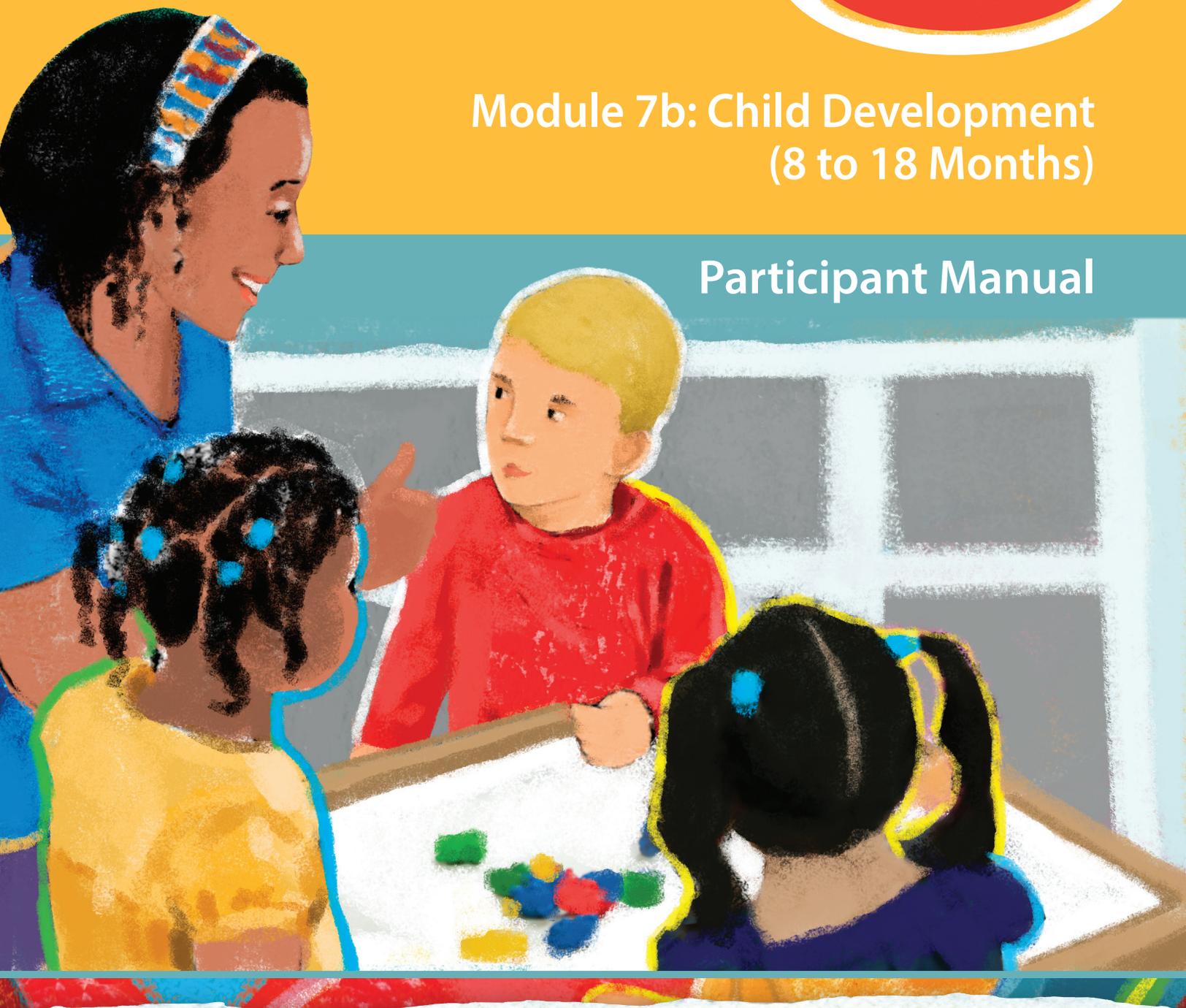


ECE Credential

Level 1

Module 7b: Child Development
(8 to 18 Months)

Participant Manual



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GATEWAYS TO OPPORTUNITY[®]
Illinois Professional Development System

ECE Credential Level 1 Training

Module 7b: Child Development (8 to 18 Months)

Participant Manual · Standardized Version

This training is Registry-approved and counts towards DCFS licensed program training hours.

