Better Homes and Centers

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Physical Development

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RUNNING, JUMPING, SLIDING AND SWINGING

Tina Brown, Director of Preschool Programs
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Wayne County

We often underestimate the critical link between body and mind for young children. I think this is partly because we've forgotten what our own childhoods were like. Think back. What are your most vivid, pleasurable memories? Every one of mine involves some kind of movement. My favorite play areas were my back yard and the part near my home. I loved dumping and pouring sand, sledding down the tiny, gentle slope at the park, climbing trees, riding my bike, jumping rope, swinging, sliding, running races with neighbor children, walking with my father, and I wore out three pairs of roller skates on the sidewalks. I spent well over 50% of each day engaged in large muscle activities.

In the process, I learned about gravity, velocity, volume, quantity, estimating, botany, traffic safety, taking turns, sharing and a host of other things. I developed good feelings about myself and my competence to function in the world. All of my childhood engagement with the physical world helped me to build a catalog of experiences as well as strong, healthy muscles. They improved my problem-solving skills and stimulated my curiosity, two of the most important aspects of intellectual development. If we really remembered the joyful exhilaration of our own childhoods, how much of the school day would be scheduled as gross motor activity for the children in our care?

Research tells us that beginning at birth, the development of our brains is tied to achieving control over the movements of our bodies. That's what Piaget's sensorimotor stage is all about. Preoperational children make lots of thinking errors which disappear as they mature and gain experience in the physical world. For them, thinking is doing. Concrete operational children continue to need to manipulate real objects frequently to understand new concepts. Today's world

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DIRECTOR'S CORNER

This edition of Better Homes and Centers focuses on a child's physical development. A recent "Prime Time" broadcast discussed human brain development and the connection between physical development, nurturing, and the intellectual development of the child. Music, movement, art, blocks, sand and water — all the things you like to do with children really do enhance their total development.

More sensitive than music and art is assessing a child's normal sexual development — an issue many of us would like to ignore. Many of you have experienced child-to-child sexual activities in one form or another within your facility and have wondered if it is a cause for concern. Some form of child sexual curiousity and exploration is normal. What is important is to become better informed so that as professionals we do not overreact. In those instances where child-to-child sexual activities go beyond normal limits, we do have to be concerned and must respond appropriately.

In this issue, two of the articles address the subject of normal sexual development in a non-emotional and objective fashion. Our interest is to address your questions and concerns about what is normal and what is not to help you handle these situations when they arise.

Since this is a sensitive issue, you may want to share your concerns or opinions with me. I would be happy to talk with you about it. You may call me at (517) 373-8300.

Ted deWolf

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is a stressful place for both big and little people. Exercise is a much more effective stress management strategy than Valium or fist fighting. Physical activity is essential to good health in both childhood and adulthood. Children learn through imitation of what we model.

But how well do we act on that information? Do we encourage infants and toddlers to explore the world or do we restrict them to familiar toys and play areas? Do we spend most of our day with preschoolers engaged in quiet, sedentary activities because the teacher believes they are the "important" things? When children can't concentrate on a teacher-planned activity, do we adjust the routine by stopping to stretch, switching to large muscle activity or taking the children outdoors? Do we make sure that children can engage in large muscle activities even when they must stay indoors? Do we expect children to learn by watching or doing? Do we increase large muscle time for children who have major stressors in their lives? Do we participate with children on the playground or do we just stand and watch them? When we prioritize equipment purchases, do gross motor materials end up at the bottom the list?

To really use our knowledge about the link between growing healthy bodies and growing healthy minds we need to remember what we loved to do as children. We need to take a good, hard look at the daily activities, routine and expectations we have for children. We may have to change them. If we really want to offer child-centered, process-oriented experiences to the children in our care, then we must recognize that we cannot divide thoughts, feelings and actions of young children into separate categories.

We may need to set new priorities for purchasing new resources. We may even need to move "physical" from last to first in our list of developmental needs.

As Dorothy Cohen, child care expert, so eloquently said, " . . . let us not fail to remember that the basis for competence in childhood is the competence of body in action, the ability to function, and its mastery of the environment through physical means."

