Chapter 3

Using Anecdotal Recordings to Look at Self-Care

Standards Addressed in This Chapter

naeyc

NAEYC Early Childhood Professional Preparation Standards (2011)

1a Knowing and understanding young children's characteristics and needs.

2a Knowing about and understanding diverse family and community characteristics.

3a–d Observing, documenting, and assessing to support young children and families.

6 Becoming a professional.

6b Knowing about and upholding ethical standards and other professional guidelines.

NAEYC Early Childhood Program Standards (2014)

1.B.08.a Teaching staff support children's competent and self-reliant exploration and use of classroom materials.

2.K.01.a Children are provided varied opportunities and materials that encourage good health practices such as serving and feeding themselves, rest, good nutrition, exercise, hand washing and tooth brushing.

DAP

Developmentally Appropriate Practice Guidelines (2009)

2F1 To help children develop initiative, teachers encourage them to choose and plan their own learning activities.

Learning Objectives

After reading this chapter, you should be able to:

3-1 Describe the characteristics of an Anecdotal Recording.

3-2 Distinguish between a narrative account and an inference.

3-3 Identify the developmental progression of self-care skills.

3-4 Determine strategies the teacher can use to help all children with self-care skills.

3-1 Using the Anecdotal Recording

Every newspaper reporter, police officer, and insurance claims adjuster knows that facts written at the scene or very shortly thereafter are the most accurate. There are incidents that need to be remembered exactly as they happened. They tell a story that lets readers see, hear, and feel as if they were there. The story contains a factual account of an incident that may be typical or out of the ordinary. The incident, however, is best remembered in its entirety, without judgments or interpretations of why the incident occurred.

3-1a Narrative

Anecdotal Recording
factual narrative of an incident

narrative
tells a story, includes all details, Anecdotal and Running Record

The **Anecdotal Recording** is a **narrative** account of an incident anywhere from a few seconds to several minutes in length. The Anecdotal Recording recounts the event, telling the reader when, where, who, and what. It is the most factual recording method. It can be used to

- portray an incident that indicates a child's development in a specific area.
- record a humorous incident to share with families.
- preserve the details of a curious incident for later reflection.
- record the exact details of a child's disclosure of an incidence of abuse.
- exemplify a child's typical behavior.
- record the details of an incident that is totally foreign to the child's typical behavior.

When an event occurs that is important to remember, a few notes are jotted down to refer to later. If an interesting conversation is happening, it is recorded word for word. It is written, as much as possible, as it is happening (Figure 3–1). By the end of the day, the notes are amplified and rewritten into a full account while the details are still fresh. It can be written on regular lined paper. It helps to fold the paper in half vertically and write on the left side so that explanatory comments can be written in the right-hand column. In this way, comments of the recorder are placed separately from the recording. The reader then knows the difference between the actual recounting of the incident and the writer's inferences. It is also possible to fold the paper so the comments are not visible. Another reader can then draw independent conclusions about the incident.

3-1b Open Method

open method
preserves raw data, details so separate conclusions can be drawn

An Anecdotal Recording is a written replay of an incident. It is an **open method**, one that preserves the details so that different interpretations can be made, determined by the reader's focus. The reader receives a mental picture of that event by reading the words. Note the following characteristics of an Anecdotal Recording (see Figure 3–1):

- It sets the stage for the reader (the "where"): "In cubbies dressing for outdoor play."
- It identifies the characters (the "who"): "Sherita and D. and Teacher." Here, the target child is identified by name—Sherita—and the other child by the initial D.

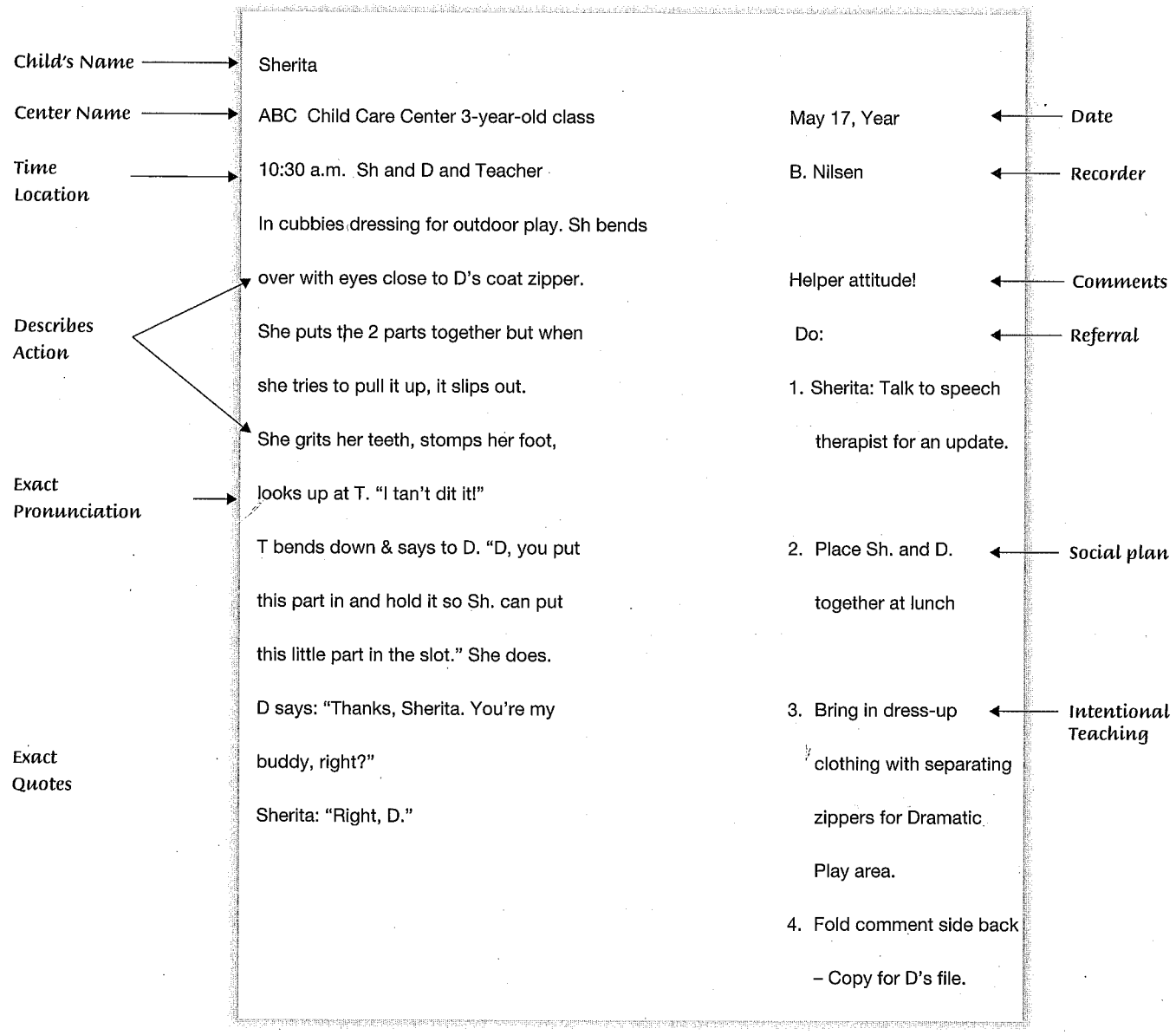


FIGURE 3–1 Anecdotal Recording Example

for anonymity (this may even need to be blotted out later). Abbreviations are used for speed in the writing.

- The account describes the action in detail (the "what"): "Sherita bends over with eyes close to D.'s coat zipper."
- It describes the interaction between the characters: "T bends down and says …"
- It records exact quotes, including pronunciation as it is heard: "I tan't dit it!"
- It concludes with a result or reaction between characters: "D. says: 'You're my buddy, right?' Sherita: 'Right, D.'"

Sociologists and anthropologists use "ethnographic eyes" to write field notes when describing a society. It is the difference between note taking and note making. Note

taking is the descriptive field notes that give the reader a re-creation of the sensory information (seeing, hearing, feeling, and smelling). Note *making* is the interpretation of what is being observed. In Figure 3–1, the description of zipping the coat and the exact quotes are examples of note taking. "Helper attitude!" is the interpretation—it is note making.

3-1c What to Write About

Contemplating what to write about is overcome by the *Week by Week* Portfolio plan. It specifies a few children a week as the focus of in-depth recordings. These children are not selected randomly but from a planned numbering system from the alphabetical Class List Log. In addition, the developmental area to be observed is suggested so that the selection of what to write about and when is more objective, and documentation is collected in all developmental areas. With the *Week by Week* plan, information is gathered on all the children every week in a different developmental area. In addition, a more focused observation and recording is done on a specified group of children. Over the course of a year, using the *Week by Week* plan, each developmental area is revisited at least three times for each child. Also, each child is the focus of at least three Anecdotal Recordings.

