



ARKANSAS HEALTHY CHILDREN HANDBOOK

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Chapter 2 **Child Growth and Development**

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Division of Child Care and Early Childhood Education

Chapter 2 Child Growth and Development



The following information describes normal growth and development and ways to encourage development in children. It is helpful to know about normal child growth and development so that you can:

- Create a safe and stimulating environment for children.
- Recognize children who are not developing as they should.

Growth refers to the body getting larger in size and **development** to the body becoming more skilled or mature.

The two main factors that affect children's growth (height and weight) are:

- **Parents** – Children inherit growth characteristics. For example, tall parents tend to have taller children, and short parents have shorter children.
- **Environment** (living conditions) – The most important environmental factor affecting growth is good nutrition (eating a balanced diet).

Development occurs in the following areas: (aligned with Bright Futures)

- **Gross motor skills** – the overall tone, strength and coordination of a child; how well a child is able to roll, sit and walk.
- **Fine motor skills** – hand-eye coordination and the ability of a child to grab and release small objects.
- **Cognitive, linguistic and communication skills** – how a child receives the information, thinks and expresses it.
- **Social and emotional skills** – how a child learns to see himself/herself as a loved, loving, able, unique human being, and how a child knows what is expected and how to act in his/her culture or society.

Since rates of growth and development vary in each child, use the following information as a general guide. If you think a child is not growing or developing as he/she should, discuss your concerns with the parents.

Physical Growth

HEIGHT AND WEIGHT IN INFANCY (BIRTH – ONE YEAR)

Babies, like adults, vary in size and shape. Although babies can vary a lot in their growth and still be healthy, watching growth is a way for you to see if they are getting good nutrition (enough to eat) and have adequate sustenance to support the processes of development.

The following heights and weights are general guides (averages):

- The average weight at birth varies from 6 to 9 pounds.
- The average length at birth varies from 18 to 22 inches.
- Babies gain 4 - 5 ounces a week (1½ pounds a month) from birth to 6 months, doubling their birth weight by 5 months (for example: 7 pounds at birth = 14 pounds at 5 months).
- They gain 3 - 4 ounces a week from 6 months to 1 year, tripling their birth weight by 1 year (7 pounds at birth = 21 pounds at 1 year).
- By their first birthday, babies have increased their birth length by half of their birth length. A baby 20 inches at birth will be about 30 inches at 1 year.

HEIGHT AND WEIGHT (BIRTH TO PRESCHOOL YEARS)

Growth slows down by the end of the first year. Preschool years are a time of slow but steady growth for children. During their second year (from age 1 - 2), children gain about 5 - 6 pounds. From 2 to 5 years, they gain about 4 - 5 pounds a year. Generally children's height at 2 years will be half of their adult height. (See the growth chart below.)

AVERAGE WEIGHT		AVERAGE HEIGHT	
BIRTH	7 pounds	Birth	20 inches
5 MONTHS	Double birth weight		
1 YEAR	Triple birth weight	1 YEAR	Add half of birth height
2 YEARS	Gain 5 - 6 pounds/year	2 YEARS	Half of adult height
2-5 YEARS	Gain 4 - 5 pounds/year		

Development

WAYS TO ENCOURAGE DEVELOPMENT (BIRTH - 3 MONTHS)

Muscle Skills

- Place infants in different positions when awake.
- Put on stomach and place brightly colored toys 8 - 10 inches in front of face, or make soft noises in front of head to encourage lifting of head.
- Hold infant in a sitting position, being sure back and head are supported. Put infant in infant seat. Do not place seats on counters, tables or chairs unless an adult stays nearby.
- Place brightly colored mobiles and pictures around infant's area.

Language Skills

- Talk to infant as much as possible when changing diapers, feeding and playing. Talk, then wait, giving infant time to respond.
- Respond to infant's laughs, coos and sounds with pleasure. Be expressive!

Social and Emotional Skills

- **Provide the child with the same caregiver as much as possible.** Infants bond well to only a few people. This bonding is critically important to developing feelings of trust and security.
- Be aware of baby's moods. Babies, like adults, like to play and eat when they are awake and alert. When infants are sleepy or fussy, they do not like eating or being handled.
- Don't worry about spoiling infants at this age – they need lots of love and attention.
- When an infant cries, check to see if he or she is hungry, wet, too cold or hot, or uncomfortable. If so, take care of that. If still fussy, try the following ways to comfort:
 - » Let baby bring hand to mouth – some babies quiet by sucking on their hands or fingers.
 - » Bring your face into baby's vision (8 - 10 inches from his/her face).
 - » Talk to infant in a soft, steady voice.
 - » If these measures don't work after about two minutes, pick up baby, swaddle (wrap snugly with a blanket), and hold close or rock or walk; this gives a feeling of closeness and warmth.



