

Infant/Toddler Credential Competency Table

| Infant/Toddler Assistant | Entry-Level Infant/Toddler | Infant/Toddler Teacher | Infant/Toddler Lead Teacher | Infant/Toddler Master Teacher |
|--|---|--|---|---|
| Teacher (Level 2) | Teacher (Level 3) | (Level 4) | (Level 5) | (Level 6) |
| | | Human Growth & Developr | nent | |
| HGD1: Explains the developmental trajectory of children birth to three and outlines realistic expectations for infant/toddler knowledge, capabilities and behaviors. (2-4A2, 2-4A9, 2-4A12, 2-4A15) HGD2: Describes ways that attachment, development, and learning, prenatal-age 3, are influenced by early environments and experiences (e.g., adult/child interaction, opportunities for exploration). (2-4A12, 5A3) HGD3: Describes individual differences in infants and toddler's interactions with and responses to the physical and social world. (2-4A13, 2-4A14) | HGD4: Identifies how early relationships with and among caregivers influence healthy development and learning, prenatal-age 3. (2-4A4, 2-4A7, 5A7) HGD5: Explains interrelationship between unique developmental trajectories and early relationships (e.g. attachment, trust) with primary caregivers on infant and toddler development, learning, mental health, and well-being. (5A4, 5A10) | HGD6: Analyzes infant and toddler interactions with the physical and social world and implements responsive, supportive practices that nurture young children's development, learning, mental health, and wellbeing. (5A9, 5A13, 5A14, 5A15) | HGD7: Identifies biological and environmental risk conditions that can impact infant-toddler development, learning, and mental health, and well-being and how these conditions relate to Illinois' definitions of eligibility for early intervention and the need for special services. (2-4A18, 2-4G13, 5A18, 5G9) | HGD8: Supports families and practitioners in identifying biological and environmental risk and resilience factors that may impact healthy infant/toddler development, learning, mental health, and well-being. Identifies emerging infant/toddler competencies. Identifies biological and environmental factors that optimize infant/toddler brain development and mental health. Implements respectful and responsive strategies to promote and support family and practitioner knowledge of healthy infant/toddler development in context, including identifying and understanding the implications of biological and environmental risk and resilience factors. |
| 30001 WOTTO: (2 1/12) 2 1/12) | | Health Safety & Well-Bei | ng | |
| HSW1: Identifies infant/toddler mental health, nutritional and safety concerns. (2-4B6, 2-4B7, 2-4B8, 2-4B10, 2-4B16, 5B7, 5B8, 5B16) | HSW3: Creates safe and appropriate eating environments (nutrition, interactions) support healthy development, learning, mental health, and well-being. (2-4B4, 2-4B5, 5B4, 5B5, 5B6, 5B10) | HSW5: Identifies, utilizes, and supports family access to and engagement with health, nutrition, and safety information to support the healthy development and learning of young children, prenatal to age three. (5B17) | 15 | HSW6: Identifies environmental challenges and advances strategies, in partnership with families, to support positive outcomes related to the health, safety, and well-being of infants/toddlers within their familial and community environment. • Conducts holistic environmental assessments to identify strengths and challenges. • Implements respectful and responsive strategies, in partnership with families, |

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| HSW2: Engages in developmentally, individually, and culturally responsive interactions with infants/toddlers. (2-4B1, 2-4B2, 5B1, 5B2) | HSW4: Develops safe indoor and outdoor play environments for infants and toddlers. (5B11) | (Level 4) | (Level 5) | to identify environmental challenges and promote positive outcomes. HSW7: Utilizes communication and collaboration skills to partner with and support families and practitioners in understanding and applying evidence-based practices that promote infant/toddler health, safety, and well-being. • Demonstrates responsiveness to contextual factors and the unique developmental trajectory of the family/practitioner. • Evaluates the appropriateness of evidence-based practices within unique program and family contexts. • Supports families and practitioners in understanding and applying evidence-based practices that promote infant/toddler health, safety, and wellbeing. • Adopts strategies to facilitate the utilization of evidence-based practices within unique program and family |
| | | Observation & Assessme | nt | contexts. |
| | OA1: Selects and uses legal and ethical birth to three assessment procedures, screening tools, observation methods, and organizational strategies to gain knowledge of young children, and their familial and social contexts. (2-4C3, 2-4C4, 2-4C8, 5C3, 5C4, 5C8) | OA3: Analyzes, complies and shares observation and documentation data with families and appropriate caregivers to support holistic knowledge of infant/toddler development and learning within the environmental context. (2-4C5, 2-4C10, 5C5, 5C10) | | OA4: Identifies, selects, and implements culturally, linguistically, and individually responsive observation and assessment strategies. Identifies observation and assessment strategies that are responsive to families, community/culture, language, and variations in development and learning. Implements observation and assessment strategies that are responsive to families, community/culture, language, and variations in development and learning. |