Deciding what to write about can be as easy as A-B-C. Start with the Antecedent—what was the setting and what took place before the event. Next, describe the Behavior itself in detail, not summarized. And finally, note the Consequences of the behavior: What was the effect on the child or those around her (Baker and Brightman, 2004). Those new to anecdotal writing may wonder what kinds of incidents or episodes should be captured in an Anecdotal Record. The observations should be primarily from the positive, recording "can do" episodes, and not from the deficit but from the credit side of the child's behavior. Carr (2001) gives some suggestions (and examples) of structured observation opportunities to look for:

Finding an interest

- Things of interest (toys, books, activities)
- Topics of interest (frequent conversations centering around a specific topic)
- Cues about individual differences (preference for non-messy activities)
- Activity (preferences, length of time in various activities)

Being involved

- Constraints to involvement (reluctant to try new things)
- Special rituals that signify safety (props or objects that help involvement such as a toy or special sweater)
- Characteristics of activities where children appeared to be involved (with a friend, small group not whole group)
- Challenges that keep children going (successful, safe activities such as hand tracing)
- Special people (reassurance of adult nearby)

Persisting with difficulty

- Characteristics of uncertainty or difficulty (will try if…)
- Ways to assist with challenge (asks for adult help)
- Ways to insert challenge or difficulty (next step after mastery of an easier one)

Expressing an idea or a point of view

- The "hundred languages" adapted from Reggio Emilia (various ways children express their ideas in addition to language)

- Sequences of difficulty (advances within "language")
- Stories that revealed creative approaches (new, creative ways of expression)

Taking responsibility

- Adult–child collaboration on joint tasks (adult and child work together on puzzles)
- Peer collaboration on joint tasks (push each other on swing, build a block tower together)
- Children taking responsibility for other children's well-being (comforting a child in distress)
- Children taking responsibility for the program (picking up blocks without coercion)

(Adapted from Carr, 2001, pp. 109–114)

Random selection of children to write about in an anecdotal format presents the same problem as diary entries. There is usually some child performing attention-getting behavior. Writing about those incidents that are memorable, good or bad, could fill a notebook while other children would never have a focused anecdotal record in their file because they are placid, follow the rules, and rarely draw attention to themselves.

3-1d Learning Stories

Learning stories, another name for Anecdotal Recording adopted from New Zealand early childhood practices, concentrate especially on the child's disposition toward learning (Reisman, 2011). It captures the action and communication, and then adds the observer's comments to make meaning from what is observed and what can come next. The learning story recreates the opportunity for other readers, including the child's family, to reflect on the situation and its meaning. The child himself, when he hears his play episode read back to him, can also give explanations of the processes that took place. What a rich learning experience this provides for all. Examples of learning stories follow the observation with the following questions: "What learning was happening here?"and "Where to next?" When printed out illustrated with photographs they include a space for the child to comment on the story and a place for the parent to write a response as well (Carr & Lee, 2012).

The verbal snapshot of an episode you observe and record can turn into these learning stories. People forever have used the oral tradition of telling stories to illustrate a point, teach a lesson, or ponder a truth. Your observations can do those things too. The story is initiated by something that a child or group of children does. It describes what is happening. Then you talk about it with colleagues or the child's family. It can include the application of child development principles to explain the deeper meaning of a common activity and show how an objective or standard is met or a benchmark reached. It can then act as a springboard for a discussion of what could come next: additional materials so the child can explore further; a more challenging activity so the child can stretch the learning; or a dialogue with the child about what you saw and what it meant to the child. These activities take a very short observation and turn it into a learning opportunity for all involved.

3-2 Keeping Inferences Out of Anecdotal Recording

The Anecdotal Recording itself does not answer the question "why" in the body of the recording. That conclusion or **inference** is separated from the recording, sometimes on the right half of a sheet of paper but separate from the factual account. An inference is an informed judgment or conclusion based on observation. When we see a child crying, our

inference
conclusion, judgment, explanation

inference, conclusion, judgment, guess is that the child is sad or hurt. We may or may not be correct.

In the example in Figure 3–1 you can see that separate from that account in the right-hand column, the teacher writes comments, inferences, judgments, questions, and reminders.

- comments on development: "Helper attitude"
- actions: "Talk to speech therapist for an update"
- reminders: "Place Sherita and D together at lunch"
- intentional teaching plans: "Bring in dress-up clothing with separating zippers"

On a separate note, the teacher reminds herself to copy the anecdote for the other child's file, and then she will make appropriate notes in the right-hand column relating to that child's part in the incident, blocking out Sherita's name for anonymity.

With the inferences in the right-hand column separate from the actual recording of the incident, it is easily folded back for a fresh viewpoint. Other readers may interpret the incident differently. Inferences or evaluations may differ, depending on the role of the observer. This might be where the "why" comes in. The teacher considers the reasons for the incident. Child D's family might infer she is not getting proper attention from the teacher. Another child's family might wonder why this helpless child is in such an advanced class, demanding time from the teacher. Another teacher might deduce that this child needs some instruction in self-care skills. The speech pathologist might be overjoyed to hear Sherita express herself in nearly recognizable words. The teacher might write a comment to the side, "Sherita is the youngest in her family so seldom has a chance to be the helper. D has often excluded Sherita from play, so this may be the beginning of a friendship." Everyone reads the same account, but their inferences are different because of their perspectives. When writing narratives (descriptive observations), there are thousands of words from which to choose to convey to the reader exactly what we see. The words we select can convey positive or negative connotations, so we write with care.

3-2a The Language of Observation

We use various parts of speech, so here's a review of the kinds of words you can use. Read the following parts of speech and the words listed there and picture how different they are from one another:

Verbs—words that describe actions

walk, march, strut, stroll, tiptoe, clomp said, screamed, whispered, demanded, murmured, shouted

Adverbs—an additional descriptive word with a verb

walked softly, marched proudly, strutted confidently, strolled rhythmically, tiptoed quietly, clomped heavily screamed loudly, whispered softly, demanded gruffly, murmured shyly, shouted joyously

Adjectives—words that describe nouns (names of things)

toothy grin, tear-stained face, vigorous headshake, mournful cry

Tense—word form that conveys present, past, or future time. For accuracy in the timing of the writing to the actual event, the selection of tense makes a difference. When writing an account as it is happening, write in the present tense:

"She runs over to the other child and gives her a big hug."

When writing from recall or briefly jotted notes, write in the past tense:

"She ran over to the other child and gave her a big hug."

Sequence—narratives tell stories and are usually told from beginning to end. Some cultural groups, by tradition, tell stories in other ways. When writing directly from observation, the narrative is told in the order in which it occurs

Observer bias—interpretation is conveyed by the choice of words. While narrative recording allows less room for bias, the selection of words can subtly suggest the reader's less-than-objective description. Selecting just the right words conveys so much more meaning, but bias can creep in:

"zipped D.'s jacket," *not* "helped D. zip her jacket"

"jumped and fell," *not* "was clumsy"

"gave a piece of clay" *not* "shared the clay"

"eyes widened, mouth open" *not* "looked surprised"

This may seem like a lot to remember as you are writing down events, but practice and discussion with colleagues will improve your narratives so they are more objective eye-witness accounts of what you saw and heard, conveying the sense of "being there" to the reader.

3-2b Anecdotal Differs from Diary

Many people use the term Anecdotal Recording when what actually has been written is a diary account (Figure 3–2). This type of recording is true, but it is not factual. It summarizes actions, draws conclusions, and leaves out information that could be useful. Compare Figure 3–2 to Figure 3–1. See that the Anecdotal Recording in Figure 3–1 gives enough detail so that the reader has the feeling of being there. The Anecdotal Recording relates the following:

body positions—"bent over, eyes closed"

actions—"puts two parts together," "slips out"

reactions—"grits teeth," "stomps foot," "looks up"

exact words—"Davi, you hold this," "Thanks Sherita"

inflection and pronunciation—"I tan't dit it"

The reader "sees" the incident. She "hears" the conversation as it was spoken. Then more accurate and individual judgments based on the reader's perspective are made.

EXERCISE

Mark the following sentences Yes if they fit the criteria for Anecdotal Recording or No if they are inferences, explanations, or not exact quotes.

_____a. Tara ran over to the cubby area.

_____b. She had on a short shirt and wanted to get her jacket.

_____c. Stacey asked her, "Why do you want your jacket on?"

_____d. She said her stomach was cold.

_____e. Tara shrugged her shoulders.

_____f. Stacey went over and zipped the jacket for Tara.

_____g. Tara thanked her.

Check your answers on page 75.

	May 17
	Today Sherita helped Davi zip her coat. She got a chance
	to be helpful and it seemed to begin a friendship.

FIGURE 3–2 Diary Example

TOPICS in OBSERVATION ◎ Using All of Our Senses

EXERCISE Using a separate piece of paper, make a list of what you can observe about a child from senses other than seeing:

hearing touching
smelling tasting

The word *observe* is understood to use sight as the primary source of taking in information; however, all senses are receptors of information on which to base decisions.

SEEING

Visually, information is gathered on the child's physical appearance, actions, and reactions. From all those visual cues, inferences are made regarding the child. See Figure 3–3 for some examples.

body appearance—physical growth and development, health, delays, physical limitations, racial or ethnic group

clothing, hairstyle, hygiene—socioeconomic level, family style and care

activity level and *body movements*—emotional state, aggressiveness, health

approach to play, work, other people—self-esteem, learning style, cognitive level and style, role models

Visual Cues	Inferences
Height, weight, body proportions, coordination, glasses, brace on leg, hearing aid	Physical growth and development, health, developmental delays, physical limitations
Skin color, hair color, eye shape	Racial or ethnic group, health, cosmetic use
Clothing, hairstyle, hygiene	Socioeconomic level, family style and care
Activity level	Emotional state, health factors
Facial expressions and body language	Emotional states, attention, interest
Playmates, interactions	Social stage, personality, sexual preference of playmates, aggressiveness
Approach to play, work, other people	Self-esteem, learning style, cognitive level and style
Mannerisms	Role models—family, TV characters, other children
Evidence of injury	Accident, surgery, abuse

FIGURE 3–3 Visual cues may lead one to make inferences about children.

HEARING

The adult attunes to the message being communicated, from the first "coos" to intricate stories recounted with sound effects and different voices. Many areas of development can be assessed from listening.

emotional state—laughter, crying, whining, teasing, anger, silence

cognitive development—vocabulary, content, grammar, problem-solving strategies, humor, storybook characters

physical development—formation of teeth, tongue, and jaw

health—nasal or bronchial congestion, wheezing, possible hearing difficulties affecting speech, digestive sounds

family—home language, activities, siblings, other family members, other significant people in the child's life, television and video usage

sociability—play stage, themes, playmates, leadership

TOUCHING

Some information may not be apparent to sight or sound. The reaction to an adult's soft touch might seem unusual, giving rise to conjecture about the origin of that response.

muscle tone—firm muscle tissue, eating disorders, and some diseases

illness—fever, rashes, cold, clammy skin

stress—tension in the body, trembling, goose bumps

injury—swelling, reaction to touch indicating a tenderness

TOPICS in OBSERVATION *Continued.*

PHOTO 3–1 Examine this photograph and write an imaginary Anecdotal Record.

