

Arlington County Child Care Services

State Baby Facts: Virginia A Look at Infants, Toddlers, and Their Families

The facts about the 303,439 infants and toddlers in Virginia tell us an important story of what it is like to be a very young child in this state and the important resources that can change the future life course for the many children who are not getting off to the best start.

VIRGINIA RANKS 12TH AMONG ALL STATES FOR CHILD WELL-BEING

12TH

that, during the first three years of life, the brain undergoes dramatic development as the child acquires the ability to think, speak, learn, and reason. A baby's early experiences shape the brain's architecture into a strong— or fragile— foundation for learning, health, and success in the workplace.

Adverse early experiences, such as poverty, can weaken babies' brain development and follow them their entire lives. A state's ability to build a strong, competitive economy in an increasing global marketplace is jeopardized when the future of so many young children is compromised.

THE BASICS ABOUT INFANTS AND TODDLERS IN VIRGINIA

VIRGINIA RANKS 12TH AMONG ALL STATES FOR CHILD WELL-BEING

12TH

Although Virginia's infants and toddlers represent 16% of its child population under age 18, they disproportionately live in low-income families, leaving them particularly vulnerable.

8% live in families with parents who are unemployed. (U.S. is 13%).

29% live with a single parent. (U.S. is 35%).

55% have at least one risk factor known to increase the chance of poor health and developmental outcomes. (U.S. is 62%).

The science of early childhood development tells us

Source: [Zero to Three](#)

To become eager learners, children need to develop skills in four key areas:

1. Language and Literacy Skills:

Language provides the foundation for the development of literacy skills. Learning to communicate through gestures, sounds, and words increases a child's interest in—and later understanding of—books and reading.

Talking, reading aloud, and singing all stimulate children's understanding and use of language, and help them learn to become good communicators and eager readers.

2. Thinking Skills:

Children are born with a need to understand how the world works. They start by making basic associations such as, "I call out, dad comes." As they grow, they develop more and more complex ways of figuring things out. In their everyday experiences, children use and develop an understanding of math concepts, such as counting and sorting and problem-solving skills that they will need for school.

For example, a 2-year-old figures out that she needs to get one more cookie because

another friend has come to the snack table.

3. Self-Control:

Self-control—the ability to express and manage emotions in appropriate ways—is essential for success in school and healthy development overall. It enables children

to cooperate with others, to cope with frustration, and to resolve

conflicts. Young children learn these skills through interactions with others and guidance from you.

4. Self-Confidence:

When children feel competent and believe in themselves, they are more willing to take on new challenges, a key ingredient for school success. Self-confidence is also crucial for getting along with others and working out the many social challenges—such as sharing, competition, and making friends—that children face in school settings. Self-confident children see that other people like them and expect relationships to be satisfying and fun.

Source: [Zero To Three](#)

Developmental Milestones

What Most Babies Do At 2 Months:

Social and Emotional:

- Begins to smile at people
- Can briefly calm himself (may bring hands to mouth and suck on hand)
- Tries to look at parent

Language/Communication:

- Coos, makes gurgling sounds
- Turns head toward sounds

Cognitive (learning, thinking, problem-solving):

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development:

- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

Source: [CDC](#)



What Most Babies do at 4 Months:

Social and Emotional:

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

Language/Communication:

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

Cognitive (learning, thinking, problem-solving):

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

Movement/Physical Development:

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

Along with Developmental Milestones, the Center for Disease Control (CDC) Website also offers warning signs associated with each age group.

The CDC website also offers free downloadable Milestone Checklists as well as free developmental materials that you can order!

If You're Concerned— Act Early!

If you notice signs of possible developmental delay for this age 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, **visit our "If You're Concerned" web page** (<http://www.cdc.gov/ncbddd/actearly/concerned.html>) or call **1-800-CDC-INFO**.

Developmental Milestones

What Most Babies do at 6 Months:

Social and Emotional:

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

Language/Communication:

- Responds to sounds by making sounds
- Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making

- sounds
- Responds to own name
 - Makes sounds to show joy and displeasure
 - Begins to say consonant



sounds (jabbering with "m," "b")

Cognitive (learning, thinking, problem-solving):

- Looks around at things nearby

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

Movement/Physical Development:

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

What Most Babies do at 9 Months:

Social and Emotional:

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



Language/Communication:

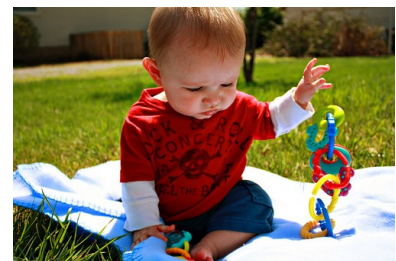
- Understands "no"
- Makes a lot of different sounds like "mamamama"

and "bababababa"

- Copies sounds and gestures of others
- Uses fingers to point at things

Cognitive (learning, thinking, problem-solving):

- Watches the path of something as it falls
- Looks for things he sees you hide
- Plays peek-a-boo
- Puts things in her mouth
- Moves things smoothly from one hand to the other
- Picks up things like cereal o's between thumb and index finger



Movement/Physical Development:

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

Developmental Milestones

What Most Children do at 1 Year:

Social and Emotional:

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

Language/Communication:

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

Cognitive (learning, thinking, problem-solving):

- Explores things in different ways, like shaking, banging, throwing
- Finds hidden things easily
- Looks at the right picture or thing when it's named
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair
- Bangs two things together
- Puts things in a container, takes things out of a container
- Lets things go without help
- Pokes with index (pointer) finger
- Follows simple directions like “pick up the toy”

Source: [CDC](https://www.cdc.gov/ncbddd/earlychildhood/developmental-milestones.html)

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



Getting Ready for School Begins at Birth!

Learning doesn't begin when children start school, it begins at birth. By the time children have turned three, they have already begun to lay the foundation for the skills and abilities that will help them succeed in school. The Zero to Three website offers multiple resources on how to support early learning in babies and toddlers.

- Podcast—Creating Healthy Connections: Nurturing Brain Development From Birth to Three
 - School Readiness Interactive Birth to 3
- Information on Early Learning for Your Baby or Toddler's Child Care Provider
 - Getting Ready for School Begins at Birth
- Everyday Ways to Support Your Baby's and Toddler's Early Learning
 - Learning to Write and Draw
 - Developing Early Math Skills
- Using Questions to Support Your Child's Learning
 - The Development of Thinking Skills

All of these resources are geared towards infants and toddlers!!

Developmental Milestones

What Most Children do at 18 Months:

Social and Emotional:

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



Language/Communication:

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



Cognitive (learning, thinking, problem-solving):

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

Movement/Physical Development:

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

Additional Resources

- [Child Development: It's Better to Know \(Spanish\)](#): Learn why it is important to recognize developmental milestones and what to do if you have concerns about your child's development.
- [Video on Milestones](#): Learn how to look for developmental milestones and what to do if you're worried about your child's development or think there's a problem.
- [Early Development Tips and Tools](#): Here you will find tips and tools on early development in babies and toddlers.
- [Q and A on Early Development](#): Here you will find answers to questions about ways to support babies' and toddlers' early development

Eight Considerations for Quality Infant and Toddler Environments

Since surroundings have such a powerful influence on infants and toddlers, there are eight qualities to consider when setting up group care environments. These qualities can be divided into two groups. Four relate to the needs of infants and their caregivers: Safety, Health, Comfort, and Convenience. The second four support infant development: Child Size Space, Flexibility, Movement, and Choice.

1. Safety: Safety is one of the most important concerns in a group-care setting. In a safe environment, children move about freely and explore without the caregiver worrying about children getting hurt. She can spend her time in positive interaction with the children, rather than patrolling a “no” environment.

Safe environments have:

- developmentally appropriate equipment made of non-toxic materials such as wood.
- non-slip floors.
- stable shelves, objects and fixtures with rounded corners.
- steps toddlers can use to reach the changing table so that caregivers will not have to lift them.

