

5	ITC CPD5: Justifies and advocates for practices in infant and toddler care and education supportive of young children’s healthy development and learning.	*Justifies strategies (e.g., using non-verbal signals such as eye contact and gestures; using verbal language) to support early communication and language in infants and toddlers of different ages	4a, 4b, 4c	8A	ITC_CPD_Assessment Levels 3-5
5	ITC FCR7: Designs and advocates for program policies and practices that support a collaborative team approach, with families as essential partners, in supporting the healthy development, learning, mental health and well-being of infants and toddlers.	*Identifies the positive benefits of a team approach to working with all infants and toddlers, including children with varying abilities and linguistic diversity. *Utilizes the positive benefits of a team approach to working with all infants and toddlers, including children with varying abilities and linguistic diversity. *Provides examples of program and practitioner practices and strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences, and support them in their parenting roles (e.g., following the family's lead, acting as guest in family home, commenting positively on child and parent actions, asking parent's permission to interact with the child).	1c, 2c, 4c	9C	
5	ITC PPD5: Designs and participates in collaborative systems and proactive, visionary leadership that ensures the healthy functioning of the infant and toddler programming and the young children and families served.	Identifies procedures for system-wide collaboration among agencies and others serving infants/toddlers and their families, including procedures for referring children and for obtaining resources. Recognizes and engages in system-wide collaboration among agencies and others serving infants/toddlers and their families, including procedures for referring children and for obtaining resources.	6e	N/A	5

Observation of Program

ITC CPD5: Justifies and advocates for practices in infant and toddler care and education supportive of young children’s healthy development and learning.

ITC FCR7: Designs and advocates for program policies and practices that support a collaborative team approach, with families as essential partners, in supporting the healthy development, learning, mental health and well-being of infants and toddlers.

ITC PPD5: Designs and participates in collaborative systems and proactive, visionary leadership that ensures the healthy functioning of the infant and toddler programming and the young children and families served.

- Review policies and procedures related to inclusion of children with special needs.
  - Review policies and procedures related to collaboration with Part C to design an effective curriculum for infants and toddlers with special needs.
- Review daily or individualized plans. Is there evidence of:
  - Parent involvement in curriculum development?
  - Involvement with Part C for eligible children?

- Determine if processes are in place for the program to collaborate with other consultants involved with any children with special needs to ensure there is no health concern.
- Determine if the program has access to resources supporting parent engagement and education (e.g., Parents as Teachers).
- Support an ecological approach to care by encouraging teacher-caregivers or programs to connect with the array of other consultants, families, or community programs that may be.

**Does the curriculum:**

- Focus on the relationship between child and caregiver?
- Promote the establishment of primary caregiving relationships?
- Address development across domains, acknowledging the integration of infant/toddler development across domains?
- Address the stages of infancy in some form, such as young infants, mobile infants, and toddlers?
- Promote individualization for each child, based on his or her unique culture, developmental profile, and needs (including children with special needs)?
- Promote feelings of safety, security, and belonging?
- Focus on process over content?
- Focus on an environment that promotes engagement over planned activities?
- Include a focus on inclusion of families in planning for each child?
- Derive from theory and research?

*“Do not select a curriculum or planning format that is simply a prescribed sequence of adult-initiated and -directed activities that leaves the child out of the process of selecting what is focused on and pursued”*

(2000, p.7)