Understanding Infant and Toddler Development*

Introduction

Hi, my name is Eva. In this course, we are going to focus on child development from birth to 36 months of age. During this course, we will provide you with ideas for helping caregivers understand why specific licensing criteria were created and how they can use best practices to encourage children’s development in a variety of areas. Remember that few children follow stages of development exactly as described. Some develop faster and others slower. Stages of development may overlap, with children learning new behaviors while continuing old ones. Development is a complex process that unfolds throughout an individual’s lifetime.

Learning Objectives

Before we begin, let’s take a moment to review the learning objectives for this course. Once you have completed this course, you will be able to

- Describe why it is important for everyone involved in their care to study infant and toddler development,
- Explain how the brain develops during infancy and toddlerhood, and offer suggestions for ways caregivers can promote healthy brain development,
- List and describe the three domains of development,
- Discuss with caregivers the importance of various licensing standards that relate to growth and development, and
- Help caregivers implement developmentally appropriate activities that facilitate development in each of the domains.

Why Should Licensing Staff Study Infant/Toddler Development?

Very young children require specialized care in order to successfully grow and develop. The infant and toddler years are the most important in terms of rate of growth and in laying foundations for the rest of life’s development. In these first years of life, development is proceeding at an extremely rapid pace, exceeding that of any subsequent stage of life (National Research Council and Institute of Medicine, 2000). The brain is
growing and changing at an incredible rate, and brain connections being formed or strengthened will impact growth and development for the rest of life.

During this time, children acquire the ability to think, speak, learn and reason. Experiences and relationships in these first years influence the actual physical architecture of the brain, literally shaping the infant’s or toddler’s neural connections (National Scientific Council on the Developing Child, 2005).

Licensing staff need to understand the unique aspects of caring for infants and toddlers in order to help caregivers ensure that care is appropriate and in the best interest of these very young children. Like all children, very young children need to have their physical, cognitive, and social emotional needs met. These areas of development are interrelated and impossible to separate from one another. Infants and toddlers develop in very different ways from older children and it is important that everyone involved in their care understand that it should not simply be a scaled-down version of the care that’s appropriate for preschoolers. Just as 4-year-olds have different needs than 8-year-olds, infants and toddlers have different needs than 4 and 5-year-olds.

Every child is different. Two children born on the same day grow at different rates and in different ways. Children may be different from one another in many ways and for many reasons. Some children are born with brown eyes, while others are born with blue eyes. Some children may have long fingers and toes, while others have shorter digits. These are inborn, biological characteristics, nature, which make children different. Other differences develop based on a child’s environment, or the world around her. This includes differences in mothers’ diets during pregnancy, the healthcare children receive, how much parents talk to their children, and many more experiences, nurture. No one knows which is more important - heredity or environment; both play a part in making each child an individual.

Research indicates that the first three years of life are crucial to the physical, social, emotional, and intellectual development of a child. It is during these first years that children lay the foundation for future relationships, begin building brain structures that will support learning, and develop the physical abilities that are needed for mobility and independence throughout life.

Studying development can make it easier to identify and understand children’s unique developmental patterns and needs which are essential to creating experiences and environments that stimulate growth in all areas. As a licensing professional, your knowledge of development will help you guide childcare providers as they create experiences and activities for these youngest of children. For the rest of this course, we will specifically discuss the development of infants and toddlers so we can enable you to coach caregivers to meet their unique care needs.

Why are ratios important?
Texas' minimum standards for child care facilities are very specific about acceptable ratios of children in relationship to one another and in relationship to caregivers. At times you may encounter caregivers who wonder why this is important. If so, you might want to share the following information with them.

Having fewer young children in each provider’s care allows providers to more quickly respond to each child’s needs. Infants have a very limited capacity to express their needs and rely on the adults in their lives to respond quickly and correctly to their signals. If expressions of need are met quickly and with a warm response, children come to know that the world is a safe place, that adults will care for them, and that they can trust the world. In turn, this allows children to explore more freely, knowing that they have a safe retreat. The importance of this type of care, often called warm, responsive care, cannot be overstated.

Total group sizes are also smaller when caring for infants and toddlers than when caring for preschoolers or school-age children. In addition to having fewer children per adult, it is important that infants and toddlers are in smaller groups. This allows caregivers to come to know each child well on an individual basis, to individualize schedules and feedings based on children’s needs, and to create learning experiences tailored for each child. Before approximately 3 years old, children may play near one another, but they still typically play alone. Infants and toddlers are not yet ready for true group activities. By having a smaller group size, the curriculum can be completely individualized for each child.

**Brain Development**

The brain is a marvelous machine that needs to be stimulated in order to grow to its full potential. We know that by age 3, about 85 percent of the brain's core structure is wired, so the first three years of a child’s life are very important for the developing brain (AgriLIFE Extension, 2008).

The typical brain cell is called a neuron, and it has three basic parts: cell body, axon, and dendrites. The axon is a long rope-like structure that sends information to other cells while the dendrites receive information from other cells. (Sousa, 2006) During early brain development, brain cells connect to one another, creating pathways of communication. These connections form between the dendrite of one cell and the axon of another. Brain development is a very complex process, because each cell has the ability to connect with many other cells at once.

Connections between brain cells form when information, in the form of electrical signals, is passed from one cell to another. To a certain extent, these connections do not form by themselves. While the core connections between different regions of the brain are formed based on genetic characteristics, the fine tuning of brain development requires a little something extra. This something extra, called a “stimulus”, comes from the experiences a
baby has in the world around him. Generally speaking, a stimulus involves one or more of the five senses: hearing, smelling, seeing, feeling, and tasting. Sensory experiences cause neurons in the specific regions of the brain to “fire”, or send out electrical signals. These signals are received by other cells, and connections are formed.

Research tells us that certain areas of the brain must receive stimuli within specific time frames in order to build important connections. The timing of these windows varies from child to child, and for different skills. Children who do not receive appropriate stimuli during these time frames can have skill deficits throughout life. These time frames are called critical periods. Whether or not an infant’s or toddler’s age matches the average critical period for a skill or ability, he can benefit from stimuli related to that area.

Over time, some connections between neurons are used more often than others. Connections which are used regularly tend to become stronger over time, while connections which are not used tend to be “pruned”, or cut off. Pruning may sound like a harsh process, but it actually allows the exchange of information between brain cells to become more efficient. Without pruning, basic functions like seeing, moving, and thinking would be more difficult for the brain to carry out.

