



BUILDING A HEALTHY START
Professional Development for Caregivers of Infants and Toddlers

Module Two Training Guide: Promoting Physical Activity for Infants and Toddlers in Early Childhood Settings

Alabama Department of Public Health

A Series of Six Best Practice Training Modules
Based on *Caring for Our Children:
National Health and Safety Performance Standards;
Guidelines for Early Care and Education Programs,
Third Edition*

Support for this project was provided by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services (Grant #H25MC00238)

Project Overview

The *Building a Healthy Start: Professional Development for Caregivers of Infants and Toddlers* Project (the Project) is administered by the Alabama Department of Public Health (ADPH) and funded by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. The Project's purpose is to improve the quality of infant and toddler child care in Alabama by integrating nationally recognized health and safety standards into a professional development project. The Project is comprised of six best practice training modules for caregivers of infants and toddlers to be developed and released over a three-year period. *Promoting Physical Activity for Infants and Toddlers in Early Childhood Settings* is the second module in this series. The first module, *Feeding Infants and Toddlers in Early Childhood Settings*, was completed in 2014. The remaining modules address disaster preparedness, environmental health, social emotional development, and child abuse and neglect prevention. The training modules are based on 28 standards from *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Third Edition (CFOC3).

Training module content was researched and written by an early childhood curriculum specialist with experience and expertise in health and safety consultation in early childhood settings and guided by the oversight of an expert work group under the leadership of the project director. Members of the work group include pediatricians, professional development leaders, child care health consultants, early care and education professionals, and leaders from Alabama's Office of Child Care Licensing and its Quality Rating and Improvement System, Alabama Quality STARS. Additional guidance and technical assistance was provided by Barbara U. Hamilton, M.A., the Early Childhood Comprehensive Systems federal grant officer for this Project.

The Project training modules are not intended to be a comprehensive curriculum for caring for infants and toddlers in early childhood settings. Each module addresses a specific issue and focuses on information specific to the care of infants and toddlers related to that issue. A developmental approach is integrated into each module because of its vital importance to optimal health outcomes during the first three years of life. The Project staff and work group members hope that these training modules enhance the knowledge and skills of the caregivers who participate and improve the quality of care that they provide to Alabama's youngest and most vulnerable citizens.

For additional copies of this training module, contact:

Dawn E. Ellis

Alabama Department of Public Health

Bureau of Family Health Services

The RSA Tower, Suite 1350, 201 Monroe Street

P.O. Box 303017, Montgomery, AL 36130-3017 334.206.2965

dawn.ellis@adph.state.al.us

Acknowledgements

Project Staff

Dawn Ellis, M.P.H., R.N.
Project Director
Alabama Department of Public Health
Building a Healthy Start Project

Charlotte Hendricks, Ph.D.
Curriculum Specialist
Healthy Childcare Consultants, Inc.
www.childhealthonline.org

Project Work Group

The Project wishes to credit the following work group members who contributed their expertise and time to the development of the training modules.

Mary Blankson, M.D., M.P.H., F.A.A.P.
Child Care Health Consultant and Trainer
Alabama Chapter Child Care Contact

Elaine Miller, Ph.D.
Managing Director
Family Child Care Partnerships at Auburn University

Sally Edwards, M.S.
The University of Alabama
Child Development Resources

Belinda Paul
Provider Services Manager
Child Care Resource Center

Maria Hernandez-Reif, Ph.D.
The University of Alabama
Department of Human Development and Family Studies

Betsy Prince, M.A.
Alabama Department of Rehabilitation Services
Alabama's Early Intervention System

Jeanetta Green, M.P.A.
Alabama Department of Human Resources
Child Care Services Division (QRIS)

Robbie Roberts, Ph.D.
Executive Director
The Harris Early Learning Center

Karen Landers, M.D., F.A.A.P.
Alabama Department of Public Health
Pediatric Consultant

Jeanne Sellers, M.S.
Early Care and Education Services
Family Guidance Center of Alabama

Pamela Laning
Alabama Department of Children's Affairs
Head Start State Collaboration Office

Myra Shaw, M.Ed.
Director of Programs
Childcare Resources

Linda Lee, A.P.R.
Executive Director
Alabama Chapter-American Academy of Pediatrics

Trellis Smith, Ph.D.
Alabama Department of Children's Affairs
First Class Pre-Kindergarten Program

Joanna Matusick
Program Specialist
Family Child Care Partnerships at Auburn University

Stacey Sorrell
Alabama Department of Human Resources
Child Care Services Division (Child Care Licensing)

Suzanne McFerrin, M.A.
Early Childhood Education Coordinator
Alabama Public Television

Joan Wright
Executive Director
Childcare Resources

Susan McKim, Ph.D.
Alabama Department of Children's Affairs
First Teacher Home Visiting Program

In addition, we want to thank S. Donald Palmer, M.D., F.A.A.P., for his review of module content and the leadership of the ADPH Bureau of Family Health Services for their technical assistance and ongoing support of this project.

Instructions for Trainers

Target Training Population

This module is designed to train caregivers of infants and toddlers on promoting physical activity for infants and toddlers in early childhood settings. Content is appropriate for a variety of early childhood settings, including center- and family-based child care, Early Head Start, Department of Defense community services programs, and teacher preparation programs.

Length of Training

The training module may be taught in one two-hour session or two one-hour sessions at the discretion of the trainer. The length of training is dependent on learning needs and the trainer's preferences regarding utilization of participant activities.

Module Description

The training presentation includes colorful slides to lead participants in discussion relevant to their specific settings and the infants and toddlers in their care. The module includes the following components:

- learning outcomes
- detailed outline of content
- PowerPoint presentation
- instructions for participant activities
- materials list for activities and visual aids
- pre- and post-test questions
- reproducible handouts
- reproducible evaluation forms

The module is packaged on a compact disc. Master copies of participant handouts are included so trainers can make the appropriate number of copies. Trainers are encouraged to select or develop additional handouts to meet specific training needs of each target audience.

