Behavior Observation and Screening

Module 1: An introduction to Observation and Screening

Three main reasons child care programs observe and screen children:
- To facilitate growth and development of every child
- Detect early signs of developmental delay or disability
- Identify signs of child abuse and neglect

Assessment: process whereby an agency or organization gathers and reviews multiple sources of information about a child’s suspected or confirmed developmental delays
Documented Evidence: written data collected by the program
Developmental Domains: categorize children’s skills and abilities including physical health, motor development, etc.
Evaluation: process that determines a child’s eligibility for federal, state, and local programs and services
Developmentally Appropriate Practice: researched based framework based on meeting children where they are individually, chronologically, and culturally
Natural Environment: refers to places the child would typically be, such as home
Observation: an ongoing process in which child care professionals recognize and document identifiable developmental milestones
Screening: ongoing process in which a child care professional uses specialized observation and documentation tools to identify, document, and monitor development or possible developmental delay

Professional groups that perform observation, screening, assessment, and evaluation:
- Florida Diagnostic and Resource System
- Childrens Forum Central Directory
- Child Find
- Child Care Resource and Referral Network

Module 2: The Principles of Observation and Screening

Four guidelines for observations and screening that take place in child care settings:
- Be informed
- Be objective and accurate
- Be honest and fair
- Be focused

Characteristics seen in effective child care professionals who observe and screen children:
- Knows the typical and atypical patterns of child growth and development
- Familiar with the child
- Understands the programs observation and screening policies
Best practices used by skilled practitioners to obtain valid and usable results:
- Remain objective
- Stay focused

Module 3: Observation and Screening Basics

Characteristics shared by quality screening instruments:
- Easy to use
- Use primary language
- Familiar materials must be accurate

When selecting a screening tool for specific children it should be based on the child, family, and the program.

Childcare professionals follow guidelines and best practices during observation and screening so results will be usable.

Ways to guide families through the screening process:
- Permission to screen
- Enrollment information
- Results of previous screening and health records

Module 4: Methods of Observation and Screening

Observation methods commonly seen in child care settings:
- Checklist
- Anecdotal records
- Running records
- Frequency count
- Conversation
- Time sample
- Standardized tests
- Rating scale
- Documentation

Childcare professionals choose their methods of observation based upon the data type that they need to collect.

Module 5: Children at Risk

Role of observation in screening relating to developmental delays, disabilities, and at-risk populations:
- Don’t diagnose
- Independent and document indicators
- Report them as required by law
- Observe and screen regularly
Ways to support children with delay or disability, or who are at risk, through observing and screening:
- Document behaviors
- Help parent make referral
- Encourage parent to contact doctor

Laws related to children with disabilities:
- American with Disabilities Act (ADA)
- Individual with Disabilities Education Act (IDEA)

Module 6: Referral Process and Resources

When data supports further assessment and evaluation, adjust the child's learning experience as new information emerges and be willing to share your experience.

Agencies and Organizations who participate in the screening, assessment, and evaluation process:
- Florida Diagnostic and Resource System
- Children's Forum Central Directory
- Florida Office of Early Learning
- Child Care Resource and Referral Network
- Child Find (the most used)

Function of agencies and organizations listed above:
- Test for developmental delays
- Evaluate children's development

Parents who learn their child may be at risk of developmental delay or disability should be referred to a proper organization and stay positive about the situation.

Child Care Facility Rules and Regulations

Module 1: The Regulation of Child Care Facilities

Main purpose for regulatory agencies in child care:
- To ensure that children are well cared for in a safe, healthy, positive and educational environment by trained, qualified, child care staff

Three agencies that play a role in regulating child care in Florida:
- Department of Children and Families → determines rules
- Licensing and inspecting county agencies → building and zoning codes
- Local licensing agencies → regulate and enforce rules to meet standards

Americans with Disabilities Act: prohibits discrimination of people who are handicapped or disabled
Florida Administrative Code: made up of the rules that are created by the Department of Children and Families and enforced by the DCF and many other state and local agencies
Florida State Statutes: made up by the individual laws which were passed by the Legislature
Module 2: The Florida Statutes

Legislature in Florida recognizes that children exist and need to be cared for

What is childcare?
- Keeping children safe
- Providing good nutrition
- Creating a quality environment for learning