EXERCISE

Look at Photo 3–1. Write an imaginary Anecdotal Recording as if you were there. Remember the technique: description and quotes. Have someone else read your Anecdotal Recording and ask if they can picture exactly what happened from your writing.

response to touch—cuddle, withdrawal, rigid

SMELLING

Smelling gives the keen observer clues about:

hygiene—cleanliness, tooth decay, bed wetting

illness—respiratory infections, chronic allergies or sinus conditions, diseases such as diabetes that may give off a sweet odor

home odors—smoking, seasonings, animals, perfume

safety—ingestion of a poisonous substance

TASTING

Taste probably would not be used to gather information on the child.

THE "SIXTH SENSE"

The observer should pay attention to instinctual or "gut" feelings. Sometimes there is something about a child sensed not by eyes, ears, nose, or touch, but by a feeling. Professionals must rely on substantive information; often this heightened awareness is not to be used as a measurement, but rather as an indicator that hard evidence needs to be gathered. The keen observer uses all senses to gather information. Knowledge of child development is applied, using multiple methods of documentation of the observations. All of this information gathering is used to benefit the child and the program.

Can you think of observations you could make with senses other than seeing or hearing? Think about the words you would use to describe them without making inferences.

It Happened to Me

Smelly Clues

A colleague relates that she worked with a student in remedial reading instruction who also had a history of learning difficulties and classroom disruptions. When she worked with him, she could smell his nasal congestion. The family was assisted in getting a medical evaluation for the boy. He had tubes placed in his ears to remedy his medical problems, which also transformed him as a student. It all started with a smelling observation! *How could you tactfully approach this subject?*

TABLE 3-1 Method Recap

Anecdotal Recording	
The Anecdotal Recording method can be • used for preserving details about any developmental skill, behavior, or incident for later judgments and reflection. • given to other people for their independent evaluations. • used as an accurate, detailed recording method in suspicion or disclosure of child abuse.	
Advantages	**Disadvantages**
Anecdotal Recordings • Need no special forms. • Are preserved facts and details from which any reader may draw conclusions. • Give a short, contextual account of an incident. • Give the reader a "sense of being there." • Separate judgments or inferences from the details of the incident. • Are useful for recording all areas of development. • Are necessary for capturing exact details for specific purposes such as speech/language development and child abuse disclosure.	Anecdotal Recordings may cause difficulties because • Choosing which incidents to record gives the writer selectivity that may influence positive or negative collections. • Intense writing is necessary to capture all the details, quotes, and body movements. • Focusing on writing diverts attention from interactions with children. • The Anecdotal Recording can only focus on a few minutes of action. • The Anecdotal Recording can only focus on one or two children at a time.

Home Visiting: Anecdotal Recordings

There is no question that home educators spend many fewer hours with children, but the time they do have is focused on a child or a parent–child dyad for at least 30 to 60 minutes per en-counter. Having that time to focus on a single child gives ample opportunity to identify actions worthy of recording. Anecdotal Recordings can serve as "stepping stones" for discussion and reflection with parents, helping parents to make associations between the child's point in development and behaviors or actions noted. Anecdotal Recordings can be made into a "booklet" to share with family when they exit the program.

3-2c How to Find the Time

Keeping pen and paper handy at all times will enable you to capture those details when they happen. You may have difficulty: if you are unable to write fast enough or read your handwriting later, if you have trouble selecting the descriptive/objective language, or if English is your second language. Using various types of technology can help you. You may be able to use a small tape recorder (if your voice cannot be heard by anyone else), make extensive notes with your own form of shorthand, or write in your own first language and then rewrite your narrative as soon as possible after the observation (Martin, 2014). Various electronic recording devices may be used to capture events as they are happening that may be faster and more accurate than writing about the incident while it is happening (or shortly thereafter). Smart phones or tablets can record audio and video, as well as text.

Audio Recording. Audio recorders can be useful for capturing the details that will help you write an Anecdotal Recording later. Recorded notes can be transcribed quickly by a fast typist into a computer file. The transcription can be noted on the corresponding developmental area of the electronic Portfolio Evidence Sheet. Printing out the Anecdotal Recording stored in this way also makes it easier for the family or other staff to read.

Video Recording. This is the best way to capture all the details of an incident. Unfortunately, the very advantage—capturing everything—is a disadvantage in that it takes too much time to sift through the material to determine what is mundane and what is important developmental information. It is also difficult to focus the camera on one specific child without the child becoming self-conscious and changing behavior from natural to unnatural. Filtering out background noise and action is also difficult for all but the most experienced videographers. Video recordings can, however, be useful for practicing Anecdotal Recording skills.

Voice-to-Text Software. There are inexpensive or free computer programs that allow your speech to be transferred into electronic text. This makes Anecdotal Recording easier to do and easier to read than handwriting.

Text on a Smart Phone. Some people can type text faster than they can write. This may be a very efficient way to preserve anecdotal data and later move it to an electronic Portfolio. A caution here about using smart phones for children's documentation. The phone should be set for airplane mode (that is, not linked to the Internet), and photos and text should be downloaded promptly and then deleted from the phone. This will safeguard the identity of the child and prevent any information from "going viral."

3-2d What to Do with This Information

An Anecdotal Recording preserves specific information that can be used in many ways. It contributes to the overall assessment and evaluation of the child when combined with other information-gathering resources. It is stored in the child's Portfolio (Figure 3–4).

Child's Portfolio. If the incident captured in an Anecdotal Recording involves more than one child, it can be copied and the names of other children blocked out to place in more than one file. For example, the previous incident could be placed in Sherita's file with Davi's name blocked out. It could also be copied for Davi's file with Sherita's name blocked out. In this particular incident, blocking the name may not be necessary, but it does establish a practice of confidentiality. Sometimes it is unpredictable what judgments the reader will make about the other children involved. The teacher's copy in the Class File preserves all the names for reference.

In the Portfolio, this Anecdotal Recording will serve as documentation for judgments made about the child: "Sherita is using words in conversations now (language development) and even helping other children (social development)."

This recording can be compared to earlier incidents: "Compare anecdotal record of 2/13 to those of 9/27, 10/14, and 12/20 to see the progress Sherita has made."

PORTFOLIO EVIDENCE OF CHILD'S DEVELOPMENT

Evidence Type	Date	Recorder	Notes
PHYSICAL – the child's large and small muscle development, abilities in self-care routines			
CL	9/14/	BAN	Needs help hand washing
AR	9/19/	MLS	Sings hand washing song

FIGURE 3–4 Portfolio Evidence Sheet Example

Intentional Teaching. Class activity plans and intentional teaching lessons come from close observations: "I think I'll bring in some clothes with separating zippers for the dramatic play area to give all the children some practice. That sequined vest I got at a garage sale will be a hit."

They can also be the basis for making an individual plan: "Sherita is beginning to play near other children. Strategies: Model play and sharing behaviors, connect Sherita with Davi in a cooperative activity, read a book to small group including Sherita, and initiate playmate discussion."

The recorder may decide to further investigate or question a concern: "Listen more closely to Sherita's language and ask the speech pathologist if this is age-appropriate."

Other Teachers on the Team. The recording may be read by others on the team to gather their opinions on the meaning of the incident: "Does this incident seem like unusual behavior for Davi from what you've been seeing?" Seeking the advice of colleagues not responsible for the child is also a way to gain the perspective of an uninvolved professional. Of course, the names would all be blocked out: without written parental permission, records are not shown to anyone outside the team.

Sharing with Families. If you are a student using this book, you should not be sharing information directly with the family. That is the teacher's job. However, students may share their written observations with families if they have been cleared by the teacher in charge of the classroom and perhaps the instructor of the course.

When sharing information with the family, the teacher should always be aware of the protocol of the program or school, especially when suggesting there may be a developmental problem and recommending a referral. Remember, "a child is an extension of the family," and this is a very sensitive area. Suggesting that there might be a problem should not be undertaken without first conferring with a supervisor or thinking through exactly how it should be worded.

Giving the family a copy of the incident provides them with a glimpse into the child's day: "Here's a little incident I wrote down today about Davi getting some help when she was getting ready for outside play. I know you've been working on her manners. She spontaneously said, 'Thank you,' and invited the other child to be her friend."

Actions or behavior are recorded descriptively as a way to explain development to the family: "Sherita initiated helping another child today for the first time. I thought you'd like to read about it. We'll be working on helping her develop more ways to play cooperatively."

Factual examples illustrate the teacher's assessment or concern to the family: "Sherita's language seems to be at a younger stage. Here are some examples I recorded. Maybe you'd like to take these and talk with the speech pathologist and see if a full evaluation is recommended."

Conferring with Helping Professionals. With permission from the family, Anecdotal Recordings can be read by helping professionals. This allows people such as the speech and language pathologist, child psychologist, art teacher, and social worker to draw their own conclusions. They evaluate the incident based on their specialized knowledge and area of expertise: "The strategies you've been working on with Sherita in therapy seem to be working. Here's an incident in which she helped another child. What do you think we should do next?" The helping professional should sign the File Access Log (Figure 1–9).

Talking with the Child. The child can give insight into an incident and also should be aware of the recorder's interest and writing about her actions: "Davi, I wrote down about how Sherita helped you with your jacket today. Then you invited her to be your buddy." The child may respond with an explanation or further conversation.

