

Infant Care Profile

**An Addendum to the
Occupational Standards for Early Childhood Educators**



**Child Care
Human Resources
Sector Council**

Infant Care Profile: An Addendum to the Occupational Standards for Early
Childhood Educators

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Un complément aux Normes professionnelles des éducatrices et éducateurs à l'enfance

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CONTENTS

INFANT CARE PROFILE

INTRODUCTION	1
SECTION A: CHILD DEVELOPMENT, LEARNING AND CARE	3
Task A.1: Facilitate the development and behaviour of infants	3
A.1.2: Facilitate Cognitive Development of Infants	4
A.1.3: Facilitate Language Development of Infants	6
A.1.4: Facilitate Social Development of Infants	8
A.1.6: Facilitate Emotional Development of Infants	10
A.1.7: Facilitate Creative Development of Infants	12
A.1.8: Facilitate Physical Development of Infants	14
A.1.9: Identify Potential Developmental Delays	16
Task A.2: Develop, implement and evaluate programs	17
A.2.3: Develop Infant Program	18
A.2.10: Implement Infant Program	20
A.2.11: Evaluate Infant Program	22
Task A.3: Support the holistic development of infants	23
A.3.1: Build Meaningful Relationships with Infants	24
Task A.4: Meet health, safety and well-being needs	27
A.4.3: Implement Preventative Health and Safety Measures	28
A.4.11: Promote a Healthy Lifestyle for Infants	30
Task A.5: Meet nutritional needs	31
A.5.1: Plan and Provide Nutritious Meals and Snacks for Infants	32
A.5.2: Prepare and Provide Infant Nutrition	34
A.5.3: Promote Healthy Eating for Infants	36
SECTION B: EQUIPMENT AND FACILITIES	39
Task B.2: Operate and maintain facilities	39
B.2.3: Monitor Cleanliness and Sanitation of All Areas used by Infants	40
SECTION E: PERSONAL AND PROFESSIONAL DEVELOPMENT	41
Task E.4: Advocate for the profession	41
E.4.2: Promote the Profession	42
ACKNOWLEDGEMENTS	43

INTRODUCTION

Why create occupational profiles for infant and school-age child care?

Two addendums have been developed to accompany the *Occupational Standards for Early Childhood Educators*: the *Infant Care Profile* and the *School Age Care Profile*. While the core knowledge required for ECEs remains the same, these addendums recognize that ECEs require specific skills and knowledge to work with these age groups. In both cases, the addendums are meant to accompany and enhance the base *Occupational Standards for ECEs*, not replace them.

About the Infant Care Profile

Increasing recognition of the importance of learning during infancy is changing the model of infant care. The importance of developing responsive relationships with infants and providing a safe, stimulating learning environment requires specific ECE skills. For example, keen observation skills, the ability to employ a variety of communication techniques and to provide physical assistance to encourage infants' cognitive, language, social, emotional and physical development.

The *Infant Care Profile* is intended to apply to Early Childhood Educators working primarily with children from 0 to 18 or 24 months of age. The profile contains only those ECE subtasks that have been enhanced with additional infant care specific knowledge, skills and abilities as well as any new subtasks specific to infant care. It is important to remember that the profiles accompany and enhance the *Occupational Standards for Early Childhood Educators*, and do not replace them.

The profile subtasks also contain Contextual Rating Information. These ratings provide information on how important the subtask is, how frequently the subtask is performed and how long it takes for a new ECE working with infants to be able to carry out the task competently. Educators use this information to assist in the design of training programs. These ratings were provided and validated by ECEs providing infant care. The rating scales used for this assessment are:

Importance:

Important: low risk to the operation if not performed correctly, e.g., minimal risk to children's well-being, minimal disruption to centre's operations

Very important: moderate risk to the operation if not performed correctly, e.g., some risk to children's well-being, could incur fines

Extremely important: high risk to the operation if not performed correctly, e.g., risk to children's well-being, parents may withdraw children from centre

Critical: severe risk to the operation if not performed correctly, e.g., children's lives at risk, centre could have license revoked, organization held liable, administrator could lose job

Frequency:

Constantly: often, several times a day

Regularly: on a scheduled basis, informally or formally, once a day, once a week

Occasionally: several times a week

As needed: when required

Rarely: seldom, once every couple months, once a year

Time to perform proficiently: Number of months or years it generally takes a new educator, who has graduating from an ECE program, to perform the subtask without supervision, e.g. 2 weeks

About the Task Chart

In the Task Chart you will be able to see, at a glance, which subtasks are enhanced or have been added to the ECE NOS. In the small box below each subtask, the abbreviations "SAC" is used to indicate School Age Care and "IC" is used to indicate Infant Care. When SAC or IC appears under a subtask it indicates that the subtask has been enhanced and included in the *School Age Care* or *Infant Care Profile*. A subtask can be enhanced for both age groups and will have both the IC and SAC abbreviation below it. The designation IC specific or SAC specific indicates a new subtask that applies only to ECEs working with that specific age group.

Each profile contains only the subtasks that have been enhanced and revised context statements where needed. The enhanced IC or SAC subtasks contain the content of the ECE standards, but has been modified to incorporate the knowledge, skills and abilities that are specific to working with the infant or school age group.

A Note About the Child Care Human Resources Sector Council (CCHRSC)

The Child Care Human Resources Sector Council (CCHRSC) operated from 2003 – 2013. The only pan-Canadian organization dedicated to moving forward on human resources (HR) issues in Canada’s early childhood education and care sector, the CCHRSC brought together national partners and other sector representatives to help develop a confident, knowledgeable, skilled, and respected workforce valued for its contribution to early childhood education and care. The CCHRSC’s goals were to:

- Build and share knowledge to advance HR and labour market issues;
- Create tools to promote good HR management practices;
- Foster the development of a skilled workforce;
- Provide leadership and coordination on HR issues; and
- Engage sector stakeholders to ensure a comprehensive, coordinated and responsive approach.