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BLOCKS AND EASEL — WHERE READING AND WRITING BEGIN

Carole M. Grates, Area Manager
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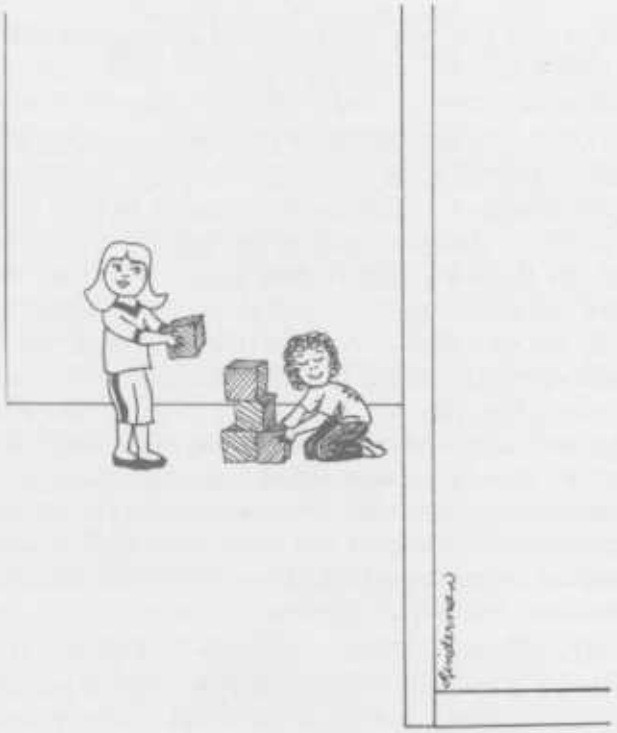
Can that bright-eyed three year old really be learning to read and write while standing at the art easel? Blocks are for building — but not for building literacy skills? An unqualified "yes" to both questions! These are two of the best places for children to develop the physical skills needed to become readers and writers.

ART EASEL

As three-year-old Joel picks up the paintbrush and contemplates the next color to lie on the big easel paper, what is happening? First, he is developing some essential physical skills by picking up the brush and controlling it. This requires considerable control that he will need later when he starts to use a pencil to begin writing. He is also developing the eye-hand coordination he will need to put those letters on a piece of paper. It is easier for him to practice at the easel because he is looking at it straight on and not at an angle as on a table. It is also much easier to control the big brush than the smaller pencil he will eventually have to use.

Joel is also having another important visual experience besides eye-hand coordination. It is called figure-ground. What this means is that each time he puts a stroke on the paper it is helping him to develop the skill of pulling the figure away from the background visually. This is going to be very important to him when he is faced with a page full of letters and pictures. He will have to be able to distinguish the letters from the background so he can decode the symbols and get meaning. Put in those terms, it seems like quite a formidable task that we take so much for granted!

While painting those lines and squiggles on the paper, Joel is also practicing how to make the various lines that make up the alphabet. Some of his marks may look surprisingly like letters. Do help him to recognize this when you are discussing his picture. He'll feel especially proud that he is learning some of these important squiggles.



BLOCK AREA

Amy has built a tall tower with the help of her four year old classmate, Tanya. What have they learned through this experience that will make them readers and writers? First, they are learning that blocks combined can represent something other than just blocks. They are a house or a school or whatever they want. Written language is also a representation using letters formed into words to represent ideas. Playing with the various shapes, they are learning that different shapes of blocks actually form some of the same shapes as letters they are recognizing in written materials. If the blocks are stored on shelves that have been marked with symbols for the various shapes, the girls are learning to match symbol to object which will help them later on to distinguish and match letters and sounds. Handling the blocks involves those important hand and finger muscles to pick up and control the blocks. These are the same muscles needed to control pencils.

Reading and writing are skills right under your nose in the block corner and at the art easel! Open-ended activities like these are the best part of early childhood experiences. But sometimes we have to justify the time children spend "playing". If you need a rationale for providing these experiences, what better reason is there than the fact that children are developing the physical skills that will support the cognitive processes of reading and writing.

GAMES FOR ALL AGES

Larry Porter, Lead Teacher
Sycamore Elementary Child Care
Ingham County

I run an in-school Child Care Program which includes children from five to eleven years old. Finding noncompetitive games for the children to play is not a problem. However, due to the number of children and the limited space, finding games where ***all*** children age five or age eleven, can play with equal success, can be difficult. A game that an eleven year old finds enjoyable and a little challenging would overwhelm a five year old. Conversely, a game that a five year old finds challenging would be considered "boring" by the eleven year old. A happy medium can be found. It takes planning, clear instructions to the children, understanding by the child care staff, and the cooperation of the children — especially the older children.

Having older children cooperate in a game for all children is not as difficult as it may seem. It has been my experience that most older children become "mother hens" to the younger children and are very patient with them — more so than with their own peers. If the children cooperate, any game you play can be successful. Here are some to try.

CONCENTRATION — This is a running game which uses the elements of the card game "Concentration". The only equipment needed is a deck of playing cards. There are eight teams, with at least four members on each team. The teams are given names: seven, eight, nine, ten, jack, queen, king and ace. The object is for each team to retrieve all four cards that match their team name. Before the game begins, place 32 cards face down on the gym floor (all four sevens, all four eights, etc.). Be sure they are quite spread out to allow plenty of running room. Have each team line up on one end of the gym, with members one behind the other (there will be eight lines). At the command "go" the first runner from each team picks up a card. If the card matches his team name he returns to his team with the card. If it does not match his team name the runner places it back where he got it, runs back to his team, and slaps hands with the second runner. The second runner runs on the floor and the first runner goes to the end of the line. When the second runner returns, he slaps hands with the third runner and goes to the end of the line. This pattern keeps repeating until one team has successfully retrieved all four of its cards.

