# 1. Agenda

Write an agenda for a parent-caregiver conference initiated by the caregiver to discuss the child's toilet learning.

2. **Case Study: Enrique**

"Should I call her mother again?'  Enrique, a toddler asks his co-worker as Regina struggles to free herself from his gentle hold.  Regina has just bit the same peer for the second time today.

"Yes, I think you should.  We could use some information.  "While Regina is 27 months old, this is her first time attending child care.

Enrique calls to share how happy he is to have Regina in his classroom.  He asks Ms. Gonzales what strategies they use when she is upset.  She provides him several things to try.  Ms. Gonzales arrives about 30 minutes earlier than normal for pickup looking frazzled and upset.  Enrique greets her and tells her that her suggestion to sing quietly worked wonders.  He also asks if she came early because of the phone call.  They discuss how the call was not intended to upset her but rather was to gather more information to help Regina.  They move closer to Regina who is working by herself at a table lining up clowns.  Enrique and Ms. Gonzales take a few moments to watch her work.  Regina methodically lines the clowns around the perimeter of a piece of construction paper.  She seems not to notice the other activities around her.  The other children have divided themselves into two groups, working with blocks and pouring water through waterwheels.

Enrique asks Ms. Gonzales what she is noticing.  She replies by asking, "Does she usually play alone?"

"No.  She typically works in the same area as other children.  This is expected because as children get older, they usually begin to play in small groups.  Regina's interactions with the other children sometimes result in her biting them, like today.  I am wondering if you can tell me how she interacts with you and your husband at home."

"We usually interact with her.  If we ask her a question, she will nod yes or no.  She is very quiet and does not seem to have many wants.  But, if she does want something, she will point at the object.

"I'm wondering if she is biting because she does not have the language to tell her classmates what she wants.  I'm also wondering what I can do to best help her.  Can we both take some time to think about Regina and meet early next week to talk further?

"That would be nice.  Is it okay if my husband comes also?"  inquires Ms. Gonzales.

"Of course.  Let me know what times work best for your schedules.  And, thank you so much for taking the extra time to speak with me today.  The more we work together, the better we can support Regina's needs."

1. How did Enrique's approach serve to value the relationships among Mr. and Ms. Gonzales, Regina, and himself?

2. Describe what you believe is Enrique's image of the child.  What information from the case did you use when drawing this conclusion?

3. What strategies would you suggest Enrique use to support Regina's acquisition of socially accepted behaviors?  Why?

# 3. Bronfenbrenner's Ecological Systems Theory

 Consider this theory as it relates to your life as a parent, teacher, or student.

\* Using a pencil and paper, draw a model of the theory.

\* Label your position within the model.

4. Answer the following questions:

1. How do you know if a child needs a referral for evaluation?

2. How are impairments and disabilities different?

3. Why is family capacity-building so important?

5. **Read the following case study, then write a lesson plan to facilitate Kierston'slearning and development based on the information provided in the case.**

You should first read about Kierston on page 241 at the beginning of the chapter.  You were introduced to Kierston in the beginning of the chapter, but this section provided additional information to assist with understanding her behavior.  She is the youngest of eight children, and the sibling she is closest to is 17 years her senior.   Both of her parents are first generation immigrants.  Her mother is over 45 years old, and during the pregnancy her husband, who was 57 years old, suddenly died of a heart attack,  Kierston was delivered by cesarean.  Since her birth, her mother has cared for her only occasionally, while her siblings, aunts, and uncles provide most of her care.  The grief of the family is obvious to anyone observing them.  The well-meaning but numerous caregivers provide very inconsistent care for Kierston.  The variety of different faces and personalities who care for her may help explain her lack of desire to interact with others.

The child care home she attends is owned and operated by a married couple, Hurika and Bill.  They have compensate for the lack of consistency in Kierston'shome  environment by assigning one primary caregive to her.  Bill will establish a consistent daily routine around her needs; he plans to handle and speak to her gently in order to enhance her sense of trust and security.

Kierston's mother is clearly concerned that her daughter is not developing like her other children but seems unable to act because of her depression.  Luckily, Hurika and Bill participate in an Early Head Start partnership and were able to encourage Kierston's mother to request an evaluation of Kierston.  The developmental speacialist assigned to the family meets with the mother and older siblings next week.

6. 1. Which type of toys and materials is better, manufactured or homemade?