Since the connections used most frequently become the strongest, it is important for caregivers to provide stimuli for infants which keep all the important connections in the brain active. Every experience, from seeing movement and tasting a new food, to hearing words spoken, singing, or instrumental music, provides a stimulus which strengthens certain connections between neurons. A variety of positive sensory experiences, in the context of warm, responsive relationships with caregivers, promote the best possible brain development for infants and toddlers.

Technical assistance information in the Texas licensing standards for child care providers states that young children’s learning results from their own thoughts as well as their experiences and interactions. This information also advises those planning curriculum for young children to “keep in mind the diverse and ever-changing developmental needs of children, the abilities and interests of the children in the group, and the importance of children’s play in developing physically, emotionally, intellectually, and socially.” These suggestions are intended to guide caregivers to provide the type of care that promotes optimal brain development, as well as development in each key domain.

In the next section, we will define the three domains of development which will serve as the framework for the rest of our discussion of development in this course.

**Domains of Development**

As the brain grows, infants and toddlers acquire all sorts of new abilities, from walking to talking, and from empathy to reasoning skills. Children develop in three primary areas called domains. They are the physical domain, the cognitive domain, and the social emotional domain. The Minimum Standards note that children need various activities in
order to meet their needs in all of these domains, and that children need a variety of activities daily, including: outdoor play in which children make use of both small and large muscles, a balance of active and quiet play, group and individual activities, and both child-initiated and caregiver-initiated activities.

The domains of development can be a useful tool for thinking about the importance of various activities for infants and toddlers. In this section, we will discuss each of the domains in greater detail so you can familiarize yourself with these concepts which will be incorporated throughout the rest of this course. Many providers will already be familiar with the domains of development, so this might be one framework to use when making suggestions or discussing concerns about a program of care.

The physical domain, as you might expect, involves things such as body weight, height, and overall health of a child. It also includes gross motor skills, such as sitting upright, crawling, pulling up, and walking and running. Fine motor skills are also part of the physical domain and include such processes as a very young child progressing from random hand movements to deliberate, grasping objects, hand-eye coordination, using a pincer grip, pulling, holding, and moving on to self-feeding.

The cognitive domain, also known as the thinking domain, refers to how an individual thinks and learns. Language development, reasoning skills, and problem-solving are all a part of this domain.

The last domain is social emotional. This domain includes the ability to create and maintain relationships, and the ability to experience and regulate emotions. Development in this domain relies heavily on responsive relationships with adult caregivers, which set the stage for healthy development. Research shows that warm, responsive, supportive relationships have a tangible, long-term influence on children’s healthy development. These relationships contribute to optimal cognitive and social emotional development for infants and toddlers.

We will discuss each of the domains of development and things you can encourage providers to do to promote each one in greater detail shortly, but first, let’s discuss some general principles of development.

**Developmental milestones**

Standards require caregivers to provide planned activities designed to meet the individual needs and developmental level of each child. As a licensing professional, you must understand the typical pattern of development throughout infancy and toddlerhood in order to ensure that this standard is met.

As we explore the patterns of typical development, we will discuss developmental milestones for each domain of development. Developmental milestones are various things that children typically do within approximate age ranges. It might help to think of
developmental milestones as a general road map of development. However, we must use extreme caution when talking about specific ages at which children should be exhibiting certain behaviors, because there is a very broad range of typical development. Each child develops skills and abilities at different rates due to differences in environments, genetics, opportunities, and cultures. It is not uncommon for children to reach milestones before or after the average age. While chronological age can be helpful in determining a child’s needs or potential capabilities, it is important that you, and the providers you work with, respect each child’s unique pattern of development to avoid creating unrealistic expectations for a child or group of children.

The Course of Development

While each child develops differently, there are some common themes in development that can enhance understanding of developmental patterns for all adults who contribute to a child’s care. Here are some major principles to guide your thinking about infant and toddler development. It might be useful to share these ideas with the caregivers you work with, particularly if they need guidance related to appropriate expectations and experiences for very young children.

Development in one area usually brings development in another area, but development in one area may be faster than in another. For example, physical development may be faster than cognitive or social development, but the physical milestone of becoming mobile might allow a child to interact with others or to explore her environment in new ways, contributing to development in the cognitive and social domains. Interaction between the areas of development is continuous, so that a delay in one area may cause a spurt or delay in another area.

A child’s growth and development depends both on nature and nurture. There are certain genetic aspects, particularly of physical growth, that will be little impacted by the environment. For instance, a child born to very tall parents will likely have the genetic material to allow her to also be a very tall person. However, even that can be impacted by nurture. If good nutrition is lacking, that child may never reach her potential height, though she may still be taller than same-age, same-sex peers. A child who is born with Down Syndrome, a genetic condition, will have certain syndrome-related characteristics and limitations. Nurture also plays a role, though, because we know that those children with Down’s who are given every opportunity can far surpass others who have limited experiences or who have a less healthy, or less nurturing environment.

Other types of growth and development may appear to be more dependent on nurture than nature. Social emotional development, for example, is impacted in clear and obvious ways if a child’s needs in that domain are neglected. However, some areas of social emotional growth, such as a child’s temperament, are biological, or dependent on nature. The answer to the age-old question of whether nature or nurture is primarily responsible
for children's development is that they are both important and interact in determining children's outcomes.

Development is gradual and continuous. Children do not learn how to talk overnight, for example. They have to hear sounds, try making their own sounds, match sounds to names of things, and so forth. Although it may look as though children are growing in spurts, their growth is actually ongoing.

Children develop in a sequence. There are two terms used to describe the sequence of children’s growth and development. These two terms are cephalocaudal development and proximodistal development. Cephalocaudal development refers to the fact that children develop from top to bottom. We learn to control our heads before our trunks, and trunks before our legs. Proximodistal development refers to the fact that children develop from the inside out. We control our trunk and then our arms, hands, and fingers. These principles can help you see, based on a child’s current level of development, which milestones he has probably already reached, and what might be next in his developmental trajectory.

Development occurs in patterns. Patterns are the process by which actions become organized. For example, babies are organizing their eye movement with their hand movement when they look at what they are holding. Still, it might be several months before their eyes and hands work together efficiently.

Another natural aspect of development is that it is uneven and fluctuating. Babies sometimes begin to learn one skill and then slow that development while concentrating on another. A baby may spend time creeping and then appear ready to crawl, but then slow that behavior in order to work on grasping objects. This is not usually a cause for concern, but simply an indicator that the child’s developmental focus has shifted.

Development goes from general to specific responses. For example, babies learn to move their whole bodies before they can control their arms or legs.

