

## Chapter 4: Child Development & Guiding Children's Behavior

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## Biting in the Toddler Years

Biting is very common among groups of young children, for all types of reasons, however it causes more upset feelings than any other behavior in child care programs. Because it seems so primitive, we tend to react differently to biting than we do to hitting, grabbing or other aggressive acts. Because it is upsetting and potentially dangerous, it is important for caregivers and parents to address this behavior when it occurs. Though it is normal for infants and toddlers to mouth people and toys, and for many two-year-olds to try biting, most do not continue after the age of three.

Children bite for many different reasons. Take the time to understand why a particular child bites:

- **Watch** to see when and where biting happens, who is involved, what the child experiences, and what happens before and after.
- **Ask** yourself why the child bites others. Is there a pattern to the situations, places, times or other children when biting occurs? What individual or temperamental needs might influence the child's behavior? Have there been changes in the child's health, family or home situation which might affect his/her behavior?
- **Adapt** your environment, schedule or guidance methods to teach gentle and positive ways to handle the child's feelings and needs.

### Most common reasons and solutions for biting

**The experimental biter:** It is not uncommon for an infant or toddler to explore their world, including people, by biting. Infants and toddlers place many items in their mouths to learn more about them. Teach the child that some things can be bitten, like toys and food, and some things cannot be bitten, like people and animals. Another example of the Experimental Biter is the toddler who wants to learn about cause and effect. This child is wondering, 'What will happen when I bite my friend or mommy?' Provide this child with many other opportunities to learn about cause and effect, with toys and activities.

**The teething biter:** Infants and toddlers experience a lot of discomfort when they're teething. A natural response is to apply pressure to their gums by biting on things. It is not unusual for a teething child to bear down on a person's shoulder or breast to relieve some of their teething pain. Provide appropriate items for the child to teeth on, like frozen bagels, teething biscuits, or teething rings.

**The social biter:** Many times an infant or toddler bites when they are trying to interact with another child. These young children have not yet developed the social skills to indicate 'Hi, I want to play with you.' So sometimes they approach a friend with a bite to say hello. Watch young children very closely to assist them in positive interactions with their friends.

**The imitative biter:** Imitation is one of the many ways young children learn. So it is not unusual for a child to observe a friend bite, then try it out for herself. Offer the child many examples of loving, kind behavior. Never bite a child to demonstrate how it feels to be bitten.

**The frustrated biter:** Young children are often confronted with situations that are frustrating, like when a friend takes their toy or when daddy is unable to respond to their needs as quickly as they would like. These toddlers lack the social and emotional skills to cope with their feelings in an acceptable way. They also lack the language skills to communicate their feelings. At these times, it is not unusual for a toddler to attempt to deal with the frustration by biting whoever is nearby. Notice when a child is struggling with frustration and be ready to intervene. It is also important to provide words for the child, to help him learn how to express his feelings, like "That's mine!" or "No! Don't push me!"

**The threatened biter:** When some young children feel a sense of danger they respond by biting as a self-defense. For some children biting is a way to try to gain a sense of control over their lives, especially when they are feeling overwhelmed by their environment or events. Provide the toddler with nurturing support to help him understand that he and his possessions are safe.

**The attention-seeking biter:** Children love attention, especially from adults. When parents give lots of attention for negative behavior, such as biting, children learn that biting is a good way to get attention. Provide lots of positive attention for young children each day. It is also important to minimize the negative attention to behaviors such as biting.

**The power biter:** Toddlers have a strong need for independence and control. Very often the response children get from biting helps to satisfy this need. Provide many opportunities for the toddler to make simple choices throughout the day. This will help the toddler feel the sense of control they need. It is also important to reinforce all the toddler's attempts at positive social behavior each day.

**When a child bites another child:**

- **Intervene immediately** between the child who bit and the bitten child. Stay calm; don't overreact, yell or give a lengthy explanation.
- **Talk briefly to the child who bit.** Use your tone of voice and facial expression to show that biting is not acceptable. Look into the child's eyes and speak calmly but firmly. Say "I do not like it when you bite people", or simply "No biting people." You can point out how the biter's behavior affected the other child. "You hurt him and he's crying."
- **Help the child who was bitten.** Comfort the child and apply first aid. If the skin is broken, wash the wound with warm water and soap. Apply an ice pack or cool cloth to prevent swelling. Tell the parents what happened and recommend that they have the child seen by a physician if the skin is broken or there are any signs of infection (redness and swelling). Encourage the child who was bitten to tell the biter how they feel.
- **Encourage the child who bit to help the other child** by getting the ice pack, etc.
- **Alert the staff** to the incident.
- **Notify the parents of all children involved.** Let them know what happened but do not name or label the child who bit. Reassure them by telling how you handled the incident, and involve the parents in planning how to prevent and handle future biting.
- **Fill out an incident report.**

Source: Oklahoma State Department of Health, Child Guidance Program (2006). *Biting in the Toddler Years*, <http://www.ok.gov/health> .

## Bullying Prevention in Child Care Settings

Early childhood is often the first opportunity for young children to interact with each other. Between the ages of three and five, kids are learning how to get along, cooperate, share, and understand their feelings. Young children may be aggressive and act out when they're angry or don't get what they want, that is not bullying.

There are ways to help children develop skills for getting along with others. All of us who interact with young children can take steps to teach them the skills they need to avoid bullying and ensure a healthy and supportive learning environment. Some important first steps are:

1. **Model how to treat others with kindness and respect.**
2. Model positive ways to make friends and practice taking turns.
3. Set clear rules for behavior. Step in quickly to stop aggressive behavior.
4. Help children understand bullying.

### What is bullying?

Bullying is repeated acts of intentional physical, emotional, or social harm between individuals or groups of unequal power.

**Verbal bullying** is saying or writing mean and hurtful things. Verbal bullying includes:

- Teasing
- Name-calling
- Taunting
- Making negative and demeaning comments
- Threatening to cause harm

**Social bullying**, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Social bullying includes:

- Leaving someone out on purpose
- Telling other children not to be friends with someone
- Spreading rumors about someone
- Embarrassing someone in public

**Physical bullying** involves hurting a person's body or possessions. Physical bullying includes:

- Hitting
- Kicking
- Pinching
- Spitting
- Pushing
- Tripping
- Taking or breaking someone's things
- Making mean or rude hand gestures

**Cyberbullying** is bullying that takes place using electronic technology. Electronic technology includes devices and equipment such as cell phones, computers, and tablets. Consider developing policies requiring all phones and electronic devices be left safely in the child's cubby or storage space. Cyberbullying includes:

- Mean text messages or emails
- Rumors sent by email or posted on social media
- Embarrassing pictures, videos, websites or fake profiles

#### **Why cyberbullying is different**

- Cyberbullying can happen 24 hours a day, 7 days a week
- Cyberbullying messages and images can be posted anonymously and distributed quickly to a wide audience
- Deleting inappropriate or harassing messages, texts, and pictures is extremely difficult after they have been posted or sent
- Kids who are cyberbullied are often bullied in person as well

#### **Warning signs of a bully victim**

- Withdraws socially, becomes isolated, feelings of rejections
- Complains of feeling sick often
- Does not want to go to school/child care
- Brings home damaged belongings or reports them "lost"
- Physical evidence: bruises, scratches

#### **Warning signs of a child who bullies**

- Picks fights with others
- Gets satisfaction from others fears, discomforts or pain of others
- Displays uncontrolled anger
- History of violent or aggressive behaviors
- Have friends who bully

**Kids who know what bullying is can identify it.** They can talk about bullying if it happens to them or others. Kids need to know ways to safely stand up to bullying and how to get help.

- Encourage children to speak to a trusted adult if they are bullied or see others being bullied.
- Encourage children to report bullying if it happens.
- Talk about how to stand up to kids who bully. Give tips, like using humor and saying "stop" directly and confidently. Talk about what to do if those actions don't work, like walking away.
- Talk about strategies for staying safe, such as staying near adults or groups of other kids.
- Urge them to help kids who are bullied by showing kindness or getting help.
- Teach the difference between tattling and reporting.
- Tattling is telling on another person to gain attention or power, not concerned with the well-being of the other person.
- Reporting is telling a trusted adult to help protect the person from emotional or physical harm, concerned with helping another person.

### **Sample activity to do with children**

Role-play different scenes to help children see the difference between telling to get someone IN trouble or, telling to help someone OUT of trouble.

Examples of *tattling*: "Sam took Lily's book." "Sara won't play fair." "Jessica keeps talking to me."

Examples of *reporting*: "Chris is beating up Adam on the playground." "Melissa keeps calling Natalie mean names in the rest room." "Sam was making fun of the way Bill runs and will not let him play."

#### **Ask the child:**

"Are you telling me (state the behavior) to be harmful (tattling) or helpful (reporting)?"

"Are you trying to get someone in trouble?" (tattling)

"Are you helping a friend who is hurt?" (reporting)

### **Tips for parents and teachers to prevent bullying on the playground**

- Establish a "go to person" for bullying incidents, such as a teacher or playground supervisor.
- Avoid bullying hot spots (less well supervised areas on the playground).
- Ensure enough teachers are supervising outdoor play.
- Have structured and supervised activities during outdoor play.
- Inform personnel if a child is being bullied.

### **Have a simple plan to address bullying**

Make sure all staff know what problem signs to look for, such as:

- A student who is consistently off by themselves.
- A group of kids restricting other children from playing in a certain area.
- Children pointing and laughing at someone.
- A child who seems withdrawn and depressed but is reluctant to give you a reason.

### **On-the-spot interventions for bullying from the Olweus Bullying Prevention Program**

1. Stop the bullying.
2. Support the student who has been bullied.
3. Address the student(s) who bullied by naming the bullying behavior.  
Bystanders are crucial to the school environment. Provide them with information on how to act in the future.
4. Empower bystanders to stand up for others and be a friend!
5. Impose immediate and appropriate consequences for the student(s) who bullied.
6. Take steps to make sure the student who was bullied will be protected from future bullying.

