A PROFESSIONAL DEVELOPMENT SUPPORT GROUP FOR
IN-HOME CAREGIVERS

A Project

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A PROFESSIONAL DEVELOPMENT SUPPORT GROUP FOR
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Department of Graduate and Professional Studies in Education
Abstract

of

A PROFESSIONAL DEVELOPMENT SUPPORT GROUP FOR
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As compared to those working in more formal settings, in-home caregivers are often not part of a caregiving community. In-home providers therefore have fewer opportunities for professional development and fewer opportunities to form relationships and receive professional support. They report having the lowest forms of formal education and the less experience in comparison to center caregivers and child-care home providers (NICHD, 2000). Support groups are a way to connect caregivers and to offer professional development. In-home caregivers report a feeling of isolation, and support groups can help to alleviate that isolation while also helping them find friendships, share and learn (Hawkins & Bland, 2002; Kelley, Yorker, Whitley, & Sipe, 2001; Mills, Schmied, Taylor, Dahlen, Shuiringa, & Hudson, 2012).

The purpose of this project was to develop a research-based support group curriculum to meet both educational and support needs for in-home care providers. Based on the project evaluation, the curriculum was effective in disseminating professional
information and offering support. Developing a curriculum that is meant for this specific population is an important step in educating, connecting and raising care quality. The next step is to continue to find ways to educate and research this in-home caregiving population working with young children.

__________________________, Committee Chair

Dr. Sheri E. Hembree

8/3/2010

Date
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Chapter 1
INTRODUCTION

In-home caregivers come into the home of a child or children to provide care (National Institute of Child Health and Human Development [NICHD], 2000). In-home caregivers are not often part of a caregiving community in the same way as those working in more formal settings, providing them with fewer opportunities for professional development but also fewer opportunities to form relationships and receive support. These caregivers report having lower levels of formal education and less experience in comparison to center caregivers and child-care home providers (NICHD, 2000). Support groups are a way to connect caregivers and to offer professional development. Support groups can help to alleviate the isolation reported by in-home providers, while also helping them find friendships, share and learn (Hawkins & Bland, 2002; Kelley, Yorker, Whitley, & Sipe, 2001; Mills, Schmied, Taylor, Dahlen, Shuiringa, & Hudson, 2012).

Researchers have found there are many benefits to caregiver education and support, not only for persons receiving the services, but also for those receiving care from them (Girolaetto, Weitzman & Greenberg, 2003; Green, Malsch, Kothari, Busse & Brennan, 2012). For example, in a recent study, children in the care of participants who received training in facilitating children's language exhibited more utterances, multi word
combinations, and peer-directed utterances in comparison to a control group that received no training (Girolaetto et al., 2003). While the caregiver receives the benefit of having the additional resources and knowledge from educational interventions, there are also benefits for the children in their care.

Many professional development programs are targeted to workers in formal child care settings, and there are fewer opportunities for professional development for individuals working in in-home care settings (Burchinal et al., 2002; NICHD, 2000). The current project was designed to provide professional development and support to this population of workers through the development of curricula concerning children’s cognitive development, child care quality, children’s motivation, behavior management, social-emotional development, sensitive interactions, importance of play, language development, communication with parents and siblings, all delivered within the context of a support group. The author developed and implemented 10 individual meetings with in-home caregivers of children aged birth to five years, with focal discussion topics gleaned from current research and evidence-based practices of the field. Thus, the project addresses a professional need in child care by focusing on the in-home caregiver population and providing curricula containing information targeting in-home caregivers, who are less likely to receive professional development and support.
Purpose of the Project

The purpose of the project was to develop and implement a 10-week evidence-based professional development curriculum. This curriculum was designed with two goals in mind. The first goal was to provide in-home caregivers support that relates to their work with children. The second was to provide professional development in the form of evidence-based practices for high quality care. Presentations and discussions were based on current research on child development and child care quality, as well as a needs assessment from caregivers. Scales measuring child care quality (e.g. Infant/Toddler Environmental Rating Scale, Early Childhood Environmental Rating Scale, Family Child Care Environment Rating Scale), California Learning Foundations, video, and readings were used as tools for presenting information about best practices.

Significance of Project

A review of previous studies indicates that infant and child care can be positively influenced through adult education and support groups, and that higher formal education and training of early childhood caregivers is the primary indicator of child care quality (Burchinal et al., 2002; Strozier, Elrod, Beiler, Smith, & Carter, 2004). In-home caregivers report the feeling of isolation in previous studies, and support groups are a way to alleviate the feeling of isolation while also offering friendship and a place to share and learn (Hawkins & Bland, 2002; Kelley et al., 2001; Mills et al., 2012).
Caregiver Education and Professional Development

According to the National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network (2000), in-home caregivers reported the lowest levels of formal education, the least child-centered beliefs and the least experience in relation to center caregivers and child-care home providers. In-home caregivers are unique caregivers because they go to the child to provide care rather than having the child come to group care. This population of in-home caregivers could therefore benefit the most from additional training provided in the professional development support group.

There is evidence that professional development improves the quality of care and children’s adjustment. In one study, Strozier et al. (2004) provided kinship caregivers with an eight-week computer training covering a different topic each week. The researchers reported children in the participants’ care had an increase of self-esteem from the pre-test to post-test after 18 weeks. The participants also reported an increase in their perceived ability to educate the children in their care by increasing their sensitivity to the children’s academic issues. There was an increase in care quality over the course of multiple weeks of intervention for these kinship caregivers from objective observations of the participant behavior. Such results support the idea that multiple week interventions are an effective way to train caregivers to increase the quality of care.

Further, research indicates that college education is a predictor of caregiver quality (Burchinal et al., 2002). Caregivers who hold a baccalaureate degree or higher in Early Childhood Education or a related field consistently provide higher quality of care when compared to caregivers who had only attended workshops and received no formal
training, completed courses of Early Childhood Education at a college, or held a child
development associate’s degree or another associate’s degree (Burchinal et al., 2002).
However, even less formal training workshops have been shown to increase the quality of
care despite a lower degree of educational background (Burchinal et al., 2002).

One way to improve infant-toddler care is through the professional development
of the caregivers (Campbell & Milbourne, 2005). Campbell and Milbourne (2005)
describe a professional development training that includes activities revolving around
five different key topic areas with a 3-hour session for each topic. The activities were
active and hands on, which allowed participants to apply and problem solve during the
sessions. In addition to the group training, participants completed an out-of-class project
to encourage the caregivers to collaborate with the children’s families by focusing on the
strengths of the children. Campbell and Milbourne (2005) concluded that professional
development training, and specifically professional development activities, is an effective
means to improve childcare quality. They came to this conclusion based off of
observations conducted both pre- and post-test using ITERS and the Caregiver
Interaction Scale. Both of these tools used to evaluate the professional development
training, appear in the current project curriculum.

The current project relies on scholarly literature in both program delivery and
content of training. Training improves childcare quality (Funkkink & Lont, 2007);
however, training needs to be specialized. Life experience or having children of your
own does not count as training. When childcare workers go through specialized training,
they become better caregivers. Funkkink and Lont (2007) propose that in order for
training to improve childcare the training must include information on child development, responsive care giving, and skills for interacting with children. Thus, the current project includes topics specific to child development, hands on tips and research based applied knowledge. There is a specific focal topic of sensitive interactions that highlights the importance of responsive care giving.

Caregiver Support

Support groups can also be used to increase care quality by providing much needed support for isolated caregivers (Brophy-Herb et al., 2009). Research indicates that support groups can improve knowledge, practices and feelings of being supported. For example, Green and Gray (2013) investigated the effectiveness of support groups for kinship caregivers. The researchers conducted 12 group meetings to address the needs of 25 caregivers with three groups in mind: those interested in education, those interested in support, and those interested in comprehensive programs within integration of education and support. Some of the group meeting topics were assessing both children’s strengths and needs, building on children’s strengths and needs, preparing them for the future, and by providing skills and tools that increase kinship caregivers effectiveness (Green & Gray, 2013). When facilitators conducted an education-oriented group, they provided participants with information on specific topics that were relevant to the group. At the end of each of the meetings caregivers were given the opportunity to discuss their child-rearing experiences with each other. The researchers found that some participants wanted more of a support group rather than a class, but there was a consensus that the
setting was effective at disseminating information while providing support. They also concluded that the staff knowledge of best practices in early childhood mental health increased in the workplace due to the intervention. In the current study, there is both time allotted for information on a specific topic and time for open discussion to offer support.

Definition of Terms

The aim of the current project was to design and implement sessions that provide training and professional development to in-home caregivers, all within the context of a support group. Some of the frequently used terms used for the purposes of the project are defined as follows. For the purposes of the current project, an in-home caregiver is an individual who takes care of children from infancy to 5 years old in the child’s home as a main source of income with no limits to the amount of hours worked. There are a few other forms of caregiving referred to throughout the project, including center care, kinship caregiving, and home-based care. Center care is when the child goes to a child care center and receives group care. While kinship caregivers are related to the child, but is not the child’s parent. The last form is home-based caregiving which is a group care environment in the home of the caregiver.

Professional development refers to learning opportunities through focal topics addressing the current topics and practices that relate to child development, and training is the process of gaining skills and furthering education though research based techniques and practices within the field. A support group is a group of individuals who meet to
share experiences, discuss current challenges, propose questions, and offer one another advice.

Methodology

The purpose of the current project was to develop and deliver a 10-week professional development curriculum and support group for in-home caregivers. The project was then evaluated by participants and the author for future use with groups of providers.

Target Audience and Participants

The target audience for the current project was those individuals who currently work as an in-home caregiver to children. While the majority of the project materials were directed towards the first five years of a child’s life, there was no limitation for the participation of caregivers based on the ages of children within care. Participation was free and voluntary.

Project Development

The current project was designed using different aspects of the studies by Campbell and Milbourne (2005), Brophy-Herb et al. (2009), and Green and Gray (2013). Campbell and Milbourne (2006) offered three 3-hour trainings with a mixture of hands
on activities and encouragement of participant collaboration. The current project materials use a mixture of hands-on activities including a handout to fill out during a movie, a key term and definition matchup handout, and an author developed crossword puzzle (Appendix B). Also consistent with Campbell and Milbourne (2005), the current project consists multiple sessions over a span of time. Similarly, Brophy-Herb et al. (2009) implemented a curriculum-development project that used focus a support group design. The design consisted of three focus group meetings held covering a specific topic. The current project implemented 10 different focal topics and included open discussion in resemblance to Brophy-Herb et al (2009). Support groups can improve knowledge, practices and feelings of being supported (Green and Gray, 2013). As a means to offer support to participants, each of the sessions allows for 30 minutes of open discussion.

Project Implementation

The materials were presented in group meetings, each two hours in length, held on 10 mutually agreed upon Saturdays. The participants were encouraged to attend all of the meetings because the focal topics changed each week.

Each participant was given a binder with sheet protectors, binder paper, pens, and highlighters to collect weekly handouts and to take notes. The author also provided participants some snack food each week. The meetings were held in the Associated Students Incorporated Children’s Center on the California State University, Sacramento.
campus in the conference room where participants could actively engage with one another.

Project Evaluation

The project was evaluated by the participants at numerous time points. The final session consisted of an extended evaluation covering the entire curriculum (Appendix B). At the end of every session the participants were given an Evaluation Form to fill out in reference to the individual focal topic session (Appendix C). Similar to the evaluation in Hawkins and Bland (2002), there are open-ended questions on the evaluation that relate to improving the materials.

Limitations

The project curriculum was developed to be presented by an individual with knowledge of child development and best practices in child care, although it is not necessary for the presenter to have special training to use the curriculum. Presenters have additional information on the focal topic outline than the participants, including research based evidence, key points, and questions to propose to the group. Individuals who are the best candidates to be a presenter are those who are experienced in-home providers, college instructors of early childhood education, and other early childhood professionals. The curriculum was written in a way that these individuals would be able to effectively
conduct sessions using the curriculum materials. The limitation is that these qualifications can limit the number of qualified presenters.

Ten topics relating to child development are incorporated into the curriculum, but it is possible that not all participants will appreciate the individual topics equally. A few focal topics were highly sought out such as behavior management, siblings, and communication with parents, while other topics such as social and emotional development were not indicated as areas of interest in the needs assessment. While they were not selected by the participants, the author included these topics because of the fundamental importance to the essential components of child development that they hold. Ultimately all of the topics were evaluated highly, but the group morale was higher when the topic was highly sought out.

One of the project setbacks was the difficulty in finding participants. The author spent extensive time reaching out to in-home caregivers through flyers, social media and online resources and did not receive any interest. There were ultimately two participants who were recruited through a local nanny agency and a community college course. This is a small sample size and a limitation to the evaluation of the project. There could be inflation to the material evaluation scores because of the lack of anonymity.

**Organization of the Project**

This chapter presented an overview of a project to develop and implement a 10-week professional development support group curriculum for in-home caregivers.
Chapter Two presents a literature review relating to the benefits of caregiver education and training, the benefits of support groups, and the development of training content. Chapter Three outlines the methods used to design the curriculum. Lastly, in Chapter Four the implementation and use of the curriculum along with future possible steps to promote the curriculum to increase care quality are discussed. The complete presenter and participant curriculums are included in the Appendices.
Chapter 2

LITERATURE REVIEW

Child care quality has become a focus of research interest over the past three decades (National Institute of Child Health and Human Development [NICHD], 2006; Girolaetto, Weitzman & Greenberg, 2003). An important element of quality care is caregiver education and training. One way to facilitate education and training is through professional development support groups.

One group of professionals working with children often left out of professional development is in-home care providers (Hawkins & Bland, 2002). In-home caregivers come to the home of the child and provide care (NICHD, 2006). Research indicates that in-home caregivers are not getting adequate support (Hawkins & Bland, 2002; Kelley et al., 2001; Mills et al., 2012). Focus and support groups are designed to provide information to participants about a specific topic and encourage them to respond to the information by posing questions and making additional comments (Brophy-Herb, Horodynski, Dupuis, Bocknek, Schiffman, Onaga, & ... Thomas, 2009).

The objective of the current project was to develop curriculum for a series of support group meetings that connect in-home caregivers with each other and disseminate research about child care topics. The following review therefore addresses several topics relevant to the project. First, an overview of Bronfenbrenner’s Bioecological theory providing the theoretical basis for the project is provided. Next, research supporting the benefits of caregiver education and training and the benefits of support groups, is
discussed. Further, the review presents an overview of the research that informed the content of the support group trainings, including (a) elements of high quality care, (b) promoting social-emotional development, (c) promoting cognitive development through stimulating environments, (d) promoting language development and literacy, (e) sensitive caregiver-child interactions and caregiver-child attachment, (f) siblings, and (g) behavior management and discipline. Thus, the review serves to inform the need for the project, as well as the content for the support group sessions.

Theoretical Framework

Bronfenbrenner’s Bioecological theory served as the framework for the present project. The bioecological model proposes there are multiple levels and systems in which the child develops (Bronfenbrenner & Morris, 2006; Lerner, Lewin-Bizan & Warren, 2011; Miller, 2011). The first level is the microsystem. The microsystem encompasses the center of the model of the individual and includes the child’s physical environment, objects, and symbols (Bronfenbrenner & Morris, 2006). These settings are where face-to-face interactions take place. The second level is the mesosystem, consisting of connections between of home, school, and peer microsystems. The third level of Bronfenbrenner’s bioecological system is the exosystem. Exosystems are settings that may not directly affect the child, but influence the child indirectly. Some examples of this would be where the parent works, mass media, and the local government. The macrosystem incorporates the federal government, public policy,
hazards, resources, and life styles. Within the micro-, meso-, and macro- systems there is an element of time that interacts differently depending on the level known as the chronosystem. The chronosystem is important to the model and accounts for the changes that occur within the individual person and the environment in which they lived (Bronfenbrenner, 1986). The changes related to time that occur within the person occur in both a normative and unexpected manner. The changes in environment in relation to time examine an entire sequence of an extended period of time in the individual's life.

A proximal process is a bidirectional relationship that happens between the organism and the environment over time (Bronfenbrenner & Morris, 2006). This means that both the environment and the organism are having an influence on one another. A person can have three different characteristics that can influence the way their development is shaped by the proximal process; they are dispositions, resources, and demand.

First, dispositions are the way the proximal process is set in place and how it is sustained. A person can be "developmentally generative" or "developmentally disruptive" (Bronfenbrenner & Morris, 2006, p.810). Developmentally generative enable a person to build relationships and interact in their environment. While developmentally disruptive dispositions can be disabling to the proximal process by making it difficult for the organism to engage in interactions. Second, the bioecological resources are broken up into two parts of conditions that disrupt and conditions that are an asset to the functioning of the organism. Conditions that disrupt could be genetic defects, illness, and damage to brain function. Assets to the organism are ability, skill, experience and
knowledge, and can influence the proximal process at any stage of development. Lastly, demand characteristics can have positive or negative influences on the proximal process by encouraging or disrupting them.

Bronfenbrenner’s bioecological system relates to the current project because child care often serves as a connection between the different systems. The support group for the in-home caregivers would be part of the mesosystem for the caregiver. The caregiver support group itself serves as a connection between two microsystems for the caregiver. The first microsystem is the caregiver interacting with other caregivers and the researcher within the professional development support group. The second microsystem is made up of the caregiver and children in their care. The interactions the caregiver engages in during the support group may provide a positive exosystem effect on a child.

Beker and Maier (1981) discuss Bronfenbrenner’s theory and highlight how children develop in relation to their community, cultural values, and direct contact with their caregiver in complex ways. It is this complex interconnectedness between the different systems and people that makes this theory important for the current project. While the children will not be in direct contact with the support group, the influence of the group on the caregiver may, in turn, affect the children through the care they receive.

Further, the focus of the support group will be on improving proximal processes between stable caregiver and child in the microsystem by offering a resource to the caregiver. The support group will give the caregiver time to reflect on their practices and discuss aspects they find to be challenging, while also offering resources to the caregiver in order to enhance their skills and interactions with the child. Bronfenbrenner’s theory
provides explanation for two specific goals of the current project: to directly meet the relational needs of caregivers within the caregiver’s microsystem, and to indirectly meet socio-emotional needs of children through education and expertise of others through the child’s exosystem.

The Benefits of Caregiver Education and Training

A major aim of the current project is to provide education about child development for in-home care child care providers. There are many documented benefits of increased education and training among child care providers, for the caregivers themselves and for those receiving care from them (Girolaetto, Weitzman & Greenberg, 2003; Green, Malsch, Kothari, Busse & Brennan, 2012; Rimm-Kaufman et al., 2003). Research suggests that an increase of caregiver training and education results in higher quality care. For example, caregivers who hold a baccalaureate degree or higher in Early Childhood Education or a related field consistently provide higher quality of care when compared to caregivers that have not but have attended workshops, received no formal training, completed some courses of Early Childhood Education at a college, or earned an associate’s degree (Burchinal et al., 2002).

Regardless of educational level, there are benefits to caregivers for continuing their education. This means that caregivers can benefit from workshops and trainings regardless of amount of formal education. Such workshops can be tailored to a specific population with specific outcomes in mind. For example, Green et al. (2012) conducted a
test of two Head Start intervention programs designed to increase staff capacity for the promotion of the children's social-emotional development. There were 59 participants who completed the training from various titles of program directors, program managers, head teachers, assistant teachers, and so on. The intervention started with a needs assessment and consisted of having the staff attend trainings on early childhood mental health. Next, they offered support to the staff for their own wellbeing, for example, by setting up activities such as a group walk. This training was not considered to be a form of formal education but training, and was more specifically geared towards the needs of the staff, but was nonetheless effective in increasing knowledge and reducing stress. The intervention was evaluated by pre- and post- intervention scores of the Mental Health Services Survey. Eight participants who were part of management underwent qualitative interviews describing their perception of the intervention in relation to their staff. Throughout the intervention the staff reported significantly increased knowledge of practices in early childhood mental health, lower rates of job-related stress, and feelings of increased support from the program in which they worked.

While many researchers focus solely on outcomes related to training on children's behaviors and developmental outcome, Hawkins and Bland (2002) discovered positive outcomes for kinship caregivers who received both training and support. The Comprehensive Relative Enhancement Support and Training Project (CREST) was developed in response to the need for principles of practice and guidelines of care for kinship caregivers. Hawkins and Bland (2002) provided CREST to 416 relative caregivers over the three-year project span. CREST was comprised of training groups,
interviews, and focus groups, which were offered once a year for the three-years. Of the participants, most were positive about the training groups citing the knowledge gained and social support and stating they would prefer more training. In interviews, half of the participants were satisfied with the services, but others wanted more services on top of those already offered. The relative caregivers reported the emotional support of simply being involved in the group was of equal value to the formal services, such as individual case management and formal group training, offered by CREST. The emotional support of being a part a group seems to be a common theme throughout the research. Such research suggests that both support and training aspects would be beneficial to care providers, particularly among in-home care providers who typically work alone.

