



Competencies of the ITC Credential (Levels 2-5)
 (*ORIGINAL ITC BENCHMARKS as DESCRIPTORS)

Content Area: HUMAN GROWTH AND DEVELOPMENT

Infant-toddler practitioners use current and emerging principles, theories and knowledge of developmental milestones as a foundation for all aspects of their work with young children, prenatal to age 3, and their families. Practitioners have a curiosity about how children develop and learn, and understand the mutual influences among different domains of development, including those related to special needs. They recognize the power and influence of the social, emotional, cultural, community, and physical contexts within which children develop, and of the interactions between the child, family, and other primary caregivers as the foundation for future development and learning in all domains. They view child development knowledge and its application with individual children as the core of their practitioner practice, and engage in ongoing learning and reflection about developmental knowledge and theory. They use their understanding as they plan and implement observations, assessments, and teaching/learning interactions, and as a context for collaborating with families and other practitioners on behalf of children.

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
2	ITC HGD1: Explains the developmental trajectory of children birth to three and outlines realistic expectations for infant/toddler knowledge, capabilities and behaviors.	<ul style="list-style-type: none"> *Gives examples of possible meanings that infants/toddlers communicate through their behavior (e.g., cry, point, gaze, move, turn away, hiccup) about their preferences, needs, or agendas. *Names behavioral indicators for the progression of play in infants and toddlers (e.g., play along another child using similar materials; imitating play actions of other children). *Names major findings of important current research in early development, prenatal-age 3 (e.g., those related to brain development; social-emotional development; learning and cognition). *Demonstrates understanding of the developmental trajectory in children birth to three and develops realistic expectations for infant/toddlers' knowledge, capabilities and behaviors. 	1a, 1b, 1c, 5a, 6c, 6d	1A, 8A, 8B, 8C	2-4A2, 2-4A9, 2-4A12, 2-4A15
2	ITC HGD2: Describes ways that attachment, development, and learning, prenatal-age 3, are influenced by early environments and experiences (e.g., adult/child interaction, opportunities for exploration).	<ul style="list-style-type: none"> *Describes ways that early environments and experiences (e.g., adult/child interaction, opportunities for exploration) influence early brain development, prenatal-age 3. *Defines the term "attachment" and lists implications for infants' and toddlers' learning and development. *Explains the term "attachment" and illustrates implications for infants' and toddlers' learning and development. 	1a, 1b, 4a, 6c, 6d	8A, 8B, 8E, 8G	2-4A12, 5A3
2	ITC HGD3: Describes individual differences in infants and toddler's interactions with and responses to the physical and social world.	<ul style="list-style-type: none"> *Describes how individual differences in temperament and preferred modalities of learning may influence infants/ toddlers' interactions and relationships with primary caregivers and others. *Describes how individual differences in temperament and preferred modalities of learning may influence infants/toddlers' interactions and relationships with their physical environments. 	1a, 1b, 1c, 4c	8D, 8G, 9A	2-4A13, 2-4A14
3	ITC HGD4: Identifies how early relationships with and among caregivers influence healthy development and learning, prenatal-age 3.	<ul style="list-style-type: none"> *Describes how characteristics of early relationships with primary caregivers (e.g., attachment, trust) influence all aspects of learning and development in infants and toddlers (e.g., emerging sense of self, exploratory play, social interactions) and impacts overall growth and development. *Provides examples to illustrate how relationships among practitioners, infants/toddlers and families can impact infants' social-emotional development and relationships (e.g., how a practitioner's relationships with families can impact the relationships between infants and toddlers and their families). 	1b, 2b, 4a	8A, 8B, 8G, 8M, 9F	2-4A4, 2-4A7, 5A7

		*Illustrates how relationships among practitioners, infants/toddlers and families can impact infants' social-emotional development and relationships (e.g., how a practitioner's relationships with families can impact the relationships between infants and toddlers and their families).			
3	ITC HGD5: Explains interrelationship between unique developmental trajectories and early relationships (e.g. attachment, trust) with primary caregivers on infant and toddler development, learning, mental health, and well-being.	*Distinguishes characteristics of early relationships with primary caregivers (e.g., attachment, trust) that influence other aspects of learning and development in infants and toddlers (e.g., emerging sense of self, exploratory play, social interactions) and impacts overall growth and development. *Explains and illustrates the interdependence among areas of development in infants and toddlers (e.g., movement and exploration, language and social interaction, play and emotions).	1a, 1b, 1c, 4a	8A, 8G, 8J, 8M	5A4, 5A10
4	ITC HGD6: Analyzes infant and toddler interactions with the physical and social world and implements responsive, supportive practices that nurture young children's development, learning, mental health, and well-being.	*Analyzes patterns in play and the behavioral indicators that demonstrate the progression of play in infants and toddlers (e.g., play alongside another child using similar materials; imitating play actions of other children). *Demonstrates understanding of the developmental trajectory in children birth to three and implements practices that take in realistic expectations for infant/toddlers' knowledge, capabilities and behaviors. *Interprets meanings that infants/toddlers communicate through their behavior (e.g., crying, pointing, gazing, moving, turning away, hiccupping) about their preferences, needs, or agendas. *Demonstrates how individual differences in temperament and preferred modalities of learning may influence infants/ toddlers' interactions and relationships with primary caregivers and others. *Illustrates how individual differences in temperament and preferred modalities of learning may influence infants/ toddlers' interactions with their physical environments.	1a, 1b, 1c, 5a	8A, 8B, 8D, 8J, 9A, 9E	5A9, 5A13, 5A14, 5A15
5	ITC HGD7: Identifies biological and environmental risk conditions that can impact infant-toddler development, learning, and mental health, and well-being and how these conditions relate to Illinois' definitions of eligibility for early intervention and the need for special services.	*Explains risk conditions (biological, environmental, medical) that can impact the development the child prenatal-age 3 (e.g., developmental delay, compromised social-emotional development) and distinguishes how these conditions relate to Illinois' definitions of eligibility for early intervention and the need for special services. *Identifies risk conditions (biological, environmental, medical) that can impact the development of the child prenatal-age 3 (e.g., developmental delay, compromised social-emotional development) and how these conditions relate to Illinois' definitions of eligibility for early intervention and the need for special services. *Names federal, state, and local laws/policies related to obtaining Early Intervention services for infants/toddlers with developmental delays or disabilities and their families.	1a, 1b, 6c, 6e	8F, 8L, 9A	2-4A18, 2-4G13, 5A18, 5G9
6	HGD8: Supports families and practitioners in identifying biological and environmental risk and resilience factors that may impact healthy infant/toddler development, learning, mental health, and well-being.	<ul style="list-style-type: none"> Identifies emerging infant/toddler competencies. Identifies biological and environmental factors that optimize infant/toddler brain development and mental health. Implements respectful and responsive strategies to promote and support family and practitioner knowledge of healthy infant/toddler development in context, including identifying and understanding the implications of biological and environmental risk and resilience factors. 			

