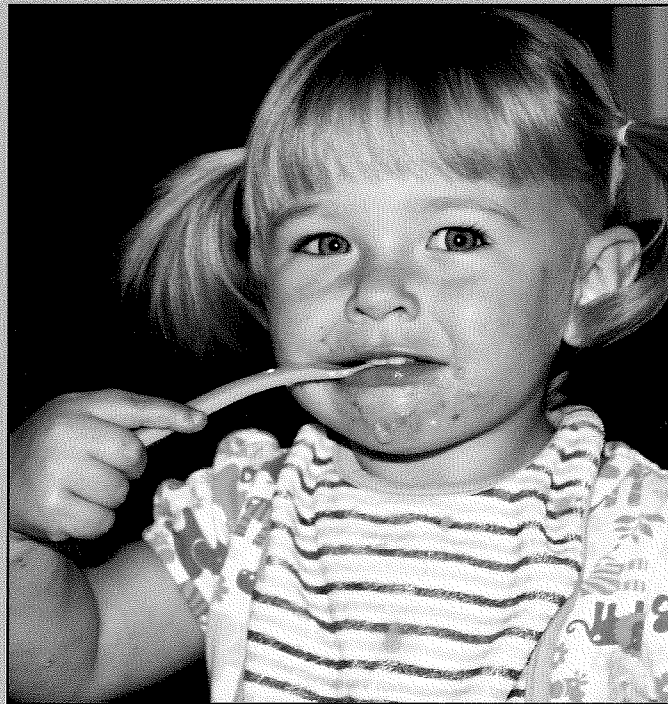




Making the Most of Caregiving Routines



HighScope Infant and Toddler Key Developmental Indicators (KDIs)

A. Approaches to Learning

1. **Initiative:** Children express initiative.
2. **Problem solving:** Children solve problems encountered in exploration and play.
3. **Self-help:** Children do things for themselves.

B. Social and Emotional Development

4. **Distinguishing self and others:** Children distinguish themselves from others.
5. **Attachment:** Children form an attachment to a primary caregiver.
6. **Relationships with adults:** Children build relationships with other adults.
7. **Relationships with peers:** Children build relationships with peers.
8. **Emotions:** Children express emotions.
9. **Empathy:** Children show empathy toward the feelings and needs of others.
10. **Playing with others:** Children play with others.
11. **Group participation:** Children participate in group routines.

C. Physical Development and Health

12. **Moving parts of the body:** Children move parts of the body (turning head, grasping, kicking).
13. **Moving the whole body:** Children move the whole body (rolling, crawling, cruising, walking, running, balancing).
14. **Moving with objects:** Children move with objects.
15. **Steady beat:** Children feel and experience steady beat.

D. Communication, Language, and Literacy

16. **Listening and responding:** Children listen and respond.
17. **Nonverbal communication:** Children communicate nonverbally.
18. **Two-way communication:** Children participate in two-way communication.
19. **Speaking:** Children speak.
20. **Exploring print:** Children explore picture books and magazines.
21. **Enjoying language:** Children enjoy stories, rhymes, and songs.

E. Cognitive Development

22. **Exploring objects:** Children explore objects with their hands, feet, mouth, eyes, ears, and nose.
23. **Object permanence:** Children discover object permanence.
24. **Exploring same and different:** Children explore and notice how things are the same or different.
25. **Exploring more:** Children experience "more."
26. **One-to-one correspondence:** Children experience one-to-one correspondence.
27. **Number:** Children experience the number of things.
28. **Locating objects:** Children explore and notice the location of objects.
29. **Filling and emptying:** Children fill and empty, put in and take out.
30. **Taking apart and putting together:** Children take things apart and fit them together.
31. **Seeing from different viewpoints:** Children observe people and things from various perspectives.
32. **Anticipating events:** Children anticipate familiar events.
33. **Time intervals:** Children notice the beginning and ending of time intervals.
34. **Speed:** Children experience "fast" and "slow."
35. **Cause and effect:** Children repeat an action to make something happen again, experience cause and effect.

F. Creative Arts

36. **Imitating and pretending:** Children imitate and pretend.
37. **Exploring art materials:** Children explore building and art materials.
38. **Identifying visual images:** Children respond to and identify pictures and photographs.
39. **Listening to music:** Children listen to music.
40. **Responding to music:** Children respond to music.
41. **Sounds:** Children explore and imitate sounds.
42. **Vocal pitch:** Children explore vocal pitch sounds.