The training guide outline is numbered to match the slides. The PowerPoint slide presentation is protected to prevent printing of slides as handouts. Copies of the presentation slides may not be used as handouts.

Equipment

A laptop and projector are needed to project the PowerPoint slide presentation during the training session. A flipchart, chalkboard, or whiteboard may be used during class discussion.

Supplemental Materials

Supplemental materials will be needed by the trainer for participant activities and demonstration purposes to enhance training and facilitate learning. Existing supplies may be utilized or new items may be purchased. Recommended supplemental materials include the following items:

- life-sized dolls
- hula hoops
- colorful, small scarves or small hats
- various sizes of balls
- colorful socks rolled into balls and a laundry basket
- small sponges and a small bucket
- bubble solution

Compliance with National Standards

Information and recommendations presented in these training modules are current and in compliance with national standards and recommendations in effect at the time of publication. Information presented reflects best practice as presented in the following documents:

- American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education (2011). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs*, 3rd edition.
- National Association for Sport and Physical Education (2009). *Active Start: A Statement of Physical Activity Guidelines for Children from Birth to Age 5*, 2nd edition.
- Other national criteria or recommendations, as appropriate and relevant to the specific topic.

It is the responsibility of the trainer to review materials prior to presentation, and include any additional information that may be required by state and local regulations.

Training Information Disclaimer

Content is designed to provide information appropriate for early childhood teachers, caregivers, and families. Individual consultation by a child care health consultant or other health care professional may be required to address specific situations or needs. Training information related to illness or injury, medical services, or consumer products is **not** intended for diagnosis or treatment. Questions or situations related to individual children should be referred to an appropriate health care provider.

Instructions for Teaching the Module in Two Sessions

This module may be taught in one two-hour presentation or two one-hour presentations. If the trainer opts to teach the Physical Activity for Infants and Physical Activity for Toddlers sections separately, the introductory slides (1- 8) and concluding slides (66 - 70) should be used at each presentation. The first, second, and fourth learning objectives and the first five pre- and post-test questions pertain to the Promoting Physical Activity for Infants section. The first, third, and fourth learning objectives and last five pre- and post-test questions pertain to the Physical Activity for Toddlers section.

Training Content

1. **Title Slide: Promoting Physical Activity for Infants and Toddlers in Early Childhood Settings**

The Alabama Department of Public Health received a grant from the Maternal and Child Health Bureau (#H25MC00238) to focus on the improvement of Alabama's infant/toddler child care quality by integrating nationally recognized health and safety standards into a professional development project. This project, *Building a Healthy Start*, will develop and deploy six best practice training modules for caregivers of infants and toddlers over a three-year period.

Promoting Physical Activity for Infants and Toddlers in Early Childhood Settings is the second module in this series. The first module, *Feeding Infants and Toddlers in Early Childhood Settings*, was completed in 2014. The remaining modules address disaster preparedness, environmental health, social emotional development, and child abuse and neglect prevention. The training modules will incorporate 28 standards from *Caring for our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Third Edition (CFOC3).

2. **Introduction**

3. **Learning Outcomes**

At the end of this session, participants will be able to:

- Acknowledge the importance of daily physical activity for infants and toddlers.
- Describe developmentally appropriate activities to promote infant growth and development.
- Give examples of appropriate indoor and outdoor physical activities for toddlers.
- Discuss the impact of screen time on infants and toddlers.

4. **Pre-Test**

Please have participants complete the pre-test questions at this time.

5. **Caring for Our Children**

CFOC3 is the definitive source on best practice in health and safety in early care and education settings. These standards are evidence based, have expert consensus, and are nationally recognized as model standards for health and safety practices.

CFOC3 was developed through a collaborative partnership between the following organizations:

- American Academy of Pediatrics (AAP)
- American Public Health Association (APHA)

- National Resource Center for Health and Safety in Child Care and Early Education (NRC)

Visit www.nrckids.org to browse the CFO3 standards. Content for this training session includes standards presented in Chapter 2, Program Activities for Healthy Development, and Chapter 3, Health Promotion and Protection. Standards that are specifically addressed in this training are listed in Appendix A. Information from additional CFO3 standards has been incorporated where appropriate.

6. Standards, Guidelines, and Regulations

Best practice in child care is based on standards, guidelines, and recommendations.

- **Standard:** A statement that defines a goal of practice. It is usually based on scientific or epidemiological data. A standard is set as the strongest criterion for best practice in a given area by an organization or association.
Examples:
 - CFO3
 - ASTM International Standards for product safety, such as cribs
- **Guideline:** A statement of advice or instruction. A guideline originates from an organization with acknowledged standing.
Examples:
 - Choose My Plate campaign
 - Let's Move Child Care campaign
- **Regulation:** A standard or guideline that becomes a requirement for legal operation. A regulation originates in an agency with governmental or official authority and is accompanied by enforcement activity.
Examples:
 - Alabama Department of Human Resources (DHR) Licensing Standards
 - Head Start Program Performance Standards
 - U. S. Department of Agriculture (USDA) Child and Adult Care Food Program

NOTE: The content of this module is based on the best practice standards published in CFO3. These standards may or may not have been adopted as regulations in Alabama. Caregivers should be familiar with state and local child care regulations and operate in compliance with such regulations.

7. Terminology

The following terms are used throughout this training session:

- **Parent**—refers to a parent, guardian, or other family member who cares for the child
- **Caregiver**— refers to an adult who provides out-of-home care for children (e.g., child care)

- Regular doctor—a pediatrician, nurse practitioner, or other professional who provides medical and other healthcare services on a continual basis (medical home)

NOTE: The term infant generally refers to a child aged birth to 12 months, although Alabama’s child care licensing standards consider infants to be children up to 18 months of age for child care ratios and required equipment. The term toddler generally refers to a child aged 12 months to 36 months.

8. Importance of Physical Activity in Early Care

Daily physical activity should be promoted from birth. Infants and toddlers learn through play, developing gross motor, socio-emotional, and cognitive skills.