### **Avoid these common mistakes**

- Don't ignore it. Don't think kids can work it out without adult help.
- Don't immediately try to sort out the facts.
- Don't force other kids to say publicly what they saw.
- Don't question the children involved in front of other kids.

- Don't talk to the kids involved together, only separately.
- Don't make the kids involved apologize or patch up relations on the spot.

### **Importance of not labeling kids**

When referring to a bullying situation, it is easy to call the children who bully others "bullies" and those who are targeted "victims," but this may have unintended consequences. When children are labeled as "bullies" or "victims" it may:

- Send the message that the child's behavior cannot change.
- Fail to recognize the multiple roles children might play in different bullying situations.
- Disregard other factors contributing to the behavior such as peer influence, school climate or problems at home.

Instead of labeling the children involved, focus on the behavior. For instance:

- Instead of calling a child a "bully," refer to them as *"the child who bullied."*
- Instead of calling a child a "victim," refer to them as *"the child who was bullied."*
- Instead of calling a child a "bully/victim," refer to them as *"the child who was both bullied and bullied others."*

### **Resources for providers, parents, caregivers and community**

**FREE** KnowBullying App from SAMHSA, mobile app for parents that includes conversation starters, tips, warning signs, reminders, and section for educators.

<http://store.samhsa.gov/apps/bullying/>

**Watch Sesame Street's** "Good Birds Club" episode where Big Bird is bullied by another bird in the neighborhood. The show empowers children by providing strategies for dealing with bullying, and encourages them to seek the help of a trusted adult.

<http://www.sesamestreet.org/parents/topicsandactivities/topics/bullying>

15+ Make Time to Listen, Take Time to Talk...About Bullying: Conversation Starter Cards (Substance Abuse and Mental Health Services Administration (SAMHSA) Publication- FREE)

<http://store.samhsa.gov/product/15-Make-Time-To-Listen-Take-Time-To-Talk-About-Bullying-Conversation-Starter-Cards/SMA08-4321>

Preventing Bullying in Early Childhood: Eyes on Bullying in Early Childhood book.

<http://preventingbullying.promoteprevent.org/preventing-bullying-in-early-childhood>

<http://www.stopbullying.gov/index.html>

Oklahoma State Department of Education: Bullying Prevention Resources

<http://ok.gov/sde/bullying-prevention>

For staff trainings or resources contact: Oklahoma State Department of Health, Child and Adolescent Health Division, 405-271-4471.

## **Books about Bullying Behavior**

### **Pre-school**

*Andrew's Angry Words*, D. Lachner  
*Big Mean Mike*, M. Knudsen  
*Hands are Not for Hitting*, M. Agassi  
*How to Lose All Your Friends*, N. Carlson  
*I'm Mad*, E. Crary  
*The Way I Feel*, J. Cain  
*We Can Get Along: A Child's Book of Choices*, L. Payne

### **Beginning Elementary (Grades K –3)**

*Ballerinas Don't Wear Glasses*, Ainslie Manson  
*Hey, Pipsqueak!* Kate McMullan  
*Lucy and the Bully*, Claire Alexander  
*Stand Tall, Molly Lou Melon*, Patty Lovell  
*The Berenstain Bears and Too Much Teasing*, Stan and Jan Berenstain.  
*The Ugly Duckling*, Hans Christian Andersen

### **Middle Elementary (Grades 3 – 6)**

*Don't Be a Bully: Be a Buddy*, Flora Cousins  
*How To Handle Bullies, Teasers and Other Meanies*, Kate Cohen-Posey  
*Marvin Redpost: Why Pick on Me?*, Louis Sachar  
*Stand In My Shoes, Learning About Empathy* – Bob Sornson  
*Telling Isn't Tattling*, Kathryn M. Hammerseng  
*Thank You Mr. Falker*, Patricia Polacco (based on a true story)  
*The Juice Box Bully, Empowering Kids To Stand Up For Others*, Bob Sornson

### **Middle School**

*Stick up for Yourself*, G. Kaufman, L. Raphael, P. Espeland  
*Stop Picking on Me: A First Look at Bullying*, Pat Thomas  
*The Skin I'm In*, Sharon Flake  
*The Computer's Nerd*, W. Royce Adams



## Child Development

**It is important to know and understand children's typical growth and development to be able to create learning experiences and design quality environments that are safe and encourage children's mastery of new skills. Norms have been established for children's growth and development to serve as a reference, but it's important to remember that every child is a unique individual.**

**By continually observing children's play and interactions we learn about each child's interests, abilities, and developmental progress, we see what areas to focus on when designing the environment and planning activities.**

### Important Milestones

Adapted from the Center for Disease Control's "*Learn the Signs. Act Early.*" campaign. Developmental milestones are things *most* children can do by a certain age.

#### What most babies do at this age: 2 Months

##### Social and Emotional

Begins to smile at people

Can briefly calm himself (may bring hands to mouth and suck on hand)

Tries to look at parent

##### Language/Communication

Coos, makes gurgling sounds

Turns head toward sounds

##### Cognitive (learning, thinking, problem-solving)

Pays attention to faces

Begins to follow things with eyes and recognize people at a distance

Begins to act bored (cries, fussy) if activity doesn't change

##### Movement/Physical Development

Can hold head up and begins to push up when lying on tummy

Makes smoother movements with arms and legs

#### **Act early by talking to your child's doctor if your child:**

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- Can't hold head up when pushing up when on tummy

### **What most babies do at this age: 4 Months**

#### Social and Emotional

- Smiles spontaneously, especially at people
- Likes to play with people and might cry when playing stops
- Copies some movements and facial expressions, like smiling or frowning

#### Language/Communication

- Begins to babble
- Babbles with expression and copies sounds he hears
- Cries in different ways to show hunger, pain, or being tired

#### Cognitive (learning, thinking, problem-solving)

- Lets you know if she is happy or sad
- Responds to affection
- Reaches for toy with one hand
- Uses hands and eyes together, such as seeing a toy and reaching for it
- Follows moving things with eyes from side to side
- Watches faces closely
- Recognizes familiar people and things at a distance

#### Movement/Physical Development

- Holds head steady, unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- Can hold a toy and shake it and swing at dangling toys
- Brings hands to mouth
- When lying on stomach, pushes up to elbows

### **Act early by talking to your child's doctor if your child:**

- Doesn't watch things as they move
- Doesn't smile at people
- Can't hold head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

### **What most babies do at this age: 6 Months**

#### Social and Emotional

- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy
- Likes to look at self in a mirror

Language/Communication

- Responds to sounds by making sounds
- Strings vowels together when babbling (“ah,” “eh,” “oh”) and likes taking turns with parent while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with “m,” “b”)

Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

Movement/Physical Development

- Rolls over in both directions (front to back, back to front)
- Begins to sit without support
- When standing, supports weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

**Act early by talking to your child's doctor if your child:**

- Doesn't try to get things that are in reach
- Shows no affection for caregivers
- Doesn't respond to sounds around him
- Has difficulty getting things to mouth
- Doesn't make vowel sounds (“ah”, “eh”, “oh”)
- Doesn't roll over in either direction
- Doesn't laugh or make squealing sounds
- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll

**What most babies do at this age: 9 Months**

Social and Emotional

- May be afraid of strangers
- May be clingy with familiar adults
- Has favorite toys

Language/Communication

- Understands “no”
- Makes a lot of different sounds like “mamamama” and “bababababa”
- Copies sounds and gestures of others
- Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- Watches the path of something as it falls
- Looks for things he sees you hide

- Plays peek-a-boo
- Puts things in her mouth
- Moves things smoothly from one hand to the other
- Picks up things like cereal o's between thumb and index finger

#### Movement/Physical Development

- Stands, holding on
- Can get into sitting position
- Sits without support
- Pulls to stand
- Crawls

#### **Act early by talking to your child's doctor if your child:**

- Doesn't bear weight on legs with support
- Doesn't sit with help
- Doesn't babble ("mama", "baba", "dada")
- Doesn't play any games involving back-and-forth play
- Doesn't respond to own name
- Doesn't seem to recognize familiar people
- Doesn't look where you point
- Doesn't transfer toys from one hand to the other

#### **What most toddlers do at this age: 12 Months**

##### Social and Emotional

- Is shy or nervous with strangers
- Cries when mom or dad leaves
- Has favorite things and people
- Shows fear in some situations
- Hands you a book when he wants to hear a story
- Repeats sounds or actions to get attention
- Puts out arm or leg to help with dressing
- Plays games such as "peek-a-boo" and "pat-a-cake"

##### Language/Communication

- Responds to simple spoken requests
- Uses simple gestures, like shaking head "no" or waving "bye-bye"
- Makes sounds with changes in tone (sounds more like speech)
- Says "mama" and "dada" and exclamations like "uh-oh!"
- Tries to say words you say

##### Cognitive (learning, thinking, problem-solving)

- Explores things in different ways, like shaking, banging, throwing
- Finds hidden things easily
- Looks at the right picture or thing when it's named
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair

Bangs two things together

- Puts things in a container, takes things out of a container
- Lets things go without help
- Pokes with index (pointer) finger
- Follows simple directions like “pick up the toy”

#### Movement/Physical Development

- Gets to a sitting position without help
- Pulls up to stand, walks holding on to furniture (“cruising”)
- May take a few steps without holding on
- May stand alone

#### **Act early by talking to your child's doctor if your child:**

- Doesn't crawl
- Can't stand when supported
- Doesn't search for things that she sees you hide
- Doesn't say single words like “mama” or “dada”
- Doesn't learn gestures like waving or shaking head
- Doesn't point to things
- Loses skills he once had

#### **What most toddlers do at this age: 18 Months**

##### Social and Emotional

- Likes to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

##### Language/Communication

- Says several single words
- Says and shakes head “no”
- Points to show someone what he wants