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ECE Credential Level 1 Training *Module 7b: Child Development (8 to 18 Months)*

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Learning Objectives

Following this training, participants will be able to:

- Identify milestones for each area of development (physical, cognitive, social and emotional, and language), that would be typical at different ages between 8 and 18 months
- Describe how understanding development aids in recognizing typical and atypical behavior.
- Review strategies to address issues in group care typical for children ages 8-18 months

Self-Reflection

Name or topic of your last module: _____

Reflect upon the last module you attended and answer the following. If this is your first module, you are not required to complete this section.

What new skills have you started practicing or what changes have you made as a result of the training?

What has worked? What hasn't?

What resources did you use from the training?

What other knowledge did you gain as a result of the training?

**Part 1:
Developmental
Characteristics
8 to 18 Months**

Developmental Characteristics 8 to 18 Months

This module covers mobile infants and toddlers. This is a time of discovery! Mobile infants and toddlers are on the move, curious, and continue to learn about the world around them. As they begin to understand the capabilities of their bodies and gain a sense of self, issues in development such as safe environments and developmentally appropriate guidance techniques will be discussed. Characteristics of Language Development

Language Development

Acquiring language is one of the chief accomplishments of early childhood. Language is a means to communicate, store knowledge, plan, and problem solve. Language has a key role in social/emotional and cognitive development. Before a child can speak, they are taking in everything around them. They are learning how to respond and talk by watching others. Talking to babies about what is happening, singing songs, following their visual cues, and reading books are some ways to encourage language development.

Developmental Characteristics:

- Understand more words than they can _____ (receptive language)
- _____ in sentences
- Shift from crying to make more purposeful _____
- Begin to _____ one step directions
- Enjoy finger plays and _____ songs

Infants and toddlers thrive on consistency and routine. These routines enhance attachment, but can also be a time to promote language development. The interactions which occur through daily routines support the infrastructure for early language development. Being responsive and following the infant or toddler's lead increases these early "conversations". Infants and toddlers should be a conversational partner even if they are at the very beginning of learning to express words.

Toddlers:

- Have increased _____ language
- Can follow a two _____ command
- Begin to use two _____ phrases
- Have an _____ vocabulary



Sensory Development

Older infants and toddlers continue to use their senses to gain an understanding of their world.

Will continue to _____ objects

Enjoys exploring all the _____ of a toy

Enjoys _____, _____, _____, and the _____ experiences from food, sand, play-doh, and finger paint

May become _____ at sudden loud noises

Cognitive Development (8 to 12 Months)

Babies this age enjoy making things happen. This is a time when curiosity becomes the driving force behind many new discoveries. This is a time of great power discovery for babies.

Begin to understand cause and effect

- Infants begin to realize their actions will result in a response from caregivers

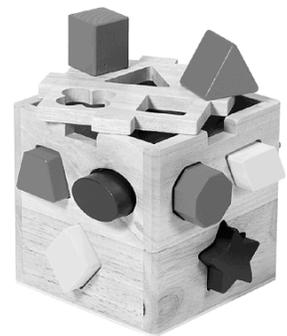
Toys and activities that promote cause and effect thinking:

Develop object permanence

- Increased memory enables an infant to recall objects, people, events, and places

Activities to reduce separation anxiety and “practice” object permanence:

As infants move into the toddler years, they may randomly try different approaches to find solutions. For example, when using a shape sorter a child this age will push and push until the shape goes in the correct slot. They are not thinking logically about solving the problems. They try lots of ways to solve their problem until they find something works.



Trial and Error Thinking

- Will randomly find a solution

Toys and activities the promote trial and error thinking:

Categorizing

- Group similar things together

Toys and activities that help a child learn to categorize:

Social and Emotional Development (8 to 12 Months)

- Stranger anxiety is a result of _____ memory
- May also become sensitive to a _____ in a person's appearance
- Prefers familiar people
- While infants cannot verbally express what they are thinking/feeling, they are watching and learning how to respond or react. These stored up reactions are called " _____ "
- Enjoys social _____ and _____

List examples of songs, fingerplays, and social games

Egocentric

- Thinking only of oneself
- Develops as infants/toddlers realize they have their own thoughts and feelings

Routines

- Provide a sense of trust and security
- Promote the development of social skills

Independence

- Self-confidence and competence

Play

Solitary

- Birth to 12 months
- Prefers to play alone; content to play alone

Parallel

- 12 months to 2 years
- Prefers play in the same area as other people/children

Outdoor Play

Video— Spending Time Outdoors Matters for Infants and Toddlers!