2: Health: Health is a fundamental issue when caring for infants and toddlers. Both children and adults must be protected from infection and illness, above all by a well kept environment.

- Separate the diapering and toileting areas from food preparation and feeding areas.
- Keep these and all areas clean at all times.
- Have sufficient plumbing to allow children and caregivers to wash hands regularly.
- Make sure surfaces are easy to clean and suitable for the activities in the area—walls, floors, furniture, and toys.

Heat, light, ventilation, and acoustics all have an impact on the development of children’s health. Since smell is one of the most important indicators of a healthy environment, clean floors and furnishings are of utmost importance. A child care center needs an efficient air exchange system, as well as screened, open able windows, if at all possible.

3. Comfort: A comfortable environment creates a calming atmosphere. It allows both infants and caregivers to function without the stress that is injurious to brain development. Reducing clutter, giving attention to attractive display, and introducing nature in the room are some ways to bring about a harmonious and relaxing mood.

- Try soft and natural colors on walls and furnishings.
- Use natural light, lamps, and full-spectrum lights rather than fluorescent lights.
- Each room needs a steady flow of fresh air.
- Acoustical tiles and rugs with pads help to absorb noise.
- Soft cushions, pillows and back supports for adults sitting on the floor help make the environment comfortable.



Eight Considerations for Quality Infant and Toddler Environments

4. Convenience: A convenient environment is one in which both the infants and adults can easily see, find, and access materials. Make sure the arrangement of equipment is clear and visible to all who use the space. Materials should be grouped together logically. Since infants and toddlers cannot read labels, they take cues from the way each area is organized, as well as its mood, to stimulate their interaction with the environment.

Feeding, Washing, and Toileting Areas:

Feeding and toileting areas must be clean, bright, and convenient. That means the environment must be easy to clean and easy to work in. The equipment should be scaled so that picking up,

bending over, and reaching are kept to a minimum.

Storage and Shelves

Storage is the caregiver's strong silent partner in a smoothly run child care program. An adequate amount of open and closed storage and its proper placement builds ease and efficiency into your environment.

Entrance and Parent Communication Area

Entering and leaving the child care setting are important activities. A well-defined entrance gives children a clear sense of space, predictability and security. Both children and parents can experience separation anxiety, so an attractive and cheerful entrance can dispel their fears, inviting them to enter a special place designed just for them. When parents feel welcome in the classroom, they'll have more confidence to visit, communicate, and make the transition that works for them.



5. Child Size Space

When an environment is designed to fit infants and toddlers, they can reach what they want, climb up what (to them) are challenging distances, and explore what interests them. Caregivers spend less time lifting children, putting them in chairs, getting toys for them, and picking up things they drop. Child size space also takes into account the role of the caregiver. Intentional and responsive interaction with each child will encourage them to new levels of play. Since the quality of your interactions has a direct bearing on children's confidence and ability to learn, swings and walkers are not recommended. They inhibit the infant's natural need to move and explore, and prevent adults from interacting in the ways that benefit children most. If the space is child-scale and designed for exploration, and if caregivers are interactive, "babysitter equipment"



Eight Considerations for Quality Infant and Toddler Environments

6. Flexibility

To create a flexible room:

- Use equipment that is easy to move—lightweight and mobile.
- Use adjustable equipment that will keep up with growing children
- Store a variety of toys, materials, and equipment in a convenient place.
- Combine some activity areas to maximize the use of your space: for example, the messy activities can take place in the mealtime area.

An Open Center

No matter what type of setting you have, plan to keep part of it open. Placing all the large equipment around the edge of the room allows you to keep the center open and to alter it as needed. An open center lets the children see what activities are available throughout the room. The children can also see the caregiver across the room, and the caregiver can see and respond to any child who needs attention. An open center creates maximum flexibility and lets children navigate easily between areas and explore their independence.

Working with Limited Space

When a small area must meet the varied needs of infants and toddlers, you have the challenge of limited space. Strategies for designing a limited space include:

- A changeable environment.
- Lightweight, easy-to-move boundaries
- Multi-use, multi-purpose equipment.
- Optimal storage and creative use of space.
- Tables that serve two or three purposes, such as feeding, art play, and messy activities, are examples of multi-purpose equipment.



7. Movement

Infants and toddlers need an environment that encourages movement. The first three years are what Piaget calls the sensorymotor period, where infants and toddlers learn through sensory exploration. They develop physical and cognitive skills, and learn about people and objects by becoming fully involved with their surroundings. Encourage infants and toddlers to move freely and explore with: open pathways for crawling; low steps to climb; surfaces with a variety of textures; tunnels, slides, mattresses, rocking boats, play pits, balance beams, hammocks, risers, lofts and easy access to outdoors.

8. Choice

An environment that allows infants and toddlers to make choices supports their development because it is predictable and provides children opportunities to discover what they find interesting or challenging. Set up different areas of the room with a variety of activities, textures, and equipment. There should be spaces for large group activities as well as small, private spaces, active and quiet play areas and room for messy activities. Your space can support your program, providing stimulation and a balance between challenge and comfort, so children can “push their limits” and expand them. Caregivers need to be able to observe and respond to cues in children’s behavior in order to arrange and rearrange the environment.

Rest and Sleeping Areas

Infants and toddlers in childcare should be able to rest or sleep when they are tired. An infant who wakes up often during the night may need more sleep the following day. A toddler just getting over the flu may need two naps instead of the usual one. The environment should have places where children can relax and a place where they can take a nap with their own bedding whenever they are sleepy.

A Child Care Provider's Guide to Safe Sleep

DID YOU KNOW?

- About one in five sudden infant syndrome (SIDS) deaths occur while an infant is being cared for by someone other than a parent. Many of these deaths occur when infants who are used to sleeping on their backs at home are then placed to sleep on their tummies by another caregiver. We call this "unaccustomed tummy sleeping."
- Unaccustomed tummy sleeping in-

creases the risk of SIDS. Babies who are used to sleeping on their backs and placed to sleep on their tummies are 18 times more likely to die from SIDS.

WHO IS AT RISK FOR SIDS?

- SIDS is the leading cause of death for infants between 1 month and 12 months of age.
- SIDS is most common among infants that are 1-4 months old. However, babies can die from SIDS until they are 1 year old.



Because we don't know what causes SIDS, safe sleep practices should be used to reduce the risk of SIDS in every infant under the age of 1 year.

KNOW THE TRUTH... SIDS IS NOT CAUSED BY:

- Immunizations
- Vomiting or choking

CREATE A SAFE SLEEP POLICY:

Create and use a written safe sleep policy: Reducing the Risk of Sudden Infant Death Syndrome, Applicable Standards from Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out- of-Home Child Care Programs outlines safe sleep policy guidelines. Visit <http://nrckids.org/CFOC3/HTMLVersion/Chapter03.html#3.1.4.1> to download a free copy.

SAFE SLEEP PRACTICES:

- Practice SIDS reduction in your program by using the *Caring for Our Children* standards.
- Always place babies to sleep on their backs during naps and at nighttime.
- Avoid letting the baby get too hot. The infant could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and/or rapid breathing. Dress the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- Talk with families about the importance of sleep positioning and encourage them to follow these guidelines at home.

SAFE SLEEP ENVIRONMENT

- Place babies to sleep only in a safety-approved crib with a firm mattress and a well-fitting sheet. Don't place babies to sleep on chairs, sofas, waterbeds, or cushions. Adult beds are NOT safe places for babies to sleep.
- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges should not be placed in the crib with the baby. These items can impair the infant's ability to breathe if they are close to their face.
- The crib should be placed in an area that is always smoke-free.
- Room sharing *without* bed-sharing is recommended. Evidence has shown this arrangement can decrease the risk of SIDS as much as 50%.