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| Curriculum or Program Design | | | | | |
| | CPD1: Identifies foundational components of high-quality, responsive, infant and toddler care. (2-4D3, 2-4D5, 2-4D7, 2-4D12, 2-4G14, 5D1, 5D12, 5G10) CPD2: Identifies culturally, individually, and developmentally responsive curricular strategies that nurture infant/toddler development, learning, mental health, and well-being. (2-4D1, 2-4D4, 2-4D8, 2-4D9, 2-4E12, 2-4E13, 5E12) | CPD4: Adapts instructional practices through the use of tools and strategies supportive of the development, learning, mental health, and well-being of infants and toddlers. (2-4E19, 5E19) | CPD5: Justifies and advocates for practices in infant and toddler care and education supportive of young children's healthy development and learning. (5E11) | CPD6: Plans and implements evidence-based developmental interventions for infants/toddlers and families based on a holistic needs assessment. Develops and implements evidence-based program activities and plans that are responsive to the unique development, learning, and preferences of infants-toddlers and their families. CPD7: Supports families and practitioners in embedding evidence-based practices that are responsive to the unique developmental trajectories and contexts of infants and toddlers. Demonstrates a range of responsive strategies reflective of current family and practitioner competencies, strengths, and opportunities for growth. Supports families and practitioners in developing knowledge regarding their critical role in enhancing infant/toddler development and learning. Promotes family and practitioner competence in problem-solving, utilization of reflective practice, and skill acquisition in support of healthy infant/toddler development, learning, and well-being. Identifies, in partnership with families and practitioners, opportunities embedded within daily routines to support infant/toddler development and learning. Facilities family and practitioner application of evidence-based practices within unique developmental contexts. | |

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| | CPD3: Plans and implements, in | | | CPD8: Develops and implements |
| | partnership with families, | | | relationship-based infant/toddler activities |
| | culturally, individually, and | | | and program plans based on each individual |
| | developmentally responsive | | | child and family's strengths, opportunities |
| | curricular strategies and | | | for growth, cultural context, individual goals, |
| | interactions that nurture | | | and desired outcomes. |
| | infant/toddler development, | | | Develops relationship-based activities |
| | learning, mental health, and well- | | | and program plans that are reflective of |
| | being. (2-4D2, 2-4D6, 5C1, 5D2, | | | and responsive to each child and |
| | 5D3, 5D4, 5D5, 5D6, 5D7) | | | family's unique needs, desires, history, |
| | | | | lifestyle, challenges, strengths, |
| | | | | resources, cultural community, priorities |
| | | | | and desired outcomes. |
| | | | | Implements relationship-based activities |
| | | | | and program plans using strategies that |
| | | | | are reflective of and responsive to each |
| | | | | child and family's unique needs, desires, |
| | | | | history, lifestyle, challenges, strengths, |
| | | | | resources, cultural community, and |
| | | | | priorities and desired outcomes. |
| | Inte | ractions, Relationships & Env | ironments | |
| IRE1: Identifies the importance of | IRE4: Integrates family experience, | IRE7: Facilitates and | | IRE8: Develops and implements, in |
| healthy relationships in nurturing | cultural practices and | advocates for the creation | | partnership with families, unique |
| the development, learning, | perspectives, and knowledge of | of evidence and | | relationship building strategiesembedded |
| mental-health, and well-being of | childrearing beliefs and practices | relationship-based | | within daily interactionsthat are designed |
| young children, birth to age | into the infant/toddler setting. (2- | infant/toddler | | to develop the confidence and capabilities of |
| three. (2-4E2) | 4A6, 2-4B9, 2-4E3, 2-4E16, 2-4G5, | environments, | | families and practitioners in their capacity to |
| | 2-4G6, 5A6, 5B9, 5E16, 5F9) | interactions, and routines | | nurture the development, learning, and |
| | | that support healthy | | well-being of infants/toddlers. |
| IRE2: Describes interactions and | IRE5: Establishes positive | infant/toddler | | Observes the family members or |
| strategies that support healthy | practitioner-family interactions | development, learning, | | practitioners(s) and infants/toddlers |
| infant/toddler development, | and relationships that support | mental health, and well- | | together to understand their unique |
| learning, mental health, and well- | growth, promoting, positive | being. (2-4E20, 5A1, 5E4, | | relationship, interactive strengths, and |
| being and how these can be | family-child interactions and | 5E6, 5E7, 5E20) | | capacities for growth/change. |
| integrated into daily routines. (2- | relationships from birth-3. (5E2, | | | Utilizes a variety of relationship-based |
| 4E1, 2-4E4, 2-4E8, 2-4E11, 5E8) | 5E3) | | | strategies to identify, in partnership |
| | | | | with families/practitioners, areas of |
| IRE3: Engages in interactions, | IRE6: Creates culturally and | | | strength and opportunities for growth. |
| embedded in daily routines and | linguistically responsive | | | Demonstrates skill in supporting |