Chapter 2 Child Growth and Development

- Use pacifier if parents approve. (If using a pacifier, never leave it on a cord around the baby's neck; it can strangle baby.) Do not sweeten pacifiers.
- Provide quiet time when baby is not overstimulated.
- Pay close attention when you feed baby. Feeding can be the most important social and learning time for an infant.
- Spend lots of time holding each baby and looking at him/her. Your face and smile are very important to baby.

DEVELOPMENTAL TASKS (BIRTH - 3 MONTHS)

Muscle Skills

- Moves arms and legs equally well.
- When on stomach, ability to raise and control head improves.
- When on back, eyes follow bright objects or person's face from side to side.
- Stares at objects held about 8 - 10 inches in front of him or her (likes human faces and bright colors best).
- Likes high contrast (black and white) and bright colors (oranges, reds and yellows).
- Slowly develops more head control when in sitting position.
- Movements not yet well coordinated; startles to loud sound or sudden change of position.
- Cannot yet control hands.

Language Skills

- Makes some noises other than crying (coos).
- Can hear well; likes human voice.

Social and Emotional Skills

- Comforts when talked to, held and cuddled.
- Sucking brings comfort.
- Crying usually means: hunger, loneliness, wet, cold, hot or other discomfort.
- Cries to let you know needs – calms down when needs are met (food, dryness, warmth and loving).
- Trust begins to be developed when you respond to baby's needs. Baby in turn quiets, looks with eyes.
- Smiles responsively by 2 months.

WAYS TO ENCOURAGE DEVELOPMENT (3 - 6 MONTHS)

Muscle Skills

- Provide lots of time for sitting up (support head and back until good head control is complete).
- Have brightly colored toys within reach; use toys that baby can hold with hands.
- Give toys with different textures (soft/rough).

Language Skills

- Speak or sing to baby; use *adult talk*, not *baby talk*.
- Use expressive language (happy voice, laughter, etc.).
- Respond to baby's coos and babbles with similar sounds.



Social and Emotional Skills

- Have the same person care for the same babies as much as possible; this helps them learn to trust and develop relationships with others.
- Babies in this age group are very social beings.
- Cry begins to be different for hunger, discomfort, wanting attention, etc. Baby still needs attention when he cries – you can't spoil him/her.

Thinking Skills

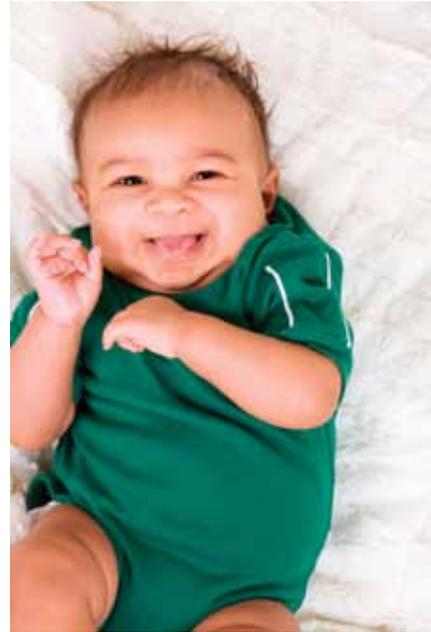
- Provide interesting toys such as:
 - » Toys that make noise, rattles, squeeze toys stuffed animals with noisemakers inside.
 - » Toys that can be reached for and held, crib gym, soft toy above crib to kick.
- Provide time for being near other infants and adults.

NOTE: Babies at this age put objects in their mouths. Check all toys to be sure they do not have small pieces that babies can choke on or swallow. If hanging toys over cribs, make sure they are high enough so the baby cannot pull them down and become strangled by the cord.

DEVELOPMENTAL TASKS (3 - 6 MONTHS)

Muscle Skills

- Gains more muscle control.
- Rolls over; begins to sit (first with support, gradually more on own). Head steady when put in sitting position.
- Reaches for object, holds object in hand and can bring hands together (like clapping); looks for object that goes out of sight.
- Vision improves; can see more clearly.
- By 3 - 6 months, transfers object from one hand to another.
- By 5 - 6 months, can find mouth with hands.
- By 3 - 7 months, bears some weight on legs.



Language Skills

- Makes a variety of sounds, coos and may begin babbling.
- Turns eyes in the direction of sound (especially voices).

Social and Emotional Skills

- Smiles.
- Makes eye contact.
- Shows signs of attachment to important caregiver(s) (father, mother or usual child care provider).
- Responds differently to different people.

Thinking Skills

- Responds to environment, laughs; looks at objects making sounds.
- Begins to explore body.

WAYS TO ENCOURAGE DEVELOPMENT (6 - 9 MONTHS)

Muscle Skills

- Provide a safe environment so infant can creep, crawl and explore.
- Have lots of toys of different shapes, textures and colors. Be sure toys are safe (no small pieces or sharp edges).
- Provide finger foods infant won't choke on. (Children progress on solid foods at different rates; start out with crackers and then move on to small foods.)
- Let infant begin feeding self. Try to use cup with small amounts of fluids.