FOUR CORNERS — Number each corner of a large room. One child is blindfolded. For 30 seconds the rest of the players run around the room, but by the end of 30 seconds every child must be in one of the four corners. The blindfolded child then calls out a corner number. Every child in that corner is "caught" and must sit down in a designated area. When four children or fewer are still in the game, they must be in separate corners. The last child remaining is "it" for the next game and receives the blindfold.

RUNNING TAG GAMES — There are many tag games children like to play. The following two allow everyone to play, even after they have been "tagged".

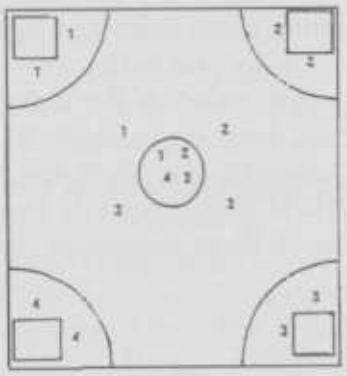
Octopus Freeze Tag — One child is "it" and stands in the center of the gym. The rest of the children line up at one end of the gym. The child in the middle calls "Octopus" and everyone tries to run to the other side of the gym without being tagged. If a child is tagged, he must stand where he was tagged. He is now also "it" but is frozen in place. Moving only his arms, he can now help the chaser by tagging runners who are trying to get from one end of the gym to the other. The runner must now not only avoid the child who is "it", but also any others who are the "frozen octopi".

CAR TAG — This game is very similar to Octopus Freeze Tag except when a person is tagged, he has to ***sit*** at the place where he is tagged.

These two tag games allow everyone to play and participate. If someone gets tagged he is still a part of the game. He doesn't have to just sit and watch until the game is over.

In addition to choosing noncompetitive games where children of all ages can participate, there are two other things to consider. First, a teacher or aide should pick the players for each team as much as possible. This avoids hurt feelings and no one has the stigma of being the last child chosen. Second, although children of varying ages can play games together successfully, don't always have them play together. Plan times to take older children and younger children separately to play games in the gym. This allows the younger children to gain confidence in their abilities and lets the older children play at full speed.

Four Corners



Half court use only 16 players. For full court use 20 players.

HOW TO TALK SO PARENTS WILL LISTEN

Kim McCombs, Provider
Wee Care Group Day Care Home
Livingston County

Dealing with parents can be the most challenging responsibility child care providers must face. Whether you are the director of a large child care facility or provide care for several children in your home, there will come a time when you must confront parents with concerns that extend beyond your environment. Although you may be "great" with children, you may be at a loss when you must approach a parent about a child that has problems that may require services you cannot provide. The question becomes, what's the best way to approach a parent when you suspect a problem concerning the child's normal developmental growth?

The first step begins before a problem arises. You are a child care professional. You must establish yourself as a reliable and educated child care professional that parents can respect and trust. As such, it is your responsibility to stay abreast of current trends in child development and to educate yourself in normal and natural child growth and maturation. Become aware of individuals or services in your area that can provide assistance to yourself, the child or the parents. When a problem does arise, parents will know they are speaking to a well informed child care professional and will be more apt to validate your concerns.

Many times you will be the first child care professional parents must deal with. When you share a concern with parents, they may be genuinely surprised, or you may be confirming a suspicion they already have. In either case, you must approach the parents carefully so you do not cause them undo concern or create so much stress that they remove their child from your program before you can help them. You need to be sensitive to the needs of the parents and in tune to their way of processing information.

Start slowly. If you think there is a problem, inform the parents of your need to speak with them in private. It's best if you can talk to a parent in person, but a phone call can be just as productive. Let them know you have a concern. Give parents examples of the behavior that concerns you. For example, if you suspect a speech problem, you might say, "I've been noticing Shelby plays by herself a lot. She seems to have trouble expressing herself clearly. This makes it difficult for her to communicate with other children. Do you have trouble understanding her?" If a parent shares your concerns and looks to you for direction, you can suggest that the child be seen by her pediatrician or the staff at your local intermediate school district for evaluation. If a parent seems reluctant to acknowledge a problem, you will need to help her realize that one exists.

Let the parents know exactly how you plan to help the child. Give concrete examples. "Shelby will often point to things or mumble when she wants something. I've gotten quite good at interpreting her needs and responding to her nonverbal communication. I don't think this is helping her. From now on, whenever Shelby points to something, I'm going to say, 'Use your words, Shelby. What do you want?' If she mispronounces words, I will always repeat the words correctly. It would be helpful if you tried this at home. Let's talk again in a few weeks and see if we've noticed a difference."

At this point, you have shared your concerns with the parents and provided a strategy to deal with the problem. You have also demonstrated your commitment to help their child. The parents will have time to adjust to the "shock" of finding out there is a concern and will have an opportunity to observe their child over the next few weeks. If you have any written information available that substantiates your concerns, share it with the parents. "This book has guidelines for speech development of preschoolers. Remember, these are just guidelines and every child develops at a different rate. I think you'll see, however, why I am a little concerned."