For More Information on Safe Sleep and Creating a Safe Sleep Policy please visit [A Child Care Provider's Guide to Safe Sleep!](#)

The Power of Play: Young Explores: Birth to 12 Months

Playing with your baby begins by engaging all of his senses. His eyes, ears, nose, hands, and mouth are his tools. As he grows, he learns to use his body to make discoveries. He begins to reach and grasp (watch out for long hair and dangling earrings!), which allows him to explore toys in new ways. By the time he's 9 months, he will understand cause and effect: "I push the button to make the music play." He will also understand that things he can't see still exist. This means he'll be looking for the ball that rolled behind the couch and calling for you when you leave the room. As he approaches his first birthday, he will be a great communicator, using his gestures, facial expressions, sounds, and maybe even some "words" (such as "duh" for "dog"). Before you know it, you'll have a hard time remembering when he couldn't talk.

Marsha's four-month old son, Jared, loves his rattle. "Let's watch it fly," Marsha suggests. She moves the rattle through the air so Jared can see it. Jared's little arms and legs go like egg-beaters! When Marsha hands the toy to Jared, he grabs it and begins to chew. Jared then shakes the rattle and delights in the soft, tinkling noise. Soon, Jared gets tired and turns his head away. Marsha takes the rattle and continues to shake it in front of Jared's face. Jared closes his eyes and begins to wail. "Okay, I get it. Time for a break," says Marsha. She picks up Jared and cuddles him.

During this playtime with mom, Jared learns about:

- **Sounds of words** and the **rhythm of language** as his mom talks with him.
- **Communication** as he and his mom engage in a back-and-forth "conversation" and as his mom reads and responds to his cues.
- **His own self-worth** as he sees how much pleasure his mom gets from playing with him.
- **Imitation** and **cause and effect** when he shakes the rattle like mom and hears the noise.
- **Hand-eye coordination** as he reaches and grasps the rattle.
- **objects** when he hears the rattle's sounds, sees its colors, feels its texture, and even smells and tastes it.



Play Time!



Back and Forth:

Coo and talk to your baby. You can imitate her sounds and wait for her to respond.

Encourage her to copy you, too. Show her that pushing the button makes the toy dog bark or how she can turn the pages of a book.

Peek-a-Boo:

Try hiding behind your hands, a diaper, or a onesie as you dress your baby. Early on, he may show his pleasure simply by paying close attention. Then he may smile, kick his legs, and make sounds. By 9 months, he may pull your hands away from your face to "find" you.

Sing and Dance

Listen to different kinds of music and dance in different ways to see what your baby likes best. Sing a favorite song that has been passed down through your family. Don't worry about the sound of your voice — he loves to hear you.

Play Ball:

Offer a ball with different colors and textures. Let your baby explore it with all her senses. Encourage her to see what else she can do with it. This will eventually help her learn to roll it, drop it in a box, and take it out again.

Source: [Zero to Three](#)



The Power of Play: Moves and Shakers 12 to 24 Months

Possibilities for play grow by leaps and bounds for your young toddler. She learns to communicate better with gestures, sounds, and words. She also learns to stand on two feet and walk forwards and backwards — even run, jump, and climb. And she's using her fingers and hands to play with and explore objects in more complex ways. Children also have preferences for how they like to explore. Some like lots of action. Others prefer more calm, quiet play. Watch and you will see the activities your child enjoys.

Toddlers are also entering the world of make-believe. They go from imitating what they see in “real life” to using their imagination. Whether in the sandbox, in the bath, or on the kitchen floor, children use their bodies and minds to learn how this big, exciting, complicated, and wonderful world works.

Kira, 20 months, is busy with her shape sorter. When her dad, Marcus, sees that she is starting to get frustrated, he gives a little help by putting his hand on hers. “Let’s turn the yellow square this way.” In it goes. “Yea!” says Kira as she claps her hands, clearly pleased with her accomplishment. Marcus encourages her to try some more, “One blue circle and one green triangle to go.” Kira picks up a square, shows it to her dad, and says “boo.” Marcus agrees, “Yes, that’s the *blue* circle.” Kira successfully drops it in. “Good job,” says Marcus, “how about a triangle?” But, Kira is ready for something new. She leaves the shape sorter and gets a book. “Are we done playing with shapes?” asks Marcus. “Okay, let’s read about animals.” Kira cuddles up with her dad and opens the book.

As Kira and her dad play, she is learning about:

- **Colors, numbers, and shapes** as dad names them.
- **Communication and new words** as she and dad talk together while playing.
- **Imitation** as she copies what dad says and does.
- **Hand-eye coordination and problem solving** as she learns how to make the shapes fit into their spaces.
- **Self-confidence** as she masters a new skill.
- **The joy of reading** as she and dad explore books together.
- **Building close relationships** as she experiences the pleasure of sharing her discoveries.

Running, Climbing, and Action Games: Oldies but goodies like “Ring Around the Rosie” and “London Bridge” encourage children to move, sing, listen, take turns, and cooperate. The park, playground, and back yard offer chances to run, climb, and play with other children. On a rainy day, try creating an obstacle course indoors.

Let’s Do It Again...and Again...and Again...

Through repetition, toddlers figure out how things fit together and work. They might fill and dump a pail over and over to learn about full and empty and in and out. They may want you to read the same book, and sing the same song, night after night. This kind of repetition helps children know what to expect. This gives them a sense of security and control over their world. It also helps them master new skills, which boosts their self-confidence.

Name That Tune: Now that your child can imitate words and melodies, he’ll love to sing songs and have you read books with rhyming words. Words are easier to learn when they rhyme or are put to music. See if your toddler knows the next word in the song by pausing before you sing it. Dance to the music. This is a wonderful way to exercise those arms and legs and to experience the joy of movement. Offer musical instruments so he can make his own music, too.



Busy Hands: Young toddlers love to make things work. They use their hands and fingers for pushing buttons, opening boxes, and turning pages. This allows them to do everything from getting the music box to play their favorite song to exploring a treasured book. Many children also like to finger paint, color, play with play dough, or squeeze water out of a sponge.

Interview with Aretha Davis

Aretha is the Center Director of Northern Virginia Family Services Early Head Start at Arlington Mill

Q: *As a former infant teacher and now a center director, what do you wish people knew about infant development?*

A: I honestly wished people knew and understood the important aspects of being a nurturing and responsive caregiver and the significant role it plays in an Infant's Development. From my years of experience as an Infant Teacher and now a Center Manager I have observed that an infant who has a caregiver that provides a safe environment for them and is fostering and receptive to their needs and wants will develop secure trusting rela-



tionships with adults and have a strong sense of self-confidence as they explore their environment and eventually the world.

Q: *How do you respond when asked "Infants just lie there, why do you plan activities for them."*

A: As a former Infant Teacher we planned activities to enhance the developmental growth of the Infant. Each infant develop at a different pace so based on daily classroom observations we were able to observe each infants strength and weakness and planned activities as follows to strengthen their areas of weakness. For example if we observed that an infant was striving to crawl forward but was having difficulties we would put that infant

on their tummy with a desired toy in front of them and encouraged them to crawl forward to grasp hold of that toy.

Q: *What are some of your favorite activities to do with infants and toddlers?*

A: Music & Movement Activities (Exploring a variety of musical instrument and multicultural music) Cognitive Activities (Puzzles, shape sorters etc.) Feeding & Changing, Literacy/ Language (Reading bilingual books, Books with Animal Sounds and rhyming words).



Resource: PITC Online Library

The PITC Online Library houses an extensive collection of multimedia resources related to early childhood. All the resources are selected by our faculty to support the philosophy, practice and teaching of PITC.

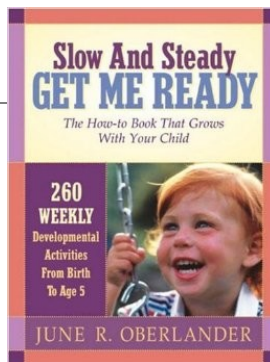
Resources Include: [Activities for Trainers](#); [Articles](#); [Audio and Video Presentations](#); [PowerPoint Presentations](#); [DVD](#); [DVD Booklets](#); [Guides](#); [Manuals](#); [Handouts](#); [Publications](#)



Link: [PITC Online Library](#)



Spotlight on: Family Child Care Provider Jill Dailer



Q: How long have you been working with infants and toddlers?

