EARLY CHILDHOOD DEVELOPMENT

Note Taking Guide

At the end of this training, you will be able to:

1. Discuss physical, cognitive, social, and emotional development of young children.
2. Identify the steps to recognizing and responding to developmental concerns in young children.
3. Discuss your role in enhancing the development of young children.

Principles of Development

1. Not everyone develops at the same rate and development can vary within domains.
2. Development is influenced by social and cultural diversity.
3. Past experience influences motivation to learn new things.
4. Relationships are key to development.
5. Children learn in a variety of ways.
6. Development happens in a specific order.
7. Play is important to development.
8. Physical, cognitive, social, and emotional development are all important and connected.
9. Biology and experience both influence development.
11. Early experiences have a lifelong impact on a child’s development.
12. Development goes from the simple to the complex.

-Adapted from National Association for the Education of Young Children, 2009

Overview of Early Childhood Development

Healthy early childhood development lays a foundation for resiliency and well-being for all children. For children who have not had healthy early experiences, early intervention can reset the developmental trajectory.

Brain development in early childhood:
- The brain is not yet fully developed
- Experiences help shape which pathways are pruned and which are strengthened

Caregivers need to know:
- Where to get information
- How to observe and document
- How to adjust caregiving based on observations
Infant Development

- Rapid growth
- Body control
- Recognition
- Communication

The main social and emotional task of the infant is to develop attachment. When caregivers are attuned to the infant, the infant develops trust and sees the world as safe and predictable.
**Toddler Development**

- Rough and tumble play
- Fine motor skills
- Language
- “Why?”

The main social and emotional task of the toddler is to learn to self-regulate. Self-regulation means the toddler can take a “pause” between the emotion they are feeling and their behavior, so that the behavior is thoughtful rather than reactive.

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**Preschooler Development**

- Honing skills
- Toilet trained
- Curious
- Active fantasy life

The main social and emotional task of the preschooler is to learn to take initiative. When caregivers are attuned to the preschooler’s needs and know when to provide security and when to provide encouragement, the child feels safe to explore and take initiative to get her needs met.
The Caregiver’s Role: Enhancing Development

Caregivers need to:

- Develop positive relationships with the child and support previous positive relationships
- Provide structure
- Provide new, positive experiences that balance out the past adverse experiences of the child

The Caregiver’s Role: Addressing Developmental Concerns

Caregivers need to:

- Know the indicators of possible developmental delays
- Advocate for early intervention when they have developmental concerns

Caregivers should remember “EDNA” – educate, document, notify, and advocate
Reflection Questions

1. How does your knowledge of early childhood development influence the way you interact, or the way you will interact, with young children placed in your home?

2. Which steps in responding to developmental concerns – educate, document, notify, advocate – do you feel you do well and why? Identify 2-3 ways you can more effectively engage in the other steps.

3. What are some specific strategies you use, or will use, when you are “being a coach, a detective, and a teacher” to the young children in your home?

Resources and Recommended Websites

- Early Head Start National Resource Center (EHS NRC) www.ehsnrc.org
- Zero to Three http://www.zerotothree.org/
- Devereux Center for Resilient Children http://www.centerforresilientchildren.org
- Ages and Stages questionnaires online through Easter Seals http://www.easterseals.com/mtfcc/asq/
- NAEYC for Families http://families.naeyc.org
EARLY CHILDHOOD DEVELOPMENT

Infant Development

- Read the following scenario and review the developmental information
- Underline past experiences that may have influenced the infant’s development
- Discuss what developmental tasks will be next for the infant
- Identify any developmental concerns you have for this infant on “concerns” flipchart page

Michelle

Michelle is nine months old. At a pediatric visit, the doctor expressed great concern that Michelle was not gaining weight and growing as expected. Upon further examination, she noted bruising on Michelle’s ribs at various stages of healing. While the bruises and growth issues are being investigated, she has been placed in your home. When you met Michelle’s mother at the first visit, she appeared tired and overwhelmed. She was tearful most of the visit and engaged very little with Michelle.

Michelle’s mother admitted that she was on an opiate pain medication throughout her pregnancy, to manage pain from a back injury she sustained during a motor vehicle accident over a year ago. Michelle displayed signs of opiate withdrawal within 48 hours after birth. She required a two-week hospital stay in the NICU to wean her from the opiates and manage feeding issues. Michelle’s mother could only spend short periods of time with her during her NICU stay as she had no support available to care for her other children.