Participation in regular physical activity promotes gross motor development, improved fitness, cardiovascular health, healthy bone development, improved sleep, maintenance of healthy weight, and improved mood and sense of well-being.

Encourage and support physical activity and movement throughout each day. Development of physical skill requires practice and repetition. Skills do not develop just because the child ages.

9. Part 1: Physical Activity for Infants

10. Guidelines for Infants

The following guidelines regarding physical activity for infants are from the National Association for Sport and Physical Education (NASPE).

Guideline 1: Infants should interact with parents and/or caregivers in daily physical activities that promote the exploration of their environment.

Guideline 2: Infants should be placed in safe settings that facilitate physical activity and do not restrict movement for prolonged periods of time.

Guideline 3: Physical activity should promote the development of movement skills.

Guideline 4: Infants should have an environment that meets or exceeds recommended safety standards for performing large muscle activities.

Guideline 5: Individuals responsible for the well-being of infants should be aware of the importance of physical activity and facilitate the child's movement skills.

11. **Benefits of Regular Physical Activity for Infants**

Daily physical activity promotes:

- Large muscle development.
- Healthy bone development.
- Gross motor skills.
- Sense of individuality.

An infant's muscles are not well developed at birth, and most physical activity during the first 12 months of life involves building muscle mass. Muscle stability and skill development begins with the core muscles (e.g., neck, shoulders, trunk, and hips) and progresses to the extremities (e.g., arms and legs).

Physical activity for infants involves all types of movements, including sitting up, rolling over, crawling, standing, and eventually walking. Encourage infants to move independently.

12. **Characteristics of Infants**

- Infants are fully dependent upon caregivers. This dependence includes their physical activity. Physical activity for very young infants involves the caregiver moving the infant's arms and legs and supporting and encouraging movement. As the infant grows and develops, caregivers support learning to stand and pull up. Older infants learning to walk will require supervision and assistance, such as handholds and supports.
- Infants form attachments and need nurturing to be secure and to achieve optimal development in all domains. Nurturing includes attention to, communication about, and response to infant needs, including physical activity.
- Play activities allow infants to explore, stimulate their senses, and experience movement and action. Caregivers must provide a safe and clean environment for infants to move freely.

Infants must never be unsupervised. Caregivers must always provide visual supervision so that every infant is in the caregiver's sight, even while tending to another child. Caregivers must have immediate access to each infant at all times.

13. **Characteristics of Infants ...**

Most infants:

- Enjoy playing one-on-one with caregivers. This interaction and nurturing occurs throughout the day, including routine activities, such as feeding and diapering.
- Enjoy physical activity, including movement and playing with objects. Think large, soft, and colorful when selecting objects for infants.

- Are curious and explore the environment through physical activity. Infants learn through the five senses – sight, sound, touch, taste, and smell. Encourage movement, such as touching, grasping, crawling, and walking.
- Move in new ways when challenged with interesting activities. Infants learn by exploring obstacles. For example, older infants learn to navigate steps (with close adult support and supervision!). First they learn to crawl up steps, and later develop skill in going down steps.

14. Examples of Infant Activity

Being active as an infant means:

- Moving and lifting the head.
- Kicking and reaching during tummy time.
- Reaching for or grasping toys or other objects.
- Playing and rolling on the floor.
- Crawling around the environment.

15. Infants Need to See New Sights and Explore the World

Infants learn by exploration. Everything is new to them, and they learn from every sound, sight, touch, taste, and smell. Interaction with caregivers and exploration should occur several times throughout each day.

- Give each infant one-on-one attention. Carry infants to new environments throughout the day. Talk to the infant and point out people and items.
- Play baby games, such as peek-a-boo, to help infants realize that after people disappear, they can come back. Infants enjoy repetition and familiarity; the same peek-a-boo game is enjoyable and beneficial to infants again and again!
- Support verbal interaction through cooing and babbling. Infants may mimic the caregiver's sounds, and caregivers may mimic the infant's sounds. Smile and encourage infants to communicate through sound, eye contact, and touch.
- Sing songs and talk to infants during routine activities. Repeat simple songs or phrases during activities, such as feeding, diapering, and preparing for sleep. Infants will begin to associate specific sounds and words with these routines.
- Encourage infants to continue exploratory efforts. Smile and applaud attempts at any new skills. Nurturing through facial expressions, verbal praise, and other encouragement promotes self-esteem as well as development of language and communication skills.

16. Physical Development of Infants

Physical development occurs inward (proximal), then outward (distal).

Infants first develop proximal stability, which is stability in the shoulders, trunk, and hips.

At birth, infants cannot support their head and have little control over body movements. As the shoulders and trunk muscles develop and gain stability, the infant will be able to hold the head steady and later progress to lifting and turning the head.

Move the infant's body and encourage independent movement to promote stability and development of the core muscles (proximal stability).

As the core muscles develop (proximal stability), the infant will begin to gain control over movement of the arms and legs (distal control).

Physical development also proceeds from gross motor movements (e.g., controlled movement of arms) to fine motor skills (e.g., grasping objects, developing pinching skill).

17. **Typical Movement Development During Infancy**

The following slides address benchmarks of physical development for infants. These benchmarks, or developmental milestones, provide information to help caregivers and parents observe and chart a child's development over time. By understanding the typical physical development of infants, caregivers are better able to (1) integrate appropriate activities into the child care day to promote physical development, and (2) recognize signs of possible physical delay or other concerns that warrant referral to the child's regular doctor.

Remember that these developmental milestones reflect typical physical development of infants. Every child is unique, and most differences are normal. For example, an infant born prematurely or with a low birth weight may require more time to develop specific skills. Likewise, some children spend little time crawling and rapidly progress to walking skills.

Birth–2 Months

- Exhibits a rooting reflex.
- Raises head briefly and moves head from side to side.
- Makes quick and jerking arm movements.
- Brings hands to face.