Content Area: HEALTH, SAFETY AND WELL-BEING

Infant-toddler practitioners understand that children's mental health, physical health, and safety are the foundations for development and learning in children, prenatal to age 3. They acknowledge the value of creating and fostering healthy social and physical environments that promote children's adaptive behavior and emotional, social, physical, cognitive, and language development. They collaborate with families and other practitioners to understand their perspectives on health, nutrition, and safety. They provide and promote health, nutrition, and safety practices and routines that recognize individual children's needs and abilities and are congruent with individual families' cultures, values and preferences. They take responsibility for providing and promoting multiple opportunities for children to learn habits that will ensure their health and safety.

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
2	ITC HSW1: Identifies infant/toddler mental health, nutritional and safety concerns.	<ul style="list-style-type: none"> *Lists behaviors and other symptoms that signal a possible nutritional concern in infants and toddlers. *Interprets behaviors and other symptoms that signal a possible nutritional concern in infants and toddlers *Lists health problems and concerns common in infants and toddlers (e.g., ear infections, thrush, teething) and defines appropriate associated precautions. *Articulates health problems and concerns common in infants and toddlers (e.g., ear infections, thrush, teething) and defines appropriate associated precautions. *Lists nutrition needs specific to infants and toddlers and gives examples of associated appropriate practices. *Lists examples of possible mental health, health, nutritional and safety concerns in all infants/toddlers (e.g., prenatal diet), including children of varying abilities. *Distinguishes possible mental health, health, nutritional and safety concerns in all infants/toddlers (e.g., prenatal diet), including children of varying abilities. *Lists potential food-related health hazards for infants and toddlers (e.g., allergies, choking), and names steps to prevent dangerous situations. 	1a, 1b, 5a	8G, 8H, 8I, 8M, 8N, 8O	2-4B6, 2-4B7, 2-4B8, 2-4B10, 2-4B16, 5B7, 5B8, 5B16
2	ITC HSW2: Engages in developmentally, individually, and culturally responsive interactions with infants/toddlers during caregiving routines.	<ul style="list-style-type: none"> *Demonstrates supportive interactions with infants/toddlers during care-giving routines such as feeding and diapering (e.g., holding infants during feeding, interacting with toddlers while they eat; providing developmentally and culturally appropriate use of food choice with toddlers). *Demonstrates supportive interactions with infants/toddlers during care-giving routines such as feeding and diapering (e.g., holding infants during feeding, interacting with toddlers while they eat; providing developmentally and culturally appropriate use of food choice with toddlers). *Lists practices that sensitively respond to an individual infant's or toddler's eating and sleeping rhythms and to preferences related to environments and adult-child interactions. *Demonstrates practices that sensitively respond to an individual infant's or toddler's eating and sleeping rhythms and to preferences related to environments and adult-child interactions. 	4a, 4c	8A, 8B, 8E, 8H, 8M, 8N, 9C	2-4B1, 2-4B2, 5B1, 5B2
3	ITC HSW3: Creates safe and appropriate eating environments (nutrition, interactions) support healthy development, learning, mental health, and well-being.	<ul style="list-style-type: none"> *Prepares nutritious snacks and meals and eating environments that are appropriate for infants and toddlers. *Distinguishes potential food-related health hazards for infants and toddlers (e.g., allergies, choking), and names steps to prevent dangerous situations. *Distinguishes nutritional needs specific to infants and toddlers and illustrates associated appropriate practices. *Recognizes implications of nutrition for infant/toddler learning and development, including brain development. *Illustrates implications of nutrition for infant/toddler learning and development, including brain development. 	1a, 1b, 4b	8C, 8H, 8N	2-4B4, 2-4B5, 5B4, 5B5, 5B6, 5B10
3	ITC HSW4: Develops safe indoor and outdoor play environments for infants and toddlers.	<ul style="list-style-type: none"> *Develops safe indoor and outdoor play environments for infants and toddlers. 	1c, 4c, 5a	8H	5B11

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
4	ITC HSW5: Identifies, utilizes, and supports family access to and engagement with health, nutrition, and safety information to support the healthy development and learning of young children, prenatal to age three.	*Identifies and utilizes health, nutrition, and safety information with families including adaptations and accommodations for infants and toddlers with varying abilities, mental health needs, and/or other health related needs.	1b	8J	5B17
6	HSW6: Identifies environmental challenges and advances strategies, in partnership with families, to support positive outcomes related to the health, safety, and well-being of infants/toddlers within their familial and community environment.	<ul style="list-style-type: none"> • Conducts holistic environmental assessments to identify strengths and challenges. • Implements respectful and responsive strategies, in partnership with families, to identify environmental challenges and promote positive outcomes. 			
6	HSW7: Utilizes communication and collaboration skills to partner with and support families and practitioners in understanding and applying evidence-based practices that promote infant/toddler health, safety, and well-being.	<ul style="list-style-type: none"> • Demonstrates responsiveness to contextual factors and the unique developmental trajectory of the family/practitioner. • Evaluates the appropriateness of evidence-based practices within unique program and family contexts. • Supports families and practitioners in understanding and applying evidence-based practices that promote infant/toddler health, safety, and well-being. • Adopts strategies to facilitate the utilization of evidence-based practices within unique program and family contexts. 			

