand washing sink near sand/water						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• materials readily available						
• child size toilets in the classroom						
• Provides and encourages the use of gross motor materials in both indoor and outdoor settings *(e.g. double slides, tunnels, and rocking boats that encourage social play)*						
Comments:						
11. Designs responsive routines and schedules that promote social-emotional competence						
• Routines are individualized for each infant and toddler						
• Offers a predictable yet flexible sequence of routines each day						
• Focuses on the order in which things happen rather than the time and allows children to "set the pace"						
• Helps infants and toddlers learn about routines or schedules through verbal cues and pictures *(gives warnings before diaper changes, nose wipes, outside time, eating time, and nap times)*						
• Talks with infants about specific sequence of events; creates for toddlers a visual schedule showing daily routines to see and touch, and posts schedule at eye level						
• Gives clear guidance during routines. *(says what is happening now and next and what's expected)*						
• Invites infants and toddlers to take part in daily routines *(having them help when dressing, providing stepstools to allow toddlers to begin hand washing on their own, passing items at mealtimes)*						
• Provides explanations when necessary changes in the routine take place						
• Ensures that group activities *(if provided)* are short and focused, and that materials and set up is completed ahead of time						
• Reviews past activities with toddlers and notices and acknowledges when a toddler seems to be thinking about an event from the past						
• Works with other caregivers and family members to provide consistent care among adults for each infant and toddler						
• Asks families about the routines at home and works to integrate home routines into the center based routines						
Eating:						
• Welcomes families to eat with their children, and respects the family's culture and decisions around serving, feeding and eating with toddlers when they participate						
• Supports breastfeeding mothers by adapting routines and providing spaces to nurse and pump						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Provides a system for documenting families' wishes on issues related to weaning from breast or bottle and respects families' wishes*						
• Responds to children's non-verbal as well as verbal requests and comments while eating *(respectful of when infants and toddlers signal they are full or want more, does not require children to finish everything)*						
• Holds infants gently for bottle feeding; sits with toddlers for eating and creates opportunities for them to successfully feed themselves *(bowls with small amount of food so spilling makes minimal mess, pieces cut into small serving sizes so eating remains safe even if a child takes too many)*						
• Provides child-sized furniture and equipment to encourage self-help skills *(i.e. high-chairs, tables and chairs that fit infants and toddlers comfortably, serving utensils that are easy to grasp)*						
Diapering and Toileting:						
• Makes the transition to diapering comfortable and predictable for children *(e.g. giving child warning before picking her up)*						
• Makes diapering and toileting a special time for adults to be present with children *(interacting, using first/next words that are comforting, encouraging toddlers to participate in the routine)*						
• Organizes diapering area and supplies to allow for one-on-one interactions between infants/toddlers and caregivers						
• Provides diapering and toileting equipment that encourages self-help skills *(e.g. steps for toddlers to walk up to diapering table; child-sized toilets)*						
Sleeping:						
• Prepares nap area for toddlers when they are becoming tired so they can transition to nap time as they are ready, allows toddlers to wake up when they are ready and has a quiet activity planned for early risers						
• Provides each infant with his own crib, and provides toddlers with cots, sheets, pillows and blankets that are labeled with first name and picture symbol						
• Sings, play lullabies, holds, rocks, carries, and offer infants and toddlers a book, doll or teddy bear while getting ready for nap time						
Comments:						
12. Ensures Smooth Transitions	3	2	1	YES	NO	
• Reduce wait times and "forced transitions" by allowing children to initiate and transition to other activities when they are ready *(when they are hungry for snack they can eat, diapering/toileting when needed not on a group schedule)*						
• Designs schedule to minimize the amount of time toddlers spend making transitions between activities *(for example, asks toddlers to put on their coats one child at a time while the others are still busy rather than lining up a group of kids and doing their coats)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Provides multisensory cues prior to transitions *(sings a song, rings a bell, dims the lights, or points to a picture)*						
• Individualizes cues prior to transitions for specific toddlers *(moves close to child, makes eye contact and says "Jonathan, remember when I ring this bell it will be time to get ready to go outside.")*						
• Uses transitional or comfort objects to help toddlers move between activities *(Will everyone take a ball outside? Great!)*						
• Assigns specific jobs to toddlers who have difficulty transitioning *("Jason, will you go get our rope from the shelf so we can get ready to go outside?")*						
• Continues acknowledging and responding to infants when she/he has to provide care for another child *("I can tell you are getting hungry and I will be right over to feed you as soon as I finish changing Jawan's diaper")*						
Comments:						

13. Individualizes plans and curriculum to promote social emotional competence	3	2	1	YES	NO	
• Plans and supports multiple experiences occurring simultaneously among the children in the group *(i.e. a child may be being fed; another sleeping; a few playing; etc.)*						
• Has a written plan, developed with families, for each infant and toddler in care that addresses current strengths, needs and areas of focus or interests and respects and accommodates individual needs, personalities, and characteristics *						
• Encourages infants and toddlers to explore and choose materials that are most interesting to them *(does not overwhelm with too many choices, show enthusiasm for choices, ask questions about what toddlers are playing with)*						
• Provides materials, activities and interactions that are both familiar and new/challenging						
Comments:						

14. Uses age appropriate expectations to guide children's behavior	3	2	1	YES	NO	
• Responds calmly when an infant is overwhelmed or stressed *(swaddles infants; holds infants close; provides a "lovey"; rocks infant, sings to infant, offers infant a different position to be held in; provides a change of scenery; modified the sound or lighting)*						
• Uses simple words or phrases explaining natural consequences such as *("It hurts your friend when you pull his hair" If you want that toy, let's ask if you can use it when he's done.")*						
• Provides opportunities for toddlers to practice classroom expectations *("See the picture of the truck? Please put the truck back right there.")*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• States and models expectations positively and specifically *(avoids words "no" and "don't" as much as possible "Please be gentle with your hands, like this." or "food stays on the table")*						
• Frequently reinforces appropriate behavior *("I think Josiah liked it when you gave him that car." "Sarah looks so happy that you gave her a napkin for snack.")*						
• Uses a problem solving approach to help toddlers begin to solve problems. *("You want the truck and Josh wants the truck, what can we do?")*						
• Reduces opportunities for conflict *(provides more than one of a popular toy, positions self between toddlers before emotions escalate, stays between toddlers who may have been biting or hitting frequently)*						
• Stays close and supports toddlers in difficult encounters with other toddlers and shows positive feelings for both toddlers in a conflict						
• Lets toddlers know through calm approach that conflict is to be expected and that it can be resolved with help						
• Uses situations throughout the day to allow toddlers opportunities to generate solutions, and help toddlers try solutions until the problem is resolved						
• Takes time to support toddlers through the problem solving process during heated moments *(18 months & older)*						
• Systematically teaches the problem solving steps: What is my problem? What are some solutions? What would happen next? Try out the solution. *(24 months & older)*						
• Shares and discusses photographs of toddlers working out situations *(24 months & older)*						
Comments:						
14. Supports families to develop home environments and routines that promote social emotional competence	3	2	1	YES	NO	
• Engages families to support the use of positive social and emotional strategies in the home						
• Communicates with families daily and identifies resources on healthy social emotional development						
• Provides assistance to families on creating healthy home environments and routines *(i.e. helps families solve problems, makes suggestions based on his/her observations of the child)*						

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	CSEFEL Resources
			Where to find helpful training information… **Tool I: Nurturing and Responsive Relationships** 4. Provides physical and emotional security for each child – **Module 1 & 2** 5. Develops meaningful relationship with children and families – **Module 1** 6. Assists infants and toddlers in regulating emotions – **Module 2** 7. Applies knowledge of children's individual temperaments to interactions and practice – **Module 1**

Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

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 for providers to be successful in implementing the practices detailed in Tools I-III.

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 High-Quality Supportive Environments* 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:

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Occasionally:	The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.
Seldom:	The caregivers may not understand the concept or practice and the practice is not performed very often if at all. *If self-administered:* Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The caregivers often miss 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: Once users have determined the specific *Practices and Indicators* from the Inventory they want to target for development, a plan for next steps can be developed using the *Action Plan.* In the first column of the *Action Plan*, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

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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12. Ensures smooth transitions
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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
16. Uses prompting and reinforcement of positive interactions effectively	3	2	1	YES	NO	
• Encourages peer interaction (positions infants near each other, organizes activities that encourage toddlers to work together, acknowledges and comments on children's interest in other children; encourages their attempts to join play)						
• Shows an understanding of developmental levels of interactions, play practices, and individual children (e.g. does not expect that toddlers will share toys)						
• Remains nearby during social interactions to provide security, comfort, encouragement, guidance or facilitation if needed						
• Allows children an opportunity to work out conflicts before offering guidance and assistance						
• Communicates behavioral expectations by letting children know what they should do (not what they should not do). For example, says "hands on your lap instead of your neighbor" instead of "don't hit."						
• Talks about "friends" and "playing with friends"						
• Facilitates interactions by supporting and suggesting play ideas where more than one child can play ("Can you two move that heavy box over here?")						
• Ensures that interactions are mostly child-directed throughout the day						
Comments:						
17. Provides guidance to aid children in their development of social practices	3	2	1	YES	NO	
• Includes social interaction goals on all individualized plans or curricula * (Integrates children's social and emotional development in the planning of activities and experiences. Does not plan activities that have isolated development goals. For example, if planning a gross motor experience, considers and plans for how infants and toddlers might interact with one another and adults)						
• Uses naturally occurring opportunities to promote empathy and awareness of others (e.g. when a child is sad, caregiver models empathetic response and encourages children to notice how child is feeling and talks about helping to make them feel better; e.g. saying to other toddler peers "Josh is frowning. I wonder if he is upset. What do you think you can say to him that might make him feel better?" "Let's ask him if he is ok")						
• Uses naturally occurring opportunities to begin to talk about turn taking and sharing						
• Caregiver plays games and interacts using give and take or turn taking (i.e. "I'll roll the ball to you and you roll it back" or "I put a block in and you put a block in")						
• Models playing alongside children and recognizes children's efforts to play with one another (e.g. when a child is rolling ball, gives a second ball to another child near child, and suggests rolling balls to one another)						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
17. Provides guidance to aid children in their development of social practices *(continued)*	3	2	1	YES	NO	
• Firmly shares concerns about hurting but does not ridicule or use punishment (e.g. says, *"I see that it really hurts Jaylen when you pull his hair, look at his face."*)						
• Uses a combination of natural and logical consequences and encourages children to be responsible for their own behavior (*"Kayla, instead of throwing the doll at Jordan, why don't you hand it to him? If you throw the doll again, you could hurt Jordan and we will have to put the doll away and find something else that you can throw"*)						
• Shares program strategies for prompting and reinforcing positive behaviors and social practices with parents						
Comments:						
18. Promotes identification and labeling of emotions in self and others	3	2	1	YES	NO	
• Uses photographs, pictures, and posters that portray people in various emotional states						
• Introduces children to more complicated and varied feelings words (e.g. terms such as: calm, interested, curious, quiet, bubbly, frustrated, uncertain, worried, anxious, enthusiastic etc.)						
• Ask children questions about their feelings and talks about the fact that feelings can change (*e.g. "Are you upset right now? I know he doesn't want to let you use the truck right now but when he is finished you can have a turn and I think you will be happier then!"*)						
• Uses real-life situations to practice problem-solving, beginning with defining the problem and emotions involved as appropriate for each age (*e.g. "I can see that you are upset because it is time to go inside. It is sometimes hard and upsetting to go inside when you don't feel ready. Let's think about how to make it better…maybe we can come outside again later?*")						
• Assists children in recognizing and understanding how another child might be feeling by pointing out facial expressions, voice tone, body language or words						
• Observes aloud how children's actions influence others in the room (*e.g. "It looks like Margaret feels happy when you give her the doll!"*)						
Comments:						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
19. Explores the nature of feelings and the appropriate ways they can be expressed	3	2	1	YES	NO	
• Labels cues of emotional escalation for children ("*You look like you are getting frustrated when Jennifer takes the blocks from you"*)						
• Uses opportunities to comment on occasions when children state they are feeling upset or angry but are remaining calm (24 months & older) and comments on positive emotions ("*You are so calm and relaxed right now"*)						
• Is present and offers calm words of support during a toddler "tantrum" if the child is in danger of hurting self or others, gently holds child and provides explanation						
• Chooses books, music and finger plays with a rich vocabulary of feeling words						
• Labels own emotional states and provides an action statement (*"I am feeling frustrated so I better take some deep breaths to calm down"*)						
Comments:						
20. Develops individualized approaches to support children in distress	3	2	1	YES	NO	
• Develops individualized approaches for children who have difficulty with routines and transitions (i.e. helps parent develop a ritual for drop off; engages in a specific routine to soothe a child who has difficulty falling asleep; provides an individual child more frequent warnings in preparation for transitions)						
• Works with families to share and explore techniques to try both at home and in the program						
• Engages in reflection with peers, supervisor, consultants and/or coach for a child exhibiting difficulty with certain routines or transitions						
• Adjusts responses to child's behavior based on effectiveness*						
• Response to behavior is matched to the cause, purpose, or meaning of the behavior rather than a one –size-fits all approach*						
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	CSEFEL Resources
			Where to find helpful training information… **Tool IV: Individualized Intensive Interventions** 21. Team uses information and careful observation to determine the meaning of behavior – **Module 3** 22. With team, develops initial responses to concerns – **Module 3** 23. When necessary, uses a program process to develop individualized support plans – **Module 3** 24. Uses program process to reflect on children's progress within support plan – **Module 3**

Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

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 for providers to be successful in implementing the practices detailed in Tools I-III.

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 High-Quality Supportive Environments* 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 caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.
Occasionally:	The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.
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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: Once users have determined the specific *Practices and Indicators* from the Inventory they want to target for development, a plan for next steps can be developed using the *Action Plan.* In the first column of the *Action Plan*, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

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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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
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Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
21. Team uses information and careful observation to determine the meaning of behavior	3	2	1	YES	NO	
• Completes comprehensive interviews with families and others who care for child *						
• Reviews all documentation related to the child (i.e. child's medical records, anecdotal notes, observations, assessments, screening, parent/family information, etc.)						
• Assists in developing a hypothesis about the meaning of a child's behavior as a member of the team *						
Comments:						
22. When necessary, uses a program process to develop individualized support plans	3	2	1	YES	NO	
• Program uses a written plan to help meet the child's needs and provide the child with alternative strategies, rather than focusing on eliminating the challenging behavior for the caregiver's purposes *						
• Works with parent(s) to encourage a consistent approach across care settings*						
• Follows a clearly articulated written program process and support protocol for implementation and ongoing review of support plans*						
• Document supports and resources caregivers and parents may need to fully implement the plan (i.e. training, coaching, specific materials for the classroom or home, materials to document progress or track improvement)						
• Clarifies and documents consistent responses to specific behaviors for each person on the team*						
• Uses the support of a mental health consultant when available*						
Comments:						
23. Uses process to reflect on children's progress within support plan	3	2	1	YES	NO	
• Observes, monitors, and documents acquisition of positive behaviors that allow the child to focus his/her energy on developmental growth *						
• Maintains ongoing communication with family about progress at home and in the care setting *						
• Collaborates as a member of a team that meets periodically to review child progress, plan implementation, and to develop new support strategies *						
• Observes, monitors, and documents changes in challenging behavior *						
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	CSEFEL Resources
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Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is:			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*

Infant Toddler Module 1
Lesson 2

Understanding Social Emotional Development

Handouts

THE PYRAMID MODEL CONSORTIUM
Supporting Early Childhood PBIS

The term social emotional development refers to the developing capacity of the child from birth through five years of age to form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn—all in the context of family, community, and culture.

Caregivers promote healthy development by working to support social emotional wellness in all young children, and make every effort to prevent the occurrence or escalation of social emotional problems in children at-risk, identifying and working to remediate problems that surface, and, when necessary, referring children and their families to appropriate services.

(Adapted with permission from ZERO to THREE's definition of infant mental health, 2001.)

A baby is born with just a few brain cells.	True or False
The kind of care a young child receives plays a big role in how the brain wires itself. For example, caregivers who respond sensitively to a baby's cries are building the connections that lead to healthy relationships.	True or False
Brain development is completely determined and designed based on genetics.	True or False
The infant's early brain development is designed to connect the newborn with other human beings around him who will provide care.	True or False
Babies are born with the desire to master and explore their environment and are active participants in their own learning.	True or False
A toddler's brain is less active than an adult's brain.	True or False
Young children need expensive toys to get smarter.	True or False
Babies cannot recognize their parents' voices.	True or False
Babies seek physical and emotional equilibrium.	True or False
What happens before birth does not affect children's learning.	True or False
Babies can match emotional voice tone to emotional facial expression.	True or False
Babies prefer looking at faces.	True or False

A baby is born with just a few brain cells. *A baby is born with more than 100 billion brain cells. Some of these cells are already connected to other cells at birth. These connections regulate the heartbeat and breathing, control reflexes, and regulate other functions needed to survive. However, much of the brain's wiring does not occur until after birth.*	**False**
The kind of care a young child receives plays a big role in how the brain wires itself. For example, caregivers who respond sensitively to a baby's cries are building the connections that lead to healthy relationships. *From the moment a baby is born, every experience helps build the connections that guide development. No two brains are alike! Early experiences impact the actual architecture of the brain.*	**True**
Brain development is completely determined and designed based on genetics. Early experiences are equally as important as genetics in brain development. *The baby's day-to-day experiences help decide how her brain cells will connect to each other.*	**False**
The infant's early brain development is designed to connect the newborn with other human beings around him who will provide care. *Babies are also born with a set of very useful instincts for surviving and orienting to their new environment. They prefer human stimuli (a face, voice, touch, smell) over everything else. They innately orient to people's faces and would rather listen to talking or singing than any other kind of sound.*	**True**
Babies are born with the desire to master and explore their environment and are active participants in their own learning. *Babies are born with a desire to explore, understand, and "master" their surroundings. They learn more easily with the help and encouragement of their families and caregivers. When encouraged to explore, while are also making sure they don't get hurt, babies learn to feel good about learning and enjoy new experiences.*	**True**
A toddler's brain is less active than an adult's brain. *A 3-year-old's brain is twice as active as an adult's brain. The adult brain is more efficient. It has gotten rid of brain connections that it doesn't need (pruning). By about age 3, the brain's cells have made most of their connections to other cells. Over the next several years, connections are refined based on experience. The connections that are used most will become stronger. Those that are used least will eventually wither.*	**False**
Young children need expensive toys to get smarter. *Young children need loving, responsive and predictable care and experiences, such as gentle touch, talking, reading, singing, rocking, etc. Too many new experiences at once can overstimulate a young child and will not help with brain development. Young children need time to process what they have experienced and learn before they are ready for something new.*	**False**

Babies cannot recognize their parents' voices. *Some research shows that babies start listening to their parents' voices while still in the womb. Once born, babies tune into the words used by their familiar caregiver's to figure out what they are saying. In fact, research has shown that babies prefer speech to all other sounds. They enjoy hearing the different sounds, pitches, and tones that adults use naturally when they talk with babies.*	**False**
Babies seek physical and emotional equilibrium. *Infants are unable to regulate themselves. Despite being born with the capacity for feeling deep emotions, babies are unable to keep themselves in a state of equilibrium, lacking the skills to regulate either the intensity or the duration of those emotions. Babies need assistance and monitoring of a responsive caregiver to maintain equilibrium and not become overwhelmed.*	**True**
What happens before birth does not affect children's learning. *Poor nutrition and exposure to drugs and alcohol can lead to serious problems in brain development even before birth. A developing fetus needs adequate nutrition to develop properly.*	**False**
Babies can match emotional voice tone to emotional facial expression. *Some studies show babies as young as three and a half months as being able to connect their mother's tone of speech and facial expressions (using two images, happy and sad).*	**True**
Babies prefer looking at faces. *Various research studies found that newborn infants have shown a preference for looking at faces and face-like stimuli (e.g., Batki et al 2000). The babies also show a preference for faces with open eyes. When given a choice between fearful and smiling faces, newborns look longer at happy faces (Farroni et al 2007).*	**True**

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Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

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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 caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.
Occasionally:	The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.
Seldom:	The caregivers may not understand the concept or practice and the practice is not performed very often if at all. *If self-administered:* Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The caregivers often miss 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: Once users have determined the specific *Practices and Indicators* from the Inventory they want to target for development, a plan for next steps can be developed using the *Action Plan.* In the first column of the *Action Plan*, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

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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Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
4. Provides physical and emotional security for each child	3	2	1	YES	NO	
• Demonstrates responsive caregiving. Acknowledges and responds to infants' and toddlers' needs promptly when the need is expressed * *(i.e. verbally acknowledges verbal and non-verbal forms of expression when unable to physically because they are caring for another child and provides appropriate response to meet need as soon as possible)*						
• Provides physical forms of comfort and support, such as, holding infants close, holding toddlers hands while walking around with them, sitting close while reading, talking, singing or interacting and playing with infants and toddlers.						
• Prepares and informs children about transitions *(i.e. lets infants and toddlers know when the primary caregiver or parent will be leaving the room/program) and facilitates rituals for routines (eating, sleeping, arrival, departing, diapering/toileting); helps parents understand the importance of these rituals (saying goodbye, waving at parent from the window)*						
• Uses photos, songs, stories and objects that reflect the child's family and culture						
• Provides easy access to and allows children to keep important objects or comfort items with them throughout the day *(e.g. blankets, stuffed animals, pacifiers)*						
• Reassures children who venture off to explore that caregivers are still close by if needed						
• Reconnects with a child through a smile, hug, or kind words after having a challenging interaction						
• Encourages children to explore and try new experiences *(e.g. encourage crawling by practicing tummy time and placing a favorite toy a bit out of reach; encourage child to try new foods; encourage child to play near or with other children and notice what they are doing)*						
Comments:						
5. Develops meaningful relationships	3	2	1	YES	NO	
Develops Meaningful Relationships with Infants and Toddlers						
• Spends time on the floor, communicates with children at eye level, face to face, using smiles and positive responsive verbal and non-verbal interactions						
• Speaks calmly and warmly to infants and toddlers						
• Uses words, writing, music, and songs whenever possible in the child's home language						
• Uses one-on-one times, such as diapering and feeding to interact with infants and toddlers individually						
• Is "in tune" with each child in her or his care; reads infants and toddlers individual cues *(understands when a young infant is ready to play and responds by placing her on her tummy for a few minutes; responds to infants sleep cues)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Follows children's lead in play						
• Uses books, stories and conversations to help make meaningful connections to children's experiences children's experiences and the important events in their lives *(reads a book about different kinds of families, a story about a new baby in the family)*						
• Plays responsive social games with children (e.g. peek-a-boo)						
• Demonstrates joining infant and toddlers emotions						
• Regulates pace of interaction in response to child's state or emotional expression						
• Demonstrates reciprocity in interactions						
• Engages in joint attention with infants and toddlers						
Develops Meaningful Relationships with Families						
• Listens to and incorporates parents' beliefs, as appropriate, into practices around social emotional issues, such ways to hold a baby, ways to calm and soothe children, ways to encourage and guide children						
• Uses a system to communicate with families in a meaningful way on a daily basis and ongoing, using a variety of communication methods *(notes, touch base during drop off and pick-up, daily reports, home visits , parent-child meetings)*						
• Speaks to children and families by name						
• Greets children and adults individually on arrival and says goodbye at departure						
• Uses arrival and departure times to connect with the family and gather valuable information about the child since last seen. Caregiver asks what has happened since last seeing the child						
• Follows a consistent plan to transition child from parent to caregiver upon arrival						
• Encourages parent's sense of competence by commenting and acknowledging positive parent child interactions						
Promotes the Parent-Child Relationship						
• Creates comfortable spaces for adults *(adult furniture in care space)* and spaces that welcome family members *(e.g. spaces for breastfeeding, to receive and provide information, facilitate meaningful transitions during drop-off and pick-up, or playing with their children)*						
• Asks all parents about their feelings *(including asking about depression related symptoms and feelings)*						
• Provides information to parents about ways to support their child's social emotional development *(e.g. including information on practices in this inventory)*						
• Provides resources and support for parents unique needs and interest.						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
Encourages and Models Positive Relationships with Other Adults in the Environment						
• Creates opportunities for family members of children in the group setting to interact with and get to know one another *(family meetings, outings and group activities)**						
• Demonstrates positive relationship with colleagues including co-workers and administration						
Comments:						
6. Assists infants and toddlers in regulating emotions	3	2	1	YES	NO	
• Assists children in regulating their emotions and reactions to outside stimuli (mirrors baby's emotions/face, takes a sweater off when a baby seems warm, explains what is happening in a calm voice, labels what the child is doing, talks for the child)						
Comments:						
7. Applies knowledge of children's individual temperaments to interactions and practice	3	2	1	YES	NO	
• Acknowledges children's temperamental traits *("I know you like to watch for a while when we try new things. Don't worry we will take our time.")*						
• Adapts schedule, behavior, and energy level to meet the temperamental characteristics of different children in care *(follows children's toileting and eating patterns, holds a child who is fearful when a new adult enters the room, stays calm and quiet if needed; provides increased activity and stimulation if needed)*						
• Uses positive or neutral descriptors *(dramatic, assertive, persistent, watchful, observing, takes her time with new people, excited, energetic)* and avoids the use of negative labels for children's temperament *(loud, aggressive, stubborn, scared, shy, fearful)*						
Comments:						
8. Engages in ongoing observation and reflection about infants' and toddlers' social emotional development to facilitate relationship building	3	2	1	YES	NO	
• Observes throughout the day and objectively and routinely records the behavior, interactions and activities *						
• Sensitively shares observations regularly with colleagues and child's family to learn if everyone is observing similar things and to discuss how the child is progressing *						
• Uses observations to inform next steps for continuing to build the relationships with the child *(noticing that rocking calms and soothes when she is overwhelmed and upset)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Uses observations to make a best guess about the meaning of behavior and uses this information to inform interactions/planning *						
• Uses formal and informal assessments to measure toddlers' social emotional development over time * *(structured and spontaneous observations)*						
Comments:						
9. Examines personal, family, and cultural values, beliefs, and assumptions	3	2	1	YES	NO	
Examines own attitudes toward challenging behavior						
• Understands the relationship between infants' and toddlers' social emotional development and challenging behaviors						
• Understands that infants' and toddlers' challenging behaviors are conveying some type of message						
• Understands there are many things that can be done to prevent challenging behaviors						
• Identifies what behaviors "push my buttons"						
• Develops strategies for dealing with situations when children's behavior "push my buttons"						
• Works together with a team to problem solve around issues related to challenging behaviors						
Examines personal, family, and cultural views of child's challenging behavior						
• Considers personal beliefs regarding the acceptability and unacceptability of specific types of child behavior						
• Considers personal beliefs regarding the causes of specific types of unacceptable child behavior						
• Acknowledges contrasting or conflicting beliefs held by others regarding acceptable and unacceptable types of child behavior						
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	CSEFEL Resources
			Where to find helpful training information… **Tool I: Nurturing and Responsive Relationships** 4. Provides physical and emotional security for each child – **Module 1 & 2** 5. Develops meaningful relationship with children and families – **Module 1** 6. Assists infants and toddlers in regulating emotions – **Module 2** 7. Applies knowledge of children's individual temperaments to interactions and practice – **Module 1**

Infant Toddler Module 1
Lesson 3

Challenging Behavior

Handouts

THE PYRAMID MODEL CONSORTIUM
Supporting Early Childhood PBIS

Understanding Your Child's Behavior:

Reading Your Child's Cues from Birth to Age 2

Does this Sound Familiar?