By participating in workshops and interventions, participants may become more aware of their own caregiving behaviors. Teachers involved in a study conducted by Rimm-Kaufman et al. (2003) underwent a 32-week relationship-building between children and teachers intervention. The intervention consisted of four parts. First, the participants completed a self-reflection statement to build understanding of how their personal characteristics were generalizing in the classroom. The researchers then videotaped the participants and then had them view the videos of their own teaching behavior, while consulting with the participants using scaffolding as a means to support their learning. The researchers also held four seminars each semester, with focal topics during each meeting. The focal topics included: (a) importance of teacher-child relationships, (b) self-reflection on interactions with students, (c) the different reactions children elicit from teachers, and lastly (d) the inequality of the teachers interactions with
certain children. The teachers who participated in the intervention showed less negative emotion, were more involved with the children in their classrooms, and took more initiative in the peer social activities in which the children engaged, in comparison to the control group teachers who did not receive the training. The teachers also reported being more aware of their behaviors when interacting with the children. When teachers are aware of their behaviors, they are able to identify the behaviors they may need to improve to increase their overall sensitivity with the children in their care.

Teacher training can also have an influence on the quality of care. For example, Rusby (2002) selected 12 family child care providers to attend four 2-hour long focus group workshops on a variety of topics for consecutive weeks, including safety and injury prevention, environmental arrangements for facilitating social development, and two sessions covering ways to prevent problem behaviors. Each topic had training based on developmental theory and research, and included all of the following elements: definitions of terms with examples, scenario models from video or live performances, discussions on content, active practice skills, and application of new knowledge into the child care setting. Behavior management training provided information and strategies to promote appropriate and cooperative behaviors in children. The researcher found that when caregivers attended training on behavior management, the quality of care increased. After the trainings, the environment safety level increased significantly. Further, there was an increase in the amount of time the caregivers were able to engage the children in activities designed for the promotion of development because the caregivers spent less time tending to behavior management.
Teacher training is also associated with specific developmental outcomes in students. For example, Girolaletto, Weitzman and Greenberg (2003) conducted a study of the training of early childhood educators in order to facilitate children’s language. Eight of the participants received the training and eight participants served as control. None of the participants had received specific training on language development since their formal education was completed. An in-service training was conducted over a 14-week span with eight meetings in the evening and six individual sessions during the day. Results indicated that the training was effective; the eight who received the training continued to use the training 9 months later. The children of the experimental group also exhibited significantly more utterances, multi-word combinations, and peer-directed utterances than children in the control group.

Because of their relative isolation, in-home providers may also have greater need for professional development that includes opportunities to collaborate with colleagues. For example, Rushy (2002) focused on individuals working within family childcare, who reported feeling isolated by not having co-workers to discuss their ideas and to whom to solve problems. The focus groups addressed the issue by giving the childcare providers an opportunity to collaborate with others who provided the same type of care. In-home caregivers typically work alone and this research could be an indication that they too may have some of the same sense of isolation, and that a small focal group was a valid way to address the issue. When the study was concluded, the majority of participants reported being interested in attending additional local group workshops and home study courses.
The research suggests there are many benefits of caregivers receiving education and training not only to the person directly, but also to the children in their care. Caregivers and teachers in an array of settings from center-based care to kinship caregivers have training needs to be addressed. These needs vary from topics of children’s social-emotional development, relationship building, sensitivity, caregiver social support. The ways the topics can be presented can be through workshops, trainings, and interventions. However, in the current project, because of the professional isolation in-home providers can experience, the training was delivered in the context of a caregiver support group. Next is a further examination of the benefits of professional support groups.

**The Benefits of Support Groups**

Focus and support groups are designed to provide information to participants about a specific topic and encourage them to respond to the information by posing questions and making additional comments (Brophy-Herb et al., 2009). Research indicates that such support groups are a way to increase care quality in a variety of settings (Burchinal, Cryer, Clifford & Howes, 2002; Rimm-Kaufman, Voorhees, Snell, & La Paro, 2003). Consistent with this research, peer support groups will be used in the proposed project to provide training and support for in-home care providers.

Support groups for caregivers are seen around the world. For example, in Kenya, about one-third of the caregivers for orphans are members of a support group (Thurman,
Jarabi, & Rice, 2012). The large amount of caregivers involved in support groups in Kenya offers a unique insight of a need for support groups in the United States for caregivers. With 766 caregivers between the intervention and the control groups, Thurman, Jarabi, and Rice (2012) concluded that there were multiple positive benefits to the caregiver by attending support groups. The benefits included lower levels of social exclusion, more positive feelings about the children they cared for, and better family functioning due to more positive family relationships. Alleviating social exclusion or caregiver marginalization is one of the major benefits of the support group for the caregiver. When the caregiver has more social resources, support, and problem-solving assistance, they have more favorable child-level outcomes.

Focus groups are used throughout research to disseminate information. In one recent study, Brophy-Herb et al. (2009) used focus groups to address early emotional development with Head Start staff and parents. They conducted three focus groups for 21 staff participants, and three focus groups for 20 parent participants. During the focus groups, the facilitator conducted an icebreaker, prompted participants to display understanding and ask questions, and provided an opportunity for the participants to ask questions at the end. The facilitator discussed three main topics of that related to children 0 to 3 years in relation to aspects of their emotional development. In addition to having focal topics they also had secondary themes that supported and related to the focal topics. Brophy-Herb (2009) suggests that having access to materials designed to increase awareness of early emotional development of infants and toddlers is essential, as is having ongoing services.
A computer-based support and training curriculum for kinship caregivers had favorable outcomes. Strozier, Elrod, Beiler, Smith and Carter (2004) provided 46 kinship caregivers with an 8-week computer-training program to improve self-efficacy, enhance career skills, increase social support, and their ability to educate the children in their care. They held their computer sessions during the week, and Strozier et al. (2004) believe week day meetings had a negative effect on the study because of conflicts with schedules of the participants. Each week there was a new topic covered with some of the topics including personal computer fundamentals, the internet, and word processing.

Results showed, as documented by pre- and post-test scores, participants gained knowledge, self-efficacy, social support, and confidence. Since the intervention was computer based, the caregivers may be able to transfer the knowledge to another job and increasing their career skills. Improvement in self-efficacy, viewing the self as competent and capable, is beneficial because the caregiver will have increased confidence in her ability to provide an example for the children in her care. The social support aspect addressed caregivers feeling of isolation allowing for an outlet to develop friendships over the hardships and joys of being a kinship caregiver. Lastly, the participants gained an increased confidence in educating children within their care. This is an indication that caregiver training does influence the children within their care. This study highlights that the caregivers valued both the support aspect of the training curriculum, and the applied skills gained through their participation. The current project offers professional development resources and applied techniques to in-home caregivers, while allotting time during each session for open discussion to offer support similar to
Strozier et al. (2004). While this was done on computers, there was a similar study conducted that also discussed the need for caregiver support.

In a support-based intervention with kinship providers, Kelley, Yorker, Whitley, and Sipe (2001) developed a six-month home-based intervention interested in improving kinship caregivers' wellbeing in social support, mental health and psychological distress. The intervention included home visits from social workers, registered nurses and legal assistants, and the participants attended support group meetings. Overall, the participants displayed positive changes in mental health, psychological distress and social support. Psychological distress was not defined in the article, but the article measured it using a self-report test call the Brief Symptom Inventory. There was a significant difference found between the pre- and post-tests when measuring hostility and inter-personal sensitivity of the caregiver after the intervention. This study highlights the needs of kinship caregivers, and how their needs are addressed through the interventions giving the caregivers an opportunity to discuss information and a sense of support. In the current project, there is the support group aspect by allotting the last 30 minutes of the meeting to open discussion.

One means to deliver ongoing service of support is to conduct multiple group meetings over a span of time. Green and Gray (2013) conducted 12 group meetings and wanted to address the needs of formal caregivers with three groups in mind. The three groups were: (a) those interested in education, (b) those interested in support, and (c) those interested in comprehensive programs within integration of education and support. When facilitators conducted an education-oriented group, they provided participants with
information on specific topics relevant to the group. At the end of each of the meetings caregivers were given the opportunity to discuss their child-rearing experiences with each other. The researchers found that some participants wanted more of a support group rather than a class, but there was a consensus that the setting was effective at disseminating information while providing support. The current project curriculum is designed using the research about support groups by offering 10 individual meetings opposed to conducting a one-time workshop designed for in-home caregivers.

The research demonstrates that support groups and training can have a positive influence on participants from a variety of settings throughout the world. Consistent with this research, the current project of developing an education-orientated support group will be focusing on a variety of topics to promote sensitive interactions and how to facilitate interactions. For the current project, ten consecutive week in-home care provider group training meetings were developed. Consistent with the needs of this population, and the results of recent research, the meetings were designed to offer ongoing services instead of holding a single workshop. Topics included sensitive and responsive caregiving, promoting social-emotional development, promoting language development, caregiving strategies, stress management and behavior management (Campbell & Millbourne, 2005; Fukkink & Lont, 2006; Girolametto & Weitzman, 2002; Green et al., 2012; Kelley et al., 2001; Rimm-Kaufman, 2003; Rusby, 2002).
Training Content

The content of the current project is informed by empirical literature on children’s development as well as research on high quality care. Several topics were addressed, including elements of high quality care, promoting social-emotional development, promoting cognitive and language development, sensitive caregiver-child interactions/attachment, and behavior management/discipline. These topics were chosen because they are empirically linked to higher quality care.

Elements of High Quality Care

The current project will inform caregivers of elements of high quality care supported by research, as well as how to deliver such care throughout the project curriculum. Current research highlights what tools are used to evaluate care quality, what the indicators for high quality care are, and the use of professional development to improve care quality. A variety of the information presented in these studies will be disseminated to the caregivers in the support group.

One way to present quality care is to examine reliable, empirically-based assessments used to measure it. Some of the most commonly used tools for measuring quality are the Infant/Toddler Environment Rating Scale (ITERS), Early Childhood Environment Rating Scale (ECERS), and Caregiver Interaction Scale (CIS) (Burchinal et al., 2002; Campbell & Milbourne, 2005; Côté et al., 2013; Fukkink & Lont, 2007). These
tools will be presented in the support group curriculum as a framework for discussing quality care.

The ITERS tool is widely used to evaluate programs that serve children from the ages of birth through 30 months (Harms, Cryer & Clifford, 2006). This age group in comparison to older children is considered to be the most physically, mentally and emotionally vulnerable. The tool rates 39 items that are broken down into seven subscales. The subscales are space and furnishings, personal care routines, listening and talking, activities, interaction, program structure, and parents and staff. It is important to point out the tool evaluates such as supervision of play and learning, peer interaction, staff-child interaction, and discipline. These items are given observable indicators for the rater to score the program.

The ECERS is designed to rate classrooms that serve children ranging in ages between two and a half years old through five years old (Harms, Clifford & Cryer, 2005). While the tool focuses on the classroom setting, there is useful information that applies to the in-home setting. This tool is very similar to ITERS, but it contains 43 items in seven areas: space and furnishings, personal care routines, language-reasoning, activities, interaction, program structure, and parents and staff. This tool also highlighted the importance of interactions with two of the areas being language-reasoning and interactions. The best practice for language-reasoning item, using language to develop reasoning skills, is when the staff encourage children to use reasoning skills throughout the day. The observers can only observe this if high quality interactions between the caregiver and child are taking place.
ITERS and ECERS were developed by Harms, Cryer, and Clifford (2006), and have been revised. The tools define and measure care quality using research based evidence, views of best practice, while being practical in the approach. Many of the peer-reviewed journal articles used in the current project cited the use of the environmental rating scales including, Burchinal et al. (2002), Campbell and Milbourne (2005), Côté et al. (2013), and Fukkink and Lont (2007). Burchinal et al. (2002) used both ITERS and ECERS tools when address childcare quality specifically.

The Caregiver Interaction Scale has been used in a variety of peer-reviewed research in order to evaluate care quality (Burchinal et al., 2002; Campbell & Milbourne, 2005; Forry, Iruka, Tout, Susman-Stillman, Bryant & Daneri, 2013). The tool contains 26 observed behaviors that are indicators of quality interactions (Arnett, 1985), including items such as "speaks warmly to the children", "listens attentively when children speak to him/her", and "seems to enjoy the children" (Arnett, 1985). An observation lasts for at least two hours. The observer scores items on a Likert scale from "not at all true" to very much true. Because they encompass many of the research-based caregiver behaviors that characterize quality childcare, The Caregiver Interaction scale, as well as the ITERS and ECERS will be introduced to the care providers early in the training sessions to provide an anchor to the material presented subsequently.

The items assessed in these standardized measures are consistent with professional development in early childhood education. One professional development program developed by Campbell and Milbourne (2005) spanned a 3-month training course and consisted of 5 group meetings lasting 3-hours, with a group project completed
out of class. Some of the topics covered in the program included, caregiver-child relationships, working with families, and strategies to promote development and learning. Campbell and Milbourne (2005) used ITERS and the Caregiver Interaction Scale to evaluate the program quality of the participants.

In the current project, these measures of child care quality will be used to illustrate the elements essential to providing high quality care due to the potential effects on the child, either positive or negative.

**Effects of Child Care Quality**

Research overwhelmingly supports the idea that care quality makes a difference in child development (Girolametto, Weitzman & Greenberg, 2003). Quality can be defined by the developmentally appropriate activities facilitated, high levels of training, and optimal levels of responsiveness toward social and linguistic cues.

The timing of high quality care a child experiences care can have an influence on their cognitive, language and pre-academic development (Li, Farkas, Duncan, Burchinal & Vandell, 2012). There is an important period identified during the first 3 years of life where children make gains in their cognitive and language development. Skill acquisition enhances when the environment is stimulating and caregivers are responsive, warm and positive with their interactions with the children in their care. Children placed in these high-quality care environments during the infant and toddler periods obtained higher scores in language, reading and math at the age of 54 months. The researcher also concluded that high-quality care during the preschool period obtained higher math,
reading and language scores. This highlights the importance of providing responsive and stimulating care during the infant, toddler and preschool years of life. Similarly, early social-emotional skills are key to later social and academic success (Davis, Priest, Davies, Sims, Harrison, Herrman, Waters, Strazdins, Marshall, & Cook, 2010). The current project curriculum is designed to focus on the first 5 years of life, and incorporates ways to engage children in stimulating activities by using items that are likely already in the child’s home, as well as working on practices that promote important early social-emotional skills like self-regulation.

Promoting Social-Emotional Development

Social-emotional development encompasses the child’s ability to understand, identify, express, and manage their emotions and feelings, as well as understanding, responding and assisting to others emotional responses (California Department of Education, 2009). The California Department of Education has divided up the social-emotional development domain into 11 foundations for infants and toddlers: interactions with adults, relationships with adults, interactions with peers, relationships with peers, identity of self in relation to others, recognition of ability, expression of emotion, empathy, emotion regulation, impulse control, and social understanding. The long-term success of children in school is not just about the academic skills and knowledge of the child, but it is a balance with their social, emotional and self-regulation skills. It is important to promote these aspects of social-emotional development during the early
years when working with children due to the potential effects of early social-emotional skills for later academic and social success (Ashdown & Bernard (2012). Children taught a curriculum that emphasizes the importance of social-emotional skills showed a reduction in problem behaviors and an increase in reading scores in the first grade. Thus, the current project focuses on sharing practices that promote social-emotional development as part of the training content.

Caregivers can help children gain the skills of managing their feelings and the development of their social skills. Caregivers report using a range of strategies to promote children’s social and emotional wellbeing in child care settings (Davis, Priest, Davies, Sims, Harrison, Herrman, Waters, Strazdins, Marshall, & Cook, 2010). Some of the strategies include building relationships both with peers and the relationships between the adults and children. The important component is the relationships is nurturing.

Social and emotional interventions with children can be effective in improving children’s social emotional competence. For example, Zhai, Raver, and Jones (2015) evaluated one learning program for children attending Head Start. In the intervention, the Chicago School readiness Project (CSRP), the teachers were offered a total of 30 hours of training and consultation to maintain more emotionally supportive classroom environments and fulfilling the need to reduce the stress in the classroom. An emotionally supportive classroom has activities that relate to learning about emotions and friendships, and what it means to have good character. The researchers used a variety of scales to measure the children’s social and emotional development: Social Skills Rating System, Student-Teacher Relationship Scale, Barratt Impulsiveness Scale, Caregiver-
Teacher Report Form, and the Academic Rating Scale. To measure how emotionally supportive the classroom environment was, the social skills of the students were measured with the Social Skills Rating System. Another tool called the Student-Teacher Relationship Scale, was used to measure the child-teacher relationship. The teachers were trained on how to respond to children’s ability to regulate and limit the amount of disruptive behaviors. The preschool children in these teachers’ classes as third graders had improved social skills, better student-teacher relationships, and higher academic skills and showed a reduction in impulsiveness. The results indicate that the training teachers on responding to children’s regulation and limiting disruptive behaviors had lasting effects on the children into elementary school by influencing the children social and emotional development during the preschool years. Thus, the current project may provide similar benefits to children by providing caregiver training on supporting children’s regulation.

Research indicates that there are several caregiver practices associated with increased social-emotional competence in children. Green et al. (2012) promoted children’s social-emotional development in the preschool setting by providing caregivers with an intervention. The intervention consisted of each caregiver having an individualized plan for the improvement of their personal method for working with children and families based off a structured quantitative survey. The survey identified the caregivers experiencing work-related stress and feeling a lack of support. The caregivers were given information on best practices for early childhood mental health to address feeling the lack of support. To address the work-related stress, the center’s facilitated
group activities twice a week. Through the intervention the caregivers felt less job-related stress, more support for the program they work for and an increase of knowledge of best practices.

The current project includes some of the literature on why understanding social-emotional development is beneficial and how to address children’s emotions using the Guides to Speech and Action within the project curriculum (Read, Gardner, & Mahler, 1992). The Guides to Speech and Action is a guided compliance tool that discusses applied skills to limit undesirable behavior and promote desirable behaviors. Lastly, there is an emphasis on the relationship between the caregiver and child through nurturing and responsive care in the promotion of social-emotional development (Davis et al., 2010).

**Promoting Cognitive and Language Development**

Project content also includes content on promoting cognitive development in young children. Cognitive development encompasses development of intellect, memory, adaptation, and knowledge (Bornstein & Lamb, 2011). The California Department of Education (2009) considers cognitive and language development to be two separate domains, although language development occurs within the cognitive framework.

Cognitive development can be understood through an array of different approaches and theories. For example, one approach is which is widely used to structure teacher training is a traditional Piagetian developmental framework. This framework looks at development in stages and focuses on biological tendencies of children to
explore the world and learn (Bornstein & Lamb, 2011). Piaget identified universals within all people in relation to their biological tendencies. Knowledge of the developmental milestones can be beneficial to those individuals working with children to understand their development. That said, the current project focuses on empirically-based specific practices using an array of approaches and theories that promote general cognitive achievement, such as responsive caregiving, providing stimulating materials and interactions in the child's environment, and the effective use of play.

Young children make remarkable gains in cognitive and linguistic development in their early years. Research indicates that gains in these areas early in life are linked to school success later in life (Bornstein & Lamb, 2011; Evans, 2014). Piaget identified play as important to children's development (Bornstein & Lamb, 2011). The context of play is a research based applied practice for the promotion of cognitive development through the use of stimulating environments (Hanline, 1999). Play does not have a universal definition but common characteristics. Some of the characteristics include being actively engaged, motivation is intrinsic, and there is emphasis on the process rather than product (Klein, Wirth & Linas, 2003). Through these stimulating and responsive environments, research highlights the lasting developmental outcomes for children (Li, Farkas, Duncan, Burchinal & Vandell, 2012). Stimulating environments are set up to engage children in extended learning experiences that are developmentally appropriate that is fundamental in high-quality care. The current project advocates the context of play as beneficial to children's overall development and offers ways to engage children in play-based interactions (Landry et al., 2014; Vick, 2013).
One way that caregivers promote cognitive development that was included in current caregiver training is the importance of offering stimulating activities and curriculum. Research suggests that when a child is placed in an environment that exhibits stimulating activities, appropriate environmental curriculum, routines and expectations, the child has positive developmental outcomes (Landry, Zucker, Taylor, Swank, Williams, Assel, & ... Klein, 2014). The Responsive Early Childhood Curriculum (RECC) developed Landry et al. (2014) is a training for teachers on responsive caregiving, and cognitive activities such as centers, in both small and large groups. Within the centers, the teachers engage with the children in responsive teacher-child interactions using the information from the training. The child outcomes include an increase in social and emotional skills though the engagement of cognitive centers and activities. This is evidence for the importance of having stimulating activities and curriculum for a child’s overall development. When a child is engaging cognitively, and the curriculum that is set up in a social setting, there is optimal potential for learning to occur.

