



PROFESSIONAL DEVELOPMENT NETWORK

Maine Infant Toddler Credential Information Packet



This information packet was developed as a collaborative effort of Maine Roads to Quality, the Infant Toddler Initiative, and the Early Childhood Division of the Department of Health and Human Services, Spring 2010

Revised 2021

Maine Roads to Quality Professional Development Network
PO Box 9300 | Portland, ME 04104-9300
1-888-900-0055 | <https://mrtq.org>

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Section 1: Purpose and History

In response to a nationwide movement to support the professional development of infant and toddler caregivers, Maine Roads to Quality Professional Development Network (MRTQ PDN) has developed the Maine Infant Toddler Credential. The specialized training and professional activities within this Credential have been designed to support practitioners to deliver high-quality programming to infants, toddlers, and their families throughout Maine.

The Maine Infant Toddler Credential was first offered in January of 2008 and was developed in partnership with MRTQ, the Maine Infant Toddler Initiative, and the Maine Department of Health and Human Services (DHHS). In 2009, the partnership submitted a revised Maine Infant Toddler Credential to the Office of Head Start (OHS) in Washington, D.C. for approval to be considered as equivalent to the Council for Professional Recognition's Infant/Toddler Caregiver Child Development Associate (CDA) Credential. After a lengthy review process, OHS granted approval in May 2010 and now recognizes the Maine Infant Toddler Credential as meeting the same educational standards as the Infant/Toddler CDA Credential.

Section 2: Overview of the Credential Process

The Maine Infant Toddler Credential promotes early childhood workforce competence and focuses on the additional training and education practitioners need when caring for infants and toddlers. This section provides an overview of the components of the Maine Infant Toddler Credential, including the requirements, application process, and available supports.

1. The Maine Infant Toddler Credential is based upon competencies in the following areas:

- a. Infant and toddler growth and development
- b. Health, safety, and nutrition
- c. Relationships with children
- d. Relationships with families
- e. Observation and assessment
- f. Curriculum and approaches to learning
- g. Professionalism

2. To earn the Maine Infant Toddler Credential, Applicants must:

- a. Meet the formal education, experience, and training requirements.
- b. Be a member of the Maine Roads to Quality Registry.
- c. Submit a completed application and payment of \$25 to MRTQ PDN.
- d. Submit a Portfolio that demonstrates the required competencies specific to working with infants and toddlers.
- e. Participate in a Maine Infant Toddler Credential On-Site Observation.
- f. Distribute, collect, and submit Maine Infant Toddler 1 Family Surveys.

3. Evaluation and credential decisions are based upon:

- a. The Applicant meeting all education, experience, and training requirements.
- b. Successful completion of the Portfolio.
- c. Satisfactory completion of the Maine Infant Toddler Credential On-Site Observation.
- d. A return rate of 75%, with an 80% positive rating on the Maine Infant Toddler Credential Family Surveys (see Section 6).

4. Decisions on awarding the Maine Infant Toddler Credential will be made by the MRTQ PDN Credential Review Team, with initial credentials being awarded for three years.

- a. The Credential Review Team (CRT) meets on a quarterly basis to review applications. The schedule for review is:

Application received by:	Reviewed during:	Applicant notified of CRT's decision:
January 1 st	January	January 31 st
April 1 st	April	April 30 th
July 1 st	July	July 31 st
October 1 st	October	October 31 st

- b. Applicants with completed and approved materials will be contacted regarding an on-site visit.
- c. Applicants are given 60 days to revise any Portfolio entry that does not demonstrate competency or to submit missing materials.
- d. Credential decisions may be appealed. If awarding of a Maine Infant Toddler Credential is denied, Applicants may submit an appeal in writing to MRTQ PDN.

5. The Maine Infant Toddler Credential must be renewed by documenting:

- a. Completion of a 3.0 credit college course covering a topic related to infants and toddlers **OR** 45 contact hours of training in one of the above subjects.
- b. Initial credentials must be renewed after three years; subsequent renewals will be required every five years.
- c. Complete information and the Maine Infant Toddler Credential Renewal Application are available on the MRTQ PDN website.

6. MRTQ PDN has the following supports available for practitioners:

- a. Cohorts will be available for practitioners to join to receive support from a facilitator and peers; cohorts generally involve participation in monthly meetings (either via conference call, video conference, or face-to-face) and individualized assistance from the facilitator on completing the Portfolio and preparing for the On-Site Observation.
- b. On-site consultation is also available to practitioners pursuing the Maine Infant Toddler Credential.

More information about each of these steps is available in the applicable section of this information packet.

Section 3: Eligibility Requirements

Prior to applying for the Maine Infant Toddler Credential, all Applicants must provide evidence of completion of educational, training, and work/volunteer experience requirements.

Registry Membership

All Applicants for the Maine Infant Toddler Credential must be members of the Maine Roads to Quality Registry. Applications for Registry membership may be completed online at: <https://mrtq-registry.org> or practitioners can call MRTQ PDN at 1-888-900-0055. Review of an Applicant's Portfolio will be deferred until Registry membership can be confirmed.

Educational Requirements

Applicants must have:

- A high school diploma/GED/HiSet

Training Requirements

Within **five** years of the date of application, Applicants must have completed the following MRTQ PDN Core Knowledge trainings:

- *Caring for Infants, Toddler, and Their Families* (30 hours)
- *Foundations of Health, Wellness, and Safety* (18 hours)
- *Supporting Maine's Infants and Toddlers: Guidelines for Learning and Development* (30 hours)
- *Introduction to Infant Mental Health: Issues and Practice* (18 hours) OR *Social and Emotional Learning Birth to 5* (18 hours)
- *Partners in Caring: Families and Caregivers* (15 hours)
- *Your Professional Development Portfolio* (9 hours)

Complete training descriptions are listed in the Required Training Section of this manual.

Work/Volunteer Experience Requirements

Applicants must:

- Document at least 480 hours of experience working/volunteering with infants and/or toddlers within in the past 5 years.

Alternative pathways for meeting eligibility requirements are considered by MRTQ PDN on an individual basis.