Language Skills

- Talk to infant, use descriptive words to comment on infant's activities.
- Praise when infant makes sounds.
- Imitate sounds made by infant.
- Provide squeaky or musical toys.

Social and Emotional Skills

- Continue to provide the same caregiver as much as possible.
- Play games such as peekaboo, or making toys disappear and then immediately come back.
- Provide playtime with infant.

Thinking Skills

- Continue using toys suggested for 3 to 6-month-olds. Try rotating them so some new toys become available each week.
- As infant begins creeping or crawling, provide large, safe area to explore.

DEVELOPMENTAL TASKS (6 - 9 MONTHS)

Muscle Skills

- Sits alone without support, has good head control and may crawl.
- Able to get from lying to sitting (6 - 11 months).
- Can pull self to stand up, may take a step while holding on (6 - 10 months).
- Reaches out and grasps objects (rattles, toys).
- Looks for object that goes out of sight.
- Begins self-feeding with finger foods and cup.

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Language Skills

- May say *dada* or *mama* but does not connect these words with specific people.
- Imitates speech sounds and noises.
- Turns and looks in the direction of sounds.
- Likes musical sounds, squeaky toys.

Social and Emotional Skills

- Begins to be shy or uneasy with strangers.
- May show strong preference or attachment to one or two people.
- Enjoys games like pat-a-cake or peekaboo or hiding a toy and then having it reappear.
- Smiles at self in the mirror.

Thinking Skills

- Spends much of daytime awake and alert.
- Recognizes familiar people and objects.
- Begins to develop memory.

WAYS TO ENCOURAGE DEVELOPMENT (9 - 12 MONTHS)

Muscle Skills

- Think about safety. As babies gain mobility, they get into lots of new areas.
- Provide a safe area with enough space for creeping and crawling.
- Let child pull self up to stand. A railing or low furniture can encourage “cruising.”
- Give toys such as: spoons, plastic containers and cups, balls, large blocks, and pots and pans.
- Play with a large soft ball – allow child to roll it, throw it, and catch it.
- Be sure toys cannot fit into baby’s mouth. Choking is a big risk at this age.
- Have outside playtime in a safe play area.

Language Skills

- Always take time to talk with child (while playing, bathing and changing diapers).
- Use *adult* talk, not *baby* talk.

- Make sounds the child can copy.
- Begin using simple commands and show child what your words mean (for example: “sit down” or “come here” and use hand gestures at the same time).

Social and Emotional Skills

- Continue to provide the same caregiver as much as possible.
- Play with child. Show how toys work; don’t just give toys.
- Talk, smile, laugh and have fun!

Thinking Skills

- Provide toys that are age-appropriate and challenge the child to learn (like in-and-out toys, push-pull toys, stacking cones, music boxes and jack-in-the-boxes).
- Teach child how toys work.
- Give child an opportunity to learn to do things for himself/herself, such as feed self.

DEVELOPMENTAL TASKS (9 - 12 MONTHS)

Muscle Skills

- Can get from lying down to sitting position; sits well alone.
- Creeps and crawls.
- Pulls self up to a standing position; may be able to stand alone and may take several steps while holding on.
- Can use thumb and fingers to grasp and hold objects.
- Holds cup and spoon.
- Has good hand-to-mouth coordination.



Language Skills

- Imitates sounds like clucking or lip smacking.
- Uses words such as *dada* and *mama*.
- May understand one or two simple commands.
- Begins to understand the word no!

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Social and Emotional Skills

- May still show fear with strangers; attaches to main caregiver(s).
- Very responsive to adult's smiles, voice, eye contact and play.
- Recognizes self in the mirror.
- Begins to be interested in activities of others.

Thinking Skills

- Remembers toys and people.
- Curious about objects; likes to put things in and out of containers.
- Likes to pull a cover off a toy he or she has seen hidden.

WAYS TO ENCOURAGE DEVELOPMENT (1 - 2 YEARS)

Muscle Skills

- Have safe play area outdoors and indoors for using large muscles (running, climbing, throwing and jumping).
- Supervise coloring and painting.
- Provide good toys and games such as: blocks, toys to climb on, dress-up clothes, items to play house with, and colorful picture books.
- Can begin toilet training if child shows signs of readiness, such as:
 - » Complains of wet pants.
 - » Shows interest in toileting activities of others.
 - » Stays dry for several hours at a time during the day.



NOTE: Be aware that bladder and bowel control do not necessarily occur at the same time.

Language Skills

- Play sound games (a cow goes “moo”); play naming games (show me your “nose”).
- Sing and tell short rhymes.
- Encourage talking

Social and Emotional Skills

- Let children begin to play with each other – expect mostly individual play, but they do enjoy being near one another.
- Don't punish child if refusing to share.
- Whenever possible, give child choices so that he/she has an opportunity to exert control over situations (set your limits clearly before giving a child the choice).

Thinking Skills

- Provide picture books with large, bright pictures.
- Encourage children to draw murals and large paintings and tell stories about them.