Content Area: OBSERVATION AND ASSESSMENT

Infant-toddler practitioners recognize that knowledge of each infant's or toddler's development and learning provides the framework for what infant-toddler practitioners do with each child, birth to age 3, and family. Infant-toddler practitioners are curious about how children develop and learn, and value the roles of informal and formal observation and assessment in understanding what and how each child is developing and learning. They understand and value the purposes, benefits and uses of observation and assessment information for obtaining a holistic view of each child. They view observation and assessment as ways to understand children and their interactions and relationships with their families and other caregivers, peers, and physical environments, within the context of culture and community. They understand that families have important information to share about their children. They use a variety of age, developmentally, linguistically, and culturally appropriate formal and informal assessments to gather and share information on each child's skills, abilities, interests and needs, birth to age 3; to promote their own and the family's understanding of the child; to monitor developmental progress; to identify developmental concerns; and continually to and reflect on and modify their own roles and practices.

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
3	ITC OA1: Selects and uses legal and ethical birth to three assessment procedures, screening tools, observation methods, and organizational strategies to gain knowledge of young children, and their familial and social contexts.	<ul style="list-style-type: none"> *Recognizes and describes birth-3 assessment tools (e.g., screening, curriculum referenced, norm-referenced) commonly used in Illinois and in the community. *Demonstrates appropriate use of at least one commonly used infant/toddler screening tool. *Administers an assessment that includes observations, checklists, documentation, parent interview, or other tools to learn more about individual infant's or toddler's interests, preferences, needs, and particular ways of responding to people and things. 	3a, 3c, 4c	N/A	2-4C3, 2-4C4, 2-4C8, 5C3, 5C4, 5C8
3	ITC OA2:	*Lists strategies for assisting families to understand the purpose and benefits of early screening.	1b, 2c,	N/A	2-4C6, 2-

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
	Collaborates with families to support knowledge of the purpose and benefits of screening and assessment and the benefits of assessment partnership.	<ul style="list-style-type: none"> *Determines most appropriate strategies for assisting families to understand the purpose and benefits of early screening. *Explains why it is important to establish an assessment partnership with families. *Articulates the importance of establishing an assessment partnership with families. 	3d		4C7, 5C6, 5C7
4	ITC OA3: Analyzes, compiles and shares observation and documentation data with families and appropriate caregivers to support holistic knowledge of infant/toddler development and learning within the environmental context.	<ul style="list-style-type: none"> *Analyzes ongoing observation and documentation that describe infants' and toddlers' development and learning in order to understand children's responses in interactions with others and activities found in their environment. *Compiles information on the developmental status of an infant or toddler across different developmental, learning and personality domains and gives examples of relevant behaviors on an ongoing basis. *Reports ongoing information to caregivers and families on the developmental status of an infant or toddler across different developmental, learning and personality domains and gives examples of relevant behaviors. 	2c, 3c, 3d	N/A	2-4C5, 2-4C10, 5C5, 5C10
6	OA4: Identifies, selects, and implements culturally, linguistically, and individually responsive observation and assessment strategies.	<ul style="list-style-type: none"> • Identifies observation and assessment strategies that are responsive to families, community/culture, language, and variations in development and learning. • Implements observation and assessment strategies that are responsive to families, community/culture, language, and variations in development and learning. 			
6	OA5: Promotes family and practitioner knowledge of and engagement in infant and toddler assessment.	<ul style="list-style-type: none"> • Utilizes communication and collaboration skills supportive of family partnership in the assessment process. • Identifies and implements strategies designed to develop family knowledge and engagement in the assessment process that are responsive to current family competencies, strengths, and opportunities for growth. • Identifies and implement strategies designed to develop practitioner knowledge and engagement in assessment processes based on family partnerships that are responsive to current family competencies, strengths, and opportunities for growth. 			
6	OA6: Identifies developmental and environmental risk factors requiring intervention through observation and assessment.	<ul style="list-style-type: none"> • Conducts formal and informal observations and assessments of infant/toddler development in full partnership with families and in alignment with evidence-based practice. • Accurately interprets data gathered from informal and formal observations and assessments to identify infant/toddler and family capacities, strengths, opportunities for growth, and areas of concern. • Synthesizes observation and assessment data to provide a holistic description of the unique development and learning characteristics of infants, toddlers, and their families. 			

Content Area: CURRICULUM or PROGRAM DESIGN

Infant-toddler practitioners take their cues for curriculum from the child and family. Infant-toddler practitioners use child development knowledge, knowledge of developmentally appropriate practices, and content knowledge to design, provide, promote, and evaluate opportunities and experiences that support optimal development and learning in children, birth to age 3. With each individual child, this complex process is embedded in relationships that support observations, scaffolding, and joint construction of meanings about self, others, and the world. Knowledge of each child's approaches to interaction and engagement, as well as family preferences, become the basis for what and how development and learning are supported and promoted in center and home environments, in collaboration with the family, other caregivers, and practitioners. The observations and interactions that provide curriculum information are grounded in a thorough understanding of children, families, cultures, and communities. Practitioners encourage young children's social-emotional competence, problem solving, critical thinking, and academic competence within a nurturing, supportive, challenging learning environment that emphasizes relationships, interactions, routines, and play.

