

NORTH CAROLINA CHILD CARE HEALTH AND SAFETY BULLETIN

NORTH CAROLINA CHILD CARE HEALTH AND SAFETY RESOURCE CENTER

OCTOBER 2002

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About The Resource Center

The NC Child Care Health and Safety Resource Center is a project of the Department of Maternal and Child Health, School of Public Health, The University of North Carolina at Chapel Hill. Funding for the Resource Center originates with the Maternal and Child Health Title V Block Grant of USDHHS's Health Resources and Services Administration/Maternal and Child Health Bureau, awarded to the University under a contract from the Division of Public Health, NCDHHS.

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Outdoor Learning Environments for Infants and Toddlers. (Insert)

Sleep and Young Children

Sleep is as important to good health as is good dietary habits and exercise.

"Moving into and out of sleep are times when most human beings are very vulnerable. If there is ever a time to be relaxed and gentle with children and to treat them as individuals, it is while helping them to move into and out of sleep. It is a time for individualized schedules and patience, which give toddlers some leeway in settling down and waking up while they make the transition to a group nap schedule." (Greenman and Stonehouse, p. 127).

Young children should view sleep and rest times as relaxed, comforting times of the day. (Greenman and Stonehouse, p.128). To help them feel relaxed and comforted it can be helpful to put the child down to sleep the same way his or her parents do at home. Rocking, patting, soft music, rubbing the back, dim lights can help a child feel comforted and ready for rest. Some young children want a special comforting object, such as a blanket, when they go to sleep. Some children who will not sleep will rest quietly with a few toys or books as quiet entertainment.

The crib or cot should never be used as a place where children are put for misbehavior. This teaches children that sleep is something unpleasant and should be avoided.

Children are affected when they fail to get enough sleep. Children who experience chronic sleep problems do not learn as well as more rested children. They also have a higher rate of behavior problems. As a way of dealing with drowsiness, children may resort to hyperactivity and difficult behavior when they are overtired.

Cues that a child is sleepy include:

- Rubbing eyes
- Showing disinterest in play
- Clinging to an adult
- Sucking a thumb
- Putting his or her head down
- Getting clumsy
- Slowing the pace of activity



- Becoming very easily frustrated
 - Becoming fussy for no apparent reason
- (Greenman and Stonehouse, p.127)

Colicky infants, wakeful toddlers, resistant school-age children and sleepy adolescents can be a challenge for parents and caregivers. Children need healthy parents and caregivers who can help them establish good sleep habits.

Adults need on average about eight hours of sleep a night. Adults who get less than seven hours of sleep a night are almost always sleep deprived.

Newborns are usually sleeping or drowsy for sixteen to twenty hours a day. By the time they are six months old, most babies take two naps a day totaling three to four hours of sleep during the day, and sleep on average eleven hours at night. The amount of sleep a child needs decreases as he or she grows older. By age 5, some children still need a nap during the day, while others may sleep more at night.

Using comforting behaviors and routines helps children develop a positive attitude toward sleep.

This issue of the North Carolina Child Care Health and Safety Bulletin will focus on sleep and related issues. Sleep related problems and suggestions for dealing with them are included as well as resources for getting help.

References:

American Academy of Pediatrics. Cohen, G., ed. (1999). *Guide to Your Child's Sleep.* Villard Books, New York.

Greenman, J. and Stonehouse, A. (1996). *Prime Times,* Redleaf Press, St. Paul, MN.



Sleepwetting in the Child Care Setting

(Reprinted with permission from the California Childcare Health Program)

What is it?

Sleepwetting is unintentional urination during sleep, which continues beyond age 4 years for daytime and beyond age 6 for nighttime.

Sleepwetting is a term used to emphasize the fact that the child is wetting while sleeping. This gives the parent and the child care provider a different view of the situation than the commonly used term "bedwetting."

Who is most affected?

Sleepwetting affects between 5 and 7 million children in the United States. Both sexes are affected, but it is more common in boys. The occurrence of sleepwetting in all children is 10 percent by age 4 years in the daytime and 25 percent at nighttime. By the time children are 8 years old, only 10 percent experience nighttime sleepwetting, and by age 13, only 2 percent.