DEVELOPMENTAL TASKS (1 - 2 YEARS)

Muscle Skills

- Skills getting better (walks, runs, climbs steadier and jumps).
- Stacks more blocks.
- Can copy a straight line.
- Kicks and throws a ball.
- May be able to pedal a tricycle.
- Gains more control over bladder and bowel movements.

Language Skills

- Begins to combine two words.
- Can name some parts of body (ears, eyes, etc.) or point to them appropriately.
- Can name pictures of common objects (cat, dog, man and house).
- Can follow simple one-step directions (*Bring the book to me*).
- Likes singing and rhymes.

Social and Emotional Skills

- Children play side by side not really interacting with each other – may do the same activity near others – no real concept of sharing.
- Begins to dress self – puts on simple clothing.
- Still likes to copy adults.
- Continues to develop independence – begins to say “no” when asked to do things or asked questions.

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Thinking Skills

- Getting better at solving problems.
- Begins to play make-believe/pretend.

WAYS TO ENCOURAGE DEVELOPMENT (2 - 3 YEARS)

Muscle Skills

- Have safe play area outdoors and indoors for using large muscles (running, climbing, throwing and jumping).
- Allow tricycle riding supervised and in safe area. Begin the “helmet” habit. Have children wear bicycle helmet when riding to protect against head and brain injury.
- Supervise coloring and painting.
- Good toys and games are blocks, toys to climb on, dress-up clothes, items to play house with, and colorful picture books.
- Can begin toilet training.

Gross Motor Skills

- Play with balls.
- Allow toilet training to proceed at child’s pace.

Language Skills

- Singing
- Wordless books encourage children to tell the story. Adult listens, and adds details or pronounces correctly what child says.
- Read books aloud, at least one every day.
- Encourage children to recount everyday events and details.

Social and Emotional Skills

- Model social skills.
- Help child to use words to solve social problems.
- Ignore negative behavior whenever possible.
- Allow choices about many daily events.
- Encourage child to express feelings verbally.
- Play simple turn-taking games such as tag, musical chairs and Simon says.

Thinking Skills

- Simple puzzles.
- Books with interesting, age-appropriate stories.
- Art projects with many textures, colors; large paintings.

DEVELOPMENTAL TASKS (2 - 3 YEARS)

Muscle Skills

- Running and stopping, stepping up or squatting.
- Stands on one foot.
- Jumps in place with both feet.
- Rides tricycle (helmets are recommended).
- Throws ball overhand.
- Stacks more blocks, up to eight cubes, or builds bridges.

Language Skills

- Follows two-step directions (“Get the book, and put it on the table”).
- Names five to six body parts on himself/herself.
- Takes part in simple conversations.
- Answers simple questions.
- Uses two- to three-word sentences regularly.
- Uses plurals.
- Asks lots of questions.

Social and Emotional Skills

- Helps with simple tasks, such as picking up toys.
- Washes and dries hands.
- Dresses with supervision.
- Separates from mother easily.
- Plays interactive game (tag).
- Asserts individuality.
- May be negative or demanding.
- Likes rituals.
- Likes to feed himself (but still spills).



Chapter 2 **Child Growth and Development**

Thinking Skills

- Making choices.
- Establishing individuality.
- Beginning to grasp cause, and cause-and-effect relationships.

WAYS TO ENCOURAGE DEVELOPMENT (3 - 4 YEARS)

Muscle Skills

- Continue to allow toilet training to proceed at own pace.
- Allow for plenty of free play time out of doors.
- Provide with safe climbing structure and tricycles (helmets recommended).
- Allow for messy art play.

Language Skills

- Same as for two- to three-year olds.
- Answer questions straightforwardly and simply.
- Focus on topics of interest to the child to increase vocabulary.

Social and Emotional Skills

- Model social skills.
- Help child to use words to solve social problems.
- Ignore negative behavior whenever possible.
- Allow choices about many daily events.
- Encourage to express feelings verbally.
- Play simple turn-taking games such as tag or musical chairs.

Thinking Skills

- Practice counting.
- Allow child to make choices about activities.
- Encourage child to problem solve when possible.
- Develop classification skills by making collections of similar objects for children to sort and compare: buttons, small plastic objects, spools, lids, etc.

DEVELOPMENTAL TASKS (3 - 4 YEARS)

Muscle Skills

- Jumps, runs, throws, climbs, using good balance.
- Balances on one foot five seconds.
- Starts learning to catch.
- Walks tiptoe.
- Draws up, down, around and sideways using a crayon.
- May or may not be dry at nap time and nighttime.