The play-based preschool curriculum is supported as effective in the promotion of children’s overall development (Hanline, 1999). When children are playing they have a unique opportunity to express their emotions, problem solve, practice new skills, interact with the people around them, and understand the world they live in. In the current project, play-based techniques are encouraged as a tool to promote cognitive development though stimulating environments. The curriculum incorporates the use of common household items, and how they can be used for activities with children to
promote cognitive development through play (Vick, 2013). An example of a play-based technique is having the child match the socks from the laundry. The child must notice differences and similarities between the socks based on size, color and texture. The caregiver can engage the child by asking child centered open-ended questions based on the age of the child. This is very different than a child being handed a worksheet to circle and draw lines to the matches, which would be another technique for the same developmental outcomes not play based. Play offers children an opportunity to problem solve, practice new skills and understand the world around them (Hanline, 1999). The context of play is an avenue to promote cognitive and language development that are linked to positive child outcomes.

In many ways the subject of cognitive development is intertwined with language development. Language development starts at the beginning of life with 3 day old newborns preferring their mother’s voice to other sounds and trying to reproduce sounds (DeCasper & Fifer, 1980). The amount of language stimulation the caregiver provides is one of the best indicators of childcare quality care (Côté, Mongeau, Japel, Xu, Séguin, & Tremblay, 2013). To provide language stimulation the caregiver talks to the child in positive ways by responding to vocalizations, probing questions, and effective praise (Girolametto & Weitzman, 2002). The communication takes place on a personal conversation level. It can take place between a caregiver and the child, or between children during peer interactions (Girolametto & Weitzman, 2002).
Sensitive Caregiver-Child Interactions and Caregiver-Child Attachment

The training and support sessions for the proposed project will focus on increasing sensitive interactions between caregivers and children. Sensitive interactions take place when the caregiver engages in stimulating and responsive care with a child (Hirsh-Pasek & Burchinal, 2006). Sensitive interactions can be characterized as positive, enthusiastic, and responsive (Rimm-Kaufman, Voorhees, Snell & La Paro, 2003). Such interactions are warm, respectful, and affectionate, and include physical or verbal reinforcement (Hirsh-Pasek & Burchinal, 2006; Rimm-Kaufman et al., 2003). Sensitive caregivers are child-centered and are prompt to respond to a child’s gestures, expressions, and signals when the child is not in distress (Rimm-Kaufman et al., 2003).

There is considerable evidence for the benefits of sensitive interactions. Maternal sensitivity has long been linked to attachment security in children (Bigelow, MacLean, Proctor, Myatt, Gillis, & Power, 2010). However, sensitivity is also important in developing caregiver-child attachment. For example, Howes, Galinsky, and Kontos (1998) investigated whether caregiver sensitivity would increase the attachment security between the child and caregiver. The attachment between 162 children ranging in ages between 12 to 29 months and their caregiver and were assessed. Then an intervention designed to increase the attachment security through sensitive interactions was implemented for one group of care providers. A control group received no intervention. Six-months after the intervention took place, there was an increase in both security scores and an increase of sensitive interactions in the intervention group.
Sensitive and high quality caregiver-child interactions are also linked to other developmental outcomes. Using the NICHD Study of Early Child Care data, Hirsh-Pasek and Burchinal (2006) focused on caregiver sensitivity and how it could be a predictor of later language and cognition outcomes. Sensitive, stimulating and responsive caregiving was associated with later language, cognitive and social development (Hirsh-Pasek & Burchinal, 2006). The results of this study indicate that it is important to not only look at the level of parental sensitivity, but to examine caregivers as well because of the large proportion of children in alternative care.

Research conducted by Rimm-Kaufman et al. (2003) further supports the importance of sensitive interactions between caregivers and children, arguing that caregiver sensitivity is a marker of early childhood program quality. For example, Rimm-Kaufman et al. (2003) improved seven preservice teachers' sensitivity and responsivity towards young children with disabilities. The researchers developed a program and held four seminars each semester. For part of the program they formulated a checklist for classroom observations with five behavioral categories, including tone of voice, nonverbal communication, “listening, turn taking, and talking”, noticing, and responsiveness (Rimm-Kaufman et al., 2003, p.156). The checklist describes target global behavior and specific indicator. It is important to note these behaviors because the participants in the program stated they became aware of these specific behaviors after the program. An example is for the behavioral category of tone of voice there is three target global behaviors. One of the target global behaviors is “uses warm and calm voice” (Rimm-Kaufman et al., 2003, p.156). The checklist then gives the specific indicator of a
warm and calm voice by describing the loudness or softness of the voice, and the appropriate use of the voice. Such a list was used in the current project as a guide for the kinds of behaviors that facilitate sensitive interactions between caregivers and the children in their care.

While increasing sensitive interactions is important, there is a need to reduce negative interactions between caregivers and children due to the potential long-term negative socioemotional effects (Danzig, Dyson, Olino, Laptook & Klein, 2015). These negative interactions include negative affect displayed through hostility, irritability, frustration, rejection, and annoyance. Children who experienced increased negative affect, as adults experience higher rates of aggression, anti-social behaviors, and peer avoidance. Some of the ways to observe negative interactions described by Danzig (2015) include displays of anger, annoyance and rejection directed towards the child. Environments where negative interactions take place are not optimal for the development of the child and should be avoided. Because avoidance of negative affect and a focus on sensitive and responsive caregiving leads to positive developmental outcomes (Rimm-Kaufman et al., 2003), the current project includes information about the kinds of negative interactions to be avoided, as well as practices that promote caregiver-child attachment through the use of positive, sensitive and responsive caregiving practices.

**Siblings**

The context of sibling relationships described by Howe and Recchia (2014) is a safe place to learn about conflict resolution, general interactions with others, regulation of
both positive and negative emotions, to be socially acceptable, and perspective taking. With about half of the children in the world having siblings, it is common for in-home caregivers to work with a family with siblings. Sibling relationships provide a context for children to grow in four ways: emotionally, socially, morally and cognitively (Howe & Recchia, 2014).

Kramer (2010) comprised a list of essential competencies for pro social sibling relationships during the early childhood years. While this is an emerging list, it comprised of social and emotional understanding, perspective taking, regulation of emotions, conflict management, positive engagement, cohesion, shared experiences that build support, behavioral control, forming neutral or positive attributions, and evaluating parental differential treatment practice. It is clear that having siblings can provide benefits to children, and this information is included into the current project (Appendix B).

Sibling conflict is common while working in the in-home environment. Tucker and Finkelhor (2015) conducted five individual intervention studies to improve sibling relationships. Each study used a different focus, but was searching for ways to improve children’s social skills. The participants consisted of children between the ages of 18 months to nine-years-old. An increase of warmth and positivity between siblings who had parents attend the intervention training on mediation during sibling conflict was a positive outcome. Based on this research, the current project includes a mediation technique handout to help caregivers mediate sibling conflict, along with a handout describing the developmental benefits of having a sibling.
Behavior Management and Discipline

Behavior management and discipline are widely discussed topics throughout the field of child development and early education (Benedict, Horner, & Squires, 2007; Stormont, Smith, & Lewis, 2007). There are two major aspects to behavior management and discipline covered in the current project materials. They are guided compliance and the use of praise and encouragement.

Guided Compliance. Non-compliance occurs when a child is requested to comply with an adult’s request and does not do so in 10 seconds or less (Benedict, Horner, & Squires, 2007). Some children may not comply with a request and will respond by yelling, arguing or ignoring the request. There are strategies to help children become more compliant to their requests.

One of the strategies for reducing non-compliance is guided compliance (Wilder & Atwell, 2006). First the child would be simply asked to complete a task. Then if the child did not comply within 10 seconds, they used the strategy of making eye contact and modeling the appropriate behavior. This was effective in four of the six cases, when getting a child to comply to requests. The last method is to physically help the child to comply to the request. When the child did comply, they would receive a brief praise. This is just one of the many methods that use guided compliance and have found it to be effective for four of the six children.

Praise and Encouragement. Many studies find praise to be an effective way to have a positive influence on students’ behaviors. Stormont, Smith and Lewis (2007)
concluded that overall problem behavior was reduced in a small group setting by increasing specific praise through a two-day workshop that focused on positive behavior support. Specific praise occurs when the caregiver identifies what specific social or academic behavior they are approving. Further, Duchaine, Jolivette, Fredrick (2011) studied behavior-specific praise statements using written feedback, and found it to be an effective method by increasing the time students are on-task, responding to questions, and giving correct answers. One aspect of behavior-specific praise is to relate it to the effort the child is putting into the work (Read, Gardner & Mahler, 1992). The researchers also concluded that this could be an effective way to improve classroom behavior management strategies.

Dweck (2006) identifies two different kinds of mindsets that have consequences for praise in children: fixed mindsets and growth mindsets. Depending on the mindset of the child, the caregiver may adjust the way they encourage the child. A fixed mindset person does not take pride in the effort they put into their work. Instead they may see praise as indicating the other person had doubt in their talent (Dweck, 2006). When they do succeed, it is in relation to their fixed traits. It is reassurance to them that their traits are better than others. While growth mindset people will take a challenge, fail and use it to become better (Dweck, 2006). They understand a correlation between the effort they put into work and the ultimate goal or outcome. People with a growth mindset do not know what their full potential is, but they strive to become better because they want better for themselves. In the current project, there will be discussions on how to promote a growth mindset for the caregivers and the children in their care.
Although praise can be effective, there are some limitations to praise. One limitation is that a child can receive praise even if they did not put any effort into the project (Stipek, 2002). Extensive praise may teach children to look for external rewards and not be self-motivated to be encouraged. Skipper and Douglas (2012) used three different forms of praise on 145 school aged children by breaking into three experimental groups. Each of the groups used a different form of praise including, person praise, process praise and no praise. They concluded that the use of process praise may not be positive because there were no differences between the control group and those who received process praise in their study. Although they did find, that using person feedback could be detrimental to the person. This is evidence that not all forms of praise are equal, and they should be used carefully. If praise is used, it should be process praise to encourage a growth mindset.

The use of praise and encouragement are valuable tools for teachers promoting positive behavior in children. Praise occurs when the teacher’s reactions “go beyond simple feedback about appropriateness or correctness of behavior” (Brophy, 1981, p.5). An example of praise is saying “good job” after they complete an assignment. Praise is used as a reinforcement, and is done in hopes to increase the frequency of the observed behavior. The best way to have praise is to have it be credible (Stipek, 2002). Research indicates that informative praise is the best form of praise because it gives information that is specific to the assignment allowing it to be applied to other situations in the future (Stipek, 2002). For example, saying to a child, “you wrote your letters clearly” instead of a simple “good job.” The simple “good job” does not offer any information specific to
the task. In the current project, effective praise will be presented as a means to motivate children. The curriculum includes an informational handout activity reviewing effective and ineffective praise in an applied setting. The curriculum also describes how and when to most effectively praise children.

Conclusion

The research presented here suggests there are many benefits to caregiver education and training, and support groups, for both caregivers and the children in their care. When there is an increase of caregiver education, there is an increase in care quality, and children’s developmental outcomes (Girolaetto, Weitzman & Grenberg, 2003; Green et al., 2012). Thus, increasing education is one goal of the current project. Another goal of the current project is to address the isolation that in-home caregiver report feeling (Kelley et al., 2001). Thus, professional development training in the current project will occur through a series of 10 support-group sessions.

The content for the training is based on research on child care quality and children’s development. One of the indicators of care quality is sensitive interactions between the caregiver and child, which is a focal topic of the professional development support group (Rimm-Kaufman et al., 2003). Another indicator for high-quality care is the amount of language stimulation the caregiver provides, and the current project curriculum covers language development (Côté et al., 2013). Stimulating activities and the importance of play are described in the current project as an effective way to promote
of children’s overall development (Ginsburg, 2007; Hanline, 1999; Hughes, 2010). With the knowledge gained through the research, it is evident that a professional development support group would be an effective way to disseminate research to in-home caregivers, while offering a social support system.
Chapter 3

METHODS

The purpose of this project was to develop a curriculum for in-home caregivers to offer both research-based materials and to offer support to alleviate the feeling of isolation (Kelley et al., 2001). The curriculum created for this project was designed to provide in-home caregivers with an opportunity to receive professional development and offer support.

Development of Program Materials

Review of Literature

The information for the curriculum was developed after a review of the current literature and best practices within the field. There was a comprehensive review of research in relation to cognitive development, child care quality, children’s motivation, behavior management, social-emotional development, sensitive interactions, importance of play, language development, communication with parents, and siblings. There was also a review of the benefits of support groups and the benefits of caregiver education and training.
**Needs Assessment**

The needs assessment was developed and completed by participants before the start of the first session. The needs assessment asked participants to indicate which areas they wanted to learn and discuss. The topics the needs assessment included were: sensitive interactions, communication with parents, social development, building relationships with children, behavior management, language development, emotional development, sibling interactions, motor development, and children's motivation. The current project used information from the needs assessment to organize the sessions. The highly sought out topics were introduced throughout the curriculum to sustain participant interest and to encourage prolonged participation.

**Review of Similar Programs and Materials**

The current research described in the literature review gave insight to the development of the materials. Many of the current intervention, training and support group research has a similar project design to the current project (Green & Gray, 2013). Some of the similarities included having multiple sessions over a period of time, including an ice breaker at the beginning of the session and allowing time for questions at the end (Brophy-Herb et al., 2009). For the project materials, there are many different ways the materials were developed. Some of the handout materials were developed by the author based off of current research. The author also searched creditable sites such as, NAEYC and Zero to Three, that focus on quality care and child development offering news articles that related to the sessions focal topic and offered applied knowledge or
skills. Videos are presented throughout the curriculum. The videos were selected based on the quality of content, interactions between the caregiver and child, and relevance to the focal topic.

Curriculum Content

Structure of Sessions

The curriculum consists of 10 sessions that use a variety of materials to address the individual focal topic. Each session was designed to last 2 hours in length with about an hour and a half of focal topic and 30 minutes of open discussion. There are 4 shared elements of all the sessions: (a) ice breaker, (b) focal topic presentation, (c) open discussion, and (d) evaluation. See Appendix B for a full description of each session.

The icebreakers were designed to get the participants to start talking and thinking about the focal topic of the day, although the first session focused on getting to know one another. Many times the ice breaker would be an open-ended discussion question. These questions would encourage the participants to think and talk about children in their care or their own childhood. Icebreakers were designed to last about 15 minutes depending on the individual session.

The next portion of the session were 10 different focal topics consisting of child care quality, children's motivation, behavior management, social-emotional development, sensitive interactions, importance of play, language development, cognitive development, communication with parents, and siblings. For the majority of the sessions, discussion of
these topics lasted about an hour to an hour and a half. This portion was designed to address the professional development aspect of the curriculum by using a variety of mediums including handouts, articles, and videos. The focal topics themselves were chosen based on the needs assessments survey, and topics within the field of child development and early childhood education, and were informed by current research.

The open discussion portion of the session was next. This portion was designed to provide the support group aspect to each of the sessions and to last about 30 minutes based on the research by Kelley, Yorker, Whitley, and Sipe (2001). Participants were encouraged to talk about what they were struggling with, what was going well, what techniques they learned from the sessions, used in the field, and found to be effective practices.

The last portion of the session was to allow 5 minutes for the participants to evaluate the session. By allotting time at the end for the evaluation it helped to wrap up conversations and helped the participants to not feel rushed when filling it out. The only session with a longer amount of time was for the final session which included an extended evaluation to evaluate the entire project.

Session Content

A description of the content for each session follows. A full description of program content for each session is provided in Appendix B, including both the participant and the presenter guidelines for the ten focal topics.
The first session was structured slightly differently from the sessions that followed. The session started by participants receiving a binder with the session agenda, binder paper, and sheet protectors with the intention that participants bring the binders to collect materials and take notes each time. The ice breaker portion was designed to help participants get to know one another. The focal topic was child care quality, focusing on the positive caregiving checklist presented by the NICHD (2006) study, the Infant/Toddler Environmental Rating Scale, Early Childhood Environmental Rating Scale and the Caregiver Interaction Scale. The discussion centered on how these tools related to the in-home care setting and how they are characterized.

The second focal topic was children’s motivation. The icebreaker encouraged participants think of a time they were praised and how it made them feel. The discussion on motivation started with discussion questions on children’s motivation, praise and when the use of praise most effective (Brophy, 198; Stipek, 2002). A TED Talk video by researcher Carol Dweck (2014), “The power of believing that you can improve,” was presented and discussed in relation to working with children. The video discussed the different mindsets and how they are influenced. The author developed a handout titled “Motivation Matchup” that highlights a select group of terms that relate to motivation, praise, and mindsets to close the focal topic discussion of the session.

The third session had the focal topic of behavior management. For the ice breaker, participants were encouraged to think of a time they were frustrated with a child and questions related to the situation. The discussion on behavior management centered on non-compliance and guided compliance. The “Guides to Speech and Action” was
presented as a guided compliance tool in a handout along with a crossword puzzle created by the author (Read, Gardner, & Mahler, 1992). The crossword puzzle was completed during the session and the answers discussed. Next, the participants used the guides to speech and action to brainstorm reactions to three scenarios. At the end of the session, the participants had an understanding of a guided compliance tool and how to use it for behavior management.

Social-emotional development was the focal topic for the fourth week. The icebreaker encouraged participants to think of a time they were sad and how the people around them reacted to their emotions. The discussion on social-emotional development began by establishing an understanding the concept. The California Learning Foundation’s domain of Social-Emotional Development was discussed in depth by addressing the foundation, definition and examples. A presentation of a Trish Shaffer’s (2014), “Social and Emotional Learning” video was included. Trish Shaffer has worked in the field of child development as both a teacher and researcher, and was recently awarded for her work on Social and Emotional Learning. To finish the session, the author included research-based evidence addressing the importance of social and emotional development (Davis, Priest, Davies, Sims, Harrison, Herrman, Waters, Strazdins, Marshall, & Cook, 2010; Zhai, Raver & Jones, 2015).

The focal topic for the fifth session was sensitive interactions. The icebreaker was not directly related to the topic, but asked about the ways participants were using the information presented in the curriculum thus far. This was designed so participants would share some positive applied experiences though the participation of the group
meetings. The characteristics of sensitive interactions from current research were used in the curriculum (Hirsh-Pasek & Burchinal, 2006). There was a presentation of two videos that address attachment and responsiveness (American Museum of Natural History, 2011; Puckett Institute, 2015). Lastly, the session included an article discussing the long-term influences of early sensitive interactions (Nauert, 2014).

The importance of play focal topic was presented in week six. The curriculum highlighted that there are five characteristics of play described by Hughes (2010). Two articles are included addressed different aspects of the importance of play by the American Academy of Pediatrics (2007) and Klein, Wirth & Linas (2003). The session also viewed two videos titled “The Decline in Play” (Gray, 2014) and “Learning Through Play” (Penfield Children, 2015). The videos offered information advocating about the importance of play and specific practices for encouraging play. The focal portion of the session concluded with quotes addressing play by Maria Montessori and Aristotle.

The seventh week focal topic was language development. The icebreaker addressed the way the participants acquired language. The curriculum described six different dimensions of language including: audition, articulation, words, grammar, communication, and literacy (Bornstein & Lamb, 2011). Material focused on the relationship between language stimulation the caregiver provides to childcare quality (Côté et al., 2013). A video entitled “Baby and Toddler Milestones by Dr. Lisa Shulman” (2012) was presented to the group, and participants were encouraged to write down new vocabulary words to address after the video was completed. To finish the session, an article titled “Early Literacy” by Zero to Three (2003) was read and discussed.
This article provided applied knowledge on ways to incorporate more literacy and the importance of doing so.

Cognitive development was addressed in the eighth week. The icebreaker used the concept of object permanence to start the conversation. The topic of cognitive development was defined as encompassed the development of intellect, memory, adaptation, and knowledge (Bornstein & Lamb, 2011). A video was presented along with a handout created by the author addressing some of the major concepts and topics of cognitive development (Crash Course, 2014). The next video presented was “Saving Brains, A Grand Challenge,” which addresses how environment influence’s brain development (Evans, 2014). The last aspect of the session was reading an article about the importance of using play to promote cognitive development (Vick, 2013).