Babies are born with certain tendencies in personality and development, called temperament. Some babies are quiet and want to sleep all the time. Others are demanding and physically active. Rather than pushing babies into doing things, parents and caregivers can recognize and adapt to the baby’s temperament.

Now that we have a good grasp on how development occurs in general, let’s examine infant and toddler development in each of the domains – physical, cognitive, and social emotional – in greater detail, and see some suggestions for ways caregivers can promote children’s healthy development in each area.

**Physical Development Defined**
Child development expert Dr. Laura Berk defines physical development as, “Changes in body size, shape, appearance, functioning of body systems, perceptual and motor capacities, and physical health.” When a baby is born, his internal systems, such as breathing and eating, are already functional. However, infants need proper nutrition, appropriately stimulating environments, and lots of care from loving adults for the best possible physical development to take place. Physical development is rapid in infancy and toddlerhood. Let’s take a closer look at physical development in each of these stages.

**Infant Physical Development**

Most of a child’s basic physical milestones are achieved during the first year and a half of life. During these months, growth and development take place in many important ways. Here are some examples:

- **Weight.** At birth, the average weight of a full-term infant ranges from 5¾ to 10 pounds. By the end of the first year, the weight of the infant may have tripled.

- **Height.** At birth, the average length of a full-term infant ranges from 18 to 22 inches. The average length of a newborn is about 20 inches. By the end of the first year, the baby’s length increases by about 50 percent.

- **Teeth.** At birth, all 20 baby teeth and a few permanent teeth are developing. The first tooth, usually a lower front one, generally makes an appearance around 7 months. By 15 months, additional teeth erupt, making chewing easier.

- **Vision.** Infants are able to see light, dark, and color from birth. A newborn sees objects best if they are between 8 and 12 inches away. In the months ahead, the infant gains the ability to see detail in his environment.

- **Taste.** The sense of taste is present at birth and develops quickly. Within two weeks, the infant learns to tell the difference between sweet and bitter. During the first year, the number of taste buds increases. By 14 months, the infant can have specific likes and dislikes related to foods and their flavors.

- **Smell.** The sense of smell is present at birth. Infants can identify people by their odors. The infant begins to identify and have preferences for smells as the months pass.

- **Hearing.** Infants can hear before birth. Sounds heard in the womb are the mother’s voice, heartbeat, and digestive noises. After birth, infants tend to prefer low frequency, rhythmic sounds such as humming or gentle singing. By 3 weeks of age, infants recognize that voices go with particular people. By 5 months, infants can distinguish between the lower voice of a father and the higher voice of a mother.
Reflexes. Infants are born with certain behaviors called reflexes. Most reflexes disappear between 3 and 6 months. The most important of these reflexes are associated with breathing and feeding. Sneezing, coughing, yawning, or short quick breaths can be a reflex reaction that the infant uses to increase the oxygen content in the blood or to clear breathing passages. Rooting, or moving the head when the cheek is touched, and sucking are ways that the infant has of searching for food. In the early weeks after birth, crying is a reflex that alerts caregivers to unmet needs infants may have.

The following video shows an infant demonstrating an emerging set of physical capabilities.

[VIDEO: INFANT CRAWLING]

Suggested Activities to Promote Infant Physical Development

Licensing standards recognize the importance of making certain that infants and toddlers have good opportunities for physical growth and development. The Minimum Standards state that infants should have:

- Daily opportunities for outdoor play, as weather permits,
- Opportunities to explore outside the crib, or other confining equipment, multiple times each day,
- Opportunities for reaching, grasping, pulling up, creeping, crawling, and walking in a safe, clean, uncluttered area,
- Opportunities for visual stimulation through nonverbal communication,
- Opportunities for auditory stimulation,
- Opportunities for sensory stimulation,
- Opportunities for small-muscle development, and
- Opportunities for large muscle development.

As babies grow, they learn about their environments through their movements. Kicking, flailing, pulling, reaching, and grasping are all actions that help infants interact with the world. The ability to move is dependent upon muscle growth, and muscles take time to develop.

Throughout infancy, children gain large and small motor skills. They master the use of large motor muscles, such as quadriceps and biceps, first, and then smaller motor skills develop. Rolling, crawling, and creeping occur as infants develop skill in using large muscles. Grasping and picking up objects are signs of small muscle skill growth.
Motor skills allow children to move and behave independently. This independent movement allows babies to seek out adults for interactions. As their motor skills improve, for instance then they begin to point or start to reach for things they want, their communication with the adults around them is improved. Encourage caregivers to respond to infants’ skill development, and the joy infants express through laughing and babbling while they use those skills, by smiling, laughing, talking pleasantly, and making eye contact. This kind of behavior helps motivate the infant to continue developing her emerging motor skills. Also, it can benefit the child’s social emotional development at the same time, which goes back to our earlier assertion that the domains of development are interrelated.

To encourage physical growth from birth to 4 months old, help providers understand the importance of engaging in many interactions with infants throughout the day. It is important that children spend very little of their waking time in confined spaces such as cribs, swings, or seats. Remind caregivers to provide supervised “tummy time” for each infant while he is awake. Tummy time is a brief period each day in which the child lays on his stomach while interacting with a caregiver, which helps strengthen the neck and upper body muscles. Providers might need help coming up with ideas for tummy time activities. Suggest that an adult lie on her own stomach, face-to-face with the infant, and make funny faces, sing to him, or talk to him. These activities help motivate an infant to use his muscles and increase the strength in his neck and upper body.

Around the age of 6 months, most infants will begin eating semi-solid foods. The decisions on when to start solid foods, which ones to introduce, and in what order are decisions that will be made by the parents, with their doctor’s guidance. Let providers know that this very important set of decisions can have medical ramifications for the child, and they should avoid offering advice on this topic. Remind caregivers that all infants, including babies eating semi-solid foods, should be fed on demand. This means feeding each child on her own natural, biological schedule, instead of having enforced meal and snack times. Infants around this age are likely to begin self-regulating and as they do, their mealtimes will become more predictable.

Infants 6 to 8 months old are very active. They love to put things into their mouths, "talk," interact with adults in their environment, and play by themselves for short periods of time. Infants are primarily developing larger muscles at this age. There are many activities you can suggest to caregivers to encourage this large muscle growth. For infants who are reaching for things, an adult can move a favorite toy just out of the child’s reach and encourage him to grab it. This is a particularly fun activity for tummy time. However, as with all activities for infants, the provider should end this activity if the child becomes particularly frustrated or loses interest.

