

Health and Physical Development

The “Health and Physical Development” domain focuses on how young children learn about their bodies. During the first three years of life, young children develop at a pace that is unique to each child. Infants gradually gain control over their bodies and begin to move to explore their world. Toddlers learn to use and control objects and do things for themselves.

Children figure out what they need and what they can do by using their bodies in different ways. They learn how to stay physically and emotionally safe. Infants and toddlers communicate and seek to meet their needs for food, rest, movement, stimulation and exploration. They do this with facial expressions, sounds, actions and words, depending on their abilities.

It is important for adults to respond when young children communicate their needs. Caregivers find it helpful to set up routines and respond consistently. A family’s culture influences daily care routines, so caregivers must understand families’ cultures and preferences. This allows caregivers to carry out routines and set up environments that feel comfortable and safe to infants and toddlers.

When adults respond quickly to infants’ and toddlers’ needs, young children learn what to expect and begin to trust others. They feel safe to explore and develop habits that support their physical health and growth. Playing with infants and toddlers indoors and outdoors is also an important part of the caregiver’s role. Play is essential to the physical well being of children. It helps them develop fine and gross motor skills, dexterity, and strength.

A caregiver in the child care setting may be the first person to notice that an infant or toddler has special needs. Infants and toddlers with disabilities may need therapy and special equipment such as adaptive strollers, supportive seats and standers to help them move and participate in activities. They may require more time and support to learn some self-care skills and develop more control of their muscles.

Children with special health care needs may need other specialized care, which may include giving medication. They should have a health care plan that explains how to manage the child’s health care needs on a daily basis and in emergency situations. Playgrounds and outdoor environments should be made accessible for children with physical or visual disabilities. All children need and benefit from active play.

Physical Health and Growth

Self-Care

Safety Awareness

Gross Motor/Large Muscle

Fine Motor/Small Muscle



Physical Health and Growth

Physical health and growth includes behaviors that promote well-being and a healthy, active life. This section is subdivided into three areas: **Nutrition**, **Sleep**, and **Physical Activity**.



Nutrition

What to Look For

Infants may begin to:

- ✎ Show excitement and joy when they are about to be fed.
- ✎ Show hunger or fullness using actions, sounds, or words (cry or search for food, turn away when full).
- ✎ Suck and swallow breast milk or formula.
- ✎ Show preferences for different foods.
- ✎ Respond to different textures of food in their mouth (eagerly wait for the next bite, spit out food, turn head away).
- ✎ Learn to eat different types of food such as liquids, pureed or soft foods, and finely chopped food.

Young toddlers may begin to:

- ✎ Want to feed themselves.
- ✎ Eagerly participate in snacks and mealtimes.
- ✎ Bite, chew, and swallow soft food smoothly.
- ✎ Show interest in many types of food and no interest in other foods.
- ✎ Eat inconsistently (eat a lot at one meal and little at the next, be too busy playing to eat).
- ✎ Ask for food when hungry or accept food when offered.
- ✎ Be willing to try new foods.

Older toddlers may begin to:

- ✎ Enjoy helping with meal and snack routines (set table, wash hands, throw away trash).
- ✎ Bite and chew solid food more easily.
- ✎ Accept or refuse food depending on their appetite and interest.

- ✎ Notice and talk about food textures, temperatures, and tastes (crunchy crackers, warm soup, sweet apples).
- ✎ Understand that some foods are good for them (fresh fruits, vegetables, milk) and some are not very healthy (potato chips, soda).