Evidence to Child Protective Services. An Anecdotal Recording is considered acceptable evidence to document a child abuse disclosure. When a child reveals information that may indicate abuse, it is important to accurately write down how the disclosure came

about. The record must contain the exact questions and comments of the adult and the child. Behavioral or visual indicators may raise suspicions of abuse. The Anecdotal Recording preserves details and factual descriptions without conclusions or judgments. Read more about this in Chapter 13.

3-3 Looking at Self-Care Skills

"I can do it myself!" Those words spoken, sometimes defiantly, stand as a declaration of independence or a statement proclaiming a milestone accomplishment. Why are a child's **self-care** (sometimes called self-help) skills important, other than to free the adult from tasks previously done for the child? The accomplishment of taking care of one's own needs is a progression throughout childhood. Maria Montessori said, "Little children, from the moment they are weaned, are making their way toward independence (Montessori & Holmes, 1912)." It can be viewed as development, moving from simple to complex tasks in an orderly, predictable sequence, but at an individual rate for each person. Self-care skills involve all areas of development—physical, social, emotional, cognitive, and language—and contribute to self-worth. The observer can assess, facilitate, and celebrate those accomplishments (Figure 3–5).

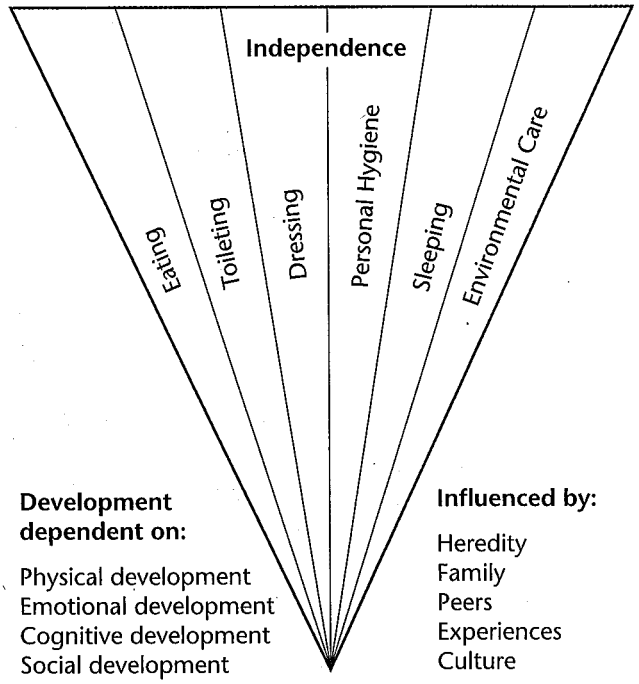


FIGURE 3–5 Self-Care Development

The self-care skills such as eating, sleeping, personal hygiene, and toileting are affected by separation anxiety. This is probably because they are the tasks a parent does for a child. For the youngest child, they are the basis of survival and comfort. For the older child, they are the most common elements in daily routines both at home and at school. These routines can be sources of development assessment, as well as the basis for intentional teaching for the group and individualized teaching for the child who needs assistance in this area.

self-care
ability to eat, toilet, dress, keep clean and keep safe

cultural self
individual's social context

It is important to note here, and later in the chapter, that self-help skills and the quest for independence may bring cultural dissonance. The practices of eating, toileting, and sleeping are steeped in cultural and even family differences that may bring families of young children in conflict with the teacher's own **cultural self** and a program's policies and practices. Discords can be reduced by knowledge, sensitivity, and communication regarding these practices, especially upon enrollment, but also in the everyday interactions between program staff and families. Being aware and tolerant of varied beliefs and practices can make everyone more comfortable.

EXERCISE

On a separate sheet of paper, list the things you do for yourself that give you pride—for example, changing a tire, making meals for family and friends, or programming the DVD recorder.

3-3a Development of Self-Care Skills

Each self-care skill follows a sequential path of development, beginning in a limited, crude way, but broadening and building upon prior experiences. Babies suck before they chew, eat with their fingers before they use a spoon, spoon before fork, fork before knife, knife before potato peeler. This series always follows this progression because it depends on physical growth and development and builds on the skills and experience learned earlier. The skills do not appear and then disappear. They last a lifetime unless some trauma or drastic event interrupts or prevents the accomplishment of the task.

The reason for knowing the progression of self-care skills is the same as it is for every other area of development. Watching for the first time an action takes place, such as first step, first word, first time a child goes to sleep without the blankie, is a reassurance that

development is taking place. It is a milestone, a marker. The first time the baby reaches out to hold her own bottle or takes the spoon and feeds herself is a momentous occasion. It demonstrates an increasing self-responsibility that is an indicator of maturity. Besides recognizing the mastery of a new skill, the adult then provides practice and more opportunities for the child to perform that task independently. The caregiver will also be looking toward the next task in the progression and providing experiences for the child to attempt that task, supporting with assistance and verbal encouragement.

Once the child has mastered the spoon, a little fork is introduced, and demonstrating the stabbing motion differentiates a fork from a spoon. This is intentional teaching based on developmental level. The teacher sees that one child is ready for this at 10 months. Another is still working on the spoon at 12 months. This is individualizing the curriculum, practicing developmentally appropriate education. Families and teachers do it all the time without realizing it.

3-3b Self-Care and Autonomy

autonomy
process of governing oneself

Autonomy, the process of governing oneself and providing for one's own needs is the goal of childhood. For twenty-first-century children, that seems to be a very long process. The human infant is born totally helpless, but by one-and-a-half years, he is mobile and wanting to do more things for himself. Teachers still need to be protective and restrictive while allowing the child opportunities to begin to be more independent. Erikson (1963) describes this conflict as Autonomy versus Shame and Doubt. To develop autonomy, children need both ability and opportunity. Ability is readiness. A child who has not yet developed small-muscle skills cannot be expected to manage buttons and zippers on clothing. While they want to dress themselves, or more likely undress themselves, their lack of physical coordination may prevent them from doing so. The other aspect of autonomy is opportunity. When a child is never allowed to feed herself because she makes a mess, or to wash his own hands because he doesn't do it thoroughly, the child will be dependent longer.

individualists
tradition, political cultural system that values independence

collectivists
tradition or political system where individual is devalued, focus on the group and interdependence

Autonomy is related to **individualists** whose cultural value is independence. Developing self-help skills at an early age is promoted as an expectation. Gonzalez-Mena (2015) raises some important questions about the cultural contrasts of individualists and collectivists. **Collectivists** have come from a tradition or political system where the individual is devalued and the focus is on the group and interdependence. This sees self-help skills as less important than helping others. Collectivists value modesty over self-esteem and humbleness over achievement. In many cultures, feeding, dressing, and bathing the child long after the child is physically capable of doing it herself is seen as a demonstration of love, caring, and good parenting. In the routines of the early childhood classroom, these

It Happened to Me

Children Need Help Sometimes

I was observing in a progressive early childhood program where independence was a founding principle. Children served themselves snacks and meals when they were hungry, played inside or outside by choice, napped when they felt tired, and generally went through the day without routines or schedules. I was walking around amazed at how children were spending long periods of time at activities of their choice when I heard a sound from the bathroom. I walked by and saw a little one about 18 months old trying to change messy pants. Unfortunately, the job called for extensive clean-up of clothing, body, and eventually the floor and sink. When I called attention of the teacher to the situation, she indicated that the child should be allowed to do it independently. It didn't seem to me that the child had the physical skills to do so, nor was the inadequate clean-up hygienic for the rest of the children. This is where their ideology and mine collided. *Have you encountered differences in at what age children should be allowed independence? What accounts for those differences?*

two perspectives contrast with each other. The role of the teacher and the program is to be aware and sensitive to cultural perspectives in the self-help skills area, and to act and plan in such a way to support the values of each child's home culture.

Older preschoolers and school-age children in what Erikson (1963) calls the Initiative and Industry stages want to take on adult-like activities and are competent and confident in mastering skills and acting independently. This is a window of opportunity to give children more complex experiences in home chores such as preparing meals, doing laundry, repairing clothing, and caring for younger siblings, while setting age-appropriate expectations and making sure they have adult supervision to assure they can do the tasks safely.

3-3c When to Help and When Not to

There is always a fine line between giving assistance and being manipulated. "Never help a child with a task at which he feels he can succeed" is good advice. When a child has the small muscle skill to perform self-help skills, she should be encouraged and allowed to do it. When she is in a hurry, not feeling well, or is getting increasingly frustrated, a helping hand is needed. However, some children who can, won't. There may be many reasons for what is sometimes called **learned helplessness.** This may be due to family interactions with the child, including older siblings, treating the child as a baby or making her feel incompetent. On the other extreme, impossibly high standards that the child feels unable to reach may cause her to give up in futility. Some teachers fall into the trap of over-caring for the dependent child so that it becomes a habit. Sometimes children themselves will overdo for another child whom they perceive as needy or younger. This sometimes happens when a child with a special need is in the classroom. While we want to encourage caring for one another, both adults and children should help each individual feel competent and confident.

learned helplessness
feeling of inadequacy resulting from continued dependence on others

Children who have had no experience of success in becoming independent have a fundamental lack of confidence in their own self-worth. In *Miseducation: Preschoolers at Risk* (2000), David Elkind gives the following practical advice: "Children are just learning these skills, so it is important not to force them. . . . The important thing, as I have tried to suggest, is to find a healthy middle ground between doing everything for children and doing nothing for them and expecting them to cope with the adult-sized world" (p. 111).

3-3d Observing Self-Care Skills

Self-care skills are points of observing and recording used to recognize milestones, plot and share progress, and plan learning opportunities. The normal progression of self-help skills is illustrated in Figure 3–6.