A child care facility is where the child is being taken care of

Fire and emergency preparedness requirement → written plans and procedures

Department of Children and Families role regarding licensing:
- Address issues related to health
- Adopt rules for licensing that enforce the standards

Florida Legislature Website → provides information regarding current rules, regulations, and requirements about child care in Florida

For every 20 children there must be 1 credentialed staff member

Purpose of minimum standards regarding building, health, safety, and nutrition:
- To assure the health, safety, and nutrition needs of the child are met

Florida Statutes regarding childrens discipline:
- In writing, the disciplinary policy used by the facility should be documented with signature of legal guardian

Penalties for lying in regard to a child care facility:
- Misdemeanor in the first degree
- Fines up to $500 per day
- Issuance of a warning letter
- Suspension, denial, or revocation of license

Module 3: The Florida Administrative Code

Legislature regarding child care in Florida → recognizes that children exist and need to be cared for

Module 4: The American with Disabilities Act

Role of ADA in provision of child care in Florida:
- Prohibits discrimination in employment
- Promotes community integration
- Provides transportation
- Assures confidentiality
- Helps get the child the assistance they need
Child care provider applies knowledge of the ADA to daily work by staying cautious and aware of the children with disabilities

Module 5: Professionalism

Resources available to childcare providers to stay up-to-date on child care regulations:
- Childcare Design Guide
- Board of Directors Childcare
- Resource Book and Emergency Management

Childcare professionals have ethical responsibilities towards 4 groups of people:
- Parents
- Students
- Colleagues
- Community

Child Growth and Development

Module 1: Principles of Child Growth and Development

Fast Facts:
- Child growth proceeds from the center of the body outward
- At birth, the brain, heart, and spinal cord are fully functioning
- The finger and toe muscles develop after the arm and leg muscles
- Children differ in their growth
- Children grow at different rates
- Growth is sequential
- Growth happens in spurts

Principles of Child Development:
Principle 1 – Developmental sequence is similar for all
Ex) while the sequence is similar and the behavior or skills emerge in the same order, children can take more or less time with behavior or skill
Principle 2 – Developmental Procedures are from general to specific
Ex) just as growth of an infant proceeds from the top down and from the center of the body to the limbs, behaviors and skills move from general to specific
Principle 3 – Development is continuous
Ex) in order for children to write and draw, they must have developed the control of their hands and fingers to hold a crayon or a pencil
Principle 4 – Development Procedures at Different Rates
Ex) although the sequences for development are usually the same for all children, the rates at which individual children reach each stage will be different
Principle 5 – All areas of development are interrelated
Ex) these 6 domains of development are physical health, motor development, cognitive development and general knowledge, language and communication, social and emotional development, and approaches to learning
“Window of Opportunity” regarding brain development:
- This is critically important for young children since the opportunity of learning language skills begins to close around 5 years old and greatly diminishes around puberty

Ways childcare programs can be inclusive to support children with developmental disabilities:
- A child who is physically challenged → accommodate reasonably
- A child who is socially challenged with autism → encourage child to socialize
- A child who is emotionally challenged → give them more attention

Three types of positive behavior supports:
Prevention → a strategy that stops challenging behaviors before they begin, and it is the primary method child care professionals use to encourage these behaviors
Redirection → a strategy that is used to guide children’s behavior by recognizing challenging behavior at its earliest stages and taking steps to stop it from escalating
Positive Reinforcement → strategy in which desired behaviors are rewarded so that the child is encouraged to repeat them

Module 2: Child Development Theories

Maslow’s Hierarchy of Needs:
1) Need for self-actualization
2) Esteem needs
3) Belonging and love needs
4) Safety needs
5) Physiological needs

Erik Erikson’s Conflict:
Infant → Trust vs. Mistrust
Toddler → Autonomy vs. Shame and Doubt
Preschool → Initiative vs. Guilt
Grade School → Industry vs. Inferiority

Piaget’s Stages:
Sensorimotor (Age 0-2) → understand world by physically manipulating objects
Preoperational (Age 2-7) → use symbols to mentally represent objects
Concrete-Operational (Age 7-11) → learn about world by applying logic
Formal Operations (Age 11 and up) → learn through constructing and solving problems

Vygotsky’s Learning Theory:
- Socio-cultural theory
- Scaffolding: the adult provides children with the opportunities to extend their current skills and knowledge
- Reciprocal teaching: encourages a conversation between children and the adult