What to Do

- ☑ Promote and support breastfeeding for young children. Provide storage for breast milk, private areas for nursing mothers, and education about the benefits of breastfeeding for both mother and infant. Feed iron-fortified formula to infants who are not breastfeeding.
- ☑ Wait until an infant shows signs of hunger before feeding. Allow enough time for them to finish bottles or food.
- ☑ Ask families about food allergies and serve only foods children are not allergic to. Also, ask about any history of allergies in the family. Some children may need to avoid eggs, peanuts, nuts and fish until ages two or three.
- ☑ Do not give honey or cow's milk (whole or low fat) to infants under one year of age.
- ☑ Offer infants no more than one new food each week so specific allergies can be recognized.
- ☑ Allow children to leave food uneaten. Do not force them to eat more than they want. They may be full.
- ☑ Allow enough time for children to explore foods with their fingers and to eat.
- ☑ Eat healthy foods with children (fruits, vegetables, whole grains, milk, and meat). Talk about foods and how they help the body. ("Milk makes your bones and teeth strong.")
- ☑ Offer a variety of safe and healthy foods that meet the nutritional needs of infants and toddlers. Ask families what they eat at home and offer these foods. Serve foods that represent the cultures of the children in the classroom.
- ☑ Encourage young children to try new foods. Offer a new food up to 10 times if needed to let a child get used to a new taste and texture.
- ☑ Respect cultural, religious and other family preferences for different foods (for example, no pork or a vegetarian diet). Do not offer foods that go against these preferences.
- ☑ Offer types, sizes and textures of food that each infant or toddler can eat safely and successfully. Work with families, dietitians

Serve Food Safely

When providing food to children less than 3 years of age always consider their feeding needs. Serve food that is easily managed by the children and supports their self-help skills. Avoid hard, round or hard-to-chew foods. Puree foods or soften raw foods by parboiling them if needed.

Choose raw fruits and vegetables carefully. Some may be too difficult for young children to manage and may be a choking hazard. Common choking foods for young children are firm fruits, carrots, celery, cherries, grapes, hard candy and gum, nuts, hot dogs, peanut butter, popcorn, and dried fruits and large chunks of food.

For children with special feeding needs learn how to meet those needs with specially prepared foods, special feeding equipment and close supervision during meal times. Remember to keep meal times positive and social as well as nutritional.

Choking Prevention Tips

- ▶ Cut food into tiny bite size pieces.
- ▶ Serve food in small, manageable quantities.
- ▶ Have the children remain seated while eating.
- ▶ Supervise the children while they eat.
- ▶ Know how to do the Choking Rescue (Heimlich Maneuver) for infants and for children older than 1 year of age.

and health care providers to offer the formula, foods, and other forms of nutrition appropriate for children with special nutritional needs.

- ☑ For young children who need help eating and drinking, offer support, proper positioning, special equipment and many chances to practice eating and drinking.
- ☑ Offer young children soft, small finger foods and make sure they are able to bite, chew and swallow these foods properly. Offer cups and spoons and encourage children to feed themselves when they are ready.
- ☑ Limit juice and other high sugar drinks. Offer water frequently. Limit juice to four-to-six ounces a day. Do not allow children to sip fruit juice throughout the day or drink juice while lying down in bed.
- ☑ Allow and encourage children to serve and clean up food. Provide materials for pretend play about shopping, cooking, serving, eating, and cleaning up.



Sleep

What to Look For

Infants may begin to:

- ✎ Sleep for longer periods at a time: more at night, and less during the day.
- ✎ Roll over and put themselves in the positions they prefer for sleeping.
- ✎ Show signs of being tired (rub eyes, cry, put head down).
- ✎ Settle down and fall asleep after a routine that includes a series of events

leading up to nap or bedtime (change diaper, read books, play soft music).

- ✎ Sleep and wake at regular times according to their needs.

Young toddlers may begin to:

- ✎ Show they know when it is time to sleep (point at bed, get blanket).
- ✎ Cooperate with sleep routines (choose a book, get preferred sleep toy).
- ✎ Use simple sounds, gestures, or words to show they are tired.

Older toddlers may begin to:

- ✎ Use words for being tired.
- ✎ Initiate and participate in sleep routines (wash hands after lunch, get blanket, lie down on bed or mat).
- ✎ Fall asleep on their own.

