



# Foundational Guidance for Parent/Caregiver–Child Interaction Observation

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## **Purpose of this Guide**

Michigan's *Early On*<sup>®</sup> program requires observation of parent/caregiver-child interaction as part of the initial assessment process service providers use to gather additional information to develop the Individualized Family Service Plan (IFSP).

The intent of the observational assessment is to understand the child's development within the context of his or her caregiving environment, during caretaking or play activities, as well as during other natural interactions.<sup>1</sup>





This guide will:

1. Define and explain the importance of parent/caregiver-child interaction in the healthy development of children.
2. Identify critical elements of quality parent/caregiver-child observations.
3. Illustrate strategies for sharing results of observations with families.
4. Explore tips for developing parent/caregiver-child functional outcomes for IFSP planning.

Early On<sup>®</sup> service providers can use this guide to strengthen their understanding of, skills, implementation, and use of parent/caregiver-child observations when supporting critical early relationships of infants and young children with the adults who care for them. This guidance is supplemental and not required.



## What is Parent/Caregiver-Child Interaction?

Parent/caregiver-child interaction includes back-and-forth exchanges, both verbal and non-verbal, between a child and a caring adult. Positive parent/caregiver-child exchanges contribute to children's overall well-being, and are the source of future health, development, and social well-being.<sup>2</sup> Healthy parent/caregiver-child interaction occurs by establishing mutual emotional connections.

### 1. Outline the importance of parent/caregiver-child interactions.

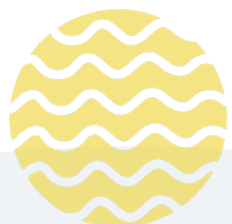
Children who experience positive nurturing interactions with parents/caregivers during infancy and early childhood develop healthy and secure attachments and are significantly better prepared to succeed in school.<sup>3</sup> When early relationships are reliably positive, nurturing, warm, safe, and responsive, they can buffer young children from the adverse effects of stressors. Infants and young children's social and emotional well-being is directly tied to positive, simple, in-the-moment relational experiences and their caregivers and families' availability for these engaged moments. The parent/caregiver-child relationship, which combines behaviors, emotions, and expectations, is primarily responsible for setting the stage for nearly all aspects of a child's development into adulthood.<sup>4</sup>

Because of the trusting relationships established between families/caregivers and *Early On*<sup>®</sup> service providers, services can reduce social isolation, improve relational health, and potentially buffer early childhood adversity.

For more information on the importance of early relationships:

**Watch** this video entitled *Brain Wonders - Zero To Three Magic of Everyday Moments*:  
<https://vimeo.com/103169425>

**Read** *A Relationship-Based Approach to Early Intervention* by L. Edelman:  
<https://drive.google.com/file/d/1Fc2DLRXrPEVzp-OhGAeHlsendEF62p3T/view?usp=sharing>



## 2. Identify critical elements of quality parent/caregiver–child observations.

Infants send signals to their parents/caregivers such as crying when hungry or in discomfort, or cooing when content. When parents/caregivers respond in a warm, caring manner to an infant's signals, the infant quickly learns to rely on the parent/caregiver. This is how emotional bonds between a child and adult begin to form. Healthy attachment between the parent/caregiver and child—stemming from these emotional bonds—plays a central role in regulating the infant's or child's experience of hunger, discomfort, and stress. The optimal parental/caregiver response will assist the infant or child from hunger to satisfaction, discomfort to comfort, and stress to stress-recovery.

Positive parent/caregiver-child interactions are the basis from which children can explore and experience the world of relationships, objects, cause and effect, and problem-solving. As the child explores and learns, the parent/caregiver-child relationship functions as a safe and secure base and as a source of comfort for the developing child.

It is critical for programs like *Early On*<sup>®</sup> to integrate and support quality parent/caregiver-child observation as part of the IFSP process. Observations of parent/caregiver-child interactions are essential for determining the strengths and challenges in these interactions.