Although the CCHRSC dissolved in 2013 following changes to HRSDC’s Sector Council Program, including the elimination of core funding to all councils, the organization contributed much to the sector throughout its ten year history. From developing more collaborative ways of working together to conducting major research studies and creating tools including *Occupational Standards for Early Childhood Educators*, *Occupational Standards for Child Care Administrators*, and the *Infant and School-Age Profiles*, the CCHRSC leaves an extensive legacy of resources that can be used for years to come. Visit www.ccsc-cssge.ca to access the many tools and resources created over the years.

SECTION A

CHILD DEVELOPMENT, LEARNING AND CARE

Task A.1

Facilitate the development and behaviour of infants

Context Statement:

Early Childhood Educators care for infants and facilitate daily experiences for infants that nurture and support each infant's individual social, emotional, cognitive, language, physical, creative and behavioral development. They recognize the value of early learning and integrate learning opportunities into every day caregiving routines.

The following sub-tasks of Task A.1 have been enhanced for infant care and are detailed on pages 4 – 16:

- A.1.2: Facilitate Cognitive Development of Infants
- A.1.3: Facilitate Language Development of Infants
- A.1.4: Facilitate Social Development of Infants
- A.1.6: Facilitate Emotional Development of Infants
- A.1.7: Facilitate Creative Development of Infants
- A.1.8: Facilitate Physical Development of Infants
- A.1.9: Identify Potential Developmental Delays

Sub-Task A.1.2

FACILITATE COGNITIVE DEVELOPMENT OF INFANTS

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) cognitive development related to the age of the infants; 2) interrelatedness of developmental domains in infants, multiple intelligences; 3) brain development research and theories related to infant cognitive development; 4) program and quality standards regarding observation techniques and cognitive development; 5) communication skills to obtain information about the infant; 6) resources in the environment (e.g., colleagues, materials, students). 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) assess and interpret developmental stage of infants; b) observe the infant’s play and interactions; c) interpret observations; d) implement developmentally appropriate strategies to promote cognitive development, for example: <ul style="list-style-type: none"> • position non-mobile infants to interact with objects in the environment; • provide infants objects of varying shapes, textures and sizes to explore; • provide infants objects that support cause and effect and spatial relationships (e.g., nesting blocks); • allow infants freedom to explore their indoor and outdoor environment safely; • help infants to recognize cause and effect (e.g., push button for Jack-in-the-box); • encourage self initiated repetition and practice; • expose infants to new and predictable elements in their environment; • provide infants opportunities for problem solving (e.g., find favorite toy) and interaction with other infants (e.g., sit at common table for activities); • watch and wait for infants to solve their own problems before helping them or offering solutions (e.g., move self out of uncomfortable position); • allow infants time to make sense of their experiences;

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| | <p>e) integrate caregiving routines (e.g., eating, diapering time, sleep time) into the individual infant's daily program to further learning experiences that support cognitive development, for example:</p> <ul style="list-style-type: none">• play peek-a-boo when dressing to go outside;• sing songs or make up rhymes while changing diapers;• use positive tone of voice when speaking to infant; <p>f) gather information about the infant's cognitive development from team members, family and relevant others.</p> |
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Contextual Information - Task Ratings:

- Importance: *very important*
- Frequency: *constantly*
- Time to perform proficiently: *1 week*

Sub-Task A.1.3

FACILITATE LANGUAGE DEVELOPMENT OF INFANTS

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) language development for second language learners; 2) child development theories: <ul style="list-style-type: none"> • principles of infant learning (e.g., use of play, care routines, interaction and communication, development of relationships); • principles of programming; (e.g., primary care, small groups, continuity, individualized care, cultural continuity, inclusion); 3) brain development research and theories related to infant language and communication development; 4) infant development milestones; 5) language development strategies (e.g. mirroring, repetition, appropriate, tone of voice, infant sign language, musical delivery of language, labeling); 6) interrelatedness of developmental domains in infants, multiple intelligences; 7) resources in the environment (e.g., colleagues, materials, students); 8) program and quality standards regarding observation techniques and language and communication development; 9) cultural diversity theories and approaches. 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) observe and interpret language and communication development during play and interactions; b) communicate with infants (e.g., non-verbal techniques, sign language, home language(s), mirroring, singing, appropriate tone of voice, use of simple and correct vocabulary, short sentences, appropriate facial expressions and body language to match verbal communication); c) determine language(s) spoken in the home and expectations of parents; d) implement strategy to provide home language support, for example: <ul style="list-style-type: none"> • provide ECE staff that speaks home language to provide care for infant; • work with parent to learn and use words during infant interaction; • bring in volunteer who speaks home language to read, sing and interact with infant; e) determine language and communication ability according to age and stage of development; f) identify factors affecting language capacity (e.g., environmental, intellectual, cultural, physiological); g) identify beliefs and practices that affect language and communication use and development; h) use strategies to stimulate language development through interaction with infants, for example: <ul style="list-style-type: none"> • describe the infant's body language and facial expressions in words; • name and describe the objects the infant shows interest in (parallel talk);

- use fun words;
- put the accent on key words;
- combine gestures with words;
- speak slowly and pause between words;
- respond to infant-initiated communication;
- ask infant to name or point to people or objects they know;
- act as an interpreter for one infant to another;
- check to see if infant's message was understood correctly by using mirroring, reformulation, repetition and questions;

i) integrate caregiving routines (e.g., eating, diapering time, sleep time) into the individual infant's daily program to further learning experiences that support language and communication development, for example:

- sing or say rhymes during diapering which use touch;
- name parts of the body and describe routine (self-talk) while diapering and dressing the infant;
- sing quiet songs and hold infant at nap time;

j) create literacy-rich environment, for example:

- provide durable books that engage the senses, reflect other cultures, are bright and colourful, and easily accessible;
- display large pictures of infants' families and community at infant's eye level;

k) control background noise to facilitate communication.