##### Cognitive (learning, thinking, problem-solving)

- Knows what ordinary things are for; for example, telephone, brush, spoon
- Points to get the attention of others
- Shows interest in a doll or stuffed animal by pretending to feed
- Points to one body part
- Scribbles on his own
- Can follow 1-step verbal commands without any gestures; for example, sits when you say “sit down”

### Movement/Physical Development

- Walks alone
- May walk up steps and run
- Pulls toys while walking
- Can help undress herself
- Drinks from a cup
- Eats with a spoon

### **Act early by talking to your child's doctor if your child:**

- Doesn't point to show things to others
- Can't walk
- Doesn't know what familiar things are for
- Doesn't copy others
- Doesn't gain new words
- Doesn't have at least 6 words
- Doesn't notice or mind when a caregiver leaves or returns
- Loses skills he once had

### **What most children do at this age: 2 Years**

#### Social and Emotional

- Copies others, especially adults and older children
- Gets excited when with other children
- Shows more and more independence
- Shows defiant behavior (doing what he has been told not to)
- Plays mainly beside other children, but is beginning to include other children

#### Language/Communication

- Points to things or pictures when they are named
- Knows names of familiar people and body parts
- Says sentences with 2 to 4 words
- Follows simple instructions
- Repeats words overheard in conversation
- Points to things in a book

#### Cognitive (learning, thinking, problem-solving)

- Finds things even when hidden under two or three covers
- Begins to sort shapes and colors
- Completes sentences and rhymes in familiar books
- Plays simple make-believe games
- Builds towers of 4 or more blocks
- Might use one hand more than the other
- Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- Names items in a picture book such as a cat, bird, or dog

### Movement/Physical Development

- Stands on tiptoe
- Kicks a ball
- Begins to run
- Climbs onto and down from furniture without help
- Walks up and down stairs holding on
- Throws ball overhand
- Makes or copies straight lines and circles

### **Act early by talking to your child's doctor if your child:**

- Doesn't use 2-word phrases (for example, "drink milk")
- Doesn't know what to do with common things, like a brush, phone, fork, spoon
- Doesn't copy actions and words
- Doesn't follow simple instructions
- Doesn't walk steadily
- Loses skills she once had

### **What most children do at this age: 3 Years**

#### Social and Emotional

- Copies adults and friends
- Shows affection for friends without prompting
- Takes turns in games
- Shows concern for crying friend
- Understands the idea of "mine" and "his" or "hers"
- Shows a wide range of emotions
- Separates easily from mom and dad
- May get upset with major changes in routine
- Dresses and undresses self

#### Language/Communication

- Follows instructions with 2 or 3 steps
- Can name most familiar things
- Understands words like "in," "on," and "under"
- Says first name, age, and sex
- Names a friend
- Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- Talks well enough for strangers to understand most of the time
- Carries on a conversation using 2 to 3 sentences

#### Cognitive (learning, thinking, problem-solving)

- Can work toys with buttons, levers, and moving parts
- Plays make-believe with dolls, animals, and people
- Does puzzles with 3 or 4 pieces
- Understands what "two" means
- Copies a circle with pencil or crayon
- Turns book pages one at a time

- Builds towers of more than 6 blocks
- Screws and unscrews jar lids or turns door handle

#### Movement/Physical Development

- Climbs well
- Runs easily
- Pedals a tricycle (3-wheel bike)
- Walks up and down stairs, one foot on each step

#### **Act early by talking to your child's doctor if your child:**

- Falls down a lot or has trouble with stairs
- Drools or has very unclear speech
- Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- Doesn't speak in sentences
- Doesn't understand simple instructions
- Doesn't play pretend or make-believe
- Doesn't want to play with other children or with toys
- Doesn't make eye contact
- Loses skills he once had

#### **What most children do at this age: 4 years**

##### Social and Emotional

- Enjoys doing new things
- Plays "Mom" and "Dad"
- Is more and more creative with "make-believe"
- Would rather play with other children than alone
- Cooperates with other children
- Often can't tell what's real and what's make-believe
- Talks about likes and interests

##### Language/Communication

- Knows some basic rules of grammar, such as correctly using "he" and "she"
- Sings a song or says a poem from memory such as the "Itsy Bitsy Spider"
- Tells stories
- Can say first and last name

##### Cognitive (learning, thinking, problem-solving)

- Names some colors and some numbers
- Understands the idea of counting
- Starts to understand time
- Remembers parts of a story and tells you what is going to happen next
- Understands the idea of "same" and "different"
- Draws a person with 2 to 4 body parts
- Uses scissors
- Starts to copy some capital letters
- Plays board or card games

Movement/Physical Development

- Hops and stands on one foot up to 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, and mashes own food

**Act early by talking to your child's doctor if your child:**

- Can't jump in place
- Has trouble scribbling
- Shows no interest in interactive games or make-believe
- Ignores other children or doesn't respond to people outside the family
- Resists dressing, sleeping, and using the toilet
- Can't retell a favorite story
- Doesn't follow 3-part commands
- Doesn't understand "same" and "different"
- Doesn't use "me" and "you" correctly
- Speaks unclearly
- Loses skills he once had

**What most children do at this age: 5 years**

Social and Emotional

- Wants to please friends
- Wants to be like friends
- More likely to agree with rules
- Likes to sing, dance, and act
- Shows concern and sympathy for others
- Is aware of gender
- Can tell what is real and what is make-believe
- Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- Is sometimes demanding and sometimes very cooperative

Language/Communication

- Speaks very clearly
- Tells a simple story using full sentences
- Uses future tense; for example, "Grandma will be here."
- Says name and address

Cognitive (learning, thinking, problem-solving)

- Counts 10 or more things
- Can draw a person with at least 6 body parts
- Can print some letters or numbers
- Copies a triangle and other geometric shapes
- Knows about things used every day, like money and food

### Movement/Physical Development

- Stands on one foot for 10 seconds or longer
- Hops; may be able to skip
- Can do a somersault
- Uses a fork and spoon and sometimes a table knife
- Can use the toilet independently
- Swings and climbs

### **Act early by talking to your child's doctor if your child:**

- Doesn't show a wide range of emotions
- Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- Unusually withdrawn and not active
- Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- Doesn't respond to people, or responds only superficially
- Can't tell what is real and what is make-believe
- Doesn't play a variety of games and activities
- Can't give first and last name
- Doesn't use plurals or past tense properly
- Doesn't talk about daily activities or experiences
- Doesn't draw pictures
- Can't brush teeth, wash and dry hands, or get undressed without help
- Loses skills he once had

### **Middle Childhood (6-8 years of age)**

Middle childhood brings many changes in a child's life. By this time, children can dress themselves, catch a ball more easily using only their hands, and tie their shoes. Having independence from family becomes more important now. Events such as starting school bring children this age into regular contact with the larger world. Friendships become more and more important. Physical, social, and mental skills develop quickly at this time. This is a critical time for children to develop confidence in all areas of life, such as through friends, schoolwork, and sports.

### Emotional/Social Changes

- Shows more independence from parents and family.
- Starts to think about the future.
- Understands more about his or her place in the world.
- Pays more attention to friendships and teamwork.
- Wants to be liked and accepted by friends.

### Thinking and Learning

- Shows rapid development of mental skills.
- Learns better ways to describe experiences and talk about thoughts and feelings.
- Has less focus on one's self and more concern for others.

**Some things you, as a caregiver, can do to help the child during this time:**

- Show affection for the child. Recognize her accomplishments.
- Help the child develop a sense of responsibility—ask him to help with tasks.
- Talk with the child about school, friends, and things she looks forward to in the future.
- Talk with the child about respecting others. Encourage him to help people in need.
- Help the child set her own achievable goals—she'll learn to take pride in herself and rely less on approval or reward from others.
- Help the child learn patience by letting others go first or by finishing a task before going out to play. Encourage him to think about possible consequences before acting.
- Make clear rules and stick to them. Be clear about what behavior is okay and what is not okay.
- Continue reading to him. As he learns to read, take turns reading to each other.
- Use discipline to guide and protect, rather than punishment to make him feel bad about himself. Follow up any discussion about what not to do with a discussion of what to do instead.
- Praise her for good behavior. It's best to focus praise more on what she does ("you worked hard to figure this out") than on traits she can't change ("you are smart").
- Support the child in taking on new challenges. Encourage her to solve problems, such as a disagreement with another child, on her own.
- Encourage the child to join school and community groups, such as a team sports, or to take advantage of volunteer opportunities.

**Middle Childhood (9-11 years of age)**

Your child's growing independence from the family and interest in friends might be obvious by now. Healthy friendships are very important to your child's development, but peer pressure can become strong during this time. Children who feel good about themselves are more able to resist negative peer pressure and make better choices for themselves. This is an important time for children to gain a sense of responsibility along with their growing independence. Also, physical changes of puberty might be showing by now, especially for girls. Another big change children need to prepare for during this time is starting middle or junior high school.

Emotional/Social Changes

- Starts to form stronger, more complex friendships and peer relationships. It becomes more emotionally important to have friends, especially of the same sex.
- Experiences more peer pressure.
- Becomes more aware of his or her body as puberty approaches. Body image and eating problems sometimes start around this age.

Thinking and Learning

- Faces more academic challenges at school.
- Becomes more independent from the family.
- Begins to see the point of view of others more clearly.
- Has an increased attention span.

