Module A

The Education and Caregiving Environment: Planning an Effective Program

This series was formerly known as MITCH.
This is one of many publications available through the Bureau of Instructional Support and Community Services, Florida Department of Education, designed to assist school districts, state agencies that support educational programs, and parents in the provision of special programs. For additional information on this publication, or for a list of available publications, contact the Clearinghouse Information Center, Bureau of Instructional Support and Community Services, Division of Public Schools and Community Education, Florida Department of Education, Room 614 Turlington Bldg., Tallahassee, Florida 32399-0400.

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Grow to 5 Module A

The Education and Caregiving Environment: Planning an Effective Program

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2000

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1990

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Background of MITCH and Grow to 5

Grow to 5 is a revised and updated version of Florida’s popular series, the Model of Interdisciplinary Training for Children with Handicaps (MITCH). Although two MITCH modules have been deleted from this series and two new modules have been added, Grow to 5 is really not a new series; much about it will be familiar to MITCH users.

Grow to 5—like MITCH—was developed to assist Florida school districts in providing interdisciplinary training and resources to families, degreed and nondegreed early childhood educators, and health care providers and other related service personnel who work with young children, including children with disabilities. However, while MITCH emphasized children ages birth to three years, Grow to 5 addresses the needs of children ages birth to five years.

Development of the MITCH modules was funded beginning in 1988 by a grant to the Florida Diagnostic and Learning Resources System (FDLRS)/South Associate Center from the Florida Department of Education, Bureau of Education for Exceptional Students (now the Bureau of Instructional Support and Community Services). MITCH included 13 training modules written by professionals from various disciplines, including early childhood education, exceptional student education, nursing, psychology, occupational and physical therapy, speech and language therapy, nutrition, and social work. Topics of the modules and the goals and objectives they address were identified through a literature search, interviews, and letters of inquiry and needs assessments sent to more than 600 people throughout Florida.

Moving from MITCH to Grow to 5

The MITCH modules have been used extensively in Florida since 1990. In 1998, with the demand for information and training for educators of infants, toddlers, and preschool children stronger than ever, the Florida Department of Education’s Bureau of Instructional Support and Community Services, through its funded project the Institute for Small and Rural Districts, began the process of revising and updating the modules to carry them into the new century.

The fundamental purpose and structure of the series remains, but users should be aware of the following developments:

- The modules’ content has been expanded to include more developmental information about children ages three to five. While MITCH focused on children ages birth to three, Grow to 5 targets the whole age range from birth to five years. (The material is also meaningful to caregivers of children who are chronologically older but who are functioning within the birth to five year developmental range.) The new series name and logo reflect this change.
The new modules emphasize more strongly the similarities among children and the characteristics common to effective caregiving for all young children—those who have disabilities and those who do not. While *MITCH* focused on serving children with disabilities, *Grow to 5* emphasizes developmentally appropriate practice and normal development as the means for working with all young children, including those who have disabilities or special needs and those who are at-risk.

The new modules include updated technology applications.

The new modules reflect the findings of recent developmental and medical research.

The new modules take into account state and federal statutes and rules that have been implemented during the 1990s, especially the 1997 Amendments to the Individuals with Disabilities Education Act.

To avoid confusion with the *MITCH* modules, *Grow to 5*’s modules are lettered, rather than numbered. The modules are also now in a different sequence.

*Grow to 5*’s Six-Week Follow-up Activities are for use at the discretion of the trainer and/or local training agency. However, the Certificate of Completion included in each module is intended to be awarded only to those participants who attend all three hours of training and complete the Six-Week Follow-Up Activity.

Additional, updated references and resources have been added.

The following *MITCH* modules have been deleted from the new series, *Grow to 5*:

- *MITCH* Module 5—Listening and Sensory Integration: What to Do before Speech and Language Develop
- *MITCH* Module 13—Interventions for Children at Risk Due to Substance Exposure: Dealing with the Myth of Cocaine

*MITCH* module material—including some from the two deleted *MITCH* modules—may appear in a different sequence in *Grow to 5*, or in a different module.

*Grow to 5* will include two new modules:

- *MITCH* Module H—Social and Emotional Development: Building the Child’s Foundation
- *MITCH* Module M—Transition: Easing the Way

Spanish translations of the handouts are included in each module, as opposed to being published in separate booklets, as they were with *MITCH*. 
Acknowledgments

Thanks to Anthony Rivas, Miami, Florida, for Spanish translations of new material for Grow to 5 Module A.

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Content of the Series

The Grow to 5 series consists of 13 modules. The training manual for each module includes a complete script, instructions for activities, a resource list, and the reproducible handouts (in both English and Spanish) that an instructor will need to present that module. For some modules, a videotape is available to supplement the written material. Each module can be used independently, and the modules may be presented in any order, since no module provides prerequisite material for another. The modules are

- Module A—The Education and Caregiving Environment: Planning an Effective Program
- Module B—Working Together: Communication Skills for Families, Early Childhood Educators, and Other Professionals
- Module C—Health Care: Infection Control, Medication Administration, and Seizure Management
- Module D—Nutrition and Feeding Practices: What You Need to Know
- Module E—Intellectual Development: What You Can Do to Help
- Module F—Speech and Language Development: From Birth to Five
- Module G—Motor Development: What You Need to Know
- Module H—Social and Emotional Development: Building the Child’s Foundation
- Module I—Behavior Management: Preventing and Dealing with Problem Behavior
- Module J—The Child Who Seems Different: Meeting Special Needs
- Module K—Visual Impairment: What You Need to Know
- Module L—Family Functioning: Understanding Families and Helping Them Cope
- Module M—Transition: Easing the Way

The series also includes three booklets. (The text of the booklets is not included in each training module, as it was in MITCH.)

- Welcome to the World: An Overview of Your Growing Child, which may be used with Modules A, E, F, G, H, J, K
- A Simple Introduction to Physical and Health Impairments, designed for use with Module J
- Nutrition for Children with Special Health Care Needs, provided to accompany Module D

Spanish versions of the three booklets listed above are also available:

- Bienvenido al Mundo: Resumen del Crecimiento de su Niño, which can be used with Modules A, E, F, G, H, J, K
- Una Introducción Sencilla a los Impedimentos Físicos y de Salud, designed for use with Module J
- Nutrición para Niños con Necesidades Especiales de Salud, provided to accompany Module D
The printed *Grow to 5* materials, including the booklets, may be reproduced for training purposes within the state of Florida. Instructors and training agencies may reproduce the booklets for participants or obtain copies by contacting the Clearinghouse Information Center at the address listed on the inside front cover of this document. Please allow at least one month for processing before training begins.

**Instructor Qualifications**

Unless otherwise stated, the *Grow to 5* modules are designed to be presented by qualified and credentialed instructors in fields such as early childhood education, early childhood special education, child development, psychology, home economics, and nursing. Practitioners of disciplines such as speech/language pathology, physical therapy, occupational therapy, and nutrition may be asked to present specific modules. A licensed physician, pharmacist, or nurse must present hour 2 of Module C—Health Care.

**Role of the Instructor**

Although the modules do contain scripts, instructors are encouraged to enhance them with their own style, personality, anecdotes, information, handouts, references, and resources. Likewise, it is expected that instructors will tailor the material to the needs, interests, and level of the participants. The best presentations are those specifically designed for the participants by an instructor who knows their needs. Instructors should plan for adequate time to become familiar with the material and tailor it to the needs of each specific audience.

Instructors may choose among the lecture, discussion, and activity segments provided to meet the needs of the group. For example, if all modules are scheduled for presentation within a relatively short period of time for the same group of participants, it may be most effective to choose among the activities to offer variety, since several modules share similar activities.

Successful training relies heavily upon the instructor’s approach. Suggestions include

- allowing for introductions of participants
- accepting and acknowledging interaction from all participants
- preventing any individual from monopolizing the conversation
- paraphrasing questions and responses from the participants loudly enough for all participants to hear
- creating a comfortable atmosphere (including light, temperature, tables, chairs)
- summarizing the content of each session before closing
The audience for this training may include persons with a broad range of backgrounds, including those who work exclusively with children who have special needs, those who have in their care only children who do not have recognized special needs, and those who work in environments that include children with and without special needs. Instructors should assist all caregivers in becoming more comfortable with

- providing developmentally appropriate programs in a safe and nurturing environment
- recognizing signs that indicate a child may be at risk or have special needs
- working with children with special needs
- securing additional support and assistance in working with children with special needs

It is important to emphasize to participants that children are more alike than different. Keeping all children in the most natural environment should be a major goal for caregivers.

**Time Schedule for Training**

Each module is designed to be presented in three hours. A module may be presented in a single three-hour session with a 15-minute break, or in three one-hour sessions.

Estimates of presentation time for specific segments or activities within each hour are provided in the left hand column of the training script. However, instructors may choose to expand on one or more of these segments while shortening others.

**Videotapes**

Videotapes supplemented the presentation of several *MITCH* modules. The tapes provided valuable information for instructors and participants. These videotapes—along with some new selections—are included in each module’s list of Resources for Instructors and Participants and are generally still available for loan from local associate centers of the Florida Diagnostic and Learning Resources System (FDLRS) and the Clearinghouse Information Center (at the address listed on the inside front cover of this manual). The list of Resources for Instructors and Participants is part of the Specific Information section of each module.

Additionally, two new videotapes have been identified for possible use with the *Grow to 5* series, as determined by the instructor. They are available at local FDLRS associate centers and from the Clearinghouse Information Center (at the address listed on the inside front cover of this manual). The two new videotapes are described below:

- *I Am Your Child: The First Years Last Forever* uses brain research as a basis for providing information to parents on bonding and attachment, communication, health and nutrition, discipline, self-esteem, child care, and self-awareness. (English and Spanish versions are available. (29 minutes)
• *Ten Things Every Child Needs* describes how early experiences influence brain development and uses simple everyday language to explain the 10 things every child needs: interaction, touch, a stable relationship, a safe healthy environment, self-esteem, quality child care, communication, play, music, and reading. (60 minutes)

Time for viewing videotapes has not been included in the time allotments suggested in the scripts. Instructors may wish to substitute all or part of a videotape for material written in the module, extend the three-hour time period, show a videotape at another session, or leave a videotape with the participants to watch as a follow-up activity. In some modules, a videotape is an integral part of the Six-Week Follow-Up Activity and will need to be made available to participants if they are required to complete the Six-Week Follow-Up Activity. (See the Specific Information section of each module for more information.)

Videotapes may **not** be duplicated without the written consent of the producer.

**Theme Music**

Original theme music was written for use with the *MITCH* modules. Instructors used this lively music to begin and end training sessions and to indicate breaks. To borrow an audio-tape of the music, contact the local FDLRS associate center or the Clearinghouse Information Center at the address listed on this inside front cover of this document.

**Content of Each Module**

**Specific Information on Presenting the Module**

Each module begins with a section of specific information on presenting the module. This includes the following:

• the goals and objectives of the module
• a list of equipment and supplies needed for training
• a list of other recommended instructors
• a list of other resources that may enhance presentation of the training
• material needed for any special activities that are part of the module

This section is followed by a training script divided into three one-hour blocks, appendixes A through D, and a list of references.
**Hour-by-Hour Script**

The script that guides presentation of the training is broken into three hour-long segments. The script for each hour is preceded by a list of the goals and objectives for that hour of training. The script itself includes Lecture/Discussion elements and Activities. The Lecture/Discussion elements include some paragraphs set in italics that the instructor may read or paraphrase to present content information. (These elements begin with the words “Say” or “Ask.”) Interspersed with these spoken portions are indications of other actions for the instructor to take, such as “Summarize the following points” or “Have the participants do the following activity.” Note that the script has been written using direct address—all directions and suggestions in the script are addressed to the instructor.

The left column of the script indicates the time allotted to present each segment and conduct each activity. This column also includes references to particular handouts/overhead transparencies that may be referred to or displayed at a particular point in the script. (See below: Appendix B: Reproducible Handouts.)

**Appendix A: Reproducible Forms**

Appendix A includes the following reproducible materials:

- lists of steps instructors may take to prepare to present the module and administer the optional Six-Week Follow-Up Activity
- space for instructors to take notes related to presentation of the module
- an advertising flier for use in publicizing the training
- a participant sign-in sheet to track participants’ attendance and their completion of the optional Six-Week Follow-Up Activity (Although the MITCH training structure included formal recordkeeping, reporting, and certification components, at this time there is no plan for such tracking of Grow to 5 participants. Any such activities are voluntary and the prerogative of the local training agency.)
- a mailer for participants to remind them to complete and return the optional Six-Week Follow-Up Activity
- a certificate of completion (Only those participants who attend all three hours of training and successfully complete the Six-Week Follow-Up Activity are eligible to receive a Grow to 5 Certificate of Completion. However, instructors and training agencies may develop other forms of recognition for other levels of completion, such as attendance at all three hours of training without completion of the follow-up activity.)

**Appendix B: Reproducible Handouts**

The three booklets mentioned above, *Welcome to the World: An Overview of Your Growing Child*, *A Simple Introduction to Physical and Health Impairments*, and *Nutrition for Children with Special Health Care Needs* may be provided to participants as handouts.
Additionally, appendix B of each module includes reproducible handouts designed to accompany presentation of that specific module. Some of these handouts would make effective overhead transparencies—especially those that include only a few important words in large type. Each handout is labeled with a three-part code in the lower left corner. The first part refers to the module; the second part refers to the hour of the module; the third part is the number of the handout itself. For example, Handout B-2-3 is the third handout to be used during the second hour of Module B.

Instructors should consider the background and interests of the participants when deciding which materials to reproduce as handouts, as overhead transparencies, or as both. Of course, instructors may supplement these with handouts or other materials of their own design.

**Appendix C: Reproducible Handouts in Spanish**

Appendix C contains Spanish versions of the handouts found in appendix B.

**Appendix D: Optional Six-Week Follow-Up Activity**

The Six-Week Follow-Up Activity found in appendix D of each module is designed to help participants reflect on what they have learned and generalize it to their daily work with young children. Whether or not to request or require participants to complete the follow-up activity is the decision of each trainer and/or training agency.

If the instructor and training agency elect to require the follow-up activity, the instructor should explain the activity at the end of the module presentation and explain the criteria that will be used to evaluate the participants’ work. It is important that participants know how to get any clarification they need and how they can return the completed activity to the instructor.

Three to four weeks after presenting the training module, the instructor should contact all participants to remind them to submit their Six-Week Follow-Up Activity. Appendix A includes a sample reminder notice. Another option is to have the group reconvene in six weeks so participants can share their completed follow-up activities and reflect together on their experiences. Similarly, participants might be asked to post their follow-up activity on an electronic bulletin board so the instructor and other participants could give feedback.

The instructor should review and evaluate the quality of each participant’s completed Six-Week Follow-Up Activity and return it to the participant with feedback. The instructor should prepare and give a certificate of completion (found in appendix A) to each participant whose performance meets the established criteria.

**Appendix D: Optional Six-Week Follow-Up Activity in Spanish**

A Spanish version of the Six-Week Follow-Up Activity is provided in this appendix.
**Goals and Objectives**

Goal for Hour 1: Participants will gain knowledge of needed caregiving areas, appropriate learning and play areas and materials, and how to adapt the environment to meet special needs or solve problems.

Objective—Participants will gain an understanding of

- basic caregiving areas for infants and toddlers
- appropriate outdoor play space
- appropriate indoor learning centers for toddlers and preschoolers
- possible problems and solutions in the environment
- strategies for adapting the environment for children with disabilities or special needs

Goal for Hour 2: Participants will gain knowledge of developing and implementing a daily schedule.

Objective—Participants will gain an understanding of

- the importance of daily routines for young children
- necessary parts of the program day, including basic care and activity times
- how to arrange daily activities into a practical sequence
- how to help children make transitions between activities
- how to integrate support persons into the schedule
- adaptations to schedules necessitated by specific developmental issues and needs

Goal for Hour 3: Participants will gain knowledge of the nature and importance of play.