To help you organize and track your progress, you can use the following checklist that lists all of the eligibility requirements for the Maine Infant Toddler Credential. *This checklist is for your use and does not need to be included in your Portfolio.*

Maine Infant Toddler Credential Eligibility Requirements Checklist	
Requirement	Date Completed
Maine Roads to Quality Registry membership	
Educational requirement: <input type="checkbox"/> High school diploma/GED/HiSet	
Training requirements (must complete all): <input type="checkbox"/> <i>Caring for Infants, Toddlers, and Their Families</i> (30 hours) <input type="checkbox"/> <i>Foundations of Health, Wellness, and Safety</i> (18 hours) <input type="checkbox"/> <i>Supporting Maine's Infants and Toddlers: Guidelines for Learning and Development</i> (30 hours) <input type="checkbox"/> <i>Introduction to Infant Mental Health: Issues and Practice</i> (18 hours) OR <i>Social and Emotional Learning Birth to 5</i> (18 hours) <input type="checkbox"/> <i>Partners in Caring: Families and Caregivers</i> (15 hours) <input type="checkbox"/> <i>Your Professional Development Portfolio</i> (9 hours)	_____ _____ _____ _____ _____ _____
Document 480 hours of work with infants and/or toddlers within the past five years.	
Notes/Questions/Reminders:	

Section 4: Training Descriptions

The required trainings for the Maine Infant Toddler Credential are listed below in the *suggested sequence* for Applicants to follow. While it is understood that training schedules, practitioner schedules, and other factors may alter this path for some, this sequence is recommended for those who have not yet begun the training component of the Maine Infant Toddler Credential.

NOTE: In 2021, the training Supporting Maine's Infants and Toddlers: Guidelines for Learning and Development will be phased out and replaced with the updated training Infant Toddler Maine's Early Learning and Development Standards (MELDS). Both trainings will meet the requirements for the Maine Infant Toddler Credential. Additional information will be available in late spring 2021.

First Step: Foundational Trainings

Caring for Infants, Toddlers, and Their Families (30 hours)

This training covers the unique aspects of providing care for infants and toddlers in a home or center-based setting. Focus is given to establishing the family/provider relationship, understanding temperament, curriculum, and setting up and maintaining developmentally appropriate environments.

Foundations of Health, Wellness, and Safety (18 hours)

This course follows the content of *Caring for Our Children, 3rd edition* and *Stepping Stones to Caring for Our Children*. These publications include standards of care that typically exceed those associated with child care licensing. Throughout this training, participants are encouraged to compare Maine's licensing requirements and the standards of these two nationally-endorsed publications with the policies and procedures in place at the program in which they work.

Partners in Caring: Families and Caregivers (15 hours)

This training covers the importance of developing positive relationships with families and creating a family-friendly program.

Your Professional Development Portfolio (9 hours)

This training gives an introduction to creating a professional portfolio for the individual – the what, why, and how. Participants will gain an understanding of how and why a portfolio promotes professionalism, and begin to develop their own portfolio, including a philosophy statement, résumé, and evidence that supports their competence as a professional.

Second Step: Additional Required Training

Supporting Maine's Infants and Toddlers: Guidelines for Learning and Development (30 hours)

This training is designed to guide providers through the history, creation, and use of this publication, which outlines learning and development from birth to age three. The modules focus on orienting practitioners to the document and to developing understanding relationships.

ONE OF THE FOLLOWING:

Introduction to Infant Mental Health: Issues and Practice (18 hours)

This training is delivered in partnership with the Maine Association for Infant Mental Health. The training covers an introduction to mental health in early childhood for children prenatal through age eight.

OR

Social and Emotional Learning Birth to 5 (18 hours)

This training covers some of the fundamental aspects of social and emotional development and learning, focusing on children birth through age five. It will cover information about developmental milestones, attachment, self-regulation, temperament, executive function, and the importance of relationships and play for healthy social and emotional development. Social and emotional development is a lifelong process. In this training participants will embrace the infant mental health perspective of promoting, sustaining, and restoring social and emotional health for children through our relationships.

Training information, including the schedule and registration, can be found on MRTQ PDN's Statewide Online Training Calendar: <https://ececaldarmaine.org>

Section 5: The Portfolio

Applicants for the Maine Infant Toddler Credential will create a Portfolio to demonstrate their competence and reflect on their experiences with completing the training for the credential. This demonstration should be presented electronically. The Applicant may include multi-media components, such as video or audio recordings or photographs. Special permission is required if a paper Portfolio will be submitted. (Note: The creation and requirements for electronic portfolios are covered in the training *Your Professional Development Portfolio*.)

Please note:

- It is the **Applicant's** responsibility to SAVE and organize all relevant assignments from the required training! Especially for any online trainings, nothing is saved by the instructor or by MRTQ PDN – it is the Applicant's responsibility to keep and organize all work. It is recommended that Applicants save electronic versions of their work to facilitate updating of materials before adding them to the final Portfolio.
- All training and application materials for the Maine Infant Toddler Credential should utilize respectful "person-first" language. Please refer to the CDC's resource for additional [information about using "person-first" language](#).
- The Portfolio is a professional document and should be clear, legible, and with correct spelling and grammar. Remember to include citations for all relevant sources.
- Whenever utilizing information from another source, it is important to remember to include citations. Reflections and descriptions written in response to prompts for evidence in different Competency Areas must reflect the Applicant's own work and views. It is fine (and can be helpful in making a point) to include relevant information from reliable sources (websites, journals, books, etc.) but citations giving credit to the author(s) and/or source(s) must be included. Examples of simple citations can be found on [this website](#).
- Reflections should demonstrate an individual's perspective and experience and should show the Applicant's understanding of the content being addressed in the Competency Area. It is acceptable to consider the Applicant's program's policies or approaches, but this is typically not the entire reflection. The Applicant should consider sharing stories of experiences they've had with children and families relevant to the Competency Area being addressed.
- Children and families should remain anonymous to maintain professional confidentiality. **If confidentiality is violated, evidence for that competency area will not be accepted and the Portfolio will be returned to the Applicant for correction.** Some options to maintain confidentiality are:
 - Changing the names of children and families, or simply use only initials
 - Including a written permission form signed by the parents or guardians of any children shown in photographs or video

- Using photos or videos that do not show a child's face, or using stickers to obscure a child's identity
- Redacting (blacking out) a child or family's name or identifying information from any scanned text.
- For more information regarding confidentiality, Applicants can review the Growing Ideas Tipsheet – Confidentiality: Respecting the Privacy of All Families, included in Appendix B.