2. What is the best way to care for children?

3. Why does a baby sleep so much?

4. Why is it important to note when the child starts to roll?

5. Why might a child creep instead of crawl?

6. How does reading encourage the development of a child's language skills?

7. How does crawling impact socialization?

7. **Read the following case study and then answer the questions that follow.  Be sure to use the information you learned from the chapter to answer the questions completely.**

**Theresa's Attachment to a Blanket:**

**Theresa's parents both work at home.  Her mother works late evenings and her father works early mornings.  Theresa's mother is breast-feeding her on demand except for one day a week, when both parents are out of the house.  During that day, she gets thawed, previously frozen breastmilk from a bottle.**

**Both parents care for Theresa.  They both manage to take breaks at the same time to give quality time to "Terry Bear,"  as she is affectionately called.  Sometimes they all take walks together, taking turns carrying the baby.  She enjoys the movement and facing her parents in her infant front carrier, but she is also curious about the sights and sounds around her.  She has really begun to wiggle on these walks, so her parents are considering a new backpack where she can ride on their back and look around better.**

**While her parents really liked this schedule, work changes now require that Theresa attend child care two mornings a week,  She has recently started going to a family child care and is learning to adjust and make the transition.  She seems to be building a strong bond with Ellie, her caregiver.  Ellie quickly discovered that Theresa is easily calmed by being give her satin blanket and talking in a soothing voice.  Theresa really chews on her blanket when upset or trying to go to sleep.**

**1. Should Theresa be allowed to keep her blanket and chew on it?**

**2. What would happen to Theresa if you took away her blanket?  Why do you think that would happen?**

**3. How old should a child be before she or he no longer needs "attachments" to favorite things?  Why?**

8. 1. How does causality relate to object permanence?

2. How is parallel play different from solitary play?

3.  The baby knows how to walk, so why is he or she crawling?

4. How is sensorimotor trial and error different from mental trial and error?

5. Why does the child say "no" so much?

6. Why shouldn't the eighteen to twenty four month old child be forced to apologize for behaviors that hurt other children?

9. Read the case study and then answer the questions.

Lennie Bites

Lennie, whom you met earlier in the chapter, continues to struggle with expressing his desires appropriately.  He has learned that biting can be very effective for getting what he wants.  Louise and her colleagues are very frustrated with Lennie's biting behavior as well as his frequent tantrums.  Louise has recorded every biting and tantrum event over the past two weeks.  During that time period, Lennie bit four times; once hard enough to break the skin on one child's body.  He had five tantrums the first week under observation and four the second.  Louise is concerned that some children are beginning to avoid him, some have verbally refused to play with him, and one child who has been bitten more than once becomes visibly upset when Lennie is near him.  As Lennie's primary caregiver, Louise decided to invite Lennie's parents and the center director to a conference to discuss her observations, to find out how he behaves at home, and to discuss possible ways to address these behaviors.

On the day of the meeting, Lennie's father was unable to attend the meeting due to a medical emergency with his own father.  Louise opened the conversation by expressing her concern for Lennie's grandfather and then by sharing some positive anecdotes about Lennie and his development.  She then asked Lennie's mother about the types of behaviors they were seeing at home.  Lennies' mother was very defensive and provided few details.  When asked directly about biting behaviors she spoke loudly saying, "No matter how many times we spank him, we can't get him to stop biting his older sister.  It worked with his hitting.  "When probed, she stated, "We solved his hitting be spanking him each time.  He doesn't hit us anymore."

Louise asked Lennie's mother about other strategies they use at home that she might be able to use at school, explaining that ethically and legally she would not hit a child because it might cause harm.  Lennie's mother was unable to come up with any other strategies.  Louise changed the subject slightly to ask about potential causes  of his biting and tantrums.  His mother was unclear what the potential causes of his hitting and angry outbursts might be.  At home, Lennie bites only his older sister but it seems to happen in a wide variety of situations.

Louise and Lennie's mother agreed they needed more data on the potential triggers or causes of his biting and tantrums.  They agreed to carefully observe him and then set a follow-up meeting for the next week.  The collected the following data:

       Bit two children at school who took his toys

      Three tantrums at school when told it was time to stop playing and clean up

     Two tantrums at school when stopped from riding the trike in the grass.

     Two tantrums at home when sister wouldn't let him play with her toys.

     Three tantrums at home when he didn't want to go to bed.

     Bit sister two times when she took a toy of hers away from him.

The data showed some clear patterns of behaviors for Lennie.  It appeared to Louise and his mother that he doesn't deal well with frustration or not being able to carry out his personal goals or ideas.  They created a plan that involved using the following tools: labeling and expressing feelings, providing a toy for self-soothing, giving warnings before a change in behavior was expected, and setting clear, positive limits.  The plan also involved talking weekly about how the strategies were working at home and at school.

After a month of implementing the plan, Lennie's behavior had improved significantly at school but not at home.  Louise began to model, whenever she could, some of these techniques for his parents.  She also invited them to spend more time in the classroom.  They slowly improved in their use of the strategies and reported that the biting and tantrums had decreased at home.