Jayden, age 9 months, has been happily putting cereal pieces into his mouth. He pauses for a moment and then uses his hands to scatter the food across his high chair tray. He catches his father's eye, gives him a big smile, and drops a piece of cereal on the floor. When his father picks it up, Jayden kicks his legs, waves his arms, and laughs. He throws another piece of cereal. His dad smiles and says, "Jayden, it looks like you are all done eating. Is that right?" He picks Jayden up and says, "How about we throw a ball instead of your food, okay?"

Naomi, age 30 months, is happily playing with her blocks. All of a sudden, her mother looks at the clock, gasps, and says, "Naomi, I lost track of time! We need to go meet your brother at the school bus! Let's go." She scoops Naomi up and rushes toward the kitchen door. Naomi shouts, "NO!" and tries to slide out of her mother's arms to run back to her blocks. When her mother puts on Naomi's sneakers, she kicks them off, slaps her mother's hands, and repeats, "No! I STAY! I playing blocks!" Naomi's mother sighs with frustration and buckles her into the stroller with no shoes. This sets off another round of protests: "My SHOES! Where my SHOES?" Naomi pulls at her stroller's buckle, trying to unfasten it, and kicks, screams, and cries all the way to the bus stop.

The Focus

Babies and toddlers might just be learning to talk—but they have many other ways to tell parents how they are feeling! Children can experience the same emotions that adults do, but they express those feelings differently. Jayden is giving his father many clues that he is done eating. First, he begins to play by sweeping the food across his tray. Then he drops food on the floor in an attempt to get his Dad to play the "I Drop It, You Get It" game. Jayden's father notices and responds to these "cues," by calling an end to mealtime and giving Jayden a chance to play. Naomi is also very clear about her feelings. She doesn't like having to make a transition from a fun activity (blocks) so quickly. She is giving her mother many "cues" too—her words, facial expressions, and actions are all saying, "This transition was too quick for me. I

was having fun and I can't move on so quickly."

Children's behavior has meaning—it's just that adults don't always understand what the meaning is. In the early years, before children have strong language skills, it can be especially hard to understand what a baby or toddler is trying to communicate. This resource will help you better understand your child's behavior cues and help you respond in ways that support his or her healthy social and communication development.

What to Expect: Communication Skills

Birth to 12 Months

Did you know that crying is really just a baby's way of trying to tell you something? Your baby's cry can mean many different things, including, "I'm tired," "I don't know how to settle myself," "I'm in pain or discomfort," or "I want the toy you just picked up." In the first year, babies will gradually begin to use gestures and sounds to communicate. But many parents find the first 12 months one of the most difficult times to understand the meaning of their babies' behaviors. Below are some common ways babies communicate. With time, you will figure out your baby's unique way of communicating.

Sounds: Crying is your baby's primary communication tool. You might find that your baby uses different cries for hunger, discomfort (like a wet diaper), or pain (like a tummy ache). Paying attention to the sounds of these cries helps you make a good guess about what your baby is trying to communicate.

Language: Right around the one-year mark (for some babies earlier, and for some babies later), your baby will say his or her first word. While at first your child's language skills will seem to grow slowly, right around the two-year mark they will really take off!

Facial Expressions: The meaning of a smile is easy to understand. But you will also get to know your baby's questioning or curious face, along with expressions of frustration,

pleasure, excitement, boredom, and more. Remember, babies experience the same basic emotions we do: happiness, sadness, curiosity, anxiety, frustration, excitement, and so on.

Gaze: Look where your baby is looking and it will tell you a lot about what he or she is thinking. An overstimulated or tired baby will often break eye contact with you and look away. A baby who wants to play will have a bright gaze focused right on you or the toy she is interested in!

Gestures: Babies use their bodies in many ways to communicate. They reach for people and objects, pick objects up, sweep objects away with their hands, wave their arms and hands and kick their feet, and point (just to name a few). Babies will also turn away from sounds they don't like or arch backwards if they are upset.

Putting It Together

Babies use their whole body to communicate. So, for example, a baby might focus a bright, clear gaze on a new toy, and then look to you, then back at the toy. She might kick her legs or swing her arms excitedly. The baby might then reach for the toy while making excited "eh eh!" sounds and smiling. While babies don't think in words yet, the message this baby is sending might be, "What is that thing? I want to see it. Can you give it to me? It looks like fun!"

Or imagine a baby who is happily playing with an older cousin. The cousin is puffing out his cheeks and then letting the air out, making a loud whooshing sound. The baby is laughing, kicking, and waving his arms. All of a sudden, though, the baby's response changes. He looks away and his expression turns to one of distress. He kicks his legs and arches his back. He starts to cry. The message this baby is sending might be, "That was fun for a while. But now it's too much. I need a break."

12 Months to 24 Months

In the second year, young toddlers are becoming more skilled at communicating their needs and desires to you. Here are more examples of how young toddlers' communication skills are growing and changing from 12 to 24 months.

Sounds and Language: Your young toddler's vocabulary is growing slowly but steadily across his or her second year of life. Pronunciation might not be perfect, like "muh" for milk, but that will come with time. Your toddler also understands more words than ever before. In fact, he probably understands more words than he can actually say! For example, if you ask him to touch his nose, chances are, he will be able to do so.

Even as your toddler's language skills are growing, cries are still the main way to communicate strong emotions like anger, frustration, sadness, or feeling overwhelmed. You might also see your toddler squeal with laughter and scream in delighted glee when he is too excited for words!

Facial Expressions and Gaze: Toddlers make some of the best expressions ever, so keep your camera handy during this second year of life. You can see delight, curiosity, jealousy, and other feelings play across their faces. Young children also use eye contact to communicate with you. For example, you might see your toddler gazing at you to get your attention (Won't you come play with me?). You might also see your child watching you to learn something new (Now how do I press the cell phone buttons?).

3

Your toddler also watches your reactions to make sense of new situations (I am not sure I want Uncle Joe to hold me. I am going to check your face to see if you think he is he okay or not.) Often you will find that your child mirrors your own expressions and gestures—if you take a bite of broccoli and crinkle your nose, chances are good that your toddler will too.

Gestures: Young toddlers are more talented than ever at using their bodies to communicate. They can walk, run, point, take your hand, show you things, carry and move objects, climb, open and shut things, and more. Watching your toddler's body language and gestures will give you lots of information about what she is thinking about, what she wants, or what she is feeling.

Putting It Together

Over time, it becomes easier to understand your child's cues and messages. Young toddlers are skilled at using their bodies, expressions, and growing language skills to communicate their needs more clearly than ever before. A 14-month-old might creep over to the book basket, choose a favorite story, creep back to her uncle, and tap the book on his leg while saying, "Buh." A 20-month-old might pick up her sandals and then walk to the back door, turn to her grandmother and say, "Go park." These interactions are really an amazing developmental leap for toddlers! They are now able to hold an idea in their minds ("I want to read a book and not just any book, this book") and understand how to communicate that idea to the people who can make it happen!

Three Steps to Understanding Your Baby's or Toddler's Behavior

When you see a behavior you don't understand, think about these "clues" to try to figure out what the behavior means for your child. Remember, every child is different. The same behavior (for example, a baby who is arching her back while being held) can mean that one baby is tired and that another baby wants to be put down so she can stretch out and play. Getting to know your child's unique cues is an important way that you can show your child that you love and understand him or her.

Step 1: Observe and interpret your child's behavior:

- Notice the sounds (or words) your baby or toddler is using. Does your child sound happy, sad, frustrated, bored, or hungry? When have your heard this cry or sound before?
- What is your child's facial expression? What feelings are you seeing on your child's face? Is your baby looking at a new object with interest? Perhaps he is trying to say, "Hand that to me so I can touch it."
- Notice your child's gaze. Is your baby holding eye contact with you or has she looked away? (That is usually a sign that a baby needs a break.) Is your toddler holding your gaze? Perhaps she is trying to get your attention or wants to see how you are reacting to a new situation.
- What gestures or movements is your child using? Is your baby rubbing her eyes and pulling on her ear when you try to hold her? She might feel sleepy and be ready for a nap. An older toddler who is on the verge of beginning potty training might start to hide behind a chair or go into a closet to have a bowel movement.
- Think about what's going on when you see a behavior you don't understand. Does this behavior happen at a certain time of day (like at child care drop-off or bedtime)? Does this behavior tend to happen in a certain place (like the brightly lit, noisy mall)? Does the behavior happen in a particular situation (like when your child must cope with many other children at one time, like at the playground)?

Step 2: Respond to your baby or toddler based on what you think the meaning of his or her behavior is. It's okay if you are not sure if your guess is right. Just try something. Remember, you can always try again. For example, if your 11-month-old is pointing toward the window, lift him up so he can see outside. Even though you might discover he was really pointing to a spider on the wall, the very fact that you tried to understand and respond lets him know that his communications are important to you. This motivates him to keep trying to connect with you. When you respond to your child, say out loud what you think his behavior might mean. For example, you might say to the toddler you pick up, "Are you saying that you want up? I can pick you up." By using language to describe what the child is communicating, you will be teaching your child the meaning of words.

Step 3: If your first try didn't work, try again. Trying different techniques increases the chances that you will figure out the meaning of your child's behavior, understand his needs, and validate his feelings. If your four-month-old is crying but refuses a bottle, try changing her position—picking her up and rocking her, or putting her down to play.

Step 4: Remember that tantrums are a communication, too. A tantrum usually means that your child is not able to calm himself down. Tantrums are no fun for anyone. They feel overwhelming and even scary for young children. For adults, it is easy to get upset when you see upsetting behavior. But what frequently happens is that when you get really upset, your child's tantrum gets even bigger. Although it can be difficult, when you are able to stay calm during these intense moments, it often helps your child calm down, too.

Another strategy to try when you child is "losing it" is to re-state how your child seems to be feeling, while reflecting her strong emotions. You might say in a very excited voice, "You are telling me that you just cannot wait for the birthday party! It is just tooooo hard for you to wait! You want to go the party right now!" For some children, having you "mirror" their intense feelings lets them know that you understand them and take them seriously, which helps them calm down. Experiment to see which response works best to calm your child.

Remember: You can't always understand what your child is trying to communicate. Even in adult relationships, we sometimes find ourselves wondering about the meaning of another person's behavior. But these moments—when your child is distressed and you can't figure out why—can be very stressful for parents. If you feel as though you really cannot handle your baby or toddler in the moment, it's okay to put him or her somewhere safe (like a crib) and take a few minutes for yourself. Taking care of you is important. You will make better parenting choices and be able to meet your child's needs more effectively if you are feeling calm and together.

Wrapping Up

Babies and toddlers experience and express thoughts and feelings. Often they communicate their strong feelings through behaviors that adults understand right away—like a baby's big toothless grin when she sees her grandma coming. Other times, very young children's behavior can be confusing or even frustrating to the adults who care for them. Being able to stay calm, make a good guess at what the behavior might mean, and then respond helps children understand that they are powerful communicators. Over the long-term, this helps children learn how to connect with others in ways that are healthy and respectful—a skill they'll use for life.

Milestone Expectations

At what age would you expect a typically developing child to achieve each of these milestones?

Fill this worksheet out quickly using your first thought for each milestone – no need to research or spend too much time on this!

MILESTONE	AGE IN MONTHS
Eat solid food	
Use a training cup	
Use utensils for eating	
Eat finger food	
Wean	
Sleep by self	
Sleep all night	
Choose clothes	
Dress self	
Play alone	
Be toilet trained – day	
Be toilet trained - night	

Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

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 for providers to be successful in implementing the practices detailed in Tools I-III.

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 High-Quality Supportive Environments* 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 caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.
Occasionally:	The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.
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3. Teams with families to develop individualized curriculum plans for all children

Tool I: Nurturing and Responsive Relationships

4. Provides physical and emotional security for each child
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
4. Provides physical and emotional security for each child	3	2	1	YES	NO	
• Demonstrates responsive caregiving. Acknowledges and responds to infants' and toddlers' needs promptly when the need is expressed * *(i.e. verbally acknowledges verbal and non-verbal forms of expression when unable to physically because they are caring for another child and provides appropriate response to meet need as soon as possible)*						
• Provides physical forms of comfort and support, such as, holding infants close, holding toddlers hands while walking around with them, sitting close while reading, talking, singing or interacting and playing with infants and toddlers.						
• Prepares and informs children about transitions *(i.e. lets infants and toddlers know when the primary caregiver or parent will be leaving the room/program) and facilitates rituals for routines (eating, sleeping, arrival, departing, diapering/toileting); helps parents understand the importance of these rituals (saying goodbye, waving at parent from the window)*						
• Uses photos, songs, stories and objects that reflect the child's family and culture						
• Provides easy access to and allows children to keep important objects or comfort items with them throughout the day *(e.g. blankets, stuffed animals, pacifiers)*						
• Reassures children who venture off to explore that caregivers are still close by if needed						
• Reconnects with a child through a smile, hug, or kind words after having a challenging interaction						
• Encourages children to explore and try new experiences *(e.g. encourage crawling by practicing tummy time and placing a favorite toy a bit out of reach; encourage child to try new foods; encourage child to play near or with other children and notice what they are doing)*						
Comments:						
5. Develops meaningful relationships	3	2	1	YES	NO	
Develops Meaningful Relationships with Infants and Toddlers						
• Spends time on the floor, communicates with children at eye level, face to face, using smiles and positive responsive verbal and non-verbal interactions						
• Speaks calmly and warmly to infants and toddlers						
• Uses words, writing, music, and songs whenever possible in the child's home language						
• Uses one-on-one times, such as diapering and feeding to interact with infants and toddlers individually						
• Is "in tune" with each child in her or his care; reads infants and toddlers individual cues *(understands when a young infant is ready to play and responds by placing her on her tummy for a few minutes; responds to infants sleep cues)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Follows children's lead in play						
• Uses books, stories and conversations to help make meaningful connections to children's experiences children's experiences and the important events in their lives *(reads a book about different kinds of families, a story about a new baby in the family)*						
• Plays responsive social games with children (e.g. peek-a-boo)						
• Demonstrates joining infant and toddlers emotions						
• Regulates pace of interaction in response to child's state or emotional expression						
• Demonstrates reciprocity in interactions						
• Engages in joint attention with infants and toddlers						
Develops Meaningful Relationships with Families						
• Listens to and incorporates parents' beliefs, as appropriate, into practices around social emotional issues, such ways to hold a baby, ways to calm and soothe children, ways to encourage and guide children						
• Uses a system to communicate with families in a meaningful way on a daily basis and ongoing, using a variety of communication methods *(notes, touch base during drop off and pick-up, daily reports, home visits , parent-child meetings)*						
• Speaks to children and families by name						
• Greets children and adults individually on arrival and says goodbye at departure						
• Uses arrival and departure times to connect with the family and gather valuable information about the child since last seen. Caregiver asks what has happened since last seeing the child						
• Follows a consistent plan to transition child from parent to caregiver upon arrival						
• Encourages parent's sense of competence by commenting and acknowledging positive parent child interactions						
Promotes the Parent-Child Relationship						
• Creates comfortable spaces for adults *(adult furniture in care space)* and spaces that welcome family members *(e.g. spaces for breastfeeding, to receive and provide information, facilitate meaningful transitions during drop-off and pick-up, or playing with their children)*						
• Asks all parents about their feelings *(including asking about depression related symptoms and feelings)*						
• Provides information to parents about ways to support their child's social emotional development *(e.g. including information on practices in this inventory)*						
• Provides resources and support for parents unique needs and interest.						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
Encourages and Models Positive Relationships with Other Adults in the Environment						
• Creates opportunities for family members of children in the group setting to interact with and get to know one another *(family meetings, outings and group activities)**						
• Demonstrates positive relationship with colleagues including co-workers and administration						
Comments:						
6. Assists infants and toddlers in regulating emotions	3	2	1	YES	NO	
• Assists children in regulating their emotions and reactions to outside stimuli (mirrors baby's emotions/face, takes a sweater off when a baby seems warm, explains what is happening in a calm voice, labels what the child is doing, talks for the child)						
Comments:						
7. Applies knowledge of children's individual temperaments to interactions and practice	3	2	1	YES	NO	
• Acknowledges children's temperamental traits *("I know you like to watch for a while when we try new things. Don't worry we will take our time.")*						
• Adapts schedule, behavior, and energy level to meet the temperamental characteristics of different children in care *(follows children's toileting and eating patterns, holds a child who is fearful when a new adult enters the room, stays calm and quiet if needed; provides increased activity and stimulation if needed)*						
• Uses positive or neutral descriptors *(dramatic, assertive, persistent, watchful, observing, takes her time with new people, excited, energetic)* and avoids the use of negative labels for children's temperament *(loud, aggressive, stubborn, scared, shy, fearful)*						
Comments:						
8. Engages in ongoing observation and reflection about infants' and toddlers' social emotional development to facilitate relationship building	3	2	1	YES	NO	
• Observes throughout the day and objectively and routinely records the behavior, interactions and activities *						
• Sensitively shares observations regularly with colleagues and child's family to learn if everyone is observing similar things and to discuss how the child is progressing *						
• Uses observations to inform next steps for continuing to build the relationships with the child *(noticing that rocking calms and soothes when she is overwhelmed and upset)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Uses observations to make a best guess about the meaning of behavior and uses this information to inform interactions/planning *						
• Uses formal and informal assessments to measure toddlers' social emotional development over time * *(structured and spontaneous observations)*						
Comments:						
9. Examines personal, family, and cultural values, beliefs, and assumptions	3	2	1	YES	NO	
Examines own attitudes toward challenging behavior						
• Understands the relationship between infants' and toddlers' social emotional development and challenging behaviors						
• Understands that infants' and toddlers' challenging behaviors are conveying some type of message						
• Understands there are many things that can be done to prevent challenging behaviors						
• Identifies what behaviors "push my buttons"						
• Develops strategies for dealing with situations when children's behavior "push my buttons"						
• Works together with a team to problem solve around issues related to challenging behaviors						
Examines personal, family, and cultural views of child's challenging behavior						
• Considers personal beliefs regarding the acceptability and unacceptability of specific types of child behavior						
• Considers personal beliefs regarding the causes of specific types of unacceptable child behavior						
• Acknowledges contrasting or conflicting beliefs held by others regarding acceptable and unacceptable types of child behavior						
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	CSEFEL Resources
			Where to find helpful training information… **Tool I: Nurturing and Responsive Relationships** 4. Provides physical and emotional security for each child – **Module 1 & 2** 5. Develops meaningful relationship with children and families – **Module 1** 6. Assists infants and toddlers in regulating emotions – **Module 2** 7. Applies knowledge of children's individual temperaments to interactions and practice – **Module 1**

Reframing Activity

(adapted from Multicultural Early Childhood Team Training, 1998)

PROBLEM STATEMENT	REFRAMED STATEMENT
1. He whines from the moment he gets here until the time he gets on the bus to go home.	*Possible responses: He must really miss his family.*
2. She is clingy not only with her mother but with other adults as well.	*She might be slow to warm up in new settings or in the presence of other children and adults.*
3. I have to watch him like a hawk or he'll run down the hall or go out the gate.	*He may not understand my expectations about staying with the group.* *He is very active.*
4. She constantly knocks over other children's constructions or destroys other children's art work.	*She may want to join other children's play, and she may not know how to ask.* *She may be frustrated because she does not know how to play with the materials or complete her art project.*
5.	
6.	
7.	
8.	
9.	
10.	

Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is:			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*

Infant Toddler Module 1
Lesson 4

The Language of Behavior

Handouts

THE PYRAMID MODEL CONSORTIUM
Supporting Early Childhood PBIS

Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

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 for providers to be successful in implementing the practices detailed in Tools I-III.