Objective—Participants will gain an understanding of

- the learning potential of play activities
- play activities appropriate for infants, toddlers, and preschoolers
- how to include children with disabilities or special needs in group play
Equipment and Supplies

- Overhead projector and screen
- Chalk
- Crayons or markers
- Overhead (transparency) pens
- Chalkboard or chart paper
- Extension cord
- 3-prong/2-prong adapter plug
- Masking tape
- Transparent tape
- Thumb tacks
- Extra pencils for participants
- Chart paper and markers for group activity
- Scissors
- Inexpensive or homemade toys: e.g., balls, bubbles, sponges, nesting toys, measuring cups, blocks, crayons, rattles, stacking toys for hour 3
- Samples of simple devices such as adaptive pencil grips or switches for hour 1
- Optional: Materials for disability simulation centers (hour 1):
  - several pairs of goggles; cream or tape to cover lenses
  - bag of large marshmallows
  - several balls (approximately four to eight inches in diameter)
  - gardening gloves; children’s jigsaw puzzle
- Optional: Catalogs that contain pictures of playground equipment that is designed to be accessible to children with disabilities (for hour 1)

Videotape

No videotape accompanies this module. However, a videotape titled Playing and Learning was selected to accompany the original MITCH module, and Grow to 5 instructors may find it helpful as well. The video is 25 minutes long and presents the stages of preschool play as the natural way to learn, from infancy through kindergarten. This videotape may be borrowed from the Clearinghouse Information Center at the address listed on the inside front cover of this manual. The videotape may be purchased from Delmar Publishers, 2 Computer Drive West, Box 15015, Albany, NY 12212-5015; telephone 1-800-347-7707.

Also, instructors may wish to use all or part of the two videotapes that have been purchased to accompany the entire series: I Am Your Child: The First Years Last Forever and Ten Things Every Child Needs. (See page 3 and 4 for more information.) These videotapes may be borrowed from the FDLRS associate centers.
Other Recommended Instructors

Because of the topic of this three-hour module, the agency offering this training may wish to contact other specialized persons within its local area who are willing to assist in training, such as

- early childhood education specialists from local colleges, universities, and agencies
- early childhood education teachers or staff, especially those from accredited, Gold Seal programs
- parents of children with disabilities
- local FDLRS staff

Resources for Instructors and Participants

Books and Other Materials


**Membership and Subscription Information**

The National Association for the Education of Young Children (NAEYC)—membership organization and publisher of the journal *Young Children*, about children ages 0–3

1509 16th Street, N.W.
Washington, DC 20036-1426
1-800-424-2460
e-mail: membership@naeyc.org
website: www.naeyc.org
The Council for Exceptional Children (CEC)—membership organization and publisher of the journals *Exceptional Children*, *Teaching Exceptional Children*, and *Exceptional Parent*
Division of Early Childhood (children with disabilities and special needs ages birth–8)
1920 Association Drive
Reston, VA 20191-1589
1-888-CEC-SPED
website: www.dec-sped.org

Southern Early Childhood Association (formerly SACUS)—publisher of the journal *Dimensions of Early Childhood*, about children under age six
P. O. Box 55930
Little Rock, AR 72215-5930
(501) 663-0353
Fax: (501) 663-2114
e-mail: SECA@aristotle.net
website: www.SECA50.org

Scholastic, Inc.—commercial publisher of the journal *Early Childhood*, which gives information, tips, and activities for people who work with young children
2931 East McCarty Street
Jefferson City, MO 65101
1-800-724-6527
website: www.scholastic.com

**Sudden Infant Death Syndrome (SIDS) and Back to Sleep Information**

Back to Sleep Campaign
1-800-505-CRIB
Provides free Back to Sleep educational materials

National Institute of Child Health and Human Development
www.nih.gov/nichd

National SIDS Resource Center
703-821-8944
www.circsol.com/sids

U.S. Consumer Product Safety Commission
1-800-638-2772
www.cpsc.gov

American Academy of Pediatrics
www.aap.org
Goal: Participants will gain knowledge of needed caregiving areas, appropriate learning and play areas and materials, and how to adapt the environment to meet special needs or solve problems.

Objective—Participants will gain an understanding of

- basic caregiving areas for infants and toddlers
- appropriate outdoor play space
- appropriate indoor learning centers for toddlers and preschoolers
- possible problems and solutions in the environment
- strategies for adapting the environment for children with disabilities or special needs
Grow to 5 Module A

5 minutes Greeting, Sign-In, Distribution of Handouts

Greet participants and ask them to sign in.

Session Begins

5 minutes Activity: Environment

**Say:** Let’s begin with a short activity. Think about a store you like to shop in.

**Ask:** What is it you like about that particular store?

Write participants’ responses on the chalkboard, chart paper, or transparency. Typical responses include the following:

- The store is clean.
- The store is well-organized.
- The products are easy to see and examine.
- The racks and shelves are neat and not cluttered.
- The store carries the right products.
- The employees are friendly and knowledgeable.

**Ask:** Most of us are more likely to buy something from a store that has a pleasing environment and a staff that is able to meet our needs. Likewise, if the environment in this training room is comfortable and I understand what you want to learn and use effective training methods, are you more likely to learn?

Lead a brief discussion to point out the connection between the environment and our receptiveness to learning.

**Say:** The environment can greatly affect our receptiveness and motivation to learn. It is the same for young children. A comfortable but stimulating environment can contribute to their self-confidence, willingness to try new things, and ability to learn.
Ask: How would a good early childhood environment make the children feel?

Lead discussion to include the following:

- Children would feel physically comfortable (e.g., appropriate temperature, lighting, child-sized furniture, access to restroom).
- Children would feel safe. (The area would be free from dangerous or frightening items.)
- Children would feel their thoughts and feelings have meaning and are valued. (Caregivers would respect children’s thoughts, activities would reflect children’s interests, age-appropriate themes would be used, children’s work would be displayed at their eye level.)
- Children would feel stimulated, motivated, and free to experiment.

Say: Once the basics of safety and comfort have been taken care of, teachers and caregivers may turn their attention to the many ways they can encourage children to explore, learn, and grow. In fact, we will see that even times devoted to routine care like diapering and feeding provide opportunities for learning together.

Most caregiving sites have already considered the local licensing requirements for

- space—such as the number of square feet per child
- safety—such as the height of surrounding fences and the number of bathrooms
- accessibility issues—such as wheelchair-accessible facilities

If you have any concerns that your center is not meeting licensing requirements, check with the local licensing agency. [Supply a local phone number if possible.]
The National Association for the Education of Young Children (NAEYC) has made recommendations about how many staff members are needed to care for children of various ages in different size groups. You can find those numbers on Handout A-1-1. You may want to take a quick look at it now and keep it for later use.

Lecture/Discussion: Infant/Toddler Care Areas

I'm sure it does not surprise you that the handout recommends that our youngest children be cared for in very small groups. A low adult-to-child ratio allows the caregiving environment for infants and toddlers to be responsive to basic needs. When a child’s diaper is soiled, it will be changed. When a child is hungry, the child will be fed. When a child is unsure or frustrated, the child will be comforted. This sounds so simple—and it is. But before any higher-level learning can take place, these basic needs must be met.

What are some areas that need to be set up in the education and caregiving environment to address the basic needs of infants and toddlers?

Refer to Handouts A-1-2a, b, and c. Ask participants to make suggestions for each area.

- sleeping/napping area
- feeding area
- diapering/toileting area

Infant/Toddler Sleeping/Napping Area

First, let’s talk about a sleeping or napping room. This area needs to have separate spaces for infants and toddlers in order to allow for their different sleeping schedules. Cribs for infants and floor mats for toddlers will be needed. Many centers use small sheets to cover the children while napping. A rocking chair to rock babies to sleep is especially nice.
Ask: What other appropriate items can you think of?

Write participants’ responses on chalkboard, chart paper, or transparency.

Say: It is always a good idea to ask families what they do at home to help their child fall asleep. Something familiar from home, such as a favorite “blankie” or stuffed animal may help the child feel more comfortable. However, do not put a pillow, stuffed toy, adult bedding, or other soft items in a crib; they may suffocate a baby. Also, to reduce the risk of sudden infant death syndrome, or SIDS, always place infants on their back to sleep. Many centers require a note from the infant’s doctor if the parents request a sleeping position other than on the back. However, if a baby was premature or has certain health problems, a different position may be best. Discuss this with parents and follow doctor’s orders. You’ll find tips on how to decrease the risk of SIDS on Handout A-1-3.

✓ Infant/Toddler Feeding Area

Say: The area set aside for feeding must be located away from the toileting area. It should be near sinks and have counter space for food preparation. A refrigerator to keep foods fresh is also important. You will need high chairs or booster seats with straps for security. Cups, plates, spoons, bibs, bottles, and nipples should be labeled for each child. Again, rocking chairs are especially nice for feeding infants and can also be used by mothers who come to the center to nurse their baby during the day. You will need small tables and chairs for more independent toddlers.

If any children in your center use a gastrostomy tube (or “g-tube”) or have other special feeding needs, ask the parents what will be helpful for the child. A nurse or other medical practitioner will also be able to provide training and information about special feeding needs.
Infant/Toddler Diapering/Toileting Area

Say: Finally, let’s discuss the diapering and toileting area. When arranging an area for diapering and toileting, location and size are very important. The diapering area should be located in or near a bathroom. Bathrooms should contain a child-level toilet or toilet seat adapter and step stool, sink or sinks, and shower or shower adapter for the sink. Make the area accessible for children with disabilities. Adding a mobile or posters to this area can help keep the children content during diapering or potty ing.

Also needed are a changing table and storage room for the gloves caregivers wear when diapering and toileting each child, and for diapers, wipes, extra clothes, and other needed supplies. Keep these items out of the children’s reach. And post signs nearby describing the desired diaper changing procedure and reminding staff to use gloves and wash their hands.

While we are talking about supplies, we should remind ourselves to have a cupboard or box set aside for first aid supplies. This should be near a sink with running water.

Ask: What should be kept in the first aid kit?

Lead discussion and refer to Handout A-1-4.

Say: Remember to write your center’s address next to the phone, along with directions for how emergency personnel should travel to get to your center. In a crisis it would be easy to give wrong directions if they are not written down. You can fill out Handout A-1-5 and post it by the phone.

Provide appropriate local phone numbers for participants to add to Handout A-1-5.

Say: Remember, you can use the time spent taking care of routine needs to interact with each child one-on-one. Consider, for example, that by the age of three a child will have had 5,200 diaper changes. That’s “quantity time” we can turn into “quality time” by talking to the
child about the activities of diapering while performing them. At feeding time, you can name and point to the bottle, cup, spoon, or other items being used. Similarly, you can help a child fall asleep by humming or reading to the child, or by patting the child’s back. These simple, comforting interactions turn routine care times into learning times.

5 minutes

Lecture/Discussion: Outdoor Play Areas

Say: Knowing that their basic needs are going to be met helps children feel more comfortable and confident and, therefore, more willing to explore and experiment. This allows us to take advantage of their curiosity, creativity, and love of play to help them learn and grow. For young children, learning is mostly accomplished through play. It is vital that every early childhood setting have a variety of outdoor and indoor play areas designed to stimulate all aspects of the children’s developing minds and bodies.

Different age groups use play spaces differently. It’s safer if infants, toddlers, and older children have separate play spaces. If these age groups must share play space, the toys for the older children must be safe for the infants—and the two groups should play at separate times.

Outdoor play spaces should encourage children to be active participants in play and should allow them to experience a variety of types of movement, including

- up and down
- side to side
- back and forth
- in a circular motion

This will help them improve their balance and awareness of where their body is in relation to what is around them.

Use equipment that provides movement experiences that are important for young children, including those listed on Handout A-1-6.
The playground should offer small climbing equipment that children can go around, in, and out of. Swings and low slides are also good, but play on them requires especially close adult supervision. By the way, many companies sell playground equipment that is accessible to children with physical disabilities.

**Ask:** Do any of your centers have accessible equipment?

If some participants indicate that their centers do have accessible equipment, ask one or two participants to describe their center’s equipment. If time permits, pass around a catalog that contains pictures of accessible playground equipment.

**Say:** The ideal is for the outdoor play space to have areas that are paved and areas that are covered with sand, grass, wood chips, or other soft surfaces. Both sunny and shady areas are also desirable.

When planning outdoor play space, remember that you will need storage space for balls, wagons, tricycles, trucks, and other outside equipment. And you will need a plan for maintaining outdoor equipment so it stays in a safe condition.

It is also important to arrange the outdoor area to limit access by outsiders. Keep the area clear of stinging insects and make sure all adults are ready to react quickly to unexpected events.

10 minutes  

**Activity:** Indoor Learning and Play Centers and Materials for Toddlers and Preschoolers

**Say:** Like outdoor space, indoor play space should be carefully planned. Often, the deliberately organized play areas we see in early childhood programs are called learning centers. Each center grows out of children’s natural interests and use of materials.

**Ask:** What play and learning centers would be good older toddlers and preschoolers?
Write responses on chalkboard, overhead transparency, or chart paper, to include the following:

- block or construction area
- art area
- dramatic play or housekeeping area
- table toy or manipulative area
- quiet or book area
- science or discovery area
- water and sand play area (also other sensory materials such as beans or noodles)
- music area
- technology/computer area (for older preschoolers)
- area where children’s work and projects can be displayed

Divide participants into groups. Assign one learning center to each group. Give each group a piece of chart paper and marker to write the name of their area and a list of materials they might stock in that area. Ask them to be as creative as possible.

Assist groups as needed. After 5 minutes of brainstorming, have the groups post and discuss their list of materials. (As an alternative, lists may be written on 8 1/2 x 11 inch paper and reproduced for all participants to take along.)

**Say:** Each of these learning centers is sure to encourage a young child’s imagination and creativity. But remember, we also want the learning areas to support the children’s desire to become more independent and do things for themselves. That is why it is important to arrange materials at the children’s level, organize the materials logically, label shelves, and make sure shelves are not overly crowded.
• Toys should be neatly arranged on low, easy-to-reach shelves. This encourages children’s independence and exploration.

• Materials should be logically organized. For example, paper, paint, markers, and modeling clay might be stored near a table in an uncarpeted area and close to a sink.

• Shelves should be labeled with pictures that show children where to return objects when they are finished using them.

• Shelves should not be overcrowded. Having too many options makes it difficult for young children to make choices. Also, when shelves are too full, it is difficult for children to put toys away during clean-up.

15 minutes

Lecture/Discussion: Problems in the Environment

Say: Now that we have divided the setting into interest areas, and each area is well-equipped with stimulating materials, there is another aspect of the environment to consider: How will the space actually be arranged and will the children play as we hope with the materials in each area? Some common problems in early childhood settings are actually caused by the thoughtless arrangement of space.

Look at the behaviors listed on Handouts A-1-7a, b, c, and d. These problem behaviors can be decreased with proper arrangement of the environment. Consider the first one—running in the classroom.

Encourage participants to discover possible causes and solutions for each problem listed on the handout. Ask them to discuss how the solution is linked to developing the children’s independence. Write their responses on an overhead transparency, chalk board, or chart paper, or ask participants to take notes on their own copy of the handout.
✓ Running Inside

**Ask:** What is one room arrangement that promotes running?

Probable cause: Too many wide open spaces.
Probable solution: Break up the wide open spaces. (To reduce running in the classroom, arrange shelves and tables to separate wide open spaces.) However, be sure to leave room for a child in a wheelchair to enter each space.

✓ Fighting over Toys

**Ask:** Now consider the second problem behavior, fighting over toys. What are some possible restrictions in the environment that prompt this behavior?

Probable cause: Too few toys.
Probable solution: Provide more toys—especially two or more of the same toy. (Providing more toys, especially toys that will be enjoyed by small groups of children, reduces fighting. Two or more of the same toy is the best solution. When there cannot be enough of a favorite toy for all children, institute a turn-taking system, such as using a waiting list or timer.)

✓ Moving from One Area to Another without Purpose

**Ask:** Third, what do you think might cause the aimless wandering that prohibits a child from becoming productively engaged in an activity?

Probable cause: Cluttered, disorganized play areas; unclear or insufficient choices of activities.
Probable solution: Organize the play areas. (Organizing the environment into specific learning and play centers, neatly placing toys on low shelves, and providing appropriately challenging activities will reduce disorganized behavior.)

✓ Using Toys Carelessly

**Ask:** Finally, what might cause children to use toys carelessly?

Probable cause: Messy, unlabeled, overcrowded shelves.
Probable solution: Neat, labeled shelves. (Neat, labeled
shelves promote independence in caring for and putting away toys.)

10 minutes

**Lecture/Discussion: Including Children with Disabilities**

You may wish to expand on this section by allowing participants to simulate having a disability. Suggestions are provided below for “simulation centers” that can be set up to give participants these experiences.