Portfolio Composition

An Applicant's Portfolio should be divided into two sections: Introduction and Competency Areas. The sections are outlined below.

Section 1: The Introduction

All Portfolios must include:

- a. The Applicant's Personal Philosophy Statement describing their approach to developmentally appropriate, safe, and nurturing infant and toddler care in group settings (maximum of one page)
- b. The Applicant's résumé (maximum of two pages)
- c. The Applicant's MRTQ PDN Professional Development Profile

Section 2: Competency Areas

In this section the Applicant will present evidence of competency in each of the competency areas. The grid on the following pages should guide the writing and presentation of this section.

Guide for Demonstrating Competency

Competency Area	Indicator of Best Practice	Prompts for Your Thinking	Evidence
<p>A. Infant and Toddler Growth and Development</p>	<p>A.1: Describe the major developmental milestones of infancy and the toddler years.</p> <p>A.2: Articulates the basic concepts of brain development and the importance of the first three years of life.</p> <p>A.3: Describes examples of the holistic nature of child development and the interdependence of the domains: social, emotional, cognitive, language, and physical.</p>	<ul style="list-style-type: none"> • What is the importance of knowing the developmental milestones? • How can you share this information with families in a constructive way? • What are the benefits of understanding the holistic nature of infant and toddler development? 	<p>For A.1: Develop a timeline that includes the major developmental milestones. Include a typed, 500 word reflection on why this information is important in the care of infants and toddlers. Include why you would share this with families.</p> <p>For A.2: Create two examples of family communication that shares information about brain development:</p> <ul style="list-style-type: none"> • A family board or display. Include a photo of the parent board or display AND a typed, 500 word description about how you used the board or display, what is included on it, and where you got your information. • A family newsletter article. The article should be at least 500 words. Include a copy of the article with all sources properly cited. <p>For A.3: Design an activity that incorporates <i>at least two</i> of the developmental domains. Include a 500 word description of the activity, the developmental domains addressed, and how the activity aligns with those domains.</p>
<p>B. Health, Safety, and Nutrition</p>	<p>B.1: Understands and follows licensing regulations regarding health and safety.</p> <p>B.2: Completes a basic daily health and safety check of the</p>	<ul style="list-style-type: none"> • What are the daily steps that you take to keep infants and toddlers healthy and safe? • What are the unique health and safety 	<p>For B.1: Write a competency statement describing basic health and safety regulations for infant and toddler programs, including how you follow them in your program. The statement should be at least 500 words and explain why this information is important, how you share this information with families, and where you got the information</p>

Competency Area	Indicator of Best Practice	Prompts for Your Thinking	Evidence
	<p>environment for potential hazards.</p> <p>B.3: Demonstrates appropriate techniques for performing basic first aid and CPR with infants and toddlers.</p> <p>B.4: Describes appropriate hand washing and sanitation procedures.</p> <p>B.5: Develops a collection of resources on mental health, nutrition, health, and safety that can be shared with families.</p> <p>B.6: Identifies signs that indicate possible abuse and/or neglect in infants and toddlers.</p> <p>B.7: Understands potential food- and plant-related hazards for infants and toddlers and implements preventive measures for avoiding dangerous situations.</p> <p>B.8: Understands the</p>	<p>needs of this age group?</p> <ul style="list-style-type: none"> • How do you share this information with families? 	<p>(including properly citing your sources).</p> <p>For B.2: Evidence is observed during the on-site observation and gathered from the Family Survey.</p> <p>For B.3: Document current certification in Infant, Child, and Adult CPR and First Aid. Include a copy of your current certification.</p> <p>For B.4: Document how children and adults in your program are visually reminded about hand washing procedures. Include a copy or photo of the visual used and a 500 word reflection on why this practice is important in the care of infants and toddlers.</p> <p>For B.5: Create or share a family communication containing basic health information regarding a common illness in infants and/or toddlers. Include a typed 500 word reflection on why this information is important, how it was shared with families, and properly cited resources.</p> <p>For B.7: Present an up-to-date listing of potential food- and plant-related hazards, including how you plan for avoiding dangerous situations. Include a typed 500 word reflection on why this information is important and how you would share this with families. Your reflection should focus on nutrition, allergy awareness, and plant-related hazards and prevention opportunities. Remember to properly cite where you got your information.</p>

Competency Area	Indicator of Best Practice	Prompts for Your Thinking	Evidence
	<p>relationship between nutrition and brain development.</p> <p>B.9: Articulates behaviors or other symptoms that signal a possible nutritional concern.</p>		
<p>C. Relationships with Children</p>	<p>C.1: Responds to infants' and toddlers' basic physical and emotional needs by responding to cries of distress, hunger, tiredness, or boredom.</p> <p>C.2: Utilizes practices that nurture the caregiver-child relationship so that the child feels safe and can predict behaviors and responses from adults.</p> <p>C.3: Provides examples of eliciting information from families about their child and integrating consistent caregiving practices across home and early childhood settings.</p> <p>C.4: Implements practices that address</p>	<ul style="list-style-type: none"> • How do you nurture your relationships with specific children? • How are your practices individualized? • How do you know when a child has a secure relationship with you? 	<p>For C.1: Evidence is observed during the on-site observation and gathered from the Family Survey.</p> <p>For C.2: Write a statement on the effects that responsive caregiving has on healthy attachments and overall social and emotional development. Include any policies your program has regarding attachment. If your program does not have a policy, include information about why this policy would be important and what the policy might look like. In addition, include a typed 500 word reflection on the importance of responsive caregiving, the role it plays in your work with infants and toddlers, and how the use of relationships and interactions is a primary learning strategy.</p> <p>For C.3: Create or share your written policy outlining strategies used to ease the transition into a child care setting for both families and children, including specific techniques. Include a copy of the written policy, along with a typed 500 word reflection on why this policy is important and how you share it with families.</p> <p>For C.4: Evidence is observed during the on-site</p>

