

UTTC Lifeskills Lessons – Relationships & Family

Lesson 22: Child Development

LS0022

Child Development

Each child is special and develops skills at different times. But, there are milestones that most children meet at various ages. These milestones are measured in five areas and are titled "Normal Child Development". The areas are:

- Cognitive Development: This is the child's ability to learn and solve problems.
- 2. <u>Social and Emotional Development</u>: This is the child's ability to interact with others, including helping and controlling themselves.
- 3. Speech and Language Development:
 This is the child's ability to both
 understand and use language
- Fine Motor Skill Development: This
 is the child's ability to use small
 muscles, specifically their hands and
 fingers, pick up small objects, hold a
 spoon, turn pages in a book, or use
 a crayon.
- Gross Motor Skill Development:
 This is the child's ability to use large muscles in upper body and limbs.

RESOURCES

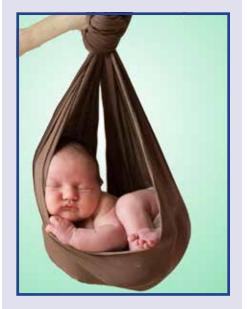
- www.howkidsdevelop.com
- www.childdevelopmentinfo.com
- www.nd.gov.dhs/services
- www.nd.gov.dhs/service/headstart
- www.pathways.org
- Local county or state Extension
 Office
- UTTC child foodway guildlines www.uttc.edu/extensions/resources



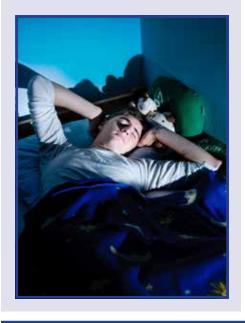
A Child's Job is to Play. Is Your Child Employed?

All children develop in a normal, regular pattern. Even though the pattern may be different for each child, all healthy children advance in each area of development. Children will triple their weight in the first 12 months! Watch your child grow and develop. See the changes. If you do not see the changes, talk to your doctor or local school counselor. There are many programs for families to have assessment, monitoring, and therapy. Here are some things, that support child development.

- Children join the family in eating based on their ability for their age. Babies only suck at first. Mom's milk (the best) or iron fortified formula is all they need until they are 6 months of age. Call WIC to help the family with good feeding advice and some formula, if breastfeeding does not last the full 6 months.
- Shots are encouraged at various ages to prevent diseases. Talk to your health provider. Most babies have a health physical at about 6 weeks of age. Make the appointment and get all your questions answered.
- Children should never be left alone. The legal age for self-care or caring for other children ranges from state to state. Keep your children safe, stay with them. Most are not ready to be alone until they are teenagers.
- If everyone in the home works and childcare is needed, be choosy. Ask questions.
 Call social services for a list of licensed providers or ask family or friends you trust for refereces you or maybe be the care provider. Assistance for childcare costs is available through social services, too.
- Get some support for yourself. Parenting is hard and demanding. Parenting is forever. Talk to others. Call someone to help if baby doesn't comfort and life gets complicated. Depression and frustration is not bad. It is normal, but parenting will be good, if you have support and help.
- Child development is at risk if adults smoke in their homes or cars.
- Children need a place and time for play. After age 1, children should be in active play about 3 hours each day. It is recommended for children to play outdoors at least 1 hour every day. Dress and supervise them appropriately. Help them learn to be independent in a watchful manner.
- Children need to be in school. Grades K-12 are all important. School lunch also helps children develop.







Families who live, work, play and care where they can Move More and Eat Smarter will have less diabetes, less heart disease, a reduction in cancer bouts, as well as, an over-all improved quality of life.

Children (and Parents) need Sleep - How much sleep is enough?