18. **Typical Movement Development During Infancy ...**

2-3 Months

- Strengthens shoulder muscles.
- Begins to hold head erect and steady.

- Holds chest up during tummy time with weight on the forearms. This milestone is the first coordinated action of muscle extensors and flexors working together to achieve a purposeful movement.
- Sits with support.
- Grasps and briefly holds objects.

19. Typical Movement Development During Infancy ...
3-4 Months

- Brings hands to midline.
- Turns head side to side, holding head steady.
- Pushes down on legs when feet are placed on a firm surface.

20. Typical Movement Development During Infancy ...
4-6 Months

- Develops strong neck muscles and can lift head easily.
- Holds chest up during tummy time with weight on forearms.
- First, can roll over from front to back; and later, from back to front.
- Can briefly stand, with support.
- Can briefly sit, without support.
- Strengthens upper body movement.
- Brings feet to mouth.

21. Typical Movement Development During Infancy ...
6-9 Months

- Continues to increase shoulder stability. Trunk and hip muscles develop, and overall stability improves.
- Begins to sit without support.
- Uses toes and hands to propel forward or in a circle; begins to crawl.
- Reaches with one hand and transfers objects from one hand to another.
- Grasps small objects with thumb and fingers.

22. Typical Movement Development During Infancy ...
9-12 Months

- Continues to crawl.
- Can pull upright using support. Can briefly stand without support.
- Begins to walk with handholds and adult assistance. May briefly walk (2-3 steps) without assistance.
- At 9-16 months, walks independently.

23. Infants Need to be Touched, to Wiggle, and to Move Their Body Parts
 Provide the least restrictive environment that is safe and clean.

Early physical activities involve the adult moving the infant's body parts while talking and interacting. As infants develop, they will learn to do the motion as their caregivers say the words and model an action.

Encourage movement throughout the day when holding or carrying infants and during routine activities (e.g., diapering).

24. So Big

Help infants begin to associate words and movement.

- Sit on the floor facing the infant.
- Begin by raising your arms about your head as you say “So big.”
- Once you have the infant’s attention, hold onto the infant’s hands, raise his arms, and say “So big.”

A similar activity is to raise and lower the infant’s legs while saying “Up and down.”

25. Space and Safety

- Provide an uncluttered floor space of at least 5 X 7 feet. Play space should be out of the caregiver’s walking path, away from shelving and objects that could fall, and away from rocking chairs and other potential hazards.
- Create an environment that is comfortable for caregivers to be on the floor level when interacting with infants.
- Provide lots of tummy time. Encourage the infant to play, roll, scoot, crawl, and move about actively several times during the day.
- Never leave an infant unattended.

26. When Awake, Let Infants Move Freely

Infants should be allowed and encouraged to move freely throughout the day. For example, when holding a very young infant, move his arms and legs while supporting the head and trunk. As infants develop head stability, encourage movement during tummy time throughout the day.

Movement should be encouraged in a safe, clean environment, such as a large clean floor space, where adults can effectively supervise all children in their care. Playpens are not appropriate in child care. Cribs should only be used for sleeping, not for playing.

- Do not use high chairs or other equipment that constrains movement for longer than 15 minutes, other than at meals or snack time. If high chairs are used for feeding, infants should be securely strapped into the chair and must be within arm’s reach of the caregiver.
- Limit use of swings and bouncers (e.g., only once during morning and once during afternoon). The infant should be placed in the swing or bouncer for only a short period of time (less than 15 minutes).

- Use cribs for sleeping. Do not put infants in swings or car seats to sleep. If an infant goes to sleep in a swing or car seat, then lift the child from the equipment and place her in her crib.

27. Infant Play Equipment

Infants enjoy soft, colorful toys that they can grasp. Remember, everything goes into the mouths of infants, so think about safety and sanitation!

- Provide toys that are soft, large, and lightweight.
- Encourage the child to reach, grasp, and hold by providing blocks, stacking toys, nesting cups, textured balls, and squeeze toys.
- Prevent choking. Avoid toys with small parts, such as buttons, that can be removed. Check fabric toys for tight seams; make sure stuffing cannot be pulled out.
- Prevent strangulation. Avoid toys with strings or cords.
- Do not put toys in or on cribs. CFOC3 recommends that there be no mobiles on infant cribs. Cribs are for sleeping. Cribs should not be used as a “playpen.” In cribs, stuffed toys can pose suffocation hazards, strings on mobiles can cause strangulation, and other toys may present choking hazards.

NOTE: The Alabama child care licensing standards require a mobile to be attached to each crib for infants younger than 5 months of age.

Participant Activity:

The following slides present activities for infants. Using life-size dolls, demonstrate these activities and ask participants to return the demonstration. Participants may also demonstrate other appropriate activities for infants.

28. Physical Activities with Infants

The following slides present activities that are developmentally appropriate for infants. Remember that these activities are based on typical developmental milestones; they are not absolute age recommendations.

Refer to the handout “Physical Activity with Infants.”

1-3 Months

Nurture the motor skill development of infants, especially head and trunk control, by:

- Giving lots of supervised tummy time! Interact with an awake infant on his tummy for short periods of time (3 to 5 minutes). Increase the amount of time as the infant shows enjoyment.

- Placing the infant on her tummy to practice lifting her head and kicking her legs.

29. Physical Activities with Infants. . .

1-3 Months (continued)

Nurture the motor skill development of infants, especially head and trunk control, by:

- Placing the infant on his stomach across your legs while in a sitting position.
- Encouraging rolling over, body movement, and reaching. Place a brightly colored toy just out of reach.

30. Physical Activities with Infants ...

3-6 Months

- As the infant gains strength and torso control, place him on your lap, facing you. Hold his hands and encourage him to stand. Gently pull him into a standing position. With your full support, gently sway him from side to side.
- Stimulate hand and foot play. Place the infant in a sitting position between your legs with her back against your stomach. Support the head and the elbows while bringing one arm forward to reach for the opposite foot.