**Say:** *Even the most carefully planned early childhood environment is good only if the children use it to explore and learn. As we discussed, the children’s behavior can be one clue that the environment needs to be changed. Another indication that the environment needs to be changed is when children with disabilities cannot access the wonderful play and learning areas we have set up.*

*Best practices and the federal law called the Individuals with Disabilities Education Act, or IDEA, dictate that young children with disabilities should be educated and cared for in natural environments. The term natural environments refers to places where young children generally are educated and cared for, such as the home, child care center, preschool, or home day care.*

*Including children with disabilities in your program may mean making some changes, or adaptations, in the environment. But think about the ways in which we already adapt the environment to meet the needs of young children. We have put everything closer to the ground—tables and chairs are smaller, and toys are placed on low shelves. We use picture labels instead of words since young children cannot read. Now let’s think further. How might we adapt the environment for children with visual impairments, hearing impairments, physical impairments, or learning impairments? Our purpose is to make the materials and activities as accessible to these children as they are to any other child.*
✓ Children with Visual Impairments

**Say:** Children with visual impairments rely more intensely on senses other than vision to receive information about their environment.

**Ask:** What are these other senses?

Accept answers to include hearing, touch, smell, taste, proprioceptive (balance or sense of where one’s body is in space).

**Say:** The most important consideration in arranging space for children who have visual impairments is for the environment to remain consistent. If the pencils are supposed to be kept in a can on the art shelf, they should always be there.

**Ask:** Do you have any other ideas about how we might make the environment more accessible to children with visual impairments?

Accept answers to include removing barriers (pushing chairs under the table when they are not in use, removing throw rugs), using tactile aids (labeling shelves with real or raised samples of what should be returned there), letting the child know you are in the area by speaking before you approach.

**Optional Simulation Center:** Have participants wear goggles with cream or tape covering the lenses. Ask participants to color a picture or pour water into a cup while wearing the goggles.

✓ Children with Hearing Impairments

**Say:** Children with hearing impairments have difficulty distinguishing sounds in their environment, especially when the overall noise level is high. Most settings that contain young children will be noisy at some points during the day, but there are ways to reduce this distraction. One very simple adaptation is to cover the room with sound-absorbing materials. Carpet on the floor, drapes at the windows, bulletin boards on the walls, and acoustical ceiling tiles are all helpful. Another trick is to use earphones in the music and com-
puter areas so electronically produced sound does not interfere with voices in the room.

**Ask:** Can you suggest other ways we might make the environment more accessible to children with hearing impairments?

Accept responses to include using timers, phones, and bells that provide visual cues (usually lighting up).

**Optional Simulation Center:** Have participants stuff marshmallows into their mouths and then try to say something to their neighbor.

✓ **Children with Physical Impairments**

**Say:** Children with physical impairments vary greatly in their needs. Some children with physical impairments are not able to walk, but their upper body muscles are fine. Some children with physical impairments have weakness in both the arms and legs. Sometimes, spasticity accompanies the child’s inability to use the muscles. Whatever the specific ability of the child, the arrangement and height of furniture and materials should be adjusted to maximize the child’s independence.

**Ask:** What adaptations to the environment might you consider if a child was sitting in a wheelchair?

Accept responses to include wide spaces between areas so children can maneuver through. Accessibility to bathrooms and sinks, as well as to all play and learning areas in the classroom, should be considered. If the child also has difficulty with upper body movement or control, toys and computers can be adapted with special switches that allow the child to operate them using movements the child is able to make. Demonstrate samples of these if available.

**Say:** Children with physical impairments may also benefit from commercially produced or homemade adaptations to materials. For instance, scissors and spoons can be adapted for use by children with limited dexterity. Chairs and standing devices can be used to assist the child who cannot sit or stand independently. Al-
ways consult with parents and therapists for the best ways to adapt the environment for individual children.

**Ask:** How else might we make the environment more accessible to children with physical impairments?

Give participants a brief time to respond.

**Optional Simulation Center:** Ask participants to hold a ball between their knees while they walk to pick up a toy at the end of the hallway. Ask participants to wear gardening gloves while doing a jigsaw puzzle.

✓ **Children with Learning Impairments or Developmental Delays**

**Say:** Children with learning impairments or developmental delays are easily included in the education and caregiving setting. The teacher’s main concern must be to adapt the environment to include simpler toys and materials, and toys and materials that include sharing possibilities.

All children benefit from repeated instruction using visual and auditory cues, but cues are especially important for children who learn more slowly. Repeat group directions for the child individually, and positively reinforce the progress the child makes. Also try to keep the arrangement of space and materials as consistent as possible, so as not to frustrate the efforts of the child. When change to the environment or routine is necessary, tell the child ahead of time and include the child in the change process. Picture schedules help children know what to expect.

**Ask:** Do you have any other ideas about ways we might make the environment more accessible to children with learning impairments or developmental delays?

**Say:** Look at each child in your program carefully. This will tell you much about the child’s needs and how you can adjust your program and environment to meet those needs.
Technical assistance and resources are available to help you include children with disabilities in your program. Handout A-1-8 lists places you can call for help.

End of Hour 1: Closing
Goal: Participants will gain knowledge of developing and implementing a daily schedule.

Objective—*Participants will gain an understanding of*

- the importance of daily routines for young children
- necessary parts of the program day, including basic care and activity times
- how to arrange daily activities into a practical sequence
- how to help children make transitions between activities
- how to integrate support persons into the schedule
- adaptations to schedules necessitated by specific developmental issues and needs
Greeting, Sign In, and Distribution of Handouts

Session Begins

10 minutes

Lecture/Discussion: Planning the Daily Routine

Say: During this hour, we will focus on scheduling and staff responsibilities. Our goal is to create a schedule that promotes the physical, social-emotional, intellectual, and self-care potential of young children, whether or not they have disabilities or special needs. In this session, we will talk about the following:

- components of daily schedules for infants, toddlers, and preschoolers in group settings
- the appropriate sequence and duration of daily activities and how to make the transition between activities
- support personnel who may need to be included in a flexible schedule

Say: Let’s begin the discussion of a daily schedule and staff assignments by discussing how certain factors affect the daily routine.

Review Handout A-2-1. Give an example of how a particular characteristic (such as being open from 7:30 a.m. to 7:00 p.m.) affects the daily routine. Then have participants quickly give examples of how each variable listed on the handout could affect the center schedule.

✓ Center

- Length of day
  - How many hours will the children attend?
  - What are the hours of operation?
  - How will activities be conducted for children who attend for different numbers of hours?
• Physical Plan
  – Are the areas large enough to hold the group designated for each activity?
  – Is time planned to accommodate all children without hurrying them (e.g., in lunch areas, outdoor areas, and other shared spaces?)

✓ Children

• Number of children
  – How many children does the center serve?
  – How many groups of children are there?

• Developmental ages of group
  – What developmental levels are included?
  – How many children are in each developmental age group?

• Physical characteristics
  – What time of day are the children most alert?
  – How much sleep will they need?
  – Are all rooms and facilities available and accessible for use by all children, including those with disabilities or special needs?

✓ Staff

• Number of staff members
  – What is the ratio of caregivers to children at any given time of day?
  – How many caregivers will be on duty at which hours?

• Attributes of staff members
  – Which caregivers are more comfortable with which activities or groups of children?
  – What are each caregiver’s skills, training, strengths, and interests?
• Interactions with families
  
  – What regular opportunities are there for parent participation?
  – What time is available for parent-teacher communication?

15 minutes

Lecture/Discussion: The Daily Routine for Infants and Toddlers

Adjust the discussion below to meet the needs of the participants. Omit discussion of age groups that are not relevant and expand those that are.

Say: Infant and toddler programs must include time to meet the children’s basic needs. These are the activities related to a child’s physical well-being and to the development of self-help skills.

Play times are also important because it is through play that children reach higher levels of development. However, you will notice that our focus with infants and young toddlers is on caregiving routines rather than on activities such as learning centers, which are more appropriate for preschoolers. In fact, with very young children, most play and learning occurs as part of those caregiving routines.

There is another major distinction between the infant/toddler daily routine as opposed to the daily schedule for preschoolers. Infants and toddlers have individual schedules. Specific routines of sleeping, eating, and needing diaper changes vary from child to child. But all very young children need their daily schedule to reflect the following basic characteristics:

• consistency

• predictability

• variety
Lead a discussion to include the information outlined below.

✓ Key Characteristics of a Daily Routine for Infants and Toddlers

**Consistency**

Consistency is important for all young children, but for infants and toddlers—and for many older children with disabilities or special needs—consistency is vital. This means that the infant should be cared for by the same person every time the infant is in the child care setting. Consistency allows the infant to create an emotional bond with the caregiver. Research has shown that these initial attachments form the basis for healthy social/emotional development. There are actual biological responses that are dependent on the infant’s attachment to the caregiver and the consistent response of caregivers.

**Predictability**

Consistent caregiving also implies predictability. A predictable routine helps infants and toddlers develop a sense of familiarity and control within the environment. For example, the caregiver greets the child, sits with the child on the floor to play, turns on familiar music, feeds the child breakfast, and takes the child outside to play. After this routine is followed many days in a row, the child begins to predict what will happen next, reaching for the toy on the carpet that was used in play the day before, smiling to the familiar music, crawling to the table for breakfast as soon as the caregiver begins to set up the feeding area. Disruption in routine often causes confusion in young children.

**Variety**

The infant’s routine, though heavy on feeding, sleeping, and diaper changing, should include play time. Adults should provide variety in the infant’s routine—including positioning the infant on the floor; in an infant seat, stroller, and swing; and on an adult’s lap—in order to stimulate the infant’s visual, tactile, auditory, and kinesthetic exploration. Infants should be sung to, rocked, talked to, read to, and caressed. A stimulating early environment will contribute to
the child’s healthy cognitive, social, emotional, and physical development.

**Say:** Having thought about factors to consider in establishing the daily routine, let’s talk about specific activities that must be included in a routine for infants and toddlers. These parallel those three major caregiving areas we talked about in hour 1.

✓ **Toileting and Diapering**

**Say:** Scheduled times for children to have their diapers changed or use the toilet help ensure that the children’s needs are met. A scheduled changing time for infants serves as a reminder to caregivers throughout a busy day to check diapers. However, infants cannot wait for changing times. If a diaper is soiled, it should be changed immediately. This helps avoid discomfort and diaper rash.

Toddlers are just beginning to be aware of the sensations involved in urination and bowel movements. They may be able to tell caregivers that their diapers are soiled.

A predictable, scheduled time for pottying offers older toddlers an opportunity for success while learning. Opportunities for using the toilet should be offered at least every two hours throughout the toddler’s day (for example, upon arrival, after snacks and meals, after nap, and before leaving).

After the developmental age of two years, toddlers may be able to predict when they will need to use the toilet. At these times, the caregiver is responsible for handling the situation immediately, regardless of scheduling.

Although toileting time is important, it should not become the center of the day’s activities. No child should have to sit around bored waiting for the rest of the group to use the potty. Arrange for a staff member to assist in toileting while another does an activity with the children who have already used the potty.
**Ask:** What other thoughts would you like to add regarding toileting and diapering?

Give participants a brief time to respond.

**✓ Feeding**

**Say:** Feeding is another activity that must be included in the daily routine.

Most infants and toddlers eat small amounts frequently. Opportunities to enjoy meals in a group setting should not be limited to lunch. Depending on their hours of operation, most centers or group child care homes provide breakfast, a morning snack, lunch, and an afternoon snack. Some also provide dinner.

Ask participants what meals their centers provide and how meal time is handled. What is staff doing at this time? Develop the discussion to include the following:

Feeding time is an important time for

- positive caregiver and child interactions
- positive child-to-child interactions
- developing the child’s sense of well-being
- helping the child learn how to interact with caregivers
- helping the child learn social skills

**Say:** For all these reasons, it is helpful to have all or most staff members scheduled to work during feeding times and to include in the daily schedule time for any needed preparations in order to avoid delays in delivering meals to children. Also, language and social interaction are facilitated when meals are served family style.

Ask participants to describe infant feeding and how it differs from meal/snack time for older children. Include the following:
• Infants should be allowed to eat according to their individual needs and not be forced into a group schedule.

• Infants, as well as some children who have special feeding needs, require one-to-one attention during feeding.

• Infants should be in an upright position for feeding.

• Young infants need to be held and fed individually. Infants who can hold a bottle will need some assistance, but independence should be encouraged.

Say: You can use a chart such as the one on Handout A-2-2 to record when each child eats and the ounces of breast milk or formula or the amount of semisolid food taken. This information can be helpful to parents and can be very important should the child develop an allergy or other illness that may be related to what the child has eaten.

Feeding toddlers is a challenge. Teachers and caregivers need to be patient with anxious, hungry children. Each toddler needs to be provided with sufficient time and attention to make mealtime satisfying and enjoyable and to promote independent feeding skills.

Ask: What are some suggestions for making toddler meal times easier?

Lead discussion to include the following:

• Provide activities for other children when it is necessary for them to wait their turn. (Give a waiting child a rubber ring or toothbrush to mouth while sitting facing you or let the child play near you on a carpet).

• Remember food play is a good way for children to become familiar with new foods and to practice independence. Give toddlers simple safe foods to touch and explore, such as pudding, flavored gelatin, small ice chips, and baby crackers. Of course check with the family before introducing any new foods.
• Post reminders about food allergies, special feeding procedures, or mealtime medications in the feeding area.

• Remember that some children, such as those who are fed through a g-tube, need extra staff time and attention during meals. Caregivers will need special training to meet special feeding needs.

✓ Napping/Quiet Time

**Say:** Sleep is a basic need, just like eating and using the toilet. Scheduled nap times make it possible to ensure that children get the rest they need. But infants may not easily adapt to a center’s scheduled nap time. Staff need to find out from parents how and when the child naps at home. An infant should not be forced to nap because it is the scheduled nap time, nor should an overtired infant be kept awake for scheduled activities.

Infants should be allowed to sleep according to their own needs, at least for the first six months of life. Gradually, we may be able to help the child become accustomed to the center’s schedule.

Nap time may be the best time for teachers and caregivers to be scheduled for breaks. But remember to keep the appropriate caregiver/child ratio at all times.

Keep parents informed of changes in their infant’s sleep patterns. A simple checklist near each baby’s crib will make it easier to keep track of sleep patterns. You’ll find a sample sleep chart on **Handout A-2-3**.

Most programs provide two-hour nap periods for toddlers after lunch. Since not every child will sleep for two hours every day, it is important to allow children who are awake to participate in quiet activities while others are sleeping.

**Ask:** What are some ways you handle this situation in your centers? How can you provide quality time for the children who are awake while others are sleeping?
Lead discussion to include the following possible responses:

- one-on-one time with adult
- having child “help out”
- reading to the child
- listening to a story on tape with earphones
- listening to quiet music
- playing in another room
- special art projects

**10 minutes**

**Lecture/Discussion: The Daily Schedule for Preschoolers**

**Say:** For older toddlers and preschoolers, the focus of the program moves from caregiving routines to play and learning activities. An effective daily schedule for preschoolers creates a balance between these types of activities:

- active/passive
- large-group/small-group or individual
- indoor play/outdoor play
- child-directed/adult-directed

**✓ Active/Passive Activities**

Children are passive when they watch videos, listen to stories, or otherwise receive information without opportunity for expression. These passive times should be balanced with a healthy dose of active times. Active parts of the daily routine include music and movement activities, outdoor play, freely chosen play activities, and some small-group activities.
✓ Large-Group/Small-Group or Individual Activities

Large group activities are those in which the whole group or class of children is led in an activity by one or more teachers. These are typically story times or music and movement activities. Large group times should last about 5 to 15 minutes. Any more than that and the caregiver will find that more time is spent redirecting children than leading the activity.

Small group activities may run a little longer, because they allow the caregiver to better observe and respond to the children individually. Often, small groups are made up of half or a third of the large group.

Small groups may involve an activity that otherwise would not accommodate all the children. For example, if the program has purchased one dozen children’s scissors and there are 14 children in the group, the teacher may decide to schedule a cutting activity during a small-group time with half the children. The other group of children may do the cutting activity at another time. For a child with a disability who has trouble cutting, select another child to be a buddy for activities such as this.

✓ Indoor Play/Outdoor Play

A balance should also be achieved between indoor and outdoor play periods. Except during poor weather conditions, outdoor play should be scheduled every day. Some centers give each group of children 20 to 30 minutes outside every two hours; others schedule one outdoor period in the morning and one in the afternoon.

Be aware that some children do not tolerate heat well or cannot independently use playground equipment. Pay special attention to these young ones.

When weather does not permit outside time, substitute indoor activities that involve lots of movement.

Ask: What activities do you do with the children when you cannot use the outside areas?
Allow several participants to respond.