The ninth focal topic was communication with parents. The session started with the icebreaker that asked about the different ways to communicate with parents. The focal topic portion started with information on effective communication through listening (McNaughton, Hamlin, McCarthy, Head-Reeves, & Schreiner, 2008). The video “How to Improve Your Listening Skills” (Accredited Skills, 2014) was presented, along with an author developed handout that provided the four keys to improving communication with parents (McNaughton, Hamlin, McCarthy, Head-Reeves, & Schreiner, 2008). Next, the curriculum focused on the information that parents want to know and how to give the information based off the Infant/Toddler Environment Rating Scale (Harms, Cryer & Clifford, 2006). The author developed handouts on ways to present information to parents about their child’s day. Lastly, the session included the reading of an article,
The final and tenth session’s focal topic was siblings. The topic of siblings was indicated in the needs assessment as an area of interest to participants. Siblings was a common topic that arise during open discussion. The icebreaker of the session put a focus on the way the participants interacted with their own siblings. The author developed a handout described as a sibling benefit package that highlighted the advantages of having a sibling by examining the works of Howe & Recchia (2014), Kramer (2010), and Tucker & Finkelhor (2015). Next, there was a reading of an article describing communication between siblings. Lastly, the author examined the work by Smith and Ross (2007) and created a handout discussing the benefits to mediating conflicts between siblings. This final session allotted only one hour for the focal topic, because it left extra time for a review of the entire curriculum and an extra evaluation of the project curriculum as a whole.

Project Implementation

Setting and Participants

The sessions were held at the Associated Students Inc. Children’s Center located on the California State University, Sacramento campus in the conference room. The room consisted of a large table to seat 18 people, large comfortable desk chairs, and a
bookcase full of books relating to child care, education and child development. The group met on Saturday mornings from 10:00 am to noon, while the center was closed. The participants were two white females between the ages of 19 and 25 years old. Both individuals cared for children ranging from newborn through 5 years old. They worked between 20 to 40 hours per week with children. They both were caring for 4 or more children when the sessions occurred. One participant was involved in a nanny agency to connect with families and heard about the professional development support group through a Facebook post by her agency. The other participant cared for children of friends and by obtaining families through referrals, and she heard about the sessions through her community college course instructor passing out the flyer (Appendix A).

**Role of Researcher**

The researcher had a variety of roles throughout the process of the current project; including, the development, facilitation and evaluation of the materials.

**Procedures**

The sessions were designed similarly to the structure of the Associated Student’s Children’s Center at CSUS student staff trainings. The author chose this approach was because the researcher conducts trainings and staff meetings bi-weekly during the Fall and Spring semesters to 20 to 26 student staff working in her classroom of infants and toddlers.
The participant and presenter guidelines include an agenda for each of the 10 sessions. The agenda includes: an icebreaker, discussion on the focal topic, open discussion, filling out the meeting evaluation, and references. This provided an outline of what is expected for the session. The participants were given the agenda at the beginning of the session along with any additional materials for the session. The additional materials would include handouts and topic-related articles.

The participants would sit directly across the table from the presenter. The goal was to create a circle where everyone would feel welcomed and valued. Each week everyone sat in a certain seat, although they were never assigned. The first session was on 2/13/16 and the last session was on 6/4/16. In total, the 10 sessions spanned about a 4-month period of time. Some of the sessions occurred on consecutive Saturdays, while some sessions were spread out to accommodate scheduling needs of the group. Overall, the group met about twice in a month.

**Project Evaluation Procedures**

Each week the participants were given evaluation at the end of the session that was developed by the author (Appendix C). The participants rated the meeting on two 5-point Likert-type scales with open-ended questions at the end. The first scale gave one-point for “strongly disagree” to a five-points for “strongly agree” with “neutral” being three-points. The statements were “The presenter appeared knowledgeable about content,” “The presenter was prepared for meeting (materials & time),” “I learned
something new from the meeting,” “I feel inspired to try the new tools in my work,” “I feel supported by the presenter,” and “I feel supported by the group.” The next set of statements were also rated on a 5-point scale, but from a one for “poor,” to “fair,” “average,” “good,” and “excellent” at five. The statements for this section included, “Value of topic meeting your needs,” “The format of the meeting,” “Your learning experience,” “Usefulness of handouts,” “Active involvement of participants in the learning experience,” “Practical skills gained,” “Timeliness of the presented materials,” and “Overall rating of meeting.” At the bottom of the evaluation were two open-ended questions: “Any additional comments about the meeting today?” and “Any suggestions about content for future meetings?” (Appendix C). The sessions were viewed as successful when receiving “good,” “excellent,” “agree” and “strongly agree” ratings from the participants for the Likert scale items.

At the end of the tenth and final session there was an additional evaluation that was designed to evaluate the entire curriculum and group experience. The evaluation consisted of open ended statements or questions that was completed by the participant. The statements included, “I believe this in-home professional development support group helped me,” “If the group continued, I would like to revisit the following topics and go more in-depth,” “Something I really enjoyed about the group,” “Something I would change about the group,” “My favorite topic was... because,” and “Something that I learned.” The question at the end was “How did you apply the materials?” The evaluation closed by asking participants to circle “true” or “false” in reference to the statement “This is something I would pay for.”
Summary

The preceding chapter has described the methods used to develop and implement a 10-week professional development support group curriculum for in-home caregivers. The next chapter discusses the results of the evaluation of the program and makes recommendations for future use of the curriculum.
The purpose of the project was to develop a 10-week professional development support group curriculum for in-home caregivers. The author developed and implemented the curriculum during group meeting sessions addressing both the professional development and the support group aspects. In-home caregivers are many times left out of the research, are not given as many opportunities for professional development, and report feeling isolated (Hawkins & Bland, 2002; Strozier et al., 2004). In general, there is limited information on in-home caregivers. This population reports the lowest levels of formal education and the least amount of experience in comparison to center caregivers and child-care home providers (NICHD, 2000). This project addresses all of these current issues, and is designed so it can be widely implemented with multiple groups of in-home providers.

**Project Evaluation**

The current project was developed to address both professional development and support for in-home caregivers. At the end of each session, the participants were given an evaluation form developed by the author (Appendix C). The participants rated the meeting on several items on 5-point Likert-type scales, and asked to provide written
feedback on open-ended questions (Appendix C). Their responses are summarized in the next section, with written responses provided in Appendix D.

**Caregiver Education and Professional Development Outcome**

Research indicates that caregiver quality can be predicted by the amount of college education one holds (Burchinal et al., 2002). Caregivers who attend training workshops, provide higher quality of care despite their educational background (Burchinal et al., 2002), displaying evidence for the value of professional development for all in-home caregivers regardless of previous education level. The tables below summarizes and displays the average percentages for the participant’s evaluation responses of the 10 individual sessions.

<table>
<thead>
<tr>
<th></th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The presenter appeared knowledgeable about content</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>The presenter was prepared for meeting (materials &amp; time)</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>I learned something new from the meeting</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>I feel inspired to try the new tools in my work</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>I feel supported by the presenter</td>
<td>6%</td>
<td>94%</td>
</tr>
<tr>
<td>I feel supported by the group</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

1=Strongly disagree  2=Disagree  3= Neutral  4=Agree  5=Strongly Agree
The current project curriculum was evaluated very highly by participants on all items throughout all sessions. There were no sessions where the participants evaluated the current project as "poor," "fair," "average," or where they "strongly disagreed," "disagreed," or were "neutral" about the statement. Included in the evaluation were areas that related to the participants' learning and motivation. For the statements "I learned something new from the meeting" and "I feel inspired to try the new tools in my work," both participants 100 percent of the time rated a 5, indicating that they strongly agreed with the statements "I learned something new from the meeting" and "I feel inspired to try the new tools in my work." At the end of the meeting evaluation on week seven one participant wrote, "Vanessa is very knowledgeable and her information has really helped me in my work." At the end of the final session one respondent stated "Much of what I applied has helped me build a stronger relationship with the children and set boundaries and consistency in the in-home care environment" (Appendix D).
When asked about their least favorite topic in the project evaluation, they responded with, “I can’t choose one. I loved it all,” and “NONE. All of the topics were important in this course because it helped identify the areas that needed improvement or a change in the way we work in-home environments” (Appendix D). Such responses reflect a perception on the part of participants that the training component was helpful in terms of professional development.

**Support for Caregivers Outcome**

Research indicates that caregivers who were involved in a support and training group increase their self-efficacy, feel socially supported, and increased their confidence in the role they play in educating the children in their care (Strozier et al., 2004). In Kenya, support groups for caregivers are common and are recognized for being beneficial to both the caregiver and to the children in their care (Thurman, Jarabi, & Rice, 2012). The current project used this research to incorporate an open discussion portion of the session to allow for participants to ask questions and discuss challenges.

There is one item on the meeting evaluation that states, “I feel supported by the group” (Appendix C). Throughout the 10 weeks of evaluations, this item was 100 percent of the time rated as “strongly agree” by participants. When asked about feeling supported by the presenter, participants “strongly agreed” 94 percent of the time. These numbers give an indication that participants did feel support through their participation.

Another way the participants expressed a sense of feeling support, was through their written responses in the meeting evaluations and project evaluation. When asked to
complete the sentence of “Something I really enjoyed about the group”, one participant responded by saying, “Just being able to talk through questions and problems we have” (Appendix D). At the end of the communication with parent’s focal topic, one participant wrote, “I really needed this session. I got very valuable information from this session.” (Appendix D). When asked if this is something that they would pay for, one participant wrote, “Without a doubt, this is something every nanny needs!!” (Appendix D).

Lastly, when asked about thoughts on the group continuing, one participant responded with, “It was refreshing to come every week and talk about the struggles we faced as nannies and get support, encouragement, and advise from other caregivers that go through the same” (Appendix D). Based on the responses given by the participants, the author concludes that the project was effective in addressing the need for in-home caregiver support. This information also shows a need for the current project in the field.

**Challenges and Limitations**

Although the professional development support group curriculum was evaluated highly by the participants, there were a few challenges and limitations in relation to the current project that need to be addressed. One of the most challenging aspects of this project was the recruitment of participants. The author tried a wide variety of avenues to recruit participants including, posting and distributing flyers, social media, personal connections, nanny agency announcements, craigslist ads, and community college class announcements. While there were six actual replies and invitation to the sessions, only
two participants showed up the first session and completed the project. It should be noted that, the two participants who showed up to the first group meeting continued to do so throughout the course of the curriculum. This is similar to the experience of Kelley, Yorker, Whitley, and Sipe (2001) who started their study with 25 participants and ended with 24, and both author's had difficulty finding participants. Although reaching a larger audience is a goal for the current project, the small size of group allowed more time for participants to ask for support and discuss more individualized questions. To address the problem of finding participants, there needs to be research done on the ways to best market this target audience of in-home caregivers. To help address this issue, reaching out to more agencies, contacting internet in-home care agencies, and reaching out to families who employ in-home caregivers are more ways to get in touch. Another way to address this issue is by encouraging families to pay the caregiver for the time spent going to the sessions. Although the participants did show up to the sessions, scheduling the sessions was another challenge.

The original design for the curriculum was meant for there to be 10 consecutive weeks similar to Rusby (2002) who implemented four 2-hour long focus group workshops for consecutive weeks on a variety of topics. When one participant would express not being able to attend, the author would postpone the sessions until it was convenient for the entire group to attend. This was done out of respect for the participants to maximize professional growth. The participants expressed during the sessions that they would rather not meet if there was a scheduling conflict, although there was an advantage to having the sessions more spread out. This process prolonged the
amount of total time the project spanned which can be viewed as an advantage to the participants. Although even doing the flexible scheduling, there were still two sessions where only one participant showed up due to scheduling conflicts. To solve this issue, future research could evaluate the most effective way to disseminate the curriculum, by comparing bi-weekly, flexible and monthly meeting schedules and comparing the attendance and evaluations of participants using the materials included in the curriculum presenter copy (Appendix B).

The current project was only evaluated by two participants. In order to fully get a sense if the current project meets goals and needs of a wide population of in-home caregivers, it must be more widely implemented and evaluated. There could also be changes to the way the project was evaluated. The current project evaluation scores could be inflated scores because the participants may feel their responses are not anonymous. Future research could evaluate the curriculum based on whether it increases participant knowledge and improves interactions with children. The current project used only self-report, and this method is limiting to what conclusions can be drawn.

Lastly, the final limitation is that the curriculum is not developed in a way that anyone can pick it up and deliver, which is consistent with the current professional trainings (Green et al., 2012; Rimm-Kaufman et al., 2003). The curriculum works best if there is one person that has an advanced degree or extended work experience who takes on the role of the presenter. Throughout the course of the sessions, the participants would ask questions directly to the presenter. Although the author was able to answer the majority of participants' questions, there were some questions the author would refer
participants to additional resources. The amount of expertise is bound to vary within future groups. To address this in the future, there can be guidelines developed to becoming a presenter, and additional detail in the presenter materials themselves. If future presenters know about the limitations and challenges, they will be able to foresee them and know how to address them. This will optimize the use of the professional development support group curriculum.

Future Directions

Although the curriculum was successful among the small group of participants, and was evaluated as highly overall by participants, there are several ways that the curriculum might be improved. First, the curriculum would be improved with the addition of presenter guidelines and additional handouts. By adding presenter guidelines to the curriculum, will help elevate the possibility of having a wide variation of qualifications that the presenter exhibits. Having a skilled presenter is beneficial and consistent with other trainings and interventions (Green et al., 2012; Rimm-Kaufman et al., 2003).

Another way to improve the curriculum with respect to providing support would be to incorporate some field trips within the group. The group expressed taking the children to various places around town. These would be some planned meet up opportunities. This would be highly beneficial to those participants who work in the
same neighborhood. An example would be setting meetings at a local park, zoo or children's museum.

Lastly, it would be beneficial to add more weeks to the curriculum, and increase the amount of handouts given to the participants. The participants expressed in the final evaluation that they did not want the sessions to end, which validates the need for more curriculum (Appendix D). For many of the topics covered, the current curriculum gives overviews and highlights certain aspects of the focal topic. There can be further exploration of the focal topics in a potential second curriculum that builds off of the current project. This could be presented alongside a resource binder filled with resource material and handouts for participants. By increasing the amount of handouts given to the participants, this would produce an overall stronger curriculum. This is based off of the meeting evaluation for the focal topic of the importance of play. One participant wrote, “I really enjoyed today’s topic and it would be awesome to get deeper into the importance of play” (Appendix D).

There are a few directions that the current project can go in to maximize its full potential. There are a few contacts the author can reach out to including nanny associations, internet caregiver services and nanny agencies. The author could partner up with an association or agency to distribute the curriculum to a larger audience. The author could also reach out to the California State University, Sacramento, Child Development Department, to try to connect the in-home caregivers who are current students of the university, and disseminate the curriculum to this specific population.
This current project curriculum has the potential to be a good campus resource to this population, and the author would be willing to serve as the presenter.

**Conclusion**

The research describes in-home caregivers as needing professional development and support (Burchinal et al., 2002; NICHD, 2000). The current project both addressed and fulfills their needs through developing and implementing a professional development support group for in-home caregivers. Although the current project had limitations and challenges, the overall meeting and project evaluations were highly rated by participants. Future research needs to address this population and understand their unique role as caregivers, and determine ways to best connect in-home caregivers with one another.
Appendices
Appendix A.

Project Flyer

Are you a Nanny, Babysitter or In-home Childcare Provider?

A professional development support group is forming for in-home caregivers serving children of all ages. There will be weekly discussions of childcare topics starting soon!

Participation is FREE!

If you are interested or want more information, please contact Vanessa.
(916) 761-6495
VanessaMarquis@gmail.com

A certificate will be given upon completion! This is a great opportunity for building your professional portfolio!
Appendix B.

Support Group Curriculum
Child Care Quality Focal Topic (Presenter Copy)

0 - 5 min  **Handout Binders**
Each participant is given a binder to collect handouts, resources and to take notes inside. These need to come with the participant to each of the meetings.

6 - 15 min  **Introductions**
Have everyone in the room tell:
- Their name
- Ages of children they work with
- Their favorite part about working with children

11 - 20 min  **Ice Breaker**
Let's Get to Know Each Other Bingo.
See handout for details.

26 - 1:30 min  **Discussion on Child Care Quality**
Open Binders to page “Appendix C” of “The NICHD Study of Early Child Care and Youth development: Findings for children up to age 4 ½ Years” study publication by the U.S Department of Health and Human Services.

Read over the description and use of the positive caregiver checklist on page 36.

Think over a typical day and rate yourself on page 37.

Ask: What areas are strengths and areas of growth in your self-evaluation?


Ask: What makes high quality child care?

Ask: Does anyone know of tools that are used to measure child care quality?

Looking for three responses but are not limited to.
Infant/Toddler Environment Rating Scale (ITERS), Early Childhood Environment Rating Scale (ECERS), & Caregiver Interaction Scale
Ask: How can these tools be translated into the in-home care settings?

ITERS/ECERS**.

*Greeting and Departing*
When parents are leaving and coming back home, the environment is relaxed. When first arriving information about the child is shared. The parent also receives information about specific aspects of the child’s day upon their return. A written record of nap times, diapering, and feedings is also given to the parent.

*Meals/Snacks*
Making sure the children wash hands before and after their meals for basic sanitary measures. Sitting with the children as they eat to encourage learning. Older children help with the meal service.

*Listening and Talking*
Talk about a wide range of topics with the children while using exact and descriptive words. Being involved in wordplay with the children. For older children, they are encouraged to reason and problem solve on their own. Asking children open-ended questions that require more than a yes or no response.

*Interactions*
Caregivers seem to enjoy their job, and respect the children through being warm and sympathetic.

ITERS/ECERS has been used in a variety of peer-reviewed research articles and is widely used in the field of Child Development. Below are some articles that used ITERS/ECERS as a means to evaluate care quality.


**Caregiver Interaction Scale**
The caregiver interaction scale has 26 measures. The 26 measures are observed behaviors that are indicators of quality interactions. When
reading the measures ask yourself if these statements are true very much
true or not true at all. Here are some of the measures:
(Go over each of the measure and ask someone to give an
example of each of the measures.)
“Speaks warmly to the children.”
“Listens attentively when children speak to him/her.”
“Seems to enjoy the children.”
“When children misbehave, explains the reason or the rule they
are breaking.”
“Encourages the children to try new experiences.”
“Pays positive attention to the children as individuals.”
“When taking to the children, kneels, bends or sits at their level
to establish better eye contact.”

The Caregiver Interaction Scale has been used in a variety of peer-reviewed research articles and
is widely used in the field of Child Development. Below are some articles that used the Caregiver
Interaction Scale as a means to evaluate care quality:

of quality and child outcomes in family care settings. *Early Childhood Research
Quarterly, 28,* 893-904.

Read news article on China making regulations for nannies.

nannies-amid-booming-postnatal

Ask: Could this be the beginning of nannies being more regulated?

Ask: What regulations do you currently have?

Ask: What qualifications would be good if they enacted regulations in the United States?

1:31- 1:55 Open Discussion

1:56- 2:00 Fill Out Meeting Evaluation

References


**Child Care Quality Focal Topic (Participant Copy)**

<table>
<thead>
<tr>
<th>Start- 5 min</th>
<th><strong>Handout Binders</strong></th>
</tr>
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<tbody>
<tr>
<td>5 – 15 min</td>
<td><strong>Introductions</strong></td>
</tr>
<tr>
<td></td>
<td>• Your name</td>
</tr>
<tr>
<td></td>
<td>• Ages of children you work with</td>
</tr>
<tr>
<td></td>
<td>• Your favorite part about working with children</td>
</tr>
<tr>
<td>16- 25 min</td>
<td><strong>Ice Breaker</strong></td>
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<td></td>
<td>Let's Get to Know Each Other Bingo.</td>
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<tr>
<td>26- 1:30 min</td>
<td><strong>Discussion on Child Care Quality</strong></td>
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<td></td>
<td>The NICHD Study of Early Child Care and Youth development: Findings for children up to age 4 ½ Years</td>
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<td></td>
<td><strong>Care Quality Evaluation Tools</strong></td>
</tr>
<tr>
<td></td>
<td>Article: China sets standards for confinement nannies amid booming postnatal-care business</td>
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<tr>
<td>1:31- 1:55</td>
<td><strong>Open Discussion</strong></td>
</tr>
<tr>
<td>1:56- 2:00</td>
<td><strong>Fill Out Meeting Evaluation</strong></td>
</tr>
</tbody>
</table>

**References**


Let’s Get to Know Each Other BINGO!