31. Physical Activities with Infants ...

3-6 Months (continued)

- While you are sitting, place the infant on her back with her feet on your chest. Bring her arms forward until the hands are together in front of the infant's eyes.
- Prop the infant in a sitting position with his back against your stomach. Place his hands on a ball. Help child roll the ball forward.
- Model hand clapping while singing a catchy tune. Show the infant how to clap hands by holding her hands. Model hand clapping again and let the infant watch you and imitate.

32. Physical Activities with Infants ...

6-9 Months

- Encourage the increasing coordination of physical movements as the infant reaches, grabs, and transfers things from one hand to the other.
- Encourage hand-eye coordination and developing fine motor skills as the infant begins to feed himself.

33. Physical Activities with Infants ...

6-9 Months (continued)

- Allow the infant to explore freely on a clean, safe floor. Encourage creeping and crawling.
- Support the infant in an upright position to encourage balance and strength development.

- Move to music with the infant.

34. **Physical Activities with Infants ...**

9-12 Months

Infants are much more mobile and need to explore. Provide as much opportunity as possible to crawl, walk, and play. A safe environment is critical.

- Provide handholds for infants to pull themselves up. Promote balance development as they learn to walk.
- Do not use walkers!
- Allow the infant to walk barefoot indoors and develop his foot muscles.

35. **Outdoor Activity for Infants**

- Take infants outdoors each day, as weather permits.

Remember sun safety. Infants have tender skin and can easily burn. They should not be exposed to either direct sunlight or reflected sunlight (e.g., reflected from sidewalk, sand, or water). Provide shade and limit outdoor play to 5-10 minutes each time (unless deep shade is available).

If a stroller is used, be sure it has a wide shade cover that effectively shades the infant. Remember that sunlight is also reflected upward from sidewalks.

NOTE: Over exposure to sunlight can also occur indoors. Be sure cribs and play areas are shielded from direct sunlight by using appropriate window coverings

- Talk to infants about new sights and sounds, such as green grass, singing birds, and other children playing.
- Provide tummy time. Place a large clean sheet in a shady area on level ground free of rocks and sticks. Be aware of and watch for ants and other insects.

36. **Incorporate Physical Activity into Daily Routines**

Physical activity should be encouraged throughout the day.

- After naptime, move the young infant's arms and legs before lifting the infant out of the crib.
- After diaper changes, encourage movement and grasping while washing the infant's hands.
- Encourage the infant to grasp the bottle during feeding. Allow the infant to reach for and grasp a spoon during feeding of solid foods. Provide finger foods as the infant learns to self-feed.

- As infants learn to crawl and walk, encourage them to move toward you; smile and applaud their efforts before you pick them up.

37. Communicate with Parents

Many parents miss seeing their child’s “firsts” that may occur while the infant is in child care, such as the first step, the first word, and first time rolling over. Likewise, parents want to share their joy in seeing new efforts and accomplishments that occur at home. Join with parents in celebrating all of their children’s efforts and new skills.

- Share information each day with parents about their child’s emerging abilities (e.g., rolling over, first steps, grasping a toy).
- Encourage parents to support physical activity at home. Describe activities at child care and discuss ways to reinforce development both at home and in child care.
- Discuss typical child development and share concerns, if any. Advise parents to consult their regular doctor with questions. Provide resource information as appropriate.

Refer to handout “Referral Resources for Developmental Concerns.”

38. Part 2: Physical Activity for Toddlers

If teaching both Part 1 and Part 2 in the same training session, a break may be taken here.

39. Guidelines for Toddlers

The following guidelines regarding physical activity for toddlers are from NASPE. Additional guidance, as related to the focus of this training, is included in italics below the specific guideline.

Guideline 1: Toddlers should accumulate at least 30 minutes daily of structured physical activity.

- *Structured physical activity is defined as intentional movement directed by and supported by the caregiver. Examples of structured physical activities will be presented later in this training module.*
- *The 30 minutes daily is not intended to occur in one block of time. Toddlers have spurts of energy and short attention spans. The 30 minutes may be accomplished in 5-10 minute activities throughout the day.*

Guideline 2: Toddlers should engage in at least 60 minutes and up to several hours per day of unstructured physical activity. Toddlers should not be sedentary for more than 60 minutes at a time except when sleeping.

- *Unstructured physical activity includes free play and movement supported by the caregiver. Examples are toddlers playing independently with toys and vehicles, climbing obstacles, and walking around the room.*
- *The 60 minutes daily is not intended to occur in one block of time. Toddlers have spurts of energy and short attention spans. The 60 minutes includes a variety of movement activities throughout the day.*
- *Toddlers should not be sedentary for long periods of time. It is also inappropriate to have toddlers sedentary for multiple times throughout the day. (i.e., do not have back-to-back sedentary activity, even if those activities are less than one hour each.)*
- *Toddlers should not be expected to sit still nor should their movement be restrained within a safe environment. For example, watching television or video programs, playing computer or tablet games, or even listening to a story or watching entertainment for lengths of time is inappropriate. The typical attention span of a toddler is about 5-10 minutes.*

Guideline 3: Toddlers should develop movement skills that are building blocks for more complex movement tasks.

Guideline 4: Toddlers should have indoor and outdoor areas that meet or exceed recommended safety standards for performing large muscle activities.

Guideline 5: Individuals responsible for the well-being of toddlers and preschoolers should be aware of the importance of physical activity and facilitate the child's movement skills.

40. Benefits of Regular Physical Activity for Toddlers

Daily physical activity promotes:

- Large muscle development, including strength and endurance.
- Cardiovascular endurance.
- Flexibility.
- Reduced risk of becoming overweight.
- Feelings of accomplishment and independence.
- Development of lifelong healthy habits.

41. Characteristics of Toddlers

- Toddlers are naturally active. They learn through movement and play.