1. How did you react emotionally to Lennie's behavior at the start of the case?  How would you deal with and express these feelings?

2. How did Louis's behavior during the first conference impact the outcomes of that meeting?  What do you think made a positive difference?

3. Do you think it was a good idea for Louise to suggest using four new strategies at one time?  Why or why not?

4. Neither Louise nor the parents described Lennie's language skills.  What might be the relationship between language development and acts of frustration/anger that Lennie displayed?

10. 1. How does a toddler learn to speak in complete sentences?

2. One child started crying because he or she got hurt somehow, and then another child that wasn't hurt started crying, too.  Why?

3. The child is trying to do something that the caregiver knows he or she is not capable of doing on his or her own.  What should the caregiver do?

11. **After reading the case study, answer the questions that follow.**

**Ming Learns English**

You met Ming at the beginning of the chapter and might remember her strong verbal skills.  She comes from a low-income family.  The Department of Social Services provides her child care free of charge because of the severe poverty of her family.  She often comes to the program without having eaten and insufficiently dressed for the weather.  Her 24-year-old mother is a day laborer who has three other children under the age of 7.

Ming's teacher, Ms. Tao, has known from daily interactions that her mother has limited English proficiency.  When the first parent conference was held, she called on the services of another parent who is bilingual in her specific dialect.  While explaining her observations of Ming's development in all areas, she learned that Ming's mother was overwhelmed with all of the information.  She slowed down and focused on what she believed were the most important pieces of information about Ming.  For example, she shared that Ming was on target with her language and cognitive development but is often hungry and tired.  Working through the interpreter, they created a plan to redesign the evening routine to help Ming get more sleep.  The teacher also provided information on community resources such as a local food bank in case the family didn't have access to enough food resources.

1. What impact do poverty and/or lack of food have on a child's development?

2. Which factors do you think have helped Ming to be on target with her cognitive and language skills?  What strategies used by Ms. Tao may have helped at school?

3. What supports at both school and in the home could be provided to help Ming get and then stay on track with the other areas of development?  What other supports could be offered to help Ming's family?

12. 1. Why should cultural diversity be integrated into a child's curriculum?

2. How does television affect cultural expectations?

3. Why shouldn't toilet learning be a long, drawn-out process?

**13. Infant Literacy Bag (Once you put them together, take a picture and send it to me)**

1. One Book age appropriate for Infants

2 Activities:  You can type up the activities that are in the bag with instructions on how to do each one.

A letter to your parents about the literacy bag and it'simportance

Typed page with contents of bag / Checklist

Parent Survey Page / You do not have to have a parent fill out

Tips on how to read to your infant

**14. Toddler Literacy Bag**

Take a picture of your literacy bag.

Your literacy bag should contain the following :

One Book age appropriate for Toddlers

2 Activities:  You can type up the activities that are in the bag with instructions on how to do each one.

A letter to your parents about the literacy bag and it'simportance

Typed page with contents of bag / Checklist

Parent Survey Page / You do not have to have a parent fill out

Tips on how to read to your Toddler

**15. Themed Prop Box**

You can take a picture of your prop box to include with your assignment if you like.

You will type up the Theme of your Box at the top of the page.

Then type up the items that you will include in your box.

Finally be sure to tell me the benefits of incorporating a prop box.

**16. Case Study: Trisha**

Trisha works at the Little Folks Child Care Center as an assistant teacher while she attends classes at a local community college to earn her associate degree in early childhood education.  She was surprised to learn that her center was using family grouping with continuity of care.  Although she always knew that she had the same children from the time they enrolled until they were around three years of age, she did not know it was associated with a particular term or of such great educational value.  Currently, she assists the headteacher with caring for eight children who range in age from 8 weeks to 17 months.  Like those in the rest of the program, this group of children is culturally diverse.  Trisha has worked with parents, staff, and the children on multicultural issues; she always attempts to learn more about each culture represented in her room.  As part of a course, she organized a tool for gathering information about child-rearing practices and used the results to individualize routine care times.  As she has learned new ideas, such as the primary caregiving system, accreditation standards, and Bronfenbrenner's ecological systems theory, she has assumed a more active role in the microsystem.  She has repeatedly discussed with her director and lead teacher the need to reduce the number of infants and toddlers per classroom to six and to adopt a primary caregiving system, they have not yet seriously considered cutting the class size by two children per room, due to financial concerns.

Answer the following questions:

**1.  Provide two examples of how Trisha has, in her words, "assumed a more active role in microsystem."**

**2.  In what other systems does Trisha work?  Provide examples for each system you identify.**

**3.  What might be the added benefits of the center adopting a primary caregiving system when it is not possible for them to reduce the number of children in each room?**