Language Skills

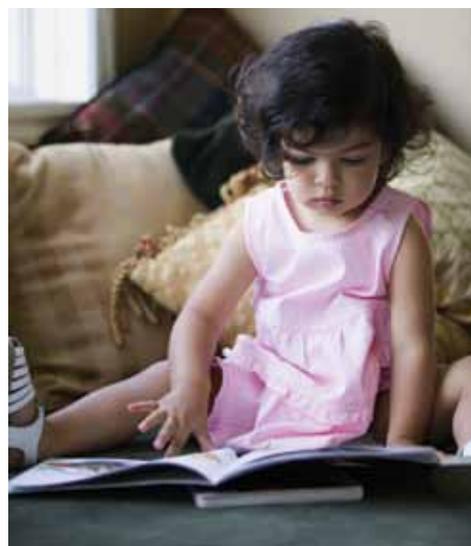
- Uses plurals, past tense, pronouns and prepositions.
- Uses speech that is easily understood.
- Asks a lot of “why” and “what” questions.
- Answers simple “where” and “who” questions.
- May recognize colors.
- Gives first and last name.

Social and Emotional Skills

- Enjoys playing with other children.
- Waits his or her turn some of the time.
- Dresses partly, undresses completely.
- Can ask for help if he/she needs it.
- Engages in make-believe and “let’s pretend” games.
- Likes to learn and follow the rules.

Thinking Skills

- Has attention span of about 10 minutes.
- May know shapes.
- Still doesn’t understand idea of time.
- Can count objects.
- Learns to classify objects by color, form, size, etc.



WAYS TO ENCOURAGE DEVELOPMENT (4 - 5 YEARS)

Muscle Skills

- Continue to provide opportunities for plenty of large muscle activity.
- Reinforce progress in self-help skills (toileting and dress).
- Teach and model healthy habits (for example, hand washing, sanitary eating habits, and covering nose and mouth when coughing/sneezing).
- Encourage self-expression through creative activities, such as drawing, painting and dramatic play.
- Provide child-size scissors (left-handed, if needed) and larger size crayons.



Language Skills

- Teach child correct use of the telephone.
- Encourage child to tell stories, real and make-believe, and have child choose ending.
- Involve child in planning activities and sharing his/her events: holiday decorations, meal preparation and outings.
- Reinforce and encourage child's progress in speech skills: "I like the way you described your new dress."
- Read to child daily. Ask questions about events in the story.

Social and Emotional Skills

- Encourage healthy expression of feelings. Provide acceptable outlets for anger.
- Provide opportunities for role-playing through puppets, dress-up clothes.
- Avoid power struggles. Give clear, simple rules and consequences. Give only acceptable choices. Use such terms as "It's time to..." or "The rule is..."
- Encourage positive peer support by using the "buddy system" – pairing more outgoing child with shy child.
- Help identify and distinguish between real and imaginary fears.
- Model good table manners and common courtesy.

Thinking Skills

- Use calendars, clocks and other visual markers to teach time concepts: “When both hands are on the 12, it will be lunch time.”
- Reinforce staying with task.
- Provide simple, honest answers to their why, what, where questions.
- Continue to teach problem-solving skills through stories, games and actual situational opportunities.

DEVELOPMENTAL TASKS (4 - 5 YEARS)

Muscle Skills

- Hops on one foot; balances on one foot for 10 seconds.
- Climbs down steps, alternating feet.
- Toilets without help.
- Puts on clothing with some help; laces shoes but does not tie shoes.
- Draws three-part stick person.
- Cuts on line with scissors.

Language Skills

- Tells stories, mixes fact and fiction.
- Tries out silly words and sounds; trying “four-letter” words (curse words) is typical and should be dealt with calmly.
- Has vocabulary of near 1,500 words; sentence length of four to five words.
- Uses adjectives; uses past tense correctly.
- Understands common opposites (big/little; hot/cold).
- Uses these sounds correctly: m, n, ng, p, f, h, w, y, k, b, d, g and r.

Social and Emotional Skills

- Uses verbal skills instead of reacting physically (hitting or grabbing) most of the time.
- Verbally expresses anger, frustration or jealousy.
- May be bossy, call others names and brag about accomplishments.
- May have imaginary playmates and real worries and fears.
- Plays better in a group, shares and waits turn more easily than a younger child.
- Separates easily from parents or primary caregiver.

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Thinking Skills

- Has longer attention span, stays with one activity at least 10 - 15 minutes.
- Understands some time concepts: noontime, early in the morning, next month and next year.
- Identifies crosses, triangles, circles and squares.
- Thinks of imaginary conditions such as, "What if" or "I hope that."
- Sometimes feels that his/her thoughts and wishes cause events to occur. May feel guilty when negative events happen.

WAYS TO ENCOURAGE DEVELOPMENT (5 - 6 YEARS)

Muscle Skills

- Provide adequate space for large muscle activities (e.g., throwing and catching balls).
- Provide ample materials for using small muscles (e.g., cutting, pasting, drawing and sewing).
- Encourage rhythm activities; provide simple musical instruments (e.g., drums and cymbals).
- Provide building and carpentry experiences.
- Encourage child's interest in printing letters, own name.

Language Skills

- Continue encouraging new vocabulary by reading longer stories and poetry. Define new words and concepts.
- Provide field trips to explore child's neighborhood (e.g., post office, fire station, library, etc.).
- Encourage use of reference books – help child look up answers to questions and special interests (e.g., dinosaurs or snakes).
- Listen to child. Give positive feedback verbally and nonverbally.