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
3	ITC CPD1: Identifies foundational components of high-quality, responsive, infant	<ul style="list-style-type: none"> *Provides examples of how relationships and play are represented in curriculum for infants and toddlers and their families *Explains why continuity of expectations (e.g., toileting, feeding, adult-child interactions) between care 	1a, 1b, 1c, 4a, 5a, 5b,	1A, 1C, 8A, 8G	2-4D3, 2-4D5, 2-4D7, 2-4D12, 2-

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
	and toddler care.	and education practitioners and families is an important part of infant/toddler curriculum. *Provides examples of how abilities fostered during the infant-toddler period relate to the child's emerging understanding of literacy, math, and science. *Names state and national standards relevant to providing care and education to infants and toddlers (e.g., Illinois Birth-3 Program Standards). *Lists sources of sound information and research on infant/toddler curriculum. Identifies important assumptions and distinguishing features of major theoretical approaches used in designing curricular experiences for infants and toddlers. *Describes important assumptions and distinguishing features of major theoretical approaches used in designing curricular experiences for infants and toddlers.	5c, 6e		4G14, 5D1, 5D12, 5G10
3	ITC CPD2: Identifies culturally, individually, and developmentally responsive curricular strategies that nurture infant/toddler development, learning, mental health, and well-being.	*Provides examples of how curriculum for infants and toddlers both respects cultural differences and reflects individual needs and abilities, including those skills and behaviors that are emerging in each child. *Names children's skills and abilities that are being fostered by particular curricular activities. *Explains how infant/toddler development (e.g., developmental domains, emerging abilities, play) is used as a basis for curriculum. *Describes how music, movement, and other methods of creative expression contribute to development and learning in infants and toddlers. *List ways to support emergent literacy (e.g., picture naming, music), math (e.g., counting toes), and science (e.g., observation) in infants and toddlers. *Describes experiences and strategies that support infants/toddlers' approach to constructing knowledge through interaction, play, exploration, and experimentation. *Illustrates experiences and strategies that support infants/toddlers' approach to constructing knowledge through interaction, play, exploration, and experimentation.	1a, 1b, 1c, 2c, 4a, 4b, 4c, 5a, 5b	1A, 1C, 4C, 7A, 7B, 8A, 8C	2-4D1, 2-4D4, 2-4D8, 2-4D9, 2-4E12, 2-4E13, 5E12
3	ITC CPD3: Plans and implements, in partnership with families, culturally, individually, and developmentally responsive curricular strategies and interactions that nurture infant/toddler development, learning, mental health, and well-being.	*Cites curriculum goals that reflect families' child-rearing beliefs, practices, preferences, and expectations, as well as family and community values for child characteristics and behavior. *Utilizes sources of sound information and research on infant/toddler curriculum. *Develops daily curriculum for infants and toddlers that both respects cultural differences and reflects individual needs and abilities, including those skills and behaviors that are emerging in each child. *Develops daily curriculum for infants and toddlers that have relationships and play as the primary focus. *Implements and preserves continuity of expectations (e.g., toileting, feeding, adult-child interactions) between care and education practitioners and families is an important part of infant/toddler curriculum. *Establishes curriculum goals that reflect families' child-rearing beliefs, practices, preferences, and expectations, as well as family and community values for child characteristics and behavior. *Provides examples of curriculum goals, either created in partnership with parents/caregivers or based on their expressed priorities for their child's development, which might be used as a basis for ongoing planning, conducting home visits, and/or other meetings. *Demonstrates how abilities fostered during the infant-toddler period relate to the child's emerging understanding of literacy, math, and science. *Uses infant/toddler development (e.g., developmental domains, emerging abilities, play) is used as a basis for curriculum.	1c, 2c, 3a, 4a, 5a, 5b	1B, 1C, 8A, 8G	2-4D2, 2-4D6, 5C1, 5D2, 5D3, 5D4, 5D5, 5D6, 5D7
4	ITC CPD4:	*Recognizes common types of adaptive equipment and accommodations used with infants and toddlers	1c, 5c	9E	2-4E19, 5E19

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
	Adapts instructional practices through the use of tools and strategies supportive of the development, learning, mental health, and well-being of infants and toddlers.	with varying abilities. *Describes common types of adaptive equipment and accommodations used with infants and toddlers with varying abilities.			
5	ITC CPD5: Justifies and advocates for practices in infant and toddler care and education supportive of young children’s healthy development and learning.	*Justifies strategies (e.g., using non-verbal signals such as eye contact and gestures; using verbal language) to support early communication and language in infants and toddlers of different ages	4a, 4b, 4c	8A	5E11
6	CPD6: Plans and implements evidence-based developmental interventions for infants/toddlers and families based on a holistic needs assessment.	<ul style="list-style-type: none"> Develops and implements evidence-based program activities and plans that are responsive to the unique development, learning, and preferences of infants-toddlers and their families. 			
6	CPD7: Supports families and practitioners in embedding evidence-based practices that are responsive to the unique developmental trajectories and contexts of infants and toddlers.	<ul style="list-style-type: none"> Demonstrates a range of responsive strategies reflective of current family and practitioner competencies, strengths, and opportunities for growth. Supports families and practitioners in developing knowledge regarding their critical role in enhancing infant/toddler development and learning. Promotes family and practitioner competence in problem-solving, utilization of reflective practice, and skill acquisition in support of healthy infant/toddler development, learning, and well-being. Identifies, in partnership with families and practitioners, opportunities embedded within daily routines to support infant/toddler development and learning. Facilitates family and practitioner application of evidence-based practices within unique developmental contexts. 			
6	CPD8: Develops and implements relationship-based infant/toddler activities and program plans based on each individual child and family’s strengths, opportunities for growth, cultural context, individual goals, and desired outcomes.	<ul style="list-style-type: none"> Develops relationship-based activities and program plans that are reflective of and responsive to each child and family’s unique needs, desires, history, lifestyle, challenges, strengths, resources, cultural community, priorities and desired outcomes. Implements relationship-based activities and program plans using strategies that are reflective of and responsive to each child and family’s unique needs, desires, history, lifestyle, challenges, strengths, resources, cultural community, and priorities and desired outcomes. 			