A: I have been providing child care for over 7 years. Prior to that, I worked for approximately 25 years in several clinics involving well-child check-ups and immunizations.



Q: What kind of activities do you do with infants and toddlers?

A: I try to get the children outside as often as the weather will allow. I have a triple stroller that allows them all a front row seat so they all see the same things at the same time.

We have floor/mat time every day. Depending on the ages of the children, we either work on tummy time, sitting, crawling, or walking.

The last thing I usually do each day before nap time is to get out a few books. We all sit on the floor beside each other and read together. It is my hope that this "quiet time" will get the little ones ready to wind down and sleep.

Q: What are some of the unique things you do with Infants and toddlers?

A: I have a book that was recommended to me by my sister who used to work with high risk parents and children called "Slow and Steady, Get Me Ready". It has weekly developmental tasks for children from newborn to 5 years of age. That is where I get the weekly developmental tasks that I send to the

parents.

I am not a good singer, but I know many children's songs and I sing to them all the time. I truly believe the phrase "music soothes the savage beast" as I have had children go from angry cries to giggles and laughs in seconds when we sing and clap. I also sing when I stroll with the little ones, so even though I'm behind them pushing the stroller and they can't see me, they know right where I am. When we sing a song with motions, I stop the stroller and walk around in front of it so they can watch as I make the motions.

As the children get older, I often stop in the middle of a line and let them finish it. They are usually very proud of themselves when they can sing the words.

I typically keep very young children--birth to 2 years--so I think speech modeling is REALLY important. I have books called "My First ___"--words, animals, numbers, colors, etc. and I love to use those to point and either sound out the word or make an animal sound. I try to break the words down when the children are just learning. "Ball. There's the ball. Can

Sometimes I modify the words to make it easier for the children to pronounce. For instance, if they're eating a banana I would say, "Here's your yummy banana. Banana. Can you say banana? MMMMM yummy banana. This is your nana." And if/when they give me a sound that's even close to the one I'm seeking we have quite a celebration with clapping and cheers and high five's.



I narrate the day. I talk the little ones through everything we're doing. I try to use small words and short sentences, and I try to use the same phrases each time we do

the same activity so they'll learn through repetition. "It's almost time for night nights. I'll change you're diaper first. Get up up up on the changing table. Here's your clean diaper. It's almost time for night nights. I'll get your juice. Take a BIG drink of juice. And now it's time for night nights." I say "up" and "down" each time we rise or sit. I use some sign language as I'm using some common phrases and I'll accept whatever they'll give me.

I believe children like to know what's going to happen next, so I try to maintain a few rituals. As mentioned above, when it's almost time for bed, I use the word night nights several times in preparation for laying down for naps. When it's time to eat, I made up a song about "Yummy Food" and when I sing that everyone comes running.



you get the ball? Roll the ball. Ball. Buh buh buh ball!"



Choosing Appropriate Toys for Infants and Toddlers

Toys for Young Infants - Birth through 6 Months:

Babies like to look at people - following them with their eyes. Typically, they prefer faces and bright colors. Babies can reach, be fascinated with what their hands and feet can do, lift their heads, turn their heads toward sounds, put things in their mouths, and much more!

Good toys for young infants:

- Things they can reach for, hold, suck on, shake, make noise with - rattles, large rings, squeeze toys, teething toys, soft dolls, textured balls, and vinyl and board books.
- Things to listen to - books with nursery rhymes and poems, and recordings of lullabies and simple songs.
- Things to look at - pictures of faces hung so baby can see them and unbreakable mirrors.



Toys for Older Infants - 7 to 12 Months:

Older babies are movers - typically they go from rolling over and sitting to scooting, bouncing, creeping, pulling themselves up, and standing. They understand their own names and other common words, can identify body parts, find hidden objects, and put things in and out of containers.

Good toys for older infants:

- Things to play pretend with - baby dolls, puppets, plastic and wood vehicles with wheels, and water toys
- Things to drop and take out - plastic bowls, large beads, balls, and nesting toys
- Things to build with - large soft blocks and wooden cubes
- Things to use their large muscles with - large balls, push and pull toys, and low, soft things to crawl over

Choosing Appropriate Toys for Infants and Toddlers Continued



Toys for 1-year-olds:

One-year-olds are on the go! Typically they can walk steadily and even climb stairs. They enjoy stories, say their first words, and can play next to other children (but not yet with!). They like to experiment - but need adults to keep them safe.

Good toys for 1-year-olds:

- Board books with simple illustrations or photographs of real objects
- Recordings with songs, rhymes, simple stories, and pictures
- Things to create with - wide non-toxic, washable markers, crayons, and large paper
- Things to pretend with - toy phones, dolls and doll beds, baby carriages and strollers, dress-up accessories (scarves, purses), puppets, stuffed toys, plastic animals, and plastic and wood "realistic" vehicles
- Things to build with - cardboard and wood blocks (can be smaller than those used by infants - 2 to 4 inches)
- Things for using their large and small muscles - puzzles, large pegboards, toys with parts that do things (dials, switches, knobs, lids), and large and small balls



Toys for 2-year-olds (Toddlers):

Toddlers are rapidly learning language and have some sense of danger. Nevertheless they do a lot of physical "testing" : jumping from heights, climbing, hanging by their arms, rolling, and rough-and-tumble play. They have good control of their hands and fingers and like to do things with small objects.

Good toys for 2-year-olds:

- Things for solving problems - wood puzzles (with 4 to 12 pieces), blocks that snap together, objects to sort (by size, shape, color, smell) and things with hooks, buttons, buckles, and snaps
- Things for pretending and building - blocks, smaller (and sturdy) transportation toys, construction sets, child-sized furniture (kitchen sets, chairs, play food), dress-up clothes, dolls with accessories, puppets, and sand and water play toys
- Things to create with - large, non-toxic, washable crayons and markers, large paintbrushes and fingerpaint, large paper for drawing and painting, colored construction paper, toddler-sized scissors with blunt tips, chalkboard and large chalk, and rhythm instruments
- Picture books with more details than books for young children
- CD and DVD players with a variety of music (of course, phonograph players and cassette recorders work too!)
- Things for using their large and small muscles - large and small balls for kicking and throwing, ride-on equipment (but probably not tricycles until children are 3), tunnels, low climbers with soft material underneath, and pounding and hammering toys



Language and Literacy Development

Birth Through 12 Months:

Newborns use their gestures, sounds, and facial expressions to communicate feelings and needs such as hunger, fatigue, or joy, or to let you know that they need a break from interacting or playing. Early on, babies start to engage in “conversations”—first with back-and-forth cooing and smiling, later by using their movements and sounds to express what they feel and want.

Talk together. Copy your baby’s sounds and encourage her to imitate you. She will start by making specific sounds such as “ohs” and “ahs” and progressing to “puh,” “buh,” “da,” and “ma.” At around 6 to 9 months, she may begin putting sounds together like “dada” and “baba.” You can help make these sounds meaningful by repeating and attaching meaning to them. “Dada gave you a big hug!”



Share books. It’s never too early to start sharing books with your baby. Let him explore them in whatever way he likes. Offer chunky board, cloth, or soft bath books for chewing and gumming. Good books for babies are simple ones with brightly colored designs and pictures of things and people that are familiar to them. They really enjoy lift-and-flap books as well. Follow your baby’s lead; this may sometimes mean staying on the same page the whole time or “reading” the book upside down!

12 to 24 Months:

In the second year, toddlers become more effective communicators. They use a combination of their gestures and sounds to let you know what they are thinking and feeling. They may take your hand and walk you to the sink as if to say, “Please get me a drink.” Most children are learning and saying many new



words, and at around 18 months they start putting a few together such as “More milk.” By 24 months, most children can say approximately 200 words.

Talk together. Point out and name the things you see together. Ask what it is, then wait a few seconds until you offer the answer. This gives your child a chance to respond and show you what he knows. Research shows that the

more parents talk with their children, the bigger the children’s vocabularies.