After a few weeks have passed, talk with the parents again. Share your successes and failures. Be ready to provide the parents with information and suggestions for the "next step". "Shelby seems interested in learning new words but doesn't use them in conversation. I'm not qualified to determine whether or not Shelby has a speech problem that requires special assistance. Our intermediate school district does free evaluations of children and can determine whether or not Shelby needs professional help. If she does, she may be entitled to free services. I've written down the name and phone number of someone you can talk to at the intermediate school district. She may tell you her development is normal and that there's no need for concern or that she could benefit by speech instruction. Either way, I'm sure you'd feel better if she was assessed by a specialist in the area."

Continue to work with the parents throughout the evaluation process. This can be a confusing and scary time for parents. Let them know you would be happy to share your observations and concerns with her pediatrician or other professionals the parents choose to involve. Respect the privacy of the parents and child. Sometimes parents will become very secretive with test findings and will think they are protecting their child by not sharing this information with other people. Continue to be the parents' and child's advocate, and they may eventually share information with you that can help you deal with their child.

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SEXUAL DEVELOPMENT: WHAT IS NORMAL AND WHAT IS NOT

Michele Bowersox, M.S., Assessment Counselor
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Knowing about normal sexual development will help providers handle situations that may arise when children are in their care.

Childhood sexual development is progressive in nature in that a child's sexual curiosity, experimentation and behavior changes over time. It is also influenced by many factors such as cultural norms, family values, and interpersonal interactions and experiences. Research has shown that certain behaviors are evident at certain stages in a child's development, and these behaviors are generally considered to be consistent with normal childhood sexual development. The following is a summary of behaviors deemed to be "normal" (although not always viewed as appropriate by adults), across three developmental levels.

Birth to Age 4

Researchers who have studied sexual activity in children have determined that all children exhibit sexual behaviors and that childhood sexual behavior tends to peak between the ages of 3 to 5, with overt sexual behavior declining after that peak.

One common sexual experience is the child "discovering" that pleasant sensations occur when certain parts of their body are stimulated. The younger the child, the more likely any repetition of this behavior occurs by accident. As a result of toilet training, children become very interested in "bathroom" functions and ask many questions related to these functions.

By the age of three, most children can imitate observed behavior with a fair amount of detail. Playing "house" or "doctor" is a normal activity, and the amount of detail or type of activity involved in these games is directly related to what the child has observed. For example, many children will arrange situations in which the mom and dad kiss, lay in bed together, make babies and have arguments. It is highly unlikely that this play will progress beyond what the child has experienced directly or through observation.

Occasionally, young children will discover that they can insert objects into various parts of their body. However, most children stop this behavior once they discover that it causes discomfort or pain. If a child continues this type of behavior, further evaluation may be appropriate.

By age 4 as a result of natural curiosity and through using play as their primary mode of learning, children in this group become interested in role playing games that involve undressing and sexual exploration. They may start to use slang words for body parts with or without understanding the correct meaning of these words.

Ages 5 to 8

For children of these ages their sexual behavior tends to become more inhibited and less spontaneous. At the same time, children in the age group are learning about privacy and begin demanding that others respect their privacy as related to their body. Although they continue to observe and ask many questions about human sexuality, they begin to show repulsion of overt sexual behavior and tend to associate more with peers of the same gender. This is the stage where children learn about and delight in telling "dirty jokes" with or without understanding the punch lines. They may continue to play house and doctor. As children reach age 7 or 8 they may become interested in "dating" behaviors such as holding hands and kissing.

Ages 9 to 12

Children in this age group continue to experience increased peer contact as well as increased experimentation with sexual behaviors. They may alternate between periods of inhibited and uninhibited sexual behavior. Children in this age group will continue to touch themselves and may begin to touch other like-minded children in a sexual way. This is the time when children begin experiencing physiological changes that result in an increased interest in sexual activity.

Although the above descriptions of sexual behavior by children has been determined by researchers to be "normal", it is not always deems appropriate by caregivers who would like to discourage or stop the behavior. Often, if the caregiver provides supportive instruction and guidance to children in a "matter of fact" tone, the children develop healthy attitudes about their own sexuality and inappropriate sexual behavior stops.

How do we distinguish between "age-appropriate" behavior that requires adult structure and guidance and "problematic" behaviors which may require further assessment and possibly, professional intervention? Researchers have identified several variables or issues to consider when determining whether or not a particular behavior is problematic.

Age Difference

Generally, if the age difference between children engaged in sexual contact is three years or greater, the situation warrants exploration. The most obvious concerns arise when adolescents initiate sexual contact with school-age or preschool-age children. But contact between a 7 year old and a 3 year old is also an area of concern due to the difference in the cognitive and emotional development associated with these ages.

Size Difference

As children mature physically at highly individualized rates, sometimes children who are in the same age, are not equal in their physical size, and sex "play" initiated by the larger child may be troublesome to the smaller child. For example, the smaller child may feel intimidated or bullied into participating in the activity.