**Some things you, as a caregiver, can do to help the child during this time:**

- Spend time with your child. Talk with her about her friends, her accomplishments, and what challenges she will face.
- Encourage your child to join school and community groups, such as a sports team, or to be a volunteer for a charity.
- Help the child develop his own sense of right and wrong. Talk with him about risky things friends might pressure him to do, like smoking or dangerous physical dares.
- Help your child develop a sense of responsibility—involve your child in household tasks like cleaning and cooking. Talk with your child about saving and spending money wisely.
- Talk with your child about respecting others. Encourage her to help people in need. Talk with her about what to do when others are not kind or are disrespectful.
- Help your child set his own goals. Encourage him to think about skills and abilities he would like to have and about how to develop them.
- Make clear rules and stick to them. Talk with your child about what you expect from her (behavior) when no adults are present. If you provide reasons for rules, it will help her to know what to do in most situations.
- Use discipline to guide and protect your child, instead of punishment to make him feel badly about himself.
- When using praise, help your child think about her own accomplishments. Saying "you must be proud of yourself" rather than simply "I'm proud of you" can encourage your child to make good choices when nobody is around to praise her.
- Talk with your child about the normal physical and emotional changes of puberty.
- Encourage your child to read every day. Talk with him about his homework.

## Children and Stress

Stress is a part of everyday life and can affect anyone who feels overwhelmed — even children. Prolonged, unreleased stress or sudden, very intense stress can cause physical and emotional illness. Children learn how to cope with stress early in life by watching those around them deal with the pressures of life. We need to identify sources of stress early in children's lives and teach and model healthy coping techniques for children of all ages.

### Sources of children's stress

Family stressors can include:

- Birth of a sibling
- Moving
- Death of a family member
- Death of a family pet
- Poverty
- Neglect or abuse
- Divorce of parents, or separation from a parent
- Domestic violence

Stressors outside the family can include:

- Chronic illness or other health issues
- School
- Poor quality child care
- Natural disasters
- War
- Violence

Children's stress may be intensified by more than just what's happening in their own lives. If they hear their parents talking about problems at work, worrying about a relative's illness, or arguing about money they will pick up on these anxieties and start to worry themselves. Parents should be aware of how they discuss such issues when their kids are near.

World news can cause stress. Children who see disturbing images on TV or hear talk of natural disasters, war, and terrorism may worry about their own safety and that of the people they love. It's important to talk to kids honestly about what they see and hear, and monitor what they watch on TV so that you can help them understand what's going on.

Some things that aren't a big deal to adults can cause significant stress for children. If this happens, let your kids know that you understand they're stressed and don't dismiss their feelings as inappropriate.

### Signs and symptoms of stress

- Sleep disturbances
- Physical complaints (stomach aches, headaches)
- Change in appetite
- Change in speech patterns and abilities

- Difficulty making choices
- Problems with attention or concentration
- Withdrawal
- Aggressive behavior

Younger children may pick up new bad habits like thumb sucking, hair twirling, or nose picking; older kids may begin to lie, bully, or defy authority. A child who is stressed may also have nightmares, difficulty being away from parents and caregivers, overreactions to minor problems, and drastic changes in academic performance.

### **Reducing stress**

- Proper rest and good nutrition can boost coping skills.
- Provide and maintain consistent routines so the child knows what to expect.
- Provide daily opportunities for vigorous exercise. This is a natural stress reducer.
- Build relaxation periods into the routine. Everyone can practice stretching, tensing and relaxing muscle groups, and deep breathing.
- Allow for a natural expression of emotions through talk, play, and art.
- Make time for listening, and providing understanding and caring communication.
- Let children know that it's OK to feel angry, scared, lonely, or anxious and that other people share those feelings.
- Discuss appropriate actions and behaviors people can use when they're afraid, angry, or overwhelmed.
- Teach alternative strategies for destructive or inappropriate behavior.
- Provide children's books as a way to explore and express emotions. Books can help young kids identify with characters in stressful situations and learn how they cope.
  - Alexander and the Terrible, Horrible, No Good, Very Bad Day*, by Judith Viorst
  - Tear Soup*, by Pat Schweibert, Chuck DeKlyen, and Taylor Bills
  - Alex and the Rabbit*, by Monica Dumont
  - Billy Monster's Daymare*, by Alan Durant
  - The Great Big Book of Feelings*, by Mary Hoffman
- Make time to be silly. Sometimes children feel better when you spend time with them on fun (and silly) activities.

Stress is inevitable, but we have the ability to adapt and learn something positive from these situations.

Further details of children coping with divorce, emergencies, grief and loss, and separation are included below.

## Children and Divorce

Divorce can be a very scary time for children. They will experience a number of changes in their lives. All of these changes can effect a child's physical and emotional growth. As a caregiver, there are ways to help children cope during this time.

### Important Things to Know

- **Divorce is an adult problem.** The child(ren) did not cause the parents to divorce.
- **Children need both parents.** Children benefit when both parents play major roles in their lives, except in cases where one parent is abusive or unable to provide proper care and supervision.
- **Consistent routines are developmentally important** for all children, but especially young children. Urge parents to try to keep a fairly consistent routine for their children.

### Children's Needs, Issues, and Ways to Help

#### ***Needs for children 0-18 months:***

- consistency of caregivers, environment, and routine
- emotional connection with caregiver
- nurturing and love

#### ***What to watch for:***

- sleeping changes
- eating changes
- clingy behavior/difficulty separating

#### ***What you can do to help:***

- maintain consistency in people and routines
- change routines very gradually
- avoid angry expressions and emotional outbursts in front of the baby
- don't fight in front of the baby

#### ***Needs for children 18 months - 3 years:***

- consistency of caregivers, environment, and routine
- fear absent parent has disappeared
- nurturing and love
- security (who will take care of me?)

#### ***What to watch for:***

- increased crying
- trouble getting to sleep/nightmares
- demanding to be fed by parent instead of feeding self
- changes in toilet habits
- increased anger (temper tantrums, hitting, etc.)
- clinging to adults or security objects

***What you can do to help:***

- give love and affection
- provide verbal assurances (Mom and Dad both say, "I love you")
- maintain consistency of people and routines
- reassure the child that he or she will be cared for
- provide clear and concrete explanation of changes
- provide opportunities for the child to express feelings through words or play
- avoid angry expressions or emotional outbursts in front of the child
- don't fight in front of the child

***Needs for children ages 3-5 years:***

- fear of being abandoned/rejected
- doubts he/she is loveable (did Mommy/Daddy leave because I'm not good enough?)
- blame themselves for what happened (did I cause this because I was bad?)

***What to watch for:***

- regression in sleeping/eating/talking
- clingy behavior/difficulty with separation
- increased anger
- increased passivity (over-compliance)

***What you can do to help:***

- give love and affection
- provide verbal assurances (Mom and Dad both say, "I love you")
- maintain consistency of people and routines
- reassure the child that he or she will be cared for
- provide clear and concrete explanation of changes ("Mom and Dad won't live together anymore, but we will always be your Mom and Dad together and always love you.")
- provide opportunities for the child to express feelings through words or play
- avoid angry expressions or emotional outbursts in front of the child
- don't fight in front of the child
- NEVER criticize the other parent to the child
- NEVER put the child "in the middle"

***Needs for children ages 6-8 years:***

- yearning for absent parent
- fantasies about parents getting back together
- loyalty conflicts
- concern about parent's well-being
- guilt that they are responsible for the separation

***What to watch for:***

- sadness, grief, crying, sobbing, withdrawal
- fear of losing relationship with parent
- fear of losing order in their lives
- feelings of being deprived

- anger and increased aggressiveness
- difficulty playing and experiencing pleasure

***What you can do to help:***

- provide verbal assurances (Mom and Dad will continue to take care of them)
- assure them they will continue to see both parents (if this is the case)
- give child permission to love other parent
- NEVER criticize the other parent to the child
- NEVER put the child "in the middle"

***Needs for children ages 9-12 years:***

- may see things as black and white: one parent is right; the other is wrong
- may feel shame or embarrassment about parents' separation
- may feel the separation threatens their own identity
- may feel need to overcome a sense of powerlessness
- may feel loyalty conflicts

***What to watch for:***

- physical complaints (headache, fatigue, stomach ache)
- intense anger, especially at parent they see as to blame
- alignment with one parent against the other
- difficulty with peers
- difficulty playing and experiencing pleasure

***What you can do to help:***

- listen to child's feelings and complaints without taking sides or judging
- don't criticize the other parent to the child and don't pressure the child to take sides
- encourage the child to see good in the other parent
- don't fight in front of the child
- say positive things about the other parent occasionally
- support the child's contact with the other parent (if this is possible)

**Helpful children's books on divorce:**

*At Daddy's on Saturdays*, by Linda Walvoord  
*Dinosaurs Divorce*, by Marc Brown  
*Oliver at the Window*, by Elizabeth Shreeve  
*The Best of Both Nests*, by Jane Clarke  
*I Don't Want to Talk About It*, by Jeanie F. Ransom  
*I Live with Daddy*, by Judith Vigna

## Children Coping with Emergencies

Providers should try their best to remain calm during an emergency which is why drills are so important: the more preparation you make for emergencies the better prepared and calmer you will be if there is an actual emergency situation.

The mental health impact of children should be considered when covering emergency preparedness. Sometimes adults overlook what a situation can do to the mental health of a child. During an emergency people can become panicked, children are sometimes rearranged, loud sirens or whistles may be going off, and a sense of urgency is in the air. Even the youngest children can notice this stress and the same way adults react negatively to stress so can children.

- **Talk to children about what is going to happen** before, during and after a drill- even if the children are very young. Easing their confusion of what is going on will help relax a child during the situation.
- **Prepare children for loud noises.** Some children react very negatively to loud noises and just need coaching to cover their ears before a siren goes off.
- **Try to keep children with the same caregivers during drills and emergencies.** Children will be calmer and feel more secure with their primary caregiver.
- **Sing or use a quiet voice even during the most hectic times.** Children will feed off the provider's mood whether they are flustered or composed.