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| activities, supportive of developing and maintaining nurturing relationships with infants and toddlers. (2-4E5, 2-4E7, 5E5) FCR1: Describes the interrelationship between children, family, practitioners, and community contexts, their influence on families' approaches to parenting children birth to age three, and the impact on family-practitioner collaboration. (2-4F1, 2-4F8, 5F1, 5F8) FCR2: Demonstrates behavior that reflects confidentiality and awareness of the unique role of providing services to infants/toddlers and their families. (2-4G11, 2-4G12) FCR3: Engages in interactions and demonstrates practice with children, families, and practitioners reflective of a strengths-based, family-centered, relationship-based approach. (2-4F2, 2-4F6, 2-4F7, 5F2, 5F6, 5F7) | environments, interactions, and experiences that nurture healthy infant/toddler development, learning, mental health, and wellbeing. (2-4A16, 2-4E6, 2-4E9, 2-4E14, 5A5, 5A16, 5E1, 5E14, 5E19) FCR4: Collaborates with families to nurture healthy development, learning, mental health and wellbeing within and between infant and toddler social and cultural contexts. (2-4E10, 2-4F3, 2-4F10, 5E10, 5F3) | Family & Community Relatio FCR5: Employs a developmental approach to understanding and collaborating with families of infants and toddlers. (2- 4A19, 2-4F5, 5A19, 5F5, 5F9, 5F10) FCR6: Plans and implements collaborative learning opportunities, in partnership with families, that are supportive of the healthy development, learning, mental health and well-being of infants and toddlers. (2-4E18, 2- 4F11, 2-4F13, 5E18, 5F11, 5F13) | | family/practitioner confidence and capabilities in promoting and enhancing the development, learning, and wellbeing of infants/toddlers through relationship-based strategies in the context of daily interactions. FCR8: Develops responsive, reciprocal relationships with families that support and promote parenting self-efficacy. Supports and reinforces each family's strengths, emerging competencies, and positive parent-infant/toddler interactions. Provides culturally responsive information, guidance, and support to families that are responsive to parenting capabilities and opportunities for growth. Identifies and implements relationship-based strategies designed to support family efficacy that are responsive to each family's strengths, goals, and opportunities for growth. Identifies, recognizes, and nurtures families in the continued mastery of advocacy skills. |
| | F | Personal & Professional Devel | opment | |
| PPD1: Identifies own strengths, | PPD3: Identifies contextual | PPD4: Identifies and | PPD5: Designs and | PPD6: Develops responsive, reciprocal |
| opportunities for growth, and values regarding working with infants and toddlers and their families. (2-4G1, 2-4G4, 2-4G9, | factors that influence infants, toddlers and their families and implications for practice. (2-4G7, 2-4G8, 5G6) | incorporates knowledge and skills provided through evidence-based resources into practice. (2-4G15, 2- | participates in collaborative systems and proactive, visionary leadership that ensures the healthy | relationships with practitioners that support and promote professional self-efficacy. • Supports and reinforces each practitioner's strengths, emerging |
| 5G1, 5G4, 5G9) | | 4G16, 2-4G17, 5G13) | functioning of the infant and | competencies, and positive interactions |

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| PPD2: Uses relationship-based strategies to develop and maintain positive, responsive, respectful relationships with families. (2-4F14, 2-4G2, 5F14, 5G2) | Entry-Level Infant/Toddler Teacher (Level 3) | Infant/Toddler Teacher (Level 4) | Infant/Toddler Lead Teacher (Level 5) toddler programming and the young children and families served. (2-4F18, 5F18) | Infant/Toddler Master Teacher (Level 6) with infants/toddlers and their families. Provides culturally responsive information, guidance, and support to practitioners that are responsive to professional capabilities and opportunities for growth. Identifies and implements relationship- based strategies that are responsive to each professional's strengths, goals, and opportunities for growth. Identifies, recognizes, and nurtures practitioners in the continued mastery of advocacy skills. PPD7: Demonstrates behavior supportive of continued growth and development as a professional member of the infant/toddler field (inclusive of families). Identifies and participates in learning activities related to the promotion of infant mental health as the foundation of effective infant/toddler programming. Engages in professional activities supportive of knowledge of current research and trends in the infant/toddler field (inclusive of families). PPD8: Employs effective data collection processes and monitoring systems to track individual progress, assure follow up, and monitor the coordination of service delivery within and across sectors of the infant/toddler field (inclusive of families). Utilizes data collection and monitoring |
| | | | | within and across sectors of the infant/toddler field (inclusive of |

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| | | | | PPD9: Engages in inter-agency collaboration to ensure children and families receive appropriate, coordinated services. Synthesizes available resources and information to ensure the appropriateness of and continuity in service delivery. Conducts and coordinates referrals to appropriate agencies. Engages in appropriate service-delivery follow-up to ensure infant/toddler/family strengths and challenges are supported within a collaborative context. |