Social and Emotional Skills

- Give child message that he/she is loved and valued. ("I'm glad you're here today.")
- Reinforce cooperative group behaviors.
- Model appropriate coping skills and expression of feelings.

- Encourage responsibility for small chores.
- Provide opportunities for child to help younger or less skilled child.
- Provide clear rules and consequences.

Thinking Skills

- Play games that have a few clear directions (e.g., board games and checkers).
- Provide opportunity for simple science experiments (e.g., magnets, water to ice/steam).
- Present relevant problems or use actual situations to let children provide possible solutions.
- Provide variety of objects for counting games.

DEVELOPMENTAL TASKS (5 - 6 YEARS)

Muscle Skills

- Catches a bounced tennis ball two out of three tries; throws a ball well.
- Draws a six-part figure with more details.
- Sews with large needle and yarn or thread.
- Ties a bow.
- Walks backward and forward with heels and toes 1 inch apart in a straight line.
- Dances and marches to music.
- May ride bicycle instead of tricycle (reinforce use of bicycle helmet).



Language Skills

- Defines objects by their use (e.g., eat with fork or swim in lake).
- Tells what common objects are made of (e.g., door made of wood; spoon made of silver or plastic).
- Has vocabulary of around 2,000 words. Sentence length six-plus words.
- Uses all types of sentences, some complex (e.g., “I can go in the house after I take off my muddy shoes.”).
- Uses most of the speech sounds correctly (possible exceptions: t, v, l, th, j, z and zh).

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Social and Emotional Skills

- Has sense of humor; plans surprises and jokes.
- Prefers own age group for play; plays cooperatively; likes to conform.
- Expresses sympathy for others; protects younger children.
- Displays pride in abilities and possessions.
- Expresses thoughts and feelings through dramatic play with a variety of toys.
- Copies behavior of significant adults and peers.
- Begins to resolve conflicts considering the other child's feelings.

Thinking Skills

- Has longer attention span – more than 15 minutes. Remembers previous experiences better.
- Counts objects to 10: identifies nickels, dimes and pennies. Groups items according to shape, size, color and function.
- Follows three-step directions (e.g., “Get your coat; put it on; and then stand by the back door”).
- States full name, age and gender.
- Does more complex problem solving.
- Is interested in why and how things work.

SEXUAL DEVELOPMENT OF CHILDREN (BIRTH - 4 YEARS)

Physical

Babies are born with the ability to feel pleasure in their genitals and other erogenous zones. Boys' penises have erections, and girls' vaginas lubricate from birth. Babies will touch and play with their genitals, just as they do with everything else in the world.

Physical closeness is essential for babies and children. Infants cannot learn to speak unless spoken to and likewise cannot learn how to love and show affection unless they are hugged, tickled and kissed. This also helps build positive self-esteem. Physical affection with babies and young children is the foundation of healthy sexual development. Security objects and activities, such as imaginary friends, blankets, favorite toys and thumb sucking, are also normal and sources of comfort and affection for children.

Intellectual-Social-Emotional

By the time they begin to speak (18 months to 2 years), children know whether they are male or female. They learn the differences and similarities between genders.

SEXUAL DEVELOPMENT OF CHILDREN (5 - 9 YEARS)

Physical

Children of both sexes may experience sex play with other children, especially same-sex friends. It is important to remember that this play does not acquire sexual meaning until after puberty. Children may masturbate but learn to hide it if met with correction or disapproval.

Intellectual-Social-Emotional

Children begin to learn how to make and keep friends, and may go through a period of disliking opposite-sex children. They learn the concepts of public and private behavior. There is increased interest in pregnancy, childbirth and the family. Children experiment with “dirty” words and slang terms for information and sometimes for shock value.

SEX PLAY AMONG CHILDREN

Sex play among children is common and, like other play, is a normal expression of curiosity. Undressing, “playing doctor” and “playing house” are typical of preschool children. This helps children understand gender differences and is usually limited to peers, although young children may want to touch their parents’ sexual organs. It is important to remember that childhood sex play is primarily motivated by the “need to know,” and not (for young children) by sexual/erotic feelings.

If children exhibit frequent aggressive behavior, overt sex act behavior or seem preoccupied with sex over a period of time, particularly toward children significantly younger (a two-year difference), consult with your public health nurse or other health professional.