In early seminal work, Ainsworth and Bell (1974) identified the responsiveness of the parent or primary caregiver as a reinforcement mechanism for infants and children.<sup>5</sup> Ainsworth (1969) identified five variables as central to high-quality parent/caregiver-child relationships, focusing on what we expect to see the parent/caregiver do in a responsive interaction. These variables are:

1. responding sensitively and empathically to the infant's signals
2. providing frequent physical contact
3. allowing the infant freedom to explore
4. helping the infant derive a sense of consequence of their actions
5. engaging in mutual enjoyable and reciprocal activities<sup>6</sup>



In secure parent/caregiver-child relationships, common responses from a young child might include:

- accepting comfort from the familiar caregiver when upset
- staying within proximity of the caregiver when exploring using the caregiver as a safe base
- cooing, babbling, and engaging in eye contact with the caregiver eliciting and responding to the interaction<sup>3</sup>



A quality parent/caregiver-child observation documented on the IFSP should address the following, at a minimum:

- time of day - note when it occurred (after nap, before lunch)
- setting - note the location (living room, outside, etc.)
- facts- record the facts of the back-and-forth interaction between the parent/caregiver and child (be objective—write down exactly what you saw and heard)
- description- add detail to be as specific and descriptive as possible

Appendix A outlines core elements of interaction and a sample list of healthy parent/caregiver-child interaction behaviors that you may expect to see.

When observing parent/caregiver-child interaction, capture the quality of the back-and-forth interplay between the child and the parent/caregiver. For example, the observation below (as recorded during a home visit) provides details of the parent/caregiver-child back-and-forth interplay. Table 1 illustrates the back-and-forth interplay between Jamal and his father based on this example.

*Jamal, three months old, is just waking up from his nap. "Good morning, Jamal, my little bunny. Oh, that's a big stretch! I see your eyes opening. Daddy hears you crying, and I'm going to pick you up. There we go." Jamal's father gently pats him on the back and walks to the kitchen. Jamal quiets down as his father talks and rubs his back. Jamal's father sits with Jamal facing him. Jamal looks to him and coos, "Yes, hi, big guy!" Jamal smiles, his father smiles back.*

Child Behavior	Parent/Caregiver Behavior
Jamal stretches.	Dad verbalizes what he sees.
Jamal cries.	Dad picks him up and pats him on the back.
Jamal quiets down.	Dad talks and rubs his back.
Jamal coos.	Dad responds with words.
Jamal smiles.	Dad smiles back.

Table 1.  
Child and Parent/Caregiver Behavior



## Tips for Quality Observation of Parent/Caregiver-Child Interaction

When recording an observation, jot down what you experience with your senses, such as what you see and what you hear versus what you think or hypothesize. By recording objective facts, you can more easily share results with parents/caregivers and uncover patterns in behavior. Recording the facts also helps you avoid biases; everyone has them!

Biases stem from your upbringing and experiences. Every interaction has helped shape who you are. Biases influence beliefs and behaviors. When you engage in observation, do a self-check to make sure what you record is objective, and thus, bias-free. Table 2. outlines the components of an objective observation versus a subjective one.

Table 2. Objective and Subjective Observations<sup>7</sup>

Objective Observation	Subjective Observation
Objective observations are based on what you observe using your senses; Record exactly what you see, hear, taste, touch, and smell.	Subjective observations are often influenced by past events, personal experiences, and opinions, and can be biased based on your individual background.
Objective information is based on facts. If you don't see it, don't report it. Report details and provide clear descriptions.	Subjective information is based on opinions, assumptions, personal beliefs, prejudiced feelings and/or can be based on suspicions, rumors, and guesses.
Results are more likely to be valid and reliable from child to child.	Results are often inconsistent and vary from child to child.
<p>Example of an objective observation:</p> <p>Anna dropped her cup for the second time within a 30 second period. Anna started to cry. Anna's mother picked up the cup and said, "Here you go sweetie. We all drop things." Anna giggled. Anna's mom touched Anna's nose and said, "Milk is yummy, isn't it?"</p>	<p>Example of the same observation written with subjective language:</p> <p>Anna seemed to throw her cup on the ground on purpose. She started bawling. Anna's mother appeared annoyed but picked up the cup and said, "Here you go sweetie. We all drop things." Anna seemed happy. Then, Anna's mom appeared not to be annoyed anymore and said, "Milk is yummy, isn't it?"</p>

In addition to being objective, it is also essential to ensure your observation is complete. This means that you have a clear beginning and end, and you can see the behavior or interaction all the way through. For example, the observation below *does not* capture the back-and-forth interaction.