Difference in Status

The difference in perceived status between children engaging in sexual contact is another factor that needs to be assessed. For example, older siblings or babysitters often are granted temporary authority over younger children and may influence the younger child's ability to make appropriate choices, by using threats or coercion, or even simply modeling inappropriate behavior.

Type of Sexual Activity

Sexual behavior that is advanced for the child's development and beyond what is considered "normal" warrants exploration. Although there may be many reasons for sexual activity beyond that associated with the child's age, the activity may be problematic.

Type of Interaction

This issue is similar to status difference but relates to situations in which one child is able to exhibit some kind of force, threat, bribery, or coercion over the other, regardless of each child's status. For example, if all other variables are equal but one child feels forced into participating in the activity, the behavior by the other child is considered problematic. In these cases, the interaction is not mutually agreed upon.

Affect/Dynamics

Children who engage in age-appropriate, exploratory sex play usually display joy, laughter, or even embarrassment. The activity is usually spontaneous and may be inhibited or uninhibited. Problematic behaviors involve feelings such as anxiety, hostility, aggression and tension. The activity is not spontaneous and the behavior does not decrease with parental guidance or distractions.

The above variables need to be considered when assessing any one particular incident of child to child sexual contact.

(This article was excerpted from two articles written by Michele Bowersox, which were based on information she adapted with permission from: Gil, Eliana, Ph.D., and Cavanagh Johnson, Toni, Ph.D. (1993) Sexualized Children: Assessment and Treatment of Children and Children Who Molest, Launch Press.)

CHILDREN TOUCHING CHILDREN: WHAT NOW?

Kathy Mulder-Sheridan, Licensing Consultant
Ottawa County

As child care professionals, we know and accept the reality that children are curious about their own bodies as well as the bodies of others. This curiosity may involve watching others go to the bathroom, "playing house," "playing doctor," touching their own body parts or touching other children's body parts. ***Most of this behavior is normal and acceptable as part of typical childhood development.*** While we accept these behaviors as typical and to be expected, we also know that these behaviors are not appropriate for day care settings.

Most sexual touching incidents fall into what we accept as normal expressions of childhood sexuality. The following are recommended procedures should you observe a normal child-to-child touching incident:

1. Stop the behavior using a matter-of-fact manner and tone of voice. Don't overreact.
2. Using clear, consistent language, discuss the situation with the children. Explain that, while touching another child may be funny or feel good, our bodies are private and not to be touched by others. Reinforce that children should respect each other and the touching of private body parts is not acceptable.
3. Redirect the children into a more acceptable play activity.
4. Note the incident in an informal log.
5. Think about supervision. Are you checking on the children often enough? Are there plenty of other activities for them to be involved in?
6. You may want to inform parents about the incident and how you handled it. Parental reaction may vary from calm acceptance to angry blaming. ***Stay calm yourself.***

It is important to know the difference between normal expressions of childhood sexuality and what is atypical behavior. Atypical behavior may include:

1. Frequent child-to-child sexual touching episodes.
2. The addition of increasingly sexualized behaviors, such as oral sex or the insertion of objects into body orifices.
3. If the age difference between the children is more than three years or one child is significantly larger than the other, or one child has more "status" than the other. (This may be the situation in family day care where the provider's child is involved in the touching incident.)

When the touching incident is atypical, the following procedure is recommended.

1. Stop the behavior using a matter-of-fact manner and tone of voice.
2. Using clear, consistent language, discuss the situation with the children. Reinforce that the observed behavior is not appropriate or acceptable in day care.
3. Record the incident on an incident report form.
4. In a day care center setting, the director or administrator should be notified.
5. The director or home provider should notify the parents of the children involved in the incident and set up an appointment with each of them at separate times. Other staff members should be included, if appropriate.
6. At the meeting:
   - Review the incident.
   - Inform the parents on how the incident was handled.
   - Indicate that the day care licensing consultant is a resource. Give the parent the consultant's phone number.
7. The director or home provider should contact day care licensing as soon as possible.
8. Staff or providers should cooperate fully with authorities if an investigation takes place.
9. Center staff or home providers should ask themselves:
   - Is good supervision being provided?
   - Do children have large amounts of unstructured time?
   - Are there enough staff?
   - Are there enough activities to occupy children?
10. Confidentiality ***must*** be maintained at all times.

Remember that most sexual touching between children is perfectly normal. Don't use inflammatory language such as sexual abuse, perpetrator, victims, disclosure, to describe the incident unless the situation is really one of child abuse.

Lastly, your day care licensing consultant has experience in working with these situations. Call your consultant for advice and support if you have an incident in your home or center and you need information. We'd be glad to help!

(Adapted from Healthy Foundations – Planned Parenthood and Laying Healthy Foundations Workshop; Policies and Procedures, Kent and Ottawa Counties)

AVOIDING THE STRAIN OF "TRAINING"

Bill Carver

The term "toilet training" is misleading. The truth is that you can't "train" children to use the toilet. Children will use the toilet when they are ready. Caregivers and parents should follow the child's schedule rather than trying to get the child to follow theirs. So what is readiness?