Michelle is the youngest of four children. Her older siblings are all under the age of 6. Michelle’s father took a job out of state two years ago because he could earn more money. He visits four to six times a year. Michelle’s mother works odd shifts occasionally to earn some money. On evenings when she works, the neighbor, who has three children of her own, watches Michelle and her siblings. Michelle’s family is reliant on the local food bank to provide enough food for the children.

You received a developmental screening report the pediatrician completed during Michelle’s last visit. The information in the screening is based on the pediatrician’s observations and responses to questions by Michelle’s mother.

According to the report:
- Michelle is able to track objects as they move.
- She can pick up larger objects, but has trouble grasping small objects.
- She sometimes falls over from a sitting position if not given support.
- She can crawl but has not pulled herself up to standing yet.
- Michelle babbles a lot, especially when she sees her mother after being separated from her.
- She can wave bye-bye and shake her head “no” in imitation.
- Michelle responds to her name.
- She will squeal when she wants a toy she cannot reach.
- Anything she can pick up she will put in her mouth.
- Michelle is described as “jittery” and is still having 4-5 hours a day of inconsolable crying.
Toddler Development

- Read the following scenario and review the developmental information
- Underline past experiences that may have influenced the toddler’s development
- Discuss what developmental tasks will be next for the toddler
- Identify any developmental concerns you have for this toddler on the “concerns” flipchart page

Zach

Zach is a two-and-a-half-year-old boy. His teen parents were in the foster care system. Zach’s mother ran away right after his birth and her whereabouts are unknown. Zach’s father was caring for him in his foster home until he emancipated a few months ago. He did not feel ready to care for his son on his own and relatives who were contacted declined placement, so Zach remained in foster care. However, the foster father learned his job was being relocated to another state and the foster family moved shortly after Zach’s father emancipated. Zach was then placed in your home.

Zach is a very whiny child and has difficulty settling himself at night. He rarely takes naps and appears tired all the time. He is easily frustrated and tantrums several times a day. He sometimes has fitful rages. The former foster family reports that they tried to support Zach’s father as the primary parent, but he often seemed to feel resentful of Zach. He made efforts to play and read to Zach, but was easily irritated by Zach’s tantrums. He had to be reminded to keep to Zach’s schedule and would often ask the foster mother to put Zach to bed for him.

Last week you took Zach to a local preschool as you need child care. They observed Zach interacting with the teachers and other children and did a brief developmental screening.

According to their assessment:
- Zach can follow simple instructions
- He plays with toys in the appropriate way (ex. puts the play food on a dish on the table)
- He uses one word phases or gesturing to express himself
- Zach enjoys exploring his environment, but has trouble staying within the designated boundaries
- He is easily upset and can escalate very quickly into a tantrum or rage
- When he got hurt playing, he did not seek out any adult for help
- He can recognize himself in a mirror
- He is a picky eater and when he is served something he doesn’t like, he tends to throw it
- He can name a few body parts, but there are some he does not know
- He prefers to play by himself but Zach sometimes mimics other children
- He has trouble sitting still
Preschooler Development

- Read the following scenario and review the developmental information
- Underline past experiences that may have influenced the preschooler’s development
- Discuss what developmental tasks will be next for the preschooler
- Identify any developmental concerns you have for this preschooler on the “concerns” flipchart page

Will

Will is a four-year-old male. He was living with his aunt until three weeks ago when she became overwhelmed with his care and brought him to the children’s services office. He was placed in your home.

Will is the only child of a single mother. She is a known prostitute and has a drug addiction. His father is unknown and assumed to be one of her clients. Will’s mother went into a rehabilitation program when she discovered she was pregnant, but soon after his birth, she began using again and prostituting. Will was often left in his aunt’s care for several weeks at a time. The aunt worried about him when he was with his mother, but she enjoyed the break from caring for Will. Just before Will’s second birthday, his mother dropped him off at his aunt’s apartment and never came back.

Will’s aunt struggled to calm Will and correct his behavior. She worried that she would lose her temper and abuse him, so she mostly stayed in her room and just checked on Will periodically.

Will recently went for his four year checkup with his pediatrician. The pediatrician completed a developmental screening based on information from Will’s aunt, the daycare provider, and the caseworker.