Although sleepwetting is a common problem, it is unfortunately a problem with a stigma attached to it. First, you need to confront your own feelings. The negativity you may feel is normal: sleepwetting creates more work for you. You may also have some personal concerns about your own effectiveness as a parent or a child care provider. Both you and the child may be feeling sensitive and alert to criticism. You may feel the child is lazy, just doesn't care, or is too immature to be able to control him or her self. These are normal feelings, however, they also increase the anxiety both you and the child experience. Sleepwetting incidents put everything behind schedule. Neither you nor the child's day is off to a happy start, and the stress stays with both of you. In child care, this usually happens midday, at naptime.

What causes sleepwetting?

In most cases the cause of sleepwetting is unknown, although the most common causes are:

- Underlying illness such as diabetes
- Infections (including urinary tract)
- Small or weak bladder
- Genetic factors

- Psychological problems caused by stress or separation from parents
- Sleep disorders
- Irritation of the genital area from bubble bath/shampoos, pinworms, trauma, etc.
- Sexual abuse
- The child not being aware of bodily messages

In some cases where one or both of the biological parents have experienced sleepwetting as a child, their offspring often experiences the same difficulty.

How do I manage it?

Things that will not help

Historically, management of sleepwetting has emphasized punishment, humiliation and other disciplinary techniques. Today it is understood that sleepwetting is best dealt with through love, understanding and positive support. Criticizing, shaming, comparing, punishing, threatening, name-calling, or spanking will only increase the stress between you and the child.

Historically, management of sleepwetting has emphasized punishment, humiliation and other disciplinary techniques. Today it is understood that sleepwetting is best dealt with through love, understanding and positive support.

Things you can do to help

Protect the bed. Reduce some of the stress by eliminating the problem of wet, soggy mattresses and/or sheets. Disposable underpads are convenient — some will cover most of the bed. Try waterproof mattress protectors or double sheeting with a rubber sheet between layers to ease changes of bedding.

Arrange for a physical check-up to rule out any physical problem.

Exercise the bladder. Understand that the bladder is a muscle, and like any other muscle it works better if it is exercised. One exercise is to have the child hold his/her urine to the count of 10 before releasing it. Then count to 20, then 30, etc. Have the child interrupt the stream and start again, which increases control of the outer sphincter muscle. Increase the child's awareness of signals from the bladder contractions.

Decide whether to restrict or not restrict liquids. The issue is still being debated. Some physicians feel that restriction of liquids during the day is not necessary; others feel that restriction of liquids during the evening is necessary. Discuss this with the child's doctor.

Communicate with the child.

Listen to the child's comments and thoughts on her/his struggle with sleepwetting.

Be supportive and positive and look for opportunities to encourage, motivate and praise.

Include the child in discussions.

She or he needs to be involved in the solution. Sit down with the child and develop a mutual plan. Sometimes it is effective to write a "story" together about the issue, a process, which can be rewarding for both of you. Keep the story short and in the present tense. It should involve the current conflict and a resolution for that conflict. It is also important that the resolution be workable and agreed upon by both of you. The story can then be read by the child and/or someone the child asks. When the situation is resolved in the story, the

child may be able to follow the story and resolve his or her own situation. This technique can be used for other situations as well, such as separation anxieties.

Frequent reminders to use the toilet not only stress the child, they also stress you. Remember stress and pressure will cause you and the child to be more anxious, and anxiety can cause frequent urination.

Try to reduce the reminders you give the child to use the toilet throughout the day. Reminders not only stress the child, they also stress you. Remember stress and pressure will cause you and the child to be more anxious, and the anxiety can cause frequent urination. Children grow at their own pace. Some develop bladder control early, and some later. Some children sleep very heavily and are not aware of bodily messages.

Provide opportunities for

achievement. If there is an area where the child is capable and has shown skill, acknowledge the accomplishment and provide more opportunities where you know the child can succeed. The child who experiences competency in some areas can expand his or her sense of competency to other areas.

Help the child make a personal schedule or weekly calendar to help keep track of dry or wet sleeps. This actually encourages the child to take personal responsibility for his or her own actions. Remember, this works when it is agreed upon by both of you. Be sure the child is capable, respected and encouraged to keep her/his schedule as private or public as decided. Help the child develop a system as a reminder to periodically use the toilet. A special necklace or watch can be helpful.

By Gabrielle Guedet, Ph.D.