The increased attention span of these older infants allows for several new skills to be exhibited. Around 7 months, children will begin to imitate sounds and simple actions, such as clapping. They enjoy the action of banging things together, and the noise it makes. They are becoming increasingly independent and enjoy doing things on their own. They may also become frustrated when their actions do not work out the way they want.
Between 8 and 12 months, infants are getting ready to walk and talk. Because each infant develops at a unique rate, some babies may walk at nine months while others may not start walking until well after the first birthday. Help caregivers look for ways to support growth at this age through games. Caregivers should regularly be engaged in such activities as stacking blocks, or hiding a doll behind another toy for the child to find.

Once an infant has started walking, she has reached the transition into toddlerhood. In the next section, we will discuss how physical development progresses for toddlers and what you can encourage providers to do to make the most of this important developmental period.

**Toddler Physical Development**

While physical development during the toddler stage is slower than during infancy, it is still continuing at a rapid pace. Toddlers are building strength and fine motor skills, and are eager to help with daily tasks. They are gaining weight and height and assuming a more erect posture. They are beginning to look less top-heavy, less like babies and more like young children. Body movements tend to be stable and controlled. Most of their teeth have now erupted and the brain is now about 80 percent of the adult brain size. Many are doing more complicated physical tasks, such as riding a tricycle and dressing themselves.

Here are some characteristics of the average toddler:

- **Height and Weight.** An average 2-year-old is 32 inches tall and weighs 28 pounds. Height ranges from about 31½ to 36 inches, and weight from about 23½ to 35 pounds.

- **Teeth.** Most baby teeth are cut during the toddler years. Although these will later be replaced by permanent teeth, caring for baby teeth is important. These teeth are needed for chewing, speaking, and holding space in the child’s mouth for permanent teeth.

- **Hand Preference.** Most toddlers use their right and left hands for equal amounts of time. Some toddlers have a preference for one hand. If a toddler uses one hand more than the other, let caregivers know this preference should be allowed. The transition to preferring one hand much more than the other usually occurs during the third year.

- **Self-Feeding.** Toddlers are continuing to self-feed and are now using some utensils. Most will have good control of a cup.

- **Helps with Dressing.** Toddlers are eager to be independent and will often try to wash themselves or help with dressing. They will lift arms to put on sleeves, and lift feet for socks and shoes.
• Toilet Training. Toilet training usually begins around age 2. It has been said that girls are easier to train than boys, but in fact, girls are simply ready sooner, though this may not be true for all girls. Toilet training is more successful when started around 18 to 24 months of age, because, before this age the toddler’s muscles are not ready to function in retaining and releasing when the toddler desires. Bowel control usually comes before bladder control. Bladder control develops in three stages: First, children become aware that they have urinated or wet themselves. Second, they become aware that they are wetting. Finally, they become aware that they are about to wet. For best results, toilet training methods at home and in child care need to be consistent. Encourage providers to work closely with families to ensure consistency of positive techniques for toilet training. Children should never be teased or humiliated during the toilet training process.

Suggested Activities to Promote Toddler Physical Development

Licensing standards make the same recommendations for a variety of activities for toddlers as they recommend for infants.

As we mentioned before, toddlers enjoy using their developing fine and large motor skills to help with day-to-day tasks. Sometimes this help makes the task take longer than it would if the adult were to simply do the task alone. However, it is critical that you talk to caregivers about the many benefits of letting toddlers participate in tasks to the greatest extent possible. For instance, toddlers will increase their skill levels by repetition of a given task. As they have success, their self-esteem will be bolstered. These types of experiences allow children to work on problem solving and critical thinking as they work through the trial and error of dressing themselves. Finally, allowing these experiences shows respect for the child and her abilities. In effect, allowing toddlers to “help” with tasks leads to improved skills, not just in the physical domain, but in all domains of development.

Toddlers are full of energy and enjoy exploring every aspect of their environments. This can sometimes challenge caregivers’ ability to keep toddlers engaged in safe, appropriate activities. A 1-year-old child is becoming more independent. Coach caregivers to, under close supervision, encourage each child to do things that adults have previously done for her. For example, instead of the provider turning the page in a book, she can ask the child to do it. Another example is a caregiver letting a child choose which toy he would like to use. Remind providers, though that toddlers still need constant supervision and clear boundaries for safety.

By 2 years of age, toddlers are trying to accept limitations, gain independence, and understand the world. Children this age are very engaged in their environments. They often enjoy using their gross motor skills in activities like climbing, running, and throwing. Help caregivers find ways to provide lots of opportunities for physical play. Children this age love to dance and sing. They also enjoy using their bodies to explore and learn. Caregivers can use these two pieces of information to encourage body
movements during music activities. All sorts of outdoor activities and planned movement activities indoors let toddlers use their large muscles. Large muscle movement is important to children’s overall physical development, and caregivers need to encourage this as much as possible.

Small muscle control is also increasing as children begin to scribble with some purpose and begin to use materials for building structures, such as block towers. Help providers select age-appropriate materials for activities such as scribbling, painting, building, and working with soft modeling dough. Toddlers will benefit from using a variety of blocks, art supplies like crayons and different types of paper, and sensory materials like water or shaving cream. Age-appropriate materials will be non-toxic, in good repair, and not pose a choking hazard. Remember, if an object fits easily in a paper towel tube, it can put a small child at risk of choking.

At 2 years old, children are also tuning their fine motor skills through tasks like buttoning and zipping. Helping to dress and undress can be great fun, with unbuttoning and unzipping being favorite activities. Toys that have these features are very popular with children at this age. While it may take children longer than adults to do these activities, it is crucial for their development that providers allow them to attempt these tasks on their own to the greatest possible extent.

Toddlers are learning to climb stairs. Point out to caregivers that toddlers do not yet use alternating feet when going up a flight of stairs. Having play equipment with simple steps, such as steps leading up to a toddler-sized slide, is a great way providers can encourage toddlers to work on this set of skills.

In this video clip, notice how the caregiver encourages the infant to practice using fine motor skills.

[VIDEO: TODDLER FINE MOTOR]

Cognitive Development Defined

Let’s move on to the next domain: cognitive development. Cognitive development is defined as “changes in intellectual abilities including: learning, memory, reasoning, thinking, problem-solving, creativity, and language development.” (Berk, 2008 p.1) Cognitive development is about learning. It is the more academic of the domains, and looks at how children learn to talk, reason, think, project, plan, evaluate, negotiate, and carry on conversation. It is the domain that speaks to early math and science learning and pre-reading skills.