Each person you talk to can initial two squares. The first to complete a row wins. Complete the sentence “Find someone who...”.

<table>
<thead>
<tr>
<th>B</th>
<th>I</th>
<th>N</th>
<th>G</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Works with more than 3 families currently.</td>
<td>Has a BA degree in Child Development</td>
<td>Changes diapers.</td>
<td>Has green eyes.</td>
<td>Has traveled out of the USA.</td>
</tr>
<tr>
<td>Works with a child with special needs.</td>
<td>Has attended other professional development trainings for Nanning.</td>
<td>Works on potty training children.</td>
<td>Has brown hair.</td>
<td>Has more than two siblings.</td>
</tr>
<tr>
<td>Lives in the home of the family.</td>
<td>Has a BA or BS in any field.</td>
<td>Free 😊</td>
<td>Has bigger than a size 8 shoe.</td>
<td>Has a pet.</td>
</tr>
<tr>
<td>Drives the children home from school.</td>
<td>Is First Aid and CPR certified.</td>
<td>Has been spit up/ peed/ thrown up on while working.</td>
<td>Loves to get pedicures.</td>
<td>Lives with roommates.</td>
</tr>
<tr>
<td>Loves working with children.</td>
<td>Is attending college currently.</td>
<td>Has had a child cry when they left.</td>
<td>Loves to spend time outdoors.</td>
<td>Has their own children.</td>
</tr>
</tbody>
</table>

Created June 2015 by Vanessa Marquis
China sets standards for confinement nannies amid booming postnatal-care business

New rule divides helpers into six levels based on skills and experience

Nectar Gan
nectar.gan@scmp.com

PUBLISHED: Monday, 06 July, 2015, 11:48pm
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Chinese traditions require new mothers to stay indoors for at least 30 days after giving birth, which means confinement nannies are often hired. File Photo

Confinement nannies will now have to meet a set of standards, as the government tries to regulate the mainland's booming postnatal-care business.

The nannies must be aged between 18 and 55, hold a junior high school diploma and must not have any criminal record, history of mental disorder, or suffer from any infectious disease, the Standardisation Administration said on Sunday.

Chinese traditions require new mothers to stay indoors for at least 30 days after giving birth and to observe a strict regimen focused on taking nutritious food and resting adequately.

Confinement nannies are often hired to care for the mothers and their newborns. Their tasks include preparing specially formulated meals for the mothers, and bathing, feeding and playing with the babies as the mothers recover from their labour.
According to the administration, the regulation that takes effect in February divides these nannies into six levels based on their skills and experience.

To attain the highest "gold medal" level, a confinement nanny has to satisfy all standard requirements and undergo various training sessions and assessments. She would have to hold a senior certificate for household service and infant care as well as an intermediate dietician certificate.

She must also have at least two years of experience, during which time no complaint should have been filed against her by the families who hired her.

According to the administration, on top of the nannies' routine tasks, they should also be able to provide new mothers with postnatal counselling, instruct them on body-reshaping exercises, recognise and prevent common diseases in newborns, and teach babies in various areas such as how to move and use their senses.

But some mothers have raised doubts about the practicality of setting such standards. "As long as the confinement nannies are good at doing their job, it's fine," said a 32-year-old mother from Guangzhou.

"It's very hard to set the standards fairly."

Alongside the new regulation for confinement nannies, the administration also issued a directive to access and rank agencies providing domestic help services, dividing them into five levels.

The agencies are required to register their business, hire at least three employees with high school diplomas and two years of working experience, and have a venue for training staff as well as the ability to organise health checks and pay insurance for their staff.

This article appeared in the South China Morning Post print edition as Standards set for confinement nannies.

CHILD CARE QUALITY CHECKLIST

Many features make for quality childcare. Some of these features include child-to-caregiver ratio, group size, and the language a caregiver uses with a child. Among predictors of childcare quality, one of the strongest and most consistent predictor of children’s development is the extent and the degree to which caregivers provided positive caregiving. NICHD SECCYD researchers looked at all the different caregiver behaviors that make up positive caregiving and found that these behaviors were linked to features of quality care that can be regulated, such as child-to-caregiver ratio.

Using checklist (see Table C-2) similar to the measurements used by NICHD SECCYD researchers, parents and families can focus on their children’s experiences in the child care setting (either the one they are considering or the one their child is currently in).

Before using the Positive Caregiving Checklist, parents and families should find out as much as they can about the child care setting, including whether or not it meets the recommendations for child-to-caregiver ratio, size of group, and caregiver training and education. These recommendations are issued by the various professional societies that focus on child care (see Table 2 on page 9 for more details). They may also want to visit the child care setting and watch how the child care providers interact with other children under their care before making a decision about their child’s care.

To use this checklist when visiting your child’s child care location:

1. Talk to your child’s caregiver to let him or her know that you will be stopping by sometime during the week to watch your child in the child care setting.
2. If your child is not yet in the child care setting you wish to observe, contact the child care provider and ask if you can visit the child care setting; then select one child to watch during your visit.
3. Sit off to the side of the setting and let the child and the caregiver go through their day as they normally do. Don’t interrupt the play or change the situation in any way, if possible.
4. Use a watch or timer to keep track of a set amount of time for watching your child and the caregiver together. Try an hour, or maybe 30 minutes.
5. Mark the sheet each time the caregiver does one of the actions on the list.
6. When time is up, go back through your record sheet and add ratings for each behavior the caregiver completed. Use the ratings provided on the next page.
7. Add up how often the caregiver did each of the items on the list, and then get an overall total.
If the caregiver does many of the items on the checklist, or does them often, then the caregiver is probably providing a more positive caregiving environment, which suggests that your child is getting higher quality child care. This type of environment encourages the child to grow and learn and can help him or her build important skills. If you counted the caregiver doing each action only once in a 30-minute period, or if you rate the caregiver as doing one or more behaviors hardly any of the time, you may want to talk to the caregiver about including positive interactions with your child more often.

**Note:** the positive caregiving checklist is not meant to be the only measure of quality care, nor is it intended to take the place of other guidelines or standards for quality care.
## TABLE C-2  The Positive Caregiving Checklist

<table>
<thead>
<tr>
<th>Date:</th>
<th>Set Amount of Time: (for example, 30 minutes)</th>
<th>Rating:</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How Often Does the Caregiver...</td>
<td>How Often?</td>
<td></td>
</tr>
<tr>
<td>Show a positive attitude—is the caregiver generally happy and encouraging in manner? Is he or she helpful and upbeat? Does the caregiver smile often at the child?</td>
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<tr>
<td>Have positive physical contact—Does the caregiver hug the child, pat the child on the back, or hold the child's hand? Does the caregiver comfort the child?</td>
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<tr>
<td>Respond to Vocalizations—Does the caregiver repeat the child's words, comment on what the child says or tries to say, or answer the child's questions?</td>
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<tr>
<td>Ask Questions—Does the caregiver encourage the child to talk by asking questions that the child can answer easily, such as &quot;yes&quot; or &quot;no&quot; questions, or talking about a family member or toy?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Talk in other ways</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Praising or encouraging—Does the caregiver respond to the child's positive actions with positive words, such as &quot;You did it!&quot; or &quot;Well done&quot;?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Teaching—Does the caregiver encourage the child to learn or have the child repeat learning phrases, such as saying the alphabet out loud, counting to 10, naming shapes or objects? For older children, does the caregiver explain what words or names mean?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telling and singing—Does the caregiver tell stories, describe objects, or sing songs?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Encourage development—Does the caregiver help the child to stand up and walk? Does the caregiver encourage sensory play activities with the child? For older children, does the caregiver help develop fine motor skills, stack blocks, or zip zippers?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advance behavior—Does the caregiver encourage the child to smile, laugh, and play with other children? Does the caregiver support sharing between the child and other children? Does the caregiver give examples of good behavior?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read—Does the caregiver read books and stories to the child? Does the caregiver let the child touch the book and turn the page? For older children, does the caregiver point to pictures and words on the page?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eliminate negative interactions—Does the caregiver make sure to be positive, not negative, in the interactions with the child?</td>
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<td></td>
<td></td>
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</tbody>
</table>

**Overall Total:**

Children’s Motivation Focal Topic (Presenter Copy)

Start – 15 min

Ice Breaker Question
Give a few minutes to think and write down answers. Open up
discussion for 10 minutes about what they wrote down. The
purpose of these questions is to put the participants in the
perspective of the child.

Think of a time you were praised and how it made you feel. Why
does this time stand out?

The hope is for participants to think of a time they worked hard for
something and received recognition for it.

15 – 1:30 min

Discussion on Motivation
Each question is proposed to the group for answering before the
presenter answers.

Why study children’s Motivation?
Theories of motivation help to explain, predict and influence the
behavior of children (Stipek, 2002). If there is an understanding of
why children behave a certain way, we can have the ability to
change their behavior.

When does praise occur?
Praise occurs when the teacher’s reactions “go beyond simple
feedback about appropriateness or correctness of behavior”
(Brophy, 1981, p.5).

When is praise most effective?
Praise is most effective when it is effective praise. With effective
praise the praise is specific to the situation. For example, saying
“You worked really hard to get the ball in the hoop, and you did it
all on your own.” When praise is given with a simple “good job”
it is not as effective. If limited effort is put into the task, the child
can experience negative effects to their self-worth (Stipek, 2002).

Watch the TED Talk video. Carol Dweck: The power of
believing that you can improve.
https://www.ted.com/talks/carol_dweck_the_power_of_believing_that_you_can_improve?language=en#t-431292
The video discusses the different mindsets and how they can be influenced.

During the video, have participants think about the following questions. We will discuss the questions following the video.

Ask: How can the information in the video be applied to the children in your care?
Children can need motivation to complete simple or challenging tasks in any setting. Some examples are an infant that is learning to walk, a toddler learning to go potty, a kindergartener learning to read, and a 4th grader working on spelling.

Ask: How can this video influence how you work with children? The objective is for participants to believe that their abilities as caregivers can improve depending on the time and effort they put into their work. If caregivers work on their techniques and gaining new knowledge, it can improve their care quality.

**Motivation Matchup Handout**
Have everyone turn to the next page and complete the handout. There will be a discussion of the answers. The objective is that the participants will gain a few new terms that relate to the study of child’s motivation. Examples are used instead of terms so the participants have an applied knowledge of the term.

1:31- 1:55  
**Open Discussion**

1:56- 2:00  
**Fill Out Meeting Evaluation**

**References**


**Children’s Motivation (Participant Copy)**

0 - 15 min **Ice Breaker Question**
Take a few minutes to answer the following questions. We will discuss what you wrote down after.

Think of a time you were praised and how it made you feel. Why does this time stand out?

15 - 1:30min **Discussion on Motivation**
Why study children’s Motivation?

When does Praise occur?

When is praise most effective?

Watch the TED Talk video. Carol Dweck: The power of believing that you can improve.

During the video, think about the following questions. We will discuss the questions following the video.

How can the information in the video be applied to the children in your care?
How can this video influence how you work with children?

**Motivation Matchup**
Complete the handout. There will be a discussion of the answers after everyone is finished.

1:31 - 1:55 **Open Discussion**

1:56 - 2:00 **Fill Out Meeting Evaluation**

**References**


Motivation Matchup

Take 10 minutes to read over the terms and find the example that best fits the term.

Terms
1. Growth Mindset
2. Fixed Mindset
3. Effective Praise
4. Ineffective Praise
5. Intrinsic Motivation
6. Extrinsic Motivation

Examples

A. Saying “good job” without expanding on what they did specifically.

B. The belief that the effort you put into a task or challenge will influence the outcome.

C. Saying “You worked really hard to get the ball in the hoop, and you did it all on your own!”

D. Getting a token for accomplishing a task.

E. The belief that certain aspects of life are static and you do not have control, which can be limiting to achievement.

F. When people are motivated by the pride they may feel, when they accomplish a goal.

References


Created by Vanessa Marquis 2016
Behavior Management (Presenter Copy)

0-15 min

Ice Breaker
Think of a time that you were frustrated with a child.
What was the child doing?
How did you react?
How did you feel about the outcome?
Is there something you wish you had done differently?

16-1:30 min

Discussion on Behavior Management
Non-compliance occurs when a child is requested to comply with an adult’s request and does not do so in 10 seconds or less (Benedict, Horner, & Squires, 2007). Some children respond to the request by yelling, arguing or ignoring the request. One of the strategies for reducing non-compliance is guided compliance (Wilder & Atwell, 2006). The Guides to Speech and Action is a guided compliance tool.

Hand out Guides to Speech and Action Summary and the Crossword puzzle together.

Give participants 15 minutes to complete the puzzle. This allows for just over 1 minute per word. All of the answers are in the summary given. The desired outcome of the activity is for participants to have their focused attention on the material for a quick overview.

The presenter will go over the answers and provide a brief discussion for each.

The Guides to Speech and Action is widely used in the field of Child Development for training purposes.


Scenarios

Have the participants look over the following 3 scenarios and brainstorm reactions to them that follow the guides to speech and
action.

1. The two-year-old child decides to open a tub of finger-paint and starts painting the wall. How do you react?
   Say “I see that you are painting on the wall. The paint is for the paper. Let’s clean this up so you can continue painting on some paper.”

2. A 5-year-old takes a toy from their 15-month-old sibling. How do you react?
   Say “I saw you take that toy from your sister.” Then acknowledge the sibling’s emotion caused by the toy being taken from her and talk about it with the 5-year-old. End it with the 5-year-old giving back the toy.

1. A 7-year-old paints their 3-year-old little sister with watercolor because they “wanted to be mermaids and swim in the ocean with the whales.” How do you react?
   This is a moment where you praise. Yes, they may be messy, but they are playing together. They are thinking creatively and working together. The caregiver can then ask them open-ended questions about this adventure they are going to go on. Also, the caregiver must take some responsibility for the mess. If the caregiver had been in sight and sound range of the children, the caregiver would have forestalled the painting.

Think back to the beginning of the session. Has this discussion justified your initial reaction to the icebreaker question or made you think of a new way to address the situation?

1:31- 1:55 Open Discussion
1:56- 2:00 Fill Out Meeting Evaluation

References
Read, Gardner and Mahler, *Early Childhood Programs: Human Relationships &*

Behavior Management (Participant Copy)

0-15 min

**Ice Breaker**

Think of a time that you were frustrated with a child. What was the child doing? How did you react? How did you feel about the outcome? Is there something you wish you had done differently?

16-1:30 min

**Discussion on Behavior Management**

**Guides to Speech and Action Summary and Crossword**

**Discussion on Guides to Speech and Action**

**Scenarios**

2. The two-year-old child decides to open a tub of fingerprint and starts painting the wall. How do you react?

3. A 5-year-old takes a toy from their 15-month-old sibling. How do you react?

4. A 7-year-old paints their 3-year-old little sister with watercolor because they “wanted to be mermaids and swim in the ocean with the whales together.” How do you react? Think back to the beginning of the session.

Has this discussion justified your initial reaction to the icebreaker question or made you think of a new way to address the situation?

1:31-1:55

**Open Discussion**

1:56-2:00

**Fill Out Meeting Evaluation**

**References**


Guides to Speech and Action Crossword Puzzle
Across
3. Your ______ is a teaching tool. Use words and a tone of voice, which will have the child to feel confident and reassured.
4. Avoid trying to change behavior by methods, which may lead to loss of self-respect such as ______ a child or labeling behavior "naughty, "selfish."
5. Avoid motivating a child by making ______ between one child and another or by encouraging competition.
7. The effectiveness of a suggestion or a direction may depend largely on its ______.
8. Avoid making ______ in any art medium for the children to copy.
10. Make your directions effective by ______ them when necessary.
13. Be alert to the _____ situation. Use the most strategic positions for supervising.

Down
1. State ______ or directions in a positive rather than a negative form.
2. Give the child a ______ only when you intend to leave the situation up to him.
6. ______ the child by suggesting an activity that is related to his own purposes or interest whenever possible. We will be more successful in changing the child's behavior if we attempt to turn his attention to an act, which is equal value for him but is acceptable.
9. Give the child the minimum of ______ in order that he may have the maximum chance to grow in independence, but give help when the child needs it.
11. ______ is often the most effective way of handling problems. Learn to foresee and prevent rather than mop up after a difficulty.
12. When ______ are necessary, they should be clearly defined and consistently maintained.
Guides to Speech and Action

1. State suggestions or directions in a positive rather than a negative form.

A positive suggestion is one, which tells a child what to do instead of pointing out what he is not to do. A positive direction is less likely to rouse resistance. It makes help seem constructive rather than limiting. When we make suggestions in a positive way, we are giving the child a good social tool to use. To put directions positively represents a step in developing a more positive attitude toward children’s behavior inside ourselves. If you say “Leave the door open” instead of “Don’t close the door,” the child knows what to do and doesn’t have to stop and think, “What should I do?”

Avoid use of the word “no” and/or “careful” when starting suggestions or directions in positive form to children. Be specific with statements. For example, “Slow your tricycle down when you get near other trikes” rather than, “No crashing into other tricycles” or “Be careful.”

2. Give the child a choice only when you intend to leave the situation up to him.

Choices are legitimate. With increasing maturity one makes an increasing number of choices. But there are decisions, which a child is not ready to make because of his limited capabilities and experience. We must avoid offering him a choice when we are not really willing to let him decide the answer. It is confusing to the child to be asked a question when what is wanted is not information but only confirmation or agreement. Be sure your questions are legitimate ones. If you give the child a choice, let the child choose. “Do you want to clean up?” is not really a choice if the child must do it.

Transitional warnings: Before children move from one activity to another, it is mutually respectful to give all the children a transitional warning. This transitional warning gives children a chance to prepare mentally for a change while choosing how to spend the last few minutes before the transition. For example, “Five more minutes before lunch time.” Typically the lead teacher walks around and alerts all teachers in the indoor and outdoor environments. As children may be absorbed in an activity, the supervising teachers in each area then follow up with individual transitional warnings.

3. Your voice is a teaching tool. Use words and a tone of voice, which will help the child to feel confident and reassured.

A quiet firm manner of speaking conveys confidence. It may be necessary to speak firmly, but it
is typically never necessary to raise one's voice. The most effective speech is simple, direct, and slow. It is always better to move nearer the person, to whom you are speaking, rather than to call or shout across any play area. Your words will get a better reception if they are spoken quietly, face to face. If you lower your voice tone to show the child you mean what you say, that helps the child realize you are serious. Your face shows a change also. In a situation that involves safety and you believe that you are too far from the situation to stop it promptly, you may use the child's name and say firmly "stop." For example, you see that a child is ready to push another child off of the climbing structure, so you say firmly and loud enough for the child to hear, “Gabriela, stop!”

4. Avoid trying to change behavior by methods, which may lead to loss of self-respect such as shaming a child or labeling behavior “naughty,” “selfish.”
Neither children nor adults are likely to develop desirable behavior patterns as the result of fear, shame, or guilt. In learning constructive ways of guiding behavior, our first step is to eliminate destructive patterns: gestures, expressions, tone of voice, and words that pass judgment. A child will be helped if we accept him as he is and try to make it possible for him to find some success, rather than if we reprove him because he does not meet our standards. Say “almost,” when a child succeeds partially. It is more helpful to say, “I can’t let you do that; you might get hurt.” Instead of “you’re bad” or “that’s not nice to hit your friend.”

5. Avoid motivating a child by making competitions between one child and another or by encouraging competition.
Children who are encouraged to be competitive are very likely to quarrel more with one another. In competition someone always loses and is likely to feel hurt and resentful. Competition does not build friendly, social feelings. It also created problems within the child. Neither constant success nor too many failures prepare a child well for what he will meet later in a competitive world. Avoid competitive kinds of motivation until children have developed ego strength and can balance failures with successes. Young children fall apart or get very angry when they are involved in competition.

6. Redirect the child by suggesting an activity that is related to his own purposes or interest whenever possible. We will be more successful in changing the child’s behavior if we attempt to turn his attention to an act, which has equal value for him but is acceptable. Suggestions for acting differently will take into account the different meanings in behaviors—throwing (balls instead of sand), vigorous play (raking leaves instead of running wildly).
Redirection should help the child face his problem by showing how it can be met, not by diverting him. The child's ideas are sometimes in the wrong place or amount; a child's running is acceptable outside but not inside. Always help children to re-engage and achieve success in the activity that s/he has bed redirected. Allow the children an opportunity to negotiate and help find an acceptable solution.