Eating. In infancy, the adult is the source of nourishment to the child, whether by breast or by bottle. The infant depends on the adult to provide the acceptable food at regular times and as the infant gives signals of hunger. Reflex actions of rooting (turning toward the cheek that is touched) and sucking once the nipple is felt on the lips are built-in muscle responses. They enable the infant to receive nourishment. By three or four months, the baby will begin to recognize the breast or bottle, reach for it, and hold it firmly. In another month, the baby begins to push it away when full. By six months, the pincer grasp of thumb and forefinger enables the baby to indiscriminately pick up small food items (and fuzz balls) and get them into the mouth. This means the teacher must give extra diligence to the cleanliness of the environment. The teacher must be vigilant regarding small ingestible and indigestible items. Soon the teacher will begin to give the baby the opportunity to eat small bits of appropriate food items while the child is securely strapped in a high chair or infant seat.

Physical care routines that make up most of the infant/toddler day are ideal times to observe the child's physical, social, emotional, and intellectual development. See Chapter 13 for daily routine record sheets for infants and toddlers. A system for sharing the daily information both on arrival and departure is important for the health of the child and the transition between home and the program.

	Dressing	Feeding	Toileting and Washing	General
1 to 2 years	Removes socks. Tries to put on shoes. Raises arms to put on shirt or coat.	Lifts cup to mouth. Feeds self with fingers then spoon. Hands empty dish to adult.	Wipes face with napkin or towel. Rinses hands under water and dries. Gives indicators of elimination in diaper.	Remembers where things are kept in house. Uses pail or container to carry things. Climbs to reach things.
2 to 3 years	Can take clothes off to put on other articles of clothing but tires easily and gives up. Generally cooperative when helped.	Can use a fork, but still prefers spoon or fingers. Will feed self preferred food. Drinks from glass.	Verbalizes toilet needs in advance. Retention span for urination lengthening—can "hold" longer.	Can open some doors with easy or low knobs.
3 to 4 years	Undresses self. Can put on most articles of clothing and can manipulate buttons and zippers, depending upon their size and place. Can put clothes away in drawers or hang them up given right height hooks.	Usually eats with fork. Can pour from pitcher into glass with few mishaps. Enjoys eating with family but dawdles.	May insist on washing self in tub but does it imperfectly. Very few toilet accidents. Often wakes up at night and asks to be taken to toilet.	Can tell own age, sex, and first and last name. Can follow two- and three-step directions. Able to stay at preschool without parent.
4 to 5 years	Laces shoes: some children learn to tie. Dresses and undresses with little or no assistance, especially if clothes are laid out. May dawdle excessively over dressing. Can tell front from back but still has trouble getting some garments on properly.	Uses fork and spoon appropriately often needs help to eat "tough" meat. Likes to "make" own breakfast and lunches (dry cereal, peanut butter sandwiches).	Can bathe and dry self, at least partially. Can perform toileting and hand washing and drying. May forget sometimes.	Plays with peers with less supervision. Can put toys away but usually needs reminding. Can help with many household chores set table, empty trash, feed pets. May "forget" some steps.
5 to 6 years	Ties own shoes. Can manage almost any article of clothing. Can assist younger brother or sister in getting dressed.	Can use all eating utensils but is sometimes messy. Aware of appropriate table manners but tends to forget them.	Bathes and dries self with minimal supervision. Usually does not wash own hair but may help. Totally self-sufficient in toilet routine.	Can make own bed. Put soiled clothes in hamper. Learning to distinguish left from right.
7 to 8 years	Takes more interest in clothing selection and appearance.	Interested in foods and cooking. Uses table manners in public.	Complete bowel and bladder control but stress may interfere. Bathing & washing are tolerated but not thorough.	Can take personal responsibility for room and pets but may be intermittent.

FIGURE 3–6 Examples of Self-Help Skills for Various Age Groups

Source: Adapted from Allen & Cowdery. The Exceptional Child, 8th ed. 2015 Cengage Learning, Inc.

By one year, the infant begins to display likes and dislikes of foods by their appearance or a single taste. As language explodes in the second year, she can recognize and name many foods. Eventually, she can classify meat, vegetables, fruits, drinks, and breads. She is learning the names for the individual items based on visual and aromatic cues. The sorting skills of the three- and four-year-old transfer into food groups, beginning with likes and dislikes.

PHOTO 3–2 Pouring takes physical skills, concentration, and patience.

Eating and feeding usually occur at regular times throughout the day, so use note-taking to document not just of the times and amounts the child consumes but other things as well. At various ages and stages, the development of responsiveness to the feeder and the food, the child's interest and ability in self-feeding, and the coordination of eyes, hands, and mouth give developmental information. The give and take between child and adult feeding is a training ground for the later give and take of conversation.

In the second year, the child begins to assert independence by grabbing the spoon, the bottle, or the cracker. He now has the small motor skills to get them to his mouth fairly accurately, and he has teeth to chew. Three- and four-year-olds gain skill at using utensils: spoon first, then the fork, then the knife. They should be given the opportunity to practice under supervision (Photo 3–2). Gentle reminders and pointers for using the silverware effectively are given. These children can pour efficiently if the pitcher is lightweight and clear, and if they can see the liquid approaching the spout. It helps if the glass or paper cup has a fill line for a visual cue to stop pouring. It helps to place the glass on a tray to catch "over pours" until control is gained.

By late four and early five years old, children have the physical mobility and manual dexterity to help themselves to food as it is passed. They love to assist in the preparation of peeling foods with proper utensils and supervision. They can set the table, fold napkins, clear the table, and be quite helpful in the whole mealtime routine. By the time children are in school, they have mastered eating skills, but not necessarily displaying manners. Eating in a large, noisy cafeteria can be disturbing to children and may take some adjustment. Teachers should do what they can to promote a social, stress-free atmosphere. Good nutrition is important to learning, so many schools have a breakfast program and some even have weekend meal programs. Teaching healthy eating is a part of the health curriculum and has become a part of the national agenda to address childhood obesity.

Learning and language connected with eating begins with the recognition of food sources, such as the breast or bottle. Accompanying vocabulary is built as the teacher says, "Here comes the baba, baby hungry?" The creeper finds tidbits on the floor, but her ability to discriminate between food and nonfood items is not developed, possibly placing her in danger.

The social-emotional aspects of eating are learned early in life. Mealtimes may be relaxed, social gatherings or a tense, emotion-laden time of restrictions and prohibitions. We often feel that we can do things faster and more efficiently than young children, but children need to try in order to succeed. Mealtimes dramatically demonstrate acquiring self-help skills. Sitting at a table that fits them, serving and passing foods, and interacting with peers and adults in pleasant conversation teaches many social lessons.

When children participate to their ability in the preparation of the meal or a particular dish, it builds a feeling of competency. Children learn a lot from measuring, stirring,

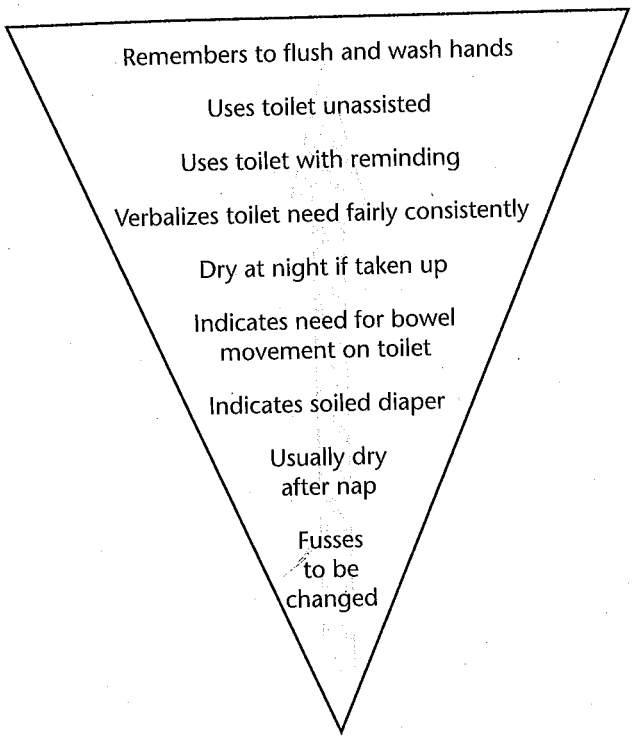


FIGURE 3–7 Toileting Development

cutting, and spreading, which enhance small muscle skills. Of course it takes more time and patience, but its importance is in the learning process that is taking place.

Children learn they are trusted when they are given autonomy over choices among healthy foods. By participating in food preparation, serving, and self-feeding, they feel competent. When they interact with others during mealtime, they learn skills that they will be using around the table the rest of their lives.

In the standards pertaining to nutrition and food service described in *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care* (American Academy of Pediatrics, 2011)—in particular, Standard 4.3—toddlers are encouraged in self-feeding, and mealtimes are conducted in a relaxed atmosphere with furnishings, utensils, and servings all aimed at promoting independence and social skills.

School breakfast and lunch programs provide basic nutrition, but many lack adult conversation, modeling, or direct instruction in table manners or social behavior. These are busy times, with adults responsible for the cleanliness of the physical environment, safety, appropriateness of menu, cognitive connections, and language and vocabulary expansion. Adults are also modeling table manners and providing a pleasant emotional atmosphere of psychological safety and individualism. These mealtimes can be an ideal time for observations answering questions about motor development (e.g., using utensils, pouring), eating patterns and habits (e.g., food preferences, sensory experiences, following the routine), and language and interaction (e.g., comments about food and eating, helping others) (Piedra 2012).

Toileting. Control of body eliminations is truly an illustration of development: from no control with only reflex actions, through the steps dependent on physical growth, to a complex set of controls and releases dependent on many other factors (Figure 3–7).

EXERCISE

Ask a parent to recount a toilet-training story (everyone has at least one), and write it down as it is told. Use the criteria for an Anecdotal Recording.

The infant has no control over body eliminations, so the adult performs all the necessary tasks of absorbing, catching, cleaning, and diapering. This routine function, like any other done with an infant, is not without its effect on the infant's cognitive, language, and social-emotional realm. In addition to the record keeping required for noting diaper changes and toilet training, these are times of one-on-one exchanges between the child and caregiver. Observations can be made on the child's awareness of his body and the diapering or toileting activity, his willingness to be physically moved during the process, and, again, the adult–child interaction through eye contact and language.