Module 3: Influences Affecting Child Development

Environmental influences affecting child development
Nutrition: help maintain a healthy and stable life
Exercise levels: help to stay in shape and develop a healthy lifestyle
Physical and learning routines: help children be stable and keep them on track
Relationships with family and friends: to be social and active
Promoting social interaction: give them experiences to know different kinds of people
Social interaction and children with disabilities: so that everyone is on equal terms

**How hereditary influences child development:**
- Through the inheritance of physical characteristics and temperament from birth
- It exists before the child is conceived. The egg of the mother and the sperm of the father carry genetic materials that combine to form a unique child

**How birth influences child development:**
- Better opportunity to grow with fewer developmental challenges than an unhealthy child
- Critical influence on the growth and development of a child from the prenatal period through each age and stage

**How developmental obstacles influence child development:**
- Impairment resulting from prenatal problems, trauma during birth, accidents, illness, or disease that damages the body or mind may disturb or delay normal development
- Certain circumstances, such as parents who can’t read, who don’t talk frequently with their children or homes where English is not spoken may affect the learning opportunities

Module 4: Developmental Characteristics Part 1

**Physical health:** refers to typical growth patterns, changes in weight and height, generally health and safety, visual perception, hearing and understanding the roles of health care professionals

**Motor development:** refers to a child’s ability to move around and control various parts

**Social and emotional development:** broad area that focuses on how children feel about themselves and their relationships with others

Infant → rolling over back to front → motor development
Preschool → follows simple rules with guidance → social development
Toddler → developing self-care skills → emotional development
Preschool → bathing independently → physical development

**Routines** are important to help children feel secure by letting them know what to expect

Module 5: Developmental Characteristics Part 2

**Approaches to learning:** refers to a child’s eagerness to learn. It includes curiosity, persistence, problem solving and the ability to create and complete long-term projects

**Language and communication:** child’s ability to communicate with others. It involves children’s ability to see, hear, speak, read, and write and construct an understanding of things around them

**Cognitive development and general knowledge:** child’s intellectual or mental abilities

Infant → experimenting with different sounds → language development
Preschool → requesting favorite book to be read → communication development
School-age → waiting to be assigned a “job” → cognitive development
School-age → working at a task for long periods of time → general knowledge development

It is important to use **developmental domains in lesson plans** so children will learn the skills that they will need for later in life

**Module 6: Developmentally Appropriate Practice**

Three elements that define DAPs:
- What you know about how children develop and learn
- What you know about the strengths, needs, and interests of individual children
- What you know about the social and cultural contexts in which their children live

DAP is often referred to as **socially and culturally** appropriate

**Three elements needed to create a developmentally appropriate program:**
- Active learning
- Meaningful experiences
- Nurturing relationships

Three A’s → **Awareness, Acceptance, Appreciation**

**How to use 3 A’s with special needs or culturally diverse children:**
- Become aware of the needs of a child that requires accommodations
- Becoming well informed about modifications or additions you may need to make in activities will insure the child's inclusion with other children

**Musical Play Center**: musical play includes activities such as dancing, singing, and playing simple instruments
**Constructive Play Center**: as children experiment with building they learn about important concepts such as gravity, stability, and patterning
**Artistic Play Center**: learning to draw is sometimes compared to learning to talk
**Cognitive Play Center**: includes activities such as solving puzzles, counting, classifying, and sorting
**Exploratory Play Center**: playing with sand and water, planting and caring for pets
**Dramatic Play Center**: carefree, creative dramatic play promotes cognitive development and helps children learn how to share, communicate and cooperate with each other
**Language Play Center**: includes reading and writing

**Health, Safety, and Nutrition**

**Module 1: A Healthy Environment**

Written policies are important in maintaining a safe and healthy childcare facility so that everyone knows what is expected

The Three A’s of a healthy child are: **Appetite, Appearance, and Activity**
Appetite: a child will eat a substantial amount of food, will eat a variety of foods, is interested in eating and appears content after meals and snacks
Appearance: a child has clear bright eyes, clear skin, well developed muscles, gains steadily in weight and height
Activity: a child has plenty of energy, is alert, sleeps soundly, and has few aches and pain