What to Do

- ☑ Place infants on their backs to sleep for naps, and at night, to reduce the risk of Sudden Infant Death Syndrome (SIDS). Follow doctor recommendations for infants who have special sleeping needs or equipment. A doctor may recommend that certain infants not be placed on their backs to sleep, but this is rare.
- ☑ Provide a safe sleep environment for infants and toddlers.
- ☑ Carry out sleep routines that meet the child's needs and take into account the beliefs, customs and needs of families.
- ☑ Ask families to share the sleep routine used at home and use it in the child

Safe Sleep Practices

Follow these recommendations to create a safe sleep environment:

- ▶ Provide a crib or bed that meets all current safety requirements for the child's age group.
- ▶ Ensure that the sleep surface is firm.
- ▶ Make sure there are no curtains or blind cords hanging near the crib or bed.
- ▶ Keep room temperature moderate to avoid overheating.
- ▶ Take care not to bundle infants in many layers to avoid overheating.
- ▶ Do not place soft toys, objects, or loose blankets in the crib.
- ▶ NEVER smoke near infants.

Adapted from: Task Force on Sudden Infant Death Syndrome. The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk. PEDIATRICS Vol. 116 No. 5 November 2005, pp. 1245-1255.

care environment if appropriate (get rocked to sleep, hold a special toy).

- ☑ Provide a relaxing environment for children when they show signs of being tired (play soft music, turn out the lights).
- ☑ Provide areas for children to rest to accommodate individual sleep needs. Toddlers should have individual nap schedules.
- ☑ Help children learn to calm themselves and fall asleep. For infants, consider playing soft music and quieting the environment.

For older children who choose their own sleep positions, rubbing their back may help them relax and fall asleep.

- ☑ Learn and use the words families use to tell someone they are tired. Use these words and teach children to use them to tell you they are tired.
- ☑ Work with families and health care providers to help young children with special health care needs and disabilities sleep comfortably and safely and get the amount of sleep they need.

Physical activity

What to Look For

Infants may begin to:

- ✎ Show they enjoy physically active play by repeating actions (kick, wave arms, roll over).
- ✎ Respond to rhythms in music and movement games (kick feet, clap hands, smile).
- ✎ Move their bodies to explore the indoor and outdoor environment.
- ✎ Show endurance and stamina by continuing movement through an entire song or activity.

Young toddlers may begin to:

- ✎ Anticipate and ask for outdoor play (point at door and say “Out!”; resist coming indoors).
- ✎ Engage in regular and sustained movement (ride toy all around play yard, go up and down slide over and over).
- ✎ Develop strength and stamina as they use large muscles and participate in physical activity for longer periods of time.
- ✎ Enjoy active play and seek to be physically active (choose to play often on climber, laugh and squeal while running).

Older toddlers may begin to:

- ✎ Engage in lively movements by choice for long periods of time indoors and outdoors.
- ✎ Enjoy more complex movement activities (running, jumping, and skipping).
- ✎ Match body movements to rhythm (move slowly to slow music, dance in time with music).
- ✎ Show pride in new skills and strengths (ask others to watch them, say “I’m big and strong!”).



What to Do

- ☑ Take children outside often and regularly in all seasons. Dress them appropriately for the weather (raincoats, sweaters, boots, mittens, coats, hats).
- ☑ Show children you enjoy being outdoors and encourage them to explore the outdoor environment.
- ☑ Closely supervise infants and toddlers during physically active play.
- ☑ Invite and encourage children to participate in physical activity and free play every day. Schedule several periods of active physical play each day, with each period lasting thirty to sixty minutes. Include time for child-directed play, not just adult-directed activities.
- ☑ Show and engage children in new and safe ways they can move their bodies indoors and outdoors: run, walk, climb, crawl, dig, pedal, slide, rock, bounce, sway, and jump. Do this for children of all ages, including children with special needs. Show children how physical activity is fun for everyone.
- ☑ Repeat physical activities that children enjoy over and over again. Sing favorite movement songs (“Wheels on the Bus”, “Hokey Pokey”) with actions. Make small changes to help children improve their skills over time.
- ☑ Plan new and different outdoor activities for infants and toddlers. Change materials and toys regularly to promote physical activity and make outside playtime fun.
- ☑ Look for programs or activities in the community that encourage physical activity for families, including children with special needs: parks, greenways, playgrounds, swimming pools, lakes and gyms.
- ☑ Do not offer TV to children under two years of age. Offer physical activity rather than TV for children over two years of age. Many people feel that TV should not be offered to older toddlers in child care. However, if you decide to offer TV to children over two years of age, limit time watching TV, videos, or DVDs to 30–60 minutes per day.
- ☑ Computers are not necessary to help most infants and toddlers learn. Instead, infants and toddlers benefit more from being physically active. Assistive technology and computer experiences help some children with special needs to learn, develop, or communicate. Work with families and specialists to provide appropriate physical activity as well as technology for these children.
- ☑ Some infants and toddlers are highly sensitive to light, noise and the way they are touched. Provide spaces that offer less stimulation so they can feel calm and comfortable. Work with families and specialists to offer appropriate physical activity for these children.