According to his report:
- He is often aggressive with the other children, knocking down towers and fighting over toys.
- He has only one friend. He reports that all other children are “mean to me.”
- He doesn’t express many emotions and appears sad most of the time.
- He uses the restroom on his own, but still wears pull ups because he will not poop in the toilet.
- He loves to sing rhyming songs and look at picture books.
- He spends a lot of time pretending to be Spiderman.
- He can bounce a ball, but has trouble catching it.
- He appears clumsy when he runs
- When provided food, he eats so fast that the caregiver worries he might get sick.
- He has trouble eating small foods, like raisins, with his fingers.
- He can trace letters, but cannot replicate them on his own.
- He mostly talks in two word phrases.
EARLY CHILDHOOD DEVELOPMENT

Strategies to Support Early Childhood Development

1. **Be a detective**
   - **Learn about the child**
     - Spend as much time as possible observing and interacting with the child
     - Build an open and collaborative relationship with the child’s primary parents
     - Learn the meaning behind the child’s behavior through observation
   - **Tune into your own feelings and practice self-care**
     - Your well-being is directly tied to the child’s well-being (Casey Family Programs, 2015)
     - A rule of thumb, according to the Circle of Security model (Cooper, et al, 2004), is to “Always be bigger, stronger, wiser, kinder…” than the child

2. **Be a coach**
   - **Follow the child’s lead**
     - Play is how children learn; let them take the lead in deciding what to play
     - Make sure the toys, games, books, and music are developmentally appropriate and reflect the child’s culture
     - Allow a bit of stress, give them just enough help so that they can master a challenge without becoming overly frustrated
     - Praise the process, not just the result
   - **Help them be at their best**
     - Establish routines (bedtime, meal time, waking up)
     - Provide proper exercise, sleep, and nutrition (Dahl, 2007)
     - Ensure proper medical care
- Limit screen time. The American Academy of Pediatrics recommends parents discourage screen time under age two and children over two should have less than 2 hours a day (APA, 2016)

3. Be a teacher
   
   - Teach the child to how identify and express feelings
     
     - Explore the idea of feelings through play
     - Read books about feelings and talk about them
     - Ask children to imagine how their behavior might affect others
     - Help your child understand the difference between “feel” and “am” so they know feelings are not permanent (Siegel and Bryson, 2012)

   - Teach the child the importance of following the rules
     
     - Explain your reasons for limits and requests
     - Talk about rules and limits in language that the child can understand
     - Show the child the benefits involved in cooperating
     - Use the Safety Script (Vicario & Hudgins-Mitchell, 2013) to link rules to safety
       “This is a safe place and I won’t let anyone ______ you, so I can’t let you _____ because this is a safe place.”

EARLY CHILDHOOD DEVELOPMENT

Addressing Developmental Concerns

Know the indicators of possible developmental delays

- **Infants:**
  - Low APGAR scores
  - Feeding problems
  - Rejection of comforting efforts
  - Doesn’t respond to sensory stimulation
  - Isn’t babbling or has stopped babbling
  - Crying seems unrelated to needs, or doesn’t cry
  - Seems to tilt sideways, tends to use only one hand, or favors a leg

- **Toddlers:**
  - Emotional/social: Doesn’t smile or laugh at caregiver, doesn’t point at things that interest him, doesn’t engage in social games, doesn’t play with a variety of toys
  - Cognitive: Doesn’t respond to name or familiar sounds, has a vocabulary of less than 50 words, doesn’t use speech to communicate more than immediate needs
  - Physical: Stiff limbs or floppy/loose muscles, walks on toes, favors one side of the body, seems clumsy, trouble grasping or manipulating objects, difficulty eating
  - Loses skills he once had

- **Preschoolers:**
  - Emotional: Doesn’t show a wide range of emotions, can’t tell what’s real and what’s make-believe, doesn’t engage in fantasy play, shows extreme behavior, lashes out without any self-control when angry or upset, is easily distracted
  - Social: Shows no interest in interactive games, unusually withdrawn, not active, doesn’t respond to people or responds only superficially, still clings or cries whenever his parents leave him, ignores other children
  - Cognitive: Can’t give first and last name, doesn’t use sentences of more than three words, doesn’t use “me” and “you” appropriately, doesn’t use plurals or past tense properly, doesn’t talk about daily activities or experiences
  - Physical: Can’t brush teeth, wash and dry hands, or get undressed without help, doesn’t draw pictures, cannot copy shapes, cannot throw, jump, or ride a tricycle, cannot grasp a crayon, cannot stack four blocks, resists dressing, sleeping, using the toilet
  - Loses skills he once had

Know what services are available and how to access them

- The Ohio Help Me Grow program will evaluate a child under three at no cost to the family
- After the age of three, caregivers can seek help through the local school system
- To be eligible to receive services, the child must be found to be a “child with a disability” as defined by IDEA – the Individuals with Disabilities Education Act (a federal law). In Ohio, a “developmental delay” is one of the qualifying conditions.