

Developmentally Appropriate Practice

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Linda is new to working with young children. She sits at a training, hoping to learn more about babies. The presenter frequently says, “developmentally appropriate practice” to explain why one might do certain things in group care or on a home visit. Although she is not sure what that means, Linda does not want to raise her hand to ask for an explanation.

Developmentally appropriate practice (DAP) is a term that you often hear when talking about young children. In the field of early childhood education, it is something that educators, presenters, and administrators use. It's an important term to understand, but what does it mean? How would you explain developmentally appropriate practice to the parents in your program?



Developmentally refers, of course, to development. Infants and toddlers are developing rapidly in the first three years of life. You can easily see infants and toddlers developing their physical skills – as they are able to first hold up their heads, then sit, crawl, stand, walk, run, jump and climb in just three short years! It may not be as apparent, but their brains are growing too. Infants' and toddlers' brains are constantly creating and strengthening connections in response to their experiences. Young children are also developing language, social-emotional, and thinking skills.

Appropriate means something that is fitting or just right. It may surprise you but often what is thought of as appropriate may have more to do with our culture than anything else! Take, for example, learning how to walk. In some cultures it is considered a sign of physical ability when children learn how to walk early. There are cultures, however, that believe children who learn to walk later will live longer¹. Think about how different beliefs, such as those about when children should walk, might lead to different parenting or caregiving practices.

Practice refers to what we actually do. How do we take the information about a child's development and our thoughts about what would be appropriate for them, and translate that into what we do in a home visit or in the classroom?

Putting It Together



Now, think about “appropriate” and “development” together. It would be normal for a young baby to pick up a toy and suck on it. This would not be considered appropriate for an adult! It is also true that some things are appropriate for older children-like sitting still for long periods of time-but are not realistic expectations for toddlers because of their developmental age or stage (e.g., a lack of self-control and their inability to understand concepts of time). Keeping the concepts of “development” and “appropriate” together helps us remember that we are deciding what is important on the basis of knowledge about each individual child.

When we talk about “developmentally appropriate,” it is important to remember that babies’ development happens within the context of the relationships with adults in their lives. Those who care for them not only take care of their physical needs, but also help to regulate their emotional and sensory understanding of the world around them. A baby is usually closest to the adults in his or her family. Because of this, when we consider the development of babies, we need to know something about their families. For example, when we are figuring out what is appropriate for each individual child, we have to take into account the goals and values of the family.

If you put these words together, the term *developmentally appropriate practice* means individualized, responsive care that is just right for the child’s age, cultural context, and personality. How does that look when we are talking about home visiting, family, and center-based child care? Read on to find out!



Relationships: The Foundation of Developmentally Appropriate Practice for Infants and Toddlers

Your relationship with the children you care for makes a difference in their lives. This is especially true for social-emotional development². Being **responsive** is a key relationship element. Responsive adults read the cues babies give and then respond in nurturing ways. Because relationships are so important in the lives of infants and toddlers, having responsive, loving, nurturing relationships are the most important part of developmentally appropriate practice.

Building Relationships Through Continuity of Care

People who work with very young children and their families have amazing opportunities and awesome responsibilities! Research has shown that early learning is greatly influenced by the relationships infants and toddlers have with the important people in their lives³. One of the best ways to support ongoing relationships is to practice **continuity of care**⁴. Continuity of care is when the same teacher or home visitor stays with the family for a year or longer and, at best, over the course of their whole time in Early Head Start.

Georgia, a teacher in an Early Head Start classroom, is going on a home visit to meet the family of a baby who will join her group next week. Julisa and her 5-week-old baby, Amelia, meet Georgia at the door of their home. Georgia senses that Julisa is worried about leaving Amelia in her care. Georgia says, "Amelia is a wonderful baby! Tell me all about her." Julisa begins describing Amelia as a baby who likes to be held all of the time. She looks concerned because she has heard from other moms that, in child care, the caregivers don't have time to hold a baby all the time. Georgia says, "I wonder if she'll feel comfortable letting me hold her? May I try?"

The first home visit before a child enters a program is an opportunity to begin building a relationship with a family. Georgia may have been on many such visits, but for Julisa this is a brand new experience and she feels nervous. Georgia understands how hard this is for Julisa and takes a very gentle approach. She knows that she can help ease the transition from home to a child care center by helping Julisa understand that she will take excellent care of her baby.

Six-week-old Amelia is arriving at her first day of child care. Although they have made a few visits to the classroom, her mother has a very difficult time saying goodbye. Georgia is there to greet both mother and baby and suggests they spend some time together in the classroom before Julisa has to leave. Georgia has printed and laminated a



photo of Julisa and Amelia together that she took on her home visit. She shows Julisa and tells her it is one way that she will help Amelia feel connected to her mom all day long.



Although it is hard for Julisa to leave, she feels that Georgia will take good care of Amelia. Julisa has gotten to know Georgia better through the home visit and a few classroom visits. Amelia's first day in Georgia's room is just the beginning of this relationship between teacher, parent, and child.

Georgia feeds 4-month-old Amelia her bottle. Amelia is gazing at Georgia as Georgia talks to her, "You were so hungry, weren't you? I'm glad you like that bottle. It must be delicious. Would you like me to sing to you while you have your bottle? How about the song your mommy sings to you? Arroz con leche me quiero casar..."