Content Area: INTERACTIONS, RELATIONSHIPS AND ENVIRONMENTS

Infant-toddler practitioners use their understanding of early development to support and provide healthy early relationships, both in their own work with children and as they collaborate with families on behalf of children. They provide and promote developmentally, culturally, and individually appropriate environments and seek to engage young children, ages birth-3, in social, play and care giving interactions that support and promote their development and learning. Relationships established with children and their families in support of development and learning recognize and promote the primacy of the parent-child relationship as well as foster emerging relationships with other adults and with peers. Environments and interactions reflect knowledge of the ways in which infants and toddlers develop and learn and are responsive to each child's emerging abilities, interests, and needs within the context of family, culture, and community.

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
2	ITC IRE1: Identifies the importance of healthy practitioner-parent interactions and relationships in nurturing the development, learning, mental-health, and well-being of young children, birth to age three.	*Explains how positive practitioner-parent interactions and relationships support growth-promoting, positive parent-child interactions and relationships from birth-3.	2a, 2b, 4a	8A, 8G	2-4E2
2	ITC IRE2: Describes interactions and strategies that support healthy infant/toddler development, learning, mental health, and well-being and how these can be integrated into daily routines.	*Provides examples of approaches for maintaining and strengthening caregiver/child relationships as the primary focus of all activities with infants and toddlers. *Provides examples of how interactions that support learning core tasks of early development (e.g., those that foster attachment, self-regulation, and self-concept) can be integrated into daily care giving and play routines. *Explains how interactions that support learning core tasks of early development (e.g., those that foster attachment, self-regulation, and self-concept) can be integrated into daily care giving and play routines. *Names strategies (e.g., using non-verbal signals such as eye contact and gestures; using verbal language) to support early communication and language in infants and toddlers of different ages. *Names characteristics of interactions (e.g., responsive) that promote and support the healthy development of infant/toddlers' emotional security and expression, self-regulation, and self-confidence to explore and learn (just a note*-self-regulation and emotional expression are still very caregiver dependent during the first three years- we do not want anyone to think that encouragement will lead children to simply regulate and communicate feelings successfully at all times; we are just looking for the emerging ability).	1c, 4a, 4b, 4c	8A, 8B	2-4E1, 2-4E4, 2-4E8, 2-4E11, 5E8
2	ITC IRE3: Engages in interactions, embedded in daily routines and activities, supportive of developing and maintaining nurturing relationships with infants and toddlers.	*Forms responsive, affectionate relationships with infants and toddlers, and responds to children's emotional expression in sensitive and age-appropriate ways. *Forms positive relationships with infants and toddlers by thoughtfully responding to their signals and cues. *Demonstrates interaction and support techniques appropriate to infants and toddlers (e.g., responding, turn-taking, attunement, elaborating, redirecting, providing positive guidance).	4a, 4c	8A, 8E	2-4E5, 2-4E7, 5E5
3	ITC IRE4: Integrates family experience, cultural practices and perspectives, and knowledge of childrearing beliefs and practices into the infant/toddler setting.	*Provides examples of how families' experiences, knowledge, and childrearing beliefs and practices (e.g., what children wear or eat) can be incorporated into practices in early care and education settings. *Demonstrates that families' experiences, knowledge, and childrearing beliefs and practices (e.g., what children wear or eat) have been incorporated into practices in early care and education settings. *Identifies ways in which individual differences in cultural, familial, and linguistic heritage influence perceptions of infancy, and thereby influence communication and interactions with infants and toddlers. *Explains why it is important to interpret family health practices (e.g., those related to the prenatal period, those related to the presence of a disability or delay) from a cultural perspective (e.g., not interpreting particular health practices as child abuse).	1a, 1b, 2a, 2c, 6d	8D, 8H, 8J, 9A, 9B, 9C, 9D, 9F	2-4A6, 2-4B9, 2-4E3, 2-4E16, 2-4G5, 2-4G6, 5A6, 5B9, 5E16, 5F9