Share books together. Let him hold the book. Point to the pictures as you read together. Ask him to point to the baby, house, or dog. You can start to read stories that introduce ideas such as: *up/down* or *big/little*, *colors*, and *numbers*. Most children are also just beginning to learn to sing. Share books that can be sung, such as “Wheels on the Bus.” Soon he’ll be “reading”—telling you the story as he turns the pages.

24 to 36 Months:

Language development soars at this age. By 36 months, a child’s vocabulary is much larger, and he is able to put together simple three- to five-word sentences. Most children are beginning to understand the meaning of stories; this is critical for learning to read and write. Drawing and “writing” also help children express their feelings and ideas in a more active way and build good writing skills later. Encourage your child to experiment with crayons,

markers, and pencils. Have her help make a grocery list. This helps her to connect language with the written word.

Talk together. Talk with your toddler about everything! The more you talk, the more words she will learn. Tell each other stories. Singing with your child is also a terrific way to teach children new words and ideas. Play games by trying new words in a familiar song, “The itsy bitsy doggie...” Remember, your child will actually understand more than she can say and will follow

simple instructions like, “Go to the kitchen and get your cup.”

Share books together. Older toddlers begin to make connections between symbols in books and what they see in their world. For example, you may see them point to a dog outside and call him “Clifford.” When reading, point to pictures and ask your toddler what he thinks is happening. Children this age love books that tell simple stories and have simple rhymes that they can memorize. Books about counting, the alphabet, shapes, or sizes—as well as those with humor and songs—are favorites.

Arlington County Public Library Presents Baby Steps

Studies have shown that families who start reading aloud to their children at birth help to strengthen their language skills and build their vocabulary – two important tools for beginning to learn to read when they enter kindergarten.

To support this effort Arlington County Public Library offers Baby Steps, a storytime for children 0- 12 months featur-

ing books, songs, rhymes, tickles and bounces, all aimed at jump starting your child’s early literacy.



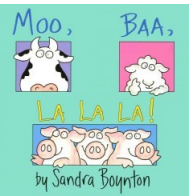
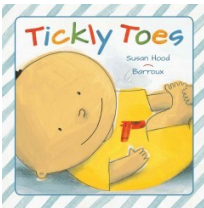
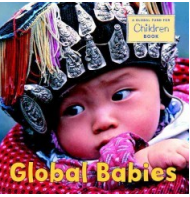
[Click here](#) for more information about this program.

The library also sponsors the program 1,000 Books Before Kindergarten, which encourages parents and caregivers to read 1,000 books to their child in their first 5 years. [Click here](#) for

more information about this program.

This will not only foster in children an early love of reading, but will also ease the process in which a child learns to read.

Can’t make it to the library for story time or want to get a jump on 1,000 Books Before Kindergarten, check out some of these great title available at Arlington Public Library:

	<p>Title: <i>Black on White</i> Author: Tina Hoban</p> <p>Looking for this book? Click Here</p>		<p>Title: <i>Hello Baby</i> Author: Mem Fox</p> <p>Looking for this book? Click Here</p>
	<p>Title: <i>Moo, baa, la, la, la!</i> Author: Sandra Boynton</p> <p>Looking for this book? Click Here</p>		<p>Title: <i>Tickly Toes</i> Author: Susan Hood</p> <p>Looking for this book? Click Here</p>
	<p>Title: <i>Global Babies</i></p> <p>Looking for this book? Click Here</p>		



Baby Talk: Resources to Support the People Who Work With Infants and Toddlers

Issue No. 44 January 2015

Talk, Read, Sing: Seven Ways to Build Early Math Literacy:

Research tells us that exposing children to math early improves their success in school. Talking to young children about numbers helps their brains develop, and may improve their confidence with math later on. Here are some ideas to help educators and families to spark a child's math interest through talking, reading and singing!

- <http://m.toosmall.org/blog/talk-read-sing-seven-ways-for-parents-to-build-early-math-literacy>

Building A Child's Vocabulary:

This short article from Reading Rockets offers four easy ways to support vocabulary development and is available in English and Spanish.

- <http://www.readingrockets.org/article/building-your-childs-vocabulary>

Are Babies Born With Some Math Skills?:

If a 6-month-old can distinguish between 20 dots and 10 dots, she's more likely to be good at math in preschool. That's the conclusion of a new study, which finds that part of our proficiency at addition and subtraction may simply be something we're born with. Researchers have long wondered where our math skills come from. Are they innate, or should we credit studying and good teachers—or some combination of the two? Find out more in the following article.

- <http://news.sciencemag.org/brain-behavior/2013/10/babies-are-born-some-math-skills>

Caring for Infants and Toddlers in Early Care and Education - Standards:

It is critical that the growing number of children attending early care and education programs have the opportunity to learn in healthy, safe environments with caring, professional caregivers/teachers. A 2014 resource, [Caring for Infants and Toddlers in Early Care and Education](http://nrckids.org/default/assets/File/Products/Infant%20and%20Toddler/Caring%20for%20Infants%20and%20Toddlers%20Final.pdf), (<http://nrckids.org/default/assets/File/Products/Infant%20and%20Toddler/Caring%20for%20Infants%20and%20Toddlers%20Final.pdf>) provides a collection of 232 nationally recognized health and safety standards applicable to infants and toddlers in early care and education settings. These standards are a subset of [Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs](http://cfoc.nrckids.org/), (<http://cfoc.nrckids.org/>). They are the result of a joint collaborative project of the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education.

Why This Toy?

This column from *NAEYC for Families* offers guidance on the value of toys and what to think about before selecting a toy for a child.

- <http://families.naeyc.org/learning-and-development/child-development/why-toy> (column)
- <http://families.naeyc.org/> (NAEYC for Families)

Baby Talk is a free, one-way listserv that is distributed monthly. Each issue features resources that are high quality, readily available and free. To join the listserv, send an email **with no message** to subscribe-babytalk@listserv.unc.edu To suggest resources, please contact

Camille Catlett at camille.catlett@unc.edu or (919) 966-6635.

Children's Mental Health

Mental health in childhood means reaching developmental and emotional milestones, and learning healthy social skills and how to cope when there are problems. Mentally healthy children have a positive quality of life and can function well at home, in school, and in their communities.

What are childhood mental disorders?

The term childhood mental disorder means all mental disorders that can be diagnosed and begin in childhood. Mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions.

Some examples of childhood mental disorders are:

- Attention-deficit/hyperactivity disorder (ADHD)(<http://www.cdc.gov/ncbddd/adhd/index.html>)
- Autism spectrum disorders (<http://www.cdc.gov/ncbddd/autism/index.html>)
- Behavior disorders
- Mood and anxiety disorders

What are the symptoms of childhood mental disorders?

Symptoms of mental disorders change over time as a child grows, and may include difficulties with how a child plays, learns, speaks and acts or how the child handles their emotions. Symptoms often start in early childhood, although some disorders may develop throughout the teenage years. The diagnosis is often made in the school years and sometimes earlier. However, some children with a mental disorder may not be recognized or diagnosed as having one.

Who is affected?

Children's mental disorders affect many children and families. Boys and girls of all ages, ethnic/racial backgrounds, and regions of the United States experience mental disorders. Based on the National Research Council and Institute of Medicine report (Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities, 2009)¹ that gathered findings from previous studies, it is estimated that 13 – 20 percent of children living in the United States (up to 1 out of 5 children) experience a mental disorder in a given year and an estimated \$247 billion is spent each year on childhood mental disorders.

Can childhood mental disorders be treated?

Childhood mental disorders can be treated and managed. There are many evidence-based treatment options, so parents and doctors should work closely with everyone involved in the child's treatment — teachers, coaches, therapists, and other family members. Taking advantage of all the resources available will help parents, health professionals and educators guide the child towards success. Early diagnosis and appropriate services for children and their families can make a difference in the lives of children with mental disorders.