Contextual Information - Task Ratings:

- Importance: *very important*
- Frequency: *constantly*
- Time to perform proficiently: *1 week*

Sub-Task A.1.4

FACILITATE SOCIAL DEVELOPMENT OF INFANTS

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) child development theories: <ul style="list-style-type: none"> • principles of infant learning (e.g., use of play, care routines, interaction and communication, development of relationships); • principles of programming; (e.g., primary care, small groups, continuity, individualized care, cultural continuity, inclusion); 2) child social development theories according to developmental ages and stages; 3) developmental milestones for infants; 4) interrelatedness of developmental domains in infants, multiple intelligences; 5) brain development research and theories related to infant social development; 6) attachment theories; 7) signs of separation anxiety and stranger anxiety; 8) program and quality standards regarding observation techniques and social development; 9) infant's family and extended support network; 10) resources in the environment (e.g., colleagues, materials, students). 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) observe: <ul style="list-style-type: none"> • the infant's interaction with peers and adults; • the infant when they are being dropped off and picked up; • the infant's stage of social play; • the infant's interactions with their environment; • the infant's body language, gestures and facial expressions; • the infant's peer entry group skills; • how the infant manages stress and conflicts; • how the infant manages transition times in the program; b) identify triggers that may impact on the infant's social behaviour (e.g., transitions); c) physically reassure infants exhibiting separation anxiety and/or stranger anxiety, (e.g., hold infant while verbally reassuring them, use comfort item); d) spend quality time fostering safe, secure and healthy relationships between infants, parents, and ECEs: <ul style="list-style-type: none"> • ensure environment is conducive for ECE and infant to communicate and connect; • use self and parallel talking techniques; • read and respond to infant's cues; • ensure interaction includes hugging and touching; • spend time on floor with infant to make eye contact; • allow infant to take the lead;

- model positive responses and respectful interactions and behaviours;
- e) facilitate infants' problem-solving and conflict-resolution skills;
- f) facilitate infant's entry skills;
- g) integrate caregiving routines (e.g., eating, diapering time, sleep time) into the individual infant's daily program to further learning experiences that support social development, for example:
 - encourage infants to help other infants during care giving routines;
 - encourage older infants to help each other at snack and mealtimes.

Contextual Information - Task Ratings:

- Importance: *very important*
- Frequency: *constantly*
- Time to perform proficiently: *1 week*

Sub-Task A.1.6

FACILITATE EMOTIONAL DEVELOPMENT OF INFANTS

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) child development theories: <ul style="list-style-type: none"> • principles of infant learning (e.g., use of play, care routines, interaction and communication, development of relationships) • principles of programming; (e.g., primary care, small groups, continuity, individualized care, cultural continuity, inclusion); 2) child temperament theories; 3) brain development research and theories related to infant emotional development; 4) attachment theories; 5) developmental milestones (e.g. stages of play); 6) interrelatedness of developmental domains in infants, multiple intelligences; 7) self-regulation skills development theories; 8) program and quality standards regarding observation techniques and emotional development; 9) planning processes and theories; 10) resources in the environment (e.g., colleagues, materials, students). 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) observe: <ul style="list-style-type: none"> • the infant’s interactions at drop-off and pick-up; • the infant’s interactions with family members; • the infant’s stages of social play; • the infant’s reactions to unfamiliar situations and people; • the infant’s way of being comforted, e.g. cues, comfort items; b) assess and interpret: <ul style="list-style-type: none"> • different emotional cues; • how the infant relates to others; • the infant’s self-esteem and autonomy, self concept and self identity; • the infant’s level of comfort or security; • the infant’s problem-solving strategies; • how the infant manages stress and conflict; • how transition times affect the infant; • how the infant plays within their environment; • if the infant displays developmentally appropriate empathy; • the infant’s self-regulation skills; c) implement strategies to support emotional development, for example: <ul style="list-style-type: none"> • help the infant regulate their emotions; • interpret emotional cues to describe and label feelings;

- provide materials that relate to feelings and emotional expression (e.g., pictures of facial expressions depicting emotions, mirrors);
- d) accept the infant's feelings and needs;
- e) respond to infants appropriately:
- respond in a timely manner to direct and indirect requests for help (e.g., cries, retreats, inactivity, etc.);
 - help the infant to find solutions to the feelings and needs they experience;
 - use mirroring to verbalize the infant's feelings;
 - help the infant to recover when they are overwhelmed by strong emotions (e.g. fear, anger);
 - use an empathic tone;
 - use body language to show openness and availability (e.g., open arms, position at infant's level);
- f) integrate caregiving routines (e.g., eating, diapering time, sleep time) into the individual infant's daily program to further learning experiences that support emotional development, for example:
- support infant's autonomy by encouraging their participation in routines to the extent they are able (e.g., self-feed, hold their own bottle, take off or put on shoes or boots, throw away trash, put away toys at cleanup);
 - reassure infants who show insecurity at nap time (e.g., sing, rock or stroke the infant, give verbal reassurance).