The Importance of Play for Cognitive Development

Cognitive development, in a sense, refers to an individual’s ability to know and understand the world. The thinking of children is different from the thinking of adults.
The developmental pathway to a more adult way of thinking occurs in stages as the child grows and has more experiences with his environment. It may seem obvious that a major goal for caregivers is to promote the types of experiences that help children develop mature thought patterns, but many caregivers may be unaware of how to do this for very young children.

The primary way infants and toddlers explore their worlds is through play. This may seem counter to traditional thinking, because it appears to make sense that structured activities done in an adult-fashion would teach children how to act and, presumably, think like adults. However, children’s brains work very differently. Before they can acquire mature patterns of thought and behavior, they need to gather understanding of the world around them.

During play experiences, infants and toddlers learn about their environments and make discoveries through lifting, poking, mixing, touching, and many other techniques for exploring objects. Play gives infants and toddlers information about the world which allows them to build new understandings. Play helps infants and toddlers develop thinking skills.

Like physical development, cognitive development progresses differently for infants than it does for toddlers. Now let’s take a look at how cognitive development takes place for each age group. As we discuss ways to encourage healthy cognitive development for infants and for toddlers, keep in mind the importance of play for strong cognitive growth.

**Infant Cognitive Development**

In the earliest period of cognitive development, infants’ learning comes primarily from sensory experiences, and children often create their own learning opportunities as their natural reflexes – designed to ensure their basic needs are met – cause reactions in the world around them. Then, infants move through a series of stages during which they interact more with their environments, become more intentional in their actions, and develop a stronger sense of cause-and-effect processes. Infants quickly progress from relying on survival-based reflexes to making clear choices to bring about desired results.

**Infant Language Development**

A large component of an infant’s cognitive development is the acquisition of language skills. Even before an infant learns to talk, she is learning to interpret the different tones and patterns of other people’s speech, and will someday incorporate that knowledge into her own conversations.

Language is a part of nearly everything infants experience. Although infants do not speak at first, they do communicate in many ways. Communication begins shortly after birth
when the infant realizes crying brings comfort, food, love, and all the other needs the infant relies on adults to provide. Infants quickly learn to prefer voices over the sounds of objects, such as rattles, because voices become associated with adults who meet the infants’ needs. Infants then begin babbling and cooing as their mouth and jaw muscles develop.

Newborns are very sensitive to the pitch range of the human voice. They, in fact, enjoy the sound of the human voice more than any other type of sound and will focus their attention in the direction of human voices. Infants acquire reflexive speech, or the ability to understand speech, long before they can use expressive speech. This allows them to follow simple commands before they can express ideas in words. For instance, a child can understand, “Bring me your toy.” long before they can say, “I will bring you the toy.” They are also learning the rules of grammar and conversation, just by hearing the talking that goes on around them.

Infants learn to be communicators very early in life. By 3 or 4 months, they start to gaze in the same direction of their caregivers. This skill continues to increase until about the age of 12 months.

Somewhere between the 9th and 12th month, children begin to point to objects in an effort to communicate their needs or wants to nearby adults. This type of communication, where the infant communicates to get someone to do something the she wants, is called protoimperative behavior. Gestures play an important part in the skill of communication.

There are many variations in language development during infancy. One infant may use words and simple sentences much earlier than his peers, while another may show little interest in speaking until much later. Some variations in language development may be due to one or more of the following factors:

- Age and Maturation. Generally, the older infant has had more experiences and can remember and reason when associating an idea or a word.
- Gender. Language skills often develop more quickly in girls, and – at all ages during childhood – girls are generally ahead of boys in language ability.
- Intelligence. Usually, highly intelligent infants speak earlier and more skillfully.
- Hearing. Hearing defects can cause delayed language development or language difficulties. Infants must be able to hear sounds and words so they can imitate language.
- Models. Infants raised by persons who do not speak or who speak very little may fall behind other children in speech development. An adult model who can provide the language stimulation the infant needs can be offered when parents cannot do so.
- Affection. Children who do not feel loved may lag behind in verbal abilities. A loving relationship seems necessary for good language abilities.
- Variety of Experience. Having a variety of experiences provides children with both the will to speak and with new ideas, knowledge, and perceptions about which to speak.
- Tension. Anxiety can hinder the quantity and quality of speech.
Suggested Activities to Promote Infant Cognitive Development

Minimum standards speak to the importance of talking with children as they are fed, changed, and held, using such techniques as naming objects, singing, or saying rhymes.

Providers might feel silly talking to infants who are not yet verbal. Emphasize the importance of hearing speech, and offer suggestions for ways caregivers can talk with very young children.

Some ways providers can meet infants’ need for exposure to language are by talking and playing with infants each day, naming objects with which they are playing, describing activities that are taking place in their surroundings, and talking with them about events that occur as a part of their care. Caregivers can expand on what a child has said. For instance, if an infant says, “ball”, the caregiver can expand upon the child’s language by saying: “The ball is red,” or “Your ball bounces!”

In addition to talking, infants benefit from having cloth or board books to explore. Reading and talking with children helps them begin to understand the grammar and structure of our language. Encourage providers to point to and name pictures and to point to the words on the page as they read with an infant. These practices help children start to see the association between printed and spoken word.

Most adults instinctively use child-directed speech with very young children. This type of speech is made up of short sentences, using a pitch that is higher than that used in normal speech. They use clear pronunciation, very distinct pauses, and clear gestures. In addition, adults tend to repeat new words carefully, and use the same words in a variety of ways when talking with a child. These patterns of speech are excellent ways to promote infants’ emerging understanding of language. If you encounter an infant caregiver who is not using child-directed speech, help him understand why this type of speech is valuable for children’s learning.

Infants are beginning to understand the many uses of language, including the rules that govern conversations. Babies who are engaging in games such as peek-a-boo are beginning to learn about the give-and-take of conversation. To encourage this learning, suggest that providers listen to infants’ sounds, their gurgles and coos, and then respond by either mimicking the child’s sound or talking in a similar emotional tone to the one the child expresses, and then wait for the child to respond. This game of my-turn, your-turn is another great way for caregivers to help infants practice skills they will need for later communication.

The following is an interaction between a caregiver and an infant that promotes healthy language development. What do you see the caregiver doing to engage the infant in the interaction?
Toddler Cognitive Development

During the toddler years, the child makes great gains in cognitive development. Toddlers learn to picture objects, places, people, and events in their minds. Because they have mental images, they are able to act and reason in ways not possible during infancy.

Children this age are imitating the things they see in everyday life, whether it is cooking, shopping, or working on a car. They understand the roles of grownups and are trying them on to see how they fit.