It's important to prepare children for emergencies, but not frighten them. Children's books are a timeless resource to help guide the discussion. Some books that can help:

*Clifford and the Big Storm*, by Norman Bridwell

*Franklin and the Thunderstorm*, by Paulette Bourgeois

*Go Away, Big Green Monster!* By Ed Emberley

*The Flood that Came to Grandma's House*, by C.S. Vendrell and J.M. Parramon

*I'll Know What to Do: A Kid's Guide to Natural Disasters*, by B. Mark, M. Chesworth, and A. Layton

## Grief and Loss

### What is grief?

When someone close to us dies, we experience something called grief. Everyone grieves differently. Grief can be feelings: anger, sadness, worry, relief, fear, numbness. Or it may be thoughts, such as “Who will take care of me now?” or “What will happen next?” Sometimes, grief affects our bodies. We feel sleepy, or have trouble falling asleep. We may not feel like eating. We may have headaches or stomachaches or we may not feel like doing the things we usually like to do, such as playing or going to school. All of these experiences are normal for grieving kids.

How to help a grieving child:

- Answer the questions they ask. Even the hard ones.
- Give the child choices whenever possible.
- Talk about and remember the person who died.
- Respect differences in grieving styles.
- Listen without judgment.
- Hold a memorial service and allow for saying goodbye.
- Take a break. Children grieve in cycles. They may be more inclined to play and divert their focus from the death when the death is recent and adults are grieving intensely. Having fun and laughing is not disrespectful to the person who died and is a vital part of grieving too.

For many children, their first real experience with loss occurs when a pet dies. When a pet dies, children need consolation, love, and support more than they need complicated medical explanations. Children's reactions to the death of a pet will depend upon their age and developmental level.

- Children 3 to 5 years of age see death as temporary and potentially reversible.
- Between ages 6 and 8, children begin to develop a more realistic understanding of the nature and consequences of death.
- Generally, it is not until 9 years of age that children fully understand that death is permanent and final.
- For this reason, very young children should be told that when a pet dies:
  - It stops moving
  - It doesn't see or hear anymore
  - It won't get up again.
- They may need to hear this explanation over and over again.

There is no best way for children to mourn their pets. They need to be given time to remember their pets. It helps to talk about the pet with friends and family. Mourning a pet has to be done in a child's own way. After a pet has died, children may want to bury the pet, make a memorial, or have a ceremony. Other children may write poems and stories, or make drawings of the pet.

When a family member dies, children react differently from adults. Preschool children usually see death as temporary and reversible. Children between five and nine begin to think more like adults about death, yet they still believe it will never happen to them or anyone they know.

Adding to a child's shock and confusion at the death of a brother, sister, or parent is the unavailability of other family members, who may be so shaken by grief that they are not able to cope with the normal responsibility of caring for the child.

A child who is frightened about attending a funeral should not be forced to go; however, honoring or remembering the person in some way, such as lighting a candle, saying a prayer, making a scrapbook, reviewing photographs, or telling a story may be helpful. Children should be allowed to express feelings about their loss and grief in their own way.

Once children accept the death, they are likely to display their feelings of sadness on and off over a long period of time, and often at unexpected moments. The surviving relatives should spend as much time as possible with the child, making it clear that the child has permission to show his or her feelings openly or freely.

The person who has died was essential to the stability of the child's world, and anger is a natural reaction. The anger may be revealed in boisterous play, nightmares, irritability, or a variety of other behaviors. Often the child will show anger towards the surviving family members.

Resources to help you identify symptoms of severe stress and grief reactions are available at the National Association of School Psychologist's website— [www.nasponline.org](http://www.nasponline.org).

Information above from The Dougy Center, The National Center for Grieving Children & Families ([www.dougy.org](http://www.dougy.org)), and The American Academy of Child & Adolescent Psychiatry, [www.aacap.org](http://www.aacap.org)

Helpful children's books about death and dying:

*The Fall of Freddie the Leaf: A Story of Life for All Ages*, by Leo Buscaglia

*Jim's Dog Muffins*, by Miriam Cohen

*Lifetimes: The Beautiful Way to Explain Death to Children*, by Bryan Mellonie with Robert Ingpen

*Nana Upstairs & Nana Downstairs*, by Tomie dePaola

*The Saddest Time*, by Norma Simon

*The Tenth Good Thing About Barney*, by Judith Viorst

*You Hold Me and I'll Hold You*, by Jo Carson

## Separation Anxiety

At birth, infants have no concept of their caregivers as separate from themselves. At around six to eight months, infants begin to understand that parents and caregivers are separate. By around nine months of age, infants can visualize a mental image of their caregiver and realize they are GONE! They have no way of understanding whether or when their parent or caregiver will return.

This experience makes many infants and young children anxious. This can happen even when a caregiver goes into the next room or an early childhood teacher takes an afternoon break. This can be a challenging time but it is the beginning of the period of infant development called “separation anxiety” and is a sign of developmental gains.

### Facts about separation anxiety

**Infants:** Separation anxiety develops after a child gains an understanding of object permanence. Once an infant realizes you're really gone (when you are), it may lead to crying each time you leave the room. Although some babies display object permanence and separation anxiety as early as 4 to 5 months of age, most develop more serious separation anxiety at around 9 months. The reaction can be worse if an infant is hungry, tired, or not feeling well.

**Toddlers:** Some toddlers skip separation anxiety in infancy and start demonstrating challenges at 15 or 18 months of age. As children develop independence during toddlerhood, they may become even more aware of separations. Their behaviors at separations will be loud, tearful, and difficult to stop. Separations are more difficult when children are hungry, tired, or sick.

**Preschoolers:** By the time children are 3 years of age, most understand the effect their anxiety and pleas at separation have on us. It doesn't mean they aren't stressed, but their reaction may be more for the purpose of changing our minds about leaving. Be consistent; don't return or cancel plans based on a child's pleas. Explain where you're going and when you will return, and then return when you say you will.

### Ways parents can help ease their child's separation anxiety

- Visit the child care program with your child before the first day of care.
- Drop your child off healthy and well-rested.
- Create brief, but loving good-bye rituals, such as a special secret handshake, triple kisses at the cubby, or the “Kissing Hand” ritual.
- Offer a “transitional object”: a family photo, blanket, or cuddly toy from home, reminding your child of your love and that you will return.
- Be consistent. Try to do the same drop-off with the same ritual at the same time each day. A routine provides comfort and allows your child to build trust in you.
- When separating, give your child your full attention and be loving and affectionate.
- **Never “sneak out”** without saying goodbye; this undermines your child's trust and he will always be fearful of you “slipping away” when he is not looking.
- Resist the temptation to come back to check on your child (this can be done with a phone call to your child's teacher).

- Be specific, child style. When you discuss your return, provide specifics that your child understands. If you know you'll be back by 3:30 pm, explain this on your child's terms; for example, say, "I'll be back after nap time when you're finishing your afternoon snack."
- Avoid sharing your own anxieties over separation with your child. This will only confirm what she already fears.
- Practice being apart. Schedule play dates, allow friends and family to provide child care for you (even for an hour) on the weekend. Before starting child care or preschool, practice your good-bye ritual. Give your child a chance to prepare, experience, and thrive in your absence!

### **Ways child care providers can help ease separation anxiety**

- Play separation and return games like "Peekaboo" and "Where's the Baby?" with infants and toddlers.
- When parents have completed their good-bye ritual let the child know you are there and it is ok to feel sad or to cry. Remind the child when the parent will return.
- After the parent leaves invite the child to participate in a favorite activity.
- Offer comfort during the day and positive encouragement for participation in activities.
- Repeat familiar nap or mealtime routines from home.
- Read books about separating from parents:
  - Are You My Mother?* By P.D. Eastman
  - The Good-Bye Book*, by Judith Viorst
  - The Kissing Hand*, by Audrey Penn
  - Owl Babies*, by Martin Waddell

If a child's anxiety worsens despite using the above techniques, or lasts for more than four weeks, and the child is unable to do anything without the parent or primary caregiver, talk with the family about professional intervention.

Children are identified as having separation anxiety disorder, a much less common mental health condition, when they experience developmentally inappropriate distress, or excessive anxiety around separation for at least four weeks. Intervention is necessary for these children and there are treatments that will spare them a great deal of distress as they grow.

### Communication is the Key

The daily interactions we have with children set the tone for the kind of relationship we have with them. Language that helps children feel safe and supported promotes positive emotional growth and development.

- Individually greet children and parents as they arrive in the morning and tell them good-bye as they leave at the end of the day.
- Weave nurturing moments into each day with children.
- Get to know each child as an individual.
- Talk to young children using language they understand.
- Clearly and simply state what you expect the children to do.
- Have age appropriate expectations.
- Use positive communication – this can help reduce undesirable behavior.
- Show children by modeling or using pictures.
- Be enthusiastic and generous with encouragement.
- Tell a child what to do instead of what not to do.

*Examples:*

Avoid Saying	Say
<b>Don't run!</b>	Use your walking feet.
<b>Quit climbing on the chair.</b>	Sit with your feet on the floor.
<b>Don't touch!</b>	Look with your eyes.
<b>No yelling.</b>	Use your inside voice.
<b>Stop playing with your food.</b>	Food goes on the spoon and in your mouth.
<b>Don't squeeze the kitten.</b>	Hold the kitten gently.
<b>No hitting!</b>	Hands are for playing and hugging. Use your words if you're upset (give child appropriate words to use).
<b>Don't throw your truck.</b>	Roll your truck on the floor.

*Following are some ideas for supporting the development of communication skills:*  
Adapted from **Zero to Three – Supporting Your Child's Communication Skills**

**Respond to baby's gestures, looks and sounds.** When he puts his arms out to you, pick him up, kiss him and use simple words. "You want up." When he coos, coo back. When he gazes at you, make eye contact and talk with him. These immediate and attuned responses tell the baby that his communications are important and effective. This will encourage him to continue to develop these skills.

**Talk with and listen to the children.** When you talk with children in your care, give them time to respond. Make eye contact on their level. This will let them know you want to hear what they have to say. Ask open-ended questions: "How do you feel about today's rainy weather?" "Where do you think the rain goes?" "How do you think the rain helps flowers grow?" "Why is the sky so gray?" By talking and interacting with children you help them see themselves as a good communicator and motivate them to keep developing these skills.