*Li, seven months old, put his hand to his eye and moved it up and down. He had furrowed brows, and his lower lip came out, and he began to cry. His grandmother walked toward him.*

Did Li's grandmother pick him up? Did he calm, turn away, or do something else in response? It is essential to get the whole scenario so you do not make assumptions or hypotheses based on incomplete information.

Below is an example of a more thorough observation of Li and his grandmother's interaction.

*Li, seven months old, put his hand to his eye and moved it up and down. He had furrowed brows, and his lower lip came out, and he began to cry. His grandmother walked toward him. Li's grandmother bent down and picked Li up. She held him close and slowly patted his back several times, while saying, "There, there, Grandma's got you." Li's head moved into her neck, and he quieted. Li's grandmother sat in a rocker and continued to hold Li. Li looked up and his mouth turned into a smile, and he began to coo. Grandmother verbalized, "There's my big guy, what a smile!"*

## Let's Practice

Review the observation below for quality. Check for:

- clear facts and objectivity
- back and forth exchanges between the child and parent/caregiver
- completeness

What words or phrases meet quality standards and which do not? Identify which areas of quality were or were not met. Then look at the edited version to check your work.

The original observation was not wholly objective. Subjective inferences included writing that the child was shy, as well as using terms such as "lovingly", "anxiously", etc. The second observation included both parent/caregiver and child behavior and was complete.

### Original Observation

*Sara, a 14-month-old, looks up happily as I arrive. She moves closer to her mother and gently puts her hand on her mother's leg. Sara anxiously puts her fingers in her mouth. Sara's mother comforts her, picks her up, and says, "Ms. Jackson is new in our home. It's okay, Mommy is here." As Sara's mom and I sit on the floor and talk, Sara happily begins to play close to her mother and looks at me shyly once in a while. When I get up to leave, Sara crawls into her mother's lap for safety and waves.*

### Edited Version

*Sara, a 14-month-old, looks up as I arrive. She moves toward her mother and puts her hand on her mother's leg. Sara puts her fingers in her mouth. Sara's mother pats Sara on the back and picks her up, and says, "Ms. Jackson is new in our home. It's okay, Mommy is here." As Sara's mom and I sit on the floor and talk, Sara picks up a toy and puts it in her mouth. She is close to her mother and has looked at me three times. When I get up to leave, Sara crawls into her mother's lap and waves.*

## For more practice:

**Watch** an infant/caregiver video clip from the Pyramid Model series. Capture what you see and hear and check for objectivity, completeness, and parent/caregiver and child behavior:  
<http://csefel.vanderbilt.edu/resources/infTodd/mod1/1-2.mpg>

**Read** more about quality observation on Head Start's Early Childhood Learning and Knowledge Center site: <https://eclkc.ohs.acf.hhs.gov/child-screening-assessment/child-observation-heart-individualizing-responsive-care-infants-toddlers/writing-objective-accurate-observation-notes>

**Access** a sample list of healthy parent/caregiver-child interaction behaviors that you may expect to see between infants, toddlers, and their familiar caregivers. The elements are listed here, while you can find more detail in Appendix A. Elements to look for in the parent/caregiver-child interaction.

- Proximity and Referencing
- Responsiveness
- Affection
- Communication
- Affect



### 3. Share results of observations with families.

It is important to let parents/caregivers know that as part of your role, you will engage in a brief observation with all families to learn more about their child's engagement and relationship with you, which is a key part of their overall development. After this observation, you will share what you observed as a way to best support the family.

After you engage in a brief observation, share takeaways with the parent/caregiver. Let the parent/caregiver know what you observed using the facts, for example:

*"Sara began cooing and looked up at you, you smiled at her, and she gave you a big smile with eyebrows raised and her arms up. When you picked her up, she put her head in your neck, and you put your arms around her. She seems to be comforted by you."*

There may be times when your observation may include behavior that does not align with that back and forth "dance" of the parent/caregiver and child. If warranted, remember to share the facts, and engage in further conversation and observation to gather information for future planning.