Common signs and symptoms you might see in a child who is experiencing illness:
Behavior – irritable, drowsy, whiny and anxious
Face and body – flushed, pale, sores, rash, vomit, pulling an ear, coughing, wheezing, and discharge from the mouth, eyes, and ears.
Other signs – fever, pain, and skin marks

Heat Exhaustion: the condition is caused by excessive sweating. The person’s skin becomes pale and clammy, and the person feels sick, dizzy, and/or faint. Pulse rate and breathing become rapid, and a headache or muscle cramps may develop.
Heat Stroke: occurs because of prolonged exposure to very hot conditions. Body temperature rapidly rises to 104 degrees Fahrenheit, person becomes flushed, with hot, dry skin and a strong, rapid pulse.
Dehydration: dry to very dry mouth. Little or no tears when crying. Less active than usual. Infant will wet less than 6 diapers a day; a child will make fewer trips to the restroom than he normally does. Eyes are sunken, hands and feet are cool and blotchy, and pulse may seem weak and fast.

Fungi: grow best in warm, moist places. Can cause athlete’s foot and ringworm. Effective medication is available.
Virus: smaller than bacteria and grow only in living cells. Can cause colds, chicken pox, and measles. Antibiotic have NO effect and rest is the best option.
Parasites: organisms that lice on or in animals and people. Common examples include pinworms, roundworms, and head lice. There are effect medication available for most.

Four methods diseases are transmitted:
- Respiratory: through nasal and throat discharges
- Fecal/Oral: through bowel movements, soiled hands, or objects in mouth
- Direct Contact: contact with infected area
- Blood: borne through blood contact

Three ways of preventing communicable disease:
- Isolation
- Immunization
- Universal precautions

Universal Precautions: a strategy which requires caregivers to treat blood or any bodily fluid of ill persons as potential sources of infection, and its core principal is that proper hygiene and sanitary conditions are critical in communicable disease control.
- Wear gloves
- Wash hands properly
- Clean up any bodily fluids IMMEDIATELY
Role of sanitation in preventing illness:
- Clean utensils and equipment
- Use wholesome foods
- Correct storage and cooking temperatures
- Proper defrosting

Special Requirements and Prohibited Foods
- Keep appliances clean and in good working order
- Examine food when it’s delivered
- Do not use cracked or chipped utensils

Food Preparation/Serving Areas
- Workers that serve food need to meet the health standards
- People with cuts should not serve or prepare foods
- Make sure everything is clean

Food Handling
- Wash hands before handling food
- Cook food properly
- Thoroughly wash all fruits or vegetables

Food Temperatures
- Cold foods should be kept below 40 degrees Fahrenheit
- Hot foods should be kept about 140 degrees
- Defrost frozen foods properly

Food Storage
- Don’t overload containers for heating and cooking
- Throw out portions of food that were served but not eaten
- Protect dry foods from insects and rodents by putting them in storage containers

Administering Medicines:
- Accept medicine
- Store medicine
- Administer medicine
- Document medicine

Module 2: A Safe Environment

Characteristics of a safe child care environment:
- Potential hazards at a minimum
- Surroundings are neat and orderly
- Children are constantly supervised
- Caregivers have knowledge of and practice safety policies and procedures

Preventing poisoning in children in the child care facility:
- Keep chemicals out of children’s reach
- Follow safe food-handling procedures
- Obey directions found on medicine labels
- Teach children not to place unfamiliar items in or near their mouths
Reacting when a child is injured in a child care providers care:
- Always be honest but positive, talk to the child at eye level, remain calm
- Encourage child to express feelings and explain unfamiliar procedures step by step

Procedures to include in a monthly fire drill:
- Lock down procedures
- Evacuations
- Shelter in-place procedures

5 Best practices for transportation safety:
- Children under 3 must be secured in a federally approved child-restraint seat
- All drivers and front seat passengers must use seat belts
- All passengers under 18 sitting in a rear seat must wear seat belts
- Children 4 and 5 years of age must use a federally approved child restraint seat or seat belt
- All children under the age of 6 must be in a car seat safety

Module 3: Children and Nutrition

Determining caloric needs and USDA recommended amounts of each food group:
- Make half the plate fruits and vegetables
- Make at least half the grains whole grains
- Select a variety of protein foods to improve nutrient intake and health benefits
- Switch to fat free or low-fat milk