Adults give many messages to the child during diapering and toileting, messages about safety, gentleness, hygiene, acceptance of body elimination, and sexual attitudes. When a teacher expresses unpleasantness at the task by a facial expression of disgust or verbally by saying "Yucky," the child confuses the message. He does not know it is the task, and not him, that is the cause of the unpleasant facial expressions and expressive language.

Usually children are well into their second year before they begin to recognize the body signals of an impending bowel movement and, even later, the need to urinate. The physical growth of muscles is occurring, along with the mental attention to body signals. Unfortunately, it is at a time when there is a strong desire to gain more control of the world. In this battle to control the body, the child and the adult are often at opposite

poles, making toilet training a chore many adults dread. This struggle can be eased by recognizing the turmoil going on inside the child. She is given control, since the adult cannot control it anyway. Kinnell's practical book *Good Going!* (2004) gives this advice: "It is annoying to have to clean up the child and wash all the clothes, but it is a part of the learning process for the child. Fighting the inevitable accidents or punishing the child for them will certainly slow the process" (p. 13). Children learn toileting habits in a similar way to learning all other social rules.

EXERCISE

Toileting is an emotionally charged subject for child and adult. Finish these reflective statements: (1) The most uncomfortable part for me about working with children surrounding toileting is _____. (2) I think this is because _____. (3) Maybe it would be better if I _____.

Role Models. Toileting is sometimes aided by the social aspect of group care because of the child's natural imitative nature. When one child uses the toilet, others will want to do it also. When a child is praised for potty use, the behavior is likely to occur again and again and eventually become a routine.

Direct Instruction. Some children may need to be taught proper use of the toilet and toilet paper. This is best accomplished on an anatomically correct doll. Teachers should avoid performing this task on a child in an enclosed bathroom stall. For children still needing assistance, stalls are without doors or the task is performed with the door propped open. This is a precaution against possible child abuse allegations. Some adults are uncomfortable with boys and girls using the toilet at the same time and without privacy. This is an issue that is best addressed by the practices and policies and the practicality of the building design.

As the child is expanding her vocabulary, a consideration of which words to use for body elimination functions should be explored so that families and teachers agree on consistent terminology. This also gives a positive rather than negative connotation to the function.

EXERCISE

Make a list of clothing fasteners that are difficult even for adults. How could they have been designed differently?

Dressing. It is always easier to knock down a building than to build it, delete a page of type than write it, and criticize than praise. So it is with dressing—the first step in self-care is taking clothing off. Parents have all experienced, at least once, the shock of a stark-naked child appearing when they were just fully clothed a few minutes before. Dressing is a developmental progression of skills (Figure 3–8).

Children can be given the power to take off the articles of clothing they can manage. By the time they are two or three years old, they can take off their shoes at naptime, their hat after coming in from outside play, and all their clothes at bath time. They should do what they can do. By selecting clothing that children can manage themselves, such as boxer pants, the child finds the task much easier—easier than a one-piece jumpsuit or buttons up the back of a dress.

Teachers can add play items with buttons, snaps, zippers, and ties to the curriculum to encourage practice of those skills. It is always amazing how a child can squeeze into a leotard and tutu over a pair of jeans and a sweatshirt and sneakers. If they want it on, they will find a way. Inviting dress-up props stimulate interest and practice skills (Photo 3–3).

When helping a child after toileting or getting ready to go outside, the child should be assisted with what they cannot do themselves and encouraged to do what they can. The adult can pull up the pants and let the child pull up the suspenders. The teacher can start the zipper and let the child finish it or finish tying the bow on her shoelace after the child has crossed the ties. Remember: Never do for children what they can do for themselves. School-age

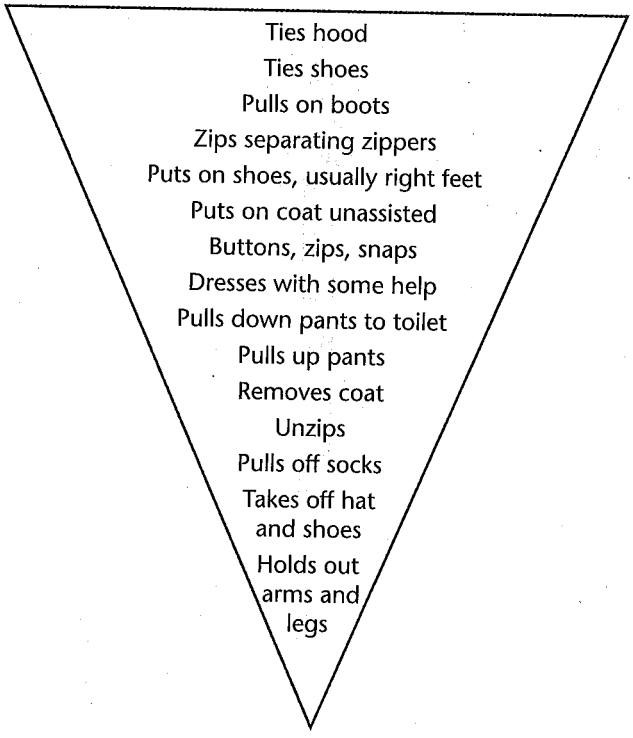


FIGURE 3–8 Dressing Development

PHOTO 3–3 Dress-up clothes give practice in buttoning, zipping, and tying.

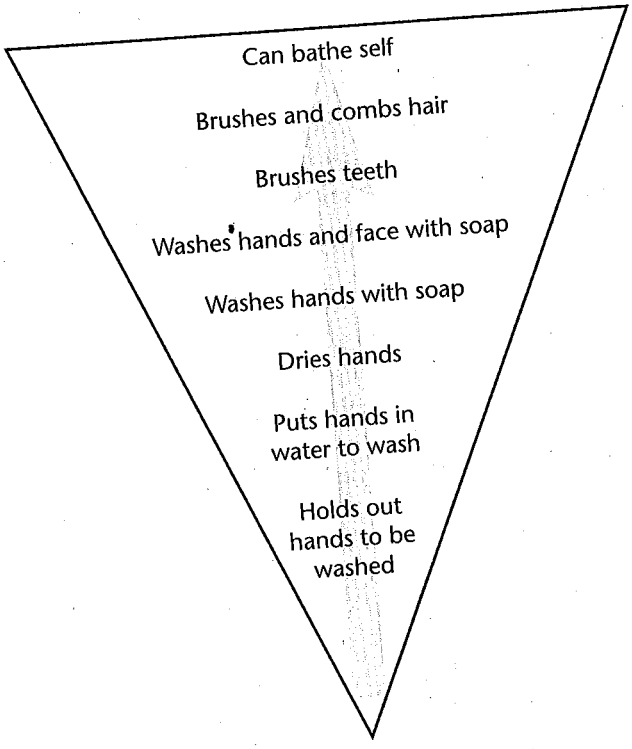


FIGURE 3–9 Personal Hygiene Skill Development

children take more of an interest in selecting their own clothes but are often careless about hanging up jackets and keeping track of belongings.

Personal Hygiene. Body cleanliness and care of the infant is, of course, the sole responsibility of the adult (Figure 3–9). It is a physical function that is building associations in the infant between certain events. "They change my diaper and wash my body and hands." "They set me in the high chair, wash my hands, and then give me food." "They take me away from the table and wash my face and hands." In the first year, these associations are being made. In the second year, when the child gains mobility and small muscle control, he can go to the sink, which is adapted so he can reach it, and wash his hands. He is taught to do this after going to the toilet or wiping his nose, or before eating. He can manage to turn on the water, wash, dry, and go on with play. In the fourth and fifth years, small muscle control is more developed. The child can now efficiently handle combing hair, brushing teeth, and bathing in the tub with supervision.

Recognition of the need for washing is a difficult lesson for young children to learn because of the "invisibility" of germs. They are concrete thinkers. When they look at their hands and see no dirt, they find it incomprehensible that they should wash, especially if they did it once that day already. Hand washing before eating and after toileting are health habits taught to young children by example and reminder long before they can understand the concept of germs and the acceptance of cultural norms.

By the time children are school age, they are competent, if not thorough, in personal hygiene. They may need reminders about hand washing after toileting and before eating and step-by-step instruction on procedures to wash away soil and germs. Lessons on cleanliness and care of their appearance are a part of a social studies and health curriculum.

Sleeping. Sleep needs and patterns are individual, but follow a developmental pattern. Individual differences are seen in the amount of sleep children need, how they get to sleep, how soundly they sleep, and their usual waking-up routines.

Children in group care can be over-stimulated because of many available playmates and play things. Deliberate stress reduction throughout the day and planning for smooth transitions, as well as alternating active and quiet activity choices, will help everyone to be more relaxed. Prior to nap time, consistent routines such as mealtime, teeth brushing, and listening to music or a story help prepare the children for sleep. Allowances should be made in the program schedule for resting and sleeping as the child needs it. Sleeping arrangements often are strictly mandated by state regulations for safety and supervision. *Caring for Our Children* (American Academy of Pediatrics, 2011), Standard 5.1, mandates that children have

their own cribs, bedding, feeding utensils, clothing, diapers, pacifiers, and other special comforting objects. Infants' names are used to label every personal item. Individual programs develop routines of backrubs, soft music, and quiet play preceding rest times to help children relax and sleep if they need to (Photo 3–4). Allowances are made for those children who are no longer taking naps to look quietly at books in the napping area or to play in a quiet learning center.

Individual children have their own patterns when it comes to sleep, such as a preferred sleeping position or what soothes them into sleep. They may require possessions nearby to fall asleep. By noting a reduction in sleep times, modifications are made for the child who no longer requires a nap. Communication of daily sleep patterns between home and school assists both the family and the center in meeting the needs of the child. Family and staff daily reports are used in most centers to convey this type of information at arrival and departure times. Sharing "what works" benefits the child at home and at the center.