Notes:

Physical Development

Motor Development

Infants and toddlers need to be active. Even sitting still, they will still be in motion. Manipulating objects, stimulating their senses, and putting themselves and the object in motion are all part of a mobile infant and toddler's development.

Motor development encompasses two areas: fine motor (or the small muscles) and gross motor (the large muscles). As infants and toddlers learn about their own physical capabilities, they are still learning cognitively.

Mobile infants and toddlers are learning about

- Cause and effect
- Trial and error problem solving

Gross (large) motor: development of the large muscles such as arms, legs, trunk of the body

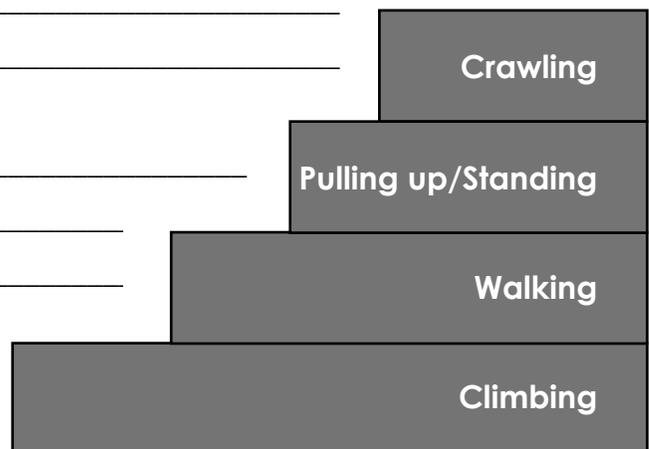
Fine (small) motor: development of the small muscles such as fingers, toes, lips, hands

Crawling:

Pulling up/Standing:

Walking:

Climbing:



To stimulate the need for understanding cause and effect; as well as fine motor development, provide a variety of experiences in which the child can _____, _____/ _____/ _____ and _____ an object.

During the end of the first year and into the second, a child's overall physical growth slows down dramatically

Between 12 and 18 months, children grow an average of 4 inches and gain about _____ to _____ pounds

- More interested in practicing emerging _____ skills than _____
- Rapid _____ growth – body out of proportion to the head



Part 2: Issues in Development

Nutritional Needs of Older Infants and Toddlers

With a decrease in growth and increase in mobility, older infants and toddlers seem to eat less.

- Increased need for _____ rich foods to support muscle _____ and brain growth
 - Will eat when _____
 - Will enjoy finger foods
 - Weaning from a bottle to a cup typically occurs around _____ months
 - Delays in weaning can lead to _____, _____, _____ deficiencies, and a delay in other feeding skills.
-
-

Meal Planning

- Choose nutrient dense foods to ensure a balanced diet is offered
- Rule of thumb = one tablespoon of food consumed per year of age.
- Develop routines for mealtime, but also do not force a child to eat.



Video—Infant Nutrition in the Child Care Setting

Notes:

Independence

Children this age are discovering they are separate from their caregivers and parents and they have their own opinions and thoughts. This is a healthy part of gaining a self-concept. This desire for independence is necessary for children to gain a positive self-concept of themselves.

When possible, allow the children in your care to have the chance to make choices. Start simple such as letting them choose the story at naptime or which bib to use at meal time. Observe the environment where infant and toddler care occurs. Do the children have access to toys and materials?

Can they be easily shown how to put the toys away? Are there enough toys and materials for each child? Is there enough space for several children to play in one area? Create an environment which supports a child's developmental stage.

Negativism

A period of negativism will begin around 14 months of age. This is when children realize they have thoughts and actions different from those of their primary caregivers. It can be especially frustrating because children this age do not have the language abilities to tell others what they are thinking or feeling.

- Normal part of development
- Desire control over the environment
- Need consistency and routines
- Provide “real” choices
- Communicate what the child can do

Temper Tantrums

Temper tantrums are common in child care, especially in groups of toddlers. Children typically throw temper tantrums out of frustration. Understanding why tantrums happen and having quick strategies for handling and preventing tantrums can help child care providers maintain peace in the child care setting.

Strategies	Prevention



Biting

For infants and toddlers, biting is a normal phase of development. Children this age are still exploring the world with their senses and putting items in their mouths.