7. The effectiveness of a suggestion or a direction may depend largely on its timing.
The timing of a suggestion may be as important as the suggestion itself. Advice given too soon deprives the child of a chance to try to work things out for himself. A suggestion made too late may have lost any chance of being successful. Through experience one can increase one's skill in giving a suggestion at the moment when it will do the most good. We watch to see if the child can handle the situation or resist the urge to do something wrong. But if not, then stepping in quickly is important; the longer we wait, the more the child feels we accept the behavior.

Guides in Action
1. Avoid making models in any art medium for the children to copy.
Art is valuable because it is a means of self-expression. The young child needs avenues of expression. His speech is limited. His feelings are strong. If he has models before him, he may be blocked in using art as a means of self-expression. He will be less likely to be creative and more likely to be limited in trying to copy. Art then becomes only another area where he strives to imitate the adult who can do things much better. Give the child ideas to get him started and talk about how it takes a long time to learn. He can watch artists at work to see techniques but will not feel competent if we do it for him.

2. Give the child the minimum of help in order that he may have the maximum chance to grow in independence, but give help when the child needs it.
Children's self-confidence is increased by independent solving of problems. There are all kinds of ways to help a child help himself rather than stepping in and doing it for him. In leaving the child free to satisfy his strong growth impulse to be independent, we support his feeling of confidence in himself: "I can do this all by myself."
To allow the child do things for himself does not mean denying their requests for help. When a child asks for help, we listen to his request and answer it in a way that will make him less helpless and dependent. Confidence in self is based on a foundation of trust in others. As the child develops physical skills using hand and body, the child's self-image improves.
3. Make your directions effective by reinforcing them when necessary.
A verbal suggestion, even though given positively, may not be enough in itself. A glance at the right moment, moving nearer a child, a verbal suggestion, or actual physical help are all techniques. One common fault of parents and teachers is using too many words. Have confidence in the child's ability to hear and respond. But add different techniques together until successful rather than depend solely on words. Just the word “now” spoken softly but closer to the child can reinforce directions. Sometimes the reinforcement is an offer of help to do it together.

4. Forestalling is often the most effective way of handling problems. Learn to foresee and prevent rather than mop up after a difficulty.
Learning to prevent problems is important because, in many cases, children do not profit from making mistakes, or the consequences would be too serious, or the child may interpret consequences incorrectly. Effective guidance depends on knowing how to forestall and prevent trouble as much as on knowing what to do when trouble occurs. Sometimes forestalling means explaining to the child what to expect from an event. When you can predict a child's response, you can avoid an unpleasant situation before it occurs. Supervision is crucial to the children's safety. Position yourself so you can see as much as possible in your area. Move closer as you anticipate help needed.

5. When limits are necessary, they should be clearly defined and consistently maintained.
In a well-planned environment at school or home, there will not be many “no's”; but these “no's” will be clearly defined, and the child will understand them. The adult must be the one who is responsible for limiting children so that they do not come to harm or do not harm others or destroy property. Children will feel more secure with adults who can take this responsibility. The same rules must apply each day and in a reasonable situation. When a different situation happens, such as visiting someone in the hospital, explain why the rules are changed.

6. Be alert to the total situation. Use the most strategic positions for supervising.
Observation of the total situation is essential to effective guidance: for children's safety, for helping children, and for enrichment of experience. Trouble is seldom avoided by a suggestion given at a distance. Your presence nearby is often enough to help a child stay in control.

The health and safety of the children are a primary concern at all times. The skillful teacher or parent never relaxes watchfulness for things, which affect the health and safety of the children. It is the reason we stop children most.
Observe and take notes: increase your own awareness of what goes on. Underlying all these guides is the assumption that teaching is based on the ability to observe behavior objectively and to evaluate its meaning. Skill in observing and recording is essential in building understanding. Parents also learn about their child from observation, though it is seldom written. Observation tells us where the child is in the developmental sequence as well as his unique patterns and responses.

Additional “Guides for Speech and Action”

1. Active listening: listen reflectively to the child’s feelings: mirror them.
This is a special skill that will be discussed in seminar and class. Identify in your mind what the child is feeling right now. While maintaining eye contact when having conversations with children at their level, “mirror back feelings/thoughts” to him/her. “You’re seem angry.” “You want a turn NOW.” “It’s hard to wait.” Avoid saying, “I know just how you feel.” Especially avoid the temptation to include a little “lesson”: “You appear angry, but it’s not nice to hit,” or “You want a turn now, but everybody has to share here; and if you don’t share, he won’t want to share with you, and...” In order to listen actively, student teachers will need to reserve conversations with other adults to before and after class unless it directly relates to the children. Stay at child’s level at all times. If the student teacher is in the indoor environment, s/he will probably either sit in a child-sized chair or sit on the carpet. When student teachers are in the outdoor environment, they can sit on the grass or sand unless they are supervising the climbing structure at which time it is appropriate to stand. Talk to the children to show an interest in their play, but step back - do not play with them unless invited by the child. The program utilized the philosophy of floor time and child-directed play where the child gets to be in charge of his/her play.

2. Change undesirable behavior, or promote desirable behavior, by changing the physical environment. You teach best by example. If you run in the hall (to the telephone), why can’t the children run in the hall? If you chew gum, why can’t children chew gum at school? (It gets in someone’s hair!) If you shout across the play yard, why can’t children yell at someone and expect compliance? An obvious example seldom occurs at nursery school, but may occur at home: if you use “bad language,” why can’t children say the same words? If you use “please” and “thank-you” at the snack table, the children are more likely to follow your model.

3. Change undesirable behavior, or promote desirable behavior, by changing the physical environment. Take a good look at the room, at the yard, at the locker room, at the gate, at the
kitchen. Do they suggest by arrangement any clues for the behavior or activities expected there? What can be added or removed so adults won't have to state rules or limits to children? How can the environment promote the behavior we prefer? Drips of paint on the floor by the easel? The children see the bucket of water and sponge; may mop up without an adult suggestion. Running inside the building? Furniture arrangement discourages running.

4. **Arrange it so the child experiences the natural consequences, the logical consequences of his/her behavior. We try to teach the children cause and effect rather than punish.**
Flour or macaroni or water is spilled? The child, with teacher's help, can use broom and dustpan or sponge.
Child repeatedly throws sand, after a warning? The consequence is that he/she may not play in the sand anymore until after snack or until tomorrow. Likewise, when equipment is used incorrectly, the child loses the privilege of playing with it for a short, easily comprehended time. A positive consequence of sharing (blocks, dolls, ride in trailer) is that the child has a friend; “she likes to play with you.” Adults can point this out. Some consequences are beyond a child’s ability to understand; breaking a drum head by pounding on it with a stick (instead of using hands) or pushing a doll buggy into the sand area (getting sand into the axels) has the consequence of requiring repairs and depriving children of the equipment. We adults have to step in with simple explanations (not moralizing) and redirection of the behavior.
Social-Emotional Development (Presenter Copy)

0-10 min  
**Ice Breaker**
Have participants think of a time they felt sad.
Ask them to think:
  - What caused you to feel this way?
  - What were the reactions of the people around you?
  - Were they supportive or not?

These answers do not need to be talked about verbally. These questions are designed to help the participants put themselves in the perceptive of the children.

11-1:30 min  
**Discussion on Social-Emotional Development**
Ask what is social-emotional development?
Propose the question to the group before giving the definition.

Social-emotional development includes the way a child experiences, expresses, and manages their emotion, along with the ability to establish relationships with others that are positive and rewarding (Cohen et al., 2005). Social Emotional development is influenced by biology, relationships and environment.

Have participants write down the definition.

Then give the definition presented by California Department of Education (2009) that focuses on the emotion aspect.

Social-emotional development encompasses the child’s ability to understand, identify, express, and manage their emotions and feelings, as well as understanding, responding and assisting to others emotional responses. Emotional competence is a fundamental aspect of social-emotional development.

Present to the group the California Learning Foundations both the Infant/Toddler and the Preschool. Open the books and briefly discuss the different foundations within the Social-Emotional Development Domain. If you do not have the books, there are outline copies at http://www.cde.ca.gov/sp/cd/re/documents/itfoundations2009.pdf
Go over each foundation, definition and a couple examples.

**Ted Talk Video**

**Social and Emotional Learning:**

Trish Shaffer at TEDxUniversityofNevada


Ask: What stood out to you in the video?

Ask: Is social and emotional learning something that you had thought about promoting in the children you work with?

**What the research says...**

The research indicates that the training teachers on responding to children’s regulation and limiting disruptive behaviors had lastly effects on the children into elementary school by influencing the children social and emotional development during the preschool years (Zhai, Raver & Jones, 2015).

For long-term success children need to have a balance with their social, emotional, and self-regulation skills in school along with the academic skills (Davis, Priest, Davies, Sims, Harrison, Herrman, Waters, Strazdins, Marshall, & Cook, 2010). To help build these skills caregivers need to be nurturing to the needs of children. This helps to build the relationship between the caregiver and child.

**Connecting the dots...**

Last week we discussed the Guides to Speech and Action. Ask: How can we relate today’s topic to the Guides to Speech and Action from last session?

1:31 - 1:55  Open Discussion

1:56 - 2:00  Fill Out Meeting Evaluation
References


Social-Emotional Development (Participant Copy)

0-10 min

Ice Breaker
Think of a time you felt sad.
What caused you to feel this way?
What were the reactions of the people around you?
Were they supportive or not?

11-1:30 min

Discussion on Social-Emotional Development

What is social-emotional development?

California Learning Foundations

Ted Talk Video
Social and Emotional Learning: Trish Shaffer at TEDxUniversityofNevada

What the research says...

Connecting the dots...
How can we relate today’s topic to the Guides to Speech and Action from last session?

1:31-1:55

Open Discussion

1:56-2:00

Fill Out Meeting Evaluation

References


Sensitive Interactions (Presenter Copy)

0-10 min

**Ice Breaker**

Ask: How have you been using the information presented so far?

11-1:30 min

**Discussion on Sensitive Interactions**

Ask: What are sensitive interactions?

*Propose the question before giving the extended explanation.*

Sensitive interactions take place when the caregiver engages in stimulating and responsive care with a child (Hirsh-Pasek & Burchinal, 2006). Sensitive interactions can be characterized by positive interactions, warmth, and sensitivity and responsivity to nondistress.

When a caregiver engages in sensitive and positive interactions, she will exhibit warmth and enthusiasm towards the children (Rimm-Kaufman, Voorhees, Snell & La Paro, 2003).

Warmth is displayed as, affection, physical or verbal reinforcement, and when engaging with the children they show the child respect (Hirsh-Pasek & Burchinal, 2006; Rimm-Kaufman et al., 2003).

Sensitivity and responsivity to nondistress occurs when the caregivers are child-centered and are prompt to respond to a child’s gestures, expressions, and signals when the child was not in distress (Rimm-Kaufman et al., 2003).

Through sensitive caregiving children build secure attachments with their caregivers.

**Video: Science Bulletins: Attachment Theory-Understanding the Essential Bond**

American Museum of Natural History, 2011.
https://www.youtube.com/watch?v=kwxjfuPlArY

Ask: Is this something you had thought about before?
Read Article: Early Sensitive Caregiving Has Lasting Influence on Child’s Development
By Rick Nauert PhD

Ask: What stands out in this article?

Video: Tune In: Responsiveness Interaction Style
Puckett Institute, 2015.
https://www.youtube.com/watch?v=2WNNEQS0UYU

Ask: How does this relate to your work?

Ask: How will this information from today influence your own practices?

1:31- 1:55 Open Discussion
1:56- 2:00 Fill Out Meeting Evaluation

References


Sensitive Interactions (Participant Copy)

0-10 min

Ice Breaker

11-1:30 min

Discussion on Sensitive Interactions
What are sensitive interactions?

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Video: Tune In: Responsiveness Interaction Style
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1:31-1:55

Open Discussion

1:56-2:00

Fill Out Meeting Evaluation

References


Early Sensitive Caregiving Has Lasting Influence on Child’s Development
By Rick Nauert PhD

Emerging research discovers sensitive caregiving in the first three years of life is a strong predictor of an individual’s future social competence and academic success.

A new study — designed to replicate an earlier study that showed early maternal sensitivity has lasting associations with children’s social and cognitive development — confirmed the importance of a child’s early experiences.

The study, by researchers at the University of Minnesota, the University of Delaware, and the University of Illinois at Urbana-Champaign, appears in the journal Child Development.

“The study indicates that the quality of children’s early caregiving experiences has an enduring and ongoing role in promoting successful social and academic development into the years of maturity,” notes Lee Raby, postdoctoral researcher at the University of Delaware, who led the study.

Sensitive caregiving is defined as the extent to which a parent responds to a child’s signals appropriately and promptly, is positively involved during interactions with the child, and provides a secure base for the child’s exploration of the environment.
The researchers used information from 243 individuals who were born into poverty, came from a range of racial/ethnic backgrounds, and had been followed from birth into adulthood (age 32) as part of the Minnesota Longitudinal Study of Risk and Adaptation.

Observations of interactions between mothers and their children were collected four times during the children's first three years of life. At multiple ages during childhood and adolescence, teachers reported on children's functioning in their peer groups, and children completed standardized tests of academic achievement.

During their 20s and early 30s, participants completed interviews in which they discussed their experiences with romantic relationships and reported their educational attainment.

Individuals who experienced more sensitive caregiving early in life consistently functioned better socially and academically during the first three decades of life, the study found. The associations were larger for individuals' academic outcomes than for their functioning in peer and romantic relationships.

Moreover, early caregiving experiences continued to predict individuals' academic, but not social, functioning after accounting for early socioeconomic factors as well as children's gender and ethnicity.

Although families' economic resources were important predictors of children's development, these variables didn't fully account for the persistent and long-term influence of early caregiving experiences on individuals' academic success.

"Altogether, the study suggests that children's experiences with parents during the first few years of life have a unique role in promoting social and academic functioning — not merely during the first two decades of life, but also during adulthood," according to Raby.

"This suggests that investments in early parent-child relationships may result in long-term returns that accumulate across individuals' lives.

"Because individuals' success in relationships and academics represents the foundation for a healthy society, programs, and initiatives that equip parents to interact with their children in a sensitive manner during the first few years of their children's life can have long-term benefits for individuals, families, and society at large."

**Importance of Play (Presenter Copy)**

0-10 min  
**Ice Breaker**  
Think of your favorite game, hobby, or activity as a child or now. Was it something you did individually or with others? What could you have been learning while engaging in this?

11-1:30 min  
**Discussion on the Importance of Play**

**What is play?**  
Propose the question and allow time for the participants to answer.

5 Characteristics of Play (Hughes, 2010). Book will be brought to the session.  
1. Intrinsically motivated  
2. Freely chosen  
3. Pleasurable  
4. Nonliteral  
5. Actively engage

**Why is play important?**

Read out loud the abstract to the article, the importance of play in promoting healthy child development and maintaining strong parent-child bonds published by the American Academy of Pediatrics (2007).

During the reading stop and discuss the content.

"Play is essential to development because it contributes to the cognitive, physical, social, and emotional well-being of children and youth. Play also offers an ideal opportunity for parents to engage fully with their children. Despite the benefits derived from play for both children and parents, time for free play has been markedly reduced for some children. This report addresses a variety of factors that have reduced play, including a hurried lifestyle, changes in family structure, and increased attention to academics and enrichment activities at the expense of recess or free child-centered play. This report offers guidelines on how pediatricians can advocate for children by helping families, school
systems, and communities consider how best to ensure that play is protected as they seek the balance in children’s lives to create the optimal developmental milieu.”

**Read Article Play: Children’s context for development**
Adapted from the National Association for the Education of Young Children written by Klein, Wirth & Linas (2003).
Encourage participants to highlight and note take during the reading of the article.

**Watch Ted Talk: The Decline in Play**
Dr. Peter Gray
https://www.youtube.com/watch?v=Bg-GEzM7iTk

Encourage the participants to take notes on interesting facts to discuss after.

**Learning Through Play Video**
Penfield Children
https://www.youtube.com/watch?v=Cztb-OcliGA

**Discussion on the following quotes:**

Play is the work of the child. - *Maria Montessori*

Educating the mind without educating the heart is no education at all. —*Aristotle*

1:31- 1:55  **Open Discussion**

1:56- 2:00  **Fill Out Meeting Evaluation**

**References**


Gray, Peter. (2014). *The decline of play*. https://www.youtube.com/watch?v=Bg-GEzM7iTk


https://www.youtube.com/watch?v=Cztb-0cliGA

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**Importance of Play (Participant Copy)**

0- 10 min

**Ice Breaker**
Think of your favorite game, hobby, or activity as a child or now. Was it something you did individually or with others? What could you have been learning while engaging in this?

11- 1:30 min

**Discussion on the Importance of Play**
What is play?
Why is play important?

**Read Article Play: Children’s context for development**

**Watch Ted Talk: The Decline in Play**
Dr. Peter Gray
https://www.youtube.com/watch?v=Bge-zM7iTk

**Learning Through Play Video**
Penfield Children
https://www.youtube.com/watch?v=Cztb-0cliGA

The most effective kind of education is that a child should play amongst lovely things. —Plato

Play is the work of the child. —Maria Montessori

Educating the mind without educating the heart is no education at all. —Aristotle

1:31- 1:55

**Open Discussion**
1:56- 2:00 

**Fill Out Meeting Evaluation**

**References**


Gray, Peter. (2014). *The decline of play.* https://www.youtube.com/watch?v=Bg-GEzM7iTk


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**Play**

**Children's context for development**

Tovah P. Klein, Daniele Wirth, and Keri Linas

The four-year-olds are busy. “Go get some muffins, and we’ll jump into the car.” Sophie orders Nicholas. She and Issy run hand in hand to the slide. Underneath the slide their car awaits them – and their plan for a getaway.

Nicholas comes running back, his hands held out. “Here are the muffins,” he says as he hands Sophie and Issy each a piece of warm, buttered air. “I'll drive,” he says, skootching in to the driver’s seat.

Sophie and Issy wiggle backward to make room for their friend. Nicholas sits with his arms held out in front of him, gripping an invisible steering wheel. The girls wrap their legs around the person ahead,
placing their hands on that child's shoulders—a three-child chain.

"Can I come with you?" yells Nina just before the car takes off. "Sure!" hollers Sophie. "Hop in the back." Nina joins the chain, and with engine sounds they zoom away.

Children's surroundings provide a world for exploration, discovery, and enjoyment. Playing is what young children spend most of their time doing from the moment they wake up until they close their eyes at night. Grasping the significance of play helps us see inside the child's world and appreciate the impact playing has on development and learning. Through play, children learn about cultural norms and expectations, discover the workings of the world, and negotiate their way through their surroundings. Play teaches children about themselves, others, rules, consequences, and how things go together or come apart.

The importance of play is not accepted universally (Landreth, 1993). Play is viewed by some as the opposite of work; play does not mean learning. Play is often trivialized in sayings like "That is mere child's play" or "He is only playing," as if to say play is unimportant. Many would prefer that young children spend their time tracing letters or matching figures on a worksheet. This article defines the elements of play, illuminating its central role in young children's learning and development. The focus is on toddlers and preschoolers, age groups that spend most of their time involved in exploration and play (Fein 1981: Piaget [1962] 1999). Also addressed is the critical role of adults in supporting and extending children's play.

Characteristics of play
There is no universal definition of play. This is hardly surprising given that behaviors at one developmental stage can take on new meaning or functions at another stage (Howes 1992). Yet there are certain agreed-upon behavioral characteristics of play (Rubin, Fein, & Vandenberg 1983). The major defining characteristics of play are positive affect, active engagement, intrinsic motivation, freedom from external rules, attention to process rather than product, and nonliterality.

Positive affect refers to children's enjoyment of play as shown in their laughter, smiles, singing, and expressions of joy while playing (Schaefer 1993). Like adults, children seek enjoyable experiences and work to continue them; pleasure sustains the activity.

Children's enjoyment of play is paired with another element, active engagement—deep involvement without distraction. Although this characteristic seems obvious, it is an important attribute; play fully absorbs children's interest.

Closely related to engagement and enjoyment is perhaps the most widely agreed-upon aspect of play—a child's intrinsic, or internal, motivation to play (Shaefer, 1993). Different factors can motivate a child; novelty, gaining a new angle on a familiar experience, achieving mastery with known objects, needing to work through feelings. Although the motivation comes from the child, adults establish a safe environment and support or assist in the play.