✓ Child-Directed/Adult-Directed

**Say:** The daily schedule should include plenty of opportunities for children to choose their own activities. Often this is called free play time or work time. When children are being “directed” by a teacher, they should be allowed some choices even within the directed activity. For example, if the caregiver plans to have the children sing the familiar song Old MacDonald, the children should have the opportunity to choose which animals to include on the farm. Likewise, if the caregiver has planned a cut and paste activity, the children should be offered different types and colors of paper to cut and should be encouraged to paste these pieces in their own creative ways. When children are allowed to direct their own experience, they learn more from the activity than they do when an adult directs.

15 minutes  

**Activity: Making a Daily Schedule for Preschoolers**

**Say:** Considering all these types of activities, our task is to create an effective daily schedule for preschoolers.

Ask group members to suggest parts of the day they need to schedule into their program. Write all responses on the chalkboard, overhead, or chart paper. Be sure some form of each of the following is included:

- feeding
- toileting
- napping
- outside play
- indoor play (active and passive)
- group time
- quiet or individual time
child-directed activities
adult-directed activities

Also accept specific activities such as

- music
- art
- story time
- block play

Refer to Handout A-2-4, Picture Symbols for Daily Preschool Schedule. Invite participants to divide into groups of three or four. Give each group a pair of scissors and a strip of tape about two feet long. Instruct each group to cut and align the parts of the day along their strip of tape in a sequence that considers a balance between active/passive, small group/large group, outside/inside, and child-directed/adult-directed activities. The members of the group may need to cut up more than one handout for this activity. Use blank paper for participants to write in their own ideas. As the groups work, interact with the participants to gauge their understanding of the concepts presented and to field any questions that arise.

Finally, allow each group to present their schedule.

(You may wish to expand this activity so participants can make larger, colored schedules for use in their classrooms. Also discuss the use of photographs or of tactile cues [e.g., plastic spoon as a symbol for lunch] for children who are visually impaired.)

5 minutes

Lecture/Discussion: Helping Preschool Children Learn the Daily Routine and Make Transitions between Activities

**Say:** As we mentioned in the beginning of this hour, predictability is very important for infants. Knowing what comes next also helps preschoolers feel comfortable. This allows them to explore and learn in their environ-
ment. Likewise, transition periods that help the children know that one activity is ending and the next is about to begin help the daily routine go smoothly and help eliminate undesirable behaviors, such as tantrums about not wanting to leave an activity. **Handout A-2-5** lists some ways you can help preschoolers and more independent toddlers learn the daily routine and make the transition from one activity to the next.

**Helping Children Make Transitions**

- Follow the daily schedule every day in the same order.
- Help children learn the names of the parts of the day.
- Post the daily schedule at the children’s eye level using photographs or picture symbols. A schedule with removable pictures so the children can add or remove a picture of the activity as it begins or ends is especially nice. Make adaptations for children with visual impairments by using raised pictures or other tactile items.
- Review the daily schedule at the start of the day, especially when there may be changes such as a guest or special activity.
- Use words like *first, next, after, and before*.
- Prepare children for transitions by alerting them a few minutes before the end of an activity.
- Remind children what will be happening next.
- Use a song or other signal to cue children to begin or end the scheduled activity. Make adaptations for children with hearing difficulties, such as signing or acting out the words of the song.
- Give special attention to children with autism, as they have particular difficulty with transitions.

Ask participants to suggest other ideas.
Lecture/Discussion: Specialists

Say: Now that we have identified the parts of the day and placed them into a schedule, we must consider the possible need for added time and flexibility within the schedule to accommodate individual needs. For example, there may be children in the group who need special services, such as help using an adaptive feeding device or help with transitions, as we have just mentioned. Often, caregivers can be trained to attend to these needs. However, sometimes an outside professional may be involved. Handouts A-2-6a and A-2-6b describe professionals who may be involved in the care and education of a child with a disability. These people belong to the child’s multidisciplinary team. This is a group of people from a variety of disciplines, such as teachers, doctors, therapists, and parents, who work together for the benefit of the individual child.

Sometimes children go to the specialist’s office to receive services. However, the Individuals with Disabilities Education Act, or IDEA, and best practice for both the child and the family indicate that therapists should be encouraged to deliver services in the natural environment. More and more therapists are visiting early child care and education centers and working with children using their daily activities as a vehicle for delivering therapy. For example, a physical therapist may come into the child care center to assist a child in using playground equipment in order to develop the child’s motor skills, rather than using typical equipment found in therapy rooms, or a speech pathologist may focus on a specific speech skill by working with a child on the songs that are sung during the center’s group time.

Ask: What are some advantages of delivering services in the natural environment?

Lead discussion to include the following:

- not having the child leave the early childhood program on a regular basis
• allowing teachers and caregivers to observe and learn appropriate techniques to use with the child

• making the therapy a part of the early childhood program, so all services provided to the child are integrated

• allowing other children to join the therapy session, thus eliminating stigma and encouraging interaction between children with disabilities and other children

Say: There are several ways to integrate specialists into the child care program. First, it is important to clarify whether the specialist is there to provide direct services to the child with a disability or to act as a consultant to the caregiving staff. In either case, the specialist should be introduced to the children, families, and other staff.

If the specialist is there to provide direct services to a child, we as caregivers can help by creating space for this service to occur, limiting interruptions, and supporting the child’s willingness to work with the specialist by showing enthusiasm for his or her presence.

If a child with a disability or special need has a therapist come in on a regular basis, you will want to plan your schedule to ensure that this child’s day is balanced with the varied activities we discussed earlier.

If the specialist is there to consult with caregivers and offer support or advice, schedule time away from the children to meet with the specialist. Be honest about any concerns you have regarding the child with disabilities. Also be open to the therapist’s suggestions about including the child fully in the program. Support the therapist’s work by recording the child’s progress during times when the therapist is not with the child. The therapist will want to schedule some form of regular communication with the family, as well.

Ask: We’ve come to the end of hour 2. Are there any questions?

End of Hour 2: Closing
Goal: Participants will gain knowledge of the nature and importance of play.

Objective—Participants will gain an understanding of

• the learning potential of play activities
• play activities appropriate for infants, toddlers, and preschoolers
• how to include children with disabilities or special needs in group play
Grow to 5 Module A

Greeting, Sign In, and Distribution of Handouts

Session Begins

10 minutes

Lecture/Discussion: How Children Learn

Say: The first two hours of this training covered basic care requirements, play and learning areas, and daily routines. We have said that well-chosen play areas and a thoughtfully developed schedule can help children learn. In hour 3, we will talk more about how children learn and—in particular—how much they learn by playing. We will also identify toys that are right for infants, toddlers, and preschoolers.

Before we discuss young children's learning, we should brief talk about learning in general. Think of something you have learned within the past several years, such as using a computer or playing golf or tennis. Think about how you learned this new skill or activity. Remember some of the feelings you had while you were learning. Write them down.

Give the group a moment to write down personal experiences. Ask volunteers to mention their newly acquired skill to the group. Lead the discussion to include the following:

- how this new skill was learned (e.g., from a book, through hands-on instruction)
- the amount of practice that was required
- whether people of different ages can do this activity
- whether it was a pleasant or unpleasant experience, and why
- whether the pace of the activity was comfortable
- whether it is easier to learn something one wants to learn
- barriers to learning
Say: Remember the pride of accomplishment and joy of discovery you felt in learning something important to you. Our goal is to create opportunities for young children to experience these same feelings, so that throughout their lives they have a thirst for learning and the self-confidence they need to become more independent.

Ask: What do we know about how we ourselves learn and how can we use that knowledge to support the learning of the children in our care? For example, what have you noticed about the way you learn?

Write participants’ responses on chalkboard, chart paper, or overhead transparency. Then ask participants to discuss what their responses imply about how to help children learn. If necessary, share the first response below to get the discussion going. If you wish, use overhead transparencies of Handouts A-3-1a and A-3-1b to guide the discussion. Cover the transparency with a blank sheet of paper. Expose the “I learn best” statements one by one and ask participants to talk about what that statement implies about how to work with young children. Then expose the italicized statement to focus or summarize participants’ comments.

- Everyone learns best when they are interested in what they are learning. By observing children, we can see what they are interested in and build on their interest.

- Having time to spend on activities we want to do is important to all of us. If a child is interested in playing with a toy, we, as educators, should be sensitive to the child’s interest and not interrupt.

- We learn from those around us. Children in particular learn by imitation. We must be sure that our actions are ones we want to be imitated.

- We all learn from our mistakes. Children are no exception. Caregivers need to make sure the situation is safe and then allow the children opportunities to experiment and learn through their experimentation.
• Variety makes learning more fun and reinforces what we learn. Children need and enjoy active exploration of many different items and places.

**Say:** Don’t forget, the most important support for learning in any caregiving environment is—you. Great toys and materials and well-organized learning centers mean nothing if you are not there. Learning together gives young children joy. Be a child again yourself. Remember to play.

**10 minutes**

**Lecture/Discussion: Developmental Ages and Stages**

**Say:** Before discussing activities that are beneficial for children, let’s review some characteristics of children at different ages. As we do this, it is important to remember that not all children reach milestones at the same age. This is especially true for children who have disabilities or special needs.

Earlier, we shared skills we had recently learned. Whatever the activity, there will always be people younger than us who already know how to do that particular activity. Also, some people older than us will not know how to do that particular activity. It’s the same with children. When we talk about children learning skills or doing activities at certain ages, we must remember these ages are just guidelines. We must observe the children in our care so we can select activities suitable for each child—based on the skills the child already has and the skills the child is ready to learn next. For example, children cannot learn to button if they do not have a good pincer grasp.

Demonstrate buttoning and note the need to use thumb and forefinger together.

**Say:** Likewise, toddlers cannot draw a circle if they cannot yet hold a crayon or pencil and scribble.
Remembering that these are just general guidelines, let’s look at the chart on Handout A-3-2. It describes what infants, toddlers, and preschoolers can generally do in three important areas: social, discovery (thinking and language), and movement.

It is sometimes difficult to plan for children when they are very scattered in their abilities. Let me give you an example of what I mean by scattered. Handout A-3-3 provides a visual profile of the development of one make-believe child. This child is developing like most other children of the same age in thinking skills, self-care skills, and language. However, the child’s movement skills are below what could be expected for a child of that age, while the child’s social skills are advanced. A profile like this can give you useful information about a child and help you select appropriate activities and toys for that child. Scattered development is fairly common in children with disabilities—and may be one of the first signs that a child has a special need.

Most infants and toddlers with disabilities or special needs have a family support plan, or FSP. Children ages three to five may have either an FSP or an individual educational plan—an IEP. These plans are developed by the multidisciplinary team, which includes the family and the therapists and other professionals who provide services to the child. The plan identifies the child’s strengths and weaknesses, level of development, and goals and objectives for learning. This information can help us select appropriate skill-building activities.

15 minutes

Activity: Planning How to Use a Toy

Say: Let’s try some planning together. We will take a simple toy and discuss all the different levels of activity that can take place using just that toy. We know that infants, toddlers, and preschoolers like to be with others, do things, and move around, so let’s try to identify a social, discovery (thinking and language), and movement aspect for each toy and for each developmental level. However, some toys or activities
may be inappropriate for certain ages. Let’s be sure we mention that, too. Handouts A-3-4 and A-3-5 provide examples.

Provide a choice of toys: balls, sponges, bubbles, water play, puppets, rattles, stacking toys, blocks, crayons, nontoxic modeling clay. Have participants form small groups, give each group one toy, and give them five minutes to fill out Handout A-3-6 for that toy. Have the small groups report back to the larger group. Choose one group’s toy and discuss in the larger group how activities involving that toy could be modified to accommodate the needs of a child with a specific disability (e.g., visual, hearing, motor, cognitive). It can be especially meaningful to plan for a particular child that one of the participants works with. (However, do not use the child’s real name.)

**Say:** Another important part of planning involves making needed preparations in advance so the activity goes smoothly.

**Ask:** The first thing we need to do is have all the needed materials gathered together before the children arrive. What are some other common preparations that need to be made for children’s play?

Make a list on chalkboard, chart paper, or overhead transparency. Add to the list if necessary from the following:

- have all the materials gathered together before children arrive
- try the activity beforehand to make sure it works
- for messy activities, set up areas that are easy to clean
- pay attention to cultural considerations and include items that explore cultural diversity
- provide suitable clothing covers when activities are messy
- provide enough materials for everyone to have their own, since very young children should not be expected to share (Preschoolers can share somewhat.)
• keep it as simple as possible
• prepare alternate activities
• integrate the activity into a theme
• provide any necessary accommodations for children with disabilities or special needs to be able to participate fully

15 minutes    Lecture/Discussion: Developmentally Appropriate Toys

Say: Before giving a child a toy, we must make sure that the toy is appropriate. Knowing what is typical behavior for children of different ages tells us something about the type of toys that can be used with the child. Look again at Handout A-3-2. What is one of the first things babies do with a toy?

Point to line on the handout that states, “put everything in mouth.”

Say: That’s right—babies like to put toys in their mouth. So, toys for infants must be too big to swallow, must be able to be cleaned, and must be nontoxic, or not poisonous.

Babies also like to swing, bang, throw, and drop toys; so, toys must be durable. They should have no sharp parts or parts that can pinch or poke the baby or others.

Toys for young children should pass the tests you’ll find on Handout A-3-7. Even your toys for preschoolers must be safe for younger children if the two age groups will be sharing space.

Of course, even a safe toy is valuable only if children want to play with it. Children show you by their interest what they like to do.

Ask: What do you think infants like to play with?
Make a list on chalkboard, chart paper, or overhead transparency, to include the following:

✓ Toys Appropriate for Infants

- mobiles
- rattles
- texture or yarn balls
- small, simple toys to hold
- safe things to cuddle
- sound toys
- foam blocks
- toys safe to throw
- toys safe to bang
- little things to climb on
- safety mirrors
- simple cause and effect toys such as those that have switches or buttons
- soft balls
- teething toys
- washable books

**Say:** Toys for babies don’t have to cost a lot of money. **Handout A-3-8 describes some toys you can make out of materials at hand.**

**Ask:** What are some of the social, discovery, and movement benefits of using these toys?
Choose one or two of the toys on **Handout A-3-8** and lead a discussion eliciting the following types of answers:

- **Social**—Caregiver and baby can play together. Caregiver talks to baby. Child can attract attention without vocalizing.

- **Discovery**—Child hears different sounds, feels different textures, and looks at different sights. Child makes sound by banging; discovers own image; practices visual tracking; and has experiences in spatial relations, sights, sounds, touch, taste, and smell.

- **Movement**—Child handles different objects. Child can crawl on different textures. Child uses muscles. Child has kinesthetic experiences by positioning his or her body in space.

**Ask:** *What do toddlers like to play with?*

Makes a list on chalkboard, chart paper, or overhead transparency, to include the following:

- **✓✓✓✓✓ Toys Appropriate for Toddlers**
  - nesting objects
  - balls
  - dolls representing various races and cultures
  - blocks
  - books
  - small broom
  - toy telephone
  - bubbles
  - nontoxic modeling clay
  - toys to ride, push, or pull
• things to climb on
• simple animal or action figures
• markers, chalk, crayons, paints
• musical instruments
• sand and water
• dress-up items
• avoid violent toys such as guns, knives, and swords

**Say:** *Handout A-3-8 describes how to make some fun toys for toddlers.*

**Ask:** *What do preschoolers like to play with?*

Make a list on chalkboard, flip chart, or overhead transparency, to include the following:

✓ **Toys Appropriate for Preschoolers**

• wooden blocks
• interlocking plastic blocks
• other construction toys
• small football, basketball, and soccer ball
• markers, crayons, paint
• water colors
• glue and paste
• musical instruments
• toys used in dramatic play
• nontoxic modeling clay
• toys used for water play, such as plastic cups and watering cans

• sensory materials like Silly Putty and gak

• toys used in exploring nature

• avoid violent toys such as guns, knives, and swords

**Say:** Handout A-3-8 describes some play materials you can make for preschoolers.

**Summary**

**Say:** Everything we do with young children can add to their growth and development. You are already providing growth experiences for the children in your care. With our discussion today, I hope you have come to know even better the importance of the time you spend with these children.

Remember to ask each child’s family about toys and activities that are right for their child. Also remember, you can have a positive effect on a child’s development by sharing what you know with the child’s family.