Around 18 months, children begin to recognize a concept called “object permanence.” Object permanence is the understanding that objects still exist, even when they are out of sight. For example, while playing peek-a-boo with a caregiver, a child who has not yet developed an understanding of object permanence might cry, thinking the adult has actually left her by herself. A child who has developed this concept, on the other hand, will probably try to pull the cloth away to find the caregiver. She realizes that her play partner is not gone, she is just hiding!

For adult caregivers and for toddlers themselves, this age is filled with joy, laughter, and at times, anger and frustration. Many changes are taking place in the life of the toddler. Toddlers are seeking independence, yet they want to know that adults, including parents and providers, are available for security and comfort. They want to explore their worlds, yet they want their adult caregivers to provide information or assistance as needed.

This behavior can be challenging, but toddler independence is actually a good thing! Through chances to do things for themselves, and with proper encouragement and supervision from adults, toddlers learn problem solving and self-help skills.

During the learning process, toddlers tend to try the same actions over and over in a variety of contexts. For instance, an infant in a high chair might bang his spoon on his bowl, causing a sound. Then, he might bang the spoon on the high chair, the tray, or anything else within reach, trying to elicit more sounds. Through this experience, he learns that the same action can have different effects depending on when, where, and how it is done. This stage in development can be particularly trying for parents and child care providers. It is important to help caregivers realize that toddlers exhibit these behaviors as part of a systematic approach to exploring their environments. These behaviors are not specifically intended to elicit attention or to annoy adult caregivers.

Toddler Language
The toddler is a talker! Toddlers may be speaking in words and gestures at 18 months, or they may be using simple sentences. By 36 months, the average toddler understands and can use between 200 and 800 words. Young toddlers add words slowly, with the number of words rapidly accelerating over the next 2 years. During the second year of life, children will acquire one to two new words a day! Toddlers listen to and imitate the people most important to them. Words start as single syllables and then move to words, specifically naming familiar people and things. In Western cultures, early emphasis tends to be on naming words, with action words coming along later. Children as young as 2 will coin new words based on what they know, to describe a new thing. A toddler might use the word “workers” for “tools” or say “cooker-lady” when referring to a female chef.

Language development is fast and furious between the ages of 2 and 3. Vocabulary is exploding. Most children have almost 1,000 words by the age of 3. Children are able to use longer sentences and understand a sentence with multiple ideas. They have an excellent memory and will begin to tell stories. They are very curious and eager to use their new skills. “What’s that?” is a favorite question. They have an excellent command of the language and can speak about objects and events not in the present. They can also follow simple commands and make requests.

Language is used as a tool for toddlers to make sure their needs are met. They use language to seek information, to think aloud, to secure what they want, to reason, and to share stories or thoughts with others.

The toddler in this next video uses simple language to convey ideas.

[VIDEO: TODDLER TALKING]

**Strategies for Promoting Toddler Cognitive Development**

The more words caregivers use, the more words children learn. Experts call settings that expose children to lots of uses of language on a regular basis language rich environments. Help toddler caregivers create language rich environments by encouraging them to listen to and talk with toddlers, answer toddlers’ questions in a simple manner, provide outdoor experiences which can give the toddler new ideas to talk about, describe food, play, or any new experience to the toddler, and to share stories or books about familiar or new ideas.

Parents and caregivers of toddlers can encourage cognitive development by reading stories to children, by providing time for outdoor play, and by answering toddlers’ questions in a simple manner. Talking and doing things together are wonderful ways to expand the toddler’s thoughts about her world.

Another way you can coach providers to encourage toddlers’ cognitive development is by encouraging dramatic and imaginative play. Imaginative play and imitating others often make the dramatic play center one of the favorite play areas in a toddler care environment. The purpose of dramatic play is to allow children to imitate adult roles or
experiences they’ve had outside of care, to practice language skills, to begin to learn to play cooperatively, and to develop negotiating skills.

In many care settings, dramatic play is limited to a home-like setting. Encourage caregivers to expand the imaginative play center to incorporate other types of pretend play based on children’s interests and experiences. Perhaps it could be set up as a restaurant or a grocery store, a pet store or a doctor’s office. When providers regularly incorporate new dramatic play themes, children will be encouraged to observe and imitate more things in their world. Toddler imaginative play centers do not need as many props as a preschool environment might have, but rotating a few items over time allows children to expand their imaginative thinking.

Older toddlers, those between the ages of 2 and 3 years old, are beginning to develop a skill called representational thinking. Representational thinking means that a child is able to understand that a symbol is a way to represent something. Toys begin to be used symbolically during this period. Blocks may become pretend food. A broom may become a fishing pole. Let providers know that they should not discourage these behaviors. The focus in toddler care should not be on teaching children to use materials the proper way, but rather on letting children explore materials and expand their creativity. As long as there is no risk to person or property, toddler caregivers should encourage children’s creative use of materials.

Toddlers enjoy sorting and classifying objects. For example, a toddler caregiver might notice that all the red blocks are in a pile, or all the cars have been separated from all the trucks. These are early math skills. Providers can promote these skills by offering many different materials in the care environment. Remind caregivers that these are young children who still may explore objects putting things in their mouths. All materials should be carefully selected to prevent choking.

**Social Emotional Development Defined**

The final domain of development is the social emotional domain. The Center on the Social and Emotional Foundations for Early Learning defines social emotional development as: the developing capacity of the child from birth through 5 years of age to form close and secure adult and peer relationships, to experience, regulate, and express emotions in socially and culturally appropriate ways, and to explore the environment and learn – all in the context of family, community, and culture.

Some of the most important responsibilities of care providers center on social emotional development, which is closely tied to the mental health of children. Caregivers are responsible for promoting children’s social and emotional wellness, preventing or moderating social emotional problems, identifying and remediating any issues children exhibit, often in the form of challenging behavior, and, in extreme circumstances, referring children and families to appropriate resources.
Infants and toddlers are often driven by their emotions and have short attention spans. They cannot be expected to consistently share, or to exercise self-control when experiencing strong emotions. As children mature physically and intellectually, and as they learn from the consequences of their behavior, they become capable of expressing emotions in more appropriate ways.

For both infants and toddlers, one of the most crucial factors in this process of maturation is the establishment of trusting relationships with nurturing caregivers on whom they can rely. It is through these relationships that infants and toddlers learn about the world and their place in it. They learn that the world is safe and responsive to their needs. They learn to form satisfying relationships with others, to communicate, to face challenges, and to experience and regulate their emotions.

Infants and toddlers are different in terms of their capacities for social interactions and emotional regulation and expression. Now we will examine the patterns of social emotional development for each.