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 High-Quality Supportive Environments* 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 caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.
Occasionally:	The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.
Seldom:	The caregivers may not understand the concept or practice and the practice is not performed very often if at all. *If self-administered:* Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The caregivers often miss 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: Once users have determined the specific *Practices and Indicators* from the Inventory they want to target for development, a plan for next steps can be developed using the *Action Plan.* In the first column of the *Action Plan*, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

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
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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
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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
4. Provides physical and emotional security for each child	3	2	1	YES	NO	
• Demonstrates responsive caregiving. Acknowledges and responds to infants' and toddlers' needs promptly when the need is expressed * *(i.e. verbally acknowledges verbal and non-verbal forms of expression when unable to physically because they are caring for another child and provides appropriate response to meet need as soon as possible)*						
• Provides physical forms of comfort and support, such as, holding infants close, holding toddlers hands while walking around with them, sitting close while reading, talking, singing or interacting and playing with infants and toddlers.						
• Prepares and informs children about transitions *(i.e. lets infants and toddlers know when the primary caregiver or parent will be leaving the room/program) and facilitates rituals for routines (eating, sleeping, arrival, departing, diapering/toileting); helps parents understand the importance of these rituals (saying goodbye, waving at parent from the window)*						
• Uses photos, songs, stories and objects that reflect the child's family and culture						
• Provides easy access to and allows children to keep important objects or comfort items with them throughout the day *(e.g. blankets, stuffed animals, pacifiers)*						
• Reassures children who venture off to explore that caregivers are still close by if needed						
• Reconnects with a child through a smile, hug, or kind words after having a challenging interaction						
• Encourages children to explore and try new experiences *(e.g. encourage crawling by practicing tummy time and placing a favorite toy a bit out of reach; encourage child to try new foods; encourage child to play near or with other children and notice what they are doing)*						
Comments:						
5. Develops meaningful relationships	3	2	1	YES	NO	
Develops Meaningful Relationships with Infants and Toddlers						
• Spends time on the floor, communicates with children at eye level, face to face, using smiles and positive responsive verbal and non-verbal interactions						
• Speaks calmly and warmly to infants and toddlers						
• Uses words, writing, music, and songs whenever possible in the child's home language						
• Uses one-on-one times, such as diapering and feeding to interact with infants and toddlers individually						
• Is "in tune" with each child in her or his care; reads infants and toddlers individual cues *(understands when a young infant is ready to play and responds by placing her on her tummy for a few minutes; responds to infants sleep cues)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Follows children's lead in play						
• Uses books, stories and conversations to help make meaningful connections to children's experiences children's experiences and the important events in their lives *(reads a book about different kinds of families, a story about a new baby in the family)*						
• Plays responsive social games with children (e.g. peek-a-boo)						
• Demonstrates joining infant and toddlers emotions						
• Regulates pace of interaction in response to child's state or emotional expression						
• Demonstrates reciprocity in interactions						
• Engages in joint attention with infants and toddlers						
Develops Meaningful Relationships with Families						
• Listens to and incorporates parents' beliefs, as appropriate, into practices around social emotional issues, such ways to hold a baby, ways to calm and soothe children, ways to encourage and guide children						
• Uses a system to communicate with families in a meaningful way on a daily basis and ongoing, using a variety of communication methods *(notes, touch base during drop off and pick-up, daily reports, home visits , parent-child meetings)*						
• Speaks to children and families by name						
• Greets children and adults individually on arrival and says goodbye at departure						
• Uses arrival and departure times to connect with the family and gather valuable information about the child since last seen. Caregiver asks what has happened since last seeing the child						
• Follows a consistent plan to transition child from parent to caregiver upon arrival						
• Encourages parent's sense of competence by commenting and acknowledging positive parent child interactions						
Promotes the Parent-Child Relationship						
• Creates comfortable spaces for adults *(adult furniture in care space)* and spaces that welcome family members *(e.g. spaces for breastfeeding, to receive and provide information, facilitate meaningful transitions during drop-off and pick-up, or playing with their children)*						
• Asks all parents about their feelings *(including asking about depression related symptoms and feelings)*						
• Provides information to parents about ways to support their child's social emotional development *(e.g. including information on practices in this inventory)*						
• Provides resources and support for parents unique needs and interest.						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
Encourages and Models Positive Relationships with Other Adults in the Environment						
• Creates opportunities for family members of children in the group setting to interact with and get to know one another *(family meetings, outings and group activities)**						
• Demonstrates positive relationship with colleagues including co-workers and administration						
Comments:						
6. Assists infants and toddlers in regulating emotions	3	2	1	YES	NO	
• Assists children in regulating their emotions and reactions to outside stimuli (mirrors baby's emotions/face, takes a sweater off when a baby seems warm, explains what is happening in a calm voice, labels what the child is doing, talks for the child)						
Comments:						
7. Applies knowledge of children's individual temperaments to interactions and practice	3	2	1	YES	NO	
• Acknowledges children's temperamental traits *("I know you like to watch for a while when we try new things. Don't worry we will take our time.")*						
• Adapts schedule, behavior, and energy level to meet the temperamental characteristics of different children in care *(follows children's toileting and eating patterns, holds a child who is fearful when a new adult enters the room, stays calm and quiet if needed; provides increased activity and stimulation if needed)*						
• Uses positive or neutral descriptors *(dramatic, assertive, persistent, watchful, observing, takes her time with new people, excited, energetic)* and avoids the use of negative labels for children's temperament *(loud, aggressive, stubborn, scared, shy, fearful)*						
Comments:						
8. Engages in ongoing observation and reflection about infants' and toddlers' social emotional development to facilitate relationship building	3	2	1	YES	NO	
• Observes throughout the day and objectively and routinely records the behavior, interactions and activities *						
• Sensitively shares observations regularly with colleagues and child's family to learn if everyone is observing similar things and to discuss how the child is progressing *						
• Uses observations to inform next steps for continuing to build the relationships with the child *(noticing that rocking calms and soothes when she is overwhelmed and upset)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Uses observations to make a best guess about the meaning of behavior and uses this information to inform interactions/planning *						
• Uses formal and informal assessments to measure toddlers' social emotional development over time * *(structured and spontaneous observations)*						
Comments:						
9. Examines personal, family, and cultural values, beliefs, and assumptions	3	2	1	YES	NO	
Examines own attitudes toward challenging behavior						
• Understands the relationship between infants' and toddlers' social emotional development and challenging behaviors						
• Understands that infants' and toddlers' challenging behaviors are conveying some type of message						
• Understands there are many things that can be done to prevent challenging behaviors						
• Identifies what behaviors "push my buttons"						
• Develops strategies for dealing with situations when children's behavior "push my buttons"						
• Works together with a team to problem solve around issues related to challenging behaviors						
Examines personal, family, and cultural views of child's challenging behavior						
• Considers personal beliefs regarding the acceptability and unacceptability of specific types of child behavior						
• Considers personal beliefs regarding the causes of specific types of unacceptable child behavior						
• Acknowledges contrasting or conflicting beliefs held by others regarding acceptable and unacceptable types of child behavior						
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	CSEFEL Resources
			Where to find helpful training information… **Tool I: Nurturing and Responsive Relationships** 4. Provides physical and emotional security for each child – **Module 1 & 2** 5. Develops meaningful relationship with children and families – **Module 1** 6. Assists infants and toddlers in regulating emotions – **Module 2** 7. Applies knowledge of children's individual temperaments to interactions and practice – **Module 1**

Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is:			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*

Infant Toddler Module 1
Lesson 5

Temperament

Handouts

THE PYRAMID MODEL CONSORTIUM

Supporting Early Childhood PBIS

Temperament Traits

Activity level – always active or generally still

Biological rhythms – predictability of hunger, sleep, elimination

Approach/withdrawal – response to new situations

Mood – tendency to react with positive or negative mood, serious, fussy

Intensity of reaction – energy or strength of emotional reaction

Sensitivity – comfort with levels of sensory information; sound, brightness of light, feel of clothing, new tastes

Adaptability – ease of managing transitions or changes

Distractibility – how easily a child's attention is pulled from an activity

Persistence – how long child continues with an activity he/she finds difficult

Adapted with permission from Wittmer and Petersen, 2006

Understanding Temperament in Infants and Toddlers

What Works Brief Series • Lindsey T. Allard and Amy Hunter

Twenty-month-old Laura just began care in Ms. Neil's family child care home. Ms. Neil is having difficulty integrating Laura into her program. Laura's schedule is unpredictable—she becomes tired or hungry at different times each day—and she always seems to want to run, climb, and jump on everything. Laura also gets extremely upset when it is time to transition from outdoor play to lunch, or when Ms. Neil interrupts an activity in which Laura is engaged. It is not uncommon for her to tantrum for 10 minutes or more at these times. Ms. Neil has had many years of experience working with young children, and attributes Laura's lack of a consistent schedule to her recent enrollment and need to get used to the program. She is also struggling with the fact that her favorite activities—quiet games, book reading, and sensory experiences—are ones that Laura doesn't seem to enjoy. After several weeks of observing little change in Laura's behaviors, Ms Neil is frustrated. Laura's unpredictable napping and feeding times, as well as her constant need for physical activity and intense reactions during transitions, are making responsive care for all the other children difficult. Ms. Neil meets with Laura's family, and learns that Laura's parents haven't had difficulty with the issues she describes. When she asks specifically about her schedule, her parents describe Laura as being a good eater and sleeper, but do report that she doesn't have a consistent schedule for eating or napping. They also share that Laura's need for active physical play is typically not an issue because they have a large backyard and Laura has several older siblings who often include her in their active play. Still, all of the adults are concerned about Laura's success transitioning into Ms. Neil's program, and want to find a way to help her.

What Is Temperament?

A child's temperament describes the way in which she approaches and reacts to the world. It is her personal "style." Temperament influences a child's behavior and the way she interacts with others . While temperament does not clearly define or predict behavior, understanding a child's temperament can help providers and families better understand how young children react and relate to the world around them. Information about temperament can also guide parents and caregivers to identify children's strengths and the supports they need to succeed in their relationships and environments.

Researchers have described young children's temperament by depicting several different traits. These traits address an infant's level of activity, her adaptability to daily routines, how she responds to new situations, her mood, the intensity of her reactions, her sensitivity to what's going on around her, how quickly she adapts to changes, and how distractible and persistent she might be when engaging in an activity . Based on these traits, researchers generally categorize children into three temperament types:

- **Easy or flexible** children tend to be happy, regular in sleeping and eating habits, adaptable, calm, and not easily upset.
- **Active or feisty** children may be fussy, irregular in feeding and sleeping habits, fearful of new people and situations, easily upset by noise and stimulation, and intense in their reactions.
- **Slow to warm or cautious** children may be less active or tend to be fussy, and may withdraw or react negatively to new situations; but over time they may become more positive with repeated exposure to a new person, object, or situation.

Clarifications about Temperament

Not all children's temperaments fall neatly into one of the three types described. Roughly 65% of children can be categorized into one of the three temperamental types: 40% are easy or flexible, 10% are active or feisty, and 15% can be categorized as slow to warm or cautious. Second, all temperamental traits, like personality traits, range in intensity. Children who have the same temperament type might react quite differently in similar situations, or throughout different stages in their development. For example, consider the reactions of two infants when a stranger comes into the room. A cautious infant might look for her caregiver and relax when she makes eye contact, while another baby with an easy temperament may smile or show little reaction to the stranger. In thinking about Laura's reactions and behaviors in Ms. Neil's care, might you categorize her temperamental type as feisty?

Finally, it is important to understand that although a child's basic temperament does not change over time, the intensity of temperamental traits can be affected by a family's cultural values and parenting styles. For example, a family that values persistence (the ability to stick to a task and keep trying) may be more likely to praise and reward a child for "sticking with" a challenging task (such as a puzzle). Parental recognition of the child's persistent efforts can strengthen the trait, and she may become more persistent and more able to focus over the course of his childhood.

A child's temperament is also influenced to some extent by her interactions with the environment. For example, if a child is cared for in an environment that places a high

priority on scheduling predictable sleeping, eating, and diapering/toileting experiences, a child whose biological functions are somewhat irregular might, over time, begin to sleep, eat, and eliminate more regularly. It is important to know that adults cannot force a change to a child's temperament; however, the interaction between the child's temperament and the environment can produce movements along the continuum of intensity for different traits.

Why Is Temperament Important?

Temperament is important because it helps caregivers better understand children's individual differences. By understanding temperament, caregivers can learn how to help children express their preferences, desires, and feelings appropriately. Caregivers and families can also use their understanding of temperament to avoid blaming themselves or a child for reactions that are normal for that particular child. Most importantly, adults can learn to anticipate issues before they occur and avoid frustrating themselves and the child by using approaches that do not match her temperament.

Ms. Neil visited Laura in her own home and observed that Laura is constantly trailing behind her older siblings, and runs inside and outside the house with few limitations. The household is a relaxed environment, where the older children help themselves when they are hungry, and Laura's mother responds to Laura's hunger or need for sleep whenever they arise. In contrast, Ms. Neil's program functions on a very consistent schedule, which she feels is important in preparing children for their later school experiences. Ms. Neil does not have much space indoors, and she finds outdoor play somewhat difficult to manage with children at varying ages and developmental levels. While Laura's family's pattern of behavior seems to be a match to her temperament, Ms. Neil's home does not currently represent a good "fit" for Laura, who might be categorized as active or feisty.

Developing a "Goodness of Fit"

One important concept in care that supports healthy social-emotional development is the notion of "goodness of fit." In the previous example, Laura's activity, intensity, and unpredictability may reflect a mismatch between her temperament and Ms. Neil's caregiving style and environment. A caregiver can improve the goodness of fit by adapting his or her approach to meet the needs of the child.

Using What You Know About Temperament to Promote Positive Social-Emotional Development and Behavior

You can use your knowledge of temperament in many ways to support positive social-emotional development in the infants and toddlers you care for:

1. ***Reflect on your own temperament and preferences. Understanding your own temperament can help you to identify the "goodness of fit" for each child in your care.*** Knowing more about your own temperament traits will also help you to take the child's perspective. For example, a caregiver who enjoys movement, loud music playing, and constant bustle might try to imagine what it would feel like to spend all day in a setting that was calm, hushed, and quiet. This reflective process can help you become more attuned to the experience of each child within your care. You can then determine what adjustments might be needed to create a better fit for each child.

2. ***Create partnerships with families to understand a child's temperament.*** Share what you have learned about temperament with the families you serve, and provide information about temperamental traits. Talk about what each temperamental trait describes, and ask parents to help you understand their child's activity level, response to new situations, persistence, distractibility, adaptability, mood, intensity, sensitivity, and regularity so that you can learn about the child's temperament and the family's cultural values (see Temperament Continuum handout attached). For a better understanding of how these traits look in young children, work with families to identify their child's individual temperament.

   Refrain from judging a child's temperamental traits as "good" or "bad" behavior, and work with parents to see each child's approach to the world through a positive lens. Understand the contribution each child's temperament type makes to the group. The active or feisty children are often leaders and creators of games, or initiators of play. The slow to warm or cautious child may observe situations carefully and help you notice things you hadn't before. The flexible or easy child may take new play partners on easily. Support each child's development by recognizing, valuing, and integrating the unique traits that each child has, rather than trying to change a child's temperamental traits.

   Listen to how the family feels about thetemperament characteristics of their child. For example, if a child's temperament makes his sleeping routinesirregular,but his family is consistently trying to get him to napat 1:00 PM, he may be frustrated by expectations that don't fit with his temperament. This frustration, if not understood, might result in conflict between the parents and the child, or result in him demonstrating challenging behaviors at home or in care. Share with families what you have learned about goodness of fit, and share your strategies, such as individualizing nap schedules for your program. As you learn which traits are highly valued by each family, you can partner with them to

determine an appropriate balance between the child's temperament, the family's preferences, and the policies of the program.

3. ***Respect and value each child's temperament when individualizing your curriculum***. Recognize how quality caregiving practices support all children's development, yet certain practices might be especially important for certain temperament types.

A) For the **easy or flexible** child, ensure that you often check in with her, and initiate communication about her emotions. She might be less likely to demand attention and make her needs or distress known.

- You can use language to develop her awareness and understanding of her own emotions, feelings, and reactions. Make sure she knows that her feelings and preferences are recognized and validated.
- Encourage her to seek help when he needs it, and work with her to communicate his feelings and needs to others. "When Jack takes your block, you can tell him, 'I am using that.'"

B) For the **active or feisty** child, be prepared to be flexible and patient in your interactions. A child who is feisty can experience intense emotions and reactions.

- Provide areas and opportunities for her to make choices, and engage her in gross-motor and active play to expend high energy levels. Feisty children might need a peaceful environment in order to help them calm themselves and transition from playtime to rest or naptime.
- When preparing children for transitions, pay special attention to individualized transition reminders for feisty children by getting down on the child's level and making sure that the child hears and understands what will happen next in order to ensure smooth experiences throughout the day.
- Label children's emotions by describing what they seem to be feeling ("You are so angry. You really wanted that toy.") Stay calm when faced with the child's intense emotions. Reassure him by acknowledging her feelings, and also point out to her when he is calm so he can learn to recognize his emotions on his own as she grows.

C) For the **slow to warm** or cautious child, provide additional preparation and support for new situations or people who become part of his environment.

- Set up a predictable environment and stick to a clear routine. Use pictures and language to remind the cautious child what will happen next. Drop-off and pick-up might also require extra time from you in order to support the cautious child.
- Give children who are cautious ample time to establish relationships with new children or to get comfortable in new situations. Primary caregivers, who can provide a secure base to all children, are particularly important for a cautious child. Help her in unfamiliar situations by observing her cues carefully, and providing support and encouragement for her exploration and increasing independence. (e.g., "I'm here. I'll be right in this chair watching you try on the dress-up clothes").

Each child's response to the environment will vary in intensity. Over time, temperamental traits might increase or decrease in intensity. As children grow, develop, and learn to interact with others, the environment, and their families, shifts in temperament might occur. This means caregivers must continue to observe children many times and in different contexts to ensure that their needs are being met. The importance of adapting strategies in order to create a goodness of fit and meet the unique needs of the children and families in care, as Ms. Neil does below, cannot be overstated.

Ms. Neil reflected on her own temperament and how it might affect the children in her care, each of whom had their own distinct temperaments. She realized that she values a predictable schedule and is most drawn to calming, quiet activities. By developing a partnership with Laura's family, she learned more about Laura's home and her unique temperament traits. She was then able to better understand Laura's reactions and behaviors while in care. Ms. Neil began to organize additional outdoor play and active opportunities in her schedule. She watched Laura closely and learned to recognize her need to sleep or eat, and made accommodations to individualize eating and sleeping schedules for her. She offered Laura many advance reminders when transitions were about to take place, and was patient and understanding when she experienced intense emotions. Soon, Laura appeared to be much more comfortable in Ms. Neil's family child care home, and was able to better use her energy to build strong and positive relationships with Ms. Neil and the other children. Through understanding herself, the children, and their families' temperament, Ms. Neil created an environment that better met all of the children's needs. Ultimately, the work she did positively impacted the experience of Laura and the other children in her care.

Who Are the Children Who Have Participated in Research on Temperament?

Research in temperament has blossomed in the last 15 years through the efforts of literally hundreds of scientists in many disciplines. Studies that attempt to understand facets of temperament in children have been conducted in a number of countries and with a wide variety of ethnically and linguistically diverse children. Participants in these studies have included children from European, American, Chinese, and Sub-Saharan African backgrounds.

What Is the Scientific Basis for the Strategies?

For those wishing to explore the topic further, the following resources might prove useful:

Bridgett, D. J., et al. (2009). Maternal and contextual influences and the effect of temperament development during infancy on parenting in toddlerhood. *Infant Behavior & Development.* 32(1), 103-116.

Carey, W. B., & McDevitt, S. C. (1994). *Prevention and early intervention. Individual differences as risk factors for the mental health of children.* New York: Brunner/Mazel.

Chess, S.. & Thomas, A. (1996). *Temperament theory and practice.* New York: Brunner/Mazel.

Chess, S., & Thomas, A. (1999). *Goodness of Fit.* New York: Brunner-Routledge.

Hwang, A., Soong, W., & Liao, H. (2009). Influences of biological risk at birth and temperament on development at toddler and preschool ages. *Child: Care, Health & Development.* 35(6), 817-825.

Klein, V., et al. (2009). Pain and distress reactivity and recovery as early predictors of temperament in toddlers born preterm. *Early Human Development.* 85(9), 569-576.

Pitzer, M., Esser, G., Schmidt, M., & Laucht, M. (2009). Temperamental predictors of externalizing problems among boys and girls: a longitudinal study in a high- risk sample from ages 3 months to 15 years. *European Archives of Psychiatry & Clinical Neuroscience.* 259(8), 445-458.

Rubin, K. H., Burgess, K. B., Dwyer, K. M., & Hastings, P. D. (2003). Predicting preschoolers' externalizing behaviors from toddler temperament, conflict, and maternal negativity. *Developmental Psychology.* 39(1), 164-176.

Thomas, A., Chess, S., Birch, H. G., Hertzig, M. E., & Korn, S. (1963). Behavioral individuality in early childhood. NewYork: New York University Press. Van Aken, C., et al. (2007). The interactive effects of temperament and maternal parenting on toddlers' externalizing behaviours. *Infant & Child Development,* 16(5), 553-572.

Temperament Continuum

Place the initials of each of the children in your care on the continuum for each trait based on your observations and discussions with the child's family. Then, write your initials where you feel you fall on each trait in the continuum. Use this tool to analyze where your temperament is similar and different to the children you care for. Then, knowing that it is the adult who must adjust to make the "fit" good, use the suggestions above to create care strategies that provide the best possible experience for each child.

Activity Level:

Very Active	Not Active
wiggle and squirm, difficulty sitting still	sit back quietly, prefer quiet sedentary activities

Distractibility:

Very Distractible	Not Distractible
Difficulty concentrating	High degree of concentration
Difficulty paying attention when engaged in an activity	Pays attention when engaged in an activity
Easily distracted by sounds or sights during activities	Not easily distracted by sounds or sights during activities

Intensity:

Very Intense	Not Intense
Intense positive and negative emotions Strong reactions	Muted emotional reactions

Regularity:

Very Regular	Not Regular
Predictable appetite, sleep patterns, elimination	Unpredictable appetite, sleep patterns, elimination

Sensory Threshold:

High Threshold	Low Threshold
Not sensitive to physical stimuli including sounds, tastes, touch, temperature changes Falls asleep anywhere, tries new foods, wears new clothing easily	Sensitive to physical stimuli including sounds, tastes, touch, temperature changes Picky eater, difficulty sleeping in strange crib/bed

Approach/Withdrawal:

Tendency to Approach	Tendency to Withdraw
Eagerly approaches new situations or people	Hesitant and resistant when faced with new situations, people, or things.

Adaptability:

Very Adaptable	Difficulty Adapting
Transitions easily to new activities and situations	Has difficulty transitioning to new activities or situations

Persistence:

Persistent	Easily Frustrated
Continues with a task or activity in the face of obstacles Doesn't become frustrated easily faced with obstacles.	Moves on to a new task or activity when Gets frustrated easily

Mood:

Positive Mood	Serious Mood
Reacts to the world in a positive way, generally cheerful	Reacts to situations negatively, mood is generally serious

[1] ZERO TO THREE, Retrieved from worldwideweb http://www.zerotothree.org/site/PageServer?pagename=key_temp June 11, 2009

[2] Dimensions of temperament (found in several places and merged/adapted).

[3] WestEd. (1995). The Program for Infant Toddler Caregivers' (PITC) Trainers Manual, module 1: Social-emotional growth and socialization (p. 21). Sacramento, CA: California Department of Education.

[4] Thomas, Chess, Birch, Hertzig, & Korn, 1963.

Center on the Social and Emotional Foundations for Early Learning

We welcome your feedback on this What Works Brief. Please go to the CSEFEL Web site (http://www.vanderbilt.edu/csefel) or call us at (866) 433-1966 to offer suggestions.

Where Do I Find More Information on Temperament?

See the CSEFEL Web site (http://www.vanderbilt.edu/csefel) for additional resources.

Blackwell, P. L. (2004, March). *The idea of temperament: Does it help parents understand their fussy babies?* Washington, DC: ZERO TO THREE.

California Department of Education, Child Development Division and Far West Laboratory, Center for Child and Family Studies. (1990). *The program for infant/toddler caregivers.* Sacramento, CA.

Honig, A. S. (2005, April). Infants & toddlers: Getting to know babies' temperaments. *Early Childhood Today,* 19(6), 20-23.

Keogh, B. K. (2002). *Temperament in the classroom: Understanding individual differences.* Baltimore, MD: Paul H. Brookes Publishing Co.

Kristal, J. (2004). *The temperament perspective: Working with children's behavioral styles.* Baltimore, MD: Paul H. Brookes Publishing Co.

Lerner, C., & Dombro, A. L. (2005). *Bringing up baby: Three steps to making good decisions in your baby's first years.* Washington, DC: ZERO TO THREE.

Parlakian, R., & Seibel, N. L. (2002). *Building strong foundations: Practical guidance for promoting the social-emotional development of infants and toddlers.* Washington, DC: ZERO TO THREE.

Strum, L. (2004). Temperament in early childhood: *A primer for the perplexed.* Washington, DC: ZERO TO THREE.

Wittmer, D. S. & Petersen, S. H. (2006). *Infant and toddler development and responsive program planning: A relationship-based approach.* Upper Saddle River, NJ: Merrill Prentice-Hall.

This What Works Brief is part of a continuing series of short, easy-to-read, "how to" information packets on a variety of evidence-based practices, strategies, and intervention procedures. The Briefs are designed to help teachers and other caregivers support young children's social and emotional development. In-service providers and others who conduct staff development activities should find them especially useful in sharing information with professionals and parents. The Briefs include examples and vignettes that illustrate how practical strategies might be used in a variety of early child- hood settings and home environments.

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Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

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 for providers to be successful in implementing the practices detailed in Tools I-III.