See the observations below for examples:

**Scenario 1:** Amir pushed the pop-up toy button, and a door opened. Amir smiled and pushed the button again. When the door opened, he laughed. Amir's mother looked at him and said, "You love that toy, don't you?" She scooted closer to him and put her hand on his back. Amir picked up the toy, moved his back to his mother, pushed the toy button, and laughed when it opened. His mother's shoulders went up and her brows furrowed, and she looked away. She got up and said she would be right back. Amir looked at his toy and continued to press the button.

In this scenario, you can use the facts to engage in further conversation, for example, "I noticed when you scooted closer to Amir and put your hand on his back, he turned away. Your shoulders went up, and you left for a few minutes. What was going through your head at the time?"

**Scenario 2:** Amika's mother, Sherida, was sitting on the couch with her eyes partly closed and her body leaning on the armrest of the couch. Amika, doing tummy time on the floor, babbled and scooted her body forward and her arm reached toward a red ball on the floor. Her hand touched the ball and she squealed and looked toward her mother and her mouth turned upwards and she kicked her legs. Sherida kept her eyes closed and leaned further toward the arm rest.

In scenario 2, you can use what you see and hear to explore the interaction further. For example,

*"Sherida, I notice you are leaning toward the armrest and your eyes are closing, I am wondering if all is okay? Tell me how things are going today." After pausing to allow her mother to respond, you might add... "I noticed Amika is beginning to scoot and reach for things, an exciting part of her development. Pause again to allow her mother to reply to this observation. If she doesn't respond, you can prompt: "She looked to you when your eyes were closing, does this happen often? I gather you have had a lot going on and you are still not getting rest as you mentioned last week. That must be challenging. Tell me how this impacts your and Amika's time together."*

## 4. Explore tips for developing parent/caregiver-child interaction functional outcomes for IFSP planning.

You may use your parent/caregiver-child observation information to plan outcomes to enhance parent/caregiver-child interaction.

Here are a few helpful tips to consider when developing functional outcomes together with families:

- Assure that the outcome(s) is/are parent-driven and functional for the child and family's circumstance.<sup>7</sup>
- Keep the wording of the functional outcome jargon-free, clear, and simple.
- Use strength-based language.

When starting a conversation, you can weave in the objective facts you have collected through the observation and that you have likely already discussed with the parent/caregiver.

### Consider this step-by-step example of collaborating with a parent to develop outcomes:

#### Step 1: Start with recapping the observation.

You may find it useful to share back the facts you noted during the observation:

*Hello Ella, it's nice to see you again! I wanted to share back some observations and discussions we've had over the past several weeks. We talked about how Jamal really watches you and how you stay close by and chat with him when he explores. You are his safe base for learning about the world! You shared with me a few times that Jamal sometimes gets upset "out of the blue," and when you use words to ask him to calm and pick him up, he arches his back. I know you mentioned this doesn't feel good to you as you want to ensure you provide comfort when he is stressed. Let's talk about some ideas for helping you recognize when Jamal is telling you he is getting upset and how he might accept comforting. How does this sound?*

In this example, the service provider started with strengths and then reflected on some behaviors observed and previously discussed with the parent/caregiver, leading to parent/caregiver-driven functional outcome development.

This example above relates to responsiveness (Appendix A) or the way the child engages in cues to convey their needs and how the caregiver responds.