WAYS TO PROMOTE DENTAL HEALTH

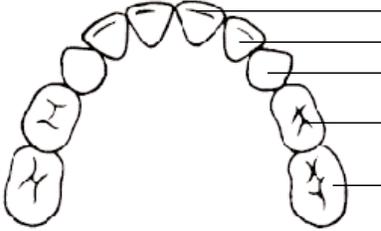
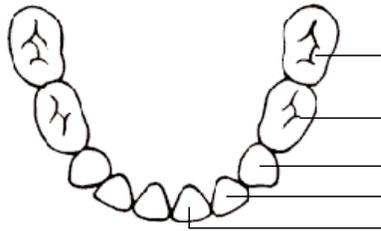
- Ask if all children have a dentist, particularly after the age of 1.
- Always hold an infant while feeding; never prop the bottle.
- Never allow an infant to fall asleep with a bottle that contains milk, formula, juice or any sweetened liquid.
- Avoid dipping a pacifier in any sweetened liquid.
- Encourage twice daily teeth brushing.



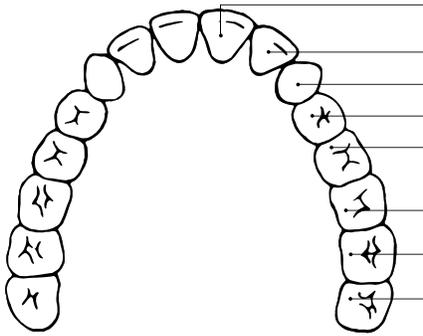
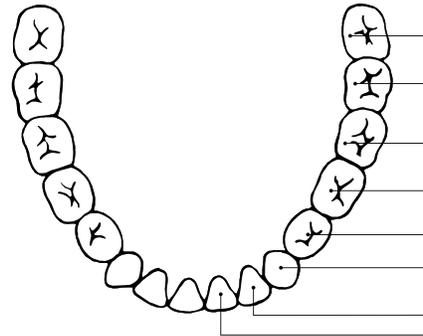
PRIMARY/PERMANENT TEETH ERUPTION CHART

Please note: When you look at the tooth chart, you are looking into a person's mouth with the jaws open. You're facing the person, so their upper right jaw will be on the left of this image.

Primary Teeth Eruption Chart

	Upper Teeth	Erupt	Shed
	Central incisor	8-12 mos.	6-7 yrs.
	Lateral incisor	9-13 mos.	7-8 yrs.
	Canine (cuspid)	16-22 mos.	10-12 yrs.
	First molar	13-19 mos.	9-11 yrs.
	Second molar	25-33 mos.	10-12 yrs.
	Lower Teeth	Erupt	Shed
	Second molar	23-31 mos.	10-12 yrs.
	First molar	14-18 mos.	9-11 yrs.
	Canine (cuspid)	17-23 mos.	9-12 yrs.
	Lateral incisor	10-16 mos.	7-8 yrs.
Central incisor	6-10 mos.	6-7 yrs.	

Permanent Teeth Eruption Chart

	Upper Teeth	Erupt
	Central incisor	7-8 yrs.
	Lateral incisor	8-9 yrs.
	Canine (cuspid)	11-12 yrs.
	First premolar (first bicuspid)	10-11 yrs.
	Second premolar (second bicuspid)	10-12 yrs.
	First molar	6-7 yrs.
Second molar	12-13 yrs.	
Third molar (wisdom tooth)	17-21 yrs.	
	Lower Teeth	Erupt
	Third molar (wisdom tooth)	17-21 yrs.
	Second molar	11-13 yrs.
	First molar	6-7 yrs.
	Second premolar (second bicuspid)	11-12 yrs.
	First premolar (first bicuspid)	10-12 yrs.
	Canine (cuspid)	9-10 yrs.
Lateral incisor	7-8 yrs.	
Central incisor	6-7 yrs.	

Promoting Oral Health website: <http://www.healthychildren.org/English/healthy-living/oral-health/pages/Caring-for-a-Young-Childs-Teeth.aspx>

QUESTIONS AND ANSWERS FOR PROFESSIONALS ON INFANT SLEEPING POSITION AND SIDS

From <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/5/1245> and <http://www.nichd.nih.gov/sids/sids.cfm> (Back to Sleep Public Education Campaign)

In 1992, the American Academy of Pediatrics (AAP) released a statement recommending that all healthy infants be placed down for sleep on their backs (Pediatrics, 1992;89:1120-1126). This recommendation was based on numerous reports that babies who sleep prone (face down) have a significantly increased likelihood of dying of sudden infant death syndrome (SIDS). The recommendation was reaffirmed in 1994 (Pediatrics, 1994;93:820). Health care professionals are encouraged to read both publications for a review of the evidence that led to the recommendation.



A national campaign (the “Back to Sleep” campaign) was launched in 1994 to promote supine (lying on back) positioning during sleep. Periodic surveys have confirmed that the prevalence of prone sleeping among infants in the United States has decreased from approximately 75 percent in 1992 to 11 percent in 2002. Between 1992 and 2001, there was a more than 50 percent reduction in SIDS deaths, but a slight increase in prone sleeping since 2002 may be contributing to the lack of further reduction.

Although the recommendation appears simple (most babies should be put to sleep on their backs), a variety of questions have arisen about the practicalities of implementation. The AAP Task Force on Infant Sleep Position and SIDS has considered these questions and prepared the following responses. It should be emphasized, however, that for most of these questions there are not sufficient data to provide definitive answers.