- Teeth are new and children are learning about how they can be used (trial and error)
 - Biting causes a reaction (cause and effect)
 - Older infants and toddlers do not have the language skills to tell others what they are thinking or feeling
-
-
-

Reason	Solution
Autonomy and Control	
Exploration	
Cause and Effect	
Attention	
Frustration	
Anxiety	

Guidance

Children are not born with the knowledge of society's rules and expectations, or with a respect for the rights of others. Adults play a critical role in helping children understand appropriate behaviors.

Overall goal of discipline is " _____ "

Create _____ expectations which match the child's development

Include infants and toddlers in daily routines

- Make them a part of the day
- Talk to them about what is happening
- Use descriptive language

Discipline Strategies

Having several strategies in place to handle challenging behaviors will give providers several options. Understanding child development principles will assist in choosing the strategy which best fits the child and situation.

- _____ – focus the child on something else
- Ignore – do not _____ inappropriate behavior
- Modeling appropriate _____
- _____ – be sincere, do it soon, and make it specific
- Create a “_____” environment

Safety

Mobile infants and toddlers create challenges in the care setting because they do not fully understand the capabilities of their bodies or the consequences of their actions.

- Discontinue use of high chairs if the child can climb out of it
- Do not allow children to walk/run with objects in their mouths
- Observe care setting for “blind spots”
- Remove water from sensory tables after use
- Anchor shelves and cabinets to the wall
- Supervise, supervise, supervise

Atypical Development

To address concerns a child is displaying atypical behavior, the most important thing a professional can do to support the family is observe the child and communicate with the family. Observations help understand why children are behaving the way they are. By observing behaviors, activities, interests, and reactions of the child, you can learn and gain insight to adjust the care you provide to meet the needs of the children in your care. Communicating helps child care and early learning professionals and families create a partnership while working together to establish a plan.

- _____ and _____ with parents to help understand why children are displaying the behaviors they are
- Consider the factors which _____ development (genetics, environment, and temperament)
- Each child develops at his/her own _____

Knowledge to Practice

Observe any child between the ages of 8 to 18 months.

Write your observations of the following: What are three developmental characteristics of this child?

1.

2.

3.

Under what areas of development do each of these characteristics fall?

Describe one characteristic that may be an issue for the parent/guardian of this child.

Where did your observation take place?

Competency Checklist

Reflect on your understanding of the following competencies:

Describe how emotional development supports social, motor and language development.

Identify ways to help children develop a positive sense of self.

Describe examples of behavior into appropriate domains.

Identify a cultural tradition that influences the social and emotional development of children.

Identify milestones for each area of development (physical, cognitive, social and emotional, and language), that would be typical at different ages between 8 and 18 months.

Describe how to use developmental chart for recognizing typical and atypical behavior.

Identify ways in which home culture and language influence learning a second language.

Identify one way in which community and family may influence cognitive, language, emotional, social and motor development.

Describe the importance of recognizing when children are demonstrating behavior that is not typical for their chronological age.

Resources

Your Baby at 9 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/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

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

The American Academy of Pediatrics recommends that children be screened for general development at the 9-month visit. Ask your child's doctor about your child's developmental screening.

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www.cdc.gov/actearly | 1-800-CDC-INFO



Learn the Signs. Act Early.

Your Child at 1 Year



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/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

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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Learn the Signs. Act Early.

Your Child at 18 Months (1½ Yrs)



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/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

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

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Learn the Signs. Act Early.

Sensory Bottles-Toddlers

Tips for Making and Using Sensory Bottles

Collect clear plastic water or drink bottles

Wash bottles and remove all labels

Fill bottles with a variety of solid and liquid materials.

Securely glue the bottle caps onto the bottles.

Cover the caps with a strong tape.

Make collections of bottles available to toddlers on shelves or in a basket or other container.

Guide toddlers in safe use of the bottles with comments such as, "Tamisha, try rolling the bottle instead of throwing it." Redirect toddlers to throw safe objects such as socks into a plastic basket.