## Step 2: Engage in discussion.

You may use probing questions/statements to help the parent/caregiver come up with ideas:

*"When Jamal begins to arch his back, what do you think he is trying to tell you? What might he need?"*

*Once we know what he is trying to tell you, it may be easier to think of a good response!*

*"I think he is saying I don't want to be talked to right now; I am tired."*

*"What might work instead of talking?"*

*"I did observe Jamal cuddling into your neck when he was waking up last week, and you gently rubbed his back and rocked in a chair. Does he usually react well to gentle touch and rocking?"*

*"What else does he respond to for comforting?"*

## Step 3: Share ideas about possible strategies.

You may have formed ideas of your own, and welcome ideas from the parent. Some ideas you have formed at this time might include:

1. trying to identify what happens before he starts to fuss
2. getting down on the floor and rubbing his back before he gets to the point of crying
3. using gentle touch and rocking throughout daily routines to help Jamal calm

## Step 4: Use observation, discussion, and possible strategies to work together on creating functional outcomes.

You likely have enough information and exchange with the parent at this point to move toward developing the functional outcomes. Some possibilities include:

1. By summer vacation time, during floor time/play time Ella will share back with me how Jamal uses cues to show engagement and disengagement and how she has been able to provide comfort to Jamal.
2. Over the next four months, prior to mealtime, bath time, and bedtime Ella will use gentle touch and rocking to help Jamal remain calm.



## For more ideas to promote healthy parent/caregiver-child interaction:

**Watch** a video developed by Harvard University's Center for the Developing Child offering five tips for building serve and return: <https://developingchild.harvard.edu/resources/how-to-5-steps-for-brain-building-serve-and-return/>

**Read** more about how infants and toddlers build relationships and what they need from caregivers in Zero to Three's Magic of Everyday Moments Series: <https://www.zerotothree.org/resources/1092-magic-of-everyday-moments-booklets-how-the-brain-body-and-mind-grow-from-birth-to-3>

**Explore** a sample list of tips for what to include in an observation and how to engage in ongoing assessment with families (Appendix B) and a few questions that you may ask families to learn more about their interactions (Appendix C).

**Access** a list of simple games and activities that caregivers can use to promote healthy interactions<sup>8</sup> in the context of everyday routines (Appendix D).

**Learn together** by practicing observation with sample observations to practice with in Appendix E, and useful tips for teaching observation skills in Appendix F.



## Special Circumstances for Consideration

When working with families, you may encounter situations when you observe stress or a parent/caregiver shares information about common stressors. For example, you may notice over a course of visits that a parent/caregiver looks tired, is clenching their jaw or showing signs of tension such as sitting stiffly versus comfortably in a chair. An adult may also complain of exhaustion, restless sleep, aches and pains, or headaches.

These signs of stress are natural and common. But stress can take a toll on health and effectiveness. Stress impacts the quality of care that adults can give. When adults are too stressed, it is difficult to offer the praise, nurturance, and structure children need to build strong attachments and nurturing relationships. Consider addressing stress reduction strategies and resources as part of a families' plan.

Consider other community supports to support adult well-being when necessary, such as linkages to primary care, transportation, or community mental health. For example, while roughly 15% of new mothers suffer from maternal depression, the rates are much higher in families with lower incomes. A recent study conducted in Early Head Start programs revealed that 52% of mothers reported high levels of depressive symptoms.<sup>9</sup>

Maternal depression interferes with a caregiver's ability to respond to her new baby and makes parenting toddlers more difficult. You can work to reduce stigma by promoting awareness of depression as a common and treatable condition. It is okay to talk about depression openly with the parent if they are willing. "Sherida, you mentioned during the last few visits that you are feeling exhausted and more irritable. I care about your well-being; do you want to talk? Have you shared this with your doctor? How can I help?" With parents as your partner in the process, you may connect families with community-based treatment services.

**Figure 1. Increasing Severity of Depression<sup>10</sup>**

Symptoms of stress, including mild fatigue or irritability. One can bounce back after stressor passes.	Sad, anxious, angry mood is coupled with prolonged periods of other physical symptoms (e.g., sleeplessness, lack of concentration).	Mood and function impairment persists or increases. Thoughts of hurting self or others may occur.
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*Increasing severity of depression signs and symptoms*

# Conclusions

Observation of parent/caregiver-child interaction provides an opportunity to see, discuss and address the quality of infant, toddler, and parent/caregiver relationships. Children who experience positive nurturing day-to-day interactions with parents/caregivers in infancy and early childhood are more likely to develop healthy and positive attachments and are significantly better prepared to succeed in school. When observations are accurate, objective, and complete, they can be used to share strengths with families and develop family-driven functional outcomes.