Julisa has shared some of the songs she sings to Amelia with Georgia. Now Georgia can sing the songs that Amelia knows from home. This is another kind of continuity that supports a child's connection to home while they are in child care. Sharing

things like lullabies and home routines may be something that families do slowly, over time, as the relationship becomes safer and stronger.

One-year-old Amelia is toddling toward her caregiver, Georgia, with a smile on her face. Georgia kneels down to greet her and says, "Good morning, birthday girl!" Julisa smiles and thinks of the amazing year she has had as a mother. Throughout the year, Georgia has been more than a caregiver-she has been a source of support. Julisa has asked her about everything from diaper rash to feeding. Whenever Julisa has shared a concern, Georgia has responded with an open mind. Together, they have figured out an answer for any problem that has come up. Julisa is thrilled that Amelia will be able to stay with Georgia for the next 2 years. It took a long time to build the relationship they share, and now everyone is enjoying the benefits.



Building Relationships Through Primary Caregiving

Taking care of other people's children is intimate work. **Primary caregiving** is the practice of assigning one person to a small group of children and families. The main goal of primary caregiving is to build strong relationships between the family and the home visitor or provider and between the child and the home visitor or provider. Primary caregiving provides families and caregivers many opportunities to build relationships with each other. When practiced together, primary care and continuity of care are powerful tools to build relationships with children and their families.

Many programs that practice primary caregiving assign teachers or home visitors to families on the basis of availability. For some children and families, this works just fine, but sometimes a teacher and infant or toddler really connect with each other. What if they are not assigned to each other? Is it okay to change the assigned primary caregiver? Of course it is! It is natural for some people to connect with each other better than others. Some programs even wait until a child is enrolled for a while before determining the primary caregiver assignment. If you can't change the official "primary caregiver," find ways to respect the relationship a very young child has sought.

Four-month-old Anthony has been in Joanna and Elena's classroom a few months. He spent the first 2 months of his life at home and was held most of the time by his family. Elena, his primary caregiver, has spent as much time holding him as possible these past few months. She knows that if that is what feels like home to him, that is what will make him most comfortable in her classroom. Now when Anthony cries he looks for Elena. Her co-teacher, Joanna, will try to comfort Anthony but he really prefers Elena. Joanna tells Elena that Anthony needs to start getting used to some other people now.

Sometimes issues come up for people around primary caregiving. One person may build a relationship with an infant or toddler and then that child will prefer them when they need comforting. When a consistent caregiver responds to young babies who are upset, it actually helps them, over time, learn how to soothe themselves and develop the ability to regulate their emotions later on⁵.

Primary caregiving supports the ongoing relationship between the caregiver, the child, and the family. When primary caregiving is practiced well, babies respond just like Anthony did and prefer their primary person when they feel distressed. Even toddlers will walk past other adults to look for the person they know best. Families also have the opportunity to build relationships over time with caregivers so they can feel even more comfortable sharing information about their child and themselves.



Twelve-month-old Geneva has just joined Miss Ruth's

family child care home. She follows Miss Ruth around whining and crying until Miss Ruth picks her up. Alone with Geneva and five other children, Miss Ruth is not sure she can meet Geneva's intense needs.

One-year-old Geneva seems to be having a rough time starting with Miss Ruth. She is in a new situation with new children and is trying to cope by being held as much as possible. Miss Ruth, who is also responsible for five other children, is feeling overwhelmed by the intensity of Geneva's sadness and her constant need for attention.

Miss Ruth decides to check in with Geneva's family to learn what might help Geneva feel more comfortable in her care. After some discussions, Miss Ruth and Geneva's family decide to try getting Geneva to Miss Ruth's house a little earlier in the morning, before the other children arrive. This gives Miss Ruth some one-on-one time with Geneva and also lets Geneva "find her footing" at Miss Ruth's before having to cope with the social interactions and energy level of the five other children. By taking some time to help Geneva feel safe and settled in the morning, everyone ends up having a better day! After just a few weeks Geneva has become very comfortable at Miss Ruth's house and easily joins in the daily routines and experiences.



Words You Can Use:

Continuity of care – when the same teacher or home visitor stays with the family for at least a year and sometimes over the course of their time in Early Head Start. This also refers to continuity from home to child care setting. Home routines, songs, language, and even how a baby is held can all be ways that help him feel more at home.

Developmentally appropriate practice – individualized, responsive care that is just right for the child's age, cultural context, and personality.

Primary caregiving - the practice of assigning one person to a small group of children and families.

Resources

¹ Jaan Valsiner, *Culture and the Development of Children's Actions: A Theory of Human Development*, (New York: Wiley, 1997), 15.

² Jack P. Shonkoff and Deborah A. Phillips, (Eds.), *Neurons to Neighborhoods: The science of Early Child Development*, (Washington, D.C.: National Academy Press, 2000),313.

³ Jack P. Shonkoff and Deborah A. Phillips, (Eds.), *Neurons to Neighborhoods: The science of Early Child Development*, (Washington, D.C.: National Academy Press, 2000),226.

⁴ Sandy Petersen and Betty Bardige, *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice (2nd Ed.)*, (Washington, D.C.: Zero to Three, 2008), 44.

⁵ Silvia M. Bell, and Mary D. Salter Ainsworth, "Infant Crying and Maternal Responsiveness," *Child Development*, 43 no. 4 (1972), 1187