**Help children build on their language skills.** "So you are pretending to be a hungry caterpillar who wants to eat some food? What kind of food? Let's name all the things you want to eat."

**Teach children about non-verbal communication.** "Luis, do you see how Andi is holding her hands up to cover her face? She doesn't like it when you throw the ball so hard. I know you can throw it softer so she will want to keep playing catch with you."

**Respect and recognize each child's feelings.** Children are far more likely to share their ideas and feelings if they know they won't be judged, teased, or criticized. You can empathize with a child's experience, yet disagree with his behavior. For example, "I know you're scared to sleep alone, but you need to stay in bed. Would you like some quiet music on?" Or, "I know you're angry but you can't throw the blocks. Here's a pillow you can punch instead."

**Help children develop a "feelings" vocabulary.** Provide the words for their experience. "You're sad because Daddy left for his trip." Keep in mind that feelings are not good or bad, they just are. Sometimes parents are afraid that talking about an intense feeling will escalate it; but many times the opposite happens. When children feel that their feelings and experiences are respected, they are often able to move on more easily. \*See activities on next page.

**Narrate what you do as you go through your daily routines.** This helps children connect words with objects and actions. "I'm washing the dishes. I'm squeezing the yellow dish soap into the warm water." Talk about what you're doing as you care for your child. "Here we go into the bathtub. You're tummy, arms, and legs are getting all wet. Rubber Ducky is having a bath too." Talk as you play together: "You're brushing your dolly's hair. She has long hair. Are there any tangles?" With verbal toddlers, you can create a tradition where each person at the table shares something about their day. Ask children questions about their day. Encourage them to ask you things too.

**Encourage pretend play.** Children often express themselves more freely when they're pretending. It may feel safer to talk about how Teddy Bear is afraid of the dark, than how the child is. Pretend play is also a chance to take on different roles and to act out what different people might say, think or do. This develops language as well as social skills like empathy.

**Make your requests clear, simple, and appropriate for the child's age and ability.** For a one-year-old, give one step directions like, "Go get the ball." For an 18-month-old, give two-step commands like, "Please go to your room and get your shoes." Be sure you have your child's attention first, by calling his name or gently touching him and looking directly at him at his eye level. You can ask an older child to repeat the request to make sure he heard and understood the communication.

**Be a good role model.** Your children are watching you very carefully. If you talk to others with kindness and respect, they will likely follow your lead and take on your manner and tone as they become more verbal. And, when you expect this kind of respectful communication from others, you are modeling how they should expect to be treated by others as well.

**Social-Emotional Teaching Strategies – adapted from [www.BuildingBlocksLanguage.com](http://www.BuildingBlocksLanguage.com)**

**Parents and educators can help children build a more complex social-emotional vocabulary through play, book reading, and special activities.**

1. **Books:** It will come as no surprise to hear that books are an excellent way to expose young children to a variety of language & concepts, including social-emotional vocabulary.

*When Sophie gets Angry, Really Angry*, by Molly Bang

*Today I Feel Silly & Other Moods That Make My Day*, by Jamie Lee Curtis

*Have You Filled a Bucket Today?: A Guide to Daily Happiness for Kids*, by Carol McCloud

*I Was So Mad (Little Critter)*, by Mercer Mayer

2. **Feelings activities:** Plan special activities and games that reinforce understanding & use of feelings words.

**“I Feel...” Poster:** Create a feelings poster in your home or in the classroom that depicts a variety of facial expressions. Take a moment in the morning to check in on how your child is feeling as she is brushing her teeth or eating breakfast. Check in again later in the day. When your child is talking about what happened during her day at preschool, encourage her to tell you how situations and events made her feel, by pointing to a facial expression and using the appropriate word (i.e., “How did you feel when Jack knocked your block tower down?”). You can create a feelings poster yourself or purchase a ready-made poster. The key is to build in new words & pictures gradually. Draw the child's attention to the facial expression. Talk about a time he or she felt that way. Talk about what he or she can do to deal with that emotion. Communication is the key.



<http://buildingblockslanguage.com/2014/02/07/building-social-emotional-vocabulary-in-early-childhood/>

**Feelings Dice:** Create a set of feelings dice with your child by gluing pictures of faces depicting various emotions on each side of a small box. Children can toss the dice, label the feeling, and describe a time they felt that way.



**Sing a Feelings Song:** Modify “*If You’re Happy and You Know It...*” to include other feelings and sing about what you can do when you feel that way. For example, “*If You’re Sad & You Know It, Hug a Friend.*”, or “*If You’re Angry & You Know It, Take a Break.*”

**Resources for communication and language development:**

Zero to Three: National Center for Infants, Toddlers, and Families.

<http://www.zerotothree.org/child-development/early-language-literacy/tips-tools-early-lit-and-lang.html>

Enhancing Emotional Vocabulary in Young Children: Vanderbilt University.

<http://csefel.vanderbilt.edu/modules/module2/handout6.pdf>



## Infant Crying

“By crying, babies can express their pain, hunger, anger and boredom but sometimes they cry for no specific reason” – *Centre of Excellence for Early Childhood Development*

Crying is an important means of communication for babies during early infancy – that is from birth to three months of age. At this stage in their development, infants almost entirely rely on caregivers to meet their needs. As a result, infant crying can assume an important role in ensuring the survival, health and development of the child.

### What do we know about infant crying?

- Crying is the main way of communicating for babies less than 3 months old.
- By crying, babies can express their pain, hunger, anger and boredom but sometimes they cry for no specific reason.
- Even healthy babies who get excellent care cry a lot.
- In the first 3 months of life, around 25% of babies cry for more than three and a half hours each day.
- At around 3 months old, babies start to cry less. They begin to babble and to move more easily, and start to be able to express themselves in ways other than crying.
- Persistent crying that seems to have no reason can make parents and caregivers feel worried, upset or out of control.

**Calming a crying baby can be difficult** and is sometimes a “trial and error” process.

Consider these questions:

- Is the baby hungry?
- Does the baby need to be burped?
- Does the baby need a dry diaper?
- Is the baby sleepy?
- Is the baby in pain?
- Is the baby sick or feverish?
- Is the baby bored or lonely?
- Is the baby over-stimulated?
- Is the baby over- or under- dressed?

### Things to try:

- Move the baby to a new position.
- Hold the baby close to you and gently stroke or pat the back.
- Dim the lights.
- Rock the baby, either in rocking chair or in your arms as you sway from side to side.
- Offer the baby a pacifier (if the parent provides one).
- Sing to baby, or play soft music.
- Take the baby outside for a walk.
- Don't use food as a first solution, especially if the baby has eaten recently.

- Sometimes if all else fails, the best approach is to simply leave the baby alone. Many babies cannot fall asleep without crying, and will go to sleep more quickly if left to cry for a few minutes. Be sure to follow Infant Safe Sleep guidelines for safety.

*When a strategy doesn't work, don't blame yourself. Try something else until you discover what works for your individual baby in that specific moment in time. (A strategy that didn't work yesterday may work today.)*

The more relaxed you remain, the easier it will be to console the baby. Even very young babies are sensitive to tension around them and react to it by crying. Don't take the baby's crying personally and no matter how impatient or angry you feel.....

**NEVER SHAKE THE BABY! Shaking an infant can cause blindness, brain damage or even death!**

**The Period of PURPLE Crying** is a new way to help parents and caregivers understand the time in a baby's life which is a normal part of every infant's development. It is confusing to be told your baby "has colic" because it sounds like it is an illness or a condition that is abnormal. When the baby is given medication to treat symptoms of colic, it reinforces the idea that there is something wrong with the baby, when in fact, the baby is going through a very normal developmental phase.

The Period of PURPLE Crying begins at about 2 weeks of age and continues until about 3-4 months of age. There are other common characteristics of this phase, which are described in the PURPLE acronym. *All babies go through this period.* It is during this time that some babies can cry a lot and some far less, but they all go through it. When babies are going through this period they seem to resist soothing. Nothing helps. Even though certain soothing methods may help when they are simply fussy or crying, bouts of inconsolable crying are different. Nothing seems to soothe them.

**Resources:**

**Period of PURPLE Crying:** <http://www.purplecrying.info/>

**Infant Massage:** This can be a great way to help calm your child, provide a bonding and nurturing environment, help with longer sleep and other health benefits.

**-Oklahoma Infant Massage Institute-** offers free massage lessons for parents and other training classes: 1413 S Boulevard Edmond, Oklahoma (405) 330-1311

**-Infant Massage USA:** <http://www.infantmassageusa.org/learn-to-massage-your-baby/educator-directory/>

**-International Association of Infant Massage:** <http://www.iaim.net/>

**-Loving Touch:** <http://www.lovingtouch.com/>

**Oklahoma Association of Infant Mental Health:** <http://www.okaimh.org/index.html>

**Zero to Three-National Center for Infants, Toddlers, and Families:**  
<http://www.zerotothree.org/>

## Positive Guidance and Setting Limits

### Guiding children's behavior

Children need adults to teach, guide, and support them as they grow and learn. Child care providers play an important role in guiding children's behavior in positive and supportive ways. The most appropriate ways to guide children's behavior are different at different ages, and will depend on their developmental abilities and needs.

### Common strategies for guiding children's behavior

- Keep rules simple and easy to understand. Discuss rules with children and write them down. Repeat the rules often. Remember too many rules set everyone up for failure. A few rules that work well:
  1. Be kind to each other.
  2. Take care of our toys.
  3. Say please and thank you.
  4. Use our walking feet inside.
- Say what you mean. Keep sentences short and simple. Focus on **what to do** rather than what not to do. For example try saying "Slow down and walk" instead of "stop running".
- Talk **with** children – not "**at**" them.