PHOTO 3–4 Allowances should be made for children's individual sleeping patterns.

School-age children's sleep habits can directly affect their ability to pay attention and participate in learning. Discussions about general health and the part that rest and sleep play in well-being are a part of the health and science curriculum.

Notations of the child's daily sleeping routines are regular information-gathering routines for caregivers. Beyond the times spent in sleep, napping also provides clues about the child's individuality. Does the child willingly go to sleep or need a certain routine to find comfort and relaxation in order to sleep? Does the quality of sleep seem deep and restful or restless? How does the child awaken and respond to the activity going on around her?

Anecdotal records can capture the details of the child's feeding and eating, diapering and toileting, and napping and waking, preserving the details while providing a place to comment, interpret, question, and plan. The records are excellent documents to share with the family, showing the rapt attention that the caregiver is giving to the child beyond the necessary routines.

Environment. The adult's role is to provide an environment that encourages independence in toileting, selection of books and toys, use of child-size utensils, and storage areas. All of these considerations will assist the child in independently caring for herself in the environment.

Some observable signs of a child's participation in classroom care are:

- selects toys for play and puts a toy back in its place
- plays actively without adult leadership
- follows classroom routines
- cleans up spills
- helps prepare for activity
- carries breakable objects carefully
- performs "job chart" tasks
- demonstrates safety awareness
- assists another child to do a task

EXERCISE

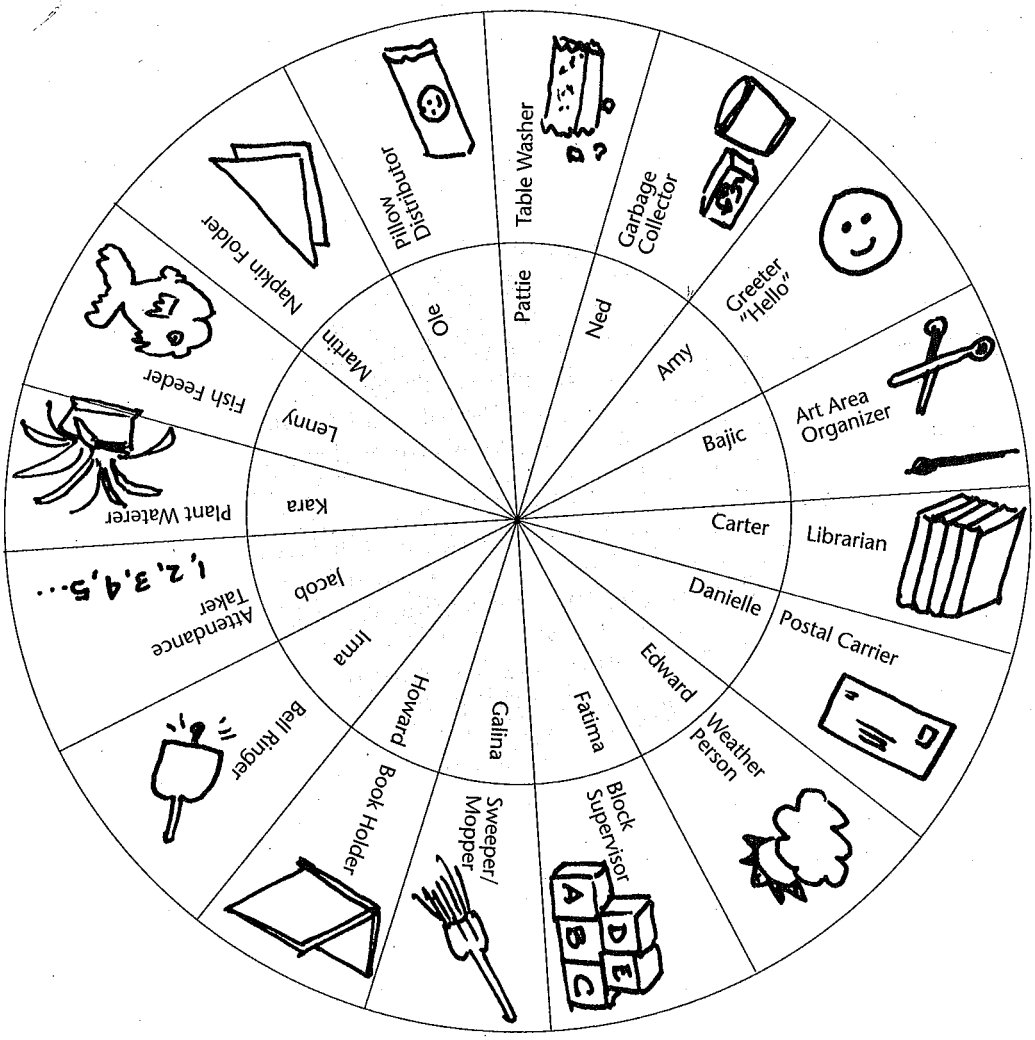
Observe the room you are in. What are the items in the room (or the arrangement of items) that encourage self-care? (Examples: "Wastebasket available" or "Paper towels at child-level.")

While an occasional newspaper story may highlight a young child's extraordinary competence in an emergency, there have been just as many horror stories of children left alone at a very young age, most with dire results. Some of these children are caring for even younger siblings, and often there are tragedies. The concept of self-care is not meant to hurry the child along to independence before he is ready, but rather to allow

him the freedom and responsibility for self-care. This is done in small, manageable steps that build confidence and competency. Children eventually develop the ability to make safe self-care decisions. The age when she can be allowed to play unattended in a room at home, go down the street alone, and eventually stay at home alone for a short time varies for the individual child. It also is affected by the home setting, the neighborhood, and prior experiences. There should be a history of smaller, successful instances of self-care. Parents are in the business of working themselves out of a job and building into the child the competencies for self-care. It is done one day at a time.

Many classrooms and home environments use job charts for daily responsibilities. This is an organized way to ensure care of the environment. It also teaches that each person must do a part for the good of the group (Figure 3–10).

In the classroom as well, children become competent in self-care as they learn the routines. They can meet realistic expectations for cleaning up after themselves and should be given responsibilities for themselves and others. There are children who are so averse to cleaning up that they are reluctant to play with anything, so they do not have to put



Names (inner circle) move each day.

FIGURE 3–10 Job Chart

Source: Adapted from Carol Fuller, Conklin Presbyterian Preschool, Conklin, NY. Week by Week, 6e, Fig. 2–14, p. 73.

anything away. Clean-up time is easier with the aid of effective transitions. These begin with a warning that playtime is almost over, which helps prepare children to end play and begin to pick up. Little ritual songs or signals, such as music or a bell, work better than an adult yelling, "Pick-up time!" See Figure 3–11. There are many resources for the teacher to assist in smoother transitions. (See Resources, Smith & Smith, 2006.)

Pick up, pick up.
Everybody do your share.
Pick up, pick up.
Pick up everywhere.
To the traditional "Today Is Monday" tune:
It's time to pick up.
It's time to pick up.
Mary's picking up blocks.
Jack's sweeping sand.
Tania's finishing her painting.
Soon it will be snack.

FIGURE 3–11 Pick-up songs help make an orderly environment everyone's responsibility.

Adults can make pick-up time fun by providing child-sized brooms, small vacuum cleaners, and toy trucks to transport toys back to their clearly labeled places. Adults can also give children appropriate choices: "Are you going to pick up the blocks or pick up the dolls?" Even when the children played with neither of these choices, this reinforces group participation in taking care of the classroom and initiates the concept of environmental responsibility. Clean-up involves classification, seriation, and organizational skills. It builds a respect for the environment and a sense of responsibility. Teachers can use a variety of creative clean-up strategies, such as singing a special pick-up song, games, challenges to pick up the number of blocks to equal the child's age ("Oh, you are four years old, you can pick up four blocks").

Children who can care for their own bodies are physically and psychologically strong. It is a progression, though relapses may occur and reminders may be needed. There will likely be some frustration. Families sometimes wonder if their child will be graduating from high school in diapers, sucking on a bottle, with zippers unzipped. That rarely happens; they do learn along the way. The adult's role is to mediate the environment to be child friendly and child accessible, and to provide realistic expectations, positive role models, and direct, specific instructions. Children then develop these self-care skills that allow them to be independent and socially accepted.

When there is a difficulty with self-care, the teacher begins with a closer examination of the environment. Modifications are made to help the child, such as low clothes hooks, reduced lighting in the nap area, or steps up to the changing table or toilet. If the environment is appropriate, the expectations for the child may not be reasonable. Other areas of the child's development are considered (language, cognitive, small muscle). Are these self-care expectations realistic? After this, a talk with the family is the next step to find out if they can give advice, insight, or assistance. The teacher should be aware of the families' expectations for the child at home, how the child does these things at home, and what may be the reason for this inability here. More time may be all that is needed.

Home Visiting: Self-Care Skills

While self-care skills follow a sequential pattern, home visitors must be cognizant of the context of the home and how that may or may not support the development of specific self-care skills and autonomy. Family culture, values, and expectations influence what and how families promote and support children's self-care skills. While all early childhood educators should know each family's perspective and practices around the various markers of self-care (e.g., feeding, toileting, dressing), home educators, specifically, need to be sensitive. It is not unusual for families with children in early childhood settings to allow one practice in the classroom and a different one in the home; that is the meaning of bicultural perspective. Home educators, however, are only visitors in the home, so it is important for the educator and family to establish together "acceptable boundaries" for promoting the development of self-care skills and autonomy balanced with the health and safety of the child. In the classroom, there is ample time for "practice." During a home visit, there is little opportunity for "practice"; the family needs to be on board to promote opportunities for "practice."