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
		<p>*Illustrates why it is important to interpret family health practices (e.g., those related to the prenatal period, those related to the presence of a disability or delay) from a cultural perspective (e.g., not interpreting particular health practices as child abuse).</p> <p>*Provides examples that illustrate why it is important for early childhood practitioners to understand parents' views of their child (e.g., child's strengths and needs; their parental, familial, and cultural goals for their child's development).</p> <p>*Illustrates why it is important for early childhood practitioners to understand parents' views of their child (e.g., child's strengths and needs; their parental, familial, and cultural goals for their child's development).</p> <p>*Explains how culture impacts families' perspectives about their infant toddler, parenting, and services they value.</p> <p>*Explains why it is important to understand individual families' perspectives about their infant/toddler, parenting, and infant/toddler services, including those perspectives related to the family's culture.</p> <p>*Recognizes examples illustrating how cultural ideas about infants/toddlers and about parenting have implications for working with individual children and their families.</p>			
3	ITC IRE5: Establishes positive practitioner-family interactions and relationships that support growth, promoting, positive family-child interactions and relationships from birth-3.	<p>*Establishes positive practitioner-parent interactions and relationships that support growth-promoting, positive parent-child interactions and relationships from birth-3.</p> <p>*Describes how individual differences in cultural, familial, and linguistic heritage influence perceptions of infancy, and thereby influence communication and interactions with infants and toddlers.</p>	1b, 2a, 2b, 4a	8A, 8G, 8M, 9B, 9C, 9D, 9H	5E2, 5E3
3	ITC IRE6: Creates culturally and linguistically responsive environments, interactions, and experiences that nurture healthy infant/toddler development, learning, mental health, and well-being.	<p>*Provides examples of positive guidance techniques and explains how they apply or do not apply at different ages between birth and 3.</p> <p>*Strategizes and develops early learning environments, interactions, and experiences (e.g., adult/child interaction, exploration) that support early brain development, prenatal-age 3.</p> <p>*Explains how learning environments that affirm and respect cultural and linguistic diversity also support infant/toddler development and learning.</p> <p>*Articulates characteristics of home and center environments, interactions, and opportunities that facilitate development of a sense of trust in infants and toddlers and a sense of autonomy and choice in toddlers.</p> <p>*Establishes learning environments that affirm and respect cultural and linguistic diversity also support infant/toddler development and learning.</p> <p>*Provides examples of characteristics of home and center environments, interactions, and opportunities that facilitate development of a sense of trust in infants and toddlers and a sense of autonomy and choice in toddlers.</p> <p>*Creates environments (e.g., predictability, continuity of care) and interactions (e.g., responsive) that promote and support the healthy development of infant/toddlers' emotional security and expression, self-regulation, and self-confidence to explore and learn.</p> <p>*Appraises safe indoor and outdoor physical environments (e.g., space, materials) that encourage infants/toddlers to explore their emerging understanding of their environment (e.g., watching, comparing), practice their developing motor skills (e.g., pulling up, taking steps), and acting on objects in multiple ways e.g., moving a puzzle piece in different directions to have it fit correctly).</p>	1a, 1c, 2a, 2c, 4a, 4b, 4c, 5a, 5c	8A, 8B, 8C, 8E, 8J, 8K, 9A, 9C, 9E, 9F	2-4A16, 2-4E6, 2-4E9, 2-4E14, 5A5, 5A16, 5E1, 5E14, 5E19
4	ITC IRE7: Facilitates and advocates for the creation of evidence and	<p>*Names sources of research-based, practical information on environments and interactions that support infant-toddler development and learning, including sources of information on cultures, life circumstances, varying abilities, and other factors that impact development.</p>	1a, 1b, 1c, 4a, 4b, 4c,	8A, 8B	2-4E20, 5A1, 5E4, 5E6, 5E7, 5E20

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
	relationship-based infant/toddler environments, interactions, and routines that support healthy infant/toddler development, learning, mental health, and well-being.	<p>*Uses sources of research-based, practical information on environments and interactions that support infant-toddler development and learning, including sources of information on cultures, life circumstances, varying abilities, and other factors that impact development.</p> <p>*Uses principles and related practices of prominent current theories of infant/toddler development and learning (e.g., children's attachment with primary caregivers; importance of play and development).</p> <p>*Compare and contrast interaction and support techniques appropriate to infants and toddlers (e.g., responding, turn-taking, attunement, elaborating, redirecting, and providing positive guidance).</p> <p>*Illustrates how positive guidance techniques apply at different ages between birth and 3.</p> <p>*Demonstrates approaches for maintaining and strengthening relationships as the primary focus of all activities with infants and toddlers.</p>	6c		
6	IRE8: Develops and implements, in partnership with families, unique relationship building strategies-- embedded within daily interactions-- that are designed to develop the confidence and capabilities of families and practitioners in their capacity to nurture the development, learning, and well-being of infants/toddlers.	<ul style="list-style-type: none"> • Observes the family members or practitioners(s) and infants/toddlers together to understand their unique relationship, interactive strengths, and capacities for growth/change. • Utilizes a variety of relationship-based strategies to identify, in partnership with families/practitioners, areas of strength and opportunities for growth. • Demonstrates skill in supporting family/practitioner confidence and capabilities in promoting and enhancing the development, learning, and well-being of infants/toddlers through relationship-based strategies in the context of daily interactions. 			

Content Area: FAMILY AND COMMUNITY RELATIONSHIPS

Infant-toddler practitioners understand the roles that culture, community, and family play in the growth and development of infants and toddlers, knowing that parenting styles, ethnicity, cultural expectations, household make-up, and community influence all domains of development. They understand and value the critical role of positive, collaborative partnerships with families, colleagues, and community service agencies. They respect multiple perspectives and demonstrate integrity in conveying their own personal and practitioner perspectives and values. They use their knowledge of family and social systems to create reciprocal, productive interpersonal relationships that recognize and enhance the contributions of family, program, and community participants to the development, learning, and well-being of young children, prenatal to age 3, and their families.

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
2	ITC FCR1: Describes the inter-relationship between children, family, practitioners, and community contexts, their influence on families' approaches to parenting children birth to age three, and the impact on family-practitioner collaboration.	<p>*Provides examples to demonstrate how family structures, diversity in social, cultural, linguistic, or religious background influence families' approaches to parenting children birth-3, and to practitioners' approaches to collaboration.</p> <p>*Describes how community characteristics, family structures, or diversity in social, cultural, linguistic, or religious background influence families' and practitioner's perspectives and interactions with children birth-3, each other, and the community.</p> <p>*Provide examples of how relationships among practitioners, infants/toddlers, and families can impact other child-family, child-practitioner, and practitioner-family relationships.</p> <p>*Explains how relationships among practitioners, infants/toddlers, and families can impact other child-family, child-practitioner, and practitioner-family relationships.</p>	1a, 1b, 2a, 2b	9C, 9H	2-4F1, 2-4F8, 5F1, 5F8
2	ITC FCR2: Demonstrates behavior that reflects confidentiality and awareness of the unique role of providing services to infants/toddlers and their families.	<p>*Provides examples of unique confidentiality issues and responsibilities that may arise in providing services to infants/toddlers and their families.</p> <p>*Articulates unique confidentiality issues and responsibilities that may arise in providing services to infants/toddlers and their families.</p>	6d	N/A	2-4G11, 2-4G12