## Appendix A: Sample Behaviors for Parent/Caregiver-Child Interaction

Various social and emotional processes, such as emotion regulation and recognition, referencing, gaze following, gesturing, and communication, are first evident in parent/caregiver-child interactions. See common behaviors that constitute the back-and-forth serve-and-return.<sup>11,12</sup>

Core Elements of Interaction	Sample Infant/Toddler Behavior	Sample Familiar Parent/Caregiver Behavior
Proximity and Referencing	Follows parent/caregiver with their gaze or body (e.g., scooting toward)  Explores but looks to parent/caregiver as a check-in for safety	Pays attention to what the infant or toddler is doing  Stays near the child and directs smiles or attention to what the child is doing
Responsiveness	Calms with help from parent/caregiver	Reacts gently to child's strong emotions or needs (e.g., physical closeness, hugs)  Recognizes child's cues and responds safely
Affection	Reaches toward and touches parent/caregivers  Rests in parents/caregivers arms and occasionally pulls away	Gently holds and nurtures the child  Uses a positive tone and tenderness toward child  Shares mutual smiles
Communication	Coos, babbles, and cries	Coos and responds with words, facial expressions, or gestures to the child's communication efforts and interests
Affect	Smiles, shows pleasure with occasional moderate anxiety	Speaks in a warm tone of voice  Smiles at child  Changes pace or activity to meet the child's needs



## Appendix B: Tips for Conducting Ongoing Observation

1. Include:
  - date (key in tracking development over time)
  - start and end time
  - setting/location (living room, outside, etc.)
2. Record only the facts. Write down exactly what you see and hear.
3. Record the facts in the order they occur and ensure there is a natural end.
4. Be descriptive and provide vivid details. Create a visual picture so others can “see” what is happening.
5. Be specific and avoid vague or general terms. This is helpful when you go back to review your data.

## Appendix C: Sample Questions for the Parent/Caregiver to Learn More About the Quality of Interactions

1. What do you most enjoy or like about being a parent/caregiver?
2. What is the most challenging part about being a parent/caregiver?
3. Tell me about what it is like caring for a newborn/toddler.
4. What things do you worry about when it comes to being a parent/caregiver?
5. How do you feel about being alone with your child?
6. What concerns do you have about caring for your child?
7. How often does your child fuss or cry?
8. What is it like for you when your child cries or fusses?
9. What have you found to be the best way to respond to your child when they cry or fuss?
10. Do you ever feel confused, stressed, or anxious about being a parent/caregiver?
11. Overall, how confident are you in your parenting/caregiving role: extremely, very, somewhat, most of the time, not at all.
12. What things does your child enjoy and what holds your child’s attention (e.g., people, places, things such as toys, dogs, being outside)?
13. What routines and/or activities does your child not like? What makes this routine and/or activity difficult and uncomfortable? Say more about what happens during the routine/activity.
14. Who are key family members, other caregivers, or important people who spend time with your child and in what settings does this occur?
15. Are there activities you used to do before your child was born that you would like to do again?
16. Are there new activities that you and your child would like to try?

## Appendix D: Strategies to Promote Interaction

This list includes simple activities and games to share with parent(s) and caregiver(s) to promote healthy back-and-forth interactions. These and additional ideas stem from the Infant and Toddler Strategy Guide (Mackrain and Blackwell, 2009).

Activity/Game	How This Promotes Healthy Interaction, Bonding, and Relationship-building
Play peek-a-boo with infants and toddlers, or hide-and-seek with preschoolers.	Young children find delight in learning how people and things can appear, disappear, and reappear. They develop trust when loved ones leave, and then come back.
Read together.	As you read with your child, change the tone of your voice for different characters, pause for dramatic effect, and even insert your child's name in place of one of the characters. Young children love feeling engaged in story time.
Seek and find; label items and learn together.	One of the best and simplest ways to promote back-and-forth exchanges is simply to go on a walk around the room or space, and point and name objects together. You can pause in front of a blowing fan and say "This is a fan. Can you say 'fan'? How does that feel? Let's close our eyes and feel the breeze on our faces. Ooh, that feels nice!" The more conversations you and your child can have together, the more your child learns.
Engage in back-and-forth turn taking,	You can take turns pressing a button on a toy, rolling a ball back and forth, or even making a raspberry noise with your lips. Young children enjoy adult attention and these types of exchanges are both interactive and relationship-building.
Put fun into an everyday routine.	Count together, sing, or play I spy-type games while diapering, feeding, and dressing. "Let's count the buttons on your shirt as we fasten them... 1, 2, 3, 4!" Young children spend a lot of time engaging in routines; these are great chances to make them learning and engaging moments!