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<http://www.childcarehealth.org/newsletters/2002/JulyAug02.pdf>

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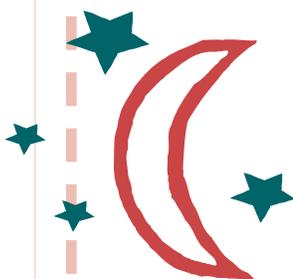
www.childcarehealth.org

Frozen Dream

By Shel Silverstein

From *A Light in the Attic*, (1981), Harper Collins Publishers, New York

*I'll take the dream I had last night
And put it in my freezer,
So someday long and far away
When I'm an old grey geezer,
I'll take it out and thaw it out,
This lovely dream I've frozen,
And boil it up and sit me down
And dip my old cold toes in.*



Sleep Rules!

The needs of children related to sleep and the importance of sleep to good health are reflected in the rules of the NC Division of Child Development (DCD) and the National Health and Safety Performance Standards, *Caring for Our Children*.

DCD rules address a range of topics including

- scheduling time for sleep
- providing a safe and comfortable place for sleeping
- sanitation issues including spacing of sleeping mats
- supervision and staff:child ratios during nap time
- issues related to night care

The National Health and Safety Performance Standards go beyond the minimum requirements for licensing and provide more detail and guidance for sleep needs of children. They include additional information on furnishings, equipment and supplies for sleep, space and scheduling, unscheduled access to sleep areas, and supervision. The standards to look up to get specific information include:

Standard 1.002: Ratios for Large Family Child Care Homes and Centers

Standard 3.008: Scheduled Rest Periods and Sleep Arrangements

Standard 3.009: Unscheduled Access To Rest Areas

Standard 3.039: Individual Bedding

Standard 3.040: Crib Surfaces

Standard 5.144: Sleeping Equipment and Supplies

Standard 5.147: Futons

Go to the webpage for the National Resource Center, www.nrc.uchsc.edu to find the new 2002 National Health and Safety Performance Standards as well as the North Carolina requirements for licensing.



At Your Service

1-800-246-6731

North Carolina Child Care Health & Safety Resource Center
Providing Training, Consultation & Resources for North Carolina's Child Care Community

The North Carolina Child Care Health and Safety Resource Center line 1-800-CHOOSE-1 and the North Carolina Family Health Resource Line 1-800-FOR-BABY have combined their services. Now you can call either toll-free number and receive information and resources on both family health-related issues as well as health and safety issues in child care.

The North Carolina Family Health Resource Line (NCFHRL) provides information, support, referrals, and advocacy on family health-related issues such as pregnancy, breastfeeding, free or low cost children's health insurance, Smart Start resources, and much more.

The North Carolina Child Care Health and Safety Resource Center continues to offer information, referrals, technical assistance and resources on health and safety concerns in child care such as quality child care, immunizations, meeting the needs of children with special health needs, developing health policies etc.

All services are available in English and Spanish.



November is

American Diabetes Month

National Epilepsy Month

Diabetic Eye Disease Month

National Marrow Awareness Month

National Hospice Month

November 17 is the Great American Smokeout
(American Cancer Society)

November 18 – 24 is National Adoption Week

December is

National Drunk and Drugged Driving Prevention Month

Safe Toys and Gifts Month

Dec. 1 is World AIDS Day

Dec. 8 – 14 is National Hand Washing Awareness Week

parents



pages

Advice from A Sleep Expert

Frequently Asked Questions from Parents of Newborns

Sleep, Infants and Parents

Jodi Mindell, PhD

We are first-time parents and are concerned about the amount of sleep our newborn child should get.

When babies first come home from the hospital, they usually sleep 14-18 hours a day. That sounds like a lot of time but it isn't, because the sleep of newborns isn't consolidated. It tends to come in "chunks" that last anywhere from 30 minutes to three hours at a time, during the day and at night. Furthermore, some newborns have their days and nights reversed and sleep more during the day.

There is little you as a new parent can do at first, except to let the baby govern her schedule. After about 4-6 weeks, a sleep pattern will develop. Pay attention to when your baby usually gets sleep, when she needs naps, and when she is ready to sleep at night. Just don't expect her to be consistent on a day-to-day basis yet.

What about naps? How frequently and how long should we expect our baby to nap?