**Ask:** Are there any questions?

**Say:** Let’s review some of the things we talked about today.

**Review** Handout A-3-9.

**Say:** I’d like to leave you with a closing thought. As educators and caregivers of young children, we are concerned that their time with us is peaceful, joyful, and stimulating. As a bonus, if the children’s day is pleasant and happy, your day will be pleasant and happy, too.
End of Hour 3: Closing

You may wish to give the *Welcome to the World* booklet to participants at this time and briefly explain its purpose and how it is organized. *Welcome to the World* is part of the *Grow to 5* series and is also recommended for use with other *Grow to 5* modules, so participants may have already received a copy. You may choose to discuss the booklet in-depth with the participants in place of other material in this module, or at a follow-up session.

**Explanation of Optional Six-Week Follow-Up Activity**

Give participants the phone number at which you can be reached should they have questions about the follow-up activity.
## Appendix A: Reproducible Forms

<table>
<thead>
<tr>
<th>Form</th>
<th>Number of Copies to Make</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Instructor’s Preparation and Follow-Through</td>
<td>• 1 per instructor</td>
</tr>
<tr>
<td>• Instructor’s Notes for Training</td>
<td>• 1 per instructor</td>
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<tr>
<td>• Advertising Flier</td>
<td>• As needed</td>
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<tr>
<td>• Participant Sign-In Sheet</td>
<td>• Varies depending on number of participants</td>
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<tr>
<td>• Follow-Up Mailer</td>
<td>• 1 per participant if you are using the optional Six-Week Follow-Up Activity</td>
</tr>
<tr>
<td>• Certificate of Completion</td>
<td>• 1 per participant who attends all three hours of training and completes the Six-Week Follow-Up Activity</td>
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</tbody>
</table>
Instructor’s Preparation and Follow-Through

Preparation for Presenting Module

Review Module

Arrange for guest speaker
Set date
Arrange for room
Advertise
Arrange for audiovisual equipment
Photocopy handouts
Prepare overheads/slides
Collect additional materials

Six-Week Follow-Up Activity (Optional)

Copy letters
Send letters
Collect activity
Review activity and provide written or oral feedback to participants
Copy certificate
Prepare certificates
Deliver certificates
Record trainees who have completed module
Instructor’s Notes for Training

Hour 1:

Hour 2:

Hour 3:
Training for Caregivers of Young Children!

Module A
The Education and Caregiving Environment: Planning an Effective Program

(This training was formerly called MITCH)

Day and Date ______________________________
Time _____________________________________
Location ______________________________________
________________________________________
Training Agency/Instructor ______________________
________________________________________
To register call: ____________________________
Participant Sign-In Sheet
Grow to 5 Module A

Trainer ___________________________ Dates ______________________

Training Location ________________________________

Please print.

Name ___________________________ Social Security # ________________________ Phone ______________ Fax __________
Address ____________________________________________________________ City/State/Zip ______________________

Name ___________________________ Social Security # ________________________ Phone ______________ Fax __________
Address ____________________________________________________________ City/State/Zip ______________________

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Name ___________________________ Social Security # ________________________ Phone ______________ Fax __________
Address ____________________________________________________________ City/State/Zip ______________________
Dear:

This is to remind you that the Six-Week Follow-Up Activity for Grow to 5 Module A, The Education and Caregiving Environment: Planning an Effective Program is due on ____/____/____.

Please submit your follow-up activity to

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

If you have any questions, please call:

____________________________________________________

Telephone: ___________________________________________

Sincerely,
Certificate of Completion

This certifies that

___________________________________________

has attended three hours of training and completed the Six-Week Follow-Up Activity for

Grow to 5 Module A
The Education and Caregiving Environment: Planning an Effective Program

Instructor

Training Agency

Date

This training module was developed by the Florida Department of Education, Bureau of Instructional Support and Community Services
Note: Each handout is labeled with a three-part code in the lower left corner. The first part refers to the module; the second part refers to the hour of the module; the third part is the number of the handout itself. For example, Handout A-2-3 is the third handout to be used during the second hour of Module A.
# Recommended Staff-Child Ratios within Group Size

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<th>Ages of Children</th>
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*Note: From *Accreditation Criteria and Procedures of the National Association for the Education of Young Children* (p. 47), by National Association for the Education of Young Children, 1998, Washington, DC: Author*
Sleeping/Napping Area

Special Features:

Supplies/Materials:
Feeding Area

Special Features:

Supplies/Materials:
Diapering/Toileting Area

Special Features:

Supplies/Materials:
A Safe Place to Sleep

Choose a Safe Crib

- Babies should sleep in a crib. Adult beds, water beds, sofas, and chairs are too soft—babies can roll off them onto the floor or roll into the corner and cover their faces.
- The mattress should be firm and flat and fit the crib snugly on all sides.
- The mattress should be covered with a tightly fitted sheet that tucks far under.
- There should be no pillows, sheepskins, plastic bags, stuffed animals, soft toys, comforters, quilts, adult blankets, or other soft items in the crib.
- Make sure there are no missing or loose crib slats and that the space between the slats is not more than 2 3/8 inches. Bumper pads are not needed if the distance between the slats is correct.
- Make sure the crib is sturdy and has no loose or missing hardware. Tighten all nuts, bolts, and screws periodically, especially after the crib is moved.
- Make sure the crib does not have cracked or peeling paint, splinters, or rough edges.
- Do not use a crib with decorative corner posts, knobs, or cutout designs.
- Do not place crib near window blinds or curtain cords. Tie or hang cords up near top of window.

Get Back to Safety

- All healthy infants should be placed on their backs to sleep. Ask for a note from baby’s doctor if the parents request a sleeping position other than the back.
- If the baby was premature or has special health problems, a position other than the back may be best. For example, infants who have gastroesophageal reflux and certain respiratory disorders are often advised not to sleep on their backs. Follow doctor’s instructions.

Rest Easy

- Do not let baby get too hot while sleeping. Dress baby in light clothing in the summer and warm clothing in the winter. A blanket is not needed if baby is wearing adequate clothing. Room temperature that is comfortable for an adult is also comfortable for baby.
- No smoking near baby. Make sure no one comes near baby, in baby’s room, or in the same car as baby with a lighted cigarette, cigar, or pipe.
- Do not let other children or pets sleep with baby.
- Encourage parents to make and keep well-baby appointments and to get care for baby’s colds, fevers, rashes, and tummy troubles.
- Encourage breastfeeding mothers to come to the center during the day to breastfeed or to leave bottles of breast milk for feedings. Breast milk may prevent some infections in little babies.
- Keep strings on crib gyms and crib mobiles short. Remove these toys when baby can sit up or push up onto hands and knees.

Note: Compiled by Susan Arbor from the websites of the National Institute of Child Health and Human Development (www.nichd.nih.gov) and the Consumer Product Safety Commission (www.cpsc.gov).
First Aid Kit Contents

- first aid manual (including infant and child first aid)
- cardiopulmonary resuscitation (CPR) instructions (including instructions for infant and child CPR)
- list of emergency phone numbers
- gloves (use nonlatex gloves for children or staff who are allergic to latex)
- adhesive bandages
- sterile bandages
- sterile compresses
- adhesive tape
- cold pack (for sprains and bruises)
- magnifying glass
- tweezers (for splinters)
- cotton swabs
- peroxide
- thermometer
- water-based lubricant
- blanket
- scissors (for cutting tape and gauze)
- triangular bandages (for sling)
- soap for cleansing
- syrup of ipecac, to be given with warm water to induce vomiting in case of certain poisons
  - do not give syrup of ipecac without contacting poison control center first
  - replace syrup of ipecac after one year because of decreased potency
  - put instructions for when and how to use syrup of ipecac on bottle

Remember: Do not use any medicated ointments. Children may be allergic to them!
In Case of Emergency Call

____________________

Poison Control Center Phone Number

____________________

Your Center’s Name: ____________________________________________________

Your Center’s Street Address: ____________________________________________

Your Center’s Nearest Cross Street: _______________________________________

Your Center’s Phone Number:___________________________________________

Driving Directions to Your Center for Emergency Vehicle:___________________

_______________________________________________________________________

_______________________________________________________________________

Location of First Aid Supplies:___________________________________________

Name and Phone Number/Extension of Person Responsible for First Aid/Emergencies:

_______________________________________________________________________
Important Movement Experiences for Young Children

• climbing & balancing
• swinging
• sliding
• riding
• getting into & under
• jumping on & over
• pushing
• pulling
• kicking
• throwing & aiming
• using sand & water
• building
• pretending (driving, flying)
• pedaling
### Problems and Solutions in the Environment

**Problem: Running inside**

<table>
<thead>
<tr>
<th>Possible Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Solutions</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
## Problems and Solutions in the Environment

**Problem: Fighting over toys**

<table>
<thead>
<tr>
<th>Possible Causes</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
## Problems and Solutions in the Environment

### Problem: *Moving from one area to another without purpose*

<table>
<thead>
<tr>
<th>Possible Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Solutions</th>
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</thead>
<tbody>
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</table>
# Problems and Solutions in the Environment

**Problem: Using toys carelessly**

<table>
<thead>
<tr>
<th>Possible Causes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Solutions</th>
</tr>
</thead>
</table>
If you are concerned a child may not be developing normally...

If the child is birth to 36 months old—

Call your local Early Intervention Program (EIP) at ____________________________
(Or call the Florida Department of Health, Children’s Medical Services [850-487-2690], for the number of the EIP nearest you.)

If the child is three to five years old—

Call your local FDLRS Child Find Specialist at _______________________________
(Or call your local public school or the Florida Department of Education [850-488-1106] for the number of the FDLRS Child Find Specialist nearest you.)

For resources for families of children with disabilities...

Call the Central Directory at 1-800-654-4440.

For help in including children with disabilities in your program...

Call your local FDLRS associate center at ____________________________
(Or call your local public school or the Florida Department of Education [850-488-1106] for the number of the FDLRS associate center nearest you.)

Call your local Parent-to-Parent or Family Network on Disabilities group at ____________________________
Considerations When Planning Sequence and Duration of Activities

Center

- Length of Day
- Physical Plan

Children

- Number of Children
- Developmental Ages of Group
- Physical Characteristics

Staff

- Number of Staff Members
- Attributes of Staff Members
- Interactions with Families
# Infant Feeding Chart

<table>
<thead>
<tr>
<th>Name</th>
<th>Breakfast</th>
<th>AM Snack</th>
<th>Lunch</th>
<th>PM Snack</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
# Infant Sleep Chart for

**Child’s Name**

**Recommended Sleep Position**

- Back *(Back is recommended for healthy infants!)*
- Side
- Stomach

*Please write comments to share with other staff and families.*

<table>
<thead>
<tr>
<th>Date</th>
<th>AM Hours</th>
<th>PM Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Symbols for Preschool Schedule

Note: This chart was created using BoardMaker software, a product of Mayer-Johnson Company, Solana Beach, CA.
Helping Children Make Transitions

• Follow the daily schedule every day in the same order.

• Help children learn the names of the parts of the day.

• Post the daily schedule at the children’s eye level using photographs or picture symbols.
  (A schedule with removable pictures so the children can add or remove a picture of the activity as it begins or ends is especially nice. Make adaptations for children with visual impairments by using raised pictures or other tactile items.)

• Review the daily schedule at the start of the day, especially when there may be changes such as a guest or special activity.

• Use words like first, next, after, and before.

• Prepare children for transitions by alerting them a few minutes before the end of an activity.

• Remind children what will be happening next.

• Use a song or other signal to cue children to begin or end the scheduled activity.
  (Make adaptations for children with hearing difficulties, such as signing or acting out the words of the song.)

• Give special attention to children with autism, as they have particular difficulty with transitions.
Specialists Who May Be Part of the Multidisciplinary Team

**Audiologist**—Conducts screening and diagnosis of hearing problems; may recommend a hearing aid or suggest educational approaches for children with hearing disabilities.

**Dentist**—A doctor who screens, diagnoses, and treats the teeth and gums.

**Exceptional Student Education (ESE) Teacher, Early Intervention Teacher, or Resource Person**—A person who is trained to work with children who have specific types of disabilities. This specialist works with other members of the multidisciplinary team—including family members—to develop family support plans (FSPs) or individual educational plans (IEPs) for children with special needs based on assessment information gathered by all members of the team.

**Family Member**—May come in to help with specific tasks such as feeding or positioning, or with daily activities such as story time, outside play, trips, or parties. Family members are important members of the FSP or IEP team and bring special information and expertise.

**Neurologist**—A physician who screens, diagnoses, and treats brain and central nervous system problems.

**Nurse Practitioner**—A registered nurse who has had advanced training and is authorized to diagnose and treat common illnesses, educate patients about health maintenance, and prescribe medications. A nurse practitioner may be the child’s primary health care provider. A nurse practitioner works in collaboration with a physician. A nurse practitioner may also be called an Advanced Registered Nurse Practitioner (ARNP).

**Nutritionist**—Evaluates the eating habits and nutritional status of children and provides information about normal and therapeutic nutrition.

**Occupational Therapist (OT)**—Evaluates children who have fine motor problems; suggests activities to promote self-sufficiency and independence; provides training and assistance with oral motor (feeding) problems.

**Ophthalmologist**—A physician who screens, diagnoses, and treats diseases, injuries, or birth defects of the eyes.

**Optician**—Prepares and fits the lenses prescribed by the optometrist or ophthalmologist.
Specialists Who May Be Part of the Multidisciplinary Team (continued)

Optometrist—Examines for disease and evaluates the visual development of children. This person is not a physician.

Orthopedist—A physician who screens, diagnoses, and treats muscles, joints, and bones that have been injured or are diseased.

Pediatrician—A physician who specializes in the care of children.

Physical Therapist (PT)—Evaluates gross motor skills, muscle tone, posture, range of motion, and locomotion ability; plans therapy programs to increase a child’s abilities in walking, sitting, and changing position; advises regarding selection and use of adaptive equipment such as wheelchairs, bolsters, and standers.

Psychiatrist—A physician who screens, diagnoses, and treats psychological, emotional, developmental, or organic disorders; is able to prescribe medication; is alert to physical problems that may cause nervous disorders.

Psychologist—Evaluates, diagnoses, may treat, and can help plan programming for children who have special needs; is primarily concerned with cognitive and emotional development. This person may have a doctoral degree and be addressed as “Doctor.” However, this person is not a physician.

Service Coordinator—This person is selected by the multidisciplinary team to coordinate and monitor services for children who have special needs and their families; assists in writing the family support plan (FSP). This person may be the parent, social worker, or any other multidisciplinary team member.

Social Worker—Conducts intake/eligibility interviews and provides consultative and referral services to families who are experiencing problems. May also provide counseling.

Speech-Language Pathologist (SLP)—Screens, diagnoses, and treats children with speech and/or language problems; can assist and advise regarding feeding problems; consults regarding alternate forms of communication and communication devices for children who cannot speak.

Staffing Specialist—A person who works for the local public school system and who facilitates the placement of children with disabilities in the most appropriate program and their transition into other programs.
Children Learn Like I Do

• I learn best when I am interested in what I am learning, so…

...I observe the children to find out what they are interested in and build on their interests.

• I learn best when I have plenty of time, so…

...if a child is playing with a toy, I try not to interrupt.

• I learn by watching others, so…

...I make sure my actions are ones I want the children to imitate.

A-3-1a
Children Learn Like I Do
(continued)

• I learn from my mistakes, so…

…I give the children opportunities to try new things and learn from their experimentation.