Avoid confining infants in seats and other containers

- ▶ Avoid placing babies in car seats or similar seats except while they are in the car because this can flatten the back of their heads.
 - ▶ Never use wheeled walkers, which delay motor development and are a safety hazard due to the risk of tipping and falling down stairs.
 - ▶ Avoid the use of ‘Johnny-jump-ups’, especially for premature babies, because they contribute to uneven muscle development. Babies’ muscles develop best when they are allowed to move around freely on the floor.
 - ▶ Place babies in safe places where they can move freely instead.
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Self-Care

Self-care for infants and toddlers begins with a growing awareness of and interest in their own needs. They first get their needs met by communicating with trusted adults. Then they begin to participate in taking care of themselves.



What to Look For

Infants may begin to:

- ✎ Use different sounds to let caregivers know they need attention.
- ✎ Tolerate care routines (mouth care, hand-washing, diapering, dressing, and bathing).
- ✎ Show interest and assist in routines (open mouth for bottle or spoon, raise arms for dressing).
- ✎ Show a preference for soothing objects and routines (coo during bath, reach for security object, snuggle up to caregiver before nap).
- ✎ Begin to soothe themselves (suck thumb, find pacifier).

Young toddlers may begin to:

- ✎ Use simple sign language, facial expressions, sounds or words to tell you what they need.
- ✎ Cooperate and help with care routines (mouth-care, hand-washing, diapering, dressing, bathing).

- ✎ Drink from a cup and feed themselves with their fingers or a spoon.
- ✎ Protect personal objects and space from others.
- ✎ Help with clean-up routines.
- ✎ Show excitement at completing self-care tasks (show teeth after brushing, hold up hands after washing).
- ✎ Cooperate with medical care, positioning, and use of adaptive equipment.
- ✎ Identify and use objects and follow routines that are comforting (get their blanket and lie down where they usually sleep, pick out favorite book to be read before lunch).

Older toddlers may begin to:

- ✎ Use words or sign language to ask for the things they need (food when hungry, drink when thirsty, go outdoors when they need to be physically active).
- ✎ Soothe themselves when needed (find a quiet area for alone time, look at book before nap).



- ✎ Increase independence with basic self-help skills (pull up pants, put on socks, shoes and hat).
- ✎ Remember and imitate details of self-care routines (talk through steps while washing hands; tell doll how to brush teeth during pretend play).
- ✎ Start self-care routines and complete some steps independently (undressing, hand washing, brushing teeth).
- ✎ Understand the role of people who help children stay healthy (doctors, nurses, dentists).
- ✎ Show appreciation for possessions (put toys away, handle materials carefully).
- ✎ Use adaptive equipment, ask for help with positioning and movement, or participate in medical care routines as needed.
- ☑ Learn about the abilities and customs of children and their families. Set up routines so children can do them successfully. Make routines as similar to home as possible.
- ☑ Talk about care routines with children as they are happening and make it fun for them.
- ☑ Provide children many opportunities to use the toilet when they show they are ready. Support all attempts to use the toilet. Coordinate the timing and process of toilet learning with the family.
- ☑ Model hand-washing and encourage children to practice washing their hands at all appropriate times. Provide hand-washing stations that children can reach safely on their own.
- ☑ Encourage children to practice cleansing their mouths and brushing their teeth. Model tooth-brushing for older toddlers. Provide stations for tooth-brushing that children can reach safely on their own.