- They are developing a sense of independence. An often heard phrase is “do it myself!”
- Their curiosity, exploration, and mobility increase. As they become more mobile, it is increasingly important to provide a safe environment as well as close supervision. Toddlers do not recognize dangers or the consequences of their actions and movements.
- Toddlers are self-centered; if they see something they want, they will try to get it, even if it means taking it away from another child or bumping into another child to access the object. This self-centeredness is not intentional; it’s just a developmental stage.
- Toddlers are beginning to interact with other toddlers. Sometimes they want to play with others, but often play alone. Toddlers are just beginning to learn to share and take turns.

42. Physical Development of Toddlers

- The toddler’s head and trunk size are large in proportion to the rest of the body. This means they are “top heavy” and often bump into objects and may fall. As the legs grow and muscles develop strength, the toddler is able to move faster and more easily.
- As vision and visual perception improve, toddlers develop skills to track moving objects, such as a ball rolling toward them.
- As their sense of balance and their own body positioning improve, toddlers enjoy climbing and balancing activities. But remember, keep activities low to the ground; they still fall!
- Toddlers are not very skilled in maneuvering their bodies. They may bump into other children or objects. This behavior is not intentional.

The following slides address benchmarks of physical development for toddlers. These benchmarks, or developmental milestones, provide information to help caregivers and parents observe and chart a child’s development over time. By understanding the typical physical development of toddlers, caregivers are better able to (1) integrate appropriate activities into the child care day to promote physical development, and (2) recognize signs of possible physical delay or other concerns that warrant referral to the child’s regular doctor.

Remember that these developmental milestones reflect typical physical development of toddlers. Every child is unique, and most differences are normal.

43. Physical Development of Toddlers ...

12-18 Months

- Walks with assistance, and begins to walk independently.
- Crawls up and down stairs.
- Develops fine motor skills. Stacks two objects, claps hands, and begins to use spoon.
- Likes to push, pull, carry, and dump things.

44. Physical Development of Toddlers ...

18-24 Months

- Walks up and down stairs, walks on uneven surfaces, and stands on one foot—all with adult help.
- Runs reasonably well.
- Rolls hand-held wheeled toys with ease.
- Begins to dress self.
- Feeds self by using grasping and pinching skills.

45. Physical Development of Toddlers ...

24-30 Months

- Rides four-wheeled toys with ease (no pedals).
- Runs with ease.
- Stands on tiptoe.
- Enjoys physical activities including running, climbing, jumping, and chasing.
- Opens doors by turning knobs and handles.

46. Physical Development of Toddlers ...

30-36 Months

- Rides a tricycle and pedal toy.
- Has developed a hand preference.
- Continues to improve fine motor skills. Holds markers and crayons, uses paint and clay, and stacks toys with ease.

47. Provide Planned Physical Activity Each Day

The NASPE Guidelines recommend at least 30 minutes daily of structured (directed) physical activity and at least 60 minutes (up to several hours) of unstructured physical activity (free play).

Physical activity for toddlers and young children involves play. It should be enjoyable and involve both challenges and repetition.

- Toddlers have short bursts of energy and enjoy active play. A toddler may engage in vigorous play actively for 10 minutes, followed by a recovery period of quiet activity.

- Toddlers have short attention spans. Plan brief activities to include both structured and unstructured physical activity.
- Toddlers are mobile and eager to explore their environment. They like playing with objects and toys, and enjoy climbing and balance activities.
- Toddlers want to do things by themselves, but need repetition to learn new skills.

As toddlers demonstrate a skill, challenge them to further build on those skills. For example, a toddler first learns to stand, then progresses to standing on one foot and standing on tiptoe. Likewise, a toddler first learns to hop with both feet, and later learns to jump further and to hop on one foot.

48. Learning Through Movement

Most toddlers enjoy:

- Engaging in any activity that includes movement.
- Climbing stairs and exploring the environment. Supervise closely! Play equipment with steps designed for toddlers (less than 3 feet tall) provides a safer challenge when learning to navigate steps.
- Playing outside and discovering their world. Outside play areas should be enclosed for safety.
- Crawling, walking, dancing, swaying, jumping, and running.

49. Space and Safety

- Provide the least restrictive environment for active movement with at least 5 X 7 feet of space per child. Indoor play space should be out of the walking path and away from shelving or objects that could fall.
- Help children learn to negotiate environmental challenges through both indoor and outdoor play opportunities. Allow children to explore and experience age-appropriate obstacles, frustrations, and risks.
- Arrange colorful materials and equipment to support physical activity and learning. Spread out equipment and allow plenty of room for activities.

50. Equipment

Provide appropriate equipment and toys for play both indoors and outdoors. It is best to have two or more of each item because toddlers take what they want!

- Pedaled and non-pedaled riding and push toys.
- Large, soft balls and toys. Be sure these items are washable.
- Large blocks created of a variety of materials and colors. For example, create blocks with empty shoe boxes.

- Objects to safely climb up, jump down, and crawl through. Create obstacle courses with large boxes to crawl through or cushions to climb over.
- Pretend play tools, such as digging tools and small brooms.
- Child-sized musical instruments. Be sure instruments do not create loud noises that may damage hearing.

Participant Activity:

The following slides present activities for toddlers. Demonstrate these activities and ask participants to return the demonstration. Participants may also demonstrate other appropriate activities for toddlers.

51. Physical Activities for Toddlers

- Watch and play with toddlers to encourage movement and skill building.
- Choose activities that are appropriate for the toddler’s age and skill level. As skills develop, vary these same activities to continue to challenge children.
- Be aware of and remove potential safety hazards.

Refer to handout “Physical Activity with Toddlers.”

52. Walk, March, and Jump

- Securely tape a hula hoop to the floor or use tape to mark out a large circle on the floor. Let children practice stepping and then jumping in and out of the circle.

Count jumps out loud to integrate number recognition. Vary the activity by placing two or three hoops so they touch each other. Integrate color recognition by using colored tape or hoops. Help children recognize differences by creating different sizes circles.