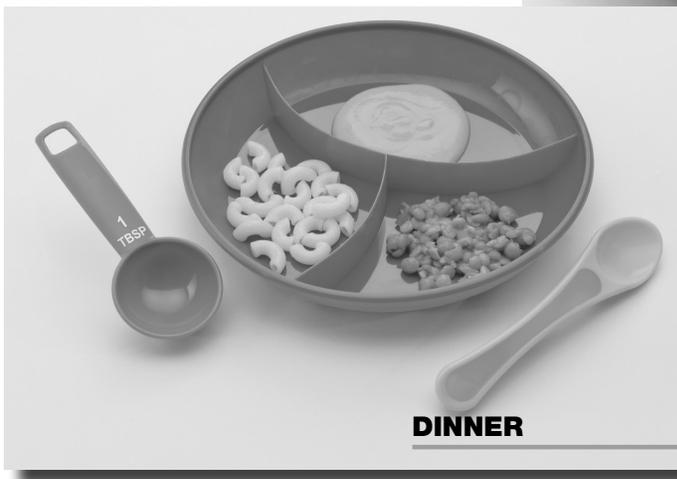
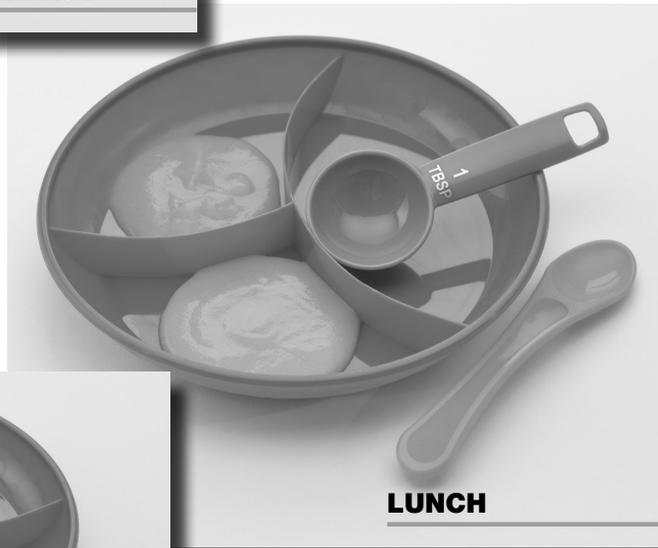
Observe toddlers as they experiment with the bottles. Invite them to experiment with the bottles with comments such as, "Margaret, when you shake the bottle the stars move."

Sanitize bottles after toddlers play with them.

Be creative as you experiment with making different sensory bottles.

- **Wave Bottle**—Fill the test tube $\frac{3}{4}$ full with vegetable oil. Fill the rest of the bottle with water and add a few drops of food coloring and seal with the cap. Notice how the dye colors the water and not the oil. Tip the bottle back and forth to create waves of fun.
- **Shiny Bottle**—Fill a bottle with shiny objects such as sequins, beads and satin ribbon, leaving enough space so that the objects will move when toddlers shake or roll the bottle.
- **Creepy Crawly**—Pour $\frac{1}{3}$ cup of clear corn syrup in the bottle. Add red and yellow food coloring. Drop in several plastic spiders and/or fishing worms. Glue on the bottle cap and cover the cap with electrical tape.
- **Star Bottle**—Add hair setting gel to bottle, leaving about 2" of air space. Add a small package of confetti star shapes in the bottle and shake to combine with gel. Glue on the bottle cap and cover with electrical tape.
- **Make Your Own Twister**—Fill the test tube $\frac{3}{4}$ full with water and add a few drops of liquid soap. Seal the bottle with a cap and start twisting. The swirling motion of the soap and water will make a twisting, turning vortex. It's your very own pet tornado!
- **Dancing Beads**—Fill the bottle half full with small Styrofoam beads (like those found in bean bag chairs). Add water until the beads begin to overflow the bottle. Seal with a cap and watch the Styrofoam beads jockey for position in the bottle.
- **Sands of Time**—Place layer after layer of various colors of sand in the test tube to make a colorful rainbow.
- **Glitter Wand**—Fill the test tube $\frac{3}{4}$ with cooking oil and add an assortment of colored beads, glitter, and Mylar confetti. Top the tube off with cooking oil and seal with a cap. Tip the tube back and forth to make your glitter wand sparkle.
- **Rhythm Tube**—Fill the test tube with an assortment of beads, pebbles, nuts, bolts... you name it. Seal with a cap and start shaking. Experiment with different materials as each will make its own unique sound.
- **Pearl Swirl**—Add 1 tablespoon of Pearl Swirl concentrate to a 1-liter soda bottle filled with water and add color mixing tablets to spice things up (blue makes an excellent ocean color). Demonstrate ocean currents or the flow of a liquid.