Looking at Caregiving Routines Through the Lens of the Key Developmental Indicators (KDIs)

With a partner, decide which key developmental indicators (KDIs) are occurring in each caregiving routine. (See previous page for a list of the key developmental indicators .)

Feeding and Mealtime

1. Jenna sees a bottle in her provider's hand. She walks toward her provider, opening her mouth and smacking her lips.

KDI(s):

2. It's late afternoon. Danny's provider sets a basket of crackers on a low table. Danny "cruises" along the long side of the table, stands on his own, falls to his bottom, takes four scoots forward toward the crackers, and reaches out with his right arm.

KDI(s):

3. Daniel says, "Eat" when his provider asks, "Who's hungry?" He picks up a cup and brings it to his mouth. Then he turns to his friend, Mikko, and puts the cup up to Mikko's mouth.

KDI(s):

4. When Carlos's provider gives him half of a cracker, Carlos breaks it in half again so he can dip it in his yogurt.

KDI(s):

5. When Jessica spills her milk, Kate says, "I help" and grabs some napkins.

KDI(s):

Bodily Care

6. While changing Blake's diaper, his provider tells him he is dry. Blake repeats, "Dry."

KDI(s):

7. While Nicholas is on the changing table, he points to El's ear. (El is his provider.) El says, "Ear." Nick then puts a finger on his ear. Nick points to El's hair and El says, "Hair." Nick points to his hair. They continue this exchange through noses and fingers.

KDI(s):

8. After watching the provider put drops in two children's eyes for several days, Molly decides to give her baby doll "drops" with a baby bottle.

KDI(s):

9. As children are getting ready to go outside, Kate touches her coat and says, "Kate's coat."

KDI(s):

Napping

10. When he wakes up from his nap, Kyle looks at himself in the crib mirror.

KDI(s):

11. Grace is so tired at lunch time that after eating some spaghetti she leaves the table, goes directly to her nap mat, lies down, and falls immediately to sleep. Meanwhile the rest of the children continue eating, washing up, and playing before naptime.

KDI(s):

Caregiving Routine Reports

1. Circle your group's assigned caregiving routine: feeding and mealtime, bodily care routines, naptime.

2. Discuss the following questions and record your ideas on the chart paper provided. You may wish to consult the following pages to assist in your reports. Use newspaper and magazine pictures on the chart paper to illustrate your descriptions and interactions during the caregiving routine.
 - A. Describe the what, why, and where of your caregiving routine.

 - B. What do infants and toddlers do during this part of the day? (Remember that infants and toddlers are active learners who explore and play with all their senses and their whole body.)

 - C. What do providers do to support infants and toddlers during this part of the day?

3. Decide how your group will present to the whole group what children and providers do during your part of the caregiving routine.

Brief Description of Caregiving Routines for Infants and Toddlers

Feeding and Mealtime

- **What and why.** Babies' feedings and children's mealtimes go beyond fulfilling their basic need for nourishment. For infants, feedings and mealtimes provide close physical contact with an attentive adult. When the hunger cries of young infants are met with a full bottle and the comforting arms of a nurturing provider, infants are able to grow and thrive because they learn to trust the world as a place where people recognize and respond to their needs. For older infants, mealtime is a time to eat but also to explore new tastes, smells, and textures and to try out self-feeding with fingers, a spoon, and/or a cup. As toddlers eat, they usually enjoy interacting with others and being part of the mealtime conversation. They also continue to explore and try new foods and gain skill at feeding themselves. As infant educator Peter Mangione (1990) has said, "Young children are in the process of developing lifelong attitudes toward food and the experience of eating. In a relaxed setting they form positive attitudes and learn vital social skills" (p. 11). In short, feedings and mealtimes are social interludes based on eating and enjoying food.
- **Where.** Where a feeding or mealtime takes place depends on the stage of the child involved. A provider lovingly holds each child and attends to his or her bottle-feeding while sitting in some comfortable place. Some infants, content with this close contact and attention, focus intently on their bottle and provider with little or no regard for where they are and whatever is going on around them. Other infants, who are easily distracted and continually turn away from the bottle to watch other children and adults, may best be fed in a fairly secluded place.

Infants who are sitting and beginning to try out solid foods are generally propped up in some way while the provider offers food on a spoon. Older infants who are interested in picking up finger foods, guiding the spoon to their mouth, and exploring food with their hands usually sit on low chairs or on the floor to eat at low one-person tables. Toddlers eat together with their provider at the table. Both infants and toddlers enjoy mealtimes outdoors in pleasant weather.