- While playing music or singing, encourage children to stand with legs apart, knees bent, and rock left to right with the rhythm. Sway and dance to the music.

As toddler skills develop, vary the activity by clapping, jumping, and marching to the music.

53. Toddler Parade

- Play lively music and have a toddler parade.
- Vary the activity by giving children small scarves to wave, hats to wear, or musical instruments to play. Be sure objects are soft – no sticks or flags!

- Practice walking, marching, and jumping.
- Pretend to be a train. Encourage sounds and movements.
- Conduct parades both indoors and outdoors. Take the outdoor parade over small hills and around trees.

54. Obstacle Course

Set up a simple obstacle course, both indoors and outdoors. The course should encourage children to climb over, under, through, around, in, and out. Toddlers can:

- Crawl over large cushions.
- Crawl through tunnels made of sheets or large cardboard boxes.
- Step into and out of a hula hoop laid flat on the ground (or taped to the floor to avoid tripping).
- Walk, jump, and march over squares of different surfaces such as grass, colorful textured carpet squares, sand, and pea gravel.

55. Catch and Throw

- Sit across from the toddler with legs spread apart; both your legs and the toddler's legs will form a large "V."

Say "Here comes the ball" and roll a large ball toward the child. The child will trap the ball with his legs, arms, and chest. Encourage the child to roll the ball back to you. As skill develops, repeat with various sizes of balls.

- Roll old socks into balls and practice tossing the socks into a large laundry basket. Let children decide what distance they stand from the basket.

Vary the activity with different sizes of baskets or multiple baskets. Integrate color recognition by using various colored socks.

56. Water Splash

- Fill a small bucket with clean water and soak small sponges. Encourage children to throw the wet sponges at the side of a building or onto a flat surface.
- Watch the water splash and see the mark the water makes.

57. Move to Music

Sing songs that describe actions, such as:

- *Head, Shoulders, Knees, and Toes.*
- *Row, Row, Row Your Boat.*
- *Old MacDonald.*
- *Wheels on the Bus.*

- *If You're Happy and You Know It.*

As children develop skills, vary the action movements.

58. Move to Action Words

- Lead children in creative movement—sway like a tree, swim like a fish, and jump like a frog.
- Describe an animal that most children have seen. Ask children to show what that animal does.
- Read stories about animals. Act out the movements in the story.
- Let children move in their own ways! Smile, applaud, and encourage all movements. There is no “correct” way to move – all movement is good!

59. Use Colorful Fun Materials

- Place a single object, such as a teddy bear, in a different, yet visible, place each day. Help children look up, down, and all around to find the object each day.

Create ownership by naming the bear and creating a class mascot. Dress the bear in different clothing to match the season or weather.

- Vary the activity by placing several plastic apples or colorful balls around the classroom. Objects should be similar (e.g., red apples, green balls) so children easily recognize what they are looking for. Objects should be visible, but placed in various positions (e.g., on a shelf, behind a chair, in an open box).

Walk, crawl, and hop with the children to look for the missing objects. Remember --- this is play, not competition!

60. Use Colorful Fun Materials. . .

- Blow bubbles upward and encourage children to watch, chase, and catch bubbles. If bubbles land on ground, encourage children to stomp on them.
- Vary the activity by dropping scarves, large feathers, or other soft objects. Use a hand held fan to create a breeze and watch the objects move.

61. Wheeled Toys

- Provide push and pull toys, such as toy lawn mowers and wagons.
- Encourage pretend play with toy brooms, rakes, and other household objects.

- Set up indoor courses for children to push and pull toy cars, trucks, and other wheeled toys. Provide ramps, tunnels, and obstacles.
- Provide four-wheel riding toys for toddlers to push and ride (no pedals). Create a large and level riding area.
- Add three- or four-wheel pedal toys for children age 30 months and older.

Safety helmets are required! Begin teaching toddlers to ride the safe way, even on non-pedal wheeled toys. Have helmets of different sizes and colors. Toddlers will begin to recognize their favorite helmets.

62. **Play Outdoors Daily**

- Supervise children closely when going to and from the playground.
- Enclose outdoor play areas with fencing or other secure barrier. Barriers make supervision easier and prevent access to the play area by outside hazards (e.g., animals).

Fencing should be durable and without sharp edges. Lattice is not acceptable because it breaks apart easily and the pieces make great “swords.” In areas near roads or intersections, a concrete barrier may be recommended to prevent vehicles from entering the play area.

Gates should have secure latches (not locks) that allow quick exit if necessary, but which slow down the “escape” of a child. Place the latch at adult height, rather than child height.

Remember, fencing does not substitute for supervision!

- Provide large clear spaces for children to run, jump, and freely move around. Toddlers often trip and fall, so remove tripping hazards such as sticks. Remove rocks that toddlers may want to pick up and throw.
- Avoid overexposure to the sun. Schedule outdoor play during early morning or later in afternoon. Provide shade with large trees or canopies. Toddlers’ skin can burn easily with exposure to either direct or reflected sunlight (e.g., reflected off water, sand, or sidewalks). Follow sun safety precautions.
- Have drinking water available.

63. **Outdoor Play**

Consider the outdoor environment as an extension of the indoor classroom learning environment.

- While walking outdoors, point out and encourage children to stop and pick up leaves or other objects that are safe. Put the objects in a basket to explore later.

Be aware that toddlers do not recognize dangers. Supervise carefully and avoid unsafe items such as trash, stinging insects, or snakes.

- Practice balance skills by walking on a wide wooden plank placed flat on the ground. Begin with a 10"-12" wide board. As skill develops, vary the activity by using planks of different widths. Place planks end to end, create angles and squares, or use painted planks of different colors, etc.
- Provide large soft balls to throw and kick.
- Offer sand and water play; provide containers for filling and pouring. Follow sanitation guidelines for sand and water play.

64. Applaud Efforts

- Smile, praise, and applaud all of the children's efforts. Children are just beginning to develop physical skills, and each child will progress at his or her own rate.
- Vary activities so that each child has challenges and successes. Physical activity should be enjoyable play for every child. Do not create competition.