In early infancy, napping usually occurs 2-4 times a day for 30 minutes to 2 hours at a time. By 6-9 months, the baby usually takes only 2 naps a day. By 18 months, she will probably nap only in the afternoon, and by the age of 2 1/2-5 years, she will give up naps entirely.

How should we prepare our baby for sleep, and where should she sleep?

For newborns, be sure to follow the guidelines to prevent Sudden Infant Death Syndrome (SIDS): place your baby to sleep on her back, avoid smoking, and make sure there are no pillows, comforters, stuffed animals or other materials that could suffocate or smother the baby. Don't make the room too warm, and dress her as you would dress for bed. Some newborns sleep better swaddled, because normal jerks in their sleep can wake them up.

Parents need to make their own decisions as to where their baby sleeps, whether in a crib, a bassinet, or the parents' bed. Be sure, though, that

wherever your baby sleeps, she is safe. In addition, I strongly encourage parents to decide by the time the baby is 3 months old where they want her to sleep at age 1 and put her there. By 3 months, her habits are becoming well entrenched. You can make the transition from a crib to a big bed between the age of 2-3 1/2 years, but wait as long as possible, because children who transition to a bed too early can develop sleep problems. In addition, I worry about the safety of young toddlers who can now get out of a bed and roam around their room or the house in the middle of the night while their parents are sleeping.

How can we help our baby develop good sleep habits?

By the time your child is 8-12 weeks old, set a daily schedule with bedtime and naptime occurring at approximately the same time each day. Try to make the schedule coincide with your child's natural rhythm; if she starts getting tired by 7:30 p.m., don't make bedtime at 9:00 p.m.

Develop a bedtime ritual. All children flourish with routines. Take 20 to 30 minutes for enjoyable activities such as feeding, bathing, and singing to your child. As she gets older, your routine may change to reading or telling stories while you're getting her ready for bed. Parents should try to put their babies down when they're drowsy but not yet asleep, because a child needs to develop "self-soothing" skills. This is important because all babies awaken from 3-5 times per night, and you want her to be able to put herself back to sleep. If you tend to rock your baby to sleep, she will expect it when she awakens during the night.

*Jodi A. Mindell, PhD, is the Associate Director of the Sleep Disorders Center at the Children's Hospital of Philadelphia and she is the author of *Sleeping Through The Night: How Infants, Toddlers, and Their Parents Can Get a Good Night's Sleep* (Harper Collins, 1997). She is also Director of the Graduate Program in Psychology at St. Joseph's University, and a member of the NSF Board.*

Reference:

This and more information about sleep can be found on the web at <http://www.sleepfoundation.org/ask/infantsandparents.html>.

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1.800.246.6731



Continued from Page 5

Facts About Children and Sleep

- Sleep problems affect about 70 million Americans of every age, race, and socioeconomic level.
- There is a growing body of scientific evidence showing that inadequate sleep results in tiredness, difficulties with focused attention, irritability, easy frustration, and difficulty modulating impulses and emotions.
- In children, symptoms of sleep deprivation are often overlooked or erroneously attributed to attention-deficit or behavior disorders.
- Performance in classroom and in extracurricular activities can suffer if a child does not obtain adequate sleep.
- Once a child reaches adolescence, his or her risk of inadequate sleep and its dangers increases.
- Adolescence is a time when maturational changes take place that increase the need for sleep, while cultural and lifestyle factors (school demands, part-time jobs, extracurricular activities, and late-night socializing) lead to insufficient sleep.
- Insufficient sleep during adolescence can lead to severe sleep deprivation, poor school performance, and a high risk of life-threatening consequences, such as drowsy driving crashes.

Reference:

National Institute of Health.
Facts about Children and Sleep, retrieved from
<http://starsleep.nhlbi.nih.gov/facts/facts.htm>.

Halloween Health and Safety Tips

Preparation

- Find or make bright, light costumes of flame retardant material and keep them short enough to avoid tripping.
- Add some glow-in-the-dark tape (found in hardware and sporting goods stores) to costumes and bags so motorists can easily see the children.
- Be sure props like wands and swords are flexible.
- Choose masks carefully as masks can make it hard to see, difficult to breathe, and may cause abrasions.
- Remember that make-up and creams can cause skin irritations.
- Consider giving out non-food treats such as crayons, stickers, small pads or coloring books.