Contextual Information - Task Ratings:

- Importance: very important
- Frequency: constantly
- Time to perform proficiently: 1 day

Sub-Task A.1.7

FACILITATE CREATIVE DEVELOPMENT OF INFANTS

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) resources in the environment (e.g., colleagues, materials, students); 2) active learning principles (e.g., key experiences); 3) interrelatedness of developmental domains in infants, multiple intelligences; 4) brain development research and theories related to infant creative development; 5) multiple teaching strategies; 6) program and quality standards regarding observation techniques and creative development. 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) facilitate infants' participation in the planning and implementation of activities; b) structure indoor and outdoor environments and activities around creative learning; c) provide open-ended activities with varied, developmentally-appropriate and stimulating materials (e.g., crawl through a tunnel which turned over becomes a boat to travel in); d) facilitate infants' problem-solving skills; e) set up the environment to promote creative development; f) provide activities that enable infants to express their creativity, for example: <ul style="list-style-type: none"> • art and sensory activities (e.g., finger-painting); • music (e.g. making rhythmic sounds, dancing); • contact with nature during outdoor activities (e.g., gather leaves, observe insects and birds, play in mud and puddles); g) model creativity, spontaneity and flexibility; h) take the infant's perspective on materials and problems to find creative approaches; i) integrate caregiving routines (e.g., eating, diapering time, sleep time) into the individual infant's daily program to further learning experiences that support creative development, for example: <ul style="list-style-type: none"> • making bubbles while hand-washing; • describing objects (e.g. body parts, mobiles) during diaper changing time;

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| | <ul style="list-style-type: none">• singing quietly to calm infants for nap time;• describing food items and food groups during meal time. |
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Contextual Information - Task Ratings:

- Importance: *very important*
- Frequency: *constantly*
- Time to perform proficiently: *1 day*

Sub-Task A.1.8

FACILITATE PHYSICAL DEVELOPMENT OF INFANTS

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) child development theories: <ul style="list-style-type: none"> • principles of infant learning (e.g., use of play, care routines, interaction and communication, development of relationships); • principles of programming; (e.g., primary care, small groups, continuity, individualized care, cultural continuity, inclusion); 2) interrelatedness of developmental domains in infants, multiple intelligences; 3) developmental milestones; 4) wide range of infants' developmental abilities; 5) brain development research and theories related to infant physical development; 6) medical conditions (e.g., premature birth) that could affect physical development; 7) program and quality standards regarding observation techniques and physical development; 8) resources in the environment (e.g., colleagues, materials, students). 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) gather relevant information about infant's medical history; b) observe and interpret: <ul style="list-style-type: none"> • the infant's gross motor skills; • the infant's fine motor skills; • how the infant interacts with peers; c) identify if the infant may have physical challenges or disabilities; d) provide a safe indoor and outdoor environment for infant to explore space through physical movement; e) encourage self-directed movement (e.g. provide mirrors for infants to see their movements); f) be available as infants move and explore; g) provide developmentally-appropriate materials, (e.g., teething rings, ballet bars, push toys); h) provide a variety of physical activities (e.g., tummy time, crawling, climbing, balancing); i) integrate caregiving routines (e.g., eating, diapering time, sleep time), into the individual infant's daily program to further learning experiences that support physical development, for example: <ul style="list-style-type: none"> • ask infant to hold the clean diaper or lift their bottom during diapering; • encourage self-feeding and self-dressing; • dress younger infants using their natural gestures; j) promote self-help opportunities that encourage motor development and autonomy (e.g., getting their shoes, feeding themselves, washing their faces);

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| | k) provide quiet, sheltered space for non-mobile infants who do not engage in physical activity. |
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Contextual Information - Task Ratings:

- Importance: *very important*
- Frequency: *constantly*
- Time to perform proficiently: *1 day*

Sub-Task A.1.9

IDENTIFY POTENTIAL DEVELOPMENTAL DELAYS

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) observation and documentation techniques; 2) typical development of social-emotional, language and communication, cognitive, perceptual and motor skills and normal ranges of variations; 3) indicators of vision and hearing problems; 4) indicators of atypical development. 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) identify potential developmental delays and vision or hearing problems in infants: <ul style="list-style-type: none"> • use developmental checklists to determine delays; • recognize infant developmental milestones are guidelines; b) document observed examples to support opinion; c) communicate observations with team; d) follow protocols to communicate concerns with family: <ul style="list-style-type: none"> • use sensitivity and appropriate terms; • suggest further assessment, if applicable; • avoid making diagnosis; e) assist and support families with accessing appropriate resources.
<p>Contextual Information - Task Ratings:</p> <ul style="list-style-type: none"> • Importance: <i>extremely important</i> • Frequency: <i>as needed</i> • Time to perform proficiently: <i>2 repetitions</i> 	

Task A.2**Develop, implement and evaluate programs****Context Statement:**

In partnership with families, Early Childhood Educators research information to develop and implement programs that meet the developmental needs of infants within their settings as determined by the age groups and stages of children with which they work. Through the use of a variety of observation methods and techniques, ECEs note the progress of each infant within the various domains of child development.