Adults have an important role, but they do not make the rules for play. Instead, play occurs outside external rules as the rules and structure governing play come from the children (Landreth, 1993). Freedom from external rules does not mean the total absence of rules. Children set rules, governing roles, relationships, entry into play, plot development, and acceptable behaviors (Fein 1981). The players develop and agree upon the rules, which are implicitly understood.

It's cleanup time, and the pizza delivery girl makes an entry. "Who ordered a pepperoni pizza?" Texeira
hollers as she carries a block toward the block shelf.  
"I did," answers Ashook as he takes the block from Texeira and places it on the shelf. He is the block organizer, neatly stacking the wooden "pizzas" according to size. 
Soon other children begin delivering pizza. As they pass the blocks to Ashook, the chants echo through the classroom: "Who ordered a cheese pizza?" "Here's another pizza!"

The children have distributed roles and created a structure for their pretend play to succeed. While the activity leads to a successful cleanup, the pretend aspects are what engage the children and sustain the play. During play, young children focus on the process or performance of the activity, not on a goal or the results (Landreth, 1993). It is this aspect in part that separates play from work. Here, the process is the activity; it keeps the children involved, exploring and discovering without a defined beginning or end. Players set the goals and the goals can change in importance according to desire (Rubin, Fein, & Vandenberg 1983). The process allows play to take new directions and be transformed, curtailed, or extended spontaneously and without disruption to the activity.

Adults establish and guide the play environment. The environment serves to significantly facilitate the process of play.

Lissa grabs a blob of blue playdough. She sticks tongue depressors upright in the playdough and holds the concoction out toward her friend. With a wide smile she sings, "Happy birthday to me..."
The teacher comments, "It's your birthday. Will you have a party?"
Lissa grins, puts her hands on her head, and says, "Here's my party hat!"
For the moment it is Lissa's birthday. The teacher builds on Lissa's fantasy ("It's your birthday. Will you have a party?"), guiding her to extend her play.

Exploring — gaining information about an object — is a foundation that often leads to playing. In exploration children ask, "What is this? What can it do?" The inquiry process enables discovery, familiarization, and feelings of competence and security. ("This is something that I know"). By asking open-ended questions ("What does that feel like? What can you do with it?"), adults invite an unengaged child to participate and to expand the involvement of those already engaged (Tegano, Sawyers, & Moran 1989).

**How does play support learning and development?**

Enrichment and growth naturally evolve from playing as children learn about themselves and their surroundings. A child's active participation in his or her world facilitates mastery and control, leading to feelings of competence and self-efficacy. Both contribute to young children's sense of self (Pruett 1999). The internal excitement derived from discovery and mastery nurtures children's innate desire to learn. This passion and internalized sense of accomplishment is what motivates children's learning.

Play lets children make important discoveries about the self — including their own likes and dislikes. They continually shift activities to maximize pleasure, while discovering what is easy and hard to do and what makes them happy or frustrated. They learn to understand the feelings of others and develop empathy. These skills are crucial for healthy peer relationships.

Julia, nearly three, cries at her mother's departure. "It's OK to cry when you're sad," the teacher quietly reassures the child slumped in her lap. "Mommies and daddies come back."
Harry, perched on a chair nearby, closely watches the scene. He wiggles off the chair, slowly approaches Julia, and hands her a teddy bear. Harry repeats the teacher's mantra: "Mama come back soon."
Play fosters language skills. Pretend play encourages language development as children negotiate roles, set up a structure, and interact in their respective roles (Garvey [1977] 1990). Adults support language by commenting on or labeling children’s play (“I see you are washing that baby,” “That’s a big blue painting you’re making!”). Such comments provide a language-rich environment and naturally reinforce concepts and build on the play.

Language is tied to emotions, which are expressed and explored through pretend play (Slade 1994). Pretending gives children the freedom to address feelings, anxieties, and fears. Through fantasy, children re-create and modify experiences to their liking. They foster a sense of comprehension, control, and mastery (Schaefer 1993). This can enhance feelings of security.

“Grrrr, grrrr.” From the doorway between the cubby room and the classroom, a dry, raspy growl is heard. “Grrrr, grrrr.”

Three-year-old Sharie steps into the classroom, followed by her mother. Sharie’s stance is tense and wide, braced for action. Her arms are outstretched. Her hands and fingers are scrunched up as claws. With teeth bared, Sharie gives another growling greeting to the teacher while clawing the air. Approaching the teacher, she stumps down hard with each step. Sharie continues to growl and flex her claws. Then she turns to the mirror and growls at her image.

Becoming a ferocious lion allows Sharie to put aside the timid child who fears leaving her mother. Instead, being a fierce animal lets her test the waters and helps her cross into the classroom with confidence. The teacher can encourage or welcome the lion into the forest, noting the scary growl and offering materials like blankets to make a lion’s den. In time, the lion will disappear and Sharie will enter the classroom as herself.

Adults can continue to reinforce and extend the play to sustain children’s interest, or they can enter the play directly if invited. Labeling feelings and reflecting on emotional content is an effective way to extend fantasy play: “That lion sounds so angry.” It can help children understand feelings by saying, “Why do you think that monster is so sad?”

Play is a vehicle for expressing feelings, with minimal language needed. Moving feelings from the child to the pretend character reduces anxiety and frees the child to explore emotions. The adult’s message is “It is safe to have and express these feelings.”

Play teaches children about the social world. It provides opportunities to rehearse social skills and learn about acceptable peer behavior firsthand. With age and experience, children’s awareness of peers playing around them increases. This leads to more interactions between children and incorporation of peers into their play (Parten, 1932). Group play provides a stage for rehearsing peer skills and learning to be a community member.

Both social and solitary play provide opportunities for children to practice problem solving and negotiating skills needed to achieve competency in learning, in social relationships and in being a group member.

**Conclusion**

A child’s world is filled with the magic of exploration, discovery, make-believe, and play – vehicles for development. Much of children’s early learning comes through self-discovery – an outcome of play. We have defined and illustrated the elements of play as a way to better understand its essential parts, the development it fosters, and the adult’s crucial role as a supporter of the play process.

Play is young children’s most familiar and comfortable tool for engaging the world, with adults as essential scaffolds. Using observation and intervention aligned to children’s developmental capabilities, adults
provide a bridge from children’s current to their future language, cognitive, social, and emotional processes.

For children, play is a dialogue with their surroundings – indoors or out, pretending or exploring, talking or being quiet, alone or with others. The rich complexities and subtleties offered through play provide a base for ongoing development. Not all children have opportunities to play in safe environments, but certainly all children deserve the chance to do so.

Adapted from the National Association for the Education of Young Children

Language Development (Presenter Copy)

0-10 min

Ice Breaker

What do remember about the way you acquired language?

11-1:30 min

Discussion on Sensitive Interactions

What do you know about language development?

Language development starts at the beginning of life with newborns preferring their mother’s voice to other sounds (California Department of Education, 2009).

There are six different dimensions of language:

- audition
- articulation
- words
- grammar
- communication
- literacy

Each of the different dimensions is related to different parts of the brain, and they need to work together for language to be received and produced (Bornstein & Lamb, 2011).

The amount of language stimulation the caregiver provides is one of the best indicators of childcare quality care (Côté, Mongeau, Japel, Xu, Séguin, & Tremblay, 2013). To provide language stimulation the caregiver talks to the child in positive ways by responding to vocalizations, probing questions, and effective praise. The communication takes place on a personal conversation level. It can take place between a caregiver and the child, or between children during peer interactions.

**Video: Baby and Toddler Milestones, Dr. Lisa Shulman**

https://www.youtube.com/watch?v=pZSjm0drIGM

While watching the video, encourage participants to write down new vocabulary words they hear.

**Read Article: Early Literacy by zerotothree**
1:31- 1:55  Open Discussion
1:56- 2:00  Fill Out Meeting Evaluation

References

Albert Einstein College of Medicine. (2012). Baby and toddler milestones, Dr. Lisa Shulman. Retrieved from https://www.youtube.com/watch?v=pZSjm0drIGM.


Boston University Medical Center, Erikson Institute, and Zero to Three (2003). Early Literacy. BrainWonders & Sharing Books with Babies www.zerotothree.org/BrainWonders.


Language Development (Participant Copy)

0- 10 min  
**Ice Breaker**
What do you remember about the way you acquired language?

11- 1:30 min  
**Discussion on Sensitive Interactions**
What do you know about language development?

*Video: Baby and Toddler Milestones, Dr. Lisa Shulman*  
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*Read Article: Early Literacy by zerothree*

1:31- 1:55  
**Open Discussion**

1:56- 2:00  
**Fill Out Meeting Evaluation**

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Boston University Medical Center, Erikson Institute, and Zero to Three (2003). Early Literacy. *BrainWonders & Sharing Books with Babies* www.zerotothree.org/BrainWonders.


What We Know About Early Language and Literacy Development

Early language and literacy (reading and writing) development begins in the first three years of life and is closely linked to a child's earliest experiences with books and stories. The interactions that young children have with such literacy materials as books, paper, and crayons, and with the adults in their lives are the building blocks for language, reading and writing development. This relatively new understanding of early literacy development complements the current research supporting the critical role of early experiences in shaping brain development. Recent research supports an interactive and experiential process of learning spoken and written language skills that begins in early infancy. We now know that children gain significant knowledge of language, reading, and writing long before they enter school. Children learn to talk, read, and write through such social literacy experiences as adults or older children interacting with them using books and other literacy materials, including magazines, markers, and paper.

Simply put, early literacy research states that:
- Language, reading, and writing skills develop at the same time and are intimately linked.
- Early literacy development is a continuous developmental process that begins in the first years of life.
- Early literacy skills develop in real life settings through positive interactions with literacy materials and other people.

Early Literacy Does Not Mean Early Reading

Our current understanding of early language and literacy development has provided new ways of helping children learn to talk, read, and write. But it does not advocate "the teaching of reading" to younger and younger children. Formal instruction which pushes infants and toddlers to achieve adult models of literacy (i.e., the actual reading and writing of words) is not developmentally appropriate. Early literacy theory emphasizes the more natural unfolding of skills through the enjoyment of books, the importance of positive interactions between young children and adults, and the critical role of literacy-rich experiences. Formal instruction to require young children who are not developmentally ready to read is counterproductive and potentially damaging to children, who may begin to associate reading and books with failure.

What Infants and Toddlers Can Do - Early Literacy Behaviors

Early literacy recognizes that language, reading, and writing evolve from a number of earlier skills. Judith Shickedanz first described categories of early literacy behaviors in her book, Much More Than The ABCs. Her categories, listed in the box below, can be used to understand the book behaviors of very young children. They help us to see the meaning of these book behaviors and see the progression children make along the path to literacy. Early literacy skills are essential to literacy development and should be the focus of early language and literacy programs. By focusing on the importance of the first years of life, we give new meaning to the interactions young children have with books and stories. Looking at early literacy development as a dynamic developmental process, we can see the connection (and meaning) between an infant mouthing a book, the book handling behavior of a two year old, and
the page turning of a five year old. We can see that the first three years of exploring and playing with books, singing nursery rhymes, listening to stories, recognizing words, and scribbling are truly the building blocks for language and literacy development.

<table>
<thead>
<tr>
<th>Early Literacy Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book Handling Behaviors</td>
</tr>
<tr>
<td>Behaviors related to a child's physical manipulation or handling of books, such as page turning and chewing.</td>
</tr>
<tr>
<td>Looking and Recognizing</td>
</tr>
<tr>
<td>Behaviors related to how children pay attention to and interact with pictures in books, such as gazing at pictures or laughing at a favorite picture. Behaviors that show recognition of and a beginning understanding of pictures in books, such as pointing to pictures of familiar objects.</td>
</tr>
<tr>
<td>Picture and Story Comprehension</td>
</tr>
<tr>
<td>Behaviors that show a child's understanding of pictures and events in a book, such as imitating an action seen in a picture or talking about the events in a story.</td>
</tr>
<tr>
<td>Story-Reading Behaviors</td>
</tr>
<tr>
<td>Behaviors that include children's verbal interactions with books and their increasing understanding of print in books, such as babbling in imitation of reading or running fingers along printed words.</td>
</tr>
</tbody>
</table>

What Young Children Like in Books

Infants 0-6 months
- Books with simple, large pictures or designs with bright colors.
- Stiff cardboard, "chunky" books, or fold out books that can be propped up in the crib.
- Cloth and soft vinyl books with simple pictures of people or familiar objects that can go in the bath or get washed.

Infants 6-12 months
- Board books with photos of other babies.
- Brightly colored "chunky" board books to touch and taste!
- Books with photos of familiar objects like balls and bottles.
- Books with sturdy pages that can be propped up or spread out in the crib or on a blanket.
- Plastic/vinyl books for bath time.
- Washable cloth books to cuddle and mouth.
- Small plastic photo albums of family and friends.

Young Toddlers 12-24 months
- Sturdy board books that they can carry.
- Books with photos of children doing familiar things like sleeping or playing.
- Goodnight books for bed time.
- Books about saying hello and good-bye.
- Books with only a few words on each page.
- Books with simple rhymes or predictable text. * Animal books of all sizes and shapes.

Toddlers 2-3 years
- Books that tell simple stories.
• Simple rhyming books that they can memorize.
• Bed time books.
• Books about counting, the alphabet, shapes, or sizes.
• Animal books, vehicle books, books about play-time.
• Books with their favorite TV characters inside.
• Books about saying hello and good-bye.

Ways to Share Books with Babies & Toddlers

1) Make Sharing Books Part of Every Day
   • Read or share stories at bedtime or on the bus.

2) Have Fun
   • Children can learn from you that books are fun, which is an important ingredient in learning to read.

3) A Few Minutes is OK—Don't Worry if You Don't Finish the Story
   • Young children can only sit for a few minutes for a story, but as they grow, they will be able to sit longer.

4) Talk or Sing About the Pictures
   • You do not have to read the words to tell a story.

5) Let Children Turn the Pages
   • Babies need board books and help turning pages, but a three-year-old can do it alone. Remember, it's OK to skip pages!

6) Show Children the Cover Page
   • Explain what the story is about.

7) Show Children the Words
   • Run your finger along the words as you read them, from left to right.

8) Make the Story Come Alive
   • Create voices for the story characters and use your body to tell the story.

9) Make It Personal
   • Talk about your own family, pets, or community when you are reading about others in a story.

10) Ask Questions About the Story, and Let Children Ask Questions Too!
    Use the story to engage in conversation and to talk about familiar activities and objects.

11) Let Children Tell the Story
• Children as young as three years old can memorize a story, and many children love to be creative through storytelling. Explain what the story is about.

Visit www.zerotothree.org/BrainWonders for more information. BrainWonders is a joint project by BOSTON UNIVERSITY MEDICAL CENTER, ERIKSON INSTITUTE, and ZERO TO THREE.
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Source: BrainWonders & Sharing Books with Babies www.zerotothree.org/BrainWonders
This may be freely reproduced without permission for nonprofit, educational purposes. Reproduction for other uses requires express permission of ZERO TO THREE.
Cognitive Development (Presenter Copy)

0-15 min

Ice Breaker
Ask: If you cannot see something then how do you know it is there?
Answer is Object Permanence. Just because a toy is covered with a blanket there is an understanding that the toy still exists.

16-1:30 min

Discussion on Cognitive Development

What is Cognitive development?
Propose question to group before explaining.

Cognitive development encompasses development of intellect, memory, adaptation, and knowledge (Bornstein & Lamb, 2011). Cognitive development can be understood through an array of different approaches and theories.

Watch video:
The Growth of Knowledge: Crash Course Psychology #18
Tell participants if they want clarification on a topic or idea to call out pause. There will be a discussion after the video as well.
Topics covered in the video include:
Cognitive Development
Developmental Psychology
Maturation
Jean Piaget
Schemas
Assimilation
Accommodation
Four-stage Theory of Cognitive Development
  Sensorimotor Stage
    Object permanence
  Preoperational Stage
    Conservation
    Reversibility
    Theory of Mind
  Concrete operational Stage
  Formal Operational Stage
Vygotsky
Scaffolding
Cultural variations

https://www.youtube.com/watch?v=8nz2dtv--ok

Discuss interesting facts after the video.

Ask the participants to think about ways to enrich children's brains as they watch the video.

**Watch the “Saving Brain’s, A Grand Challenge” video by Dr. Mike Evans.**
https://www.youtube.com/watch?v=vw0TkwjipZU

Ask what did you find most interesting in the video?

Have participants share their ideas on "Play-based responsive stimulation".

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Dr. Mike Evans is an Associate Professor at the University of Toronto teaching Family Medicine and Public Health. He is also a staff physician at St. Michael's Hospital, and Director of the Health Design Lab at the Li Ka Shing Knowledge Institute of St. Michael’s Hospital.

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How do we stimulate Cognitive development?

Research suggests that when a child is placed in an environment with stimulating activities and curriculum; the child has positive developmental outcomes (Landry, Zucker, Taylor, Swank, Williams, Assel, & ... Klein, 2014).

Play-based preschool curriculum is supported as effective in the promotion of children's overall development (Hanline, 1999).
When children are playing they have a unique opportunity to express their emotions, problem solve, practice new skills, interact with the people around them, and understand the world they live in.

**Read Article: Promoting Cognitive Development Through Play**
By, Beth Vick

1:31- 1:55 **Open Discussion**

1:56- 2:00 **Fill Out Meeting Evaluation**

**References**


Promoting Cognitive Development (Participant Copy)

0-15 min

Ice Breaker
If you cannot see something, then how do you know it is there?

16-1:30 min

Discussion on Cognitive Development

What is Cognitive development and how do we understand it?
Watch Video: “The Growth of Knowledge: Crash Course Psychology #18” Use the handout provided to take notes.

Watch Video: “Saving Brain’s, A Grand Challenge” video by Dr. Mike Evans. https://www.youtube.com/watch?v=vwOTkwjjpZU

• What did you find most interesting in the video?
• What is something you learned that you did not know before?
• What is one thing you could think about or use as you work with the children you work with?

Dr. Mike Evans is an Associate Professor at the University of Toronto teaching Family Medicine and Public Health. He is also a staff physician at St. Michael’s Hospital, and Director of the Health Design Lab at the Li Ka Shing Knowledge Institute of St. Michael’s Hospital.

How do we stimulate cognitive development?
Read Article: Promoting Cognitive Development Through Play
By Beth Vick

1:31-1:55

Open Discussion

1:56-2:00

Fill Out Meeting Evaluation

References


Cognitive development refers to the way in which a child learns, solves problems, acquires knowledge about the surrounding environment and increases the ability to interact with it.

Children acquire different cognitive skills as they meet certain developmental milestones. As a parent, you can help your child improve cognitive development in memory, concentration, attention, perception, imagination and creativity with common items found around the house. The following items, and your imagination, can be used to create low cost, educational toys that your child will enjoy and promote all areas of cognitive development.

**Pots, pans and fitted lids**
Encourage your child to match the correct lid with pan, or put the pots and pans in order from small to large or large to small. Try putting a small toy on, in or behind the pans. Have a discussion with your child about where the toy is and the best way to find it.

**Sets of measuring spoons and cups**
Help your child sort sizes by putting one spoon or cup inside the other so that all fit together. Have your child identify corresponding sizes by putting the big spoon in the big cup, medium spoon in medium cup, etc.

**Mirror**
Have your child point to her eyes, nose, mouth, etc. Encourage her to play “hide and seek” with her reflection. This activity will help to develop your child’s self-image.

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Oatmeal containers with lids
Use as a shape sorter and cut shapes into the lid. Find common objects of various shapes and sizes that fit through the shapes in the lid. Stack the containers to create a tower or put a small toy in, on, behind or under the containers and help your child find the toy.

Frozen orange juice lids *make sure there are no sharp edges
Encourage your child to sort small and large lids separately into pie tins (or other receptacles). Cut a slit into the lid of an oatmeal container and let your child drop the lids through the slit. Stickers can be placed on the lids to promote picture identification and memory.

Muffin tins or egg cartons
Use beans, popcorn or buttons and sort by size, color or kind into each section of the tin or carton. Be sure to try this activity with older kids who will not eat the items as they may be a choking hazard.

Magazine pictures
With your child, sort different pictures into categories (what you eat, what you can wear). Show different pictures to your child and ask her to name the object, describe how it is used or tell you what color it is. You can also use the pictures to make a set of flashcards. Be sure you have two of each picture (or color). Have your child play a memory game by laying the cards face down on a surface. Have your child flip two cards face up over each turn. The object of the game is to turn over pairs of matching cards. If your child is older, use color words and a color card.