- Newborns = 16 -20 hours/day 70% sleep all night at 9 months. Naps decrease from 4 to 1/day by 18 months
- 1 year olds = 12-15 hours/day
- **Pre-school age (2 to 6)** = 11 to 13 hours. May require naps, depending on growth rate.
- Elementary school age = 9-11 hours each day. Should not need after-school naps
- Teens through age 18 = 9 to 9 ½ hours each night
- **ATTENTION!** Teens who do not sleep enough have lower grades, increased school drop-out rates, increased depression, and greater risk for suicide
- Teens need curfews or adult supervision after supper meal
- Teens do not need electronic device in their bedrooms
- Teens should not fall asleep with a TV playing in their bedroom
- 28% teens fall asleep in school
- 22% fall asleep doing homework

Child Development considering Native American Tradition

Traditional chiefs governed as the protectors of all family well-being. Clans, bands, societies, and kinship systems functioned as social service providers. Most Tribes had no words in their languages for "orphans," because children in need were the responsibility of everyone in the Tribe. Indian peoples did have words for adoption, however, which was a mechanism for assuming responsibility for children in need. The teachings of the past and the natural prevention support systems continue to facilitate prevention today. Spiritual teachings and storytelling still shape child rearing practices. Cultural tradition means children are sacred gifts from the Creator and must be treated with kindness and care. Kindness and care means discipline is part of parenting. Traditional child rearing practices promote bonding and protect the children emotionally, physically, mentally, and spiritually (National Indian Child Welfare Act, 1987).

Child Abuse and Neglect

Many Native American children experience factors that increase risk for child abuse and neglect. Tribal communities often see several risk factors that are associated with support that increased risk of child abuse and neglect, including poverty, alcohol and illegal drug use, families with four or more children, and families that are geographically isolated (Nelson et al., 1994, NAICJA, 1985).

Because tradition supports kindness and care for children, all adults must consider why they have children and what the Creator intended for families to raise children who become leaders for the next generation.



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Child's Age	Cognitive	Social and Emotional	Speech & Language	Fine Motor Skills	Gross Motor Skills
1 to 3 years	-Turn pages to imitate reading -Tests care providers reaction to YES and NO -Sort various colors and shapes	-Can play next to other children -Possessive and jealous of attention and objects - Argue or hit, if not supervised and taught to share	-By 2 years, will clearly speak 50 plus words -Begin to form sentences -May pronounce words different than heard, not all correctly	-Likes to stack items -Begin using spoon for eating -Explores and will easily get injured, as reasoning is poor - Wean from bottle between 12-18 months	- Walks and begins to run -Roll and kick a ball - Can manage stairs, one step at a time
3 to 5 years	-Imitates by playing -Curiosity is high - Enjoy personal interaction (reading, singing)	-Develop fears for things they trusted before - Able to approach others for interaction	-Recite poems or songs - Ask "Why" often - Tell stories, often made up	-Hold a crayon -Button own clothing -Trace letters	-Pedal a tricycle -Climb, skip, jump - Throw and catch a ball
Elementary Age (6 to 11)	-Poor decision making skills -Asks for and expects parental presence - Not good with being alone -Desire peer connection	- Writing and reading increases -Parents to communicate with teachers to support consistency	-Bashful about asking for help – parents support them to practice - Enjoy performing for praise	-Advances quickly, team and individual sports support -Outdoor free play allows personal risk taking, muscle control, and core strength to build balance	- Advances quickly -Able to learn new muscle movements with practice
Adolescent (12- 18)	-Self centered -Desire for peer acceptance	-Risk taking -Requires adult guidance -Develop friendships (good and bad) -By 16, may be able to be home alone overnight	-Speak well and can organize thoughts for decision making -Reading supports vocabulary expansion	-Chores allow mind and body connection for organizing and prioritization	-Upper body fitness activities support mind and body confidence and balance