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 High-Quality Supportive Environments* 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 caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.
Occasionally:	The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.
Seldom:	The caregivers may not understand the concept or practice and the practice is not performed very often if at all. *If self-administered:* Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The caregivers often miss 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: Once users have determined the specific *Practices and Indicators* from the Inventory they want to target for development, a plan for next steps can be developed using the *Action Plan.* In the first column of the *Action Plan*, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

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
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14. Uses age appropriate expectations to guide children's behavior
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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
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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
4. Provides physical and emotional security for each child	3	2	1	YES	NO	
• Demonstrates responsive caregiving. Acknowledges and responds to infants' and toddlers' needs promptly when the need is expressed * *(i.e. verbally acknowledges verbal and non-verbal forms of expression when unable to physically because they are caring for another child and provides appropriate response to meet need as soon as possible)*						
• Provides physical forms of comfort and support, such as, holding infants close, holding toddlers hands while walking around with them, sitting close while reading, talking, singing or interacting and playing with infants and toddlers.						
• Prepares and informs children about transitions *(i.e. lets infants and toddlers know when the primary caregiver or parent will be leaving the room/program) and facilitates rituals for routines (eating, sleeping, arrival, departing, diapering/toileting); helps parents understand the importance of these rituals (saying goodbye, waving at parent from the window)*						
• Uses photos, songs, stories and objects that reflect the child's family and culture						
• Provides easy access to and allows children to keep important objects or comfort items with them throughout the day *(e.g. blankets, stuffed animals, pacifiers)*						
• Reassures children who venture off to explore that caregivers are still close by if needed						
• Reconnects with a child through a smile, hug, or kind words after having a challenging interaction						
• Encourages children to explore and try new experiences *(e.g. encourage crawling by practicing tummy time and placing a favorite toy a bit out of reach; encourage child to try new foods; encourage child to play near or with other children and notice what they are doing)*						
Comments:						
5. Develops meaningful relationships	3	2	1	YES	NO	
Develops Meaningful Relationships with Infants and Toddlers						
• Spends time on the floor, communicates with children at eye level, face to face, using smiles and positive responsive verbal and non-verbal interactions						
• Speaks calmly and warmly to infants and toddlers						
• Uses words, writing, music, and songs whenever possible in the child's home language						
• Uses one-on-one times, such as diapering and feeding to interact with infants and toddlers individually						
• Is "in tune" with each child in her or his care; reads infants and toddlers individual cues *(understands when a young infant is ready to play and responds by placing her on her tummy for a few minutes; responds to infants sleep cues)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Follows children's lead in play						
• Uses books, stories and conversations to help make meaningful connections to children's experiences children's experiences and the important events in their lives *(reads a book about different kinds of families, a story about a new baby in the family)*						
• Plays responsive social games with children (e.g. peek-a-boo)						
• Demonstrates joining infant and toddlers emotions						
• Regulates pace of interaction in response to child's state or emotional expression						
• Demonstrates reciprocity in interactions						
• Engages in joint attention with infants and toddlers						
Develops Meaningful Relationships with Families						
• Listens to and incorporates parents' beliefs, as appropriate, into practices around social emotional issues, such ways to hold a baby, ways to calm and soothe children, ways to encourage and guide children						
• Uses a system to communicate with families in a meaningful way on a daily basis and ongoing, using a variety of communication methods *(notes, touch base during drop off and pick-up, daily reports, home visits , parent-child meetings)*						
• Speaks to children and families by name						
• Greets children and adults individually on arrival and says goodbye at departure						
• Uses arrival and departure times to connect with the family and gather valuable information about the child since last seen. Caregiver asks what has happened since last seeing the child						
• Follows a consistent plan to transition child from parent to caregiver upon arrival						
• Encourages parent's sense of competence by commenting and acknowledging positive parent child interactions						
Promotes the Parent-Child Relationship						
• Creates comfortable spaces for adults *(adult furniture in care space)* and spaces that welcome family members *(e.g. spaces for breastfeeding, to receive and provide information, facilitate meaningful transitions during drop-off and pick-up, or playing with their children)*						
• Asks all parents about their feelings *(including asking about depression related symptoms and feelings)*						
• Provides information to parents about ways to support their child's social emotional development *(e.g. including information on practices in this inventory)*						
• Provides resources and support for parents unique needs and interest.						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
Encourages and Models Positive Relationships with Other Adults in the Environment						
• Creates opportunities for family members of children in the group setting to interact with and get to know one another *(family meetings, outings and group activities)**						
• Demonstrates positive relationship with colleagues including co-workers and administration						
Comments:						
6. Assists infants and toddlers in regulating emotions	3	2	1	YES	NO	
• Assists children in regulating their emotions and reactions to outside stimuli (mirrors baby's emotions/face, takes a sweater off when a baby seems warm, explains what is happening in a calm voice, labels what the child is doing, talks for the child)						
Comments:						
7. Applies knowledge of children's individual temperaments to interactions and practice	3	2	1	YES	NO	
• Acknowledges children's temperamental traits *("I know you like to watch for a while when we try new things. Don't worry we will take our time.")*						
• Adapts schedule, behavior, and energy level to meet the temperamental characteristics of different children in care *(follows children's toileting and eating patterns, holds a child who is fearful when a new adult enters the room, stays calm and quiet if needed; provides increased activity and stimulation if needed)*						
• Uses positive or neutral descriptors *(dramatic, assertive, persistent, watchful, observing, takes her time with new people, excited, energetic)* and avoids the use of negative labels for children's temperament *(loud, aggressive, stubborn, scared, shy, fearful)*						
Comments:						
8. Engages in ongoing observation and reflection about infants' and toddlers' social emotional development to facilitate relationship building	3	2	1	YES	NO	
• Observes throughout the day and objectively and routinely records the behavior, interactions and activities *						
• Sensitively shares observations regularly with colleagues and child's family to learn if everyone is observing similar things and to discuss how the child is progressing *						
• Uses observations to inform next steps for continuing to build the relationships with the child *(noticing that rocking calms and soothes when she is overwhelmed and upset)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Uses observations to make a best guess about the meaning of behavior and uses this information to inform interactions/planning *						
• Uses formal and informal assessments to measure toddlers' social emotional development over time * *(structured and spontaneous observations)*						
Comments:						
9. Examines personal, family, and cultural values, beliefs, and assumptions	3	2	1	YES	NO	
Examines own attitudes toward challenging behavior						
• Understands the relationship between infants' and toddlers' social emotional development and challenging behaviors						
• Understands that infants' and toddlers' challenging behaviors are conveying some type of message						
• Understands there are many things that can be done to prevent challenging behaviors						
• Identifies what behaviors "push my buttons"						
• Develops strategies for dealing with situations when children's behavior "push my buttons"						
• Works together with a team to problem solve around issues related to challenging behaviors						
Examines personal, family, and cultural views of child's challenging behavior						
• Considers personal beliefs regarding the acceptability and unacceptability of specific types of child behavior						
• Considers personal beliefs regarding the causes of specific types of unacceptable child behavior						
• Acknowledges contrasting or conflicting beliefs held by others regarding acceptable and unacceptable types of child behavior						
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	CSEFEL Resources
			Where to find helpful training information… **Tool I: Nurturing and Responsive Relationships** 4. Provides physical and emotional security for each child – **Module 1 & 2** 5. Develops meaningful relationship with children and families – **Module 1** 6. Assists infants and toddlers in regulating emotions – **Module 2** 7. Applies knowledge of children's individual temperaments to interactions and practice – **Module 1**

Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is:			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*

Infant Toddler Module 1
Lesson 6

Importance of Nurturing Responsive Relationships

Handouts

THE PYRAMID MODEL CONSORTIUM
Supporting Early Childhood PBIS

Reflective Inventory

Instructions: Take time to think about each question on the inventory and write out some answers to each. When you complete the inventory, choose a partner at your table to share your reflections with.

Think about a satisfying relationship in your life. Name three things that make it satisfying:

1. _____

2. _____

3. _____

Think about the messages you received about relationships from your family and culture. Try to put those messages into words:

_____

_____

_____

_____

Think about yourself as a child. Do you behave in your relationships with children the same way important adults behaved with you (e.g. playful, cautious, honest, patient, etc.)? Try to put into words what you know to be true of your behavior with the children in your life today.

_____

_____

_____

_____

_____

_____

_____

_____

Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

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 for providers to be successful in implementing the practices detailed in Tools I-III.

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 High-Quality Supportive Environments* 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 caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.
Occasionally:	The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.
Seldom:	The caregivers may not understand the concept or practice and the practice is not performed very often if at all. *If self-administered:* Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The caregivers often miss 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: Once users have determined the specific *Practices and Indicators* from the Inventory they want to target for development, a plan for next steps can be developed using the *Action Plan.* In the first column of the *Action Plan*, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

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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Foundational Assessment: Program Design and Management

1. Program Design
2. Program Management
3. Teams with families to develop individualized curriculum plans for all children

Tool I: Nurturing and Responsive Relationships

4. Provides physical and emotional security for each child
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
4. Provides physical and emotional security for each child	3	2	1	YES	NO	
• Demonstrates responsive caregiving. Acknowledges and responds to infants' and toddlers' needs promptly when the need is expressed * *(i.e. verbally acknowledges verbal and non-verbal forms of expression when unable to physically because they are caring for another child and provides appropriate response to meet need as soon as possible)*						
• Provides physical forms of comfort and support, such as, holding infants close, holding toddlers hands while walking around with them, sitting close while reading, talking, singing or interacting and playing with infants and toddlers.						
• Prepares and informs children about transitions *(i.e. lets infants and toddlers know when the primary caregiver or parent will be leaving the room/program) and facilitates rituals for routines (eating, sleeping, arrival, departing, diapering/toileting); helps parents understand the importance of these rituals (saying goodbye, waving at parent from the window)*						
• Uses photos, songs, stories and objects that reflect the child's family and culture						
• Provides easy access to and allows children to keep important objects or comfort items with them throughout the day *(e.g. blankets, stuffed animals, pacifiers)*						
• Reassures children who venture off to explore that caregivers are still close by if needed						
• Reconnects with a child through a smile, hug, or kind words after having a challenging interaction						
• Encourages children to explore and try new experiences *(e.g. encourage crawling by practicing tummy time and placing a favorite toy a bit out of reach; encourage child to try new foods; encourage child to play near or with other children and notice what they are doing)*						
Comments:						
5. Develops meaningful relationships	3	2	1	YES	NO	
Develops Meaningful Relationships with Infants and Toddlers						
• Spends time on the floor, communicates with children at eye level, face to face, using smiles and positive responsive verbal and non-verbal interactions						
• Speaks calmly and warmly to infants and toddlers						
• Uses words, writing, music, and songs whenever possible in the child's home language						
• Uses one-on-one times, such as diapering and feeding to interact with infants and toddlers individually						
• Is "in tune" with each child in her or his care; reads infants and toddlers individual cues *(understands when a young infant is ready to play and responds by placing her on her tummy for a few minutes; responds to infants sleep cues)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Follows children's lead in play						
• Uses books, stories and conversations to help make meaningful connections to children's experiences children's experiences and the important events in their lives *(reads a book about different kinds of families, a story about a new baby in the family)*						
• Plays responsive social games with children (e.g. peek-a-boo)						
• Demonstrates joining infant and toddlers emotions						
• Regulates pace of interaction in response to child's state or emotional expression						
• Demonstrates reciprocity in interactions						
• Engages in joint attention with infants and toddlers						
Develops Meaningful Relationships with Families						
• Listens to and incorporates parents' beliefs, as appropriate, into practices around social emotional issues, such ways to hold a baby, ways to calm and soothe children, ways to encourage and guide children						
• Uses a system to communicate with families in a meaningful way on a daily basis and ongoing, using a variety of communication methods *(notes, touch base during drop off and pick-up, daily reports, home visits , parent-child meetings)*						
• Speaks to children and families by name						
• Greets children and adults individually on arrival and says goodbye at departure						
• Uses arrival and departure times to connect with the family and gather valuable information about the child since last seen. Caregiver asks what has happened since last seeing the child						
• Follows a consistent plan to transition child from parent to caregiver upon arrival						
• Encourages parent's sense of competence by commenting and acknowledging positive parent child interactions						
Promotes the Parent-Child Relationship						
• Creates comfortable spaces for adults *(adult furniture in care space)* and spaces that welcome family members *(e.g. spaces for breastfeeding, to receive and provide information, facilitate meaningful transitions during drop-off and pick-up, or playing with their children)*						
• Asks all parents about their feelings *(including asking about depression related symptoms and feelings)*						
• Provides information to parents about ways to support their child's social emotional development *(e.g. including information on practices in this inventory)*						
• Provides resources and support for parents unique needs and interest.						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
Encourages and Models Positive Relationships with Other Adults in the Environment						
• Creates opportunities for family members of children in the group setting to interact with and get to know one another *(family meetings, outings and group activities)**						
• Demonstrates positive relationship with colleagues including co-workers and administration						
Comments:						
6. Assists infants and toddlers in regulating emotions	3	2	1	YES	NO	
• Assists children in regulating their emotions and reactions to outside stimuli (mirrors baby's emotions/face, takes a sweater off when a baby seems warm, explains what is happening in a calm voice, labels what the child is doing, talks for the child)						
Comments:						
7. Applies knowledge of children's individual temperaments to interactions and practice	3	2	1	YES	NO	
• Acknowledges children's temperamental traits *("I know you like to watch for a while when we try new things. Don't worry we will take our time.")*						
• Adapts schedule, behavior, and energy level to meet the temperamental characteristics of different children in care *(follows children's toileting and eating patterns, holds a child who is fearful when a new adult enters the room, stays calm and quiet if needed; provides increased activity and stimulation if needed)*						
• Uses positive or neutral descriptors *(dramatic, assertive, persistent, watchful, observing, takes her time with new people, excited, energetic)* and avoids the use of negative labels for children's temperament *(loud, aggressive, stubborn, scared, shy, fearful)*						
Comments:						
8. Engages in ongoing observation and reflection about infants' and toddlers' social emotional development to facilitate relationship building	3	2	1	YES	NO	
• Observes throughout the day and objectively and routinely records the behavior, interactions and activities *						
• Sensitively shares observations regularly with colleagues and child's family to learn if everyone is observing similar things and to discuss how the child is progressing *						
• Uses observations to inform next steps for continuing to build the relationships with the child *(noticing that rocking calms and soothes when she is overwhelmed and upset)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Uses observations to make a best guess about the meaning of behavior and uses this information to inform interactions/planning *						
• Uses formal and informal assessments to measure toddlers' social emotional development over time * *(structured and spontaneous observations)*						
Comments:						
9. Examines personal, family, and cultural values, beliefs, and assumptions	3	2	1	YES	NO	
Examines own attitudes toward challenging behavior						
• Understands the relationship between infants' and toddlers' social emotional development and challenging behaviors						
• Understands that infants' and toddlers' challenging behaviors are conveying some type of message						
• Understands there are many things that can be done to prevent challenging behaviors						
• Identifies what behaviors "push my buttons"						
• Develops strategies for dealing with situations when children's behavior "push my buttons"						
• Works together with a team to problem solve around issues related to challenging behaviors						
Examines personal, family, and cultural views of child's challenging behavior						
• Considers personal beliefs regarding the acceptability and unacceptability of specific types of child behavior						
• Considers personal beliefs regarding the causes of specific types of unacceptable child behavior						
• Acknowledges contrasting or conflicting beliefs held by others regarding acceptable and unacceptable types of child behavior						
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	CSEFEL Resources
			Where to find helpful training information… **Tool I: Nurturing and Responsive Relationships** 4. Provides physical and emotional security for each child – **Module 1 & 2** 5. Develops meaningful relationship with children and families – **Module 1** 6. Assists infants and toddlers in regulating emotions – **Module 2** 7. Applies knowledge of children's individual temperaments to interactions and practice – **Module 1**

Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is:			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*

Infant Toddler Module 1
Lesson 7

Building Positive Relationships

Handouts

THE PYRAMID MODEL CONSORTIUM
Supporting Early Childhood PBIS

Working with Families Inventory

Complete the inventory with a partner by checking off the ways in which you already support families. Look for additional ideas and make a plan for ways you will support the relationship between the infants and toddlers you serve and their families.

In Programs

1. Families have opportunities to continually express preferences, beliefs, values, and concerns regarding the practices of the child-care and education center (for example, routines, feeding, holding, naps, play, holidays, and language). The child care staff is responsive to families' requests.

   - There is a process for communicating with parents who speak a different language from the caregivers. If necessary, there is an interpreter to assist in communication with children and/or families.
   - Teachers ask families to share information indicating their and their child's needs, interests, developmental history, and any other relevant information that will help teachers be more responsive to the child's individual needs.
   - Teachers listen to and respect parents' discussions regarding their beliefs, values, and concerns
   - Families' wishes for their child are respected to provide continuity from home to program for the child—unless harmful to child.
   - There is a process developed in the program with families concerning conflict resolution using dialogue that involves listening, negotiating, and problem-solving

2. The Relationship Between Each Child and His Family is Supported

   - Photographs of each child's family are displayed around the child-care and education space and are placed where children can easily see them. They may be laminated and secured with Velcro to the wall so that an infant or toddler can hold the picture of his family and carry it around. Or, the children's family photos could be displayed on a large poster board with a piece of fabric over each picture, so that mobile infants and toddlers can play "peek-a-boo" with their own and others' family pictures.
   - Books or photograph albums with pictures of the children and their families are available to the children.
   - Tape recordings of a family member telling a story or singing a song are available

3. Family members are made to feel welcome in the program through teachers' welcoming attitudes and through the classroom environment.

   - There is an open-door policy for families. They can be with their children at all times of the day and for as long as they'd like. Family members are frequently seen visiting and interacting with the children.
   - There is family-friendly bulletin board that describes opportunities for families to visit and volunteer and that includes notices and announcements.

- There is a private area for family members who want to give their child a bottle or breastfeed their babies or spend some moments alone with their children.
- There is a "family information" space (filing box or cabinet, for example) with information on resources, discipline, reading to children, etc. where parents can add to it or help themselves to articles, pamphlets, brochures that build family/child relationships.

4. Families feel welcome to be involved in the program. While certain strategies will fit one type of program more than another as well as one type of family more than another, the important factor is the feeling of partnership between the program and the child's family that is created. These are opportunities offered families but not required of families

- Survey families concerning the different ways that they would like to be involved.
- Include families in policy decisions by inviting families to serve on a board of directors or policy council for the program.
- Plan social events, with family input, that include the whole family.
- Invite families into the program to take pictures of children or record language samples that can then, for example, be made into a display of children's interests and learning.
- Develop a sense of community by including family members in the planning and writing of a monthly newsletter that includes interesting information about the program, monthly events, children, and families.
- Involve families in fundraising activities.
- Provide opportunities for family members to help at home by making home-made toys (sock puppets, "feely boxes," beanbags, lotto games) for the program.
- Provide opportunities and information about resources for family support—for example, learning a second language, divorce support groups, teenage parenting, and learning about Medicaid and Medicare

5. Develop a system for daily exchange of information between families and child care and education staff.

- Create a friendly place inside the child care and education center room or family child-care home where information concerning a child's needs for the day can be written and shared by the family member with the caregiver.
- Create a friendly place inside the child-care-center room or family child-care home where information about each child's day is kept so that families can easily pick up the information and talk to caregiver(s) about how the day went.
- Develop a friendly "Conversation Corner" somewhere in the center or family child care home so that caregivers and families can have a private place to talk.

(Adapted from Wittmer & Petersen, 2006)

Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

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 for providers to be successful in implementing the practices detailed in Tools I-III.

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 High-Quality Supportive Environments* 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 caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.
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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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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
4. Provides physical and emotional security for each child	3	2	1	YES	NO	
• Demonstrates responsive caregiving. Acknowledges and responds to infants' and toddlers' needs promptly when the need is expressed * *(i.e. verbally acknowledges verbal and non-verbal forms of expression when unable to physically because they are caring for another child and provides appropriate response to meet need as soon as possible)*						
• Provides physical forms of comfort and support, such as, holding infants close, holding toddlers hands while walking around with them, sitting close while reading, talking, singing or interacting and playing with infants and toddlers.						
• Prepares and informs children about transitions *(i.e. lets infants and toddlers know when the primary caregiver or parent will be leaving the room/program) and facilitates rituals for routines (eating, sleeping, arrival, departing, diapering/toileting); helps parents understand the importance of these rituals (saying goodbye, waving at parent from the window)*						
• Uses photos, songs, stories and objects that reflect the child's family and culture						
• Provides easy access to and allows children to keep important objects or comfort items with them throughout the day *(e.g. blankets, stuffed animals, pacifiers)*						
• Reassures children who venture off to explore that caregivers are still close by if needed						
• Reconnects with a child through a smile, hug, or kind words after having a challenging interaction						
• Encourages children to explore and try new experiences *(e.g. encourage crawling by practicing tummy time and placing a favorite toy a bit out of reach; encourage child to try new foods; encourage child to play near or with other children and notice what they are doing)*						
Comments:						
5. Develops meaningful relationships	3	2	1	YES	NO	
Develops Meaningful Relationships with Infants and Toddlers						
• Spends time on the floor, communicates with children at eye level, face to face, using smiles and positive responsive verbal and non-verbal interactions						
• Speaks calmly and warmly to infants and toddlers						
• Uses words, writing, music, and songs whenever possible in the child's home language						
• Uses one-on-one times, such as diapering and feeding to interact with infants and toddlers individually						
• Is "in tune" with each child in her or his care; reads infants and toddlers individual cues *(understands when a young infant is ready to play and responds by placing her on her tummy for a few minutes; responds to infants sleep cues)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Follows children's lead in play						
• Uses books, stories and conversations to help make meaningful connections to children's experiences children's experiences and the important events in their lives *(reads a book about different kinds of families, a story about a new baby in the family)*						
• Plays responsive social games with children (e.g. peek-a-boo)						
• Demonstrates joining infant and toddlers emotions						
• Regulates pace of interaction in response to child's state or emotional expression						
• Demonstrates reciprocity in interactions						
• Engages in joint attention with infants and toddlers						
Develops Meaningful Relationships with Families						
• Listens to and incorporates parents' beliefs, as appropriate, into practices around social emotional issues, such ways to hold a baby, ways to calm and soothe children, ways to encourage and guide children						
• Uses a system to communicate with families in a meaningful way on a daily basis and ongoing, using a variety of communication methods *(notes, touch base during drop off and pick-up, daily reports, home visits , parent-child meetings)*						
• Speaks to children and families by name						
• Greets children and adults individually on arrival and says goodbye at departure						
• Uses arrival and departure times to connect with the family and gather valuable information about the child since last seen. Caregiver asks what has happened since last seeing the child						
• Follows a consistent plan to transition child from parent to caregiver upon arrival						
• Encourages parent's sense of competence by commenting and acknowledging positive parent child interactions						
Promotes the Parent-Child Relationship						
• Creates comfortable spaces for adults *(adult furniture in care space)* and spaces that welcome family members *(e.g. spaces for breastfeeding, to receive and provide information, facilitate meaningful transitions during drop-off and pick-up, or playing with their children)*						
• Asks all parents about their feelings *(including asking about depression related symptoms and feelings)*						
• Provides information to parents about ways to support their child's social emotional development *(e.g. including information on practices in this inventory)*						
• Provides resources and support for parents unique needs and interest.						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
Encourages and Models Positive Relationships with Other Adults in the Environment						
• Creates opportunities for family members of children in the group setting to interact with and get to know one another *(family meetings, outings and group activities)**						
• Demonstrates positive relationship with colleagues including co-workers and administration						
Comments:						
6. Assists infants and toddlers in regulating emotions	3	2	1	YES	NO	
• Assists children in regulating their emotions and reactions to outside stimuli (mirrors baby's emotions/face, takes a sweater off when a baby seems warm, explains what is happening in a calm voice, labels what the child is doing, talks for the child)						
Comments:						
7. Applies knowledge of children's individual temperaments to interactions and practice	3	2	1	YES	NO	
• Acknowledges children's temperamental traits *("I know you like to watch for a while when we try new things. Don't worry we will take our time.")*						
• Adapts schedule, behavior, and energy level to meet the temperamental characteristics of different children in care *(follows children's toileting and eating patterns, holds a child who is fearful when a new adult enters the room, stays calm and quiet if needed; provides increased activity and stimulation if needed)*						
• Uses positive or neutral descriptors *(dramatic, assertive, persistent, watchful, observing, takes her time with new people, excited, energetic)* and avoids the use of negative labels for children's temperament *(loud, aggressive, stubborn, scared, shy, fearful)*						
Comments:						
8. Engages in ongoing observation and reflection about infants' and toddlers' social emotional development to facilitate relationship building	3	2	1	YES	NO	
• Observes throughout the day and objectively and routinely records the behavior, interactions and activities *						
• Sensitively shares observations regularly with colleagues and child's family to learn if everyone is observing similar things and to discuss how the child is progressing *						
• Uses observations to inform next steps for continuing to build the relationships with the child *(noticing that rocking calms and soothes when she is overwhelmed and upset)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Uses observations to make a best guess about the meaning of behavior and uses this information to inform interactions/planning *						
• Uses formal and informal assessments to measure toddlers' social emotional development over time * *(structured and spontaneous observations)*						
Comments:						
9. Examines personal, family, and cultural values, beliefs, and assumptions	3	2	1	YES	NO	
Examines own attitudes toward challenging behavior						
• Understands the relationship between infants' and toddlers' social emotional development and challenging behaviors						
• Understands that infants' and toddlers' challenging behaviors are conveying some type of message						
• Understands there are many things that can be done to prevent challenging behaviors						
• Identifies what behaviors "push my buttons"						
• Develops strategies for dealing with situations when children's behavior "push my buttons"						
• Works together with a team to problem solve around issues related to challenging behaviors						
Examines personal, family, and cultural views of child's challenging behavior						
• Considers personal beliefs regarding the acceptability and unacceptability of specific types of child behavior						
• Considers personal beliefs regarding the causes of specific types of unacceptable child behavior						
• Acknowledges contrasting or conflicting beliefs held by others regarding acceptable and unacceptable types of child behavior						
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	CSEFEL Resources
			Where to find helpful training information… **Tool I: Nurturing and Responsive Relationships** 4. Provides physical and emotional security for each child – **Module 1 & 2** 5. Develops meaningful relationship with children and families – **Module 1** 6. Assists infants and toddlers in regulating emotions – **Module 2** 7. Applies knowledge of children's individual temperaments to interactions and practice – **Module 1**

Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is:			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*

Infant Toddler Module 2
Lesson 1

Review of the Pyramid Model

Handouts

THE PYRAMID MODEL CONSORTIUM
Supporting Early Childhood PBIS

Social Emotional Development within the Context of Relationships
True/False Review

Social Emotional Development	True	False
1) Few infants are born biologically ready for relationships.		
2) Even if a caregiver has had a very difficult upbringing, each new relationship is a clean slate and working with infants and toddlers will bring a caregiver an opportunity to make up for a lifetime of unhappiness.		
3) We may not always know why we do something with young children but there is a right way and a wrong way for children to behave, even babies and toddlers.		
4) Three major elements of social emotional development in infancy include experiencing, expressing and regulating emotions; forming close and secure relationships; and being able to explore and learn.		
5) Temperament is something that should be eliminated from a child who cannot stop crying.		
6) Attachment is something that a baby either does have or doesn't have, when he meets other people.		
7) Regardless of a family's cultural beliefs or what a family might prefer, parents must understand that infants and toddlers are expected to behave according to the care provider's values. They also must understand that all rules are put in writing so that busy caregivers do not have to be delayed by talking with parents.		
8) There are so many influences in children's lives that the loving messages that a responsive, sensitive caregiver sends to an infant or toddler cannot possibly impact that child for more than a brief time.		