**Infant Social Emotional Development**

Social and emotional growth both start long before an infant can talk or move around on his own. Infants quickly learn to understand emotions and find their own unique ways to express them. They learn how to make themselves happy and can entertain themselves for short periods of time.

A major factor in social emotional growth is the ability of infants to gain responses from the adults around them. They quickly learn how to cry or make other sounds that cause adults to respond. When adults respond quickly and in a warm manner, infants are encouraged to continue the “conversation” that they have started.

Just as an infant follows a sequential pattern of physical development, an infant also follows a sequential pattern of emotional development.

After the first few months of infancy, infants experience a wider range of emotions. An infant’s behavior is a reflection of his emotional state at any given time. Examples of the emotions infants experience are:

- **Fear.** Infants are generally frightened by loud noises and sudden movements. By 15 months of age, some infants are afraid of dark rooms, high places, pain, animals, or strange persons, places, and objects. Fears are short-lived when parents and other caregivers are understanding and realize that the infant needs reassurance during a frightening experience.

- **Anger.** Infants show displeasure when they are wet, hungry, or otherwise physically uncomfortable. Sometimes, infants become upset when adult attention or company is lacking! Infants demonstrate anger through loud, intense crying.
• Curiosity. Infants are curious. It may seem, at times, like infants find ways of getting into everything within reach. An infant may examine objects using his hands and mouth or by throwing, pounding, or stepping on them. Curiosity is important for overall development, even beyond infancy.

• Joy. Before 6 months, an infant is happy when she feels secure and physically comfortable. After 6 months, infants get pleasure from exercising skills, cooing, babbling, creeping, pulling up, and walking. Regardless of age, infants’ joy is more exuberant when an important adult is near.

• Affection. To show affection, an infant might gaze at an adult and smile. After 6 months, infants may reach for adults’ faces and mouths. Long before this time, the infant has begun to recognize the faces of mother, father, and other primary caregivers. After 12 months, affection is shown by hugging, kissing, touching, and cuddling.

• Crying. From the first week of life, infants cry due to hunger, cold, pain, being undressed, or having their sleep interrupted. Over the next several months, they begin to cry when they are lonely or frightened. Babies whose caregivers respond appropriately to their crying will tend to cry less as older infants than those whose caregivers ignored or responded inappropriately to their cries.

• Smiling. A baby’s smile is a way babies can endear themselves to their parents and other caregivers. The smile first appears early, at about one week, and is associated with a full stomach. At 1 month, smiles are directed toward people. It is not until about 3 ½ months that babies smile more upon seeing familiar faces than unfamiliar ones.

Infant-Caregiver Attachment

According to child development expert Dr. Laura Berk, attachment is “the strong, affectionate tie that humans have with special people in their lives that leads them to feel pleasure and joy when interacting with them, and to be comforted by their nearness in times of distress.”

This definition underlies the need for providers to establish and maintain warm, caring relationships with each child in care. Most providers probably know that this is an important goal, but they may not be certain about how to practically achieve it. Let providers know that frequent interactions and responding to infants’ signals of distress, such as crying, in a timely and appropriate fashion are the foundations of a strong attachment relationship. Remind caregivers that crying is an infant’s way of letting adults know that she has an unmet need, and that is not intended to manipulate adults.

Infant Social Behavior
At birth, infants are limited in their ability to respond to others. Social behavior begins when the infant can tell the difference between people and objects.

At first, adults are more important to the infant than other children are, because adults care for the infant. At 2 months of age, infants cry when left alone. In later months, infants enjoy playing near adults.

Although primarily interested in adults, the infant has a limited social interest in other children. Near the first birthday, the infant becomes friendlier and more interested in playing near other children. Infant interactions are likely to be brief and often end with one child becoming upset.

The infant’s favorite playmates are his principal caretakers. Infants enjoy playing simple games like pat-a-cake and peek-a-boo, and interacting playfully with an infant teaches her about communication. Infants are fascinated with repetitive play.

Sharing an adult, such as a parent or caregiver, or a toy is extremely difficult for the infant. The infant does not yet understand sharing and may look upon any toy or object as “mine,” whether the infant is at home or in child care.

**Suggestions to Promote Infant Social Emotional Development**

Just as infants are at different stages of social emotional development at different approximate ages, the best practices that will support their growth in this area vary slightly as they acquire new skills and competencies. Here are some techniques you can suggest to caregivers who work with infants of different levels of social emotional development.

For a 4-8 month old infant, affection is the key to healthy social emotional development. Coach providers to show affection to infants by using soft touches, speaking gently, making frequent eye contact, and smiling with infants often. By doing these things consistently, caregivers are helping to instill a sense of safety and security in the infants in their care.

Infants from 4 to 8 months old exhibit a strong mother-child bond. Caregivers working with infants this age must be sensitive to the child’s attachment to his parent or primary guardian. If the infant shows distress when separating from his parent, encourage providers to nurture him and to ease the separation as much as possible. Showing consistent affection and warmth to the infant helps him come to trust those who care for him while he is away from his family.

Infants between 8 and 12 months old still need lots of affection and close contact with their caregivers. However, as the child transitions from being an infant to being a toddler, providers will probably start to notice indicators of her growing desire for independence. Help caregivers see that, while asserting their newfound independence is an important
aspect of toddlers’ development, they still frequently need loving adults nearby to ease frustration and to offer comfort and security.

Caregivers can help all infants learn to understand and express their emotions more deftly by narrating the emotions they see children expressing. Give providers examples of this type of narration, using such comments as “That makes you happy, doesn’t it?” and “I know you’re unhappy. Let’s go to the rocking chair and make it better.” Statements like these will begin to give form, substance, and language to infants’ emotions so that one day they will be able to speak about their emotions, which will help them name and express their own feelings and those of others in the future.

This next clip is an example of a caregiver labeling the emotions an infant is expressing.

[VIDEO: NARRATING INFANT EMOTIONS]

**Toddler Social Emotional Development**

Toddlers’ personalities are developing. Toddlers may say “no” frequently, and may often insist on taking on tasks by themselves. Compared to infants, toddlers have an increased ability to express themselves. They may offer toys to other children, but they still have a hard time sharing. One remarkable development during toddlerhood is a growing awareness of other people’s emotions, which leads to empathy.