Child's Age	Cognitive	Social and Emotional	Speech & Language	Fine Motor Skills	Gross Motor Skills
Birth to 6 weeks	-Totally dependent on others - May coo to show comfort or pleasure	-Changes facial expression with new things -Sleeps up to 20 of 24 hours -Enjoys and responds to massage	-Listens to sounds -Communicates through crying, only - Makes eye contact to show interest -Chokes or gags easily, liquid only -No lip or tounge control	-Needs tummy time when awake - Clamps fists - Sleeps safely on the back, cannot move objects from face or head	-Attempts to control the head - Cannot roll over or away from hurt
1 ½ to 3 months	- Follow objects with eyes - Pull hand from under self or lift head to catch glimpse of objects	-Vision and hearing improve - Begins to smile or frown showing emotion -Responds to music and voices	-Begins to make more sounds for attention	-Open fists more often - Enjoys touching their mouth	-More movement of arms and legs - Neck muscles strengthen and can lift head when on tummy
3 to 6 months	-Remembers faces and reacts - Recognize objects up to 3 feet away	Actively strives for attentionRecognizes self in a mirror	- Squeals for pleasure - Makes vowel sounds - Gurgles to copy familiar voices	 Grab items handed to them Reach for own toes Play with own hands	- Can roll over - Hold head upright when seated in a propped position -Begins to sit without falling over
6 to 9 months	-Shows facial expression and enjoys company - Picks up on feelings of others -More affectionate to familiar faces than strangers	-Laugh and smile for people they enjoy -Use gestures with communication	- Babbles - Blows bubbles -Turn head when name is called -Begins weaning and needs less sucking	- Reaches for objects -Picks up tiny objects	-Control back to sit in a high chair for eating -Scoot on belly or may raise butt -Enjoys standing when held in position
9 to 12 months	- Uses pointer finger to request wants -Watches for response to their actions	-Understands the word "NO" -Able to use a sippy cup -Poor separation from main care provider	- May clearly say first word -Recognize own name - Control lips and tongue	- Hold and examine toys or other item -Use pincher motion with thumb and pointer finger to pick up small food or other items -Ability to throw things	-Pull up onto knees -Crawl or drag themselves around -Pull up to stand next to furniture



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OBJECTIVES:

- To discuss the five areas where parents can assess normal child development in their children.
- 2. To guide conversation relating to the many ways parents can support normal child development.
- 3. To assess normal child development, based on age, from birth through adolescence.
- 4. To provide opportunity for participants to share stories relating to their own or their children's development patterns.

PROCEDURE:

- 1. Write the Objectives on the board
- 2. Distribute Lesson 22 Talking Sheet Child Development
- 3. Ask for a volunteer to open session with a prayer, offer a prayer thanking the creator for children and guiding adults to respond in a caring manner or open the session with a minute of silence.
- 4. Introduce the areas used to identify normal child development
- 5. Facilitate specific conversation relating to early feeding, smoking, sleep and child abuse/neglect selections.
- 6. Allow participants to read and share child development milestones for specific assigned ages
- Share referral agencies for the local community (WIC, Pediatricians, Social Service licensed childcare provider list, Child Find or special needs programs, local public health or immunization providers, Quit Line or tobacco cessation programs)
- 8. Distribute and collect Lesson 22 Evaluation

RESOURCES FOR INSTRUCTION SUPPORT:

- 1. NDSU or other State Extension Program handouts
- 2. www.howkidsdevelop.com
- 3. www.childdevelopmentinfo.com
- 4. www.nd.gov.dhs/services
- 5. www.nd.gov.dhs/service/headstart
- 6. www.pathways.org
- 7. Local headstart and school counselor contact information
- 8. UTTC child feeding guidelines www.uttc.edu.extensionresources

TIME:

50 minutes

CHILD DEVELOPMENT



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Please rate how confident you are in listing the areas where parents and care providers can assess child development. 1 2 3 4 Please rate if your knowledge increased relating to early childhood feeding, slet tobacco risks, and child abuse/neglect as they relate to tradition and development. 1 2 3 4 Please rate how confident you are in guiding others about leaving children alous 1 2 3 4 Please rate how confident you are in recognizing at least five age specific miles that indicate normal child development. 1 2 3 4 Please rate how comfortable you were in sharing stories relating to child development in your family. 1 2 3 4 New things I learned or understand better because of the lesson	increased relating to early childhood feeding, sleep, relate to tradition and development 3 4 5 are in guiding others about leaving children alone. 3 4 5 are in recognizing at least five age specific milestonelopment. 3 4 5 sou were in sharing stories relating to child		Very	Confident		
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EVALUATION