Picture little Johnny being put on the toilet. "You will sit there till you go pee-pee" his caregiver says. Thirty minutes later, the caregiver gives up; not one drop of urine has been seen. Johnny stands up, pulls up his pants, and steps into the room, where he urinates all over himself. In this example, Johnny is not quite ready to learn to use the toilet.

Readiness, or preparedness, applies to all learning. People learn best when they demonstrate readiness in three areas: physical ability (the body is ready), cognitive readiness (the mind is ready), and interest (the person is interested in the subject to be learned).

For example, to learn from this article, you must be prepared in all three ways:

1. You must have the physical ability to read printed material, which includes sight and the ability to turn pages, or to listen to someone else read words.
2. You must be mentally prepared, which means you know something about toddlers and 2-year-olds, you know how to read, and you can understand the subject.
3. You must be interested in toilet training and, even better, in learning as much as you can about the subject. If you are lacking in one of these areas, you will probably not benefit much from this article.

How does readiness apply to toilet training? For a child to learn to use the toilet consistently (and without a lot of attention from adults), the child must be prepared physically. This means that the bladder has grown large enough to allow the child to urinate infrequently (compared to the infant's 12 times a day), and the child has control of the sphincter muscles that hold and release urine and feces. The child also should be able to walk, sit up, and remove and replace clothing.

Cognitively, the child must understand what is expected, be able to express needs, and understand the body's signals for needing to urinate and defecate. One sign of cognitive readiness is that the child expresses discomfort with a soiled diaper and comes to you quickly for changing.

Under interest falls the big questions: Does the child want to learn to use the toilet?

If all three of these criteria are in place, toilet training is a breeze. Just have ample changes of clothes in case of accidents and remind the child to go to the bathroom (children sometimes get too distracted to remember on their own).

Problems in getting children to use the bathroom consistently (or at all!) almost always result from our efforts to train children before they are ready. Some situations work against a smooth transition from diapers to the toilet. For example, a child-care program may have a policy of not moving children up to the next class until they are trained or try to train an entire class at the same time. Or parents may want their child trained before the birth of the next one (in two months!), or grandparents are pressuring parents, "He's not toilet trained yet? Why when you were his age . . ."

What can you do?

- Review your facility's policy on toilet training. Remember that each child's developmental timetable is unique. As a rule, girls are ready before boys; some children are ready at age 1, while others are not ready until age 3 or older.
- If necessary, discuss and modify the policy to ensure that children follow their own schedules in learning to use the toilet.
- Watch for signs that indicate a child is ready.

Most children younger than age 3 will have trouble staying dry all night, so explain to parents that a diaper at night may be in order. Nap time, however, should be no problem. Remember: When the child is ready, your job is easy — remind, help, encourage. When the child is not ready, your job is to wait patiently and encourage parents to do the same.

(Excerpted with permission from Texas Child Care Quarterly, Fall/1992.)

BABY WALKERS

Judy Gaspar, Licensing Consultant
Kalamazoo County

What hidden hazard lurks in the lives of 50 to 80 percent of infants under 15 months of age?

What piece of infant equipment causes up to 30,000 visits to the Emergency Room each year?

What piece of infant equipment actually delays a baby's crawling and sitting skills?

If you guessed that the innocent looking baby walker is this hidden hazard, you were correct. This piece of equipment is used by most babies in their first year of life.

Between 20,000 and 30,000 infants are injured in an infant walker each year in this country. These injuries include head injuries and scaldings from hot liquids.

We have all seen the commercial on television in which the baby zooms all around the room in a walker. It is true that babies move quickly in a walker. A baby in a walker travels at a speed of 3 feet per second. This speed out distances a caregiver or parent's reaction time.

Babies in walkers do not walk earlier. They are often delayed in crawling and sitting and get tight heel and leg muscles from walking on their toes. Instead of walkers, it is recommended that parents use infant seats, swings and playpens.

Because of the hazards involved, three organizations, The National Safe Kids Campaign, The Consumer Federation of America, and the American Academy of Pediatrics, have petitioned the United States Consumer Product Safety Commission to halt the sale of infant walkers. The issue is being considered.

If you feel that you must use an infant walker in your setting, do the following:

- Block off the stairs. Most injuries that happen to infants in walkers happen when they fall down the stairs. This often occurs because of a poorly fastened gate or because of a partially opened gate. Only properly installed and used gates are effective in preventing a baby from falling down the stairs.
- Keep hot liquids out of the reach of babies. Because their reach is farther, they are susceptible to burns and scaldings. These injuries from scaldings are severe and result in injuries to the face and hands.
- Keep a constant watch on an infant in a walker. An infant cannot help himself be safe and is vulnerable to the hidden hazards of infant walkers.

Better yet, put the infant down on the padded floor and supervise him.