FEEDING YOUR 9 MONTH OLD



STAFF NOTES

SMART CHOICES FOR FEEDING A 9 MONTH OLD

Why Is This Important?

- Many parents worry they are not feeding their baby enough food. But serving sizes for infants are much smaller than for adults.
- It is hard to know how much to feed a baby. It is important to remind parents that their baby may eat more or less than this depending on their age, gender and feeding patterns.

Nutritional Information

- Serving sizes for infants are very small. A serving of veggies is only 1 Tablespoon.

Transition to finger foods

- By around 9 months, your baby might enjoy many soft, solid foods. This transition to finger foods is an exciting and fun time for parents and babies! However, there are many important things to keep in mind during this time:
 - Soft foods include infant cereal, soft fruits and cooked vegetables, and strained meats.
 - Cut soft foods into small, baby-bite size pieces, no larger than one-half inch, to prevent choking.
 - Your baby does not need much solid food. Start with 1 Tablespoon of each type of food, each time you feed your baby. This will also help you to avoid wasting food.
 - Remember your baby still needs formula and/or breast milk through the first year.
 - Also, continue to offer infant cereal during this time to ensure your baby gets important minerals and vitamins necessary to grow healthy.
- Don't forget to keep offering a variety of foods including fruits and vegetables. Too often during this time healthy foods are replaced by unhealthy snack items like French fries, chips, and other non-nutritious items.

Introducing New Foods

- Did you know a child might need to try a new food 10-15 times over several months before accepting a new flavor, food or texture?
- Don't give up! The more flavors and textures babies try and taste in their first year the more likely they will be to eat a variety of foods as they grow.

Establishing Meal Time Routines

- Now is a great time to begin enjoying family meals. When possible, include your baby in family mealtime including customs and manners.
- Remember it is important for babies to see you eat healthy foods and use proper table manners.
- Children who eat regularly scheduled meals and snacks are more prepared to learn and less likely to overeat at meals.
- Allow mealtime to end when your baby does not want to eat anymore. You may notice that your baby turns away from the food, or cries to tell you he/she is full. This teaches her to listen to her body and know when she is full; a skill that will help her maintain a healthy weight later in life.

What about Other Ages of Infants?

- Use this flip chart page as a benchmark for parents to understand average portion sizes for solid foods.
 - A 6-month-old baby will eat less than this. Parents should offer even softer foods, with more liquid. This helps baby swallow more easily as he/she is just beginning to learn how to eat solids.
 - An 11/12-month-old baby will probably eat more than this. Parents should offer more solid "finger-foods" and less formula and/or breast milk.
- As your baby becomes a toddler, he or she will eat more solids and less formula and/or breast milk.



Biting in the Child Care Setting

Biting 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.

Why do children bite and what can we do?

Children bite for many different reasons, and careful observation will guide your appropriate and effective intervention. Taking the time to understand why a particular child bites is invaluable in changing the behavior while maintaining a positive caregiving relationship.

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.

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." For a child with more limited language, just say "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 help 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 or swelling). Encourage the child who was bitten to tell the biter "You hurt me."

Encourage the child who bit to help the other child by getting the ice pack, etc.

Observe universal precautions if there is bleeding.

Alert the staff to the incident.

Notify the parents of all children who were 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.

When biting continues after several weeks

Plan a more concentrated program of intervention.

Meet with the parents of the child who is biting to discuss possible reasons and plan together to change the biting behavior.

Assign a special person to stay with the child to carry out the plan determined by the parents and staff with the aim of teaching and giving positive attention for acceptable social behavior.

When the child bites, use the techniques listed above and remove the child from the area where the biting took place. Tell the child he or she cannot play in the area where the biting took place for a while. (This is redirection, not a "time-out.")

If the child continues biting or does not seem to care about the consequences, seek professional help and/or explore the possibility that the child needs an environment with fewer children and more one-on-one adult attention.

Older preschoolers who continue to bite should be referred for more assessment and help.

What can programs do to handle biting?

Develop a policy for guidance and discipline which includes biting. Clearly state how you will handle biting occurrences for both the child who was bitten and the child who bites.

Communicate your policy with parents and staff before biting occurs. Reassure parents that this behavior is not uncommon and that you plan to work with the child in developing positive social skills.

Prevent biting by being alert to potential problem situations.