What to Do

- ☑ Respond quickly and consistently when children tell you they need something. Learn to read their cues, cries, and gestures. Ask family members how and when children may communicate certain needs.
- ☑ Establish regular routines for diapering, toileting, bathing, eating, sleeping, and dressing children. Do things the same way every time as much as possible.
- ☑ Use fluoride toothpaste with caution and only with children over age two who can spit out the toothpaste. A small, pea-sized amount of toothpaste is enough for toddlers. Keep toothpaste out of children's reach when not in use.
- ☑ Encourage children to take an active part in dressing themselves. Suggest a step the child can complete. ("Put your foot

Real World Stories

Ms. Donna cares for five children ranging in age from three months to thirty months in her family child care home. She begins her lunch routine by feeding three-month-old Katie. Katie waves her arms and fusses as her bottle is being prepared. Ms. Donna soothes her by saying, "It's hard to wait when you're hungry. Here comes the bottle now." She holds Katie close, looks at her face, and speaks softly to her during feeding. When Samantha (age 30 months) asks for a new puzzle, Ms. Donna says, "I'll get it when Katie is finished. You can look at a book while you're waiting." Samantha pulls a book from a pocket on her wheelchair.

When Katie is settled in her crib for a nap, Ms. Donna helps the other children wash their hands for lunch. Samantha and Leyla (age 19 months) can wash their hands by themselves. Ms. Donna reminds them to "keep rubbing your hands all over with soap." "Get germs off!" exclaims Samantha.

The four children eat lunch with Ms. Donna at a low table. She has organized everything and placed it within reach. Each child has a sippy cup of milk. Samantha and Leyla serve themselves cheese sandwiches and chunks of bananas. Ms. Donna helps them with the steamed zucchini. She places a small amount of each food on the other children's plates. The food is cut up so the toddlers can eat independently.

Brianna (age 10 months) uses a pincer grasp to feed herself pieces of sandwich, banana and zucchini. Colin (age 15 months) eats quickly with his fingers and a spoon and holds out his plate for more. "Colin, say 'More, please,' prompts Ms. Donna. "Muh, muh" says Colin. "Here's some more," she says as she serves the food.

Leyla eats the cheese sandwich and banana, but leaves the zucchini on her plate. When she asks for more sandwich and banana, Ms. Donna allows her to take more of each. "Maybe you'll like the zucchini next time," she remarks. "It's my favorite vegetable. Yum!"

One by one, the children lose interest in eating or say they are finished. Colin and Leyla throw their trash away and put their dirty dishes in a plastic dishpan on the table. Samantha wipes her tray with a damp paper towel before wheeling her chair to the trash can. Ms. Donna helps the children clean their hands and choose a quiet activity in the play area nearby.

Ms. Donna knows that infants and toddlers learn during caregiving routines. For example, Samantha has already begun to learn about germs. All of the children at the lunch table are practicing self care, fine motor, and language skills. Ms. Donna serves a variety of foods and offers new foods like zucchini many times until the children accept them. She models healthy eating and good manners. Each child makes choices and participates actively. Even tiny Katie can communicate when she is ready for her bottle and when she has had enough to drink.

Ms. Donna allows plenty of time for routines. She understands that infants and toddlers have individual schedules and plans around their needs. Ms. Donna also plans ahead and keeps everything organized. She and the children feel calm and relaxed as they eat.



SELF CARE, PHYSICAL HEALTH and GROWTH,
NUTRITION, and FINE MOTOR/SMALL MUSCLE

EXPRESSIVE LANGUAGE

in your pant leg." "Pull up your pants."
"Pull your arm out of your sleeve.")