The following sub-tasks of Task A.2 have been enhanced for infant care and are detailed on pages 18-22:

A.2.3: Develop Infant Program

A.2.10: Implement Infant Program

A.2.11: Evaluate Infant Program

Sub-Task A.2.3

DEVELOP INFANT PROGRAM

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) child development theories: <ul style="list-style-type: none"> • principles of infant learning (e.g., use of play, care routines, interaction and communication, development of relationships); • principles of programming; (e.g., primary care, small groups, continuity, individualized care, cultural continuity, inclusion); 2) brain development research and theories on infant development; 3) interrelatedness of developmental domains in infants, multiple intelligences; 4) developmental milestones for infants and the range of variations; 5) variety of diverse family compositions; 6) developmentally-enriched activities to develop skills; 7) attachment theories; 8) temperament theories; 9) related regulations (e.g., safety guidelines, policies), standards of practice, quality standards and licensing requirements; 10) organizational values, policies and procedures; 11) principles of establishing a developmentally-appropriate environment; 12) principles of equity to support each infant's full participation. 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) develop a program based on: <ul style="list-style-type: none"> • observations; • infants' developmental needs, interests and unique strengths for example: <ul style="list-style-type: none"> - use caregiving routines (e.g., feeding/ eating, diapering, sleep time, transition times) to promote learning for infants; - use of play-based indoor and outdoor activities for non-mobile infants (e.g., rattles, manipulatives, peek-a-boo, swings, sandboxes, balls); • immediate physical and social environment (neighbours and their pets, park, fire station, neighbourhood events); • community resources; b) set up a physical environment that supports the infant's learning and development; c) find resources and materials based on the infant's interests and needs; d) set up a safe physical environment for activities; e) develop programs according to ages and developmental levels of infants in program, including, for example: <ul style="list-style-type: none"> • create relationships and connections through interactions (e.g., self and parallel talk, language and communication development); • promote play-based indoor and outdoor activities for mobile infants (e.g., telephones, push toys, stacking toys, slide);

- use transitions to promote development (e.g., use of song as ritual, repetition of rules and guidelines, tasks to encourage infant's participation);
 - reflect cultural diversity, integrate into all aspects of centre, program and activities;
 - consider requirements for inclusion (e.g., accessibility of environment, materials and signage);
- f) create an emotional bond with the infant based on social and emotional needs;
- g) develop a written plan that includes descriptions of activities;
- h) post the plan and review ongoing progress;
- i) exchange information and share observations daily of the infants (e.g., eating, sleeping milestones, play);
- j) maintain ratios for the program, plan activities to comply with requirements;
- k) collaborate with parents in developing individual infant program plans:
- respect and respond to parents' expectations for their infant;
 - introduce communication system to parents;
 - report infant's progress to parents.

Contextual Information - Task Ratings:

- Importance: *very important*
- Frequency: *as needed*
- Time to perform proficiently: *expectation of employment*

Sub-Task A.2.10

IMPLEMENT INFANT PROGRAM

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) child development theories: <ul style="list-style-type: none"> • principles of infant learning (e.g., use of play, care routines, interaction and communication, development of relationships); • principles of programming; (e.g., primary care, small groups, continuity, individualized care, cultural continuity, inclusion); 2) brain development research and theories on infant development; 3) interrelatedness of developmental domains in infants, multiple intelligences; 4) developmental milestones for infants and range of variations; 5) related regulations (e.g., safety guidelines, policies) standards of practice, quality standards and licensing requirements; 6) organizational values, policies and procedures; 7) program evaluation methods (e.g., best practices, quality standards); 8) definition of learning, learning process and strategies to support learning; 9) principles of equity to support of each infant's full participation; 10) evaluation analysis methods and strategies for program improvement and enrichment; 11) reflective practice. 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) set up environment and prepare materials: <ul style="list-style-type: none"> • ensure sufficient supplies (e.g., duplicate toys); • follow safety guidelines, policies and practices; b) promote activities to address the needs of all infants (e.g., plan for diversity); c) allow infants to explore their environment, for example: <ul style="list-style-type: none"> • place infants in body positions they can maintain themselves (e.g., tummy, sitting with pillow support, on all fours, standing); d) use a variety of teaching/instruction strategies to support learning during play and small-group activities, for example: <ul style="list-style-type: none"> • give non-verbal infants time to respond; • encourage non-verbal communication (e.g., sign language); e) respect infant-initiated choices: <ul style="list-style-type: none"> • be flexible to changes in schedule to reflect infants' needs (e.g., sleeping, eating, diapering); • allow use of materials for objectives other than the intended ones; • allow infants to repeat the same activity as often as they want; • prolong play periods when infants are engaged; • introduce other or new activities and play periods when infants show signs of disinterest or boredom; • accept that one infant may do a different activity from the others; • show patience with hesitations, mistakes, frustration and requests to repeat activities;

	<ul style="list-style-type: none"> • allow for non-stereotypical choices (e.g., boys playing with dolls, girls playing with trucks); <p>f) help infants become more aware of their actions and skills:</p> <ul style="list-style-type: none"> • describe their environment, explorations, actions, particular skills and successes (e.g., parallel and self talk) during the infant’s play activities; • describe the difficulties or problems met by the infant and their search for solutions; • describe the interpersonal relationships that take place during play and activities; • point out instances of cooperation, help or empathy among the infants immediately when they occur; <p>g) adapt programs to unexpected events, weather conditions, absence of some infants, mood and temperament of infants, presence of a new-comer (e.g., student, observer, parent, volunteer);</p> <p>h) maintain play, routine and transitional periods (e.g., caregiving routine); for each infant:</p> <ul style="list-style-type: none"> • to provide predictability; • to ensure individual needs are met; <p>i) monitor environment, materials and activities to ensure safety of infants, for example:</p> <ul style="list-style-type: none"> • put materials away to clear floor and to allow infants to find items in their regular places; • monitor infants to ensure activities are undertaken safely; • sanitize equipment on a daily basis, especially items that are frequently put in infant’s mouths; <p>j) document observations (e.g., learning stories, language samples, infant’s drawings, emergent writing);</p> <p>k) provide parents/guardians with updates on their infant’s progress and development (e.g., verbal reports, daily logs, learning stories, scrapbooks, photos);</p> <p>l) comply with regulatory and licensing requirements (e.g., maintain infant to staff ratios).</p>
<p>Contextual Information - Task Ratings:</p> <ul style="list-style-type: none"> • Importance: <i>very important</i> • Frequency: <i>constantly</i> • Time to perform proficiently: <i>3 repetitions</i> 	