Trick or Treating Night

- Serve children a healthy meal before trick or treating to discourage filling up on the treats.
- Have children wear well-fitting sturdy shoes, regardless of costume.
- Accompany young children while they trick or treat.
- Have children carry a small flashlight.
- Stay on sidewalks in well-lighted areas.
- Inspect all treats. Throw out anything unwrapped or homemade.
- Follow dentists recommendations and let children eat their sweet treats quickly rather than distributing them over weeks. It allows the children to return to their normal eating habits more quickly.





October is SIDS Awareness Month

As Fall comes and we get ready for cooler winter weather there is a chilling statistic that haunts us. The number of babies who die of SIDS or Sudden Infant Death Syndrome increases during the winter months. October has been chosen as national SIDS Awareness Month so that we can take steps now to help keep babies safe and lower their chances of SIDS when winter arrives.

What is SIDS?

SIDS is the unexpected death of a baby that seemed healthy and for whom no other cause of death can be found. It is the leading cause of death among babies one month to one year of age. In North Carolina, 100 babies die of SIDS each year and some of these deaths occur in child care settings.

Researchers believe that SIDS is the result of many conditions and that's where the idea of a "syndrome" comes in. The problem is that we don't know exactly what causes SIDS. We have a better understanding of the SIDS risks, those things that increase a baby's chances of dying suddenly and unexpectedly, and this is where we focus our public education and awareness.

What can we do about SIDS?

The goal of SIDS awareness and education is to help parents, grandparents, families, and child care providers learn what they can do to help protect babies and reduce their SIDS risk. Research tells us that placing babies on their back to sleep not just at night but for naps too, lowers the chances of SIDS. This is where the national "Back To Sleep Campaign" got its name when it started in 1994. The N.C. Back To Sleep Campaign also started in 1994 and was modeled after the national campaign.

Not letting babies get too hot also lowers SIDS risks. To keep babies from overheating, a good rule of thumb is that a temperature comfortable for an adult is comfortable for a baby. The N.C. Back to Sleep Campaign recommends these guidelines:

- Set thermostats at 68-72 degrees Fahrenheit.
- Dress babies in layers of clothing, and remove layers if they become sweaty.
- Do not over-bundle the baby when sleeping. Dress in a sleeper and cover with a light blanket.
- Tuck the blanket firmly between the mattress and side railing and at the foot of the crib to keep it from bunching around the baby's face.

What is N.C. doing about SIDS in child care?

Two words should come to mind when answering this question: "ITS-SIDS." The Infant/Toddler Safe Sleep and SIDS Risk Reduction in Child Care Project (ITS-SIDS) is a new, joint project between the North Carolina Healthy Start Foundation and the NC Division of Child Development (DCD). It is a two-year "train-the-trainer" project with two major goals: (1) to introduce infant/toddler safe sleep guidelines and (2) to provide standardized training around ways to reduce the risk of Sudden Infant Death Syndrome in child care throughout North Carolina.

Through the ITS-SIDS Project, child care providers can receive In-service Learning Credits as they learn how to ensure safe sleep practices and create a safe sleep environment for the babies in their care. ITS-SIDS follows guidelines set by the American Academy of Pediatrics and leading SIDS-related organizations, including the national award winning N.C. Back To Sleep Campaign.

SIDS Educational materials and technical assistance will be available to ITS-SIDS trainers and the child care providers they train. For more information about the ITS-SIDS Project visit www.NCHealthyStart.org and click on "SIDS & Child Care".

ITS-SIDS Trainers Wanted

The ITS-SIDS Project is currently recruiting trainers to be trained in January 2003. The ITS-SIDS Trainers will then train child care providers in February, March and April 2003 from 49 counties that had higher SIDS rates. In the spring/winter of 2004, providers in the remaining 51 counties will be trained. If you are interested in being an ITS-SIDS Trainer or in receiving your in-service learning credits in ITS-SIDS, please contact the ITS-SIDS Project at its-sids@NCHealthyStart.org or call **Chris O'Meara at (919) 828-1819.**

Christine O'Meara is a Communications Specialist with the North Carolina Healthy Start Foundation and coordinates the N.C. Back To Sleep Campaign.

The N.C. Healthy Start Foundation, a nonprofit organization established in 1990, conducts ongoing public education campaigns, advises state and local policy makers, and works to reduce infant death and illness and improving the health of young children.