- ☑ Allow plenty of time for children to try and participate in all of these self-care tasks.
- ☑ Read books about visits with the doctor and the dentist. Offer play props so children can pretend to visit them.
- ☑ Offer children play food and kitchen utensils from many cultures, especially the cultures of families in your group. Offer toys and props to practice self-care behaviors (healthy play food, dress-up clothes that are easy to put on, tubs to wash baby dolls).
- ☑ Teach children about the importance of good personal health practices. Make sure to take into account individual family beliefs and customs.
- ☑ Ask families and health care providers if a child with disabilities or special health care needs has any special self-care needs. Help children understand and participate in these special self-care tasks. Use picture cards to guide them through the steps of self-care routines like hand washing.

Safety Awareness

Safety awareness is the ability to identify things that might be dangerous and to protect oneself. It begins with infants' natural reflexes, awareness of their own bodies, and trust in caregivers. Toddlers begin developing the behaviors and skills they need to protect themselves and to stay safe as they learn from their experiences.



What to Look For

Infants may begin to:

- ✎ Show that they are aware of their body (look at moving hands, reach for feet).
- ✎ Develop trust in adults (calm down with adult help, make eye contact with caregivers).

Young toddlers may begin to:

- ✎ Experience cause and effect (going downhill fast cause falls; turning the TV up too loud hurts ears).
- ✎ Show some caution on uneven ground and heights.
- ✎ Notice and imitate adult reactions to dangerous people and situations.
- ✎ Respond to warnings and directions from others.
- ✎ Understand the difference between what should be eaten and what should not.

Older toddlers may begin to:

- ✎ Remember cause and effect experiences and apply their experiences to future situations (avoid touching cold railing, walk slowly down hill where fall happened).
- ✎ Increase self-control over their impulses.
- ✎ Recognize and avoid situations that might be unsafe.
- ✎ Understand what their bodies can do and understand their limits.
- ✎ Watch for adult reactions to unfamiliar things or situations that might be dangerous.
- ✎ Understand and follow basic health and safety rules. They still require close supervision from caregivers to follow these health and safety rules consistently.
- ✎ Feel proud when they follow safety rules and ashamed when they do not (say, "Look, I waited!" at corner; hang head after trying to reach forbidden item).

What to Do

- ☑ Provide a safe environment indoors and outdoors so infants and toddlers can explore without hurting themselves or others. Help families learn about safe environments for infants and toddlers.
- ☑ Stay near infants and toddlers at all times and watch to keep them safe.
- ☑ Hold, cuddle, make eye contact and talk with young children to build trust.
- ☑ Play games that name and use body parts. ("Where is your nose?" and "When you're happy and you know it.")
- ☑ Model safe practices for infants and toddlers. (Don't stand on chairs or sit on shelves.)
- ☑ Do not try to make infants or toddlers do things they are afraid to do. Help them learn to trust their feelings about what is safe and what is not safe.

- ☑ Repeat safety messages every time they are needed. Understand that you may have to repeat them many times. (“Too high. Please put your feet on the ground. Chairs are for sitting.”)
- ☑ Give specific praise to toddlers for remembering safety messages and safe behaviors. (“Thank you for waiting for me.” “That’s good. You’re climbing on the climber.”)
- ☑ Use play with older toddlers to reinforce safety messages and practice responding to dangerous situations. (“Let’s pretend the fire alarm went off. What should we do?”)
- ☑ Help toddlers identify people they can go to when they feel afraid or where to go to feel safe when they need help (family members, caregivers, firefighters and other community helpers).
- ☑ Explain to infants and toddlers why and how unsafe actions can hurt them and others.
- ☑ Continue to supervise older toddlers closely. They are beginning to develop self-control, but it is easy for them to get excited and forget what is dangerous.

Real World Stories

Six infants and two teachers are enjoying a warm fall day in the grassy play yard. The younger babies are having some tummy time on quilts in a shady spot. They wiggle their arms and legs and explore the toys in front of them with their hands and mouths.