TURNING THE TABLE

Liz Gooch, Owner
Group Day Care Home
Midland County

When I first opened my group home day care, several modifications were necessary to make my home safe for young children. My son was 7 months old, and liked to pull himself up to the coffee table in our basement playroom. The table is a perfect height for small children to stand around, and serves as a useful barrier between the sofas and the children's play area. I was concerned, however, because the table has sharp corners and glass top panels.

In order to utilize the table, I made a cover for it out of a long cardboard box. I reinforced the corners and edges of the cover with duct tape, and placed extra cardboard pieces underneath for extra support over the glass. To make the cardboard cover attractive and useful, I made board games out of construction paper, and sealed them with clear contact paper. Along the edges are the letters of the alphabet, cut out of construction paper in a pattern of rainbow colors.

The board games can be used with any age group in my day care. The checkerboard has sticker animals, numbers one through sixteen, and star stickers arranged in different patterns. I keep cardboard markers with matching stickers or numbers in a used baby-wipes box on the shelf nearby. Toddlers and preschoolers can sit across from one another and match the cards with the respective checker box. School-aged children can use colored bottle caps as game pieces to play checkers.

The alphabet roadway has different colored squares joined together to make paths from "start" to "finish". Each square has either a letter of the alphabet, a dice face, or a "stop" or "go" sign on it. Around the paths are animal stickers. The children practice counting and recognizing patterns by matching rolled dice or dominoes with the respective dice squares. Matchbox cars are used to find the correct pathway of the ABC's, or to take a tour through the jungle or zoo. Cars or toy people can travel the roadway to practice safe pedestrian and traffic rules with the "stop" and "go" signs.

Baby food jar lids serve as markers for a game of tic-tac-toe, and also as covers for learning the alphabet along the edges of the table cover.

The table cover is replaceable and washable. Nicks in the cover can easily be repaired with a new piece of clear contact paper. I like the coffee table because it says "yes" to children.

RESOURCES: PHYSICAL DEVELOPMENT

"Johnny's Not Jumping: Can We Help Obese Children?" Ellen Javernick, *Young Children*, January, 1988.

Building Opportunities for Gross Motor Development, Child Care Information Exchange, May/June, 1994.

"Toilet Learning," Alice Sterling Honig, Day Care & Early Education, Fall, 1993, Human Sciences Press, Inc., New York.

Creative Movement for the Developing Child, Clare Cherry.

"The Best Toilet-Teaching Advice You'll Ever Get," Stanley Greenspan, MD, *Parents Magazine*, October, 1994.

Infant Walkers: Are They Safe? American Academy of Pediatrics and Beaumont Hospital.

Release #94-123, U.S. Product Safety Commission.

Infant Walkers Trauma Report, Children's Hospital of Michigan, Vol. 3, No. 1, Winter 1993.

Caring Spaces, Learning Places, Jim Greenman, Redmond, WA, Exchange Press, P.O. Box 2890, Redman, Washington 98073, p. 49, 1988.

"Children and the Outdoors" and "Safety and Risk Taking," in Emergent Curriculum, pages 132-133, by Elizabeth Jones and John Nimmo. National Association for the Education of Young Children, 1509 16th Street, N.W., Washington, DC 20036-1846.

"Developing Physical Competence," in Total Learning by Joanne Hendrick. Merrill Publishing Company. A Bell and Howell Information Company. Columbus, Ohio 43216.

Feeling Strong, Feeling Free: Movement Exploration for Young Children by M. Sullivan, National Association for the Education of Young Children. 1509 16th Street, N.W., Washington, DC 20036-1846.

"Fostering Physical Well-Being," in Whole Child, The by Joanne Hendrick. Merrill Publishing Company. A Bell and Howell Information Company. Columbus, Ohio 43216.

An Outdoor Classroom, by Steen B. Esbensen. High/Scope Press, 600 North River Street, Ypsilanti, MI 48198.

Round the Circle: Key Experiences in Movement for Children by Phyllis S. Weikart, High/Scope Press, 600 North River Street, Ypsilanti, MI 48198.

Significance of the Young Child's Motor Development, The. National Association for the Education of Young Children, 1509 16th Street, N.W., Washington, DC 20036-1846.

"Research in Review. Black Children: Their Roots, Culture, and Learning Styles" by Janice Hale-Benson in Reducing Stress in Young Children's Lives. National Association for the Education of Young Children, 1509 16th Street, N.W., Washington, DC 20036-1846.

Teaching Movement and Dance: A Sequential Approach to Rhythmic Movement by Phyllis S. Weikart, High/Scope Press, 600 North River Street, Ypsilanti, MI 48198.

***"How to Talk"** continued from Page 5*

Finally, you must be willing to accept the fact that some parents will not share your concerns or are not ready to acknowledge a potential problem. Parental consent is necessary before any diagnostic evaluation can be done. Without this consent you are unable to seek intervention from another individual or service program. When this occurs, provide the child with the best care and assistance you can. Continue an honest dialogue with the parents. Share your successes and failures and keep the parents abreast of any changes you notice in the child. Although you may not get the response you want from the parents, you have planted a seed. Hopefully, if the problem continues over time and enough professionals share concerns with the parents, eventually the child will receive the assistance she needs.