Competency Area	Indicator of Best Practice	Prompts for Your Thinking	Evidence
	individual infant's or toddler's schedules for sleep/rest, food, elimination, and play.		<i>observation and gathered from the Family Survey.</i>
D. Relationships with Families	<p>D.1: Utilizes strategies for eliciting information about family culture, child-rearing practices, and individual child needs, prior to enrollment.</p> <p>D.2: Describes daily communication strategies that develop and maintain trust with families.</p> <p>D.3: Maintains confidentiality as required in all situations with children and families and understands the unique confidentiality issues and responsibilities involved in working with infants and toddlers.</p>	<ul style="list-style-type: none"> • What is the importance of daily communication with families? • How do families know that they are welcomed and respected in your program? 	<p>For D.1: Create or share a written family questionnaire soliciting information from families, prior to their child's enrollment. Include a copy of the questionnaire AND a typed 500 word reflection on why this information is important and how you use this information in your practice.</p> <p>For D.2: Share an example of written daily communication for use with families. Include a copy of the communication form or note AND a typed 500 word reflection on why this form is important and how it is shared with families.</p>
E. Observation and Assessment	E.1: Observes infants' and toddlers' development and individual needs to use in program planning.	<ul style="list-style-type: none"> • What is the importance of observation and assessment? 	<p>For E.1: Evidence is observed during the on-site observation and gathered from the Family Survey.</p> <p>For E.2: Document a one-hour observation in the area of gross and fine motor skill development and plan for a developmentally appropriate activity</p>

Competency Area	Indicator of Best Practice	Prompts for Your Thinking	Evidence
	<p>E.2: Identifies and documents growth in development for individual children based upon observations.</p> <p>E.3: Utilizes at least two infant and toddler assessment tools (can include checklists).</p>		<p>based up the observation. Include a copy of the observation and a typed plan for an activity or interaction, describing how the activity aligns with the domain "Development of Strong and Healthy Bodies."</p> <p>For E.3: Share an example of a completed assessment tool that is commonly used with infants and toddlers. Remember to only use initials for any children – confidentiality is important! Include a typed 500 word reflection on why this is important and how you share this information with families.</p>
<p>F. Curriculum and Approaches to Learning</p>	<p>F.1: Follows infants' and toddlers' individual schedules when planning for activities and interactions.</p> <p>F.2: Demonstrates use of relationships and interactions as a primary learning strategy.</p> <p>F.3: Selects appropriate toys, materials, and environmental arrangements to promote infant and toddler exploration and discovery.</p> <p>F.4: Utilizes a sensory-rich environment as a learning tool and provides daily multi-</p>	<ul style="list-style-type: none"> • What is curriculum for infants and toddlers? • How do you respond to infants' and toddlers' needs for individualized schedules? • What makes a toy, material, or environment engaging for an infant or toddler? What does not work well for this age group? 	<p>For F.1: Share your basic daily schedule for your program/classroom, indicating how it allows for individual infant and/or toddler schedules. Provide a copy of your daily schedule. Include a typed 500 word reflection on how this information is shared with families, how individuals' schedules are respected, and the importance of a rich, multi-sensory environment. Share an example of how you intentionally plan the environment and what toys and materials you include to promote exploration and discovery.</p> <p>For F.2: Evidence is observed during the on-site observation and gathered from the Family Survey.</p> <p>For F.3: Design a toy that is safe and durable and describe how it meets a specific need an infant or toddler may have. Provide a photo of the toy, along with a description of how it was made. Include a typed 500 word reflection describing an activity using this toy, the developmental domain with which it aligns, and how the toy supports the domain(s).</p> <p>For F.4: Evidence is observed during the on-site</p>

Competency Area	Indicator of Best Practice	Prompts for Your Thinking	Evidence
	<p>sensory experiences.</p>		<i>observation and gathered from the Family Survey.</i>
G. Professionalism	<p>G.1: Maintains membership in the Maine Roads to Quality Registry.</p> <p>G.2: Demonstrates the ability to create a partnership and work productively with families and co-workers (if applicable) in the delivery of care.</p> <p>G.3: Writes a philosophy statement defining his/her approach to developmentally appropriate, safe, and nurturing infant and toddler care in group settings.</p> <p>G.4: Demonstrates the ability to be self-reflective in practice and work situations with children and families by identifying personal strengths and challenges.</p> <p>G.5: Understands and values divergent points of view and cultural</p>	<ul style="list-style-type: none"> • What, specifically, in your practice changed as a result of the training and reflection you have completed? • How have your interactions with children, co-workers (if applicable), and families been impacted by what you have learned? • How will you continue to reflect on your practice? 	<p>For G.1: Include a copy of your Maine Roads to Quality Professional Development Profile (PDP). Ensure it is dated and signed by the Registry Manager.</p> <p>For G.2: Evidence is observed during the on-site observation and gathered from the Family Survey.</p> <p>For G.3: Write your philosophy statement defining your approach to developmentally appropriate, safe, and nurturing infant and toddler care in group settings. Include a typed copy of your philosophy statement. Your philosophy statement should include demonstrated understanding of family culture and values and how they are respected and celebrated. Citing the NAEYC Code of Ethical Conduct is suggested.</p> <p>For G.4: Write a reflection on your interactions with a family (or families) and how your thoughts and interactions have changed as a result of what you have learned during the Maine Infant Toddler Credential process. This reflection should be at least one page. Citing the NAEYC Code of Ethical Conduct is suggested.</p> <p>For G.5: Evidence is observed during the on-site observation and gathered from the Family Survey.</p>

Competency Area	Indicator of Best Practice	Prompts for Your Thinking	Evidence
	<p>preferences around child caregiving and child rearing.</p> <p>G.6: Demonstrates understanding of the NAEYC Code of Ethical Conduct by referencing the Code when solving dilemmas encountered in working with infants, toddlers, and their families.</p>		