## Appendix E: Additional Samples for Practicing Observation

Service providers can practice quality observations by using Table 1. to review elements of quality in observation. They can then use Table 2. to review real observations captured by providers to check for quality.

**Table 1. Elements of Quality Observation**

Element	Definition
Clear/Accurate	Observation is to the point, without jargon, and easy to understand.
Objective	Observation states the facts (what you see and hear) and avoids feelings, assumptions, and labeling.
Complete	Observation follows an interaction from beginning to end.
Timely	Observation has a flow; for example, the interaction has an accurate set of occurrences.
Descriptive of Adult and Child Behavior	Observation captures both parent behavior and reactions and child behavior and reactions.

**Table 2. Examples of Real Observations to Check for Quality**

	Observations	Which improvements could you make, and why?
Participant 1	Mom sat at baby's level face to face and modeled play activities. Mom spoke to baby with expression throughout observation.	
Participant 2	Parent and child are on the floor facing each other. Parent is engaged with child in pretend play of tea time. Parent shows joy and exaggerated expressions, and child reciprocates with smiles and clapping. Parent repeats activity several times. When parent pours the tea, she narrates what she is doing.	
Participant 3	Baby imitates caregiver's actions, good eye contact, happy playing with caregiver, passing toys back and forth, and plays appropriately with toys.	
Participant 4	Child looks to mom for guidance and reassurance. Mimics mom's facial expressions and actions. Both are enjoying the reciprocal play. Child shows secure attachment.	

## Appendix F: Activities for Supervisors to Teach/Reinforce Observation Skills with Staff

Try these activities one-on-one, in small groups, or, in staff meetings.

1. Ask open-ended questions: How is observation going for you? What are your strengths as an observer? What skills are you working to hone?
2. Share a scenario. Present staff with a sample observation to talk through together. Is it accurate, objective, complete? How could we improve this observation?
3. Stage a role-play between yourself (as the parent) and a volunteer (as the child) playing together with a toy. Have staff write up their observations and share with each other. Invite positive comments as well as asking for suggestions.
4. Find a scene from a movie or a clip on the internet of a parent and child interacting. Invite staff to record what they see and hear, and then share examples for discussion.
5. Invite staff to write an observation challenge on an index card. Allow staff members to remain anonymous. Collect all cards; then read the challenge aloud and problem-solve solutions together.
6. For newer staff, arrange for them to observe an observer in action. They can practice their observation in real-time along with a mentor, and later debrief on areas of strengths and improvement in their developing skills.

### References

<sup>1</sup>Michigan Part C of IDEA State Plan

<sup>2</sup>First Three Years, 2020.

<sup>3</sup>Connell, C. M., & Prinz, R. J. (2002). The Impact of Childcare and Parent-child interactions on School Readiness and Social Skills Development for Low-Income African American Children. *Journal of School Psychology, 40*(2), 177-193.

<sup>4</sup>National Scientific Council on the Developing Child, 2006).

<sup>5</sup>Ainsworth, M. D. S., Bell, S. M., & Stayton, D. F. (1974). Infant-mother attachment and social development: Socialization as a product of reciprocal responsiveness to signals.

<sup>6</sup>Ainsworth, M. D. S. (1969). Individual Differences in Strange-Situational Behavior of One-Year-Olds.

<sup>7</sup>Peterson, G. & Elam, E. (2020). Observation and Assessment in Early Childhood. California Community College Chancellor's Office.

<sup>8</sup>Mackrain, M. & K. Tenney Blackwell. (2009). Infant and toddler strategy guide. *Lewisville, NC: Kaplan Early Learning Corporation.*

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