Time for Bodily Care

- **What and why.** For infants and toddlers, the brief routines of bodily care — diaper changes, dressing, washing, and using the potty or toilet — occur frequently and fairly regularly throughout the day, generally every hour or so, depending on the age, health, and habits of the child. Diapering and bathroom times typically happen before and/or after eating and napping or whenever children are wet or soiled. At the most basic level, these routines promote cleanliness, physical comfort, and health by minimizing children’s exposure to infection and diaper rash, but they can also contribute to children’s emotional well being. Through the gentle, one-to-one interactions involved in bodily care, children have the opportunity to build trusting relationships with providers and a sense of security in the home setting. During the process of washing, diapering, dressing, and undressing, infants and toddlers also gain a sense of how their own bodies can bend and move. They eventually use this knowledge to accomplish such self-help tasks as holding and handing over their diaper or washcloth or pulling up and pulling down their own pants. They also learn that while these routines may often interrupt their exploration and play, they can almost always return fairly quickly to the situation they left.
- **Where.** In a home setting, bodily care consistently takes place at the diapering table and bathroom areas. To support the development of children’s self-help skills and their “me-do-it” approach to life, there should be steps or stools leading up to the changing table, sinks, toilets, faucets, soap dispensers, and towels.

Naptime

- **What and why.** Naptime in family child care homes serving infants and toddlers occurs on demand when children tire, as well as during regularly scheduled parts of the day. Naps provide the sleep and rest that are necessary to children's growth and development. Physiologically, sleep permits the brain to work at consolidating the maturational changes of the central nervous system (Kagan, Kearsley, & Zelazo, 1978). Like older people, tired children are often cranky and irritable; sleep helps restore their good nature. It also provides a quiet retreat from the intensely social demands of the day. In short, napping allows children to reenergize physically and emotionally for the next part of the day.
- **Where.** Although an infant or toddler may fall asleep anywhere in the home — in a provider's arms, in the cozy armchair — providers usually move the child to complete the nap in a cradle, crib, cot, or bed. In a home setting, this practice frees providers to attend to other wakeful children, protects sleeping children from being stepped on by peers at play, and consistently provides each child with a personal, familiar sleeping place.

References:

- Kagan, Jerome, Kearsley, Richard B., & Zelazo, Philip R. (1978). *Infancy: Its place in human development*. Cambridge: Harvard University Press.
- Mangione, Peter L. (1990). *It's not just routine: Feeding, diapering, and napping infants and toddlers* [child care video magazine]. Sacramento, CA: California Department of Education.

What Children and Providers Do During Caregiving Routines

Feeding and Mealtime

Children:

During feeding times young infants enjoy a bottle while being held by the provider. While satisfying their hunger, they may pause from time to time to gaze at something that catches their attention — the provider's face, another child, the movement of a curtain. In the security of their provider's arms, bottle-feeding infants are free to set their own pace, dividing their energies between drinking and examining the world through their eyes.

Older infants bring new physical skills to eating. They can sit unassisted, so they have greater control of their arms and hands and can easily put things in their mouths! They use mealtime for problem solving, exploring, and developing physical skills as well as for nourishment. Toddlers continue to explore food and materials during mealtime. They also tend to enjoy socializing and interacting with others as they eat.

As providers become accustomed to the exploratory feeding and mealtime practices of infants and toddlers, they find, much to their relief, that most children also do actually *eat* their food — in adequate quantities and at a pace that meets their personal needs — and thus they receive the benefits of good nutrition. At the same time, providers know that fingering food and dribbling milk are normal behaviors at feeding or mealtime in an infant-toddler care setting. Infants and toddlers do not refrain from active learning as they eat. They simply transfer their attention and actions to things edible! While they are not yet ready to practice formal table manners, they do engage in an experience that eventually leads to manners — the pleasure of eating and conversing in a warm, supportive setting.

Providers:

During feeding or mealtime, caregivers provide a pleasant, relaxed atmosphere so children can eat and enjoy their food in the company of others. The following strategies help them carry out this role:

- Hold and pay close attention to the bottle-feeding infant.
- Support the older infant's interest in feeding himself or herself.
- Join toddlers at the table during meals.
- Include older toddlers in mealtime setup and cleanup.

Bodily Care**Children:**

As adults help younger children with their bodily care routines, the children will continue to explore, play, fuss, babble, talk, cling, laugh, giggle, wiggle, drop things on the floor, ask questions, grumble, put things in their mouth, cry, or smile. In other words, they remain sensory-motor learners even when engaged in an activity that is largely adult-controlled. As they grow from infants to toddlers, however, children can begin to take an increasingly active role in their own care routines.