Maine Infant Toddler Credential Portfolio Checklist	
Component	Date Completed
Section 1: Introduction	
Personal Philosophy Statement	
Résumé	
Professional Development Profile	
Section 2: Competency Areas and Evidence	
A. Infant and Toddler Growth and Development <ul style="list-style-type: none"> <input type="checkbox"/> Timeline of major developmental milestones <input type="checkbox"/> Examples of family communication <input type="checkbox"/> Activity incorporating <i>at least two</i> of the developmental domains 	
B. Health, Safety, and Nutrition <ul style="list-style-type: none"> <input type="checkbox"/> Competency statement describing basic health and safety regulations, including how you follow them in your program <input type="checkbox"/> Current certification in Infant, Child, and Adult CPR and First Aid <input type="checkbox"/> Visual reminder of handwashing procedures <input type="checkbox"/> Example of family communication containing basic health information regarding a common illness affecting infants and toddlers <input type="checkbox"/> Up-to-date listing of potential food- and plant-related hazards, including a plan for avoiding dangerous situations 	
C. Relationships with Children <ul style="list-style-type: none"> <input type="checkbox"/> Statement regarding responsive relationships <input type="checkbox"/> Written policy outlining strategies for transitioning children into the child care setting 	
D. Relationships with Families <ul style="list-style-type: none"> <input type="checkbox"/> Written family questionnaire <input type="checkbox"/> Example of written daily communication 	
E. Observation and Assessment <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of a one-hour observation and plan for a developmentally appropriate activity <input type="checkbox"/> Example of a completed assessment tool 	
F. Curriculum and Approaches to Learning <ul style="list-style-type: none"> <input type="checkbox"/> Basic daily schedule <input type="checkbox"/> Design a toy 	
G. Professionalism <ul style="list-style-type: none"> <input type="checkbox"/> Reflection on your interaction with a family (or families) and how your thoughts and interactions have changed as a result of what you have learned during the Maine Infant Toddler Credential process 	

Maine Infant Toddler Credential Portfolio Checklist

Notes/Questions/Reminders:

Section 6: Family Surveys

The Family Survey is a tool to help the Maine Infant Toddler Credential Review Team determine that the Applicant has a good understanding of infant and toddler development and offers care and education that is responsive and appropriate for this age group.

Once the Applicant's Portfolio has been reviewed and determined to be complete, the Applicant will be sent the Family Survey Letter and the Family Survey to distribute in their program. Surveys should be distributed to **all families** with infants and/or toddlers in the Applicant's care. Families with more than one child under age three can complete **one** survey. Families with shared custody arrangements should complete a survey for each household.

The criteria for successful completion of the Family Survey are:

- At least a 75% return rate
- At least an 80% positive response

Completed surveys should be returned to the Applicant in a sealed envelope; sealed envelopes should be given to the observer during the on-site observation (see Section 7).

Section 7: On-Site Observation

Upon successful completion of the Portfolio, Applicants will schedule an on-site observation. Through the on-site observation, Applicants will show how they have integrated the knowledge gained through the Maine Infant Toddler Credential process into their daily practice. The on-site observation will assess the Applicants' practice in each of the seven Competency Areas:

1. Infant and Toddler Growth and Development
2. Health, Safety, and Nutrition
3. Relationships with Children
4. Relationships with Families
5. Observation and Assessment
6. Curriculum and Approaches to Learning
7. Professionalism

Scheduling the On-Site Observation

MRTQ PDN assigns observers to conduct on-site observations. The assigned observer will contact the Applicant to arrange a mutually agreed upon date for the observation; the on-site observation must take place within three months of notification of successful Portfolio completion. After the observation, the assigned observer will meet with the Applicant to discuss the results of the observation.

Please see Appendix D to review the entire Maine Infant Toddler Credential On-Site Observation Guide.

Appendix A: Glossary of Terms

ADA – Americans with Disabilities Act of 1990; a federal civil rights law designed to provide equal opportunity for qualified individuals with disabilities, including students

Appeal Procedure – The process by which an Applicant can respond to the decision of the Credential Review Team

Applicant – Any person in the process of meeting the requirements for any of the Maine Credentials

Coaching – A relationship-based process led by an expert with specialized and adult learning and skills, who often serves in a different professional role than the recipient(s); coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal setting for an individual or group (Technical Assistance Competencies for Maine's Early Childhood Workforce, 2017)

Cohort – Group whose members share a significant experience at a certain period of time or have one or more similar characteristics; in this case, a group of professionals working towards a Maine Credential with guidance from a facilitator

Cohort Application – Application to be a member of a MRTQ PDN Credential Cohort, not to be confused with the application for a Maine Credential

Competency – Measurable skills, knowledge, dispositions, and abilities that practitioners working with children and/or youth need to facilitate learning and development linked to relevant guidelines or standards

Competency Area – Label to organize the knowledge, skills, and dispositions (competencies) that collectively define an essential component of effective, high-quality professional practices

Continuous Quality Improvement (CQI) – A process in which programs use data to identify areas of needed improvement and achieve program goals, participant satisfaction, and positive outcomes

Credential – Documents certifying an individual has met a defined set of requirements established by the grantor of the credential; usually include knowledge and skills and may include demonstrations of competence through a portfolio

Cultural Competency – The ability to interact effectively with people of different cultures; ensures that the needs of all community members are addressed ([Cultural Competency Glossary](#))

Developmentally Appropriate Practice – Learning environment and teaching strategies that are based on current theories and research about how young children learn and develop and promote the optimum growth and development of children

DHHS OCFS – Maine's Department of Health and Human Services, Office of Child and Family Services

Evaluation Tools – Include surveys, questionnaires, focus groups; program evaluation is a systematic method for collecting, analyzing, and using information to answer questions about projects, policies and programs, particularly about their effectiveness and efficiency

Evidence-Based Practices – Approaches and techniques supported by research findings and/or demonstrated to be effective through examination of and reflection on current and past practices

Family Engagement Activities – Meaningful activities and experiences that demonstrate reciprocal relationships between families and early childhood and/or out-of-school time program staff on behalf of children's learning and development; effective family engagement activities are fully inclusive of all family members and reinforce learning in multiple settings

Family Survey – Tool to gather parent/family input about the Applicant's understanding and demonstration of the Competencies of the applicable Maine Credential

IDEA – Individuals with Disabilities Education Act; an education act to provide federal financial assistance to State and local education agencies to guarantee special education and related services to eligible children with disabilities

Indicator of Best Practice – An identified marker or benchmark that outlines methods that are based on theories and current research for effective practices that support optimal learning and development of children and youth

Mentoring – A relationship-based process between colleagues of similar professional roles, with a more-experienced individual with adult learning knowledge and skill, the mentor, providing guidance and example to the less experienced protégé mentee; intended to increase an individual's personal or professional capacity, resulting in greater professional effectiveness (Technical Assistance Competencies for Maine's Early Childhood Workforce, 2017)