### Managing Challenging Behaviors

#### Classroom Tips to Decrease or Prevent Biting and Other Challenging Behaviors

Adapted from Kennell, G. (2002). *No Biting: Policy and Practice for Toddler Programs*.  
Readleaf Press

### Provide a supportive environment

- Have duplicates of the new and favorite toys to reduce frustration.
- Keep favorite toys available, but avoid over-stimulation by making sure all the toys aren't available to the children at once.

Rotate toys, storing some away for a while, and then bringing them back out. This also keeps children interested in the environment.
- Provide small, private spaces where children can go to be alone. Remember supervision is important so make sure the child can still be seen and heard.

Toddlers are working on understanding spatial relationships; that's why they like to try fitting themselves into small spaces. Spaces under lofts, tables, or in shelving units are usually popular.
- Provide several soft areas in the room. Use pillows, rugs, and comfortable upholstered furniture to provide coziness.
- Have safe materials visible and available to children at the children's level so they can use them without an adult having to get them.

- Create a variety of activity centers to discourage toddlers from bunching up in one area.
- Children often want to go where the adults are, so adults need to spread themselves throughout the space.

### **Provide a consistent, flexible schedule**

- Keep the daily schedule consistent, so it is predictable for children. Being able to predict what will come next is empowering for children.
- Simplify the daily routine, so children aren't asked to transition from one activity to the next too often.
- Allow for flexibility to meet children's individual needs.
  - Children need to eat when they are hungry and sleep when they are tired, regardless of whether it's snack or naptime.
- Talk about unavoidable changes in the schedule and be understanding of children's reactions to them.
- Provide several times each day for children to go outside.
- Don't rush children through activities or routines.
- Keep waiting to a minimum.

Most teachers are surprised when they learn how long children are actually waiting between activities. Try asking an objective person to observe your program and keep track of actual waiting time in minutes. To put waiting time into perspective, take the number of minutes toddlers must wait, put a zero at the end of it, and reflect on how you would react to the waiting time in that situation. For example, if the actual waiting time between an activity and lunch is seven minutes, consider how you would respond to a seventy minute wait in a similar situation. Also remember, you would be expected to remain calm and choose "appropriate activities" during those seventy minutes.

### **Provide a variety of sensory activities and materials**

- Provide a wide variety of soothing materials and activities.
  - Scarves and dress-up materials that are soft and silky
  - Painting and play dough, daily
  - Sand and water table, at least several times a week (individual basins can be used if your program doesn't have a sand and water table)
- Provide many cause and effect toys that toddlers can act upon to make them "do something".
  - Musical instruments, busy boxes, pounding boards, jack in the boxes, etc.
- Provide opportunities for toddlers to put collections of small, choking safe objects (clothespins, jar lids, juice can lids, etc.) in containers to carry and dump out.
- Instead of planning teacher-directed activities, offer interesting materials and experiences. Observe the children's reactions to the materials then plan how to

- further their interest. Offer the same thing over and over, so that children have many opportunities to experiment.
- Offer adult-initiated activities that are spontaneous, short, and optional, such as songs, stories, and finger plays.
  - Do not expect toddlers to have formal circle time or to sit in whole group activities.

### **Provide gentle and empathetic interactions**

- Show children what empathy looks and sounds like; model it in your interactions with them.
- Respond positively to children.
- Help children to identify and name their feelings. Say things such as, "Robin, you look frustrated to me. You really wanted to play with the truck, and Sarah has it."
- Show and tell children how to use language to express feelings and state their needs and wants. Say things such as, "Robin, you can tell Sarah, 'my turn next' that way she knows you are waiting for the truck."
- Encourage children to comfort themselves by using transitional items such as stuffed animals or blankets brought from home.
- Comfort children with soothing voice tones and physical actions such as hugs, a thoughtful hand on a child's shoulder, or a pat on the back.
- Help children fix mistakes. For example, if a child looks genuinely upset that she hurt another, you can say, "Sammy, you look upset that Lonetta is crying. I wonder if she'd like a hug?" Other possible ways to fix a mistake; help rebuild a knocked down tower or fetch ice for a bite.

Despite even the best prevention efforts of the best caregivers, biting and other challenging behaviors still happen. When they occur, caregivers must be prepared to respond appropriately and effectively and be willing to ask for help when necessary. The **Child Care Warmline (888-574-5437)** is available to assist caregivers who are dealing with biting and other challenging behaviors.

### **Preventing expulsions and suspensions**

Unfortunately, children with behaviors that adults view as "difficult" or "problematic" are sometimes shuffled from one early childhood program to another because of the comfort level of the provider not the individual situation of the child. Adults sometimes forget they are working to serve the children and provide the best care possible. Expulsion does the opposite of that.

The first years of a child's life are the building blocks of foundation for learning, health, and wellness. High quality care for children, specifically those that are not yet in kindergarten, has a huge impact in the most meaningful way. This is especially true for children in at-risk environments.

Expelling a child (telling a parent their child can no longer attend), can give the child the label of a "bad child". This may influence how other early childhood programs react to the child and may keep the child from being excited about school. This is a toxic situation, especially for early learners.

If a provider is caring for a child with difficult behavior and is thinking about expulsion or suspension they should take into consideration the *child's social-emotional* and *behavioral development* as well as *their home situation*. They can ask the questions:

- Why am I considering removing this child from my care?
- Will expelling this child truly help them in their life?
- Am I only interacting with the child when they are misbehaving, or do I encourage them at positive times as well?
- Has a deep conversation about this child occurred more than once with the family of the child?
- Are there any resources available that can help this child and family?

Children with challenging behaviors that then go through a stressful experience like being expelled from preschool will only be pushed back further and further when it comes to their development and self-esteem. Those that don't benefit from early childhood education are the ones that don't attend and they aren't in attendance because they were kicked out.

**Ways to eliminate expulsion and suspension from child care, as recommended by The U.S. Departments of Health and Human Services and Education are:**

- Develop and clearly communicate preventive guidance and discipline practices.
- Develop and clearly communicate expulsion and suspension policies and implement those policies uniformly and without bias.
- Invest and grow the skills of the early childhood workforce with a focus on:
  - Children's social-emotional and behavioral health
  - Strengthening partnerships with families
  - Employing strategies to prevent and correct biases
  - Conducting universal developmental and behavioral screening and appropriate follow-up
- Set goals and analyze trends in data to assess progress in reducing expulsion and suspensions.
- Make use of free resources to enhance staff training and strengthen family partnerships.

### **Time In: Building a Comfort Corner**

Consider “Time In” as an alternative to “Time Out” as a tool for guiding children’s behavior.

#### **Issues with Time Out:**

- Time Out usually involves isolation, causing a child stress and discomfort. Isolation teaches nothing of value and the child does not learn from the experience.
- Time Out is the absence of actual teaching. A child in Time Out probably needs some guidance and instruction.
- Time Out is not usually related to the problem behavior, so the child doesn’t relate the discipline to the event that precipitated it.

Instead of a “*Time Out Chair*”, the “*Comfort Corner*” is a designated area in your room that is used for reflection, lowering of intensity, regrouping, and child-directed down time. It’s a place where comfort is available, and company too, if requested.

#### **This is how it works:**

- Create a designated area in your room with a comfy chair, or a soft rug and some pillows.
- Add books and soft toys (consider toys that can be squeezed and squished for releasing pent-up feelings).
- Consider adding soothing music and headphones to listen.
- When children get upset or behave unacceptably “invite” them to spend some time in the Comfort Corner.

A child isn’t sent to Time In, they are invited to go. The child does not have to sit and wait in the Comfort Corner; he can engage in comforting, soothing, and appropriate play until he feels ready to join the group.

You will find some children using the Comfort Corner on their own when they realize the benefits – and this means they are learning to recognize and deal with their feelings appropriately!

Time In teaches children how to nurture and care for themselves and learn about self-control. With a Comfort Corner you are teaching children vital skills they will use for a lifetime, and you are building a relationship with each child that is defined by trust, respect, and confidence.

**For more information:**

Gilliam, W. S. (2005). Prekindergarteners left behind: Expulsion rates in state prekindergarten systems. New Haven, CT: Edward Zigler Center in Child Development and Social Policy. Retrieved from:

[http://ziglercenter.yale.edu/publications/34774\\_National%20Prek%20Study\\_expulsion.pdf](http://ziglercenter.yale.edu/publications/34774_National%20Prek%20Study_expulsion.pdf)

Administration For Children & Families: Equity and Excellence in the Earliest Years: Action on Expulsion and Suspension in Early Childhood Settings

December 16, 2014 | Shantel Meek

<http://www.acf.hhs.gov/>

[http://www.positivediscipline.com/articles/Time\\_Out\\_for\\_Children.html](http://www.positivediscipline.com/articles/Time_Out_for_Children.html)

[http://www.naturalchild.com/guest/peter\\_haiman.html](http://www.naturalchild.com/guest/peter_haiman.html)

## Supporting Children and Families in the Military

Military families want what is best for their children just like all families. They often look for information on how to help their children develop and cope with the stress that can come with being in a military family. **Zero To Three** worked with the **United States Marine Corps Personal and Family Relations Division** to develop *A Professional Guide for Supporting Babies and Toddlers in Military Families*.

A series of five brochures was developed that focus on the unique experience of parenting a baby or toddler, particularly during times of stress and separation that military families experience.

**The five brochures are:**

- ***Deployment: Keeping Relationships Strong*** which focuses on how to help a baby or toddler feel secure by keeping the parent and child connections strong – whether a parent is at home or halfway across the world.
- ***Homecoming*** focuses on how to help a baby or toddler feel secure during the homecoming by having realistic expectations as family members reconnect and begin to discover a “new” normal.
- ***New Families*** focuses on how to be supportive when expecting a baby and after the baby is born by building strong and nurturing relationships around and with the baby.
- ***Combat Stress*** focuses on how parents support their young child by taking steps to heal. No one suffers a stress injury alone. This brochure provides information about combat and operational stress injuries, steps to help heal them, and people and organizations ready to offer support.
- ***Homefront*** focuses on how parents at home take better care of their baby or toddler by taking care of themselves.