Roles of adult and child at mealtime:
- Adults have to make certain mealtimes enjoyable and stress-free occasions during which children can learn and practice important social skills
- Children have to understand what and how much they are eating, understand when they are full, and learn table manners as well as how to socially interact at the table

Inappropriate foods:
- 0-3 year olds: uncut foods, hard and sharp foods
- 3-5 year olds: spicy, too hot, sharp and hard foods
- 6 year olds: boned foods, big pieces, hard foods, and foods with seeds

When a child is choking:
- Do: watch closely and let the child cough because he may need to dislodge the object himself. If the child is turning blue and can’t speak or cry, call for help and call 911 and/or do the Heimlich maneuver
- Don’t: hit the child’s back, leave them alone, perform the Heimlich maneuver or attempt first aid if you are trained. Don’t finger swipe their mouth because it could cause the object to be pushed further inside. Don’t panic in front of the child and don’t shake them.
Preschool Appropriate Practice

Module 1: Introduction

Principle components that make up Developmentally Appropriate Practice from birth to age 8:
- Age Appropriateness
- Individual Appropriateness
- Cultural Appropriateness

One of the most important things to teach 3-5 year old children is language development.

Three ways to make the learning process fun for 3-5 year olds:
- Poems
- Songs
- Stories with parent involvement

Module 2: Learning and Development Theories and Stages for Young Children

When babies are born they are in the sensorimotor stage of cognitive development. As they grow they reach the preoperational stage, where they tend to think illogically, begin to understand simple concepts, and behave egocentrically. In the concrete operational stage they begin to develop logic. Finally, as they reach age 11, they reach the formal operations stage.

Erik Erikson and the 8 Conflicts in Emotional Development
- Infant: Trust vs. Mistrust
- Toddler: Autonomy vs. Shame and Doubt
- Preschool: Initiative vs. Guilt
- Grade School: Industry vs Inferiority

Indications of Developmental Delays for young children
Three year olds:
- Failure to understand and follow simple directions
- Does not enjoy playing near other children
Four year olds:
- Does not have good control of posture and movement
- Frequent toileting accidents
Five year olds:
- Unable to sit still and listen for 5 minutes
- Unable to perform self-grooming tasks (washing hands or combing hair)

Module 3: Enhanced Development Learning

Stages of Play
- Solitary play: child playing alone
- Parallel Play: child playing beside other children, but not interacting with each other
- Associative Play: children playing together with materials and some talking
- Cooperative Play: children play together sharing toys
Ways for active learning:
- Materials for each child: variety of different sized boxes and paper tubes to make a sculpture
- Manipulation of those materials: cutting with scissors, folding and pasting paper, and coloring
- Choice by the child of what to try with the materials: allowing a child paint, choosing their own colors and subject matter
- Language chosen and used by the child to depict what he or she is doing: ask the child: “Tell me about what you have made? And “What did you do first?”

Use meaningful dialogue with children and be engaged in a conversation with them
Ask questions or make statements that encourage the child
Active listening is the process of taking an active role in hearing and responding to what children say, and asking open-ended questions to stimulate a child’s thinking.

Module 4: Quality Learning Environments

Developmentally Appropriate Toys and Activities
3-4 year old children:
- Wood puzzles with 4-20 pieces
- Stacking toys and dominoes
- Picture books and storybooks
- Finger paint
- Dress-up clothes

4-5 year old children:
- Puzzles with 20+ pieces
- Simple board games
- Potter’s clay
- Unit blocks
- Construction set with smaller pieces

Daily routines assure children that their environment is predictable and consistent, which makes them feel they are in a secure environment. Daily schedules should be written and illustrated with pictures.

Module 5: Positive Guidance Strategies

Promoting Positive Behavior:
- Make certain the children in your care understand what is expected of them
- Explain the rules simply and clearly
- Use pictures of desirable actions so children can see what appropriate behavior looks like
- Keep directions simple
- Consider the social mix in your classroom

Creating Developmentally Appropriate Classroom Rules:
- Rules in a preschool learning environment should be kept simple
- Three to five rules should be enough
- Create simple rules easy enough for young children to understand
**Intervention techniques:**
- Stand near a child who is about to throw a fit, it can prevent the child from behaving badly
- Lower your voice when correcting behavior, it is more effective than raising it
- If a child misbehaves, encourage the child to talk about how they are feeling

**Module 6: Create a Caring Community in the Classroom**

**Nurturing Emotional Development:**
- Help children develop their emotions in a positive way by helping them express their feelings through talking, drawing, and pretending.
- Class projects and meetings help children establish a sense of belonging in the group
- The more a child is aware of other children’s feeling the greater chance of success at having an empathetic classroom community

**Cultural Appropriateness:**
- Actively listen to others and their perspective
- Know that values, beliefs, and attitudes govern actions
- Culture is learned from families and caregivers
- There are no one “right” ways to do things

An inclusive environment is where all children are able to be involved and contribute as full members.