Is the side position as effective as the back?

Recent reports indicate that the risk of SIDS is greater for babies placed on their sides versus those placed truly supine. The reason for this difference is that babies placed on their sides have a higher likelihood of spontaneously turning to prone. The AAP now recommends only supine (back) position for sleep.

Chapter 2 Child Growth and Development

Should healthy babies ever be placed prone?

Since the initiation of the national campaign, some parents have misinterpreted the recommendation to say that babies should never be placed prone. This is incorrect. Developmental experts advise that prone positioning during the awake state is important for shoulder girdle motor development to promote head control. Therefore, parents should be advised that a certain amount of “tummy time” when the baby is awake and observed is good.



Which sleeping position is best for a baby born preterm who is ready for discharge?

There have been studies showing that preterm babies who have active respiratory disease have improved oxygenation if they are prone. However, these babies have not been specifically examined as a group once they are recovered from respiratory problems and are ready for hospital discharge. There is no reason to believe that they should be treated any differently than a baby who was born at term.

At what age can you stop using the back position for sleep?

We are unsure of the level of risk associated with prone positioning at specific ages during the first year of life, although there are some data that suggest that the greatest decrease in SIDS incidence in those countries that have changed to mostly non-prone sleeping has been seen in the younger infants (2 to 6 months).

Therefore, the first 6 months, when babies are forming sleeping habits, are probably the most important time to focus on. Nevertheless, until more data suggest otherwise, it seems reasonable to continue to place babies down for sleep supine throughout infancy.

Do I need to keep checking on my baby after laying him or her down for sleep in a non-prone position?

We recommend that parents do not keep checking on their baby after he or she is laid down to sleep. Although the infant’s risk of SIDS could be increased slightly if he or she spontaneously assumes the prone position, the risk is not sufficient to outweigh the great disruption to the parents, and possibly to the infant, by frequent checking. Also, studies have shown that it is unusual for a baby who is placed in a supine position to roll into a prone position during early infancy.

Will babies aspirate on their backs?

While this has been a significant concern to health professionals and parents, there is no evidence that healthy babies are more likely to experience serious or fatal aspiration episodes when they are supine. In fact, in the majority of the very small number of reported cases of death due to aspiration, the infant's position at death, when known, was prone.

In addition, indirect reassurance of the safety of the supine position for infants comes from the knowledge that this position has been standard in China, India and other Asian countries for many years. Finally, in countries such as England, Australia and New Zealand, where there has been a major change in infant sleeping position from predominantly prone to predominantly supine or side sleeping, there is no evidence of any increased number of serious or fatal episodes of aspiration of gastric contents.

Will supine sleeping cause flat heads?

There is some suggestion that the incidence of babies developing a flat spot on their occiputs (back part of head or skull) may have increased since the incidence of prone sleeping has decreased. This is almost always a benign condition that will disappear within several months after the baby has begun to sit up.

Flat spots can be avoided by altering the supine head position. Techniques for accomplishing this include turning the head to one side for a week or so and then changing to the other, reversing the head-to-toe axis in the crib and changing the orientation of the baby to outside activity (e.g., the door of the room). "Positional plagiocephaly" seldom, if ever, requires surgery and is quite distinguishable from craniosynostosis.

The risk of positional plagiocephaly can be reduced through a few simple measures:

- Provide an infant with plenty of supervised play time on his or her tummy. This helps build and strengthen neck, shoulder and arm muscles.
- Change the direction that the baby is lying in the crib on a regular basis to ensure he or she is not always resting on the same part of the head. For example, have the baby's feet point toward one end of the crib for a few days, and then change the position so his or her feet point toward the other end of the crib.
- Avoid too much time in car seats, carriers and bouncers while the baby is awake.
- Frequently get "cuddle time" during the day by holding the baby upright over one shoulder.
- When holding, feeding or carrying an infant, make sure that there is no undue pressure placed on the flat side of the head. Change infant's head position from side to side during feeding time.



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- Change the location of the baby's crib in the room so that he or she has to look in different directions to see the door or the window

Should products be used to keep babies on their backs or sides during sleep?

Although various devices have been marketed to maintain babies in a non-prone position during sleep, the Task Force does not recommend their use. None of the studies that showed a reduction in risk when the prevalence of prone sleeping was reduced used devices. No studies examining the relative safety of the devices have been published.

Should soft surfaces be avoided?

Several studies indicate that soft sleeping surfaces increase the risk of SIDS in infants who sleep prone. How soft a surface must be to pose a threat is unknown.

Until more information becomes available, a standard firm infant mattress with no more than a thin covering, such as a sheet or rubberized pad, between the infant and mattress is advised. The U.S. Consumer Product Safety Commission has also warned against placing any soft, plush or bulky items, such as pillows, rolls of bedding or cushions, in the baby's immediate sleeping environment. These items can potentially come into close contact with the infant's face, impeding ventilation or entrapping the infant's head and causing suffocation.