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
2	ITC FCR3: Engages in interactions and demonstrates practice with children, families, and practitioners reflective of a strengths-based, family-centered, relationship-based approach.	<ul style="list-style-type: none"> *Identifies the merits of a strengths-based, family-centered, relationship-based approach to working with children and/or families, prenatal-age 3. *Relates the merits of a strengths-based, family-centered, relationship-based approach to working with children and/or families, prenatal-age 3. *Recognizes the strengths, benefits, and any potential challenges of families of infants and toddlers who are learning English as a second language and/or multiple languages. *Describes the strengths, benefits, and any potential challenges of families of infants and toddlers who are learning English as a second language and/or multiple languages. *Recognizes the strengths, benefits, and any potential challenges of families with infants and toddlers with developmental delays, disabilities, and/or other special needs, (e.g., stressful circumstances, illness). *Describes the strengths, benefits, and any potential challenges of families with children who have developmental delays, disabilities, and/or other special needs, (e.g., stressful circumstances, illness). 	1b, 2a, 2b	9C, 9D, 9G	2-4F2, 2-4F6, 2-4F7, 5F2, 5F6, 5F7
3	ITC FCR4: Collaborates with families to nurture healthy development, learning, mental health and well-being within and between infant and toddler social and cultural contexts.	<ul style="list-style-type: none"> *Provides examples of a range of strategies to promote socialization and nurture social competence in infants and toddlers within their cultural and societal contexts. *Outlines a range of strategies to promote socialization and nurture social competence in infants and toddlers within their cultural and societal contexts. *Provides examples of program and practitioner practices and strategies that support continuity of expectations and practices among program, practitioners, and home. *Explains the importance of involving families as partners in all aspects of the infant/toddler care and education system. *Involves families as partners in all aspects of the infant/toddler care and education system. 	1b, 2b, 2c, 4a, 4b, 4c	9C, 9E	2-4E10, 2-4F3, 2-4F10, 5E10, 5F3
4	ITC FCR5: Employs a developmental approach to understanding and collaborating with families of infants and toddlers.	<ul style="list-style-type: none"> *Recognizes aspects of early care and education that may be emotionally salient and/or particularly difficult for families of infants and toddlers (e.g., leaving their children for the first time, the families' first experience with practitioners), and names ways to support families and ensure parent-practitioner partnerships. *Understands why aspects of early care and education may be emotionally salient and/or particularly difficult for families of infants and toddlers (e.g., leaving their children for the first time, the families' first experience with practitioners), and names ways to support families and ensure parent-practitioner partnerships. *Demonstrates an understanding of how and why transitions in early development may be times of particular stress or readjustment in families' perceptions and understanding of the infant or toddler, and their possible implications for caregiver-child interaction. *Identifies transitions in early development that may be times of particular stress or readjustment in families' perceptions and understanding of the infant or toddler, and their possible implications for caregiver-child interaction. *Develops program and practitioner practices and strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences, and support them in their parenting roles (e.g., following the family's lead, acting as guest in family home, commenting positively on child and parent actions, asking parent's permission to interact with the child). 	1a, 1b, 2b, 2c, 6d	9C, 9E, 9H	2-4A19, 2-4F5, 5A19, 5F5, 5F9, 5F10
4	ITC FCR6: Plans and implements collaborative learning opportunities, in partnership with families, that are supportive of the healthy	<ul style="list-style-type: none"> *Lists strategies that can be used to support parents and other caregivers in recognizing how their interactions contribute to the child's emerging self-regulation and developing sense of self. *Develops strategies that support parents and other caregivers in recognizing how their interactions contribute to the child's emerging self-regulation and developing sense of self. *Conducts conferences or home visits with families that focus on parenting practices, concerns and 	2b, 2c	8A, 8E, 9H	2-4E18, 2-4F11, 2-4F13, 5E18, 5F11, 5F13

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
	development, learning, mental health and well-being of infants and toddlers.	discusses examples of behavioral indicators with families. *Prepares and leads conferences or home visits with families that focus on parenting practices, concerns, and discusses examples of behavioral indicators with families. *Describes why it is important to incorporate family routines in home program communication or home visits. *Justifies the importance of incorporating family routines into home visits or discussion of home-program connections.			
5	ITC FCR7: Designs and advocates for program policies and practices that support a collaborative team approach, with families as essential partners, in supporting the healthy development, learning, mental health and well-being of infants and toddlers.	*Identifies the positive benefits of a team approach to working with all infants and toddlers, including children with varying abilities and linguistic diversity. *Utilizes the positive benefits of a team approach to working with all infants and toddlers, including children with varying abilities and linguistic diversity. *Provides examples of program and practitioner practices and strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences, and support them in their parenting roles (e.g., following the family's lead, acting as guest in family home, commenting positively on child and parent actions, asking parent's permission to interact with the child).	1c, 2c, 4c	9C	2-4F9, 2-4F15, 5F15
6	FCR8: Develops responsive, reciprocal relationships with families that support and promote parenting self-efficacy.	<ul style="list-style-type: none"> • Supports and reinforces each family's strengths, emerging competencies, and positive parent-infant/toddler interactions. • Provides culturally responsive information, guidance, and support to families that are responsive to parenting capabilities and opportunities for growth. • Identifies and implements relationship-based strategies designed to support family efficacy that are responsive to each family's strengths, goals, and opportunities for growth. • Identifies, recognizes, and nurtures families in the continued mastery of advocacy skills. 			