Two older infants are crawling on and off the quilts. They stop to pat the quilted fabric, explore toys of different shapes and textures, and pull at the grass. The teachers watch carefully to keep the babies safe. The babies coo with delight. The teachers respond by talking enthusiastically about what the babies are doing.

Casey, an eight-month-old infant who is blind, sits in front of one teacher. From behind, the teacher hands Casey a small ball with a bell inside, saying “Here’s the ball, Casey.” He shakes it and then drops it. The teacher shakes it a little in front of him. “Casey, can you get the ball?” she asks. Casey coos and waves his arms, knocking the ball to the ground. “Where is it?” asks the teacher. Casey waves his arms some more and makes louder sounds. “Let’s get it,” says the teacher. She gently bends Casey forward until his waving arms hit the ball again. Then she helps him to rake it between his legs. “You got the ball!” she exclaims. Casey continues to hit the ball with his hands, making the bell jingle.

These teachers recognize that babies, like older children, benefit from outdoor play. The infants have a chance to move their whole bodies and to explore a variety of objects and surfaces. They are strengthening their muscles as they move their arms and legs.

All of the infants show interest in their immediate environment. If they are able, they move toward the things that interest them. They feel the textures of the quilt, grass, and toys, and the smell of the grass. These experiences help them enjoy physical activity, which supports all areas of their development.

The teachers recognize that Casey may not reach out to explore because he does not see what is there. One teacher uses a jingling ball to get his attention. She shows him that he can find things by reaching out and leaning forward. This helps him develop strength and balance. It also helps him learn about the objects around him, which might not happen without the teacher’s help. At the same time, the teacher does not take over his play. She helps him just enough so that he learns what he can do.



GROSS MOTOR/LARGE MUSCLE and PHYSICAL ACTIVITY



CURIOSITY AND EAGERNESS



SENSORY EXPLORATION AND DISCOVERY

Gross Motor/Large Muscle

Gross motor refers to the use of large muscles including those that control the head, neck, trunk, arms and legs. Muscle control allows infants and toddlers to interact with the environment and other people.

What to Look For

Infants may begin to:

- ✎ Gain control of arm and leg movements.
- ✎ Lift and turn their heads to strengthen neck, back and stomach muscles.
- ✎ Support and balance their bodies by pushing up, sitting, or rolling over.
- ✎ Move from place to place as their abilities allow (scoot, squirm, roll, crawl, or cruise).
- ✎ Imitate big motions with their arms, legs, and bodies.

Young toddlers may begin to:

- ✎ Develop strength, balance and coordination by repeating movements (pull up and sit down; bend and straighten).
- ✎ Move their arms and legs together to climb, push, and pull (push a stroller, use riding toys, crawl up steps).
- ✎ Walk or move through the world with more independence (crawl, cruise, use therapeutic walker).

Older toddlers may begin to:

- ✎ Move their legs to complete a task (kick, jump, step, pedal, push away).
- ✎ Plan movements that require a series of steps (use a low slide, duck down to crawl under a table).
- ✎ Master the use of familiar objects (riding toys, crawl tubes, large ball in basket).
- ✎ Perform actions smoothly with balance, strength, and coordination (run, dance, bend over to pick up a toy, reach up high on a shelf).