Sub-Task A.2.11

EVALUATE INFANT PROGRAM

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) child development theories: <ul style="list-style-type: none"> • principles of infant learning (e.g., use of play, care routines, interaction and communication, development of relationships); • principles of programming; (e.g., primary care, small groups, continuity, individualized care, cultural continuity, inclusion); 2) brain development research and theories on infant development; 3) interrelatedness of developmental domains in infants, multiple intelligences; 4) developmental milestones for infants and range of variations; 5) cultural diversity theories and approaches; 6) developmentally-enriching activities; 7) safety guidelines, policies and practices; 8) program evaluation methods (e.g., reflective practice) to improve and enrich programming. 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) observe and interpret: <ul style="list-style-type: none"> • infant's engagement in activities through verbal and non-verbal feedback; b) identify if activity meets the needs of each infant's: <ul style="list-style-type: none"> • physical development; • emotional development; • social development; • language development; • cognitive development; • sexual/gender development c) engage in reflective practice; d) seek and integrate feedback from parents; e) seek and integrate opinions from team; f) seek and integrate feedback from infants; g) check that programs meet guidelines and quality standards; h) review documentation to draw relevant conclusions in written observations and discussions; i) make connections between observed behaviour and written observations and discussions; j) adjust program plan based on observations of infants' developmental progress.
<p>Contextual Information - Task Ratings:</p> <ul style="list-style-type: none"> • Importance: <i>very important</i> • Frequency: <i>regularly</i> • Time to perform proficiently: <i>3 repetitions</i> 	

Task A.3**Support the holistic development of all infants****Context Statement:**

Early Childhood Educators recognize, promote and support the overall learning and development of infants. They work to create trusting bonds and relationships with the infants and create learning and development portfolios to document the development of each infant.

The following sub-task of Task A.3 has been enhanced for infant care and is detailed on page 24 and 25:

A.3.1: Build Meaningful Relationships with Infants

Sub-Task A.3.1

BUILD MEANINGFUL RELATIONSHIPS WITH INFANTS

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) child development theories: <ul style="list-style-type: none"> • principles of infant learning (e.g., use of play, care routines, interaction and communication, development of relationships); • principles of programming; (e.g., primary care, small groups, continuity, individualized care, cultural continuity, inclusion); 2) attachment theories; 3) individual infant's relationships with parents; 4) parent's perspective, (e.g., separation anxiety); 5) effective communication skills; 6) diverse approaches. 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) support infants during major transitions (e.g., entering child care, changing group) to promote secure attachments: <ul style="list-style-type: none"> • promote short visits and accompaniment by parent/guardian for infants entering the program; • accompany infants transitioning to toddler program (e.g., snack time with toddlers); • support gradual participation; • validate infant's feelings (e.g., fear, curiosity); • support positive goodbye rituals; b) empathize with the infants; c) engage in active listening; d) communicate with infants during daily routines (e.g., feeding/eating, diapering, sleep, transitions) to develop connection with infants; e) engage in respectful communication (e.g., positive language, tone of voice, position self at infant's level, body language); f) provide opportunities for infants' to experience success; g) respond to the infant's cues (e.g., verbal and non-verbal); h) encourage the infants (e.g., choices, problem solving, decision making); i) provide reassurance and support; j) demonstrate consistency in behaviour and consequences;

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| | <ul style="list-style-type: none">k) develop a trusting bond with the infant (e.g., teach respect of self, promote attachment, feeling of security, self-awareness and feeling of belonging);l) document observations using a range of methods (e.g., notes, photos, videos). |
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Contextual Information - Task Ratings:

- Importance: *extremely important*
- Frequency: *constantly*
- Time to perform proficiently: *2 to 3 repetitions*

Task A.4**Meet health, safety and well-being needs****Context Statement:**

Early Childhood Educators develop and maintain settings and environments that promote the health, welfare and safety of all infants. They complete a variety of health and safety procedures and comply with quality standards, current laws and regulations associated with healthy and safe environments.

The following sub-tasks of Task A.4 have been enhanced for infant care and are detailed on pages 28 – 30:

A.4.3: Implement Preventative Health and Safety Measures

A.4.11: Promote a Healthy Lifestyle for Infants

Sub-Task A.4.3

IMPLEMENT PREVENTATIVE HEALTH AND SAFETY MEASURES

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) sanitization and sterilization regulations; 2) communicable diseases and program policies; 3) universal precautions (e.g., hand washing, handling of body fluids, use of sun screen and insect repellent, infant sleep positions); 4) professional sources (e.g., books, publications, reputable Internet sites) and quality standards and practices; 5) food safety practices. 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) sterilize and sanitize personal items (e.g., soothers, bottles, blankets) frequently; b) provide safe, separate storage for personal items; c) ensure changing area is used for changing diapers <i>only</i> and follow proper sanitation guidelines; d) follow universal hand washing/sanitizing procedures; e) recognize signs of various communicable diseases; f) notify parents/families/health departments of communicable disease outbreak, as required; g) implement exclusion policy, as required; h) conduct a daily health check of each infant; i) take precautions to limit exposure to sun: <ul style="list-style-type: none"> • ensure infants wear sun hats in summer months; • keep infants under 12 months out of direct sunlight; • with parental permission, apply sunscreen of a sun protection factor (SPF) of 30 to skin not covered with clothing, avoiding mouth and eye areas; • follow Environment Canada's sun protection recommendations to protect infants from UV rays (e.g., apply sunscreen if outside for more than 30 minutes when the UV Index is 3 to 5); j) with parental permission, take precautions to prevent insect bites following Health Canada's recommendations for applying insect repellents: <ul style="list-style-type: none"> • no repellents containing DEET on infants under 6 months;