Clothing
Have your child match identical socks together. Ask your child appropriate questions about wearing clothes, i.e. “when do you wear a mitten?” Have your child match the item of clothing to where it is worn, i.e. a sock is worn on the foot, pants are worn on the legs.

Cookie cutters
Trace the outline of various shaped cutters with markers on paper. Have your child match the cookie cutter to the same outlined shape. Older children can trace around the cookie cutter on paper.

Scraps of material
Have your child describe different material textures (rough, smooth, bumpy, soft). You can also cut the material into shapes and have your child match according to shape, size and texture.

Retrieved from http://penfieldbuildingblocks.org/2013/12/promoting-cognitive-development-through-play/
Crash Course Key Terms
To be used with https://www.youtube.com/watch?v=8nz2dtv--ok

Cognitive Development
Developmental Psychology
Maturation
Jean Piaget
Schemas
Assimilation
Accommodation
Four-stage Theory of Cognitive Development
Sensorimotor Stage
Object permanence
Preoperational Stage
Conservation
Reversibility
Theory of Mind
Concrete operational Stage
Formal Operational Stage
Vygotsky
Scaffolding
Cultural variations

Created By Vanessa Marquis May 2016
Communication with Parents (Presenter Copy)

0-15 min

Ice Breaker
Ask: What are the different ways you communicate with parents?
Answers can include email, call, text message, and in-person conversation.

16-1:30 min

Discussion on Communication with Parents

Effective Communication through Listening
Active listening is an essential to having effective communication skills with parents (McNaughton, Hamlin, McCarthy, Head-Reeves, & Schreiner, 2008).

Watch Video: How to improve your listening skills (Accredited Skills, 2014).
https://www.youtube.com/watch?v=D6-MJeRr1e8
Ask: What are the 4 key skills to listening?
1. Focus fully on speaker
2. Avoid interrupting
3. Avoid seeming judgmental
4. Show your interest

Information parents want to know
Ask: What kinds of information do you typically relay to parents? Why?
Ask question to the group before responding.

According to the Infant/Toddler Environment Rating Scale (Harms, Cryer & Clifford, 2006) there are certain markers to be met that relate to in-home caregivers as well during the greeting and departing section in relation to communication with parents.

Indicators for an excellent rating.
1. The atmosphere is relaxed and friendly. There is time spent with both parent and child.
2. There is information exchanged between the parent and the staff. This can relate to activities enjoyed, care routines, and specific information.
3. There is a written record of the day given to parents.

Indicators for a good rating:

1. There is a pleasant and organized departure where everyone is greeted.
2. If there is a problem with separation, it is handled in a sensitive manner.
3. A written record of napping, feeding, and diapering given to parent.

Indicators for a minimal rating:

1. Information is shared between parent and staff that relates to the child’s health and safety. For example, how the child slept, any medications, needed, and injuries reported.

Turn to the examples for written record keeping.

**Read Article: Effective Communication With Parents**
Zero to Three: National Center for Infants, Toddlers, and Families

Read the article out loud and discuss content throughout.

1:31-1:55  **Open Discussion**

1:56-2:00  **Fill Out Meeting Evaluation**

**References**


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**Communication with Parents (Participant Copy)**

0-15 min  
**Ice Breaker**  
What are the different ways you communicate with parents?

16-1:30 min  
**Discussion on Communication with Parents**

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**Information parents want to know**
What kinds of information do you typically relay to parents? Why?

**Read Article: Effective Communication With Parents**
Zero to Three: National Center for Infants, Toddlers, and Families

1:31-1:55  
**Open Discussion**

1:56-2:00  
**Fill Out Meeting Evaluation**
References


<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 AM</td>
<td>Woke-up/Diaper Change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:30 AM</td>
<td>4oz bottle</td>
<td>1 banana</td>
<td>1/2c oatmeal</td>
<td></td>
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<tr>
<td>10:00 AM</td>
<td>Walked around the block</td>
<td></td>
<td></td>
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<tr>
<td>10:30 AM</td>
<td>Diaper Change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Fell asleep</td>
<td>11:10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12:00 PM</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12:30 PM</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1:00 PM</td>
<td>Woke-up/Dry Diaper: 1:15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:30 PM</td>
<td>6oz bottle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1/4 cup</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Broccoli 1/4 c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mashed Potatoes 1/4 c</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Applesauce</td>
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</tr>
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<td>2:00 PM</td>
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<td></td>
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<tr>
<td>2:30 PM</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3:00 PM</td>
<td>Diaper Change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Toddler/Preschool Daily Record

Breakfast: Good
Lunch: Great
Nap: 12:20-3:00
Snack: Poor
Notes: Loved going to the Park and playing on the slide. Complained about having a stomach ache after lunch, and did not eat much snack.

Effective Communication with Parents
Zero to Three: National Center for Infants, Toddlers, and Families

As a child care provider, you soon discover that parents and children are a two-for-one deal: Developing positive relationships with parents is critical to providing the best care possible to their children. But sometimes you already have a relationship with the child’s parents—they may be related to you, live in your neighborhood, or be friends or acquaintances. This can be a real benefit since you might already share an open, trusting relationship with the parents. But this familiarity can also raise some challenges when you are caring for their children.

Even when your relationship with a parent(s) is warm and positive, sharing the care of a young child often stirs up strong feelings. It isn't uncommon for parents, at one point or another, to feel a pang of fear that their child might grow to love her caregiver more. They may also worry, at times, that their child’s caregiver is better at parenting than they are. This may be more of a concern when the caregiver is someone the parent and child both know well—a relative, friend or neighbor. Here are two fairly typical experiences that come up when sharing the care:

Sarita got into her car, really angry. When she dropped off her 20-month-old, Malika, that morning, she mentioned to her friend, Angela (who cares for Malika), how impossible Malika has been in the mornings. She drags her feet, doesn't want to get dressed, pitches a fit about which outfit to wear—it's been practically impossible to get her out the door. Angela seemed really surprised. "Wow, she is an angel here. I tell her it's time to go out and she runs over to the coat hook, pulls down her coat, and puts it on. She is really cooperative." Sarita thought she'd be relieved to hear how well-behaved Malika was, but instead found herself wondering if this means she is not as good at caring for Malika.

Aldo stopped by his mother-in-law's house to pick up his toddler, Blanca. When he tells Blanca it is time to go home, she shouts, "No! Stay with Abuelita!" and goes to hide under the table. After calling to her, Aldo finally had to crawl under there and pull her out. Blanca was screaming the whole time. It was embarrassing, and made him feel like a bad father—like even his own child didn't want to be with him. His mother-in-law told him it was just because Blanca has a hard time making changes. But it still was a rotten way to end a long day.

Communicating With Parents: 3 Key Steps

When you have a challenging encounter with a parent, you can use the steps below to get things back on track in order to provide the best care for the child you all care so deeply about.
Step 1: Notice how you are feeling.
Tuning in to your feelings is very important. When you’re not aware of them, they often rear their ugly heads in ways that can interfere in building strong, positive relationships with parents.

*Adele watches her niece’s son, Eduardo, each day, which she really enjoys. But her niece, Tasha, is often late to pick him up and never calls. Adele is really frustrated and angry. She feels it’s very disrespectful and that she is being taken advantage of. When her niece does eventually show up, Adele is very abrupt and annoyed in her tone. The two adults barely communicate. Eduardo glances from one to the other and looks very tense. Tasha whisks him away and Eduardo doesn’t even say good-bye to his auntie whom he adores.*

Recognizing the impact on Eduardo, Adele decides to talk to Tasha about her feelings and to see about making a plan to help Tasha arrive on time, and at least to call to let Adele know she is running late. When Adele takes the approach of partnering with Tasha in solving the problem, versus blaming her, Tasha is open to discussing solutions.

Step 2: Look at the interaction from the child’s point of view.
Tuning in to the child’s experience can reduce tension and lead to joint problem-solving. Take the example of a child throwing a tantrum when his parent comes to pick him up. This situation can naturally make a parent feel incompetent and embarrassed. But if you look at it from the child’s point of view, you can reframe the issue in a way that doesn’t make the parent feel bad and that also helps him or her understand the complexity of the child’s behavior: “It seems like Stephanie is trying to tell you, I’m having so much fun with the dollhouse that I need a little time to adjust to the idea it’s time to leave for the day.”

In the cases where a child is more cooperative with you than the parent, again, help her see it from the child’s perspective: “Yes, Tony puts his coat on when I ask him to, but that’s because he knows I have to help the other kids too. Kids learn quickly that the rules and expectations at home and here can be different. He tells me all about how you make sure he is zipped up and how you always check that he has his hat. He talks about you all the time.”

Step 3: Partner with parents. Developing a plan together with parents on how to handle a child-rearing issue helps you move forward as partners, instead of competitors. For example, if you are trying to teach children not to hit when they are angry, but the parent hits her child to discipline her at home, you can:

*Use “I” statements:* I know we are both concerned about Erica hitting other kids when she’s here. I really work with the kids on finding other ways to show angry feelings. I don’t hit them because when adults hit children when they are angry, it teaches children to hit as well when they are mad.

*Ask for the parent’s perspective:* Clarify the parent’s feelings and beliefs on the issue. Ask questions to learn, not to pass judgment: “What are acceptable ways to you for Erica to express her angry feelings? What do you do at home? What do you find works? What doesn’t work? Would you be open to finding ways to discipline her other than hitting?”
Most important:

Look for a place to compromise. Ask the parent if he or she has ideas for next steps. What can the two of you agree on? What can you both work on? For example, “We both agree that Erica needs to find other ways to show her anger besides hitting. One strategy that seems to work here is to have her stomp her feet as hard as she can to get her mad out. Are you comfortable with that? I also tell her that if she needs a break, she can curl up on the couch with her teddy bear. Are these strategies you think you might want to try at home? (If not, ask the parent(s) what he or she would be comfortable with.)

Finally, don’t forget to check in. A relationship is a living thing that grows and changes over time. It’s important to check in with parents to see how things are going, how your agreed-upon plan is working, and where you might need to make some adjustments. Communication is the key to making any partnership work.

4 Keys to Listening to Improve Communication with Parents

1. Focus fully on speaker
   Make eye contact.
   Do not check your phone and avoid other distractions.
   Pay attention to their body language.

2. Avoid interrupting
   Let the person finish talking before you begin to speak.
   Close your mouth while you listen.
   Make notes during the conversation and continue to listen.

3. Avoid seeming judgmental
   This helps to relieve negative emotions.
   Set aside your judgements.

4. Show your interest
   Paraphrase what is being said to display understanding or gain new understanding.
   Ask open-ended questions.
   Have open and inviting body language.

References

Retrieved from URL: https://www.youtube.com/watch?v=D6-MleRr1e8

doi:10.1177/0271121407311241

Created by Vanessa Marquis 2016
Siblings (Presenter Copy)

0-15 min  
**Ice Breaker**  
How have your siblings influenced your life?  
Do you think your life would be different if you were an only child or had siblings? How so?

16-1:00 min  
**Discussion on Siblings and Socialization**  
Turn to “Sibling Benefit Package” Handout with notes  
Article “Communication Between Older & Younger Siblings”  
The Benefits of Mediation for Conflict Resolution with Siblings

1:01-1:45  
**Review of Previous Topics and Open Discussion**  
Revisit any topics that the participants want.

1:46-2:00  
**Fill Out Meeting Evaluation & Project Evaluation**

**References**


Siblings (Participant Copy)

0-15 min

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Do you think your life would be different if you were an only child or had siblings? How so?

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“Sibling Benefit Package” Handout
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1:01-1:45  Review of Previous Topics and Open Discussion
Revisit any topics that the participants want.

1:46-2:00  Fill Out Meeting Evaluation & Project Evaluation

References


Sibling Benefit Package

Being a sibling can have a variety of advantages. Below are some advantages of having a sibling broken into two sections. Please review the list and choose one advantage from each of the sections. Then think of experiences you have had personally or the children you work with have that exhibit the advantage.

According to Howe and Recchia (2014), sibling relationships provide a context for children to grow in four ways, emotionally, socially, morally and cognitively.

• Emotionally.
• Socially.
• Morally.
• Cognitively.

The context described by Howe and Recchia (2014) is a safe place to learn about conflict resolution, general interactions with others, regulation of both positive and negative emotions to be socially acceptable, and perspective taking.

• Conflict resolution.
• General interactions with others.
• Regulating your emotions.
• Perspective taking.

Kramer (2010) comprised an “emerging list of essential competencies for prosocial sibling relationship in Early Childhood.” Social and emotional understanding, perspective taking, regulation of emotions, and conflict management are on the list but have already been included into the package. Below are the remaining competencies on the list:

• Positive engagement
• Cohesion
• Shared experiences that build support
• Behavioral control
• Forming neutral or positive attributions
• Evaluating parental differential treatment practices

References

Siblings often use technology to communicate with each other.

Siblings spend more time with each other than with either parent alone. In fact, the sibling relationship is likely the longest relationship of all personal relationships. Communication professors Kimberly Jacobs and Alan Sillars report in the “Journal of Family Communication” that siblings who support each other are more likely to adjust to disruptions in the family structure in a positive manner. Siblings who regularly communicate provide each other support as allies given their uniquely shared experiences.

Arguments
Because sibling disagreements are inevitable, such experiences are instrumental in developing effective communication skills. Siblings need to learn how to negotiate and compromise on their own, and parents must resist the urge to intervene. Age differences often lead to arguments over privacy, and older siblings may accuse their younger sibling of invading their personal space. Sibling trust is directly related to sibling communication over personal boundaries and personal items; the older sibling is instrumental in this process.

Development
Siblings imitate each other, and younger siblings especially imitate their older ones. In fact, older siblings have a profound influence on the development of language and overall cognitive growth in the younger sibling. Communication may occur through parental interaction with the older sibling. For example, when an older sister is punished for breaking curfew, the younger sibling implicitly receives information about age-appropriate behaviors.
Experiences

Communication always occurs within a context. The shared experiences of siblings provide a seemingly endless array of environments to encounter communication styles. For example, when an older sibling has a history of deviant behavior, younger siblings may witness parent-child arguments. Or if a family visits an older sibling at college, the younger child may experience positive interactions. Over time, the varied experiences accumulate, creating shared communication patterns -- unique to the siblings.

Parents

Siblings and stepsiblings share at least one common element: parents. When siblings are engaged in positive conversation about their parents or conspiring to circumvent a rule, they are actively communicating. Older siblings often impart -- even if implicitly -- strategies to negotiate parental boundaries. The younger sibling is constantly learning problem-solving skills and appropriate behavior by witnessing punishment and praise bestowed on the older brother or sister.

References

Journal of Family Communication: Sibling Support During Post-Divorce Adjustment: An Idiographic Analysis of Support Forms, Functions and Relationship Types


Current Directions in Psychological Science: Siblings' Direct and Indirect Contributions to Child Development

Journal of Consulting and Clinical Psychology: Neighborhood Disadvantage Moderates Associations of Parenting and Older Sibling Problem Attitudes and Behavior with Conduct Disorders in African American Children

University of California, San Diego: Younger Siblings Get Snapshot of College Life as Part of Inaugural Siblings Weekend

Resources

Ohio State University: Older Children not Smarter Than Their Younger Sibs, Study Finds

Family Transitions; Edited by Philip A. Cowan and E. Mavis Hetherington

The Routledge Handbook of Family Communication; Edited by Anita L. Vangelisti

University of California, Berkeley: Siblings: How to Help them Be Friends Forever

About the Author

Dana Bagwell has worked in the research-and-development field for more than a decade. His work has covered gerontology, cognitive assessments, health education interventions, social science theory and research methods. Bagwell has also contributed to several scholarly publications, including "Experimental Aging Research" and "Clinical Interventions in Aging." He
The Benefits of Mediation for Conflict Resolution with Siblings

According to Smith and Ross (2007) parents who are trained to mediate sibling disputes have an influence on the way children negotiate and conflict understand.

The participants were 48 families of four consisting of married parents and two children in the home. The children ranged in age from 5 to nearly 11 years old. The group an equal amount of gender combinations within the participants. There was a comparison between families that were in the control group and families that received training in mediation.

Parents were taught a four stage mediation process in an hour and a half training in regards mediating conflicts between siblings. The four stages included:
1. Setting the rules and have the children consent to them.
2. Have each of the children give their description of what happened, and identify where the children agree or where there is a conflict.
3. Encourage the children to have a discussion on their goals and the way they feel about the issue.
4. Encourage a discussion between the children about how to resolve the conflict while helping them to check if the idea is acceptable.

Key points to successful sibling conflict resolution are as follows:
• Give the decision making power to the children in regards to the conflict.
• Do not intervening but help guide discussion. By not intervening way children learn the skills necessary to resolve the conflict independently.
• It is important to treat the children equally.
• Try not to take sides.

Some of the outcomes from the training included:
• The children engaged in more conflict resolution. The children who had parents that attended the work shop resolved 50 conflicts with guidance, while the control group children resolved 26 conflicts between siblings.
• 80% of the parents continue to use the knowledge and intend to in the future as well.
• There is an indication that the children had a better understanding of others perspectives.

Reference


Created by Vanessa Marquis June 2016
### Appendix C.
Project Evaluation Forms

#### Meeting Evaluations

<table>
<thead>
<tr>
<th>The presenter appeared knowledgeable about content</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The presenter was prepared for meeting (materials &amp; time)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I learned something new from the meeting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I feel inspired to try the new tools in my work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I feel supported by the presenter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I feel supported by the group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The format of the meeting</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your learning experience</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Usefulness of handouts</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Active involvement of participants in the learning experience</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Practical skills gained</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Timeliness of the presented materials</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Overall rating of meeting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Any additional comments about the meeting today?

Any suggestions about content for future meetings?
Final Project Evaluation

Please finish the following sentences:

I believe this in-home professional development support group helped me


If the group continued, I would like to revisit the following topics and go more in-depth


Something I really enjoyed about the group


Something I would change about the group


My favorite topic was ________________________________

because ________________________________


My least favorite topic was ________________________________

because ________________________________


Something that I learned


How did you apply the materials?


This is something I would pay for (True/False).
Appendix D.
Project Evaluation Participant Written Responses

Please finish the following sentences:

I believe this in-home professional development support group helped me ______
• understand the development of children and how to handle many issues.
• prepare and understand better of the child's development and how to better handle conflict in the in-home environment.

If the group continued, I would like to revisit the following topics and go more in-depth ______
• Communication. Especially with parents.
• I would say the Intro to Nanny. After the sessions and getting to know the other nannies there, I felt it would be nice to revisit the importance of being a nanny. It was refreshing to come every week and talk about the struggles we faced as nannies and get support, encouragement, and advise from other caregivers that go through the same. I would also love to revisit more in depth the Importance of Play and Social and Emotional Development because those, I believe, are so important together.

Something I really enjoyed about the group
• Just being able to talk through questions and problems we have.
• is the support and helpful advice we got from each other.

Something I would change about the group
• I wish more people came.
• would probably be for the sessions and meetings to not end. It definitely was something I feel a nanny would need in her life.

My favorite topic was _______ because _________________
• behavior management: I got a lot of good tips for handling problem behaviors.
• social and emotional development; it definitely has helped me understand the importance of this development in order to build strong relationships and how to handle conflict in life. If a child is not taught how to handle stress in conflict in relationships/life...it would be very hard to keep friendships or to not quit in something brings stress. It sets up a child for life.
My least favorite topic was _______

- I can't choose one. I loved it all.
- All of the topics were important in this course because it helped identify the areas that needed improvement or a change in the way we work in-home environments. Because of the different environment, nannies not only care the child but learn to manage the household and communications with parents.

Something that I learned

- mediation between siblings.
- was probably the importance the job of a nanny is and ALL that applies to working with children. There was a lot of things that were revisited but in depth and from a nanny's perspective and I think that learning everything from a nanny's perspective was so much more helpful. It made, not only me, but the other nannies feel supported and open to share their struggles. And Vanessa was so kind to help advise us with tools and techniques to handle the situation. She has also helped us understand the children and where they are developmentally. Which helps to see where the child needs help to grow and how, us nannies, can contribute into their growth.

How did you apply the materials?

- I am working on applying it to my children I work with.
- Much of what I learned in the materials was well-written and helpful for applying. Much of what I applied has helped me build a stronger relationship with the children and set boundaries and consistency in the in-home care environment. The application from the material has also helped me understand the child better at where they are at developmentally and how I can further work with them while in my care.

This is something I would pay for

- Yes
- Without a doubt, this is something every nanny needs!!
REFERENCES


Boston University Medical Center, Erikson Institute, and Zero to Three (2003). Early Literacy. Brain Wonders & Sharing Books with Babies www.zerotothree.org/BrainWonders.