3-3e Self-Care Skills and Intentional Teaching

By observing with the developmental progression in mind, observations become assessments and tools for intentional teaching and planning learning opportunities. Note that the area of self-care is not always recognized as a curriculum. It is taken for granted, probably because it develops so naturally. Early childhood environments can support competent self-care skills through:

- appropriate expectations for the task, age, and individual child's abilities
- appropriate sizes of furnishings
- clear expressions of expectations to the child

Occupational therapists often work with young children on these tasks. Upon consideration, taking care of one's own body functions involves many areas of development and contributes not only to physical but also emotional well-being. Both muscle strength and coordination are necessary for these tasks. A great many thinking processes are involved in each skill, beginning with body awareness of the cues of hunger, tiredness, need to eliminate, and feeling cold or hot. The connections between past experiences build and form new thinking patterns.

Certainly, self-care skills are necessary for social acceptance. It is part of that whole realm of manners and out-in-public actions. These are learned by observing and imitating role models and from direct instruction. The learning depends on the child's desire to be accepted and liked. There is a feeling of accomplishment and increased self-esteem when one can do something independently, without assistance. Following surgery or an illness, people report how good it feels just to be able to brush their own teeth or go up a few steps. Those actions become so natural, done without thinking or appreciating their complexity. In childhood, they are skills to learn, moving from basic to complex levels.

Individual differences are significant in self-care skills. Predictability of body rhythmicity is seen dramatically in the longitudinal studies of Thomas and Chess (1977, 1980; see also Cozzi, 2013). The studies indicated that feeding, elimination, and sleeping patterns at 2 months were consistent or at least similar at 10 years old.

Intentional teaching for toileting involves environment preparation, positive role models, and, sometimes, direct instruction. Even school-age children have occasional accidents that can cause them embarrassment. These should be handled sensitively. Frequent toileting accidents in a school-age child may be indicators of health or emotional difficulties, and the child should be referred to the school nurse.

3-3f Helping All Children with Self-Care Skills

In addition to physical differences, social, racial, and cultural influences, as well as birth order, may affect self-care development. Lynch and Hanson (2011) warn, "Expectations for children concerning feeding, sleeping socializing, and speaking, as well as the use of discipline, to mention only a few, may vary widely across cultural groups" (p. 11). Their book reviews many different cultural beliefs important for teachers to know. Information on the child's self-care skills can be gathered from families and observed in the natural routines of the day in the group setting. These are part of the developmental process, so the observer realizes that each child attains these milestones on an individual timetable.

Culture and Eating. Every culture has its wonderful food traditions. In some cultures mealtimes are highly structured, while in others the food is set out and taken as desired. Food choices, restrictions, mealtime conversations, pressures to eat or not eat, and foods served as a reward all are a part of the culture of eating (Eliassen, 2011). Self-feeding, food exploration, food consumption, and uses of food as art materials are highly charged issues that programs should recognize and respect. The program's feeding practices should try to coordinate the family's and the program's goals through discussions and flexibility, bridging the two cultures and forming practices that match the family's preferences.

Other Cultures and Independence. It has already been mentioned that cultural differences are seen most in the area of self-care skills. Our society assumes that independence and the attainment of self-care is a common developmental milestone. Eastern cultures typically described as collectivists focus more on obedience rather than independence, with a closer physical attachment and doing for the child as a mark of good parenting (Harter, 2012). See more about this in the discussion of self-concept in Chapter 13. The teacher needs to be sensitive to different attitudes and practices. The family role of providing cultural socialization must be accommodated in the program through the cultural competence of the teachers, clarifying their own values and assumptions (Lynch & Hanson, 2011). This can be done through home visits, research, family questionnaires, and gaining information from watching the child and family together. Adjustment of routines for these differences is the appropriate action rather than forcing the child to conform. Communication and coordination between school and home must occur for the benefit of the child.

Culture and Toilet Training. The struggle over toilet training is an emotionally and culturally sensitive topic that is enhanced by the teacher's partnership with the family and the child. Lynch and Hanson (2011) give the following reminder: "In the United States, toilet training between the child's second and third birthday is a common practice and is highly valued by many families. However, this practice may be viewed by many other cultural groups as unnecessary and too early" (p. 11). Cultures have different ways of toilet training. Even within the American culture there are differences, with some families stressing getting babies out of diapers at a very early age and others tending to wait until the child displays signs of "readiness." In many cultures, as described by Small (2005), babies are allowed to be bare-bottomed and to eliminate at will. Probably that is not a practice that could be followed in child-care settings, but the interaction between the adult and the child in regard to potty training can be an area of conflict, not only because of ethnic cultures, but also because of family cultures and practices. Time allotted to toilet training is a factor when children are cared for in groups. A negotiation between the caregiver, the family, the child, and the program is necessary to address the needs of all. Education, communication, and trust can assist in a mutual solution.

Culture and Sleeping. Here again, culture enters into self-care routines. Co-sleeping is an accepted practice in most parts of the world. Children sleeping with adults is also practiced by parents who have difficulty getting the child to sleep or because separate rooms and beds are not available. This co-sleeping arrangement may make it difficult for some children to fall asleep alone in a cot. This difference needs to be explored with understanding and respect to find a solution that is in the best interest of the child. Besides cultural patterns, remember that children also have their own individual patterns when it comes to sleep (sleeping position, pre-nap routine, and so on), and that communication about daily sleep patterns between the family and the school helps in meeting the child's individual needs.

It Happened to Me

"Women's Work"

In my classroom, we had daily jobs that rotated. One was to wash off the work/snack tables (before the teacher did it with disinfectant). One day a boy's father arrived when the boy was washing off the table. The father took the sponge from his son and told me, "That's women's work." The family had emigrated from the Middle East, and I had no idea that the task was offensive to them.

That was my rude awakening to the home/school conflict of cultural practices. What would you have said or done?

3-3g Children with Special Needs

assistive technology equipment
equipment designed to facilitate learning and communication for individuals with disabilities

adaptive skills
skills necessary for functioning in the community or culture in which the child lives

functional skills
self-care skills

Children with special needs, as previously mentioned, should be allowed to do all they can for themselves with assistance when necessary, providing instructions in different formats such as photos, modeling, or gestures, and allowing extra time to complete the task. Before the child enters the program an environmental assessment should be made for any adaptations or modifications that are needed. There is a wide range of **assistive technology equipment** that can be added to the environment to help the child better manage self-help skills such as angled or enhanced handles on utensils, large switches to activate toys, and devices to promote mobility such as scooter boards and walkers. A checklist of self-help skills as an assessment can be used as a baseline to plan for the intervention and development of skills within the child's capability. Self-care routines are **adaptive skills** that children must learn to act independently according to their culture's expectations. The day's routines are common to all children, and they involve identified sequences. They do not interfere with regular programming and do not require additional staff or special training. These routines also need to be coordinated with family life, so collaboration between program and family is necessary for continuity of practice. Reviewing of the routines of the day and setting specific goals for the child in each routine can be implemented and serve as communication between all team members, family, and the child. Self-care skills, sometimes called **functional skills**, are frequently a part of the Individualized Family Service Plan (IFSP) for younger children or Individualized Education Program (IEP) for children older than three. Implementation may require that some modifications be made to the environment and expectations. All children have the need to feel competent and responsible.

Helping Professionals for Self-Care Skills

Other professionals may be consulted depending on the area of difficulty.

pediatrician—for a thorough physical checkup to rule out any possible physical reasons for difficulties

social worker—for advice on family and center or school practices and expectations

occupational therapist—to examine more closely fine muscle skills involved in self-care

child psychologist—to explore the child's attitudes and reasons for refusing to care for herself

Sharing with Children and Families

Share the incident recorded in the Anecdotal Recording with the family and the child, if it is appropriate. For example: "I was observing Boneva today and noticed how well she's handling the butter knife for spreading and even cutting up her potato into small pieces. That's quite an advanced skill." Or: "Wow, Boneva, you can spread that butter all over your bread using the knife and even cut up your potato."

Other Methods

Other Methods to Record Self-Care:

- Class List Log
- Checklists/Rating Scales
- Running Records
- Frequency Counts
- Conversations and Interviews
- Work Samples
- Media

Plans: Chapter 3, Week 2

- Chapter 3 Plan Week 2 Part A: Complete an Anecdotal Recording on each child in Group A this week, focusing especially on some aspect of self-care. Place each Anecdotal Recording in each child's Portfolio, making note of it on the Portfolio Overview Sheet.
- Chapter 3 Plan Week 2 Part B: Use a Class List Log to record a selected self-care skill that is appropriate for the children in your class. Place it in the Class File. Make a note of it on each child's Portfolio Overview Sheet

- Chapter 3 Plan Week 2 Part C: Complete the following Reflective Journal Questions kept in a private file at home.

  I need to be giving children more opportunities for self-care. I think I'll . . .

  I find myself doing more for _____ than the other children. The reasons for this may be . . .

  When I'm trying to do something and someone tries to help me, it makes me . . .

  These are the things I can do for myself that make me feel competent:

Answers for Exercise on Page 55

a. Yes. It tells where she went and how she went there.

b. No. How does the reader know what she wanted? Just describe what is visible: "She had on a short shirt. She got her jacket from the hook."

c. Yes. These were the exact words.

d. No. This is not a direct quote. Instead, write, "Tara said, 'My belly is cold.'"

e. Yes. Body motion is described.

f. Yes. Action is described.

g. No. This is not a direct quote. Instead, Tara said, "Thank you, my dear."

Related Readings

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Diffily, D., & Sassman, C. (2004). *Teaching Effective Classroom Routines: Establish Structure in the Classroom to Foster Children's Learning*. New York: Scholastic.

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Lynch, E. W., & Hanson, M. J. (2011). *Developing Cross-Cultural Competence: A Guide for Working with Children and Their Families* (4th ed.). Baltimore, MD: Brookes.