1 out of 800 births will be affected by Down Syndrome

**Five forms of Autism on the spectrum:**
- Autism
- Asperger Syndrome
- Pervasive Developmental Disorder
- Rett Syndrome
- Childhood Disintegrative Disorder

**Developmentally Appropriate Practice**

**Module 1: What is Developmentally Appropriate Practice?**

**Three principle components of DAP?**

*Cultural appropriate practice:* consider what is typical for a child within a given age group. Caregivers should be knowledgeable about general patterns of growth that children follow and the behavior that they exhibit

*Age Appropriateness:* considering the needs of each child as a unique individual. Caregivers must know that all children are different. Although a child is a certain age their personality makes them different.

*Individual Appropriateness:* considering the social and cultural contexts in which children grow and live. Caregivers should respect the values, expectations, and languages of children and their families.

**DAP concept of intentionality:**
Studies show effective teachers prepare environments, experiences, and activities to meet a goal. This enables them to observe, discuss, and assess children’s progress with parents to implement this strategy.

**Three Critical Challenges:**
- The first is to reduce the achievement gap
- The second is to align and integrate children’s learning experience across the early childhood years, ideally from birth to age 8
- The third is recognizing that teachers and professional decision must be supported with training and resources

**Module 2: Why is Developmentally Appropriate Practice Important?**

**DAP importance:**
- Reading and early literacy are critical to connecting with a child’s cultural interests and learning. Delinquency rates are lower, there is an increase in high school graduation rates, and more adults earn higher salaries.

**Written policy prohibited disciplinary practices by Florida Statute:**
- Children shall not be subjects to discipline that is severe, humiliating, or frightening
- Discipline shall not be associated with food, rest, or toileting.
- Spanking or any other form of physical punishments is prohibited.

**Module 3: Who does Developmentally Appropriate Practice Impact?**

**High quality care** keeps parents better employed, and it helps employers to have stable workforce

**Establishing Relationships and Trust**
- Create a brief separation plan for anyone who is in need (new or second-time parents)
- Make the parents departure routine and predictable
- Ask parents about their own separation feelings

**Caregivers**, play is a central role in making sure children form secure attachments to them as well as establishing a relationship with the parent. A bond is easily formed when a child and their family is cared for by the same person each day.

**Including all families:**
- Difficulties that one can encounter are language and custom barriers, single parent/foster parents, grandparents as a primary caregiver, and special needs.
- Offer language classes or use pictures and toys to reflect culture

**Module 4: When Should a Caregiver use Developmentally Appropriate Practice:**

**Piaget’s Stages of Cognitive Development**

- **Sensorimotor Stage**: children learn through sensory perception and motor activity
- **Preoperational Stage**: children are bound by what they experience directly and not by what they think. Children use symbols to represent other objects, symbolic representation
Lev Vygotsky

**Scaffolding:** children learn through problem-solving experiences shared with a knowledgeable adult or peer, initially, the person interacting with the child assumes more responsibility for guiding the learning. As the child learns, the responsibility is gradually transferred to him.

**Zone of Proximal Development:** a child can perform a task under adult guidance or with peer collaboration that could not be achieved alone.

**Socio-cultural Theory:** children learn from other children in a social context.

**Brain Development**

**Neuron:** specialized nerve cells that make up the center of the nervous system

**Axon:** each neuron has an axon which is a fiber that sends messages “away” to other neurons

**Dendrites:** each neuron has many dendrites which accept incoming messages from axons

**Physical development:**
- Infants respond to stimulation and require attention and feedback from caregivers in order to properly develop
- Some children will develop physical skills and abilities earlier than their peers

**Language and Development**
- Children first learn about a language by imitating the sounds and words of people around them
- Language is important to social and emotional development because it helps children learn to identify and express their feeling