Ask the Resource Center

I'm the director of child care center. A 4 year old child who recently enrolled in my program, has only received the following immunizations: 1 DTaP, 1 Polio, 1 Hib and 1 Hep B. Can he remain in my program if he is not caught up on his immunizations within 30 days of enrollment?

The family and physician can work out an accelerated schedule to fully immunize the child. As long as the family is getting the immunizations on the accelerated schedule he may remain in your program. If more than 30 days are needed to complete the immunizations, the parent(s), or legal guardian must provide you with a written statement from the physician, health care provider or health department, which indicates the dates the immunizations will be given.

A child must be terminated if proof of immunizations is not submitted to you either within the 30 days after enrollment or after the due date of the immunization.

On April 1, 2002 Varicella, the vaccine for chickenpox, became a required vaccine in North Carolina. Children born on or after April 1, 2002, without documented history of chickenpox disease, are required to have varicella vaccine between 12 and 19 months of age.

You will be receiving the Annual Child Care Immunization Report by the end of October. Please complete and submit reports as soon as possible, but no later than **December 1, 2002**. Reports should be mailed to: **Immunization Branch, NC Department of Health and Human Services, 1917 Mail Service Center, Raleigh, NC 27699-1917**. If you need additional forms, please call **919-715-6763**. If you have any other questions about immunizations please contact us at the **Resource Center at 1-800-246-6731 (1-800-CHOOSE-1)** or your local health department.



HEALTH BULLETIN

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Babies Get Outdoors!

Outdoor Learning Environments for Infants and Toddlers

What's Outside Your Fence?

Exercise is important for all ages and should begin with infants as part of everyday activity. Infants' physical activity should promote the development of movement skills. Early on, infants develop the ability to carry out a number of movements that allow them to explore and interact with their surroundings. They need to have opportunities to practice and refine their movements.

It may appear that sitting up, rolling over, and crawling are skills that emerge naturally. However, the parent and/or caregiver and the environmental stimulation available to the infant influence the development of these skills. For example, if an infant or toddler is confined to a small play space or spends most of the day in an infant or toddler seat, she or he may be delayed in developing skills such as rolling over, sitting, crawling, walking, and running.

Toddlers are busy mastering skills such as running, jumping, throwing and kicking. Again, these skills do not appear just because a child is getting older. Instead they develop with the support of adults who encourage movement, and in an environment that calls out to be explored and offers age appropriate challenges.

Caregivers can help infants and toddlers in their physical development by ensuring that they are given opportunities to move and by encouraging the development of gross and fine movement skills. One way to encourage movement is to provide a stimulating environment both inside and outside the fence. There should be many opportunities for young children to challenge themselves and engage in physical activity inside the fenced play area. Places to pull up, things to reach for, places to crawl to, through, and up, and places that entice them and call them to explore will invite young children to move throughout the environment.

Likewise, having interesting things to look at *outside* the fence invites young children to crawl to the fence, pull up and observe. Outside the fence you can offer things that might not be desirable inside the fence for this age

group. A brilliant display of azaleas can be comfortably offered if children will be viewing it and not necessarily touching (hence eating) it. Even roses with their thorns can find a happy viewing spot outside the reach of curious hands.

Outside the fence, a "field trip" area can be established and visited with proper adult supervision. There may be a stream to visit, with fish or frogs to observe, a wishing well or fountain, or a pathway that leads to a fascinating destination. A bird feeding area can be established outside the fence so children can observe wildlife while not disturbing the birds. Or a program "pet" might live outside the children's area and be cared for and observed by the children. By establishing an interesting environment outside the fence, we can encourage children to move around and seek out opportunities to see what's there.

"Children move to be happy, to express themselves, to develop their bodies, their intellects, and their motor skills. Children learn about themselves and their environment through movement. Children learn to move more skillfully through movement. And they become healthier through movement. Learning gross motor movement skills and activities is a vital part of every young child's developmental process."

*Renee M. McCall and Diane Craft
Movement Program Mission Statement*

Continued on Side B

References:

National Association for Sport and Physical Education. (2002). *Active Start: A Statement of Physical Activity Guidelines for Children Birth to Five Years*, Reston, VA: NASPE Publications.

McCall and Craft (2000). *Moving with a Purpose*, Human Kinetics, Champaign, IL.