- one application per day of repellents with 10 percent or less DEET for infants 6 to 24 months;
 - avoid face and hands;
 - use sparingly;
- k) use safe sleep positions for young infants:
- back to sleep, front to play;
 - place infants under 6 months on their backs;
 - place older infants on back or sides;
 - only use face-down position for infants in special situations and on the advice of a pediatrician;
- l) recognize the effect of personal health on the well-being of the infant.

Contextual Information - Task Ratings:

- Importance: *critical*
- Frequency: *constantly*
- Time to perform proficiently: *expectation of employment*

Sub-Task A.4.11

PROMOTE A HEALTHY LIFESTYLE FOR INFANTS

Required core knowledge	Required skills and abilities
<p><i>Child care administrators know:</i></p> <ol style="list-style-type: none"> 1) relaxation techniques; 2) professional literature and quality standards; 3) hygiene measures; 4) strategies for infant's health; 5) weather guidelines for outdoor activities (e.g., temperature extremes, air quality, humidity, UV exposure, severe rain and snow); 6) weather guidelines for non-mobile infant's exposure to temperature and extreme weather; 7) each infant's family and personal circumstances. 	<p><i>Child care administrators are able to:</i></p> <ol style="list-style-type: none"> a) promote and model good hygiene habits; b) promote and model physical exercise; c) promote and model healthy eating habits; d) promote need for adequate sleep and naptime schedules; e) promote infant's physical and mental health; f) help the infants to develop relaxation techniques (e.g., using personal items like blankets, soothers and photos); g) collaborate with other professionals and agencies to enhance health in the program; h) provide opportunities for outdoor activities every day, when program allows; i) check extremities of infants to determine body temperature; j) support parents in keeping a balanced home life that will promote a balanced environment for their children.
<p>Contextual Information - Task Ratings:</p> <ul style="list-style-type: none"> • Importance: <i>very important</i> • Frequency: <i>constantly</i> • Time to perform proficiently: <i>1 day</i> 	

Task A.5**Meet nutritional needs of infants****Context Statement:**

Early Childhood Educators may plan and provide nutritious meals and snacks and promote and demonstrate healthy eating habits for infants. They may be responsible for the preparation of food and for the nutrition of infants of varying ages and with various dietary needs and considerations. ECEs follow health and safety precautions and safe food-handling practices in the preparation and provision of food.

The following sub-tasks of Task A.5 have been enhanced for infant care and are detailed on pages 32-37:

- A.5.1: Plan and Provide Nutritious Meals and Snacks for Infants
- A.5.2: Prepare and Provide Infant Nutrition
- A.5.3: Promote Healthy Eating for Infants

Sub-Task A.5.1

PLAN AND PROVIDE NUTRITIOUS MEALS AND SNACKS FOR INFANTS

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) recommendations of Health Canada, Canadian Paediatric Society and Dieticians of Canada; 2) public health laws and regulations; 3) cooking techniques and safe food-handling practices; 4) nutritional value of the various types of food; 5) developmental nutritional needs and infants' preferences; 6) cultural and religious dietary practices; 7) vegetarian/vegan diets. 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) show an interest in and provide varied and nutritious types of food; b) follow Health Canada, Canadian Paediatric Society and Dieticians of Canada recommendations: <ul style="list-style-type: none"> • serve foods that contain iron as first foods at about 6 months of age; • offer water instead of juice to non-breastfed infants eating solid foods; • introduce pasteurized whole cow's milk at 9 to 12 months if infant is not breastfed or is partially breastfed; • avoid skim and partially skimmed milk and soy, rice or other vegetarian beverages; • do not use honey or raw egg products for infants 12 months or younger; • use only 100% fruit juice and limit juice intake to 120 to 180 mL per day for infants up to 24 months; c) develop and prepare balanced meals; d) promote culinary activities with the infants; e) adapt menus and meals to the age group, culture, needs, portion sizes; f) respect any food restrictions (e.g., allergies, intolerances, medical restrictions, vegan and vegetarian diets); g) respect and respond to family dietary practices; h) integrate cultural nutrition practices and cultural and religious restrictions; i) follow food safety principles and rules.

Contextual Information -Task Ratings:

- Importance: *critical*
- Frequency: *regularly*
- Time to perform proficiently: *1 week*

Sub-Task A.5.2

PREPARE AND PROVIDE INFANT NUTRITION

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) policies and procedures of the program; 2) public health laws and child care regulations; 3) food-preparation techniques (e.g., formula preparation); 4) nutritional value of the various types of food; 5) safety measures; 6) bottle-feeding procedures. 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) acknowledge the parents' plan for feeding, including formula feeding, breastfeeding, food introduction (e.g., recognize potential for allergic reaction); b) provide healthy eating information to parents; c) adapt menus and meals to the infant's stage of development; d) pay attention to any food restrictions (e.g., allergies, intolerances); e) serve food in safe conditions (e.g., milk and food temperature; food size, texture); f) preserve nutritional integrity of foods (e.g., proper cooking, preparing, heating and storage procedures); g) adhere to the infant's biological clock (i.e., feed according to infant's hunger); h) hold bottle or control bottle, avoid propping bottles for infants who cannot hold own bottles; i) recognize the difference between hunger and emotional needs (e.g., avoid using food to soothe crying); j) encourage the bond with the infant through feeding, holding and talking; k) facilitate the transitions between breastfeeding/ bottle and solid foods; l) provide infants with opportunities to self-feed when able to sit unassisted: <ul style="list-style-type: none"> • offer safe foods in appropriate sizes and textures (e.g. pieces of soft cooked fruits and vegetables, dry toast, cheese cubes);