Social Emotional Development	True	False
1) Few infants are born biologically ready for relationships.		X
Babies are born biologically ready for relationships.		
2) Even if a caregiver has had a very difficult upbringing, each new relationship is a clean slate and working with infants and toddlers will bring a caregiver an opportunity to make up for a lifetime of unhappiness.		X
All of us bring our experiences in prior relationships, particularly with our parent(s), to each new relationship, including those with the babies and toddlers we care for.		
3) We may not always know why we do something with young children but there is a right way and a wrong way for children to behave, even babies and toddlers.		X
Becoming aware of the influence of past and present relationships on our own behavior is an important step in understanding what is driving our response and behavior with individual children		
4) Three major elements of social emotional development in infancy include experiencing, expressing and regulating emotions; forming close and secure relationships; and being able to explore and learn.	X	
Three major elements of social emotional development in infancy include experiencing, expressing, and regulating emotions; forming close and secure relationships, and being able to explore and learn.		
5) Temperament is something that should be eliminated from a child who cannot stop crying.		X
Observing and understanding the temperament of individual babies can help caregivers know how to be responsive to each one.		
6) Attachment is something that a baby either does have or doesn't have, when he meets other people.		X
Attachment develops as a result of multiple interactions that occur over time between a baby and another person.		
7) Regardless of a family's cultural beliefs or what a family might prefer, parents must understand that infants and toddlers are expected to behave according to the care provider's values. They also must understand that all rules are put in writing so that busy caregivers do not have to be delayed by talking with parents.		X
Developing strong relationships with families and understanding their cultural beliefs and values give caregivers information they can use to more effectively support social emotional development.		
8) There are so many influences in children's lives that the loving messages that a responsive, sensitive caregiver sends to an infant or toddler cannot possibly impact that child for more than a brief time.		X
Whether positive or negative, the messages that caregivers communicate in many different ways to babies are enormously powerful.		

Infant Toddler Module 2
Lesson 2

Social Emotional Climate

Note: There are no handouts for this lesson.

THE PYRAMID MODEL CONSORTIUM
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Infant Toddler Module 2
Lesson 3

Responsive Schedules and Routines

Handouts

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Responsive Routines Inventory

Responsive daily routines	What I do now/ My plans
Implement a flexible routine (eating, sleeping, inside-outside) so that toddlers learn to predict	
Provide a daily routine that follows each infant's and toddler's need for feeding and sleeping	
Use routines as opportunities for emotional interaction and learning	
Provide primary caregiving	
Provide responsive routines for infant feeding and toddler eating	**What I do now/My plans**
Provide a private place for family members to feed an infant, if the family desires	

Responsive Routines Inventory

Provide responsive routines for infant feeding and toddler eating	What I do now/My plans
Welcome families to eat with their children	
Respect the mother's wish to breast-feed and adapt routines appropriately	
Provide a system for documenting families' wishes on issues related to weaning from the breast or bottle and then respect those wishes	
Ask families about their cultural and family preferences for the child's eating habits, needs, and food preferences	
Provide daily information to the family about how, when, and what the child ate	
Sit with toddlers for eating rather than hovering above or running around waiting on them	

Responsive Routines Inventory

Provide responsive routines for infant feeding and toddler eating	What I do now/My plans
Respond to infants' and toddlers' non-verbal, as well as verbal, requests and comments while feeding and/or eating with the children	
Hold infants gently for bottle-feeding. Babies need to be held for feeding to ensure safety and to meet their emotional needs. Talk softly, hum, sing or be quiet according to the infant's cues	
Speak in a soft, encouraging, and positive way to the children during feeding and eating activities	
Respond when infants and toddlers indicate that they are hungry or want more food and respect them when they indicate that they are satisfied or want to stop eating	
Provide opportunities for toddlers to begin to serve themselves, pour milk out of a small pitcher, and clean the table with a sponge. Accept accidents and sensual explorations of food as part of the learning process	
Use feeding time for infants as an opportunity for emotional connections between the adult and child	

Responsive Routines Inventory

Provide responsive routines for infant feeding and toddler eating	What I do now/My plans
Use eating time for toddlers as an opportunity for emotional connections between adults and children and between/among children	
Observe children during feeding and eating times. Are children enjoying the experience?	
Provide responsive routines for diapering and toilet learning	**What I do now/My plans**
Provide pictures of family members or other interesting pictures on the wall at the baby's eye level in the diapering area	
Make diapering a special time for adults to be emotionally present with children, following their cues	
Use encouraging and positive words at all times	
Use talk such as "first" and "next" and words that are comforting	

Responsive Routines Inventory

Provide responsive routines for diapering and toilet learning	What I do now/My plans
Use talk such as “first” and “next” and words that are comforting	
Encourage children to participate in the routine (stand and pull up their own pants, etc.)	
Coordinate toilet learning with the family to provide continuity for the child from home to program	
Never force toddlers to use or stay on the toilet.	
Use diapering/toileting times as opportunities for emotional connections between adults and children.	

Responsive Routines Inventory

Provide responsive routines for sleeping/resting	What I do now/My plans
Gently rock or pat infants who need help to get to sleep. Watch and listen for them to signal when they want to be picked up from a crib and respond positively and quickly to their signals	
Provide toddlers with a cot that is labeled with her/his first name and a special symbol or picture. Sheets, pillows and blankets are labeled in the same way	
Plan and implement a transition time from play to sleep with a predictable sequence for toddlers. To build positive relationships read stories, talk gently, and/or pat a child gently to sleep according to the child's needs. Toddlers may pick a special book or have their own stuffed toy or blanket if needed	
If toddlers have a difficult time sleeping, they may need additional patting, songs, books read, a lovie, or earphones with very soft music playing	
Allow toddlers to sleep/rest only as long as they need. A quiet activity is planned for those who wake up	

Responsive Routines Inventory

Provide responsive routines for sleeping/resting	What I do now/My plans
Help toddlers transition from nap to wake-time by holding and rocking them or rubbing their backs as they start to wake	
For toddlers, prepare the nap area before lunch, so that if they become tired or fall asleep during lunch, the teacher can help them transition to nap time	
Use sleeping/resting times as opportunities for emotional connections between adults and children and for social interactions with peers	
Provide responsive greeting and goodbye times	**What I do now/My plans**
Greet each infant and toddler and his/her family member(s) warmly in the morning to assist in the transition from home to the child care center/home and to give family members a chance to communicate needs, priorities and concerns	
Help each child say goodbye to family member(s) and move to an activity	

Responsive Routines Inventory

Provide responsive routines for greetings and goodbye times	What I do now/My plans
For a child having difficulty with separation, plan staff assignments to allow the child's primary teacher appropriate time to help the child become more comfortable when arriving or leaving. Comfort the child and tell him/her when the family member will return—after lunch, after nap, etc.	
Greet family members warmly when they pick up the child. This helps children transition from child care to family at the end of the day and is an opportunity to describe the child's day. Give each infant and toddler a special goodbye	
Use transition routines as opportunities to build emotional connections between the child and his/her family, the teacher and child, and between and among peers	

Adapted with permission from Wittmer & Petersen (2006)

Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

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 for providers to be successful in implementing the practices detailed in Tools I-III.

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 High-Quality Supportive Environments* 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 caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.
Occasionally:	The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.
Seldom:	The caregivers may not understand the concept or practice and the practice is not performed very often if at all. *If self-administered:* Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The caregivers often miss 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: Once users have determined the specific *Practices and Indicators* from the Inventory they want to target for development, a plan for next steps can be developed using the *Action Plan.* In the first column of the *Action Plan*, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

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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2. Program Management
3. Teams with families to develop individualized curriculum plans for all children

Tool I: Nurturing and Responsive Relationships

4. Provides physical and emotional security for each child
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
10. Designs responsive environments that promote social emotional competence	3	2	1	YES	NO	
• Provides an environment that considers circulation patterns *(where children and adults enter/exit; how children navigate the space without obstruction from furniture)*						
• Provides quiet spaces for infants and toddlers, away from active play						
• Arranges classroom so there is protected and safe space for young infants to have tummy time						
• Allows children freedom to move around *(provides safe places for tummy time, pulling up, walking, and climbing)*						
• Removes obstacles that make it difficult for children with disabilities to move around and utilize the room						
• Provides private spaces *(for children to play alone)* and semi-private spaces *(for children to play with one or two friends)*						
• Sets up diapering, feeding, sleeping and play areas to allow quiet, personal contact between caregivers and toddlers						
• Arranges classroom materials so they are orderly and accessible to toddlers and adults and provides duplicates of favorite toys						
• Defines activity areas by creating boundaries						
Provides a variety of play spaces:						
• Spaces for delighting the senses						
• Spaces to interact with caregivers						
• Space for development of large motor movement						
• Space for infants and toddlers to use creative arts materials						
• Space for toys and manipulative items						
• Space for toddlers to build and construct						
• Space for dramatic and pretend play						
• Space for looking at books						
• Outdoor space						
• Considers children's interests and abilities when deciding what materials to put in play spaces *						
• Space is flexible and changes with children's interests and developing skills						
• Continually observes infants and toddlers on a regular basis and makes changes to the environment based on *(written)* observations *						
Ensures that play areas are well-equipped with materials and furniture						
• water supply near art area						
• hand washing sink near sand/water						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• materials readily available						
• child size toilets in the classroom						
• Provides and encourages the use of gross motor materials in both indoor and outdoor settings *(e.g. double slides, tunnels, and rocking boats that encourage social play)*						
Comments:						
11. Designs responsive routines and schedules that promote social-emotional competence						
• Routines are individualized for each infant and toddler						
• Offers a predictable yet flexible sequence of routines each day						
• Focuses on the order in which things happen rather than the time and allows children to "set the pace"						
• Helps infants and toddlers learn about routines or schedules through verbal cues and pictures *(gives warnings before diaper changes, nose wipes, outside time, eating time, and nap times)*						
• Talks with infants about specific sequence of events; creates for toddlers a visual schedule showing daily routines to see and touch, and posts schedule at eye level						
• Gives clear guidance during routines. *(says what is happening now and next and what's expected)*						
• Invites infants and toddlers to take part in daily routines *(having them help when dressing, providing stepstools to allow toddlers to begin hand washing on their own, passing items at mealtimes)*						
• Provides explanations when necessary changes in the routine take place						
• Ensures that group activities *(if provided)* are short and focused, and that materials and set up is completed ahead of time						
• Reviews past activities with toddlers and notices and acknowledges when a toddler seems to be thinking about an event from the past						
• Works with other caregivers and family members to provide consistent care among adults for each infant and toddler						
• Asks families about the routines at home and works to integrate home routines into the center based routines						
Eating:						
• Welcomes families to eat with their children, and respects the family's culture and decisions around serving, feeding and eating with toddlers when they participate						
• Supports breastfeeding mothers by adapting routines and providing spaces to nurse and pump						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Provides a system for documenting families' wishes on issues related to weaning from breast or bottle and respects families' wishes*						
• Responds to children's non-verbal as well as verbal requests and comments while eating *(respectful of when infants and toddlers signal they are full or want more, does not require children to finish everything)*						
• Holds infants gently for bottle feeding; sits with toddlers for eating and creates opportunities for them to successfully feed themselves *(bowls with small amount of food so spilling makes minimal mess, pieces cut into small serving sizes so eating remains safe even if a child takes too many)*						
• Provides child-sized furniture and equipment to encourage self-help skills *(i.e. high-chairs, tables and chairs that fit infants and toddlers comfortably, serving utensils that are easy to grasp)*						
Diapering and Toileting:						
• Makes the transition to diapering comfortable and predictable for children *(e.g. giving child warning before picking her up)*						
• Makes diapering and toileting a special time for adults to be present with children *(interacting, using first/next words that are comforting, encouraging toddlers to participate in the routine)*						
• Organizes diapering area and supplies to allow for one-on-one interactions between infants/toddlers and caregivers						
• Provides diapering and toileting equipment that encourages self-help skills *(e.g. steps for toddlers to walk up to diapering table; child-sized toilets)*						
Sleeping:						
• Prepares nap area for toddlers when they are becoming tired so they can transition to nap time as they are ready, allows toddlers to wake up when they are ready and has a quiet activity planned for early risers						
• Provides each infant with his own crib, and provides toddlers with cots, sheets, pillows and blankets that are labeled with first name and picture symbol						
• Sings, play lullabies, holds, rocks, carries, and offer infants and toddlers a book, doll or teddy bear while getting ready for nap time						
Comments:						
12. Ensures Smooth Transitions	3	2	1	YES	NO	
• Reduce wait times and "forced transitions" by allowing children to initiate and transition to other activities when they are ready *(when they are hungry for snack they can eat, diapering/toileting when needed not on a group schedule)*						
• Designs schedule to minimize the amount of time toddlers spend making transitions between activities *(for example, asks toddlers to put on their coats one child at a time while the others are still busy rather than lining up a group of kids and doing their coats)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Provides multisensory cues prior to transitions *(sings a song, rings a bell, dims the lights, or points to a picture)*						
• Individualizes cues prior to transitions for specific toddlers *(moves close to child, makes eye contact and says "Jonathan, remember when I ring this bell it will be time to get ready to go outside.")*						
• Uses transitional or comfort objects to help toddlers move between activities *(Will everyone take a ball outside? Great!)*						
• Assigns specific jobs to toddlers who have difficulty transitioning *("Jason, will you go get our rope from the shelf so we can get ready to go outside?")*						
• Continues acknowledging and responding to infants when she/he has to provide care for another child *("I can tell you are getting hungry and I will be right over to feed you as soon as I finish changing Jawan's diaper")*						
Comments:						

13. Individualizes plans and curriculum to promote social emotional competence	3	2	1	YES	NO	
• Plans and supports multiple experiences occurring simultaneously among the children in the group *(i.e. a child may be being fed; another sleeping; a few playing; etc.)*						
• Has a written plan, developed with families, for each infant and toddler in care that addresses current strengths, needs and areas of focus or interests and respects and accommodates individual needs, personalities, and characteristics *						
• Encourages infants and toddlers to explore and choose materials that are most interesting to them *(does not overwhelm with too many choices, show enthusiasm for choices, ask questions about what toddlers are playing with)*						
• Provides materials, activities and interactions that are both familiar and new/challenging						
Comments:						

14. Uses age appropriate expectations to guide children's behavior	3	2	1	YES	NO	
• Responds calmly when an infant is overwhelmed or stressed *(swaddles infants; holds infants close; provides a "lovey"; rocks infant, sings to infant, offers infant a different position to be held in; provides a change of scenery; modified the sound or lighting)*						
• Uses simple words or phrases explaining natural consequences such as *("It hurts your friend when you pull his hair" If you want that toy, let's ask if you can use it when he's done.")*						
• Provides opportunities for toddlers to practice classroom expectations *("See the picture of the truck? Please put the truck back right there.")*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• States and models expectations positively and specifically *(avoids words "no" and "don't" as much as possible "Please be gentle with your hands, like this." or "food stays on the table")*						
• Frequently reinforces appropriate behavior *("I think Josiah liked it when you gave him that car." "Sarah looks so happy that you gave her a napkin for snack.")*						
• Uses a problem solving approach to help toddlers begin to solve problems. *("You want the truck and Josh wants the truck, what can we do?")*						
• Reduces opportunities for conflict *(provides more than one of a popular toy, positions self between toddlers before emotions escalate, stays between toddlers who may have been biting or hitting frequently)*						
• Stays close and supports toddlers in difficult encounters with other toddlers and shows positive feelings for both toddlers in a conflict						
• Lets toddlers know through calm approach that conflict is to be expected and that it can be resolved with help						
• Uses situations throughout the day to allow toddlers opportunities to generate solutions, and help toddlers try solutions until the problem is resolved						
• Takes time to support toddlers through the problem solving process during heated moments *(18 months & older)*						
• Systematically teaches the problem solving steps: What is my problem? What are some solutions? What would happen next? Try out the solution. *(24 months & older)*						
• Shares and discusses photographs of toddlers working out situations *(24 months & older)*						
Comments:						
14. Supports families to develop home environments and routines that promote social emotional competence	3	2	1	YES	NO	
• Engages families to support the use of positive social and emotional strategies in the home						
• Communicates with families daily and identifies resources on healthy social emotional development						
• Provides assistance to families on creating healthy home environments and routines *(i.e. helps families solve problems, makes suggestions based on his/her observations of the child)*						

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	CSEFEL Resources
			Where to find helpful training information… **Tool I: Nurturing and Responsive Relationships** 4. Provides physical and emotional security for each child – **Module 1 & 2** 5. Develops meaningful relationship with children and families – **Module 1** 6. Assists infants and toddlers in regulating emotions – **Module 2** 7. Applies knowledge of children's individual temperaments to interactions and practice – **Module 1**

Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is:			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*

Infant Toddler Module 2
Lesson 4

Responsive Environments

Handouts

THE PYRAMID MODEL CONSORTIUM
Supporting Early Childhood PBIS

Planning Document

Spaces for Infants and Toddlers	Your Plan for Improvement of the Social Emotional Environment
An environment that is	
• Safe and free from hazards • Clean • Has natural light from windows and other soft lighting • Aesthetically pleasing • Uncluttered • Individually, age, and culturally appropriate • Inviting and interesting to children	
Special places for nurturing children	
A comfortable space, away from active play for staff to sit on the floor (with back support) and hold a child or children • A loft • An adult-sized couch • A mat on the floor against the wall with pillows with washable covers • A rocking chair/glider	
A quiet space for infants and toddlers	
• A soft space away from active play • A soft space for two children with family photographs books, dolls and blanket, soft toys, quiet toys, puppets, and books • A nest (or create a nest with an inner tube) with a blanket over it • A space with boxes large enough for a child or two to crawl in and out of	
A space for infants and toddlers to use creative arts materials	
• A space for coloring or painting on paper on the floor (preferably near a short sink not used for food preparation) • Short tables for clay, play dough, thick crayons, nontoxic paints, or finger paints • Paper and other interesting materials to manipulate and create • Large pieces of paper and other interesting materials to draw and paint on • Short easels and brushes for toddlers to use by themselves or with other children • A low shelf with safe creative materials attractively displayed and available for children to use • A place to display children's creative work	

Spaces for delighting the senses of infants and toddlers	
• Short shelves and tables for toddlers with sensory materials displayed in an inviting way • Small individual tubs or other containers, or water tables with water (always monitor children very carefully with water; children have drowned in an inch of water in a container) • Containers or tables for sand and other natural materials • Interesting materials such as funnels, plastic animals, cups, scales, etc. on the sensory tables or in containers • A light table • Wading pools filled with different textured balls and other safe materials • A space to use feeling and sound boxes • A space for making bubbles with various sizes of wands	
A space for peek-a-boo and social games	
• A space made with a cloth hanging from the ceiling with a mirror on the wall • Boxes of various sizes with holes cut out of the sides. Add cloth over the holes for variation and “peek-a-boo” games • Lofts with a Plexiglas panel in the floor so children that are up can look down and children that are down can look up and enjoy each other	
A space for the development of large motor skills	
• Floor space so that children can move freely and be active with: • Couches to walk around (while using the couch for support) and climb up on for seeing the world • Ramps and short climbers to climb • Tunnels to crawl through • Mats at different levels for climbing • Rocking boats • Balls of all sizes • Objects that can be moved, such as child- sized shopping carts, doll strollers, and riding toys • A bar fastened to the wall on various levels so that children can pull to stand • Large empty appliance boxes with windows cut out and/or the end cut off so that children can crawl through the box	
A space for toys and manipulative items	
• Short shelves with toys/materials--carefully arranged so that children can reach them - Toys that move, make noise, and change shape - Safe nesting blocks, ring towers, large beads, “cause and effect” toys, “take apart” toys, shape sorters, stacking toys, large pegs and peg boards, large beads for stringing, puzzles, and other interesting materials - Puppets, dolls - Toy telephones - Tubes of varying lengths and sizes	

A space for toys and manipulative items (continued)	
• A child-sized table and chairs • Spaces to play on the floor by themselves, with staff and with peers	
A space for toddlers to build and construct	
• A platform or hard surface for building • Blocks of all sizes, shapes and textures • Wooden animals, little houses, play people, trucks and cars	
A space for dramatic play and pretend	
• A corner or some small area with: - A mirror, low pegs to hang clothing, scarves, purses, hats, easy-to-put-on dress up clothes - Safe kitchen utensils, pots and pans, child size dishes, containers of various sizes, pretend multi-ethnic food, and/or clean empty commercial food boxes - Multiethnic dolls, doll blankets, baby bottles and bed, doll clothes - Puppets of varying sizes and shapes - Child-sized tables, stoves, refrigerators	
A space for reading to children and places for infants and toddlers to reach books and look at them in comfort	
• A special place that is designed for infants and toddlers to choose books from an attractive, easily reached display and "read" or be read to in comfort • An adult-sized couch for adults to read to children • A child-sized couch or chair for children to "read" books • Also place books around the room as any space is a great space for reading to a child or a child looking at books	
Feeding and eating spaces for infants and toddlers	
• An area convenient to an adult sink and refrigerator with: - Comfortable floor chairs for adults to feed infants on their laps or sitting in infant seats - Rocking chairs/gliders for feeding bottles to infants and holding children of all ages - Child-sized chairs and tables for toddlers to sit and feed themselves - A sink at children's level for toddlers	
Sleeping, diapering or toileting spaces	
• An area away from active play for sleeping with: - Cribs - Cots for toddlers - A rocker/glider for adults to help children transition from wake	

Sleeping, diapering or toileting spaces (continued)	
• An area near an adult size sink for diapering (not used for preparing food) with : - Diaper table with storage space - Sturdy stairs with sides for toddlers to climb to the diaper table • A private or semi-private area for toileting with: • Child-sized toilets for toddlers who are learning to use the toilet (check your state's licensing standards) • A child-size sink	
Outdoor space	
• Spaces for walking, running, jumping • Large stable equipment such as climbers and slides that are inviting for peer interactions • Areas of sun and shade • Spaces for toddlers to use riding toys • Materials for carrying, building, manipulating, and creating • Spaces for adults to nurture children • Spaces for children to sit and rest alone or together	

Adapted with permission from Wittmer & Petersen (2006)

Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

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 for providers to be successful in implementing the practices detailed in Tools I-III.