- Evaluate your program for stressors such as changes in providers or children, crowded play areas or insufficient materials which make children wait for turns, schedules requiring children to make many transitions, tired children at the end of the day.
- When a child is starting in your program, ask the parents whether biting or other aggressive behavior has been an issue and how it has been handled in the past.
- Be alert for children who are likely to bite based on past history.
- Remember that biting tends to be more common during the late summer and early fall months (perhaps due to lighter clothing or changes in the grouping of children).

Reinforce desired behavior. Notice and acknowledge when you like what the child is doing. Provide positive guidance for showing empathy or social behavior, such as patting a crying child, offering to take turns with a toy or hugging gently.

Help the child make connections with others. Encourage special relationships with caregivers, talk about how others feel, express empathy for the feelings of other children.

Do not label, humiliate or isolate a child who bites another child.

References

Guide to Social-Emotional Growth and Development, The Program for Infant/Toddler Caregivers, Far West Laboratory and the Child Development Division of the California State Department of Education, 1991.

Biting, Fact Sheet on Preschool Children's Behavior, Seattle-King County Department of Public Health, Date March 19, 1992.

Children Who Bite, by Donna Witmer, Scholastic Pre-K Today, March 1998.

When Children Bite. National Network for Child Care. Christine Todd. www.nncc.org/Guidance/dc16_children.bite.html.

Fighting the Biting. KidsHealth.org. www.kidshealth.org/parent/emotions/behavior/biting.html.

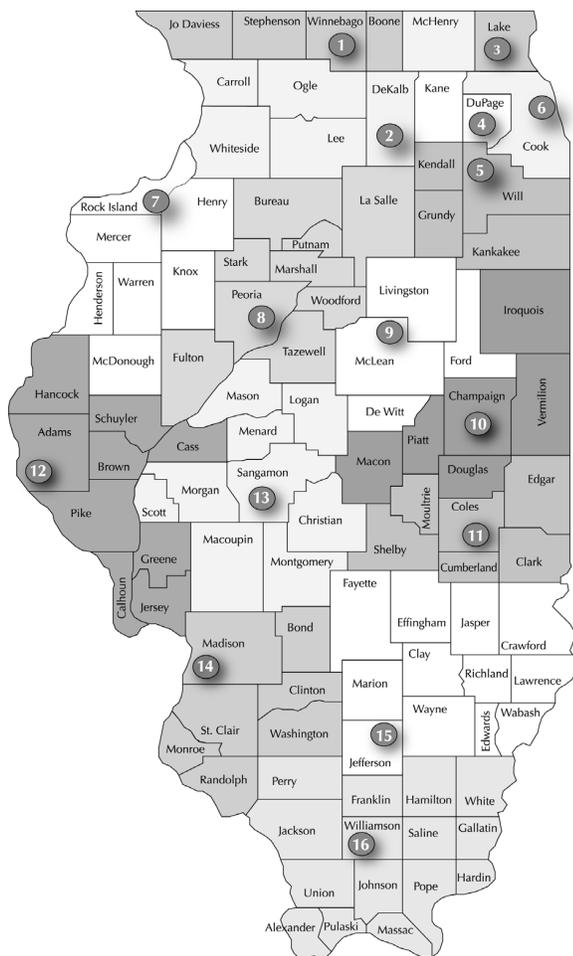
by Cheryl Oku, *Infant-Toddler Specialist (rev. 06/04)*

When a child	You can
Experiments by biting	<ul style="list-style-type: none"> • Immediately say "no" in a firm voice. • Give him a variety of toys and materials to touch, smell and taste and encourage sensory-motor exploration.
Has teething discomfort	<ul style="list-style-type: none"> • Provide cold teething toys or chewy foods.
Is becoming independent	<ul style="list-style-type: none"> • Provide opportunities to make age-appropriate choices and have some control (the pretzel or the cracker, the yellow or the blue ball). • Notice and give positive attention as new self-help skills and independence develop.
Is using muscles in new ways	<ul style="list-style-type: none"> • Provide a variety of play materials (hard/soft, rough/smooth, heavy/light). Plan for plenty of active play both indoors and outdoors.
Is learning to play with other children	<ul style="list-style-type: none"> • Try to guide behavior if it seems rough. (Take the child's hand and say, "Touch Jorge gently. He likes that.") • Prevent conflicts by offering more than one of any especially attractive toy and creating open play space. • Reinforce pro-social behavior (like taking turns with toys or patting a crying child).
Is frustrated in expressing his/her needs and wants	<ul style="list-style-type: none"> • "Read" the child and say what he is trying to communicate. ("You feel mad when Ari takes your truck." "You want me to pay attention to you.")
Is threatened by new or changing situations such as a mother returning to work, a new baby, or parents separating	<ul style="list-style-type: none"> • Provide some special nurturing and be as warm and reassuring as possible, adding some stability and continuity to the child's life. • Help the child talk about feelings even when he or she says thing like "I hate my new baby."