• Variety makes learning more fun and reinforces what I have learned, so…

…I give the children opportunities to explore many different items and places.
<table>
<thead>
<tr>
<th>Infants</th>
<th>Toddlers</th>
<th>Preschoolers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social…</strong></td>
<td><strong>Social…</strong></td>
<td><strong>Social…</strong></td>
</tr>
<tr>
<td>• Respond to smiles and</td>
<td>• Wave “bye bye” and imitate actions.</td>
<td>• Play with other children.</td>
</tr>
<tr>
<td>voices.</td>
<td>• Say “no” and try to control others’ behavior.</td>
<td>• Play dress up.</td>
</tr>
<tr>
<td>• Like to be held and</td>
<td>• Follow simple rules.</td>
<td>• Explore gender roles.</td>
</tr>
<tr>
<td>rocked.</td>
<td>• Want to be independent.</td>
<td>• Participate in dramatic play that is closer to reality, with attention to</td>
</tr>
<tr>
<td>• Babble; imitate simple</td>
<td>• Can be aggressive.</td>
<td>detail, time, and space.</td>
</tr>
<tr>
<td>sounds.</td>
<td>• Show feelings.</td>
<td></td>
</tr>
<tr>
<td>• Study faces.</td>
<td>• Do not share.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Discovery…</strong></td>
<td><strong>Discovery…</strong></td>
<td><strong>Discovery…</strong></td>
</tr>
<tr>
<td>• Like to touch and feel</td>
<td>• Understand simple directions.</td>
<td>• Match and sort objects, colors, and symbols.</td>
</tr>
<tr>
<td>different objects.</td>
<td>• Fill empty containers.</td>
<td>• Speak in longer sentences.</td>
</tr>
<tr>
<td>• Are alert to different</td>
<td>• Solve simple problems.</td>
<td>• Draw recognizable pictures.</td>
</tr>
<tr>
<td>sounds.</td>
<td>• Scribble.</td>
<td>• Count by rote to less than 10.</td>
</tr>
<tr>
<td>• Like bright colors.</td>
<td>• Like music and stories.</td>
<td>• Understand simple concepts of time.</td>
</tr>
<tr>
<td>• Put everything in mouth.</td>
<td>• Name many things and speak in short</td>
<td>• Lace shoes.</td>
</tr>
<tr>
<td>• Play peek-a-boo.</td>
<td>sentences.</td>
<td></td>
</tr>
<tr>
<td>• Pull toys on strings.</td>
<td>• Begin to dress themselves.</td>
<td></td>
</tr>
<tr>
<td>• Drop, shake, and bang</td>
<td></td>
<td></td>
</tr>
<tr>
<td>toys.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Movement…</strong></td>
<td><strong>Movement…</strong></td>
<td><strong>Movement…</strong></td>
</tr>
<tr>
<td>• Move arms and legs.</td>
<td>• Open and close boxes.</td>
<td>• Walk on a line.</td>
</tr>
<tr>
<td>• Crawl.</td>
<td>• Pick up small objects with fingers.</td>
<td>• Jump and hop on one foot.</td>
</tr>
<tr>
<td>• Sit with support.</td>
<td>• Pull to standing.</td>
<td>• Pedal a bicycle.</td>
</tr>
<tr>
<td>• Bring hands to mouth.</td>
<td>• Walk, run, climb, dance.</td>
<td>• Throw a ball overhand and catch.</td>
</tr>
<tr>
<td>• Grasp with palm.</td>
<td>• Stack blocks.</td>
<td>• Walk up and down stairs alternating feet.</td>
</tr>
<tr>
<td>• Roll over.</td>
<td></td>
<td>• Walk backwards.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cut on a line.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Copy shapes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Print some letters.</td>
</tr>
</tbody>
</table>
Sample Profile of a Child’s Development

<table>
<thead>
<tr>
<th></th>
<th>Thinking</th>
<th>Moving</th>
<th>Self-Care</th>
<th>Social</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Age-Appropriate</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Late Bloomer</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The profile above shows “scatter” in a child’s abilities.
### Toy: **Noise makers/rattles**

<table>
<thead>
<tr>
<th>Infants</th>
<th>Toddlers</th>
<th>Preschoolers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social…</strong></td>
<td><strong>Social…</strong></td>
<td><strong>Social…</strong></td>
</tr>
<tr>
<td>• Enjoy a shared experience.</td>
<td>• Enjoy making sounds with other children.</td>
<td>• Be part of a rhythm band.</td>
</tr>
<tr>
<td>• May hold out toy to adult or use to get adult’s attention.</td>
<td>• Show off shaking skills.</td>
<td></td>
</tr>
<tr>
<td>• May use toy to wave “bye-bye.”</td>
<td>• Shake rattle when happy or excited.</td>
<td></td>
</tr>
<tr>
<td>• May shake toy in response to adult.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Discovery…</strong></td>
<td><strong>Discovery…</strong></td>
<td><strong>Discovery…</strong></td>
</tr>
<tr>
<td>• Discover cause and effect.</td>
<td>• Play rattle along with music.</td>
<td>• Observe differences in a variety of noise makers/rattles.</td>
</tr>
<tr>
<td>• Turn to visually locate the source of the rattle sound.</td>
<td>• Talk about the rattle.</td>
<td>• Talk about why different noisemakers make different sounds.</td>
</tr>
<tr>
<td>• Discover that different rattles make different sounds.</td>
<td>• Sing with rattle play.</td>
<td></td>
</tr>
<tr>
<td>• Repeat banging.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Movement…</strong></td>
<td><strong>Movement…</strong></td>
<td><strong>Movement…</strong></td>
</tr>
<tr>
<td>• Develop control of grasp.</td>
<td>• Improve control of arm movements.</td>
<td>• Explore a variety of ways to use the noise makers/rattles (e.g., attach to ankle).</td>
</tr>
<tr>
<td>• Pick up rattle.</td>
<td>• Shake two rattles or tambourines.</td>
<td></td>
</tr>
<tr>
<td>• Shake rattle.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Increase range of motion in shaking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toy: Paint brush and paint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infants</th>
<th>Toddlers</th>
<th>Preschoolers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social…</strong></td>
<td><strong>Social…</strong></td>
<td><strong>Social…</strong></td>
</tr>
</tbody>
</table>
| Infants may enjoy and learn from pre-painting activities such as smearing pudding or jelly on a surface. However, paint and brushes are not appropriate for infants. | - Observe and imitate adult.  
- Show adults what they have done.  
- Play parallel to a friend who is also painting. | - Imitate other children’s painting.  
- Describe to others what they have done. |
| **Discovery…** | **Discovery…** | **Discovery…** |
| Not appropriate. | - Ask to do the activity.  
- Discover what happens when painting on different textures.  
- Use more than one color.  
- Use brushes of different sizes. | - Discover how colors change when mixed.  
- Plan what to paint.  
- Name creations. |
| **Movement…** | **Movement…** | **Movement…** |
| Not appropriate. | - Pick up and hold brush.  
- Splash.  
- Wave brush.  
- Have limited control of brush.  
- Develop some large and small muscles in the act of painting. | - Control movements.  
- Paint circles, squares, and other shapes.  
- Paint some letters.  
- Can use small brushes easily. |
<table>
<thead>
<tr>
<th>Toy: ______________</th>
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<tbody>
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</table>

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<th>Preschoolers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social…</td>
<td>Social…</td>
<td>Social…</td>
</tr>
<tr>
<td>Discovery…</td>
<td>Discovery…</td>
<td>Discovery…</td>
</tr>
<tr>
<td>Movement…</td>
<td>Movement…</td>
<td>Movement…</td>
</tr>
</tbody>
</table>
Toys for young children should pass these tests:

- Is too big to swallow  
  (Toy will not fit through a toilet paper roll. Toy has no small parts that could be pulled off. Toy is not filled with small pellets. No balloons.)

- Has no sharp or breakable parts
- Has no moveable parts that can pinch
- Is made of nontoxic materials and paint is nontoxic
- Does not shoot small objects into the air
- Has no exposed wires, parts that get hot, or batteries child can get to
- Is not very loud
- Is very sturdy and can be cleaned

Homemade Toys

Safety First! Always Supervise Children!

For Infants…
• Bright cloth shapes stuffed with cotton and tightly sewn, then safely secured to the side of the crib
• Various shapes and textures sewn securely to a blanket on which the baby can crawl
• Pieces of foam cut into different shapes and covered with printed fabric to fit the shape
• Plump, sturdy pillows to climb over (Never put a pillow in a crib.)
• Pudding or cooked oatmeal in a zippered sandwich bag that has also been taped or sewn shut

For Toddlers…
• Zipbag books: Put two simple pictures or photographs, and cardboard center to stiffen, into zippered plastic bags. Put three or four together as a book with end that opens to the left (binding side). Sew along “binding” with needle and thread.
• Photo albums or homemade books with one simple picture per page: These pictures can be from magazines and be of food, animals, clothing, or anything else that interests children. Photographs of the children doing different activities are nice to collect in an album, too.
• Two laundry baskets (one for holding balls, the other to throw balls into)
• Carpet squares to decorate the floor so children can jump on them, play with toys on them, and build with them (Be sure no child has an allergic reaction to the carpeting. New squares should be aired outside to get rid of smell.)
• Homemade nontoxic modeling clay: In a medium saucepan combine 1 cup water, 1 tablespoon oil, and food color as desired with 1 cup flour, 1/2 cup salt, and 1 tablespoon cream of tartar. Mix and cook over medium heat until a ball is formed. Store in the refrigerator and replace on a regular basis. Messy activities like using clay are best done in an easy-to-clean area.

For Preschoolers…
• Gak: Mix 1 cup of white glue into 1 cup of water. Separately dissolve one small tablespoon of borax powder in 1 cup of water. Quickly mix the two potions together. If desired, add food coloring to glue and water mixture before combining with borax mixture. Use like Slime™.
• Blocks: Collect old diaper wipe containers.
• Dramatic play structures: Use old boxes and crates that are free of staples or other dangerous fastenings.
• Binoculars: Have child decorate two empty toilet paper rolls. Tape them together and run yarn through so child can wear the binoculars around neck. (Be careful, however, of things around a child’s neck. Supervise carefully.)
• Tennis rackets and balls: Cut the legs off an old pair of pantyhose. Stretch one leg of the pantyhose over a wire hanger that has been elongated like a racket. Fill the other leg of the pantyhose with crumbled newspaper to make the ball.
• Puzzles: Glue interesting magazine or calendar pictures to pieces of tag board. Cut the board apart after glue has dried. Keep pieces together in a zippered bag or envelope. When two copies of the same picture are available, keep one whole for children to use as a model.
What to Remember about Play

General Information

• Ages and stages are important.
• Rate of development can vary, especially for children with disabilities or special needs.
• Sequence of development usually does not vary.
• Each child is unique in how he or she grows and develops.
• Growth and development charts provide only general guidelines.
• Almost all activities can be modified to meet the needs of all children in a group.

How Children Learn

• Continuously
• When they are interested in the activity
• With time
• Often in spurts or developmental bursts
• From their mistakes
• Through imitating adults
• From you!

Choosing the Right Toy or Activity

• Review the “What Children Do” chart on Handout A-3-2 for developmental characteristics that are closest to child’s.
• Ask what the child likes to do.
• Ask what are the social, discovery, and movement benefits of the toy or activity.

The time you spend with children should be pleasurable, as well as valuable to their growth and development. Share with parents the activities their children are doing while in your care.
Note: Each handout is labeled with a three-part code in the lower left corner. The first part refers to the module; the second part refers to the hour of the module; the third part is the number of the handout itself. For example, Handout A-2-3 is the third handout to be used during the second hour of Module A.

The English handouts have been directly translated into Spanish. Therefore, the information on Spanish Handout A-2-3 is the same as the information on English Handout A-2-3.
Proporción recomendada entre el personal y los niños por tamaño de grupo

<table>
<thead>
<tr>
<th>Edades de los niños</th>
<th>Tamaños de los grupos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niños que no caminan (lactantes) (hasta los 12 meses de edad)</td>
<td>1:3 1:4</td>
</tr>
<tr>
<td>Niños que comienzan a caminar (12 a 24 meses)</td>
<td>1:3 1:4 1:5 1:4</td>
</tr>
<tr>
<td>Niños de 2 años (24 a 30 meses)</td>
<td>1:4 1:5 1:6</td>
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<tr>
<td>Niños de 2 años y medio (30 a 36 meses)</td>
<td>1:5 1:6 1:7</td>
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<tr>
<td>Niños de 3 años</td>
<td>1:7 1:8 1:9 1:10</td>
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<tr>
<td>Niños de 4 años</td>
<td>1:8 1:9 1:10</td>
</tr>
<tr>
<td>Niños de 5 años</td>
<td>1:8 1:9 1:10</td>
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<tr>
<td>Niños en el jardín de la infancia (kindergarten)</td>
<td>1:10 1:11 1:12</td>
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<tr>
<td>Niños de 6 a 8 años</td>
<td>1:10 1:11 1:12 1:15</td>
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<td>Niños de 9 a 12 años</td>
<td>1:12 1:15</td>
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Sala de dormir y siestas

Características especiales:

Suministros y materiales:
Comedor

Características especiales:

Suministros y materiales:
Sala de cambio de pañales y baño

Características especiales:

Suministros y materiales:
Un lugar seguro donde dormir

Esta información se suministra para contribuir a disminuir el riesgo del sindrome de muerte súbita del lactante (siglas en inglés: SIDS) entre los niños que están a su cuidado y aumentar su seguridad en general.

Escoja la cuna segura

• Los bebés deben dormir en la cuna. Las camas para los adultos, las camas de agua, los sofás y las sillas son demasiado blandos; los bebés pueden dar vueltas y caerse al piso y pueden dar vueltas hacia la esquina y taparse la cara.
• El colchón debe ser firme y plano, además, debe caber bien ajustado en todos los lados de la cuna.
• El colchón debe taparse con una sábana que quede bien ajustada y que se pueda meter bien por debajo.
• En la cuna no debe haber almohadas, pieles de cordero, bolsas de plástico, animales de peluche, juguetes suaves, cobertores, colchas, sábanas para adultos u otros artículos suaves.
• Asegúrese de que no falte ninguna tablilla de la cuna o de que ninguna esté floja y de que la separación entre las tablillas no sea de más de 2 pulgadas y 3/8. No hacen falta almohadillas protectoras si la distancia entre las tablillas es la correcta.
• Asegúrese de que la pintura de la cuna no tenga grietas o peladuras ni tampoco astillas o esquinas ásperas.
• No emplee cunas con pilares ornamentales, perillas o figuras recortables.
• No coloque la cuna cerca de cordeles de persianas o cortinas. Ate o cuelgue los cordeles cerca de la parte superior de la ventana.

Posiciones seguras para le bebé

• A todo lactante (bebé de 12 meses o menos) se le debe colocar de tal forma que duerma boca arriba. Pidale una nota al médico del bebé, si los padres solicitan que duerma en alguna posición que no sea de la de estar boca arriba.
• Si el bebé fue prematuro o presenta problemas especiales de salud, quizás lo mejor sería que durmiera en una posición que no sea boca arriba. Por ejemplo, se aconseja a menudo que no duerman boca arriba aquellos lactantes que sufren refluo gastroesofágico y ciertos trastornos respiratorios. Siga las instrucciones del médico.

Descanse con tranquilidad

• No permita que el bebé tenga mucho calor mientras duerme. Vista al bebé con ropa liviana en el verano y ropa gruesa en el invierno. No se necesita sábana si el bebé usa la ropa adecuada. La temperatura del cuarto que le resulta cómoda al adulto también le debe resultar cómoda al bebé.
• No fume cerca del bebé. Asegúrese de que nadie se acerque al bebé con un cigarrillo, puro o pipa encendidos ni en el cuarto del bebé ni en el mismo auto en que se encuentra el bebé.
• No deje que otros niños o mascotas duerman junto con el bebé.
• Aconséjeles a los padres que hagan citas con el médico, que acudan a ellas por el bienestar del bebé y que consigan que el bebé reciba atención médica cuando tenga catarro, fiebre, urticaria y problemas estomacales.
• Aconséjeles a las madres que amamantan a sus hijos que vengan al centro por el día para amamantar al bebé o que dejen biberones de leche materna para alimentarlo. La leche materna puede prevenir infecciones en los bebés más pequeños.
• Asegúrese de mantener cortos los cordeles de los móviles y gimnasios para cunas. Saque estos juguetes cuando el bebé se pueda sentar o empújeselos hacia las manitas y rodillitas.