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 High-Quality Supportive Environments* 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 caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.
Occasionally:	The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.
Seldom:	The caregivers may not understand the concept or practice and the practice is not performed very often if at all. *If self-administered:* Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The caregivers often miss 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: Once users have determined the specific *Practices and Indicators* from the Inventory they want to target for development, a plan for next steps can be developed using the *Action Plan.* In the first column of the *Action Plan*, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

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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Foundational Assessment: Program Design and Management

1. Program Design
2. Program Management
3. Teams with families to develop individualized curriculum plans for all children

Tool I: Nurturing and Responsive Relationships

4. Provides physical and emotional security for each child
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
10. Designs responsive environments that promote social emotional competence	3	2	1	YES	NO	
• Provides an environment that considers circulation patterns *(where children and adults enter/exit; how children navigate the space without obstruction from furniture)*						
• Provides quiet spaces for infants and toddlers, away from active play						
• Arranges classroom so there is protected and safe space for young infants to have tummy time						
• Allows children freedom to move around *(provides safe places for tummy time, pulling up, walking, and climbing)*						
• Removes obstacles that make it difficult for children with disabilities to move around and utilize the room						
• Provides private spaces *(for children to play alone)* and semi-private spaces *(for children to play with one or two friends)*						
• Sets up diapering, feeding, sleeping and play areas to allow quiet, personal contact between caregivers and toddlers						
• Arranges classroom materials so they are orderly and accessible to toddlers and adults and provides duplicates of favorite toys						
• Defines activity areas by creating boundaries						
Provides a variety of play spaces:						
• Spaces for delighting the senses						
• Spaces to interact with caregivers						
• Space for development of large motor movement						
• Space for infants and toddlers to use creative arts materials						
• Space for toys and manipulative items						
• Space for toddlers to build and construct						
• Space for dramatic and pretend play						
• Space for looking at books						
• Outdoor space						
• Considers children's interests and abilities when deciding what materials to put in play spaces *						
• Space is flexible and changes with children's interests and developing skills						
• Continually observes infants and toddlers on a regular basis and makes changes to the environment based on *(written)* observations *						
Ensures that play areas are well-equipped with materials and furniture						
• water supply near art area						
• hand washing sink near sand/water						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• materials readily available						
• child size toilets in the classroom						
• Provides and encourages the use of gross motor materials in both indoor and outdoor settings *(e.g. double slides, tunnels, and rocking boats that encourage social play)*						
Comments:						
11. Designs responsive routines and schedules that promote social-emotional competence						
• Routines are individualized for each infant and toddler						
• Offers a predictable yet flexible sequence of routines each day						
• Focuses on the order in which things happen rather than the time and allows children to "set the pace"						
• Helps infants and toddlers learn about routines or schedules through verbal cues and pictures *(gives warnings before diaper changes, nose wipes, outside time, eating time, and nap times)*						
• Talks with infants about specific sequence of events; creates for toddlers a visual schedule showing daily routines to see and touch, and posts schedule at eye level						
• Gives clear guidance during routines. *(says what is happening now and next and what's expected)*						
• Invites infants and toddlers to take part in daily routines *(having them help when dressing, providing stepstools to allow toddlers to begin hand washing on their own, passing items at mealtimes)*						
• Provides explanations when necessary changes in the routine take place						
• Ensures that group activities *(if provided)* are short and focused, and that materials and set up is completed ahead of time						
• Reviews past activities with toddlers and notices and acknowledges when a toddler seems to be thinking about an event from the past						
• Works with other caregivers and family members to provide consistent care among adults for each infant and toddler						
• Asks families about the routines at home and works to integrate home routines into the center based routines						
Eating:						
• Welcomes families to eat with their children, and respects the family's culture and decisions around serving, feeding and eating with toddlers when they participate						
• Supports breastfeeding mothers by adapting routines and providing spaces to nurse and pump						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Provides a system for documenting families' wishes on issues related to weaning from breast or bottle and respects families' wishes*						
• Responds to children's non-verbal as well as verbal requests and comments while eating *(respectful of when infants and toddlers signal they are full or want more, does not require children to finish everything)*						
• Holds infants gently for bottle feeding; sits with toddlers for eating and creates opportunities for them to successfully feed themselves *(bowls with small amount of food so spilling makes minimal mess, pieces cut into small serving sizes so eating remains safe even if a child takes too many)*						
• Provides child-sized furniture and equipment to encourage self-help skills *(i.e. high-chairs, tables and chairs that fit infants and toddlers comfortably, serving utensils that are easy to grasp)*						
Diapering and Toileting:						
• Makes the transition to diapering comfortable and predictable for children *(e.g. giving child warning before picking her up)*						
• Makes diapering and toileting a special time for adults to be present with children *(interacting, using first/next words that are comforting, encouraging toddlers to participate in the routine)*						
• Organizes diapering area and supplies to allow for one-on-one interactions between infants/toddlers and caregivers						
• Provides diapering and toileting equipment that encourages self-help skills *(e.g. steps for toddlers to walk up to diapering table; child-sized toilets)*						
Sleeping:						
• Prepares nap area for toddlers when they are becoming tired so they can transition to nap time as they are ready, allows toddlers to wake up when they are ready and has a quiet activity planned for early risers						
• Provides each infant with his own crib, and provides toddlers with cots, sheets, pillows and blankets that are labeled with first name and picture symbol						
• Sings, play lullabies, holds, rocks, carries, and offer infants and toddlers a book, doll or teddy bear while getting ready for nap time						
Comments:						
12. Ensures Smooth Transitions	3	2	1	YES	NO	
• Reduce wait times and "forced transitions" by allowing children to initiate and transition to other activities when they are ready *(when they are hungry for snack they can eat, diapering/toileting when needed not on a group schedule)*						
• Designs schedule to minimize the amount of time toddlers spend making transitions between activities *(for example, asks toddlers to put on their coats one child at a time while the others are still busy rather than lining up a group of kids and doing their coats)*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• Provides multisensory cues prior to transitions *(sings a song, rings a bell, dims the lights, or points to a picture)*						
• Individualizes cues prior to transitions for specific toddlers *(moves close to child, makes eye contact and says "Jonathan, remember when I ring this bell it will be time to get ready to go outside.")*						
• Uses transitional or comfort objects to help toddlers move between activities *(Will everyone take a ball outside? Great!)*						
• Assigns specific jobs to toddlers who have difficulty transitioning *("Jason, will you go get our rope from the shelf so we can get ready to go outside?")*						
• Continues acknowledging and responding to infants when she/he has to provide care for another child *("I can tell you are getting hungry and I will be right over to feed you as soon as I finish changing Jawan's diaper")*						
Comments:						

13. Individualizes plans and curriculum to promote social emotional competence	3	2	1	YES	NO	
• Plans and supports multiple experiences occurring simultaneously among the children in the group *(i.e. a child may be being fed; another sleeping; a few playing; etc.)*						
• Has a written plan, developed with families, for each infant and toddler in care that addresses current strengths, needs and areas of focus or interests and respects and accommodates individual needs, personalities, and characteristics *						
• Encourages infants and toddlers to explore and choose materials that are most interesting to them *(does not overwhelm with too many choices, show enthusiasm for choices, ask questions about what toddlers are playing with)*						
• Provides materials, activities and interactions that are both familiar and new/challenging						
Comments:						

14. Uses age appropriate expectations to guide children's behavior	3	2	1	YES	NO	
• Responds calmly when an infant is overwhelmed or stressed *(swaddles infants; holds infants close; provides a "lovey"; rocks infant, sings to infant, offers infant a different position to be held in; provides a change of scenery; modified the sound or lighting)*						
• Uses simple words or phrases explaining natural consequences such as *("It hurts your friend when you pull his hair" If you want that toy, let's ask if you can use it when he's done.")*						
• Provides opportunities for toddlers to practice classroom expectations *("See the picture of the truck? Please put the truck back right there.")*						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
• States and models expectations positively and specifically *(avoids words "no" and "don't" as much as possible "Please be gentle with your hands, like this." or "food stays on the table")*						
• Frequently reinforces appropriate behavior *("I think Josiah liked it when you gave him that car." "Sarah looks so happy that you gave her a napkin for snack.")*						
• Uses a problem solving approach to help toddlers begin to solve problems. *("You want the truck and Josh wants the truck, what can we do?")*						
• Reduces opportunities for conflict *(provides more than one of a popular toy, positions self between toddlers before emotions escalate, stays between toddlers who may have been biting or hitting frequently)*						
• Stays close and supports toddlers in difficult encounters with other toddlers and shows positive feelings for both toddlers in a conflict						
• Lets toddlers know through calm approach that conflict is to be expected and that it can be resolved with help						
• Uses situations throughout the day to allow toddlers opportunities to generate solutions, and help toddlers try solutions until the problem is resolved						
• Takes time to support toddlers through the problem solving process during heated moments *(18 months & older)*						
• Systematically teaches the problem solving steps: What is my problem? What are some solutions? What would happen next? Try out the solution. *(24 months & older)*						
• Shares and discusses photographs of toddlers working out situations *(24 months & older)*						
Comments:						
14. Supports families to develop home environments and routines that promote social emotional competence	3	2	1	YES	NO	
• Engages families to support the use of positive social and emotional strategies in the home						
• Communicates with families daily and identifies resources on healthy social emotional development						
• Provides assistance to families on creating healthy home environments and routines *(i.e. helps families solve problems, makes suggestions based on his/her observations of the child)*						

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	CSEFEL Resources
			Where to find helpful training information… **Tool I: Nurturing and Responsive Relationships** 4. Provides physical and emotional security for each child – **Module 1 & 2** 5. Develops meaningful relationship with children and families – **Module 1** 6. Assists infants and toddlers in regulating emotions – **Module 2** 7. Applies knowledge of children's individual temperaments to interactions and practice – **Module 1**

Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is:			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*

Infant Toddler Module 2
Lesson 5

Targeted Strategies for Emotional Literacy

Handouts

THE PYRAMID MODEL CONSORTIUM
Supporting Early Childhood PBIS

Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

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 for providers to be successful in implementing the practices detailed in Tools I-III.

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 High-Quality Supportive Environments* 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 caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.
Occasionally:	The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.
Seldom:	The caregivers may not understand the concept or practice and the practice is not performed very often if at all. *If self-administered:* Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The caregivers often miss 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: Once users have determined the specific *Practices and Indicators* from the Inventory they want to target for development, a plan for next steps can be developed using the *Action Plan.* In the first column of the *Action Plan*, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

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
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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
16. Uses prompting and reinforcement of positive interactions effectively	3	2	1	YES	NO	
• Encourages peer interaction (positions infants near each other, organizes activities that encourage toddlers to work together, acknowledges and comments on children's interest in other children; encourages their attempts to join play)						
• Shows an understanding of developmental levels of interactions, play practices, and individual children (e.g. does not expect that toddlers will share toys)						
• Remains nearby during social interactions to provide security, comfort, encouragement, guidance or facilitation if needed						
• Allows children an opportunity to work out conflicts before offering guidance and assistance						
• Communicates behavioral expectations by letting children know what they should do (not what they should not do). For example, says "hands on your lap instead of your neighbor" instead of "don't hit."						
• Talks about "friends" and "playing with friends"						
• Facilitates interactions by supporting and suggesting play ideas where more than one child can play ("Can you two move that heavy box over here?")						
• Ensures that interactions are mostly child-directed throughout the day						
Comments:						
17. Provides guidance to aid children in their development of social practices	3	2	1	YES	NO	
• Includes social interaction goals on all individualized plans or curricula * (Integrates children's social and emotional development in the planning of activities and experiences. Does not plan activities that have isolated development goals. For example, if planning a gross motor experience, considers and plans for how infants and toddlers might interact with one another and adults)						
• Uses naturally occurring opportunities to promote empathy and awareness of others (e.g. when a child is sad, caregiver models empathetic response and encourages children to notice how child is feeling and talks about helping to make them feel better; e.g. saying to other toddler peers "Josh is frowning. I wonder if he is upset. What do you think you can say to him that might make him feel better?" "Let's ask him if he is ok")						
• Uses naturally occurring opportunities to begin to talk about turn taking and sharing						
• Caregiver plays games and interacts using give and take or turn taking (i.e. "I'll roll the ball to you and you roll it back" or "I put a block in and you put a block in")						
• Models playing alongside children and recognizes children's efforts to play with one another (e.g. when a child is rolling ball, gives a second ball to another child near child, and suggests rolling balls to one another)						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
17. Provides guidance to aid children in their development of social practices *(continued)*	3	2	1	YES	NO	
• Firmly shares concerns about hurting but does not ridicule or use punishment (e.g. says, *"I see that it really hurts Jaylen when you pull his hair, look at his face."*)						
• Uses a combination of natural and logical consequences and encourages children to be responsible for their own behavior (*"Kayla, instead of throwing the doll at Jordan, why don't you hand it to him? If you throw the doll again, you could hurt Jordan and we will have to put the doll away and find something else that you can throw"*)						
• Shares program strategies for prompting and reinforcing positive behaviors and social practices with parents						
Comments:						
18. Promotes identification and labeling of emotions in self and others	3	2	1	YES	NO	
• Uses photographs, pictures, and posters that portray people in various emotional states						
• Introduces children to more complicated and varied feelings words (e.g. terms such as: calm, interested, curious, quiet, bubbly, frustrated, uncertain, worried, anxious, enthusiastic etc.)						
• Ask children questions about their feelings and talks about the fact that feelings can change (*e.g. "Are you upset right now? I know he doesn't want to let you use the truck right now but when he is finished you can have a turn and I think you will be happier then!"*)						
• Uses real-life situations to practice problem-solving, beginning with defining the problem and emotions involved as appropriate for each age (*e.g. "I can see that you are upset because it is time to go inside. It is sometimes hard and upsetting to go inside when you don't feel ready. Let's think about how to make it better…maybe we can come outside again later?*")						
• Assists children in recognizing and understanding how another child might be feeling by pointing out facial expressions, voice tone, body language or words						
• Observes aloud how children's actions influence others in the room (*e.g. "It looks like Margaret feels happy when you give her the doll!"*)						
Comments:						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
19. Explores the nature of feelings and the appropriate ways they can be expressed	3	2	1	YES	NO	
• Labels cues of emotional escalation for children ("*You look like you are getting frustrated when Jennifer takes the blocks from you"*)						
• Uses opportunities to comment on occasions when children state they are feeling upset or angry but are remaining calm (24 months & older) and comments on positive emotions ("*You are so calm and relaxed right now"*)						
• Is present and offers calm words of support during a toddler "tantrum" if the child is in danger of hurting self or others, gently holds child and provides explanation						
• Chooses books, music and finger plays with a rich vocabulary of feeling words						
• Labels own emotional states and provides an action statement (*"I am feeling frustrated so I better take some deep breaths to calm down"*)						
Comments:						
20. Develops individualized approaches to support children in distress	3	2	1	YES	NO	
• Develops individualized approaches for children who have difficulty with routines and transitions (i.e. helps parent develop a ritual for drop off; engages in a specific routine to soothe a child who has difficulty falling asleep; provides an individual child more frequent warnings in preparation for transitions)						
• Works with families to share and explore techniques to try both at home and in the program						
• Engages in reflection with peers, supervisor, consultants and/or coach for a child exhibiting difficulty with certain routines or transitions						
• Adjusts responses to child's behavior based on effectiveness*						
• Response to behavior is matched to the cause, purpose, or meaning of the behavior rather than a one –size-fits all approach*						
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	CSEFEL Resources
			Where to find helpful training information… **Tool IV: Individualized Intensive Interventions** 21. Team uses information and careful observation to determine the meaning of behavior – **Module 3** 22. With team, develops initial responses to concerns – **Module 3** 23. When necessary, uses a program process to develop individualized support plans – **Module 3** 24. Uses program process to reflect on children's progress within support plan – **Module 3**

Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is:			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*

Infant Toddler Module 2
Lesson 6

Targeted Strategies for Social Skills

Handouts

THE PYRAMID MODEL CONSORTIUM
Supporting Early Childhood PBIS

Development of Play Skills for Infants and Toddlers

Age	Play
Birth to 3 Months	• Responds to caregivers • Coos and smiles • Responds to familiar voices • Focuses on objects
4 to 7 Months	• Enjoys social games with caregiver • Likes exploratory play supported by caregiver • Plays some games with caregiver like peek-a-boo and patty cake
8 to 12 Months	• Begins to imitate play actions or behavior of others, especially caregiver • Plays hiding games, songs and rhymes with caregiver • Plays alone without caregiver for short periods
13 to 24 Months	• Enjoys play with objects • Increased interest in watching other children play (onlooker) • Primarily plays alone (solitary) • May offer toys to caregiver or other children • May choose independent play close to other children (parallel) but not interact with them
13 to 24 Months	• May play with other children but in an occasional or limited way (associative) • Some cooperation and talking with other children • May take leader/follower roles in play • Some pretend play • Still plays alone frequently • Interactive level moving toward (cooperative play)

0–4 Months

- Infants like to look at each other.
- Infants prefer to look at faces, especially at eyes.
- By 2-3 months, an infant will smile at another infant.
- A 3-month-old infant lying on his back will reach out to touch a peer next to him/her.

4–8 Months

- Infants may poke, push, pat, etc., another baby to see what that other infant will do. They often look very surprised at the reaction they get.
- Infants like to look at, approach other infants, and initiate (Selby & Bradley, 2003).
- Infants smile and laugh at each other.
- Infants cooed at each other (Porter, 2003)
- Infants as young as 6-months of age showed more interest in peer strangers than in adult strangers (Brooks & Lewis, 1976).
- Six-month-olds showed more excitement at photos of 6-month-olds than at photos of 9- and 12-month-olds (Sanefuji, Ohgami, & Hashiya, 2006)
- Infants may interact with peers with their whole body: rolling into them, crawling over them, licking or sucking on them, or sitting on them.

8–12 Months

- Infants like to touch each other and crawl around beside each other.
- Nine-month-olds preferred to look at photos and movies of babies their own age, rather than at 6- and 9-month-olds (Sanefuji, Ohgami, & Hashiya, 2006).
- Peek-a-boo is a favorite game at this age, but an adult may need to start the game.
- When an infant is placed together with one other infant (pairs), more frequent, complex, and intense peer interaction occurs than when an infant is with many peers.
- Infants can understand another's goals and use this awareness to govern their own behavior (Brownell, Ramani, & Zerwas, 2006).
- Because infants are now more goal-oriented, they may push another infant's hand away from a toy or crawl over another baby in order to get a toy.
- Children begin to communicate in a variety of ways: actions that pacify, threatening actions, aggressive actions, gestures of fear and retreat, actions that produce isolation (Montagner, 1984; Pines, 1984)

12–18 Months

- Infants may touch the object that a peer holds. This may be a positive initiation and interactive skill (Eckerman, Whatley, & McGehee, 1979).
- Infants show or give a toy to another child (Porter, 2003).
- Infants may gesture or try to talk to another child.
- Infants initiate play with another infant (Porter, 2003).
- Infants will imitate each other at this stage (e.g. making a joyous symphony of spoons banging on the table at meal time). They communicate with each other by imitating (Trevarthen & Aitken, 2001).
- Actions are carried out with the intention of attaining a goal; however, goals can change from moment to moment (Jennings, 2004).
- 10- to 12-month-olds prefered to look at other infants of their own gender (Kujawski & Bower, 1993).
- Toddlers communicate using their bodies (Lokken, 2000; Porter, 2003).
- Toddlers share at least 12 themes in their play (e.g. positive affect to share meaning). The children use laughter to indicate understanding of each other's actions. They encouraged each other to repeat their performances by laughing and/or smiling (Brenner & Mueller, 1982).
- Prosocial behavior is present.
- Friendships: preferences for another child began around 12 months (Howes, 2000).
- 4-18-month-olds imitated 3-step sequences and imitated peers better than they imitated adults (Ryalls, Gul, & Gyalls, 2000).
- 14- to 18-month-olds could imitate peers both 5 minutes and 48 hours after they observed the peer (who had been taught particular actions with toys) (Hanna & Meltzoff, 1993).
- Children are little scientists at this age, experimenting to see how things work. This affects how they "get along" with peers. They are constantly doing things to other children to see what response they will get.
- They will enjoy looking at books together by forming an informal group (this means they move in and out of the group) around the legs, lap, and arms of a favorite parent or teacher.
- They love sand and water and playing with different sizes of safe bottles and balls. When each has his own bin or tub of water or sand, play goes more smoothly.

- Between 13 and 15 months of age, 27% of children engaged in complementary and reciprocal play. Children demonstrated action-based role reversals in social games such as run and chase or peek-a-boo displays (Howes & Matheson, 1992).
- Between 16 and 18 months of age, 50% of children engaged in complementary and reciprocal play and 5% began cooperative social pretend play. Children enacted complementary roles within social pretend play (Howes & Matheson, 1992).
- Biting may appear as children bite others "to see what happens," to get the toy they want, or to express frustration. On the cusp of communicating well, they may communicate through their mouths in the form of a bite.

18–24 Months

- Between 19 and 23 months of age, 56% of children played complementary and reciprocal games and 6% engaged in cooperative social pretend play (see 12-18 months for definitions) (Howes & Matheson, 1992).
- They may have toddler kinesthetic conversations as they follow a leader in moving around the room—moving in and out of the group, taking turns as leader and follower—as if in a conversation of listening and talking. They are learning valuable turn-taking skills (Lokken, 2000a, 2000b.; Shanok, , & Wittmer, and Capatides).
- Toddlers may congregate and cluster and herd together. When a teacher begins playing an interesting activity with one child, children often come running from the corners of the room.
- They may work together constructing with blocks, with one the leader and the other the follower (Porter, 2003).
- They may work together toward a common goal.
- Friends are more likely to touch, lean on one another, and smile at each other than are children who are not friends.
- Toddler friendship is "proximity seeking," wanting to be close and to show affection, such as smiling, laughing and hugging. Friends prefer each other as interaction partners (Whaley & Rubenstein, 1994).
- Most toddlers can show kindness to others who are feeling distressed. Toddlers, however, may assume that what will comfort them will also comfort the distressed child. So, the one child may offer his blanket or bottle to the hurt or sad child (Zahn-Waxler, Radke-Yarrow, & King, 1979).
- Some are capable of offering help to others who are hurt or sad. Some may have an impressive repertoire of altruistic behavior, and if one thing doesn't work they will try another way (Zahn-Waxler, Radke-Yarrow, & King, 1979).
- Toddlers begin saying "mine" and "yours." Children who began saying "mine" between 18 and 24 months of age were more likely to say "yours" and share at 24 months (Hay, 2006).
- Pushing, shoving, grabbing, and hitting may occur as children struggle over "mine for as long as I want it" and "yours, but I want it, too."
- Toddlers may have conflicts over small toys more than large, non-movable objects (DeStefano & Mueller, 1982).
- Conflicts can play a positive role in peer development as children learn that others have ideas that are different from their own and that negotiation needs to occur (Chen, Fein, Killen, & Hak-Ping , 2001); Eckerman & Peterman, 2001; Shantz, 1987).

24-36 Months

- Two-year-olds share meaning (for example, different types of hits have different meanings to children (Brownlee & Bakeman, 1981).
- Two year olds are becoming true social partners. The majority of 27-month-olds could cooperate to accomplish a task (Brownell, Ramani, & Zeruas, 2006).
- Children become more positive and less negative in their social play between 24 and 36 months (Chen, et al, 2001).
- Twos understand the difference between "ownership" and "possession" (Fasig, 2000).
- Two-year-olds use a variety of words for a variety of functions such as to describe, explain differences, foster a sense of membership in a social group, and develop a pretend play script (Forman & Hall, 2006).
- Twos guide other children through prompting, demonstration, and affective signals in relation to a goal (Eckerman & Didow, 2001).
- Twos can comfort other children with pats, hugs, and kisses and attempt to remove the cause of another's distress.

- Two-year-olds can protect and warn another child and warn and suggest solutions to peer problems (Murphy, 1936).
- Six dimensions are present in 2-year-olds' friendships: helping, intimacy, loyalty, sharing, similarity, and ritual activity (1994).
- Children can express glee. They laugh, show delight, and experience joy and hilarity with each other (Lokken, 2000a, 2000b).
- Children use many strategies during conflicts (Hay, 2006). They may insist, reason, offer alternative proposals, compromise, ignore, request an explanation, or use physical force (Chen, 2001). They raise their voice, talk faster, and emphasize certain points (Brenneis & Lein, 1977).
- One child may dominate another (Hawley & Little, 1999).
- Biting occurs for many reasons, primary among them being that children are learning to "use their words" and take another person's perspective (Wittmer & Petersen, 2006; Wittmer, in press).
- Children who are aggressive need support to feel safe, learn alternative strategies, early intervention, or mental health strategies (NICHD, 2004; Tremblay, 2004)).

Adapted with permission from Wittmer & Petersen (2006)

Strategies for Supporting the Development of Friendship Skills in Infants and Toddlers

Examine the physical environment to ensure that there is enough space for infants, toddlers, and adults to engage in social activities. Examples: comfy areas on the floor, rockers/gliders.
Evaluate the physical environment for spaces for two or more children to enjoy side by side activity and for adults to be seated close by for supervision. Examples: lofts, rocking boats, block areas, climbing boxes or play houses.
Evaluate the daily schedule for multiple opportunities to develop play skills each day. Examples: indoor and outdoor play times.
Provide enough materials and equipment that allow and encourage two or more children to interact. Examples: large mirrors, stacking toys, cars, dolls, puzzles, or other manipulative materials.
Encourage toddlers to help each other and do routines together. Examples: hand washing, brushing teeth, cleaning up toys.
Provide positive guidance and verbal support for playing together and helping each other. Examples: “Maria and Tasha, you are doing such a good job rolling out the play dough together.” “Tasha, please hand Maria her spoon.” “Gabriel, will you take this book to Benji?”
Read books about friends, playing together, helping each other, etc.
Practice turn taking and sharing. Play turn taking games.
Imitate what a child is doing. For example, sit next to the child and stack blocks.
Describe one child’s activity to another out loud, drawing the children to notice each other. For example, “Charles is lining the blocks up on the carpet. You are stacking the blocks up high.”

Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence

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Consistently:	The caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.
Occasionally:	The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.
Seldom:	The caregivers may not understand the concept or practice and the practice is not performed very often if at all. *If self-administered:* Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The caregivers often miss 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: Once users have determined the specific *Practices and Indicators* from the Inventory they want to target for development, a plan for next steps can be developed using the *Action Plan.* In the first column of the *Action Plan*, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

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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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
16. Uses prompting and reinforcement of positive interactions effectively	3	2	1	YES	NO	
• Encourages peer interaction (positions infants near each other, organizes activities that encourage toddlers to work together, acknowledges and comments on children's interest in other children; encourages their attempts to join play)						
• Shows an understanding of developmental levels of interactions, play practices, and individual children (e.g. does not expect that toddlers will share toys)						
• Remains nearby during social interactions to provide security, comfort, encouragement, guidance or facilitation if needed						
• Allows children an opportunity to work out conflicts before offering guidance and assistance						
• Communicates behavioral expectations by letting children know what they should do (not what they should not do). For example, says "hands on your lap instead of your neighbor" instead of "don't hit."						
• Talks about "friends" and "playing with friends"						
• Facilitates interactions by supporting and suggesting play ideas where more than one child can play ("Can you two move that heavy box over here?")						
• Ensures that interactions are mostly child-directed throughout the day						
Comments:						
17. Provides guidance to aid children in their development of social practices	3	2	1	YES	NO	
• Includes social interaction goals on all individualized plans or curricula * (Integrates children's social and emotional development in the planning of activities and experiences. Does not plan activities that have isolated development goals. For example, if planning a gross motor experience, considers and plans for how infants and toddlers might interact with one another and adults)						
• Uses naturally occurring opportunities to promote empathy and awareness of others (e.g. when a child is sad, caregiver models empathetic response and encourages children to notice how child is feeling and talks about helping to make them feel better; e.g. saying to other toddler peers "Josh is frowning. I wonder if he is upset. What do you think you can say to him that might make him feel better?" "Let's ask him if he is ok")						
• Uses naturally occurring opportunities to begin to talk about turn taking and sharing						
• Caregiver plays games and interacts using give and take or turn taking (i.e. "I'll roll the ball to you and you roll it back" or "I put a block in and you put a block in")						
• Models playing alongside children and recognizes children's efforts to play with one another (e.g. when a child is rolling ball, gives a second ball to another child near child, and suggests rolling balls to one another)						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
17. Provides guidance to aid children in their development of social practices *(continued)*	3	2	1	YES	NO	
• Firmly shares concerns about hurting but does not ridicule or use punishment (e.g. says, *"I see that it really hurts Jaylen when you pull his hair, look at his face."*)						
• Uses a combination of natural and logical consequences and encourages children to be responsible for their own behavior (*"Kayla, instead of throwing the doll at Jordan, why don't you hand it to him? If you throw the doll again, you could hurt Jordan and we will have to put the doll away and find something else that you can throw"*)						
• Shares program strategies for prompting and reinforcing positive behaviors and social practices with parents						
Comments:						
18. Promotes identification and labeling of emotions in self and others	3	2	1	YES	NO	
• Uses photographs, pictures, and posters that portray people in various emotional states						
• Introduces children to more complicated and varied feelings words (e.g. terms such as: calm, interested, curious, quiet, bubbly, frustrated, uncertain, worried, anxious, enthusiastic etc.)						
• Ask children questions about their feelings and talks about the fact that feelings can change (*e.g. "Are you upset right now? I know he doesn't want to let you use the truck right now but when he is finished you can have a turn and I think you will be happier then!"*)						
• Uses real-life situations to practice problem-solving, beginning with defining the problem and emotions involved as appropriate for each age (*e.g. "I can see that you are upset because it is time to go inside. It is sometimes hard and upsetting to go inside when you don't feel ready. Let's think about how to make it better…maybe we can come outside again later?*")						
• Assists children in recognizing and understanding how another child might be feeling by pointing out facial expressions, voice tone, body language or words						
• Observes aloud how children's actions influence others in the room (*e.g. "It looks like Margaret feels happy when you give her the doll!"*)						
Comments:						

Practices and Indicators	Consistently	Occasionally	Seldom	Target for Training?		Observations/Evidence
19. Explores the nature of feelings and the appropriate ways they can be expressed	3	2	1	YES	NO	
• Labels cues of emotional escalation for children ("*You look like you are getting frustrated when Jennifer takes the blocks from you"*)						
• Uses opportunities to comment on occasions when children state they are feeling upset or angry but are remaining calm (24 months & older) and comments on positive emotions ("*You are so calm and relaxed right now"*)						
• Is present and offers calm words of support during a toddler "tantrum" if the child is in danger of hurting self or others, gently holds child and provides explanation						
• Chooses books, music and finger plays with a rich vocabulary of feeling words						
• Labels own emotional states and provides an action statement (*"I am feeling frustrated so I better take some deep breaths to calm down"*)						
Comments:						
20. Develops individualized approaches to support children in distress	3	2	1	YES	NO	
• Develops individualized approaches for children who have difficulty with routines and transitions (i.e. helps parent develop a ritual for drop off; engages in a specific routine to soothe a child who has difficulty falling asleep; provides an individual child more frequent warnings in preparation for transitions)						
• Works with families to share and explore techniques to try both at home and in the program						
• Engages in reflection with peers, supervisor, consultants and/or coach for a child exhibiting difficulty with certain routines or transitions						
• Adjusts responses to child's behavior based on effectiveness*						
• Response to behavior is matched to the cause, purpose, or meaning of the behavior rather than a one –size-fits all approach*						
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	CSEFEL Resources
			Where to find helpful training information… **Tool IV: Individualized Intensive Interventions** 21. Team uses information and careful observation to determine the meaning of behavior – **Module 3** 22. With team, develops initial responses to concerns – **Module 3** 23. When necessary, uses a program process to develop individualized support plans – **Module 3** 24. Uses program process to reflect on children's progress within support plan – **Module 3**

Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is:			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*

Module 3 Lesson 1

Pyramid Model Review

Handouts

THE PYRAMID MODEL CONSORTIUM

Supporting Early Childhood PBIS

Ideas for Nurturing Yourself

- Start a compliments file
- Cross something off your to-do list
- Go cloud-watching
- Take another route to work
- Pay complete attention to something you usually do on autopilot
- Goof around for a bit
- Create a deliberate habit so there is one more thing you don't have to think about
- Take one minute to be aware of your thoughts, feelings, sensations
- Take one minute to focus on your breathing
- Do one thing today just because it makes you happy.
- Do a mini-declutter
- Unplug for an hour
- Get out of your comfort zone
- Edit your social media feeds by taking out any negative people
- Take three deep breaths
- Get down and boogie
- Stretch out the kinks
- Run (or walk, depending on your current physical health) for a few minutes
- Pick two healthy breakfasts, lunches, and dinners and rotate for the week.
- Stroke your own arm, or if that feels too weird, moisturize.
- Drink an extra glass of water each day
- Pick something from your wardrobe that feels great next to your skin.
- Be still for two minutes
- Get fifteen minutes of sun (with sunscreen!)
- Inhale an upbeat smell
- Have a good laugh
- Take a quick nap when you get home from work
- Check in with your emotions
- Write out your thoughts.
- Stroke a pet
- Ask three good friends to tell you what they love about you.
- Make a small connection with a stranger
- Think about what you're good at, and find an opportunity for it today.
- Take a home spa—Have a long bath or shower, sit around in your bathrobe, and read magazines.
- Ask for help
- Plan a two-day staycation for next weekend

Based on a list by Ellen Bard

Putting it All Together: Problem-Solving Action Plan

What is the behavior?	Why might the child be doing this?	What can I do to prevent this behavior?	What new skills can we teach?
Marcus knocks over blocks when others are building with them	1) He likes to see the blocks fall (cause and effect)	1) Make sure the block area is out of the way of traffic paths 2) Help Marcus build his own tower to knock over	1) Recognizing emotions in others 2) Problem solving
	2) He wants to play with the blocks too	1) Help Marcus ask for some blocks 2) Ask the other children if they could build with Marcus	1) How to ask to join in play

Choose one scenario and fill in the columns. Try to think of at least two possible reasons for the behavior and two possible prevention strategies for each reason.

Karina wanders around the room during free play without engaging in any activity for any length of time.	1)	1) 2)	1) 2)
	2)	1) 2)	1) 2)
Mikey takes toys away from other children.	1)	1) 2)	1) 2)
	2)	1) 2)	1) 2)

Module 3 Lesson 2

What Is Challenging Behavior?

Handouts

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Supporting Early Childhood PBIS

Young Infants: Birth to 9 months

	Acting Out Behaviors	Withdrawing Behaviors
Difficulty Experiencing Emotions Mom has left two month old baby Jenna in care for the first time. It's been a rough week so far and she really misses being close to mom all day.		
What might be going on for this baby?		
Difficulty Expressing Emotions Seven month old Isaiah sits with toys in front of him. For a good 15 minutes he is really happy and playing, talking and making noises. Isaiah is great at playing by himself for quite some time, but eventually he gets bored and a little bit lonely.		
What might be going on for this baby?		
Difficulty Regulating Emotions Five month old Kayla was born at 29 weeks. Right now it is time for a diaper. Her caregiver reports most infants are usually calm yet responsive during this predictable routine – but it seems to disorient Kayla.		
What might be going on for this baby?		

Young Infants: Birth to 9 months

	Acting Out Behaviors	Withdrawing Behaviors
Difficulty Forming Close and Secure Relationships Nine month old Aliyah came to child care six months ago and has very, very slowly come to have a relationship with one caregiver. She will not make eye contact with anyone else and she insists on being held all of the time.		
What might be going on for this baby?		
Difficulty Exploring and Learning Four month old Jackson absolutely will not tolerate lying on his stomach during "tummy time" (placing a baby on his stomach to provide the baby opportunity to strengthen is neck muscles). He does not like to be on his back much either. He would prefer to be held all of the time.		
What might be going on for this baby?		

Mobile Infants: 8 to 18 months

	Acting Out Behaviors	Withdrawing Behaviors
Difficulty Experiencing Emotions Fifteen month old Jasmine sees her teacher set up the water table, her favorite activity.		
What might be going on for this baby?		
Difficulty Expressing Emotions Ten month old Josiah's oldest sister dropped him off this morning. Usually mom is the one who brings him. She generally stays to chat with the teachers and read him a book but today his sister hands him off and leaves, in a hurry to get to her job. He frequently has a hard time with separation, so mom and the caregivers try to schedule the morning routine with predictable activities every day. While this helpful, on the days when the routine is disrupted Josiah (and everyone else) suffers.		
What might be going on for this baby?		

Mobile Infants: 8 to 18 months

Difficulty Regulating Emotions Sixteen month old David cannot seem to adjust to his new classroom. He has gone from being the oldest in a calm, quiet classroom of babies to being the youngest in a room full of rambunctious toddlers.	Acting Out Behaviors	Withdrawing Behaviors
What might be going on for this baby?		
Difficulty Forming Close and Secure Relationships Fifteen month old Arabelle has a significant reaction to anyone who comes into her classroom.		
What might be going on for this baby?		
Difficulty Exploring and Learning Eighteen month old Cameron has low muscle tone. She cannot sit up without support and tires		
What might be going on for this baby?		

Strategies for Responding to Infant and Toddlers' Challenging Behavior and Supporting Infant and Toddlers' Social Emotional Development

Social Emotional Development Goal

Help Child to:

Experience, regulate and express emotions
Form close and secure interpersonal relationships
Explore the environment and learn

All Strategies for Responding to Infant and Toddler Challenging Behavior Should Meet the Following Criteria:

Acknowledge distress
Offer comfort
Use words
Be attuned to (or in sync with) the child's individualized needs
Help the child achieve the understood intention
Be developmentally appropriate

Example Strategies:

Systematic strategies

- Observe to understand the meaning of the behavior
- Track and document frequency, duration, and intensity
- Chart time of day behavior occurs
- Use self reflection to appropriately respond to behavior
- Share reflections/access thoughts and opinions of others
- Attempt to understand and empathize with the child's experience
- Monitor progress of social emotional skill development and concerning behavior reduction

Strategies to soothe

- Shush (e.g. saying, "shhhhhhhhhh, shhhhhhhh"), white noise (e.g. running a vacuum cleaner, white noise machine, or hair dryer)
- Rock
- Hold, carry, use slings or carriers to keep child close to one's body
- Hold baby on side or stomach
- Outside time, fresh air
- Sing
- Encourage sucking (pacifier, fingers)
- Swaddle
- Encourage transitional objects of comfort (e.g. blankets, dolls, stuffed toy, etc.)
- Stay calm
- Stay physically close

Modify Environment and Interactions

- Reduce and/or minimize number of caregivers
- Make adjustments based on child's temperament (e.g. offer more time for a slow-to-warm up child; offer more physical activity for a active child)
- Make appropriate environmental changes (e.g. reduce stimulation, increase stimulation
- Shadow child (e.g. for a limited time provide as much one-on-one attention and monitoring as possible)
- Provide extra time and attention including touch

Provide increased predictability and consistency

- Stick to consistent routines (e.g. diaper the same way in the same place using the same language; read books before nap;)
- Use consistent simple words (e.g. "Food?; You want food?"; "Look with your eyes")
- Develop a plan of action/responses and stick to plan
- Set limited clear consistent limits (e.g. "No biting"; "gentle touch")

Model, coach, teach appropriate behavior (e.g. "This is a gentle touch"; "Feel the gentle touch")

- Teach sign language or gesture for common words
- Validate child's feelings and/or experience (use exaggerated facial expression, tone of voice and gestures to mirror the child's emotion) (
- Phrase demands in the affirmative ("Bottom on the chair"; "Feet on the floor")
- Notice when child is engaging in desired behavior ("You gave Sam a turn with that toy")
- Recognize positive behavior ("That's nice touching"; "You're so calm now." "You pointed to the toy")
- Label child's and others' emotional experience ("You look sad."; "Tyrus looks so angry")
- Use books to illustrate emotions and social skills (e.g. Hands are Not for Hitting; Teeth Are Not for Biting; etc.)

Use distraction ("Let's play with this toy instead")

- Offer substitute behavior ("you can bite this apple" "you can bite this teething ring";)

Module 3 Lesson 3

A Relationship-Based Approach to Understanding Challenging Behavior

Handouts

THE PYRAMID MODEL CONSORTIUM
Supporting Early Childhood PBIS

What is My Perspective

I am Michael. What is my perspective? I felt:

I am the child playing with Micheal _____. What is my perspective? I felt…..

I am caregiver_____What is my perspective? I felt……

Needs Assessment 3A: Designing Supportive Environments

Skills and Indicators	Consistently	Occasionally	Seldom	Not Applicable	Observations/Evidence
Develops individualized approaches to support children in distress	**3**	**2**	**1**	**NA**	
❑ Understands the relationship between infants' and toddlers' social emotional development and challenging behaviors					
❑ Is present and offers calm words of support during a toddler "tantrum." If the child is in danger of hurting self or others, gently holds child and provides explanation					
❑ Develops individualized approaches for children who have difficulty with routines and transitions					
❑ Engages in reflection with peers, supervisor, consultants and/or coach for a child exhibiting difficulty with certain routines or transitions					
❑ Adjusts responses to child's behavior based on effectiveness					
❑ Response to behavior is matched to the cause, purpose, or meaning of the behavior rather than a one –size-fits all approach					
❑ Works with families to share and explore techniques to try both at home and in the program					
❑ Shares program strategies for prompting and reinforcing positive behaviors and social practices with parents					
❑ Works together with a team to problem solve around issues related to challenging behaviors					

Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is: *(copy this right off the Needs Assessment)*			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*

Module 3 Lesson 4

Observation as a Strategy

Handouts

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Infant-Toddler Observation Documentation

Date of Observation _____ Day _____ Time _____ Child's Initials _____

Child's Name _____ Child's DOB _____ Age _____

Observer's Name _____ Observer's Role _____

Location of Observation _____

Adult or other children in the observation by order of appearance (note initials):

1 _____ 2 _____ 3 _____ 4 _____

Describe the behavior you observe? (e.g. child turns away from caregiver)

Infant-Toddler Observation Documentation

Date of Observation _____ Day _____ Time _____ Child's Initials _____

Child's Name _____ Child's DOB _____ Age _____

Observer's Name _____ Observer's Role _____

Location of Observation _____

Adult or other children in the observation by order of appearance (note initials):

1 _____ 2 _____ 3 _____ 4 _____

Describe the behavior you observe? (e.g. child turns away from caregiver)

Infant-Toddler Observation Documentation

Date of Observation _____ Day _____ Time _____ Child's Initials _____

Child's Name _____ Child's DOB _____ Age _____

Observer's Name _____ Observer's Role _____

Location of Observation _____

Adult or other children in the observation by order of appearance (note initials):

1 _____ 2 _____ 3 _____ 4 _____

Describe the behavior you observe? (e.g. child turns away from caregiver)

Needs Assessment 3B: Designing Supportive Environments

Skills and Indicators	Consistently	Occasionally	Seldom	Not Applicable	Observations/Evidence
Team uses information and careful observation to determine the meaning of behavior	**3**	**2**	**1**	**NA**	
❑ Invites family to participate in behavior support process from the beginning					
❑ Accommodates family schedule for meetings					
❑ Engages in objective observation					
❑ Systematically collects data about child behavior					
❑ Completes comprehensive interviews with families and others who care for child					
❑ Reviews all documentation related to the child (i.e. child's medical records, anecdotal notes, observations, assessments, screening, parent/family information, etc.)					

Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is: *(copy this right off the Needs Assessment)*			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*

Module 3 Lesson 5

The Collaborative Process

Handouts

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Talking with Families about Problem Behavior: Do's and Don'ts

Do	Don't
1. Begin the discussion by expressing concern about the child.	1. Begin the discussion by indicating that the child's behavior is not tolerable.
2. Let the parent know that your goal is to help the child.	2. Indicate that the child must be punished or "dealt with" by the parent.
3. Ask the parent if he or she has experienced similar situations and are concerned.	3. Ask the parent if something has happened at home to cause the behavior.
4. Tell the parent that you want to work with the family to help the child develop appropriate behavior and social skills.	4. Indicate that the parent should take action to resolve the problem at home.
5. Tell the parent about what is happening in the classroom but only after the parent understands that you are concerned about the child, not blaming the family.	5. Initiate the conversation by listing the child's challenging behavior. Discussions about challenging behavior should be framed as "the child is having a difficult time" rather than losing control.
6. Offer to work with the parent in the development of a behavior support plan that can be used at home and in the classroom.	6. Leave it up to the parent to manage problems at home; develop a plan without inviting family participation.
7. Emphasize that your focus will be to help the child develop the skills needed to be successful in the classroom. The child needs instruction and support.	7. Let the parent believe that the child needs more discipline.
8. Stress that if you can work together, you are more likely to be successful in helping the child learn new skills.	8. Minimize the importance of helping the family understand and implement positive behavior support.

Adapted from: O'Neill, R. E., Horner, R. H., Albin, R. W., Sprague, J. R., Storey, K., & Newton, J. S. (1997). *Functional Assessment and Program Development for Problem Behavior.* Pacific Grove, CA: Brooks/Cole Publishing.

FUNCTIONAL ASSESSMENT INTERVIEW FORM—YOUNG CHILD

Child with Challenging Behavior(s): _____
Date of Interview: _____
Age:_____Yrs _____ Mos
Sex: M F
Interviewer:_____ Respondent(s): _____

A. DESCRIBE THE BEHAVIOR(S)

1. What are the behaviors of concern? For each, define how it is performed, how often it occurs per day, week, or month, how long it lasts when it occurs, and the intensity in which it occurs (low, medium, high).

	Behavior	How is it performed?	How often?	How long?	Intensity?
1.					
2.					
3.					
4.					
5.					

2. Which of the behaviors described above occur together (e.g., occur at the same time; occur in a predictable "chain"; occur in response to the same situation)?

B. IDENTIFY EVENTS THAT MAY AFFECT THE BEHAVIOR(S)

1. What *medications* does the child take, and how do you believe these may affect his/her behavior?

2. What *medical complication* (if any) does the child experience that may affect his/her behavior (e.g., asthma, allergies, rashes, sinus infections, seizures)?

3. Describe the *sleep cycles* of the child and the extent to which these cycles may affect his/her behavior.

4. Describe the *eating routines and diet* of the child and the extent to which these routines may affect his/her behavior.

5. Briefly list the child's typical daily schedule of activities and how well he/she does within each activity.

DAILY ACTIVITIES

Time	Activity	Child's Reaction

6 Describe the extent to which you believe activities that occur during the day are predictable for your child. To what extent does the child know what he/she will be doing and what will occur during the day (e.g., when to get up, when to eat breakfast, when to play outside)? How does your child know this?

7. What choices does the child get to make each day (e.g., food, toys, activities)?

C. DEFINE EVENTS AND SITUATIONS THAT MAY TRIGGER BEHAVIOR(S)

1. **Time of Day:** *When* are the behaviors most and least likely to happen?

   Most likely:

   Least likely:

2. **Settings:** *Where* are the behaviors most and least likely to happen?

   Most likely:

   Least likely:

3. **Social Control:** *With whom* are the behaviors most and least likely to happen?

   Most likely:

   Least likely:

4. **Activity:** *What* activities are most and least likely to produce the behaviors?

   Most likely:

   Least likely:

5. Are there particular situations, events, etc., that are not listed above that "set off" the behaviors that cause concern (particular demands, interruptions, transitions, delays, being ignored, etc.)?

6. What one thing could you do that would most likely make the challenging behavior occur?

7. What one thing could you do to make sure the challenging behavior did not occur?

D. DESCRIBE THE CHILD'S PLAY ABILITIES AND DIFFICULTIES

1. Describe how your child plays (With what? How often?).

2. Does your child have challenging behavior when playing? Describe.

3. Does your child play alone? What does he/she do?

4. Does your child play with adults? What toys or games?

5. Does your child play with other children his/her age? What toys or games?

6. How does your child react if you join in a play activity with him/her?

7. How does your child react if you stop playing with him/her?

8. How does your child react if you ask him/her to stop playing with a toy and switch to a different toy?

E. IDENTIFY THE "FUNCTION" OF THE CHALLENGING BEHAVIOR(S)

1. Think of each of the behaviors listed in Section A, and define the function(s) you believe the behavior serves for the child (i.e., what does he/she get and/or avoid by doing the behavior?)

Behavior	What does he/she get? Or what exactly does he/she avoid?
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

2. Describe the child's most typical response to the following situations:

   a. Are the above behavior(s) more likely, less likely, or unaffected if you present him/her with a difficult task?

   b. Are the above behavior(s) more likely, less likely, or unaffected if you interrupt a desired event (eating ice cream, watching a video)?

   c. Are the above behavior(s) more likely, less likely, or unaffected if you deliver a "stern" request/command/reprimand?

   d. Are the above behavior(s) more likely, less likely, or unaffected if you are present but do not interact with (ignore) the child for 15 minutes?

   e. Are the above behavior(s) more likely, less likely, or unaffected by changes in routine?

   f. Are the above behavior(s) more likely, less likely, or unaffected if something the child wants is present but he/she can't get it (i.e., a desired toy that is visible but out of reach)?

   g. Are the above behavior(s) more likely, less likely, or unaffected if he/she is alone (no one else is present)?

F. HOW WELL DOES THE BEHAVIOR WORK?

1. What amount of physical effort is involved in the behaviors (e.g., prolonged intense tantrums vs. simple verbal outbursts, etc.)?

2. Does engaging in the behaviors result in a "payoff" (getting attention, avoiding work) every time? Almost every time? Once in a while?

3. How much of a delay is there between the time the child engages in the behavior and gets the "payoff"? Is it immediate, a few seconds, longer?

G. HOW DOES THE CHILD COMMUNICATE?

1. What are the general expressive communication strategies used by or available to the child (e.g., vocal speech, signs/gestures, communication books/boards, electronic devices, etc.)? How consistently are the strategies used?

2. If your child is trying to tell you something or show you something and you don't understand, what will your child do? (repeat the action or vocalization? modify the action or vocalization?)