MRTQ Core Knowledge Training – Denotes a standardized set of curricula covering the following eight core knowledge areas:

1. Healthy, safe environments
2. Child development
3. Developmentally appropriate practice
4. Observation and assessment
5. Guidance
6. Relationships with families
7. Individual and cultural diversity
8. Business and professional development

Delivered by instructors with a Master's Degree in early childhood education (or a closely related field) who have taken additional training regarding teaching adult learners and offers a consistent body of knowledge regarding best practices in early childhood education and out-of-school time for both new and experienced practitioners

MRTQ PDN – Maine Roads to Quality Professional Development Network provides professional development services for early childhood and out-of-school time professionals throughout Maine

MRTQ Registry – The early childhood and out-of-school time professional recognition system for Maine; tracks work experience, training, and education

NAEYC – National Association for the Education of Young Children

NAEYC Code of Ethics – A professional Code of Ethics for Early Care and Education Professionals serving children birth to eight NAEYC Code of Ethics and Statement of Commitment

On-site Observer – Trained early childhood and/or out-of-school time professional who visits an Applicant at their place of employment to assess mastery of Competencies written into the applicable Maine Credential.

On-site Observation Tool – Instrument designed to assess a professional's progress toward mastering the Competencies of the applicable Maine Credential

Out-of-School Time Settings – Any of an array of programs that provide children and youth with a range of supervised activities designed to encourage learning and development outside of the typical school day

Person-First Language – Typically used to depict a clear and positive image when discussing any/all people and represents more respectful and more accurate ways of communicating; people with disabilities are not their diagnoses or disabilities - they are people (e.g. a child with special needs is not a "special-needs child") (Aleman 1991; Snow 2001)

Portfolio – A collection of work assembled in an approved format to demonstrate and document knowledge and skills; it is a vehicle for tracking development, assessing changes in philosophy, and sharing beliefs with others in a clear way

[*Professional Growth Activities*](#) – The ten additional hours of professional growth activities, above and beyond the amount required by licensing based on the Staffing and Professional Development Standard at Steps 3 and 4 within *Quality for ME*

Quality for ME – Maine's four-step quality rating and improvement system, designed to increase awareness of the basic standards of early care and education, to recognize and support providers who are providing care exceeding those standards, and to educate the community of the benefits of higher quality care

Reflective Practice – The process of thoughtfully considering one's thoughts, feelings, actions, and experiences when applying knowledge to practice

Stakeholder – Includes funders, program staff, administrators, program participants, families or clients, community leaders, collaborating agencies, and others with a direct or even indirect interest in program effectiveness

GROWING IDEAS

Confidentiality: Respecting the Privacy of All Families



Care and education professionals routinely receive confidential information about children and families as part of their work. Maintaining confidentiality is important both legally and ethically.

What is confidentiality?

Confidentiality involves the treatment of information that an individual has shared in a relationship of trust. Confidential information might include personal details about the lives of children and families, and/or details such as names, addresses, phone numbers, birth dates, health, Individual Education Plans (IEP) and employment information.



What does it mean to maintain confidentiality?

- Conversations, written documents and information, including photos or media about a child or family should be kept private.
- No information about a child or family should be shared with anyone without the written consent of the child's family or legal guardian.

Please note: exceptions include mandated reporting of child abuse required by law, and health conditions when the public health department must be notified.

Why is maintaining confidentiality important?

- Maintaining confidentiality demonstrates respect, which can support the development of a trusting relationship needed for successful family partnerships.
- Confidentiality is a legal protection and assurance of families' right to privacy.
- Practicing confidentiality assures the safety of children and families. It creates and maintains a reputation of high quality standards for the professional and the child care program.

How can care and education professionals honor their legal and ethical obligation to maintain family privacy?

- Know laws, regulations and guidelines on handling personal information.
- Do not give or receive records or other information about children or families without written permission from the parents or legal guardian.
- Understand that parental permission is voluntary and can be withdrawn at any time.
- Develop an internal program policy that guides information sharing among program staff, and with outside agencies and consultants.

Discuss confidential information in private locations, not in open or shared spaces (hallways, staff rooms, parking lots) where conversations can be overheard.

- Program policies describe how child records are secured, such as in a locked cabinet, who can access them and under what circumstances they can be shared.

Share policies regarding confidentiality practices.

- Review and distribute policies related to confidentiality during orientation for families and staff. Review with staff yearly, at least.
- If questions about family privacy arise, identify who in the program staff families should consult.

What procedures should be in place?

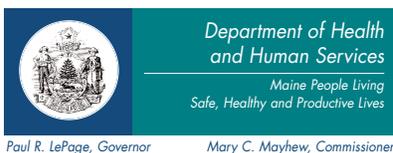
- Develop a parental consent for release form that gives the provider permission to share specific information about a child, such as an IEP, medical records, and/or observations.
- Informed consent means that when parents/guardians give consent to share information about their child, they understand why they are being asked to release these details, and the conditions that apply. Discuss parental consent for release forms carefully with parents/guardians.

Disclaimer: This information is for broad educational purposes only. It is not and does not take the place of legal advice for any specific situation nor is it offered as such.

Where to learn more:

See "[Confidentiality: Respecting the Privacy of All Families — Learning Links](http://ccids.umaine.edu/resources/ec-growingideas/confidentill/)" online at <http://ccids.umaine.edu/resources/ec-growingideas/confidentill/>

The University of Maine Center for Community Inclusion and Disability Studies gratefully acknowledges Helen M. Bailey, Esq., General Counsel, and Kristin Aiello, Esq., Staff Attorney, from the Disability Rights Center, Maine's federally-mandated protection and advocacy agency for individuals with developmental disabilities, for their technical assistance during the development of this tipsheet.