Source: [Center for Disease Control and Prevention \(CDC\)](http://www.cdc.gov)



Developmental Screenings

Developmental Screening:

Well-child visits allow doctors and nurses to have regular contact with children to keep track of—or monitor— your child's health and development through periodic developmental screening. Developmental screening is a short test to tell if a child is learning basic skills when he or she should, or if there are delays. Developmental screening can also be done by other professionals in health care, community, or school settings.

The doctor might ask you some questions or talk and play with the child during an examination to see how he or she plays, learns, speaks, behaves, and moves. A delay in any of these areas could be a sign of a problem.

The American Academy of Pediatrics recommends that all children be screened for developmental delays and disabilities during regular well-child doctor visits at

- 9 months
- 18 months
- 24 or 30 months

Additional screening might be needed if a child is at high risk for developmental problems due to preterm birth, low birth weight, or other reasons.

If your child's doctor does not routinely check your child with this type of developmental screening test, you can ask that it be done.

Developmental Monitoring:

Your child's growth and development are kept track of through a partnership between you and your health professional. At each well-child visit the doctor looks for developmental delays or problems and talks with you about any concerns you might have. This is called developmental monitoring (or surveillance). Any problems noticed during developmental monitoring should be followed-up with developmental screening.

Children with special health care needs should have developmental monitoring and screening just like those without special needs. Monitoring healthy development means paying attention not only to symptoms related to the child's condition, but also to the child's physical, mental, social, and emotional well-being.



Why It's Important:

Many children with developmental delays are not being identified as early as possible. As a result, these children must wait to get the help they need to do well in social and educational settings (for example, in school).

In the United States, about 13% of children 3 to 17 years of age have a developmental or behavioral disability such as autism intellectual disability (also known as mental retardation), and attention-deficit/hyperactivity disorder.

In addition, many children have delays in language or other areas that can affect school readiness. However, fewer than half of children with developmental delays are identified before starting school by which time significant delays already might have occurred and opportunities for treatment might have been missed.

Early Intervention Services:

Research shows that early intervention treatment services can greatly improve a child's development. Early intervention services help children from birth through 3 years of age (36 months) learn important skills. Services include therapy to help the child talk, walk, and interact with others.

The Individuals with Disabilities Education Act (IDEA) says that children younger than 3 years of age (36 months) who are at risk of having developmental delays, might be eligible for early intervention treatment services even if the child has not received a formal diagnosis. These services are provided through an early intervention system in each state.

In addition, treatment for particular symptoms, such as speech therapy for language delays, often does not require a formal diagnosis. Although early intervention is extremely important, intervention at any age can be

Developmental Screenings



Source: [Center for Disease Control and Prevention \(CDC\)](#)

Local Resource: Parent Infant Education (PIE)

Parent Infant Education (PIE) is a family-centered program that serves children who have special needs from birth to their third birthday. The PIE program is part of the statewide early intervention program known as the Infant Toddler Connection of Virginia and is also known locally as the Infant Toddler Connection of Arlington.

The program helps families work with their children to help them develop to their maximum potential

Services include individual plans for each child for services such as physical therapy, occupational therapy, speech therapy and educational services

The PIE Program wants all babies to grow healthy and, when the time comes, to enter school ready to learn. Refer to First Steps for Your Baby's Future for a sampling of things babies should be able to do at various ages.

Eligibility:

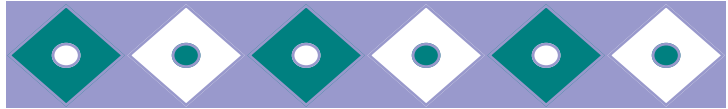
- Arlington resident
- Children from birth to third birthday
- Any child with a suspected developmental delay may be referred
- Children who have a developmental delay or who exhibit atypical development will receive services

Website: [Parent Infant Education](#)

Concerned About Development?

Tips for these conversations with parents:

- Highlight some of the child's strengths, letting the parent know what the child does well.
- Use materials like the "Learn the Signs. Act Early." fact sheets. This will help the parent know that you are basing your comments on facts and not just feelings.
- Talk about specific behaviors that you have observed in caring for the child. Use the milestones fact sheets as a guide. Example: If you are telling the parent "I have noticed that Taylor does not play pretend games with the other children," you could show the parent the line on the milestones fact sheet for a four-year-old that says that a child that age "engages in fantasy play."
- Try to make it a discussion. Pause a lot, giving the parent time to think and to respond.
- Expect that if the child is the oldest in the family, the parent might not have experience to know the milestones the child should be reaching.
- Listen to and watch the parent to decide on how to proceed. Pay attention to tone of voice and body language.
- This might be the first time the parent has become aware that the child might have a delay. Give the parent time to think about this and even speak with the child's other caregivers.
- Let the parent know that he or she should talk with the child's health care professional (doctor or nurse) soon if there are any concerns or more information is needed.
- Remind the parent that you do your job because you love and care for children, and that you want to make sure that the child does his or her very best. It is also okay to say that you "may be overly concerned," but that it is best to check with the child's doctor or nurse to be sure since early action is so important if there is a real delay.



Sample Conversation with a Parent:

Good afternoon, Ms. Jones. We love having Taylor in class.

He really enjoys story time and follows directions well. He is

working hard on coloring but is having a difficult time and gets frustrated. I have also noticed a few things about Taylor's social skills that I would like to discuss with you. Do you have a few minutes?

[Cite specific behaviors and when they occurred.]

Have you noticed any of these at home?

Ms. Jones, here is some information that shows the developmental milestones for a child Taylor's age. Let's plan to meet again next week [set a time] after you've had time to read it and think it over.

[Provide information such as the fact sheets.]

Ms. Jones, I know this is hard to talk about, and I may be over-reacting, but I think it would also be a good idea to talk to Taylor's doctor about this in the next few weeks. You can take this information with you when you go. The doctor can give Taylor a "developmental screening" which can answer some questions about his progress and whether you need to do anything else.

Maybe there is no problem, but getting help early can make a big difference if there is, so it's really important to find out for sure. Let me know if you need anything from me for that

doctor's appointment!

Resources for Families:

[How to Talk with Doctors About Your Child's Development](#)

[Concerned About Development? How To Help Your Child](#)

The Center for Disease Control Website has great resources and information!

What You Need To Know About Vaccines

Why should infants and young children be vaccinated?

Infants are particularly vulnerable to infectious diseases; that is why it is critical to protect them through immunization. Each day, nearly 12,000 babies are born in the United States who will need to be immunized before age two against 14 vaccine-preventable diseases.

Immunizations help prevent the spread of disease and protect infants and toddlers against dangerous complications.

How do vaccines work?

The diseases that vaccines prevent can be dangerous, or even deadly. Vaccines reduce the risk of infection by working with the body's natural defenses to help it safely develop immunity to disease.

When germs, such as bacteria or viruses, invade the body, they attack and multiply. This invasion is called an infection, and the infection is what causes illness. The immune system then has to fight the infection. Once it fights off the infection, the body is left with a supply of cells that help recognize and fight that disease in the

future. Vaccines help develop immunity by imitating an infection, but this "imitation" infection does not cause illness. It does, however, cause the immune system to develop the same response as it does to a real infection so the body can recognize and fight the vaccine-preventable disease in the future. Sometimes, after getting a vaccine, the imitation infection can cause minor symptoms, such as fever. Such minor symptoms are normal and should be expected as the body builds immunity.

Understanding Vaccines and Their Purpose:

- [How Vaccines Prevent Diseases](#) Includes illustrations to help you better understand how vaccines protect children from diseases.
- [Understanding How Vaccines Work \[2 pages\]](#) Explains how the immune system responds to vaccines to build immunity
- [Facts for Parents](#) Learn about 16 childhood diseases that can be prevented with vaccines
- [10 Things You Need to Know about Immunizations](#)
- [Infant Immunizations FAQs](#)
- [Parents' Guide to Childhood Immunizations](#) A 64-page booklet introducing parents to the 14 childhood diseases and the vaccines that can protect children from them.
- [Tips for a Less Stressful Shot Visit](#) Learn ways you can support your child before, during and after shots.
- [How to Hold Your Child during Vaccinations](#) See how a comforting hold can support your child and make the vaccination process less stressful on you and your child.
- [Parent Version of Recommended Immunizations for Children from Birth through 6 Years Old \[2](#)

Playing Outdoors in the Winter the “Safe Way”

Even when it’s cold outside, it is ok for children to play outdoors!