**Social and Emotional Development**
- It prepares children to form friendships with their peers and bonds with caregivers
- Children sometimes engage in stages of play that is typical for children of a younger age

**Cognitive Development**
- Happens when a child begins to use what they have learned to understand the world around them
- Culture is not always a positive influence in the cognitive development of a child

**Approaches to Learning**
- Refers to how a caregiver creates opportunities for children to enjoy learning
- Children should be constantly praised for their efforts

**Module 5: Where Should we See Developmentally Appropriate Practice in Action?**

**Positive learning environments** should be comfortable, well-supplied, age appropriate, and safe

**Play Materials:**
- Safe
- Nontoxic toys and material
- Reflect children’s interest
- Toys allow open ended exploration
- Accessible
- Child sized toys
- Promote and encourage social interaction

**Daily Routines:**
- Should be posted where everyone can see it including small children
• Mealtimes are a great opportunity for children to reinforce skills
• Transitions should be used repeatedly and as much as possible

Module 6: How Can Caregivers Implement Developmentally Appropriate Practice Concepts and Practices in a Professional Manner?

How to plan for a successful day with meaningful experiences:
• Be patient and kind
• Have the ability to budget
• Have a knowledge of child growth development and good health

Roles of Caregivers
Observer: role is to be aware of social interactions and skill development of each child
Programmer: role is to help implement DAP by making critical decisions when it comes to selecting materials, interactions, curriculum, and instructors
Teacher: facilitator of social interaction and skill development
Discipliner: guides and builds of responsibility and internal focus of control
Nurturer: fosters a child’s “sense of self” through encouragement
Administrator: thinks about overall fitness of the entire center, classroom, and children individually
Community Networker: one who reaches beyond walls of childcare program to connect to the neighborhood

NAEYC’s Guidelines for Effective Teaching:
• Create a community
• Teach to enhance development and learning
• Plan curriculum to achieve identified goals
• Asses children’s development
• Establish relationships with families

Child Abuse and Neglect

Module 1: identifying Child Abuse and Neglect

Physical Abuse: the mistreatment of a child be a person responsible for the child’s welfare that results in injury or harm to the child
Sexual Abuse: sexual conduct or interaction between a child and an adult or older child. Includes indecent exposure, touching, forcible rape, and exploitation.
Emotional Neglect: failure to provide support, acceptance, attention, warmth, supervision and normal living experiences for a child to the extent that the child is impaired in ability to function normally in performance and behavior.

When talking to a child of suspected abuse or neglect:
• Believe what the child tells you
• Be someone the child trusts and respects
• Ask the child to clarify unfamiliar terms
• Allow the child to tell you what happened in a free/open manner
• Gather enough information to make an informed report to the Florida Abuse Hotline
Risk factors for child abuse and neglect that affect the child, family, or society:
- Financial problems
- Childhood history of abuse
- Chronic or serious illness and birth defect
- Cultural acceptance of abuse
- Poverty and homelessness

Effects of Child Abuse and Neglect on Child, Family, Caregiver, and Society:
- Child: academic, behavior, and sexual problems. Confusion about identity, anxiety, medical and dental problems
- Family: mistrust, ineffective and dysfunctional, poor role model
- Caregivers: challenging to deal with disruptive behavior in children. Not trained to deal with psychological issues, have stress reactions, and have a fear of reporting
- Society: poor employability skills and social interaction skills. Social withdrawals, repeated patterns of abuse/neglect, culture continues to accept violence as a part of life.

Module 2: Reporting Child Abuse Neglect

Mandated Reporters by Law:
- School teacher
- Social worker
- Health professionals and mental health professionals
- Physician
- Nurse

Three ways to make a report:
- Telephone (1-800-96 abuse or 1-800-962-2873)
- Online report
- Fax

Two ways law protects caregivers who report suspected abuse/neglect:
- Florida law section 39.202 states that the name of the person other than employees of the department responsible for child protective services will be kept confidential
- Confidentiality is ensured by law for the person reporting suspected cases

Guidelines for childcare providers wrongly accused of child abuse/neglect:
- Don’t become defensive
- Cooperate fully and factually with authorities
- Get statements from colleagues about your character
- Talk to a lawyer to ensure your rights and those of family members and helpers

Three key groups involved in child protection system:
- Child Protective Services
- Department of Children and Families
- Law enforcement and State Attorney Offices