Contenido del botiquín de primeros auxilios

- manual de primeros auxilios
- instrucciones sobre la resucitación cardiopulmonar (sigla en inglés: CPR)
- lista de números telefónicos para casos de emergencia
- guantes (emplee guantes que no sean de látex si el niño o empleado es alérgico al látex)
- vendas adhesivas
- vendas estériles
- cinta adhesiva
- compresas frías (para esguinces y morados)
- lupa
- pinzas (para sacar astillas)
- hisopos
- peróxido
- termómetro
- lubricante con base de agua
- sábana
- tijeras (para cortar cinta y gasa)
- vendas triangulares (para cabestrillos)
- jabón limpiador
- jarabe de Ipecac: debe darse con agua tibia para inducir el vómito cuando se trata de ciertos venenos
  - no le dé jarabe de Ipecac sin comunicarse primeramente con el centro de control de envenenamientos
  - cambie el jarabe de Ipecac después que transcurra un año porque pierde la fuerza
  - coloque en la botella instrucciones sobre cuándo y cómo emplear el jarabe de Ipecac

Tenga presente que no se deben emplear ungüentos medicados. ¡Los niños pueden ser alérgicos a ellos!
Si se presenta una emergencia

Número telefónico del centro de control de envenenamientos

Nombre de su centro: ________________________________________________

Dirección domiciliaria de su centro: _________________________________

Bocacalle más cercana a su centro: _________________________________

Número telefónico de su centro: _________________________________

Instrucciones al chofer del vehículo de emergencia para llegar a su centro:

___________________________________________________________________

___________________________________________________________________

Lugar en que están los suministros de primeros auxilios:_______________

Nombre, número telefónico y extensión del (de la) responsable de los primeros auxilios y emergencias:

___________________________________________________________________
Movimientos importantes que experimentan los niños de corta edad

- trepar y balancearse
- mecerse
- deslizarse
- montarse
- meterse adentro y debajo
- brincar sobre algo y saltar algo
- empujar
- halar
- patear
- lanzar y apuntar
- emplear arena y agua
- construir
- hacerse de cuenta de cosas (como manejar, volar)
- pedalear
Problemas y soluciones en el medio ambiente

Problema: *Correr adentro*

<table>
<thead>
<tr>
<th>Causas posibles:</th>
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<td></td>
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<table>
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<tr>
<th>Soluciones:</th>
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</table>
Problemas y soluciones en el medio ambiente

<table>
<thead>
<tr>
<th>Problema: Pelearse por los juguetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causas posibles:</td>
</tr>
</tbody>
</table>

Soluciones:
Problemas y soluciones en el medio ambiente

<table>
<thead>
<tr>
<th>Problema: <em>Ir de un lugar a otro sin sentido</em></th>
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<tbody>
<tr>
<td>Causas posibles:</td>
</tr>
<tr>
<td>Soluciones:</td>
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</tbody>
</table>

A-1-7c
Problemas y soluciones en el medio ambiente

Problema: *Usar los juguetes descuidadamente*

<table>
<thead>
<tr>
<th>Causas posibles:</th>
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<tr>
<th>Soluciones:</th>
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</table>
### Si le preocupa que el niño no se esté desarrollando normalmente…

Si el niño tiene 36 meses de edad o menos—

Llame al Programa de Intervención Oportuna (Early Intervention Program—«EIP») de la localidad al número telefónico siguiente:

_______________________________

(O llame a la Dirección de Servicios Médicos Infantiles del Departamento de Salud de la Florida [al 850-487-2690] para obtener el número telefónico del EIP más cercano.)

Si el niño tiene entre 3 y 5 años de edad—

Llame al especialista del programa local Child Find (Encuentro Infantil), del Departamento de Educación de Estudiantes Excepcionales (FDLRS), al número telefónico siguiente:

_______________________________

(O llame a la escuela pública de la localidad o al Departamento de Educación de la Florida [al 850-488-1106] para obtener el número telefónico del especialista más cercano del programa Child Find del FDLRS.)

### Las familias de niños con discapacidades que necesiten recursos…

Deben llamar al Directorio Central al 1-800-654-4440.

**Para conseguir ayuda a fin de incluir en su programa a niños con discapacidades…**

Llame al centro del FDLRS de la localidad al número telefónico siguiente:

_______________________________

(O llame al Departamento de Educación de la Florida [al 850-488-1106] para obtener el número del centro más cercano del FDLRS.)

Llame al grupo local Parent-to-Parent (Padres a Padres) o a la Family Network on Disabilities (Red Familiar para Familias de Niños con Discapacidades) al número telefónico siguiente:
Factores que deben considerarse al planificar la secuencia y duración de las actividades

Centro

• Duración de la jornada de actividades en el centro

• Plan físico

Niños

• Número de niños

• Edades de desarrollo del grupo

• Rasgos físicos

Personal

• Número de empleados

• Atributos de los empleados

• Interacciones con las familias

A-2-1
Tabla de anotar las comidas de los lactantes o niños que aún no caminan

<table>
<thead>
<tr>
<th>Nombre</th>
<th>Desayuno</th>
<th>Comida ligera de la mañana</th>
<th>Almuerzo</th>
<th>Merienda</th>
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Florida Department of Education

Grow to 5 Module A–Page 118
Tabla de anotar las horas que durmió el lactante

Escribir el nombre del (de la) niño(a) correspondiente en el renglón

Posición de dormir recomendada
(¡Se recomienda que todo lactante saludable duerma boca arriba!)

☐ Boca arriba  ☐ De lado  ☐ Boca abajo

Favor de anotar comentarios para comunicárselos a los demás empleados y familias.

<table>
<thead>
<tr>
<th>Fecha</th>
<th>Horas por la mañana</th>
<th>Horas por la tarde</th>
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Símbolos del plan de actividades preescolares

Notas: Esta tabla se hizo empleando el programa BoardMaker, que es producto de Mayer-Johnson Company, Solana Beach, CA.

A-2-4

Florida Department of Education

Grow to 5 Module A–Page 120
Cómo ayudar al niño a hacer transiciones

• Siga todos los días, en el mismo orden, el plan diario de actividades.

• Ayude al niño a aprenderse cómo se llaman los horarios del día.

• Ponga el plan diario de actividades en un lugar visible, de modo que quede al nivel de los ojos los niños, empleando fotografías o símbolos pictóricos.

(Sería particularmente bueno que el plan diario de actividades contenga imágenes que se puedan quitar y poner para que los niños pongan la imagen de la actividad cuando comience o la quiten cuando termine. Adapte esto a los niños con trastornos de la vista, empleando imágenes en relieve u otros artículos táctiles.)

• Revise el plan diario de actividades cuando comienza la jornada, sobre todo cuando pueda haber cambios a consecuencia de algún invitado o actividad especial.

• Emplee palabras como primero, próximo, después y antes.

• Prepare a los niños para hacer las transiciones necesarias, dándoles un aviso unos minutos antes que termine la actividad.

• Recuérdeles a los niños lo próximo que va a suceder.

• Emplee una canción u otra señal para indicarles a los niños que comiencen o terminen la actividad programada.

(Adapte esto a los niños que les resulta difícil oír empleando señales o representando con gestos lo que dice la letra de la canción.)

• Esmérese en atender a los niños que tienen autismo porque las transiciones les resultan muy difíciles.
Especialistas que pueden formar parte del equipo multidisciplinario

Audiólogo—Investiga y diagnostica los problemas de la audición; puede recomendar que se usen aparatos para sordos o sugerir métodos para enseñar a los niños que tienen problemas de la audición.

Coordinador de servicios—El equipo multidisciplinario escoge a esta persona para que coordine y vigile los servicios prestados a aquellos niños que tienen necesidades especiales y a sus familiares. Ayuda a redactar el plan de apoyo a la familia (el “FSP”). Esta persona puede ser uno de los padres, el trabajador social o algún otro miembro del equipo multidisciplinario.

Dentista—Doctor en odontología que investiga, diagnostica y trata la dentadura y encías.

Empleado especialista—Persona que trabaja para el sistema local de escuelas públicas y que facilita situar a los niños con discapacidades en el programa más adecuado y los ayuda a hacer la transición a otros programas.

Enfermera práctica—Enfermera diplomada que ha recibido capacitación avanzada y está autorizada a diagnosticar y tratar las enfermedades comunes, explicarles a los pacientes cómo se conserva la salud y recetar medicinas. La enfermera práctica puede ser la proveedora primaria de atención médica del niño. La enfermera práctica trabaja en colaboración con el médico. A la enfermera práctica también le llaman «Advanced Registered Nurse Practitioner» o ARNP, que significa enfermera diplomada práctica avanzada.

Familiar—Puede venir a prestar ayuda en ciertas labores, como las de dar la comida o colocar al niño en la posición adecuada, o en actividades cotidianas, tales como hacer cuentos, jugar a la intemperie, viajar u organizar fiestas. Los padres son integrantes importantes del equipo y aportan una información y experiencia extraordinarias.

Fisioterapeuta (PT)—Evalúa las habilidades motoras el tono muscular, la postura, el rango de movimiento y la habilidad de locomoción; planificar los programas terapéuticos para aumentar la habilidad del niño al caminar, sentarse y cambiar de postura; ofrece consejos sobre cómo seleccionar y emplear los aparatos de adaptación como las sillas de ruedas, los postes de apoyo y plataforma («bolsters» y «standers»).

Neurólogo—Médico que investiga, diagnostica y trata los problemas del cerebro y del sistema nervioso central.

Nutricionista—Evalúa los hábitos de alimentación y estado nutricional de los niños y suministra información sobre nutrición normal y nutrición terapéutica.
Especialistas que pueden formar parte del equipo multidisciplinario

(sigue)

Oculista—Prepara y ajusta los lentes que recetó el optometrista u oftalmólogo.

Oftalmólogo—Médico que investiga, diagnostica y trata enfermedades, lesiones o defectos congénitos de los ojos.

Optometrista—Realiza exámenes para determinar si hay enfermedades y evalúa el desarrollo visual de los niños. No es médico.

Ortopédico—Médico que investiga, diagnostica y trata las enfermedades y lesiones de los músculos, articulaciones y huesos.

Patólogo del habla y lenguaje (SLP)—Investiga, diagnostica y trata los problemas del habla o lenguaje de los niños; puede ayudar a resolver los problemas de alimentación y ofrecer consejos al respecto; consulta respecto a formas alternativas de comunicación y aparatos de comunicación para niños que no pueden hablar.

Pediatra—Médico que se especializa en atender niños.

Profesor o asesor especializado en educación de estudiantes excepcionales (ESE)—Prepara planes individuales de aprendizaje (llamados «IEP») para niños con necesidades especiales basándose en la información valorativa que recopilan todos los integrantes del equipo multidisciplinario. Esta persona está capacitada para trabajar con niños que tienen ciertas clases de problemas.

Sicólogo—Evalúa, diagnostica, puede tratar y puede contribuir a planificar programas para niños con necesidades especiales; su interés primordial es el desarrollo cognitivo-emocional. Puede poseer doctorado y se le puede llamar «doctor,» aunque no es médico.

Siquiatra—Médico que investiga, diagnostica y trata trastornos psicológicos, emocionales, del desarrollo y orgánicos; puede recetar medicinas; está al tanto de los problemas físicos que pueden causar trastornos nerviosos.

Terapeuta ocupacional (OT)—Evalúa a aquellos niños que tienen problemas motores finos; sugiere actividades para promover valerse pro sí mismo y ser independiente; ofrece capacitación y ayuda en relación con los problemas motores bucales (de la alimentación).

Trabajador social—Hace entrevistas para determinar si se reúnen los requisitos necesarios y se le da ingreso a la persona; además, les presta servicios de consultoría a las familias que experimentan problemas. También puede brindar asesoramiento.
Los niños aprenden como yo

• Yo aprendo mejor cuando estoy interesado en lo que estoy aprendiendo, así que…

  …yo observo a los niños para averiguar qué les interesa y concentro el aprendizaje según sus intereses

• Yo aprendo mejor cuando cuento con suficiente tiempo, así que…

  …si un niño está jugando con un juguete, yo trato de no interrumpirlo

• Yo aprendo observando a otras personas, así que…

  …yo me aseguro que mis acciones son aquellas que los niños quieren imitar
Los niños aprenden como yo (sigue)

• Yo aprendo de mis propios errores, así que…

…le doy a los niños oportunidades de experimentar cosas nuevas y aprender de sus propios experimentos

• La variedad hace que el aprendizaje sea divertido y refuerza lo que se ha aprendido, así que…

…yo le doy a los niños oportunidades para explorar diferentes cosas y lugares
<table>
<thead>
<tr>
<th>Lactantes (niños que aún no caminan)</th>
<th>Niños que aprenden a caminar</th>
<th>Niños en edad preescolar</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>En lo social…</strong></td>
<td><strong>En lo social…</strong></td>
<td><strong>En lo social…</strong></td>
</tr>
<tr>
<td>• Reaccionan ante sonrisas y voces.</td>
<td>• Dicen «adiós» con la mano e imitan acciones.</td>
<td>• Juegan con los demás niños.</td>
</tr>
<tr>
<td>• Les gusta que los carguen y mezan.</td>
<td>• Dicen “no” y tratan de controlar la conducta de los demás.</td>
<td>• Juegan disfrazándose.</td>
</tr>
<tr>
<td>• Balbucean; imitan sonidos fáciles.</td>
<td>• Sigan reglas sencillas.</td>
<td>• Exploran los papeles de cada sexo.</td>
</tr>
<tr>
<td>• Pueden temerles a los extraños.</td>
<td>• Quieren ser independientes.</td>
<td>• Participan en juegos histriónicos que se asemejan más a la realidad, prestando atención a los detalles, tiempo y espacio.</td>
</tr>
<tr>
<td>• Estudian los rostros.</td>
<td>• Demuestran lo que sienten.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• No comparten.</td>
<td></td>
</tr>
<tr>
<td><strong>Descubrimiento…</strong></td>
<td><strong>Descubrimiento…</strong></td>
<td><strong>Descubrimiento…</strong></td>
</tr>
<tr>
<td>• Les gusta tocar y palpar objetos distintos.</td>
<td>• Entienden las instrucciones sencillas.</td>
<td>• Comparan y clasifican objetos, colores y símbolos.</td>
</tr>
<tr>
<td>• Están al tanto de diversos sonidos.</td>
<td>• Llenan y vacían envases.</td>
<td>• Hablan en oraciones más largas.</td>
</tr>
<tr>
<td>• Les gusta los colores vivos.</td>
<td>• Resuelven problemas sencillos.</td>
<td>• Dibujan imágenes que se pueden reconocer.</td>
</tr>
<tr>
<td>• Se lo meten todo en la boca.</td>
<td>• Hacen garabatos.</td>
<td>• Cuentan de memoria hasta menos de 10.</td>
</tr>
<tr>
<td>• Juegan a las escondidas.</td>
<td>• Les gusta la música y los cuentos.</td>
<td>• Entienden los conceptos sencillos del tiempo.</td>
</tr>
<tr>
<td>• Halan juguetes por los cordeles.</td>
<td>• Nombran muchas cosas y hablan en oraciones cortas.</td>
<td>• Se abrochan los zapatos.</td>
</tr>
<tr>
<td>• Dejan caer, agitan y golpean los juguetes.</td>
<td>• Comienzan a vestirse solos.</td>
<td></td>
</tr>
<tr>
<td><strong>Movimiento…</strong></td>
<td><strong>Movimiento…</strong></td>
<td><strong>Movimiento…</strong></td>
</tr>
<tr>
<td>• Mueven los brazos y las piernas.</td>
<td>• Abren y cierran cajas.</td>
<td>• Caminan en fila.</td>
</tr>
<tr>
<td>• Gatean.</td>
<td>• Toman objetos pequeños con los dedos.</td>
<td>• Saltan y brincan en un solo pie.</td>
</tr>
<tr>
<td>• Se sientan con ayuda.</td>
<td>• Se apoyan para ponerse de pie.</td>
<td>• Pedalean bicicletas.</td>
</tr>
<tr>
<td>• Se llevan las manos a la boca.</td>
<td>• Caminan, corren, trepan y bailan.</td>
<td>• Lanzan pelotas por encima de la cabeza y las trancan.</td>
</tr>
<tr>
<td>• Agarran con la palma de la mano.</td>
<td>• Apilan bloques.</td>
<td>• Suben y bajan escaleras cambiando de pie.</td>
</tr>
<tr>
<td>• Se revuelcan.</td>
<td></td>
<td>• Caminan hacia atrás.</td>
</tr>
</tbody>
</table>

*Florida Department of Education* 
*Grow to 5 Module A–Page 126*
Ejemplo del perfil del desarrollo del niño

<table>
<thead>
<tr>
<th></th>
<th>Pensamiento</th>
<th>Movi-</th>
<th>Cuidado de sí mismo</th>
<th>Aspecto social</th>
<th>Idioma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mucha habilidad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adecuado para la edad</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Desarrollo atrasado</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*El perfil que aparece anteriormente señala que las habilidades del niño están «dispersas.»*
Juguetes: Matracas y cascabeles