Caring for Our Children, says it ok for kids to play outside as long as the wind-chill (which affects how cold it feels to you when you’re outside) is above -15 °F (for example, -14 °F, -5 °F, -2° F, etc.). If the wind-chill is above -15 °F (for example, -20 °F) it is ok to go outside for a very short period of time as long as it is not raining or snowing so hard that you or the children cannot stay dry.



Here are some tips from Healthy Young Children to help keep kids safe in snowy weather:

- Snowballs can cause serious injury. Be sure that children do not throw them at other children, at moving cars, or into parking lots or streets.
- Snow can have dirt or very, very harmful items (toxic substances) in it so don’t let kids eat it.
- Children can be strangled or injured by scarves and hoods that have strings or parts that can get caught on playground equipment. Be sure kids don’t wear these kinds of items outside.
- Keep children dry. If they are wet they can experience a serious health condition known as frostbite.

If you have any questions about this information, please contact Markisha Key-Hagan, Child Care Health Consultant at 703-228-1515 or your Child Care Specialist.

Sources: Caring for Our Children (CFOC): National Health and Safety Performance Standards; Guidelines for Early Care and Early Education Programs (3rd ed.) By American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education and Healthy Young Children (HYC): A Manual for Programs (5th Ed.) Susan S. Aronson, Ed.

Don't Keep Those Germs Hanging Around This Winter!

What you need to know about ventilation, humidity, and temperature in your child care home or center

Caring for Our Children

National Health and Safety Performance Standards
Guidelines for Early Care and Education Programs



American Academy of Pediatrics
American Public Health Association
National Resource Center for Health and Safety in Child Care and Early Education

Winter is finally here! Besides the cold, there are other things to think about to make sure your child care center or home is comfortable, healthy, and safe. Here are some tips from Caring for Our Children (CFOC): National Health and Safety Performance Standards; Guidelines for Early Care and Early Education Programs (3rd ed.) By American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education and Healthy Young Children (HYC): A Manual for Programs (5th Ed.) Susan S. Aronson, Ed.

Ventilation:

What you need to know:

Wherever people are, germs are, and they can be in many places like in the air we breathe. In addition to germs, odors and toxic (very, very harmful) substances can also make the air “dirty”. When your child care space is not ventilated well (not enough fresh air comes into the room to push out the “dirty” or “polluted” air in the room), children can experience health problems like lessened lung function, asthma, bronchitis, emphysema, and some types of cancer from breathing in “dirty” air over a long amount time. Although everyone can possibly have health problems if they breathe in “dirty” air, the lungs of children are still growing and they breathe more air (per pound of body weight) than adults do, so air pollution is even more harmful to them. **Related codes:** *Chapter 52: 52-21 Indoor facilities (see “b” and; Chapter 59: 59-16 (See “f.” under Physical environment)*

What you can do:

Let fresh air into your child care area(s), even in the winter.

- The easiest and less expensive way to do this would be to open the windows at least one time per day. You can do so whenever the weather allows or when children are out of the room.
- If the weather or poor outdoor air quality (the air outside is harmful) does not allow you to open windows, have another way of ventilating such as by using a HVAC (heating, ventilation, and air conditioning) system.

Don't Keep Those Germs Hanging Around This Winter!

- Keep your space clean and dry because dirt, moisture (wetness), and warmth helps mold and other contaminants grow which can cause allergic reactions and asthma.
- If a space is insulated (sealed to keep cold or hot air out) to control heating or cooling costs, don't seal whole area. Doing keeps "dirty" air from leaving the room and fresh air from coming inside.

Room temperature and humidity:

What you need to know:

A humidity amount tells us how wet or dry the air is. In cold weather, it is common for the air to be dry or have low humidity (less water in the air). This is because unlike warm air, it is difficult for cold air to hold a lot of water. If the cold air is not warmed and stays very dry, it will take water (moisture) from anything that has it, including people. When we lose moisture, this can cause health problems like nose bleeds and cracked skin. It also makes us less able to protect ourselves from germs that try to enter our bodies. **Related codes:** Chapter 52: 52-21 Indoor facilities (see "k" and; Chapter 59: 59-16 (See "f." under Physical environment)

What you can do:

- In the winter, the room temperature should help keep the humidity level in a healthy range. Chapters 52 and 59 both state that temperatures must be kept between 68 °F to 72 °F.
Take temperature at a distance of one (1) or two (2) feet from the floor
- In the winter, HYC recommends that you keep the humidity level in a room between 30% - 50%.
A device called a hygrometer can help you measure humidity levels.

If you have any questions about this information, please contact Markisha Key-Hagan, Child Care Health Consultant at 703-228-1515 or your Child Care Specialist.



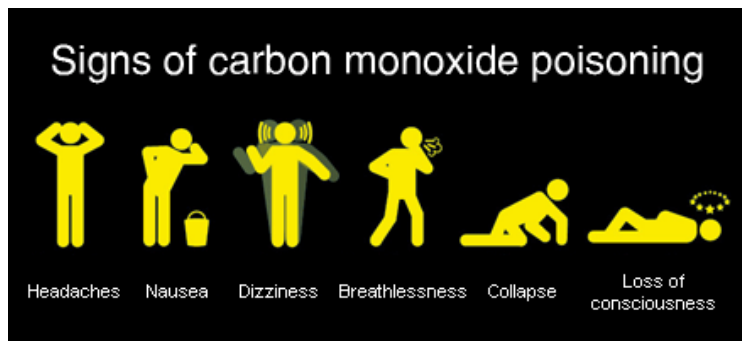
Avoid Carbon Monoxide Poisoning During These Cold Winter Temperatures

By: Arlington County Office of Emergency Management

With the extreme cold weather and icy road conditions, residents are asked to stay home but also to be safe when trying to keep warm. We tend to see a rise in Carbon Monoxide (CO) detection during these cold winter months and ask all residents to be safe when using alternative means to heat their homes.

Carbon monoxide is an odorless, colorless and toxic gas. Because it is impossible to see, taste or smell the toxic fumes, CO can kill you before you are aware it is in your home. At lower levels of exposure, CO causes mild effects that are often mistaken for the flu. These symptoms include headaches, dizziness, disorientation, nausea and fatigue. The effects of CO exposure can vary greatly from person to person depending on age, overall health and the concentration and length of exposure.

CARBON MONOXIDE (CO) POISONING



General carbon monoxide precautions:

- Do not use a gas stove or oven to heat your home and do not burn any fuel or use any related appliances in enclosed spaces where fumes can quickly build up.
- Do not sleep in a room that has an unvented or unchecked heater.
- Do not leave the car engine running in the garage, as this can build up fumes very quickly, which can in turn seep through door cracks and in to the home.
- Make you check chimney flues and vents for any blockages.

Ensure all fuel-burning appliances are checked regularly by a trained and certified professional. This includes appliances such as furnaces, gas heaters, ovens, fireplaces etc. If possible, always opt for fuel appliances that vent fumes to the outside, and ensure that they are fitted and checked regularly by certified professionals. Always follow the instructions for the use of a fuel-burning device to the letter. Wherever required, open windows and doors when burning fuel.


Welcome to the Quality Environments in a Family Child Care Setting Cohort 3!

January 9th marked the beginning of the Quality Environments in a Family Child Care Setting Cohort 3. The Quality Environments in a Family Child Care Setting cohort is an intensive four session training focusing on introducing Family Child Care Providers to the Family Child Care Environment Rating Scale, Revised Edition or FCCERS-R.