California Childcare Health Program • 1950 Addison St., Suite 107 • Berkeley, CA 94704-1182

Telephone 510-204-0930 • Fax 510-204-0931 • Healthline 1-800-333-3212 • www.ucsfchildcarehealth.org

Illinois Child Care Resource and Referral (CCR&R) Agencies Service Delivery Area (SDA)



SDA 1

YWCA
Child Care Solutions
(Rockford)
888-225-7072
www.ywca.org/Rockford

SDA 2

4-C: Community Coordinated
Child Care
(DeKalb)
800-848-8727
&
(McHenry)
866-347-2277
www.four-c.org

SDA 3

YWCA Lake County CCR&R
(Gurnee)
877-675-7992
www.ywcalakecounty.org

SDA 4

YWCA CCR&R
(Addison)
630-790-6600
www.ywcachicago.org

SDA 5

Joliet CCR&R
(Joliet)
800-552-5526
www.childcarehelp.com

SDA 6

Illinois Action for Children
(Chicago)
312-823-1100
www.actforchildren.org

SDA 7

Child Care Resource & Referral
of Midwestern Illinois
(Moline)
866-370-4556
www.childcareillinois.org

SDA 8

SAL Child Care Connection
(Peoria)
800-421-4371
www.salchildcareconnection.org

SDA 9

CCR&R
(Bloomington)
800-437-8256
www.ccrn.com

SDA 10

Child Care Resource Service
University of Illinois
(Urbana)
800-325-5516
ccrs.illinois.edu

SDA 11

CCR&R
Eastern Illinois University
(Charleston)
800-545-7439
www.eiu.edu/~ccrr/home/index.php

SDA 12

West Central Child
Care Connection
(Quincy)
800-782-7318
www.wccc.com

SDA 13

Community Connection Point
(Springfield)
800-676-2805
www.CCPoint.org

SDA 14

Children's Home + Aid
(Granite City)
800-467-9200
www.childrenshomeandaid.org

SDA 15

Project CHILD
(Mt. Vernon)
800-362-7257
www.rlc.edu/projectchild

SDA 16

CCR&R
John Logan College
(Carterville)
800-548-5563
www.jalc.edu/ccrr

Find your local CCR&R by identifying what county you reside in.

Services your local CCR&R provides:

- Free and low cost trainings and professional development
- Grant opportunities for quality enhancements
- Professional development funds to cover expenses related to trainings and conferences
- Mental health consultants, infant toddler specialists and quality specialists to answer your questions
- National Accreditation support
- Free referrals of child care programs to families searching for child care.
- Financial assistance for families to help pay for child care.

And more...

Helpful Websites: Module 7b

Council on Special Education Foundations for Early Learning:
www.vanderbilt.edu/csefel

Current Information on Developmental Issues:
<http://www.parents.com/toddlers-preschoolers/development/problems/>

Your Child: Development and Behavior Resources
<http://www.med.umich.edu/yourchild/topics/devdel.htm>

Zero to Three
<http://www.zerotothree.org/>

General Links

Early Childhood News
www.earlychildhoodnews.com

ExceleRate Illinois homepage
www.excelerateillinois.com

Gateways i-Learning System - for online trainings
<http://courses.inccrra.org>

Gateways to Opportunity: Illinois Professional Development System
www.ilgateways.com

Head Start Early Childhood Learning & Knowledge Center (ECLKC)
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc>

Illinois Department of Children and Family Services Child Care Licensing Standards
www.illinois.gov/dcf/aboutus/notices/Documents/Rules_407.pdf

Illinois Early Learning Project
www.illinoisearlylearning.org

National Association for the Education of Young Children (NAEYC)
www.naeyc.org

National Association for Family Child Care (NAFCC)
www.nafcc.org

Statewide Training Calendar
www.ilgateways.com/en/statewide-online-training-calendar

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