Nonmobile infants are apt to lie fairly still for the diapering and washing process. As they lie there, they are often content to simply gaze at their provider's face or some nearby interesting object. They may also smile, imitate simple sounds the provider makes, grasp her finger, or hold some easily grasped object, such as a rattle or a small wooden spoon.

Enjoying their newfound mobility, older infants tend to move around a lot during their bodily care routines. They may roll back and forth, kick their legs, or put their toes in their mouth. They may reach for and try to grasp their provider's hair, glasses, or shirt — or any appealing thing within reach. Given a clean washcloth or a clean diaper to hold, an older infant may drop it over his or her own face, then pull it away, initiating a game of peek-a-boo.

By the time they can walk, young toddlers often actively resist the idea of lying still on their back for any length of time, especially just for a diaper change! Climbing up and down the steps of the changing table seems to make up for some of this temporary constraint. To have *some* control over their own diapering-washing-dressing process, young toddlers need to take as much action on their own behalf as possible — using their own washcloth or towel and picking out which diaper, diaper cover, or clean clothing to wear. They enjoy communicating in a give-and-take manner and playing hiding games.

Older toddlers are quite involved in their own bodily care routines and often refuse help: “Me do it!” They can take off their own diapers, shoes, socks, pants, and shirt; wash their own hands and face by themselves at the sink; and fetch their own clean clothes and diapers. Toward the end of their second year, many older toddlers take an interest in sitting on the potty or toilet and passing the time there with an interesting picture book or magazine.

Providers:

While going through the routines of children’s bodily care, providers try to share control with children as much as possible by following child cues and finding ways for the infant or toddler to take an active part in the task at hand. The following specific strategies are helpful in carrying out this role:

- Fit bodily care around the child’s exploration and play.
- Focus on the child at hand during the care routine.
- Give the child choices about parts of the routine.
- Encourage the child to do things independently.

Naptime

Children:

For the most part, children fall asleep at naptime. And if they do not sleep, they rest. Most infants take from two to three sleeping naps a day, whereas for older toddlers, one nap after lunch generally is enough. While most toddlers take either a long or a short sleeping nap, some get the rest they need by lying awake on their cots for some or all of their naptime, looking at books or busying themselves quietly with some chosen plaything.

Providers:

Providers respect and accommodate each child's need to sleep or rest when tired and to wake up on his or her own when rested. They use these specific strategies in doing so:

- Schedule naptime around each child's individual needs.
- Help children settle down to nap.
- Provide quiet alternatives for nonsleepers.
- Provide for children's various styles of waking up.

Supportive Adult-Child Interactions: A Summary

Create a climate of trust for children.

- Touch, hold, speak to, and play with children in a warm, unhurried manner.
- Take pleasure in your interactions with children.
- Respond supportively to children's needs and attention-getting signals.
- Give children time to interact and respond in their own way.
- Support children's relationships with peers and other adults.

Form partnerships with children.

- Interact at the child's physical level.
- Respect children's preferences and temperaments.
- Follow children's leads.
- Watch and listen to children.
- Communicate and converse in a give-and-take manner.
- Make comments and acknowledgments.
- Look at children's actions from their viewpoint.
- Give children choices when they have to do something.

Support children's intentions.

- Focus on children's strengths and interests.
- Anticipate children's explorations.
- Encourage and acknowledge children's choices in exploration and play.
- Help children achieve what they set out to do.
- Give children time to solve problems they encounter with materials in exploration and play.
- Support toddlers in resolving social conflicts.

Establishing Naptime Rituals

- ◆ A ritual is something special that the parent and child, and/or provider and child, do the same way each day. Rituals are faithfully followed so the child can depend on them. Examples of rituals might be when a provider holds, rocks, and talks with a child when she arrives every morning or when a provider reads two books right before children's naptime.
- ◆ Naptime and bedtime can be scary.
- ◆ When we establish the same routine and mini-rituals with children, they begin to trust those times and their feelings of fear, anxiety, and insecurity lessen.
- ◆ Infants and toddlers come to depend on these routines and special rituals, gaining confidence when they can predict what will happen next.
- ◆ When we establish a predictable routine, it lessens frustration, conflicts, and power struggles. For example, children know that at naptime they will get their pacifier and a blanket, lie on their bed or cot, and listen as an adult reads them the same two books. After this ritual it is time for sleep. Children come to rely on such routines. Once the routine is established, the provider can adjust the ritual, for example, by reading different books or reading just one book before children go to sleep.
- ◆ Naptime provides another time to establish tender moments and closeness that the child can depend on.

Ideas for Setting Rituals for Naptime and Other Parts of the Day

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