What to Do

- ✓ Play with infants and toddlers both indoors and outdoors. Make sure the environment is safe. Include play on a variety of surfaces and provide open spaces for free movement.
- ✓ Play with infants on their tummies frequently throughout the day. Place interesting toys in front of them and use a rolled towel to support a baby's chest and arms if needed. For babies who do not like being on their stomachs, try a few minutes of tummy time several times an hour rather than for one long period.
- ✓ Give young children brightly colored and interesting toys to reach for or move toward (balls, mobiles, soft toys).
- ✓ Use diapering time to do baby exercises and to play (bicycling legs, arm lifts, kicking, reaching).
- ✓ Provide pillows, small mounds, balance beams, stepping-stones, and other low barriers for children to climb on and over. This develops balance, builds strength and improves coordination.
- ✓ Run, jump, skip, hop and throw balls with children, both indoors and out. Encourage them to move their bodies indoors and outdoors with movement games, music, and dancing from different cultures. ("I'm a Little Tea Pot", "Little Sally Walker", "De Colores", "All Fish Swimming in the Water")
- ✓ Create mazes and obstacle courses that are age appropriate. For example, invite children to move through tunnels, under chairs, around tree trunks and over low hills.
- ✓ Provide push and pull toys, riding toys (with and without pedals), balls, tools, slides, and other materials that give children chances to exercise large muscles and practice skills.
- ✓ Provide supports or special equipment that allows children with disabilities to participate in physical activities and play (therapeutic walker, scooter board, supportive seating for swings or riding toys, bars for pulling up).
- ✓ Create activities to encourage children with different abilities to play and learn together. For example, play a game of catch with a foam ball with children sitting down on the floor or ground. Include children who cannot walk with other children in a group.
- ✓ Talk with families if you have concerns about how a child is using his or her large muscles.

Fine Motor/Small Muscle

Fine motor refers to the small muscles of the hands, arms, legs and feet that children use to move or control objects. Infants and toddlers develop finger, hand and eye coordination. This allows them to explore toys, complete self-help tasks, and begin to draw and scribble.

What to Look For

Infants may begin to:

- ✎ Reach for objects.
- ✎ Bring hands together to the middle of the body.
- ✎ Grasp, hold, shake and release objects.
- ✎ Transfer objects from one hand to the other.
- ✎ Use their hands to explore the texture, size and shape of objects.
- ✎ Use a raking motion with hands to pick up an object such as a block or toy.
- ✎ Use a pincer grasp to pick up an object with finger and thumb.

Young toddlers may begin to:

- ✎ Use hands to control objects (stack blocks, pick up or roll a ball).
- ✎ Use hand movements for a purpose (open books, close doors, dump objects from containers).
- ✎ Use hands and eyes together (put together and take apart toys, feed themselves finger foods, fill containers).
- ✎ Use simple tools (spoon for feeding, hammer with pegs, crayon for scribbling).

Older toddlers may begin to:

- ✎ Use more complicated hand movements (stack a few small blocks, try to draw, turn pages one at a time).
- ✎ Use hands and eyes together with more control (complete puzzles, thread beads with large holes, use shape sorters).
- ✎ Help dress themselves.
- ✎ Use tools that require finger and hand control (paintbrush, marker, measuring cups, shovel).

What to Do

- ☑ Hang or hold objects within a child's reach to encourage reaching and bringing hands together.
- ☑ Play games from different cultures that include hand motions with words, such as "Pat-a-cake", "Todos Los Pescados", and "Itsy Bitsy Spider."
- ☑ Put small, safe objects on a tray or protected spot on the floor for children to grab and handle. For example, offer rattles and teething toys to infants; blocks, crayons, and snap-together toys to older toddlers. For children with impaired vision, use toys with switches and varied textures. Increase contrasts to help them see what is there (bright toy on black background; pictures outlined with heavy line).
- ☑ Offer materials and activities to encourage large sweeping motions and the ability to hold objects. For example, children might draw or paint with crayons, finger paints or use objects like rubber stamps and small-wheeled vehicles. Use wide brushes or markers or adapt handles for children with limited grasping ability.
- ☑ Offer children toys and materials to fill, stack, dump and pour, such as small blocks, buckets, plastic cups and water. Provide options for children with different abilities. For example, include play dough, puzzles with and without knobs, empty boxes, and containers with lids.
- ☑ Roll or throw soft balls and toys of different textures back and forth.
- ☑ Give children toys and materials for both indoor and outdoor play that support a wide range of fine motor skills.
- ☑ Work with family members and therapists to provide modified toys and materials that children with disabilities can use to build fine motor skills. For example, children might draw with oversized crayons or feed themselves with a curved spoon.
- ☑ Offer toys with buttons, Velcro®, zippers and snaps.
- ☑ Talk with a child's family if you are concerned about the way a child uses the small muscles of his or her hands and feet.