The key messages found in each guide that you might want to discuss with the families are:

- **It's all about relationships.** The relationships surrounding babies, especially those with their parents and other trusted caregivers shape how they experience the world and see themselves.
- **Babies and toddlers communicate their feelings and needs through their behavior.** Their behavior has meaning.
- **The little things you say and do day by day make a big difference.** Everyday routines and activities such as bathing, dressing, eating, and playing together are rich learning opportunities for parents, babies, and toddlers.
- **How you are is as important as what you say and do.** Babies tune into feelings of their parents and other trusted adults.

- **Babies and toddlers are resilient.** Adults who are loving, trusted, and responsive can help babies and toddlers manage during difficult times.
- **Taking care of yourself is a key** way to take care of your baby or toddler. When parents feel nurtured, they have more energy, patience, and focus.

### **Resources for families**

**MilitaryHOMEFRONT:** [www.militaryhomefront.dod.mil](http://www.militaryhomefront.dod.mil) is the official Department of Defense Website for reliable quality of life information designed to help troops and their families, leaders, and service providers.

**Military OneSource:** [www.militaryonesource.com](http://www.militaryonesource.com) is available 24/7 to connect families with services including car repair, money management, child care, spouse employment, counseling, and relocation. Or call 1-800-342-9647.

**ZERO TO THREE:** [www.zerotothree.org](http://www.zerotothree.org) offers a wealth of information on the social, emotional, and intellectual development of babies and toddlers. The military webpage supports military professionals and parents with postings of monthly articles, information, and events at [www.zerotothree.org/military](http://www.zerotothree.org/military) .

## Toilet Learning in Child Care

Learning to use the toilet is an important developmental milestone that often occurs during the years a child has entered an out-of-home child care program. Parents and child care providers should work as partners to support each other and the child during this learning process.

### When is a child ready?

Every child develops differently, so the start of toilet learning should be based on the child's developmental level rather than age or the adult's eagerness to start. Attempting toilet learning before a child is ready can create stress and anxiety for the child and delay the process. Also try not to begin while the child is experiencing a disruption or change in life – such as the birth of a new sibling.

Signs of readiness include an increased awareness of a need to go, curiosity in other's bathroom habits, demonstrated interest in the toilet, having words for using the toilet and an understanding of “wet” verses “dry”. In order to start learning to use the toilet a child must be able to:

- Follow simple instructions.
- Cooperate with adults.
- Stay dry for at least two hours at a time during the day.
- Feel the physical sign of the *need* to go to use the toilet.
- Understand words about the toileting process.
- Use words to express the need to use the toilet.
- Get to and from the bathroom area.
- Be able to pull pants and diapers off or down.

### Techniques for success

- Include toilet learning activities as part of the daily curriculum. Read stories, sing songs and play games about using the toilet or “potty”.
- Because toilet learning involves so many steps (discussing, undressing, going, wiping, flushing, and handwashing), reinforce the child's success at each step.
- Accept (and help the child accept) that occasional accidents are normal.
- Never force a child to sit on the toilet for long periods of time.
- Children should be dressed in clothing that can be easily pulled up and down on their own.
- Provide child-sized toilets or have an adaptive seat and a secure step stool to make them feel child-sized.

If a child resists toilet learning, he or she may not be ready for the process or find it too stressful. If a power struggle begins, wait a few weeks and try again. Remember to transfer responsibility to the child, provide lots of positive feedback for using the toilet, and change wet or soiled clothing immediately.

### **Adaptations for children with special needs**

A child with special needs may require a unique set of plans and procedures, more time, and more flexibility from adults, but the same toilet learning methods apply. Simplify expectations, be persistent, create small, achievable steps and acknowledge progress along the way.

### **Important points to remember**

- Parents and caregivers cannot control the toilet learning process.
- Do not reward with candy, treats or special prizes when a child uses the toilet.
- Do not use any forms of physical or verbal punishment for toileting accidents.
- Your positive and encouraging words, whether successful at using the toilet or not, are what the child needs and wants to hear.
- Children must WANT to use the toilet. Emotional readiness is often overlooked during the toilet learning process.
- Most children develop the ability to use the toilet between the second and fourth birthdays.
- Nighttime dryness may or may not happen at the same time as daytime dryness.

Toilet learning is a multi-step process and can take from two weeks to six months. Setbacks are common and should not be considered failures. Children will be more successful when parents and child care providers agree on strategies and techniques and work together as a team.

## Constipation in Young Children

When a child has hard stool that causes difficult and painful bowel movements, it is called constipation. Constipation is common in children and some possible reasons are:

- Holding back bowel movements
- Inadequate fluid intake
- Diet
- Special needs

### **Holding back**

The large intestine's job is to move the body's waste and absorb water and salts from the contents until stool is formed and then eliminated during a bowel movement. Sometimes constipation starts when one hard stool caused pain. The child may respond by "holding back" and resisting the urge to have a bowel movement the next time. This can cause gas, pain, and decreased appetite, making the problem worse. Children may also ignore the urge to use the toilet when they are busy playing, involved in an activity, or are uncomfortable using a toilet away from home.

### **Inadequate fluid**

Drinking too little fluid, especially on hot days or when a child has a fever can make a child constipated.

### **Diet**

A diet that is high in refined sugars, starches and milk products, but low in vegetables, fruits, and whole grains (fiber) can contribute to constipation. Fiber refers to the parts of plants that are eaten and not digested. Dietary fiber plays an important part in keeping the stool soft and easy to pass.

### **Special needs**

Some children with special needs will experience constipation more frequently than typically developing children. This may be due to limited physical activity, medications, poor muscle tone, and inadequate food and fluid intake.

### **What you can do:**

- Use matter-of-fact words that are non-judgmental to help children learn to manage their toileting needs.
- Make sure young children have fluids at meals and water is available throughout the day.
- Serve nutrition foods high in fiber. Offer plenty of fruits and vegetables such as apricots, pears, plums, prunes, peaches, berries, avocados, tomatoes, carrots, broccoli, peas, beans and whole grains like oats, brown rice, barley, and whole wheat.
- Communicate with families about the child's bowel habits. Respect cultural expectations of toileting. Provide information about a healthy diet that includes lots of fruits, vegetables and whole grains.

- Be sure to include toileting and elimination issues in a child's IEP or special health care plan.

**When to contact a health professional**

Sometimes a child may need help from their health care provider for constipation. A pediatrician may recommend stool softeners or laxatives and will evaluate for other problems. Ask the parents to contact their health care provider if the child has not had a bowel movement in more than three days or if the child is experiencing pain that becomes worse.

## Understanding Early Childhood Sexual Development

*Adapted from Sexual Development and Behavior in Children, The National Child Traumatic Stress Network.*

Like all forms of development, sexual development begins at birth. Sexual development includes not only the physical changes that occur as children grow, but also the sexual knowledge and beliefs they come to learn and the behaviors they show. Any given child’s sexual knowledge and behavior is strongly influenced by:

- The child’s age
- Observed behaviors of family and friends
- Cultural and religious beliefs that are taught

### Common Sexual Behaviors in Childhood

<p><i>Preschool children (less than 4 years old)</i></p>	<ul style="list-style-type: none"> <li>• Exploring and touching private parts, in public and in private.</li> <li>• Rubbing private parts (with hand or against objects).</li> <li>• Showing private parts to others.</li> <li>• Trying to touch mother’s or other women’s breasts.</li> <li>• Removing clothes and wanting to be naked.</li> <li>• Attempting to see other people when they are naked or undressing (such as in the bathroom).</li> <li>• Asking questions about their own and others’ bodies and bodily functions.</li> <li>• Talking to children their own age about bodily functions such as “poop” and “pee”.</li> </ul>
<p><i>Young children (approximately 4-6 years)</i></p>	<ul style="list-style-type: none"> <li>• Purposely touching private parts (masturbation), occasionally in the presence of others.</li> <li>• Attempting to see other people when they are naked or undressing.</li> <li>• Mimicking dating behavior (such as kissing or holding hands).</li> <li>• Talking about private parts and using “naughty” words, even when they don’t understand the meaning.</li> <li>• Exploring private parts with children their own age, such as playing “doctor”, “I’ll show you mine if you show me yours,” etc.</li> </ul>

<i>School-Aged Children (approximately 7-12 years)</i>	<ul style="list-style-type: none"><li>• Purposely touching private parts (masturbation) usually in private.</li><li>• Playing games with children their own age that involve sexual behavior, such as "truth or dare", "family", or "boyfriend/girlfriend".</li><li>• Attempting to see other people naked or undressing.</li><li>• Looking at pictures of naked or partially naked people.</li><li>• Viewing/listening to sexual content in media (television, movies, games, the internet, music, etc.).</li><li>• Wanting more privacy (for example, not wanting to undress in front of other people) and being reluctant to talk to adults about sexual issues.</li><li>• Beginning of sexual attraction to/interest in peers.</li></ul>
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Just because a behavior is typical doesn't mean the behavior should be ignored. Often, when children participate in sexual behavior it indicates that they need to learn something. Teach what the child needs to know, given the situation.

Too often, children get the majority of their sexual education from other children and from media sources such as television shows, songs, movies, and video games. Not only is this information wrong, it may have very little to do with sexual values that parents want to convey.

Controlling media exposure and providing appropriate alternatives is an important part of teaching children about sexual issues. Get to know the rating systems of games, movies, and television shows and make use of the parental controls available through many internet, cable and satellite providers.

**For more detailed information on responding to and educating about sexual behaviors please refer to the full handout, *Sexual Development and Behavior in Children* in the appendices section.**

**Additional information and resources can also be requested by contacting the Child Care Warmline at 888-574-5437.**