This update and expansion of the Growing Ideas Resources for Guiding Early Childhood Practices was completed by the University of Maine Center for Community Inclusion and Disability Studies with funding from the Maine Department of Health and Human Services' Office of Child and Family Services, Early Childhood Division. © 2011

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Updated: 02/27/14

Appendix C: Maine Infant Toddler Credential Application

Section 1: Contact Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

Home Email: _____

Section 2: Application Requirements

Please initial:

_____ I am a member of the Maine Roads to Quality Registry.

_____ I have met the educational requirement of having at least a high school diploma/GED/HiSet.

_____ I have completed all of the following trainings:

- Caring for Infants, Toddlers, and Their Families* (30 hours)
- Supporting Maine's Infant and Toddlers: Guidelines for Learning and Development* (30 hours)
- Foundations of Health, Wellness, and Safety* (18 hours)
- Introduction to Infant Mental Health: Issues and Practice* (18 hours)
- Partners in Caring: Families and Caregivers* (15 hours)
- Your Professional Development Portfolio* (9 hours)

_____ I have completed at least 480 hours of work or volunteer experience with young children and/or youth within the past five years.

_____ I have completed a Portfolio that confirms that I have met the educational requirements and demonstrates competency in each of the Competency Areas. **A link to my electronic Portfolio has been emailed to mrtq.credentials@maine.edu.**

_____ I am enclosing a check for \$25 made out to the University of Southern Maine.

Application and check should be mailed to:

Maine Roads to Quality
University of Southern Maine
PO Box 9300
34 Bedford Street
Portland, ME 04104-9300

Signature

Date



Appendix D: Maine Infant Toddler Credential On-Site Observation Tool

Applicant's Name: _____ Program Name: _____

Observer: _____ Date: _____

Setting: Child Care Center Family Child Care Early Head Start License Exempt Other: _____

Number of children: ___ Young Infants (birth to 8 months) ___ Older Infants (8 to 18 months) ___ Toddlers (18 to 36 months)

If a multi-age program, please indicate the number of children not considered infants or toddlers: _____

Is the Applicant multi-lingual? Yes No If yes, which languages are spoken in the program? _____

The ratings are defined as follows:

- Now – the Applicant is currently engaged in this practice and is confident in his or her knowledge and skill
- Not Yet – the Applicant is working toward making change in his or her practice
- Need Support – the Applicant is aware that change in practice is needed and identifies that additional support is necessary to implement the change

Indicator	Ratings			Evidence/Notes
	Now	Not Yet	Needs Support	
Health, Wellness, and Safety				
<p>Follows licensing regulations regarding health and safety:</p> <ul style="list-style-type: none"> • Emergency procedures/numbers posted • Diapering and toileting procedures posted and followed 				<p><i>Complete a visual scan of the room for evidence or ask the Applicant if this item is not obvious. Observe diapering procedures.</i></p>
<p>Completes basic daily health and safety check of the environment for potential hazards.</p>				<p><i>Ask for a copy of the checklist. Observe or interview the Applicant regarding the procedures for the daily check (e.g. "When do you complete your daily check?" "How do you fit it into the day?" "What do you do when you find a hazard?")</i></p>
<p>Implements appropriate hand washing (adults and children), sanitation, and disinfecting procedures, including tables, toys, equipment, and materials.</p>				<p><i>All adults follow hand washing procedures. There is a procedure for sanitizing tables and toys (e.g. a basket for mouthed toys, etc.).</i></p>

Indicator	Ratings			Evidence/Notes
	Now	Not Yet	Needs Support	
Resources regarding mental health, nutrition, health, and safety are available for families.				<i>Complete a visual scan of the program for evidence or ask the Applicant if evidence is not obvious.</i>
Indoor and outdoor environments are free of hazards, including: <ul style="list-style-type: none"> • No dangerous plants • Outlets are covered • No broken equipment, toys, or furnishings • No foods that are hazardous to infants or toddlers • Smoke free 				<i>Observe the program area. Interview the Applicant if the smoke free policy is not posted. Utilize the list of poisonous plants from Caring for Our Children.</i>
Uses preventative measures for avoiding dangerous situations: <ul style="list-style-type: none"> • Children are always attended by an adult • Appliances are kept out of reach • The same sink is not utilized for both food preparation and diapering procedures unless properly sanitized • Fences are in place (if applicable) 				<i>Observe to see that the Applicant attends to all children and is aware of potential hazards. Children are supervised by sight and sound; an adult is nearby in case physical redirection is necessary.</i>
Meets Child and Adult Care Food Program nutritional guidelines. <input type="checkbox"/> Check here to indicate Not Applicable – families provide all food.				<i>Ask Applicant how they ensure that available snacks and meals are healthy and nutritious.</i>
Developmental needs are met at mealtimes (e.g.				<i>Observe mealtime.</i>

Indicator	Ratings			Evidence/Notes
	Now	Not Yet	Needs Support	
infants are held, Applicant interacts socially with older children while they eat).				
Relationships with Children and Families				
Responds to infants' and toddlers' basic physical and emotional needs by responding to cries of distress, hunger, tiredness, and/or boredom.				<i>Observe the Applicant's response to the children.</i>
Addresses individual infant's or toddler's schedule for sleep, rest, food, elimination, and/or play.				<i>Applicant follows individual schedules for children under 18 months. Toddlers' individual schedules are followed within the broad context of the daily routines and schedule of the program (e.g. although a toddler room may have general times for meals, naps, or diapering, individual needs are still respected and met).</i>
Positive guidance strategies are used with children and shared with families.				<i>Observe the Applicant for use of redirection, positive reinforcement, etc. Ask the Applicant about how guidance strategies are shared with families (e.g. a guidance policy in the parent handbook).</i>

Indicator	Ratings			Evidence/Notes
	Now	Not Yet	Needs Support	
<p>Daily communication strategies are used to develop and maintain trust with families, including:</p> <ul style="list-style-type: none"> • Displays pictures of children and their families • Families made to feel welcome (e.g. addressed by name, preferences honored, etc.) • Daily updates on children's care and routines are provided 				<p><i>Complete a visual scan of the program for evidence or ask the Applicant if evidence is not obvious.</i></p>
<p>The environment reflects value for divergent points of view and cultural preferences, including:</p> <ul style="list-style-type: none"> • Books • Food • Pictures • Housekeeping props • Etc. 				<p><i>Observe the environment and interview the Applicant if this indicator is not obvious (e.g. "Do you have any other materials to rotate into the environment that reflect diversity?").</i></p>
Curriculum and Approaches to Learning / Observation and Assessment				
<p>Follows infants' and toddlers' individual schedule and preferences when planning for activities and interactions. There is a posted schedule that allows for flexibility and smooth transitions. Adaptations are made to activities, materials, equipment, or the environment, as needed.</p>				<p><i>Review the daily schedule and ask the Applicant how he/she adapts the daily schedule to meet individual needs (e.g. "If you have outdoor time scheduled for a group of mobile toddlers and it rains, how do you provide for a gross motor activity?").</i></p>