Activity #1

Fence Toys

(Ages four months and older)

Materials

- small toys, such as rattles, and teething toys
- quarter-inch sewing elastic cut in two foot lengths
- chain link fence

What To Do

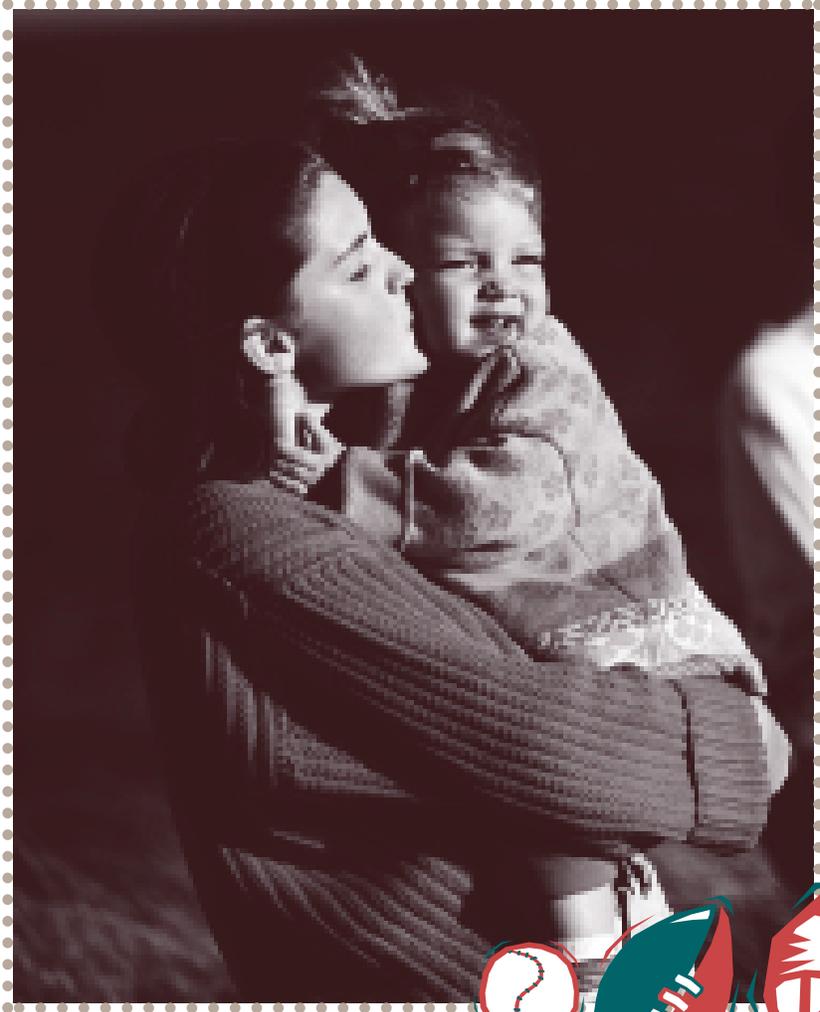
Securely tie one end of the sewing elastic around the small toys. Tie the other ends to the fence, suspending the toys where the children can reach them. Place babies, who are swiping at the toys and practicing reaching and grabbing, within reach of these toys, and let them practice their new skills.

To Do More

Think of other ways to decorate your fence. You can weave fabric strips or crepe paper streamers in the fence. Textured materials and objects could be attached to the fence where the children can reach them.

What They Can Learn

The children are learning to use their hands in purposeful ways. They must learn to open their fingers at the right time to grasp the object. Releasing the object is also difficult at first.



Activity #2

Play Ball

(Ages six months and older)

Materials

- many different kinds of balls

What To Do

Starting with crawling infants, give the children a variety of balls. (Do not give infants and toddlers small balls, like jacks balls, or balls that a child could bite off pieces, which they could choke on.) See how many different types of balls you can collect. The little children will simply enjoy "exploring" the balls and discovering all the different things they can do with them. As the children get older, they enjoy more structured activities and games with balls.

To Do More

Show the children how to roll, bounce, throw and kick the balls. Show the children how to roll the ball down a hill.

What They Can Learn

As babies explore the balls, they are gaining "physical knowledge" about balls and all the different things they can do. They will gradually absorb the idea that round things roll.

Reference:

Miller, K. (1989). *The Outside Play and Learning Book: Activities for Young Children*, Gryphon House, Beltsville, Maryland.