<table>
<thead>
<tr>
<th>Lactantes (niños que aún no caminan)</th>
<th>Niños que aprenden a caminar</th>
<th>Niños en edad preescolar</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>En lo social…</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Disfrutan las experiencias compartidas.</td>
<td>• Disfrutan emitir sonidos con los demás niños.</td>
<td>• Conjunto rítmico.</td>
</tr>
<tr>
<td>• Puede estirarle la mano al adulto mientras sujeta el juguete o usarlo para captar la atención del adulto.</td>
<td>• Hacen alarde de su habilidad de agitar objetos.</td>
<td></td>
</tr>
<tr>
<td>• Puede usar el juguete para decir «adiós.»</td>
<td>• Agita la matraca cuando se siente feliz o animado.</td>
<td></td>
</tr>
<tr>
<td>• Puede agitar el juguete para responderle al adulto.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Descubrimiento…</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Descubren la causa y el efecto.</td>
<td>• Tocan la matraca junto con la música.</td>
<td>• Observan las diferencias entre varios cascabeles y matracas.</td>
</tr>
<tr>
<td>• Se voltean para ubicar visualmente el origen del sonido de la matraca.</td>
<td>• Hablan de la matraca. Cantan a medida que tocan la matraca.</td>
<td>• Hablan de por qué los diversos cascabeles emiten sonidos diversos.</td>
</tr>
<tr>
<td>• Descubren que las matracas emiten sonidos distintos.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dan golpes una y otra vez.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Movimiento…</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Desarrollan el control del agarre.</td>
<td>• Aumentan el control del movimiento de los brazos.</td>
<td>• Exploran diversas formas de emplear los cascabeles o matracas (por ejemplo, se los amarran al tobillo).</td>
</tr>
<tr>
<td>• Toman la matraca.</td>
<td>• Agitan la matraca.</td>
<td></td>
</tr>
<tr>
<td>• Agitan la matraca.</td>
<td>• Agitan dos matracas o panderetas.</td>
<td></td>
</tr>
<tr>
<td>• Aumentan el rango de movimiento cuando agitan algo.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Juguete: Brocha y pintura

<table>
<thead>
<tr>
<th>Lactantes (niños que aún no caminan)</th>
<th>Niños que aprenden a caminar</th>
<th>Niños en edad preescolar</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>En lo social…</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Los lactantes pueden disfrutar las actividades realizadas antes de comenzar pintar, como untarle natillas, jalea u otra sustancia a una superficie. Sin embargo, la pinturas y las brochas no son aptas para los lactantes. | • Observan e imitan a los adultos.  
• Les muestran a los adultos lo que han hecho.  
• Juegan al lado de un amiguito(a) que también pinta. | • Imitan lo que pintan los demás niños.  
• Les describen a los demás lo que han hecho. |
| **Descubrimiento…**                |                             |                          |
| No corresponde.                     |                             |                          |
| • Se ofrecen para realizar la actividad.  
• Descubren lo que sucede cuando pintan sobre texturas distintas.  
• Emplean más de un color.  
• Emplean brochas de diversos tamaños. | | • Descubren cómo cambian los colores cuando se ligan.  
• Piensan en lo que van a pintar.  
• Le ponen nombres a lo que crean. |
| **Movimiento…**                    |                             |                          |
| No corresponde.                     |                             |                          |
| • Toman y sujetan la brocha.  
• Agitan la brocha.  
• Tienen control limitado de la brocha.  
• Desarrollan músculos grandes y pequeños cuando pintan. | | • Controlan los movimientos.  
• Pintan círculos, cuadrados y otras figuras.  
• Pintan algunas letras.  
• Pueden emplear fácilmente las brochas pequeñas. |
<table>
<thead>
<tr>
<th>Lactantes (niños que aún no caminan)</th>
<th>Niños que aprenden a caminar</th>
<th>Niños en edad preescolar</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>En lo social</em>...</td>
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<td><em>En lo social</em>...</td>
</tr>
<tr>
<td><em>Descubrimiento</em>...</td>
<td><em>Descubrimiento</em>...</td>
<td><em>Descubrimiento</em>...</td>
</tr>
<tr>
<td><em>Movimiento</em>...</td>
<td><em>Movimiento</em>...</td>
<td><em>Movimiento</em>...</td>
</tr>
</tbody>
</table>
Los juguetes para niños de corta edad deben cumplir los requisitos señalados a continuación:

- Ser demasiado grande para poderse tragar
  (El juguete no cabe a través del agujero del rollo de papel sanitario. El juguete no tiene piezas pequeñas que se puedan arrancar. El juguete no está lleno de pepas pequeñas. No tiene globos.)

- No tener elementos filosos o rompibles
- No tener elementos movibles que puedan pellizcar
- Estar hecho de sustancias que no son tóxicas y la pintura no es tóxica
- No poder lanzar al aire objetos pequeños
- No tener alambres visibles, piezas que se calientan o pilas que pueda alcanzar el niño
- No ser muy ruidoso
- Ser muy fuerte y capaz de limpiarse

Juguetes hechos en la casa
¡La seguridad es lo primero! ¡Supervise siempre a los niños!

Para los lactantes…
- Figuras de tela de colores vivos, rellenas de algodón y bien cosidas; después, se aseguran bien del costado de la cuna.
- Diversas formas y texturas bien cosidas a una sábana en la que el bebé pueda gatear.
- Pedazos de espuma cortados en diversas figuras y cubiertos de un estampado que encaje en la figura.
- Almohadas gordas y fuertes para que las trepe (Jamás meta las almohadas dentro de la cuna.)
- Natillas o avena cocinada dentro de una bolsa para sandwiches que también está cerrada con cinta adhesiva o costura.

Para los niños que comienzan a caminar…
- Libros de bolsas plásticas con cierre hermético (llamadas «zip bags» en inglés): Coloque dos imágenes o fotografías dentro bolsas plásticas con cierre hermético y cartón en el centro para endurecerlas. Una tres o cuatro, como si fueran un libro, de tal forma que el borde se abra hacia la izquierda [el lado de la tapa]. Haga una costura a lo largo de la “tapa” con aguja e hilo.
- Álbumes de fotografías o libros hechos en la casa con una imagen por página: Estas imágenes pueden ser imágenes de alimentos, animales, ropa o todo lo que les interese a los niños y se pueden tomar de revistas. También es bueno coleccionar en el álbum fotografías de los niños mientras realizan diversas actividades.
- Dos cestas de colocar ropa sucia (una para echar las pelotas y la otra para lanzarle las pelotas).
- Pedazos cuadrados de alfombra para decorar el piso a fin de que los niños puedan brincar sobre ellos, jugar con juguetes encima de ellos y construir con ellos. (Asegúrese de que ningún niño tenga una reacción alérgica a la alfombra. Los pedazos cuadrados nuevos deben ponerse al aire, a la intemperie, para que se les quite el olor desagradable.)
- Arcilla no tóxica para moldear hecha en la casa: En una cacerola mediana combine 1 taza de agua, una cucharada de aceite y colorante vegetal a gusto con una taza de harina; 1/2 taza de sal y una cucharada de crema tártara. Mezcle y cocine a fuego mediano hasta tanto la mezcla se haga compacta. Guárdela en el refrigerador y cámbiela habitualmente. Un lugar fácil de limpiar es el mejor para aquellas actividades que causan suciedad como cuando se usa arcilla.

Para los niños en edad preescolar…
- Gak o masilla tonta. Mezcle una taza de goma blanca con una taza de agua. Disuelva aparte, en una taza de agua, una cucharadita de bórax. Mezcle ambas pociones rápidamente. Añada colorante a la mezcla de goma y agua antes de mezclarlas. Empléese para Slime™.
- Bloques. Colecciones los envases viejos de toallitas de bebés.
- Objetos para juegos histriónicos. Emplee cajas y guacales viejos que no tengan presillas ni otros dispositivos de sujeción peligrosos.
- Anteojos o prismáticos. Pídale al niño que decore dos rollos vacíos de papel sanitario. Péguelos con cinta adhesiva e insérteles un hilo para que el niño pueda colgarse los anteojos o prismáticos del cuello. (Sin embargo, tenga cuidado con lo que el niño se cuelga del cuello. Superviselo atentamente.)
- Raquetas y pelotas de tenis. Córtele las piernas a un panty viejo. Estire una de las piernas del panty sobre una percha de alambre que la haya alargado para que se parezca a una raqueta. Llene la otra piernas del panty de periódicos estrujados para hacer la pelota.
- Rompecabezas. Pégue fotografías interesantes de revistas y almanaques en pedazos de etiqueta de cartón. Corte el cartón en pedazos después que se seque la goma. Mantenga las piezas juntas en una bolsa plástica de cierre hermético o sobre. Cuando se consigan dos ejemplares de la misma fotografía, quédese con una completa para que les sirva de modelo a los niños.
Debe tener presente lo siguiente acerca de Jugar

Generalidades

- Las edades y las fases son importantes.
- El ritmo del desarrollo puede variar, sobre todo cuando se trata de niños con discapacidades o necesidades especiales.
- La secuencia del desarrollo no suele variar.
- Cada niño o niña es singular en cuanto a su crecimiento y desarrollo.
- Las tablas para anotar datos sobre el crecimiento y desarrollo son sólo pautas.
- Casi todas las actividades se pueden modificar para satisfacer las necesidades de los niños del grupo.

Cómo aprenden los niños

- Continuamente
- Cuando están interesados en la actividad
- Con el transcurso del tiempo
- Frecuentemente lo hacen en rachas o arranques de desarrollo
- Imitando a los adultos
- De sus errores
- ¡De usted!

Cómo escoger el juguete o actividad idónea

- Examine la tabla llamada «Qué hacen los niños» en la Hoja A-3-2 para encontrar las características del desarrollo que más se asemejan a las del niño.
- Pregúntele al niño qué le gusta hacer.
- Pregunte cuáles son las ventajas sociales, de descubrimiento y de movimiento que ofrece el juguete o actividad.

El tiempo que pase con los niños debe ser agradable y valioso para su crecimiento y desarrollo. Cuéntele a los padres qué actividades realizan sus hijos mientras esté encargado de ellos.
APPENDIX D: OPTIONAL SIX-WEEK FOLLOW-UP ACTIVITY

The Six-Week Follow-Up Activity found in appendix D of each module is designed to help participants reflect on what they have learned and generalize it to their daily work with young children. Whether or not to request or require participants to complete the follow-up activity is the decision of each trainer and/or training agency.

If the instructor and training agency elect to require the follow-up activity, the instructor should explain the activity at the end of the module presentation and explain the criteria that will be used to evaluate the participants’ work. It is important that participants know how to get any clarification they need and how they can return the completed activity to the instructor.

Three to four weeks after presenting the training module, the instructor should contact all participants to remind them to submit their Six-Week Follow-Up Activity. Appendix A includes a sample reminder notice.

The instructor should review and evaluate the quality of each participant’s completed Six-Week Follow-Up Activity and return it to the participant with feedback. The instructor should prepare and give a certificate of completion (found in appendix A) to each participant whose performance meets the established criteria.

Note that a Spanish version of the Six-Week Follow-Up Activity is provided in this appendix immediately following the English version.
Six-Week Follow-Up Activity

Name __________________________
Date __________________________

Complete Activity A, B, or C on the following pages. Then mail your completed Six-Week Follow-up Activity to:

Name __________________________
Address __________________________
________________________________________
________________________________________

Phone __________________________
Fax __________________________

Your Six-Week Follow-Up Activity is due at the above address by the following date: __________________________.

Activity A: Toys

Directions: Complete each item below.

1. Select a toy that you feel is appropriate for a particular child in your care and complete the items below.

Child’s First Name: ______________________________________________________
Child’s Age:  __________________________________________________________
Toy/Activity: __________________________________________________________

Describe the **social** component of this toy for this child: ______________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Describe the **discovery** component of this toy for this child: __________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Describe the **movement** component of this toy for this child: __________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Activity A: Toys (continued)

2. Describe three new toys you have made. (You may use photographs or drawings to help you describe them.)

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Activity B: Centers

Directions: Complete each item below.

1. Describe the following areas in your caregiving facility:

   Sleeping ____________________________________________________________
   ___________________________________________________________________
   Toileting __________________________________________________________
   ___________________________________________________________________
   Eating _____________________________________________________________
   ___________________________________________________________________
   Indoor Play _______________________________________________________
   ___________________________________________________________________

2. Describe the centers you have in your indoor play area.

   Blocks _____________________________________________________________
   ___________________________________________________________________
   Art _________________________________________________________________
   ___________________________________________________________________
   Language __________________________________________________________
   ___________________________________________________________________
   Play House/Make Believe ___________________________________________
   ___________________________________________________________________
   Other _____________________________________________________________
   ___________________________________________________________________
Activity B: Centers (continued)

3. List some activities you can do with infants, toddlers, and preschoolers outdoors that include the following types of movements:

   Up and down ____________________________
   ____________________________

   Side to side ____________________________
   ____________________________

   Back and forth ____________________________
   ____________________________

   In a circular motion ____________________________
   ____________________________
Activity C: Schedule

Directions: Complete each item below.

1. List parts of the day that you have added to or changed in your class schedule after participating in this training.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

2. List changes you have made in the daily schedule at your caregiving facility after participating in this training:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

3. Individual record-keeping charts we use at the center are attached for the following: (Check all that apply.)

   Feeding  ____
   Sleeping ____
   Other (describe) ____  ________________________________

I have also included the following attachments:

   Old daily schedule ____
   New daily schedule ____
   Other (describe) ____  ________________________________
Actividad de Seguimiento Después de Seis Semanas

Nombre ________________________
Fecha __________________________

Realice la actividad A, B o C que aparece en las páginas siguientes. Después de terminarla, envíe por correo la Actividad de Seguimiento Después de Seis Semanas a:

Nombre _________________________________
Dirección ________________________________
________________________________________
________________________________________

Esta Actividad de Seguimiento Después de Seis Semanas deberá ser enviada a la dirección anterior a más tardar para la fecha siguiente:

_____________________.

Grow to 5 Module A–Page 141
Actividad A: Juguetes

Instrucciones: Rellene cada uno de los espacios en blanco que aparecen a continuación.

1. Escoja el juguete que piense que sea adecuado para el niño o niña que esté a su cuidado y rellene los espacios en blanco que aparecen a continuación:

Nombre de pila del niño o niña: _____________________________________
Edad del niño o niña: ______________________________________________
Juguete o actividad: _______________________________________________

Describa el componente social que este juguete le representa a este niño o niña:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Describa el componente de descubrimiento que este juguete le representa a este niño o niña:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Describa el componente de movimiento que este juguete le representa a este niño o niña:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Actividad A: Juegos (sigue)

2. Describa tres juguetes que haya hecho. (Puede emplear fotografías o dibujos que sean útiles en describirlos.)

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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_________________________________________________________________
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_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Actividad B: Centros

Instrucciones: Rellene cada uno de los espacios en blanco que aparecen a continuación.

1. Describa los lugares siguientes que se encuentran en su instalación de cuidado infantil:

   Sala de dormir __________________________________________________________
   ______________________________________________________________________

   Baños _________________________________________________________________
   ______________________________________________________________________

   Comedor ______________________________________________________________
   ______________________________________________________________________

   Sala para jugar bajo techo _____________________________________________
   ______________________________________________________________________

2. Describa los centros que existen en su sala para jugar bajo techo.

   Bloques ______________________________________________________________
   ______________________________________________________________________

   Dibujo ________________________________________________________________
   ______________________________________________________________________

   Idioma ________________________________________________________________
   ______________________________________________________________________

   Casa de juguetes/fantasía ______________________________________________
   ______________________________________________________________________

   Otro(s) ______________________________________________________________
   ______________________________________________________________________
Actividad B: Centros *(sigue)*

3. Indique algunas actividades que se pueden hacer a la intemperie con niños que no caminan, con niños que comienzan a caminar y con niños en edad preescolar empleando, los siguientes movimientos:

Hacia arriba y hacia abajo __________________________________________
_________________________________________________________________

De lado a lado ____________________________________________________
_________________________________________________________________

Hacia delante y hacia detrás _______________________________________
_________________________________________________________________

En movimiento circular ___________________________________________
_________________________________________________________________
Actividad C: Plan de actividades

Instrucciones: Rellene cada uno de los espacios en blanco que aparecen a continuación.

1. Indique los horarios que ha añadido a su plan de actividades o que ha modificado en dicho plan después de participar en esta sesión de capacitación.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

2. Indique las modificaciones que ha hecho en el plan diario de actividades de su instalación de cuidado infantil después de participar en esta sesión de capacitación.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

3. Se adjuntan las listas empleadas en el centro para anotar las cosas referentes a lo siguiente. (Marque todo lo venga al caso.)

   Alimentación _____  
   Dormir _____  
   Otras cosas (descríbalas) _____  
   
Además, adjunto lo siguiente:

   Antiguo plan diario de actividades _____  
   Nuevo plan diario de actividades _____  
   Otras cosas (descríbalas) _____  

Grow to 5 Module A–Page 146
REFERENCES