The toddler shows emotions in simple and direct ways. Toddlers may appear to be independent one moment, yet helpless the next. Though they want to do things for themselves, they have not yet learned to complete all tasks safely or effectively. Toddlers experience emotions such as:

- **Fear.** Toddlers can be fearful of strangers. They can also become anxious over separation from parents. Some fears a toddler might have are realistic and helpful, such as fear of a cat’s sharp claws, while others seem unrealistic and baffling to adults, like the fear of being flushed down a toilet. Adults can help toddlers cope with fears by talking with toddlers about what scares them. Offering security and hugs and being physically near also can be great aids to overcoming fears.

- **Anger.** When toddlers become frustrated with activities or people, they are likely to express themselves through an angry outburst, often called a tantrum. Tantrums are best handled by calm and tolerant adults. Eliminating the cause of a toddler’s frustration, removing the toddler from the situation, or diverting the toddler’s attention with toys or games are ways to lessen the child’s anger or frustration. Talking about the problem after a calming down period helps teach a toddler ways to deal with frustrating situations. Certain challenging behaviors, such as biting, sometimes stem from feelings of anger or frustration as well.

- **Curiosity.** The toddler is filled with curiosity about the world. Toddlers explore everything they can get their hands on. Their attention spans are short and their
activities may be unfinished before they move on to other interests. They are happiest when they can freely explore the environment and the toys in it.

- Self-Confidence. Toddlers need to feel confident of their abilities. Although they do not always succeed in their tasks, they need to feel that they are doing well in some of their endeavors. You can help by praising and reinforcing toddlers in their play. Children who feel good about their abilities become enthusiastic learners. They enjoy themselves and their discoveries. They master skills and feel confident that they can try new challenges.

**Toddler Social Behavior**

Toddlers are more capable of responding to others than infants. Toddlers may still find it difficult to share playthings, space, or people, but as they near 3 years old, their behavior becomes more social. Possessiveness and grabbing of toys gives way to sharing and playing with others, at least for short periods of time.

Still, “mine” and “no” are favorite words among toddlers, as they begin to understand that they are separate people with their own preferences and sense of property ownership. They are becoming less wary of others and more willing to explore new types of relationships, including friendships.

The toddler is at first only mildly interested in other children. Toddlers may enjoy watching peers more than interacting with them. Because the toddler does not yet know how to play with other children, interactions with peers do not last long. As toddlers near 3 years old, they begin to enjoy the company of other children and may even be able to share playthings briefly.

Through play, the toddler learns about the world. Toddlers practice their skills through climbing, exploring, stacking, opening and closing, and throwing activities. They repeat activities often until they learn new ways of completing tasks. During this time, toddlers move from imitating others to creating new, yet simple, themes for themselves like driving a truck, talking on the telephone, going to the park.

Sharing is still somewhat difficult at 15 months. However, by the time toddlers reach 3 years of age, they can begin to share for short periods of time. Trading toys back and forth is easier for the older toddler, although there are still times when even these toddlers refuse to share and wants to play alone with toys or other people.

**Suggestions to Promote Toddler Social Emotional Development**

Toddlers learn to regulate and express their emotions and to interact with others appropriately by watching the important adults in their lives. Coach caregivers to serve as role models for toddlers demonstrating ways to talk, share, and take turns with others.
You can encourage caregivers to reinforce toddlers’ attempts at socializing by praising their attempts at interacting with others.

Opportunities should be provided for two toddlers, rather than more than two, to interact in the classroom. Discuss with caregivers that toddlers are more likely to engage in successful social interactions in pairs than in larger groups.

Toddlers should be encouraged to try things independently, with caregivers providing encouragement and, when necessary, support. If a toddler does become frustrated or upset, tell providers to try redirecting the child to another activity or toy. When tantrums occur, and they inevitably will, encourage caregivers to offer a cooling down period and then talk with the child about her feelings.

Now let’s watch a video of two toddlers playing together. Notice how the caregiver supports positive social skills for both toddlers.

[VIDEO: TWO TODDLERS PLAYING]

**Developmental Delays**

It is important to help caregivers to recognize signs of developmental delay in the children in their care. However, as we have learned, each child develops at his/her own pace. Some infants may walk at 10 months, while others may not take their first independent steps until well after their first birthday. Recognizing signs of cognitive delays, specifically language and communication delays, can be even more difficult than identifying physical delays. It is relatively easy to tell if a child is reaching for objects, crawling, and walking. Cognitive delays may not be as obvious. Some children are naturally quiet, shy, or slower to socialize with others. This does not necessarily mean they are delayed – they may just have a calmer temperament or personality.

This can make recognizing signs of developmental delays difficult, particularly in caring for the youngest of children. Sometimes, however, a child may not have reached a particular milestone even long after the average age. This can be an indicator that a child has a developmental delay. This is one of the main reasons it is so important to encourage caregivers to acquire and maintain an understanding normal development for infants and toddlers, to help us recognize when something is not quite right.

So how should you coach a caregiver who suspects that a child is experiencing a delay? Guide the provider to visit with the director of the program to find out about any policies related to reporting and addressing developmental concerns. These procedures will likely involve a representative from the program speaking with the child’s parents about concerns and observations of program staff. If you see signs of a potential delay while conducting an inspection, the best approach is to discuss them with the child’s caregiver, who will know if the child has a delay that has already been identified, and who can then follow the procedures outlined above to seek services.
Early identification of developmental delays is crucial, and the earlier delays are noted, the better. Remind caregivers that early intervention services are available to parents with questions or concerns about their child’s development. In Texas, the Department of Assistive and Rehabilitative Services (DARS) contracts with agencies to provide early intervention services in every county. To find the number in their area, providers or parents can call 1-800-628-5115, or visit their website at www.dars.state.tx.us/ecis

**Bringing it All Together**

During this module, we have talked about the ways infants and toddlers grow and change. Licensing professionals need to understand the processes of infant and toddler development in order to help caregivers tailor practices to the unique needs of infants and toddlers. Here are the major messages we’d like for you to keep in mind during your next inspection:

- Children grow and change drastically between birth and age 3, and children in different stages of development have different needs. It is important for everyone involved in infant or toddler care to understand the course of development during this period,
- Healthy brain development requires a variety of appropriate sensory experiences. You may need to coach providers to offer appropriate stimulation for children at various stages of development,
- Children develop in three primary, interrelated domains: physical, cognitive, and social emotional. Providing a variety of activities helps meet children’s needs in all domains,
- Infants and toddlers need caregivers who can identify and meet their needs, provide new and familiar experiences, and offer encouragement and comfort in order to grow in all domains of development, and
- A child who reaches important milestones much later than same-age peers might be experiencing a developmental delay, and may need referral to specialized services.

Thank you for your attention, and for your commitment to ensuring that our most vulnerable children receive the best possible care.

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