Learning topics included defining and establishing your family child care environment; how to organize, store, and rotate materials and activities; designing the child care space for maximum learning and fun (considering factors such as walls, colors, lighting, patterns, and texture); and creating a rich and complex outdoor environment.

The Quality Environments in a Family Child Care Setting Cohort is conducted by Dr. Marsha McLean.

For more information on upcoming cohorts, please contact Child Care Central!



Upcoming Training!


February 2014:

- February 3: Chapter 52 Boot Camp
- February 5: Safe and Health Environments in a Child Care Setting
- February 6: Pre-Licensing Workshop
- February 14: New Provider Orientation
- February 18: Developmentally Appropriate Practices for Infants and Toddlers
- February 21: Safe and Health Environments in a Child Care Setting

March 2014:

- March 2: Developing Your Family Child Care Business Part 1
- March 12: Identifying and Reporting Child Abuse (Bilingual Spanish and English)
- March 13: Pre-Licensing Workshop
- March 16: Developing Your Family Child Care Business Part 2
- March 25: Wolf Trapp Present: Story Boxes: Looking Beyond the Book, Thinking Inside the Box

To Register for Training, please visit the Child Care Services Calendar of Events!
<http://family.arlingtonva.us/child-care-provider-calendar-events/>



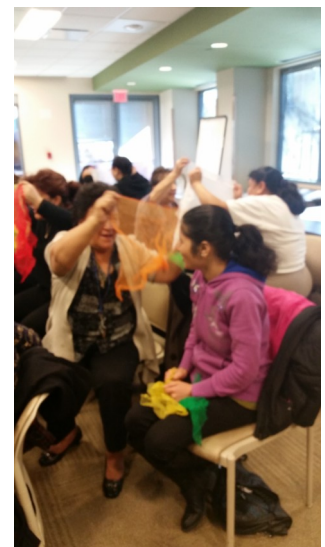
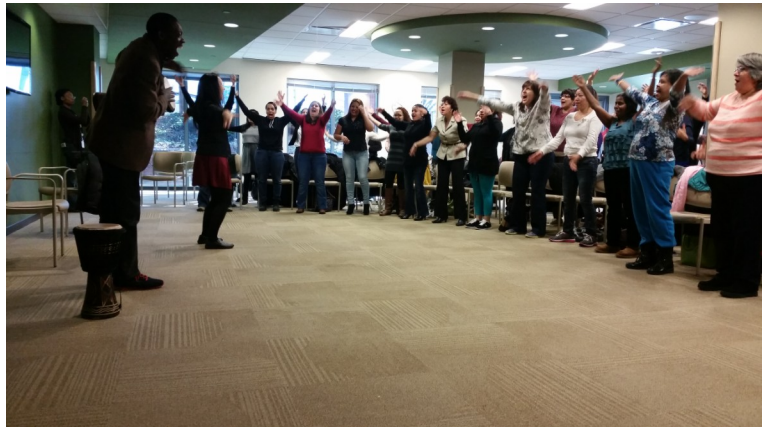
Wolf Trapp Presents: Baby Beat, Baby Feet!

On January 16th, 55 Arlington County Child Care Providers consisting of both Child Care Centers and Family Child Care Providers, gathered to participate in the Wolf Trapp session entitled, "Baby Beat, Baby Feet!"

Baby Beat, Baby Feet demonstrated how the naturally stimulating combination of music and movement experiences impacts healthy physical, emotional, social, cognitive, and language development skills in infants and toddlers.

Participants learned about the inherent connection that music and movement have in infant and toddler development and explored opportunities to apply these sensory experiences in the everyday routines of the classroom and home settings.

Participants learned dynamic, creative, developmentally appropriate movement and music experiences to be used in the home, day care and classroom setting.



Resource Page

The Virginia Infant & Toddler Specialist Network

The [Virginia Infant & Toddler Specialist Network](#) strives to achieve excellence in early care by increasing the educational level and skills of those who care for infants and toddlers, whether in family homes or in centers. Through nine regional offices and 15 infant and toddler specialists located throughout the state, three levels of service are offered to those who care for children birth-36 months:

- on-site consultation, mentoring, and support for early care programs using quality improvement plans,
- training and technical assistance to groups of caregivers/teachers and directors, and
- resources and linkages to existing professional development opportunities.

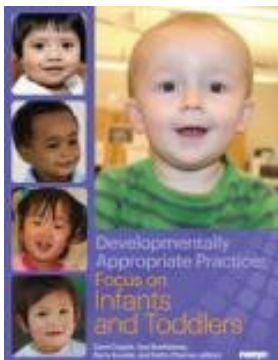
The VA Infant & Toddler Specialist Network is a program of Child Development Resources and is supported by the Virginia Department of Social Services Grant #93.575, with funds made available to Virginia from the U.S. Department of Health and Human Services. Points of view or opinions contained within this website are those of the author and do not necessarily represent the official position or policies of VA Department of Social Services or the U.S. Department of Health and Human Services.



To receive the VA ITSN e-newsletter, please email Lise Kline at lkline@cdr.org. For updates and news about the Virginia Infant & Toddler Specialist Network, be sure to like [our Face book page](#).

Source: [Child Development Resources](#)

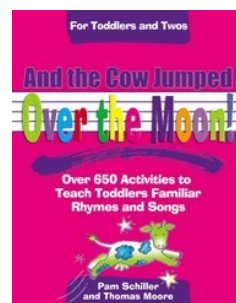
Resource Books and Materials



*Developmentally Appropriate Practice:
Focus on Infants and Toddlers*

Author(s): Carol Copple, Sue Bredekamp,
Derry Koralek, & Kathy Charner, eds.

The Cow Jumped Over The Moon
Author: Pam Schiller and Thomas Moore



Creative Curriculum

Resource Page

Infant and Toddler Development:

- [Your Child's Development](#) – This set of nine, age-based handouts include a “what to expect” chart for each age range, suggestions for supporting your baby or toddler’s healthy development, frequently asked questions, a research summary, and information about common parenting challenges for each age and stage.
- [Magic of Everyday Moments](#) – This set of eight, age-based booklets highlights developmental milestones from birth to three and offers ideas for how parents can support their children’s healthy development through everyday activities and routines.
- [Development of Social-Emotional Skills](#) – This set of three, age-based handouts highlight how children begin developing important social-emotional skills (such as taking turns, sharing, building friendships, and resolving conflict) from birth to three.
- [Development of Self-Control](#) – This set of three, age-based handouts focus on how children begin to learn self-control—the ability to manage their emotions and stick to the limits you set. While babies are not born with self-control, they begin learning this skill at birth through loving, consistent interactions with caring adults.
- [Steps Toward Crawling](#) – Learn to recognize the skills babies need to develop the ability to crawl.
- [Learning to Use the Toilet](#) - When and how to help your child learn to use the potty depends on how ready your child is, as well as your own beliefs and values about toilet training. This resource provides some questions and thoughts to keep in mind as you help your child learn to use the toilet.

Developmentally Appropriate Environments:

- [Matching your Infants or Toddler's Style to the Right Child Care Setting](#)
- [Matching your Infants or Toddler's Style to the Right Child Care Setting \(Spanish\)](#)

Play Activates and Information:

[Power of Play: Learning Through Play From 0-3](#) - This brochure explores how play supports all areas of children’s development. Also included are age-based suggestions for playtime from birth to three.

[Development of Play Skills](#) - This set of four resources describe the development of play skills from birth to three and suggest toys and activities appropriate for each age.

[On the Move: The Power of Movement in Your Child's First Three Years](#) - This booklet shows how young children develop skills through active play.

[Baby and Toddler Playtime Ideas](#) – This resource offers ideas for fun playtime activities to do with babies and toddlers.

Cognitive Development:

- [FAQ's on the Brain](#) - Offers answers to common questions about brain development in the early years.
- [Healthy Minds: Nurturing Your Child's Healthy Development](#) - This set of seven, age-based handouts link child and brain development and highlight the important ways in which babies and toddlers grow and learn in the first three years.