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| | <ul style="list-style-type: none">• model proper use of utensils, dishes and washcloths;• intervene if infants exchange food or utensils;• intervene if infants make improper use of objects at mealtime (e.g., wash the floor with the facecloth, hit another infant with a utensil). |
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Contextual Information - Task Ratings:

- Importance: *critical*
- Frequency: *regularly*
- Time to perform proficiently: *expectation of employment*

Sub-Task A.5.3

PROMOTE HEALTHY EATING FOR INFANTS

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) recommendations of Health Canada, Canadian Paediatric Society and Dieticians of Canada; 2) public health laws and regulations; 3) cooking techniques; 4) nutritional value of the various types of food; 5) quality standards and practices; 6) eating habits and issues based on individual infant's age, development and cultural diversity. 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) show a positive attitude and take positive forms of action (e.g., show respect for the infant's appetite, rhythm and tastes); b) develop individualized and positive strategies; c) promote an environment that is conducive to healthy eating; d) follow recommendations of Health Canada, Canadian Paediatric Society and Dieticians of Canada; (e.g., infant portion size); e) provide parents with information about nutritious and safe food choices; f) keep parents informed about infant's food intake; g) apply health and safety principles and rules; h) use mealtime as an opportunity for learning about healthy eating; i) create a positive social and emotional atmosphere at mealtimes: <ul style="list-style-type: none"> • maintain calm atmosphere; • turn off radios and televisions; • use ritual to announce snack time or mealtime (e.g. a song, a rhyme); • give infants responsibilities (throw papers in the garbage, help distribute the snack, etc.); • reflect the infants' wants and actions to each other; • model correct table manners for the infants; j) incorporate dietary diversities.

Contextual Information - Task Ratings:

- Importance: *very important*
- Frequency: *regularly*
- Time to perform proficiently: *1 week*

SECTION B

EQUIPMENT AND FACILITIES

Task B.2

Operate and maintain facilities.

Context Statement:

Early Childhood Educators create and maintain indoor and outdoor physical and learning environments that promote the health, safety and well being of infants and adults. ECEs rotate indoor and outdoor play materials and equipment, maintain inventories of equipment and supplies and regularly monitor the safety of the environment and materials.

The following sub-task of Task B.2 has been enhanced for infant care and is detailed on page 40:

B.2.3: Monitor Cleanliness and Sanitation of All Areas used by Infants

Sub-Task B.2.3

MONITOR CLEANLINESS AND SANITATION OF ALL AREAS USED BY INFANTS.

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) cleaning and sanitary practices; 2) regulations and requirements (e.g., federal/provincial/territorial/municipal, Occupational Health and Safety Act); 3) developmental milestones. 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) identify areas that need to be cleaned (e.g., floors, carpets and soft furnishings where infants crawl and play); b) follow health and hygiene standards issued by the government and licensing authorities (e.g., sanitizing change tables after each use); c) control and prevent the spread of communicable illnesses and infections; d) check play materials and equipment to ensure cleanliness and sanitation; e) use system to collect toys that have been in mouths for sanitation (e.g., collection bucket); f) clean all surfaces in infant areas and infant toys more frequently, (e.g., every toy that goes in infants mouth goes in collection bucket to be sanitized, carpets cleaned more often than other areas of centre); g) properly store hazardous substances; h) read and interpret step-by-step instructions; i) follow hygiene and cleanliness procedures, as required (e.g., footwear policies); j) communicate concerns and actions with the early childhood team.

Contextual Information - Task Ratings:

- Importance: *extremely important*
- Frequency: *as needed*
- Time to perform proficiently: *1 repetition*

SECTION E

PERSONAL AND PROFESSIONAL DEVELOPMENT

Task E.4

Advocate for the profession.

Context Statement:

Early Childhood Educators who care for infants believe that learning begins at birth. They plan, implement and evaluate programs that build the foundation for life long learning. These professionals strive to educate others (e.g., the community, parents, other educators, policy and funding decision-makers) about the value of early learning.

The following sub-task of Task E.4 has been enhanced for infant care and is detailed on page 42:

E.4.2: Promote the Profession

Sub-Task E.4.2

PROMOTE THE PROFESSION

Required core knowledge	Required skills and abilities
<p><i>ECEs know:</i></p> <ol style="list-style-type: none"> 1) community demographics and needs; 2) current research on infant learning and development; 3) associations and resources specific to infant care; 4) professional development requirements related to infant care. 	<p><i>ECEs are able to:</i></p> <ol style="list-style-type: none"> a) build leadership capacity within the profession; b) share learning and knowledge; c) provide resources and informational materials; d) distribute promotional materials (e.g., flyers, posters); e) participate in outreach activities; f) educate the sector, the community, government, co-workers, parents/guardians and students about the importance of early education in infant care: <ul style="list-style-type: none"> • the educative value of play; • integration of education into care giving routines; • interrelatedness of domain development in infants.
<p>Contextual Information - Task Ratings:</p> <ul style="list-style-type: none"> • Importance: <i>very important</i> • Frequency: <i>constantly</i> • Time to perform proficiently: <i>2 to 3 months</i> 	

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