3. Tell me how your child expresses the following:

MEANS

FUNCTIONS	GRAB & REACH	GIVE	POINT	LEAD	GAZE SHIFT	MOVE TO YOU	MOVE AWAY FROM YOU	HEAD NOD/HEAD SHAKE	FACIAL EXPRESSION	VOCALIZE	IMMEDIATE ECHO	DELAYED ECHO	CREATIVE SINGLE WORD	CREATIVE MULTI WORD	SIMPLE SIGNS	COMPLEX SIGNS	SELF-INJURY	AGGRESSION	TANTRUM	CRY OR WHINE	OTHER	NONE
Requests an Object																						
Requests an Action																						
Protests or Escapes																						
Requests Help																						
Requests a Social Routine																						
Requests Comfort																						
Indicates Illness																						
Shows You Something																						

4. With regard to receptive communication ability:

   a. Does the child follow verbal requests or instructions? If so, approximately how many? (List, if only a few).

   b. Is the child able to imitate someone demonstrating how to do a task or play with a toy?

   c. Does the child respond to sign language or gestures? If so, approximately how many? (List, if only a few.)

   d. How does the child tell you “yes” or “no” (if asked whether he/she wants to do something, go somewhere, etc.)?

H. EXPLAIN CHILD'S PREFERENCES AND PREVIOUS BEHAVIOR INTERVENTIONS

1. Describe the things that your child really enjoys. For example, what makes him/her happy? What might someone do or provide that makes your child happy?

2. What kinds of things have you or your child's care providers done to try and change the challenging behaviors?

I. DEVELOP SUMMARY STATEMENTS FOR EACH MAJOR TRIGGER AND/OR CONSEQUENCE

Distant Setting Event	Immediate Antecedent (Trigger)	Problem Behavior	Maintaining Consequences	Function

Questions to Ask Family Members

- What is your child's challenging behavior like for you?
- What have you done in response to his behavior?
- How do you feel when he acts this way?
- When and where does the child behave in this way and what has typically happened before or after?
- Is this behavior new or has the child been acting this way for some time?
- Does the child act this way with others (e.g. father, grandmother or others) and what does that person say about the behavior?
- How do you think the child feels when he is engaging in this behavior? Why do you think he feels that way?
- Do you have any ideas about why the child is acting this way?
- Have there been any changes at home that might help us understand how the child feels?
- How have these changes affected your relationship with the child?
- How has the behavior affected your relationship with the child?

Home Observation Card

Side 1

Child's Name: _____ Date/Time: _____

Activity: _____ Observer: _____

Describe Challenging Behavior:

What Happened Before?

- ☐ Told or asked to do something
- ☐ Removed an object
- ☐ Not a preferred activity
- ☐ Difficult task/activity
- ☐ Playing alone
- ☐ Moved activity/location to another
- ☐ Told "No", "Don't", "Stop"
- ☐ Attention given to others
- ☐ Changed or ended activity
- ☐ Object out of reach
- ☐ Child requested something
- ☐ Other (specify) _____

What Happened After?

- ☐ Given social attention
- ☐ Given an object/activity/food
- ☐ Removed from activity/area
- ☐ Other (specify) _____
- ☐ Punished or Scolded
- ☐ Request or demand withdrawn
- ☐ Request or demand delayed
- ☐ Put in "time-out"
- ☐ Ignored
- ☐ Given assistance/help

Purpose of Behavior:

To Get or Obtain:

- ☐ Activity
- ☐ Object
- ☐ Person
- ☐ Help
- ☐ Attention
- ☐ Food
- ☐ Place
- ☐ Other (specify) _____

To Get Out Of or Avoid:

- ☐ Activity
- ☐ Object
- ☐ Person
- ☐ Demand/Request
- ☐ Attention
- ☐ Food
- ☐ Place
- ☐ Other (specify) _____
- ☐ Transition

Home Observation Card

Side 1

Child's Name: _____ Date/Time: _____

Activity: _____ Observer: _____

Describe Challenging Behavior:

What Happened Before?

- ☐ Told or asked to do something
- ☐ Removed an object
- ☐ Not a preferred activity
- ☐ Difficult task/activity
- ☐ Playing alone
- ☐ Moved activity/location to another
- ☐ Told "No", "Don't", "Stop"
- ☐ Attention given to others
- ☐ Changed or ended activity
- ☐ Object out of reach
- ☐ Child requested something
- ☐ Other (specify) _____

What Happened After?

- ☐ Given social attention
- ☐ Given an object/activity/food
- ☐ Removed from activity/area
- ☐ Other (specify) _____
- ☐ Punished or Scolded
- ☐ Request or demand withdrawn
- ☐ Request or demand delayed
- ☐ Put in "time-out"
- ☐ Ignored
- ☐ Given assistance/help

Purpose of Behavior:

To Get or Obtain:

- ☐ Activity
- ☐ Object
- ☐ Person
- ☐ Help
- ☐ Attention
- ☐ Food
- ☐ Place
- ☐ Other (specify) _____

To Get Out Of or Avoid:

- ☐ Activity
- ☐ Object
- ☐ Person
- ☐ Demand/Request
- ☐ Attention
- ☐ Food
- ☐ Place
- ☐ Other (specify) _____
- ☐ Transition

Home Observation Card

Side 2

Setting Events/Lifestyle Influences:

- ☐ Hunger
- ☐ Uncomfortable clothing
- ☐ Absence of fun activities, toys
- ☐ Too hot or too cold
- ☐ Absence of a person
- ☐ Loud noise
- ☐ Sick
- ☐ Lack of sleep
- ☐ Unexpected loss or change in activity/object
- ☐ Medication side effects
- ☐ Extreme change in routine
- ☐ Other (specify) _____

List Notes/Comments/Unusual Events:

Home Observation Card

Side 2

Setting Events/Lifestyle Influences:

- ☐ Hunger
- ☐ Uncomfortable clothing
- ☐ Absence of fun activities, toys
- ☐ Too hot or too cold
- ☐ Absence of a person
- ☐ Loud noise
- ☐ Sick
- ☐ Lack of sleep
- ☐ Unexpected loss or change in activity/object
- ☐ Medication side effects
- ☐ Extreme change in routine
- ☐ Other (specify) _____

List Notes/Comments/Unusual Events:

Observation Cards

Name: **Observer:** **Date:**
Time:

General Context:

Social Context:

Challenging Behavior:

Social Reaction:

POSSIBLE FUNCTION:

Name: **Observer:** **Date:**
Time:

General Context:

Social Context:

Challenging Behavior:

Social Reaction:

POSSIBLE FUNCTION:

Observation Cards

Name: **Observer:** **Date:**
Time:

General Context:

Social Context:

Challenging Behavior:

Social Reaction:

POSSIBLE FUNCTION:

Name: **Observer:** **Date:**
Time:

General Context:

Social Context:

Challenging Behavior:

Social Reaction:

POSSIBLE FUNCTION:

Needs Assessment 3C: Designing Supportive Environments

Skills and Indicators	Consistently	Occasionally	Seldom	Not Applicable	Observations/Evidence
Teams use functional assessment	**3**	**2**	**1**	**NA**	
❑ Program has access to mental health consultation and/or additional supports when staff are concerned about a child and/or need additional guidance.					
❑ Caregiver or program has partnership/relationship/collaboration with local Part C provider, and provides families with resources for obtaining further assessment/services as needed					
❑ Accommodates family schedule by arranging meetings at times convenient for families					
❑ Uses observation, medical information, screening, anecdotal notes, information from families, and other information about child					
❑ Assists in developing a hypothesis about the meaning of a child's behavior as a member of the team					

Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is: *(copy this right off the Needs Assessment)*			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*

Module 3 Lesson 6

Designing a Support Plan

Handouts

THE PYRAMID MODEL CONSORTIUM

Supporting Early Childhood PBIS

Adapted from: O'Neill, R. E., Horner, R. H., Albin, R. W., Sprague, J. R., Storey, K., & Newton, J. S. (1997). *Functional Assessment and Program Development for Problem Behavior.* Pacific Grove, CA: Brooks/Cole Publishing.

FUNCTIONAL ASSESSMENT INTERVIEW FORM—YOUNG CHILD

Child with Challenging Behavior(s): *Tim*
Date of Interview: *1/24*
Age: *3* Yrs *6* Mos
Sex: M* F
Interviewer: *Lisa* Respondent(s): *Teacher, Assistant, & Mother*

A. DESCRIBE THE BEHAVIOR(S)

1. What are the behaviors of concern? For each, define how it is performed, how often it occurs per day, week, or month, how long it lasts when it occurs, and the intensity in which it occurs (low, medium, high).

	Behavior	How is it performed?	How often?	How long?	Intensity?
1.	*Verbal aggression*	*Threatens ("I'm gonna kill you" while pointing a finger gun "Get away", growls...)*	*2-5 x/day*	*5 sec.-1min.*	*Low-high*
2.	*Physical aggression*	*Hits, pushes, kicks, punches, rams w/toy*	*2-3 x/wk*	*5 sec.- 30 sec.*	*High*
3.	*Property destruction*	*Throwing or banging toys*	*2-5 x/wk*	*5 sec.- 30 sec.*	*High*
4.					

2. Which of the behaviors described above occur together (e.g., occur at the same time; occur in a predictable "chain"; occur in response to the same situation)?

Seems unpredictable at this point. At times he will verbally aggress, then do either physical aggression or property destruction, or they happen independent of each other. Other times he will begin with either property destruction and/ or physical aggression and intersperse verbal aggression.

B. IDENTIFY EVENTS THAT MAY AFFECT THE BEHAVIOR(S)

1. What *medications* does the child take, and how do you believe these may affect his/her behavior?

None

2. What *medical complication* (if any) does the child experience that may affect his/her behavior (e.g., asthma, allergies, rashes, sinus infections, seizures)?

None

3. Describe the *sleep cycles* of the child and the extent to which these cycles may affect his/her behavior.

His mother reports that now that he is in school a routine is better established and will sleep through the night. Although she also reports that getting him to "go to bed" is very difficult and that he falls asleep on the couch around 9:00 or 9:30 and is carried to his crib. Then, he sleeps very restlessly and is all over the bed. (Did not sleep through the night until he was 2.5 years.)

4. Describe the *eating routines and diet* of the child and the extent to which these routines may affect his/her behavior.

Eats independently at school for snack. At home, his mother reports that "he is very explicit with getting food cut up," and that "he sees food as a temporary interruption of play and only eats to live." He sits in a high chair while she feeds him. Won't sit in restaurants to eat.

5. Briefly list the child's typical daily schedule of activities and how well he/she does within each activity.

Time	Activity	Child's Reaction
8:00 AM	*Wakes, gets dressed, eats breakfast*	*Better the last 2 wks - month, in the past, has physically resisted dressing and eating.*
8:30 AM	*To school*	*Does nicely*
8:45 AM	*Arrives to school*	*Greets by shooting with his finger gun, sometimes cries for hug*
Until 9:30 AM	*Playground*	*Verbal and physical aggression, property destruction*
9: 30 AM	*Story Time*	*Sits and attends nicely*
9: 45 AM	*Small Group*	*Sits and attends nicely*
10:00 AM	*Wiggle Time*	*Follows directions and enjoys movement and dancing*
10:15 AM	*Plan/Centers*	*Plans nicely, once in centers: verbal & physical aggression, property destruction*
10:30 AM	*Centers/Snack (cont.)*	*Eats snack and plays computer nicely, other center areas, especially blocks, he will use verbal and physical aggression, property destruction*
11:30 AM	*Circle*	*Sits and attends nicely*
11:45 AM	*Playground*	*Verbal and physical aggression, property destruction*
12:30 PM	*Lunch*	*Eats nicely*
1:00 PM	*Nap*	*Lays on a cot nicely with book*
2:15 PM	*Snack*	*Eats nicely*
2:35 PM	*Good-bye circle*	*Sits, attends*
3:00 PM	*Mother picks up*	*Goes nicely*
3:30 PM	*Then, the schedule is not consistent. (Sometimes out shopping or home, goes to mall or Target or home to play or sometimes the park.)*	*Likes to stay busy*
	Drives home	*Goes nicely*
5:30 PM	*Arrives at home, plays on floor*	*Enjoys*
6:00 PM	*Cont. playing*	*Does O.K.*
6:30 PM	*Dad home/Dinner*	*Picky, resistant, in high chair*
7:00 PM	*Play*	*Chooses activities, sometimes rough with toys*
9:00 PM	*Bath*	*Difficult to get out, gets physically aggressive*

6 Describe the extent to which you believe activities that occur during the day are predictable for your child. To what extent does the child know what he/she will be doing and what will occur during the day (e.g., when to get up, when to eat breakfast, when to play outside)? How does your child know this?

Both family and school feel that his schedule is predictable because they follow the same schedule every day.

7. What choices does the child get to make each day (e.g., food, toys, activities)?

At school child chooses activities outside and during centers, snack, play partners. At home food, afternoon activities, and chooses to behave.

C. DEFINE EVENTS AND SITUATIONS THAT MAY TRIGGER BEHAVIOR(S)

1. **Time of Day:** *When* are the behaviors most and least likely to happen?

Most likely: *- Centers, playground, and between 8:45-9:30 at night during bedtime, and when he is waiting for food at restaurants*

Least likely: *- In the morning at home and during circle, story, small group, structured activities*

2. **Settings:** *Where* are the behaviors most and least likely to happen?

Most likely: *- Playground with train or bikes or a new toy and in centers in blocks, and in the housekeeping center*

Least likely: *- Story time, wiggle time, planning, small group, and out in public (but occasionally will "get out of control") and with snacks (His mother reports that she will "feed him fun snacks to get him to behave.")*

3. **Social Control:** *With whom* are the behaviors most and least likely to happen?

Most likely: *- With teacher or with someone who does not know him (substitute teacher) and Mom*

Least likely: *- With team teacher next door.*

4. **Activity:** *What* activities are most and least likely to produce the behaviors?

Most likely: *- With a highly preferred item or activity or a novel activity, blocks/cars/magnetic people, with family, during outings (with new and different places, especially restaurants), and with change in routine.*

Least likely: *- Quiet time, story time, at home—when he is playing alone and doing what he wants.*

5. Are there particular situations, events, etc., that are not listed above that "set off" the behaviors that cause concern (particular demands, interruptions, transitions, delays, being ignored, etc.)?

(Note: still in diapers, will indicate when soiled and needing to be changed. Often after bowel movement, seems agitated.)

6. What one thing could you do that would most likely make the challenging behavior occur?

Take a preferred toy away or remove him from computer. Mother reports that he will become angry and aggressive if she changes her response to him or ignores him. She says, "He likes to have total control over his mother."

7. What one thing could you do to make sure the challenging behavior did not occur?

Do not set limits. Let him have whatever he wants. Sit and give him one-on-one attention and talk to him. Mother reports - if you let him do whatever he wants, play by his rules, do what he says, and do not change anything.

D. DESCRIBE THE CHILD'S PLAY ABILITIES AND DIFFICULTIES

1. Describe how your child plays (With what? How often?).

   Solitary play in dress-up and sometimes at computer. Parallel play at blocks, water table, and science area. At home, plays alone with trucks, planes, trains, puzzles, books, and computer.

2. Does your child have challenging behavior when playing? Describe.

   Computer and dress-up, usually plays nicely, but during outside play and blocks (cars, trucks, magnetic bendable people, legos, blocks, bright builders...) he will get aggressive if he sees something he wants, if he wants to join other's play, if a child takes his toy or a piece of his toy, or he perceives a child is going to take his toy.
   When playing with neighborhood friends, the same occurs.

3. Does your child play alone? What does he/she do?

   Yes, he prefers it.

4. Does your child play with adults? What toys or games?

   Yes, school reports that he craves one-on-one adult attention. At home he wants to play with mom with everything. With dad, he will play rough and he is tolerant of the roughness.

5. Does your child play with other children his/her age? What toys or games?

   Yes, one boy in particular at school and the boy will give in to Tim and try to "fix" situations when he becomes aggressive with others by telling the kids to give him the toy or by giving Tim a duplicate toy. Occasionally, he will play with neighborhood friends (one boy and one girl his age), but he needs to be closely monitored because they will be aggressive with one another. Plays with trucks, cars, trains, and planes.

6. How does your child react if you join in a play activity with him/her?

   He's fine at both school and home as long as you do not change or alter what he is doing.

7. How does your child react if you stop playing with him/her?

   He's fine at both school and home.

8. How does your child react if you ask him/her to stop playing with a toy and switch to a different toy?

   At school he does not like it. He would want to negotiate more time, give reasons why, and tell you he is not finished. At home he does not transition well; says "no" or "just a minute."

E. IDENTIFY THE "FUNCTION" OF THE CHALLENGING BEHAVIOR(S)

1. Think of each of the behaviors listed in Section A, and define the function(s) you believe the behavior serves for the child (i.e., what does he/she get and/or avoid by doing the behavior?)

Behavior	What does he/she get? Or What exactly does he/she avoid?
1. *Verbal aggression*	*Children react and then leave him alone and/or adult attention*
2. *Physical aggression*	*Gets a toy or activity or avoids group play or avoids transitions*
3. *Property destruction*	*Gets a toy or activity, children run away or back off*
4.	
5.	
6.	
7.	
8.	
9.	
10.	

2. Describe the child's most typical response to the following situations:

   a. Are the above behavior(s) more likely, less likely, or unaffected if you present him/her with a difficult task?

      More likely

   b. Are the above behavior(s) more likely, less likely, or unaffected if you interrupt a desired event (eating ice cream, watching a video)?

      More likely

   c. Are the above behavior(s) more likely, less likely, or unaffected if you deliver a "stern" request/command/reprimand?

      More likely at home, less likely with stern short command at school.

   d. Are the above behavior(s) more likely, less likely, or unaffected if you are present but do not interact with (ignore) the child for 15 minutes?

      More likely

   e. Are the above behavior(s) more likely, less likely, or unaffected by changes in routine?

      More likely

   f. Are the above behavior(s) more likely, less likely, or unaffected if something the child wants is present but he/she can't get it (i.e., a desired toy that is visible but out of reach)?

      More likely

   g. Are the above behavior(s) more likely, less likely, or unaffected if he/she is alone (no one else is present)?

      Less likely

F. HOW WELL DOES THE BEHAVIOR WORK?

1. What amount of physical effort is involved in the behaviors (e.g., prolonged intense tantrums vs. simple verbal outbursts, etc.)?

   If "verbal negotiation" is not successful, he will be physically aggressive, and then it takes much physical effort to hold him. At home, they give him what he wants to avoid physical effort although he will kick, hit, and throw toys at adults. If escalated, it can last up to 15 minutes.

2. Does engaging in the behaviors result in a "payoff" (getting attention, avoiding work) every time? Almost every time? Once in a while?

   Almost every time

3. How much of a delay is there between the time the child engages in the behavior and gets the "payoff"? Is it immediate, a few seconds, longer?

   A few seconds, if he does something like crashes a tower or steps on a finger, then the children react and an adult moves in.

G. HOW DOES THE CHILD COMMUNICATE?

1. What are the general expressive communication strategies used by or available to the child? (e.g., vocal speech, signs/gestures, communication books/boards, electronic devices, etc.) How consistently are the strategies used?

   Very verbal. At home he tries to negotiate everything.

2. If your child is trying to tell you something or show you something and you don't understand, what will your child do? (repeat the action or vocalization? modify the action or vocalization?)

   At school he seems to be understood. At home, he will try to explain it to you then start screaming.

3. Tell me how your child expresses the following:

MEANS

FUNCTIONS	GRAB & REACH	GIVE	POINT	LEAD	GAZE SHIFT	MOVE TO YOU	MOVE AWAY FROM YOU	HEAD NOD/HEAD SHAKE	FACIAL EXPRESSION	VOCALIZE	IMMEDIATE ECHO	DELAYED ECHO	CREATIVE SINGLE WORD	CREATIVE MULTI WORD	SIMPLE SIGNS	COMPLEX SIGNS	SELF-INJURY	AGGRESSION	TANTRUM	CRY OR WHINE	OTHER	NONE
Requests an Object														X								
Requests an Action														X				X				
Protests or Escapes														X				X				
Requests Help														X				X				
Requests a Social Routine														X								
Requests Comfort														X				X				
Indicates Illness														X						X		
Shows You Something														X								

4. With regard to receptive communication ability:

   a. Does the child follow verbal requests or instructions? If so, approximately how many? (List, if only a few).

      Yes, he doesn't have problems with this. Good language skills.

   b. Is the child able to imitate someone demonstrating how to do a task or play with a toy?

      Excellent independent play. Imitates well.

   c. Does the child respond to sign language or gestures? If so, approximately how many? (List, if only a few.)

      N/A

   d. How does the child tell you "yes" or "no" (if asked whether he/she wants to do something, go somewhere, etc.)?

      Verbally

H. EXPLAIN CHILD'S PREFERENCES AND PREVIOUS BEHAVIOR INTERVENTIONS

1. Describe the things that your child really enjoys. For example, what makes him/her happy? What might someone do or provide that makes your child happy?

   At school—computer, outside push toys, train, trucks, adult one-to-one interaction, talking about how things work and why things happen.
   At home—any kind of interaction with mommy or daddy especially floor time (cars, crash 'em games).

2. What kinds of things have you or your child's care providers done to try and change the challenging behaviors?
   At school—Explicit rules, started 5 day attendance, anticipate negative behaviors, warnings with transitions.
   At home—Rules given before outings, if rules not followed, they leave, snacks in stores when he starts getting aggressive, school 5 days a week.

I. DEVELOP SUMMARY STATEMENTS FOR EACH MAJOR TRIGGER AND/OR CONSEQUENCE

Distant Setting Event	Immediate Antecedent (Trigger)	Problem Behavior	Maintaining Consequences	Function

Skills to Be Taught

Time/Activity				

Support Planning Chart

Name: _____ Date: _____

Triggers	Behaviors	Maintaining Consequences
	Function:	
Preventions	**New Skills**	**New Responses**
		To Challenging Behavior: **To New Skill:**

Infant-Toddler Action Support Plan

Child's Name: _____ Date Plan Developed _____

Team Members:

1 ._____

2. _____

3. _____

4. _____

Parent's Name_____ Signature _____

Behavior Hypothesis (the meaning of the behavior):

Prevention Strategies:

Skill to Develop	Strategy to Support Development	Person Responsible	When

Responses to Behavior:

Concerning Behavior	Response	Person Responsible	When

On a scale of 1 to 10, how would you rate the child's behavior?

1 2 3 4 5 6 7 8 9 10

Parent Signature _____

Needs Assessment 3D: Designing Supportive Environments

Skills and Indicators	Consistently	Occasionally	Seldom	Not Applicable	Observations/Evidence
Develops and implements behavior support plan	**3**	**2**	**1**	**NA**	
❑ Works collaboratively with the family to develop an individualized plan					
❑ Ensures that the plan addresses family and child care issues; works with parent(s) to encourage a consistent approach across care settings					
❑ Designes plan to help meet the child's needs and provide the child with alternative strategies, rather than focusing on eliminating the challenging behavior for the caregiver's purposes					
❑ Includes replacement skills					
❑ Includes prevention strategies					
❑ Includes new responses					
❑ Includes supports and resources caregivers and parents may need to fully implement the plan					
❑ Clarifies and documents consistent responses to specific behaviors for each person on the team					
❑ Uses the support of a mental health consultant when available					
Teaches replacement skills	**3**	**2**	**1**	**NA**	
❑ Replacement skills are taught throughout the day					
❑ Replacement skills are taught when challenging behavior is not occurring					
❑ Consistently provides positive reinforcement for appropriate behavior					

continued

Needs Assessment 3D: Designing Supportive Environments

Skills and Indicators	Consistently	Occasionally	Seldom	Not Applicable	Observations/Evidence
Uses process to reflect on children's progress within support plan	**3**	**2**	**1**	**NA**	
❑ Observes, monitors, and documents acquisition of positive behaviors that allow the child to focus his/her energy on developmental growth					
❑ Maintains ongoing communication with family about progress at home and in the care setting					
❑ Collaborates as a member of a team that meets periodically to review child progress, plan implementation, and to develop new support strategies					
❑ Observes, monitors, and documents changes in challenging behavior					

Action Plan

Goal (based on a selected teaching practice)	NO	IN PROGESS	YES
The teaching practice I am working on is: *(copy this right off the Needs Assessment)*			
I will work on this teaching practice _____ *(time, day, part of routine)* *(Optional) I* **will work on this teaching practice with** _____ *(specific children)*			
I will: *(describe exactly what you will do if you are implementing this teaching practice)*			

Action Steps to Help Me Achieve My Goal	RESOURCES NEEDED	DUE DATE			
Prepare to Collect Data					

How will you know when you have met your goal? *(Remember to focus on implementation of the teaching practice)*

What data will you collect about implementation of this teaching practice? *(Will you record how often you used the practice? What you did? How the children responded?)*