CHOKING HAZARDS FOR INFANTS AND TODDLERS

Whole Grapes	Thick-Skinned Fruits
Popcorn	Seeded Fruits
Peanut Butter	Raisins
Snappy Vegetables	Hard Candy and Gum
Hot Dogs	Nuts
Improper Supervision	Walking While Eating

PROVIDER'S CORNER

Sue Miller
Home Away from Home Day Care

To all day care providers:

I would like to share a short story that turned out to be minor but could have turned out major and has a very rewarding ending.

A mother of one of my four year olds smelled smoke in their condo. Ryan, my four year old, said "Mom, an emergency, call 911." He then proceeded to put his coat on and go out the door to stand on his porch to wait for the fire department. I was thrilled he remembered what he had learned.

Dear providers, all it takes is 10 minutes a week going through safety rules to pay off. It turned out to be lint in the dryer that was just starting to burn and was found in time. But had it been more, our children must know what to do.

If we can keep one child safe, it's worth every minute we spend. Please let's all work towards safe and happy children.

*** Call for Proposal ***

"Families in Partnership with Childcare Professionals"
Fourth Annual Conference

Seeking — A broad spectrum of presenters and topics on children and family issues including: Music, science, time management, childcare activities, art, staffing issues, self esteem, infant-toddler care, etc. All suggestions will be considered.

Workshops — One (1) or two (2) hours in length. Your choice of format; all equipment provided. Reimbursements available for copies and mileage.

Where: Central Michigan University, Mt. Pleasant, MI

When: April 13, 1996

Deadline for Proposals: November 20, 1995

Submit to: Central Michigan 4C
150 West Center Street
Alma, Michigan 48801
(517) 463-1422 or (800) 552-4489

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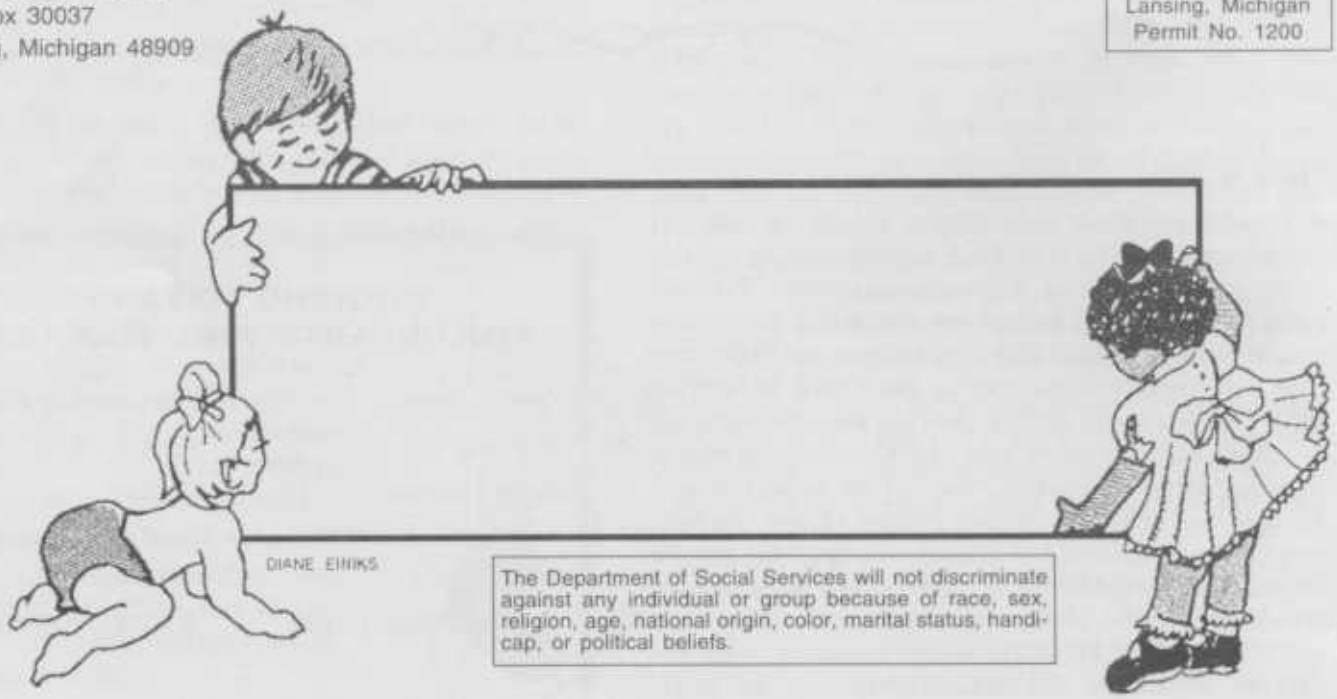

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