Indicator	Ratings			Evidence/Notes
	Now	Not Yet	Needs Support	
Demonstrates use of relationships, interactions, and daily routines as a primary learning tool/strategy.				<i>Observe the Applicant for: talking with children during diapering procedures, mealtime, and other routines. Does the Applicant sit close by and offer extensions during children's play?</i>
Offers appropriate toys, materials, and environmental arrangement to promote infant and toddler exploration and discovery.				<i>Look for soft elements, cause and effect toys, durable books, opportunities for floor time, and toys that are accessible to children.</i>
Employs a sensory-rich environment as a learning tool/strategy and provides multi-sensory experiences.				<i>Look for a variety of toys and manipulatives that offer varied textures, sounds, colors, etc. and are safe for children to mouth.</i>
Activities provided meet children's developmental needs in a holistic approach to the four domains of the document <i>Supporting Maine's Infants and Toddlers: Guidelines for Learning and Development</i> : <ul style="list-style-type: none"> • Social Beings • Ability to Communicate 				<i>Look in the <u>Supporting Maine's Infants and Toddlers: Guidelines for Learning and Development</u> for examples.</i>

Indicator	Ratings			Evidence/Notes
	Now	Not Yet	Needs Support	
<ul style="list-style-type: none"> • Strong and Healthy Bodies • Curious Minds 				
<p>Applicant describes system used to individually plan for children:</p> <ul style="list-style-type: none"> • Input from families • Observation • Assessment tool(s) • Curriculum plan • Review and revision of curriculum plans 				<i>Interview the Applicant for some or all of the listed items.</i>

Infant Toddler Growth and Development and Professionalism Competencies are demonstrated in the Applicant's Portfolio.

Appendix E: Family Survey



Dear Family,

The child care professional indicated on the enclosed Family Survey is working toward his or her Maine Infant Toddler Credential. The training requirements for this Credential will help to ensure that he/she has a good understanding of infant and toddler development and can offer care and education that is responsive and appropriate for this age group. It is our goal that all infants and toddlers in Maine receive high quality care.

The attached survey will help to inform us about how you, as the family of an infant or toddler in the Applicant's care, feel about how he or she works with your child. Family feedback is an important part of this Credential, so we would love to hear from you.

Please put this survey in a sealed envelope and return it to the designated location provided by the Applicant. If you have questions about this survey, feel free to contact me at (207) 626-5031 or jennifer.conley@maine.edu.

Sincerely,

Training and Curriculum Coordinator, Maine Roads to Quality Professional Development Network



Maine Infant Toddler Credential Family Survey

Applicant's Name: _____

Date this survey was completed: _____

How long has your infant/toddler been in the care of the Applicant? _____

Directions: Please circle Yes or No to respond to the following questions; if the statement does not apply to your family, please circle "NA" for "not applicable."

Health, Safety, and Nutrition

The Applicant..

- | | | | |
|--|-----|----|----|
| 1. Informs me of any accidents and/or first aid provided to my child. | Yes | No | NA |
| 2. Gives medication to my child only with my written permission. | Yes | No | NA |
| 3. Ensures that indoor and outdoor play areas are free of hazards; children are allowed to move around safely. | Yes | No | NA |
| 4. Talks with me about my child's nutritional needs. | Yes | No | NA |

Comments:

Infant Toddler Growth and Development / Observation and Assessment

The Applicant...

- | | | | |
|--|-----|----|----|
| 5. Talks to me about my child's development. | Yes | No | NA |
| 6. Plans and conducts activities that are of interest to my child. | Yes | No | NA |
| 7. Allows my child to explore activities and materials based upon his/her interests and abilities. | Yes | No | NA |
| 8. Share his/her observations of my child through daily communication and/or parent-teacher conferences. | Yes | No | NA |

Comments:

Curriculum and Approaches to Learning

The Applicant...

- | | | | |
|--|-----|----|----|
| 9. Provides a variety of toys and materials that my child enjoys and can easily reach. | Yes | No | NA |
| 10. Reads to my child and encourages him/her to explore books. | Yes | No | NA |
| 11. Listens and responds to my child when he/she babbles or talks. | Yes | No | NA |

Comments:

Relationships with Children and Families

The Applicant:

- | | | | |
|--|-----|----|----|
| 12. Knows my child well and understands his/her individual needs. | Yes | No | NA |
| 13. Responds to my child when he/she is upset. | Yes | No | NA |
| 14. Ensures that my child feels safe. | Yes | No | NA |
| 15. Talks with and asks me what I think is important for my child. | Yes | No | NA |

Infant Toddler Growth and Development / Observation and Assessment

The Applicant...

- | | | | |
|---|-----|----|----|
| 16. Allows my infant or young toddler to eat and sleep on their own schedule. | Yes | No | NA |
| 17. Listens and responds to my concerns. | Yes | No | NA |
| 18. Makes my child and family feel welcome. | Yes | No | NA |
| 19. Is willing to meet with me individually and at my convenience. | Yes | No | NA |

Comments:

Professionalism

The Applicant...

- | | | | |
|--|-----|----|----|
| 20. Maintains confidentiality in all matters concerning my child and family. | Yes | No | NA |
| 21. Encourages me to visit the program. | Yes | No | NA |
| 22. Informs me of important program and schedule changes. | Yes | No | NA |

Comments:

Thank you for completing this survey!

If you have any concerns about the care that your child is receiving, please contact Child Care Licensing at (207) 287-9300.

Appendix F: Authenticity Statement

The Applicant should review and sign the following statement and include a signed copy with the Portfolio:

I hereby certify that the material in this Maine Infant Toddler Credential Portfolio represents solely my own work, that no one has written it for me, that I have not copied another individual's work, and that all sources that I have used have been properly cited and clearly documented. I understand that any investigation of misconduct concerning any aspect of my work may lead to my disqualification as an Applicant for the Maine Infant Toddler Credential.

Applicant Name (print)

Applicant Signature

Date