Content Area: PERSONAL AND PROFESSIONAL DEVELOPMENT

Infant-toddler practitioners demonstrate respect for children, families, and colleagues. They identify themselves as practitioners and conduct themselves as members of a significant, expanding, changing profession. Their practitioner attitudes evolve with experience, practitioner development, and advances in the profession. They honor diversity in cultures, beliefs, and practices. They know and value the history and contributions of their profession and its related fields. They are committed to ongoing practitioner development. They continually reflect on and take responsibility for their own values, choices and actions, including the judgments they make as they work with children and families. They advocate for young children, prenatal to age 3, and their families, and exemplify the ethical standards of their profession in their personal and practitioner interactions and activities.

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
2	ITC PPD1: Identifies own strengths, opportunities for growth, and values regarding working with infants and toddlers and their families.	*Determines own strengths and limitations for working with infants and toddlers and their families. *Analyzes one's own beliefs about families, parent-child relationships, and parent-child interaction. *Demonstrates the ability to examine and understand one's own beliefs about families, parent-child relationships, and parent-child interaction. *Articulates a personal philosophy of infant/toddler services and practice that reflects knowledge of infant/toddler development and of recommended practice with infants, toddlers, and families.	4d, 6a, 6b, 6d, 6e	N/A	2-4G1, 2-4G4, 2-4G9, 5G1, 5G4, 5G9
2	ITC PPD2: Uses relationship-based strategies to develop and maintain positive, responsive, respectful relationships with families.	*Explains why a primary role of an infant/toddler practitioner is to build relationships with families and with children. *Demonstrates that the primary role of an infant/toddler practitioner is to build relationships with families and with children. *Describes why it is important to resolve differences between practitioner practices and preferences and those of the family, and to bring up and discuss conflicting beliefs in practice in a clear, caring, and respectful manner (e.g., conflicting views on sleep position). *Demonstrates methods to resolve differences between practitioner practices and preferences and	2b, 4a, 4c, 6b, 6d	8A, 8G	2-4F14, 2-4G2, 5F14, 5G2

Level	Competency	Descriptor	NAEYC	IPTS	Original Benchmarks
		those of the family, and to bring up and discuss conflicting beliefs in practice in a clear, caring, and respectful manner (e.g., conflicting views on sleep position).			
3	ITC PPD3: Identifies contextual factors that influence infants, toddlers and their families and implications for practice.	<ul style="list-style-type: none"> *Uses strategies to learn about accepted community beliefs and practices with infants and toddlers, including those that reflect the diversity of families within a community. *Identifies societal, familial, and community characteristics that may influence families' perspectives of their infants/toddlers and of their responsibilities as parents. *Provides examples of strategies that a practitioner could use to learn about accepted community beliefs and practices with infants and toddlers, including those that reflect the diversity of families within a community. 	2b, 2c, 6b, 6d, 6e	8J	2-4G7, 2-4G8, 5G6
4	ITC PPD4: Identifies and incorporates knowledge and skills provided through evidence-based resources into practice.	<ul style="list-style-type: none"> *Names examples of publications for practitioners who work with infants and toddlers. *Uses publications for practitioners who work with infants and toddlers. *Names credible local, state, or other resources (e.g., practitioner development, college courses, internet sites) for obtaining training specific to infants and toddlers and their families. *Uses credible local, state, or other resources (e.g., practitioner development, college courses, internet sites) for obtaining training specific to infants and toddlers and their families. 	6c, 6d, 6e	N/A	2-4G15, 2-4G16, 2-4G17, 5G13
5	ITC PPD5: Designs and participates in collaborative systems and proactive, visionary leadership that ensures the healthy functioning of the infant and toddler programming and the young children and families served.	<ul style="list-style-type: none"> *Identifies procedures for system-wide collaboration among agencies and others serving infants/toddlers and their families, including procedures for referring children and for obtaining resources. *Recognizes and engages in system-wide collaboration among agencies and others serving infants/toddlers and their families, including procedures for referring children and for obtaining resources. 	6e	N/A	2-4F18, 5F18
6	PPD6: Develops responsive, reciprocal relationships with practitioners that support and promote professional self-efficacy.	<ul style="list-style-type: none"> • Supports and reinforces each practitioner's strengths, emerging competencies, and positive interactions with infants/toddlers and their families. • Provides culturally responsive information, guidance, and support to practitioners that are responsive to professional capabilities and opportunities for growth. • Identifies and implements relationship-based strategies that are responsive to each professional's strengths, goals, and opportunities for growth. • Identifies, recognizes, and nurtures practitioners in the continued mastery of advocacy skills. 			
6	PPD7: Demonstrates behavior supportive of continued growth and development as a professional member of the infant/toddler field (inclusive of families).	<ul style="list-style-type: none"> • Identifies and participates in learning activities related to the promotion of infant mental health as the foundation of effective infant/toddler programming. • Engages in professional activities supportive of knowledge of current research and trends in the infant/toddler field (inclusive of families). 			
6	PPD8: Employs effective data collection processes and monitoring systems to track individual progress, assure follow up, and monitor the coordination of service delivery within and across sectors of the infant/toddler field (inclusive of families).	<ul style="list-style-type: none"> • Utilizes data collection and monitoring systems that reflect contextual needs, including progress monitoring, service implementation, and service efficacy. 			
6	PPD9: Engages in inter-agency collaboration to ensure children and families receive appropriate, coordinated services.	<ul style="list-style-type: none"> • Synthesizes available resources and information to ensure the appropriateness of and continuity in service delivery. • Conducts and coordinates referrals to appropriate agencies. • Engages in appropriate service-delivery follow-up to ensure infant/toddler/family strengths and challenges are supported within a collaborative context. 			