65. Communicate with Parents

- Share information each day with parents about their child's emerging abilities (e.g., throwing, catching, jumping).
- Encourage parents to support physical activity at home. Describe their children's favorite activities at child care.

Some parents may not be aware of appropriate activity for toddlers. Encourage parents to play with their children and enjoy moving together for short periods of time (10-15 minutes). Remember that long periods of activities, such as adult exercise videos, are not appropriate for young children.

- Discuss typical child development and share concerns, if any. Advise parents to consult their regular doctor with questions. Provide resource information as appropriate.

66. Physical Activity Adaptations for Children with Special Needs

Activities and equipment, including furniture, may be adapted to meet the developmental and physical needs of individual children.

These situations require individual planning prior to the child's entry into the program.

If observation of a child's physical activity indicates a concern about the child's development, encourage parents to consult the child's regular doctor. Provide information on resources and appropriate programs for further evaluation.

Refer to handout "Referral Resources for Developmental Concerns."

67. Avoid Screen Time in Early Childhood Settings

- Infants and toddlers learn best by interacting with adults and with other children – not screens.
- The American Academy of Pediatrics recommends avoiding television and other entertainment media for infants and children under age two years.

Remember that television programming and other media are businesses. Part of marketing is to convince parents and caregivers that media is beneficial. However, even "educational programming" showing physical movement is less beneficial than physical activity with a real human.

- Screen time includes computer games, game pads, and smart phones. Even very young children can move their fingers over a pad and enjoy watching the screen activity. However, this does not promote cognitive learning or physical skill development.
- Encourage parents to have "screen free" zones at home. Parents should supervise and be aware of programming, games, and other media activities that their children are exposed to or engaged in.

68. Promoting physical activity in early childhood forms the basis for a lifetime of active living!

69. Post-Test and Evaluation

Please have participants complete the post-test questions and training evaluation at this time.

The training module team may follow up with participants in three months to see how they have used this information. A short post-training survey may be sent to the participants at the address provided during registration.

70. Thank You

Thank the attendees for their participation in the training session.

Funding for this series of six best practice training modules was provided by the Maternal and Child Health Bureau, Health Resources and Services

Administration, U.S. Department of Health and Human Services (Grant #H25MC00238).

APPENDIX A

Specific CFOC3 Standards Used in the Development of Module 2

1. Standard 2.1.2.3. Space and Activity to Support Learning of Infants and Toddlers

The facility should provide a safe and clean learning environment, both indoors and outdoors, colorful materials and equipment arranged to support learning. The indoor and outdoor learning/play environment should encourage and be comfortable with staff on the floor level when interacting with active infant crawlers and toddlers. The indoor and outdoor play and learning settings should provide opportunities for the child to act upon the environment by experiencing age-appropriate obstacles, frustrations, and risks in order to learn to negotiate environmental challenges. The facility should provide opportunities for play that:

- a. Lessen the child's anxiety and help the child adapt to reality and resolve conflicts;
- b. Enable the child to explore and experience the natural world;
- c. Help the child practice resolving conflicts;
- d. Use symbols (words, numbers, etc.);
- e. Manipulate objects;
- f. Exercise physical skills;
- g. Encourage language development;
- h. Foster self-expression;
- i. Strengthen the child's identity as a member of a family and a cultural community;
- j. Promote sensory exploration.

For infants and toddlers the curriculum should be based on the child's development at the time and connected to a sound understanding as to where they are in their developmental course.

2. Standard 2.2.0.2. Limiting Infant/Toddler Time in Crib, High Chair, Car Seat, Etc.

A child should not sit in a high chair or other equipment that constrains his/her movement indoors or outdoors for longer than fifteen minutes, other than at meals or snack time. Children should never be left out of the view and attention of adult caregivers/teachers while in these types of equipment/furniture. A least restrictive environment should be encouraged at all times. Children should not be left to sleep in equipment, such as car seats, swings, or infant seats that does not meet ASTM International (ASTM) product safety standards for sleep equipment.

3. Standard 2.2.0.3. Limiting Screen Time—Media, Computer Time

In early care and education settings, media (television [TV], video, and DVD) viewing and computer use should not be permitted for children younger than two years. For children two years and older in early care and early education settings, total screen time should be limited to not more than thirty minutes once a week, and for educational or physical activity use only. During meal or snack time, TV, video, or DVD viewing should not be allowed. Computer use should be limited to no more than fifteen-minute increments except for school-age children completing homework assignments and children with special health care needs who require and consistently use assistive and adaptive computer technology.

Parents/guardians should be informed if screen media are used in the early care and education program. Any screen media used should be free of advertising and brand placement. TV programs, DVD, and computer games should be reviewed and evaluated before participation of the children to ensure that advertising and brand placement are not present.

4. Standard 3.1.3.1. Active Opportunities for Physical Activity

The facility should promote children’s active play every day. Children should have ample opportunity to do moderate to vigorous activities such as running, climbing, dancing, skipping and jumping. All children, birth to six years, should participate daily in:

- a. Two to three occasions of active play outdoors, weather permitting (see Standard 3.1.3.2: Playing Outdoors for appropriate weather conditions);
- b. Two or more structured or caregiver/teacher/adult-led activities or games that promote movement over the course of the day—indoor or outdoor;
- c. Continuous opportunities to develop and practice age-appropriate gross motor and movement skills.

The total time allotted for outdoor play and moderate to vigorous indoor or outdoor physical activity can be adjusted for the age group and weather conditions.

- a. Outdoor play:
 1. Infants (birth to twelve months of age) should be taken outside two to three times per day, as tolerated. There is no recommended duration of infants’ outdoor play;
 2. Toddlers (twelve months to three years) and preschoolers (three to six years) should be allowed sixty to ninety total minutes of outdoor play. These outdoor times can be curtailed somewhat during adverse weather conditions in which children may still play safely outdoors for shorter periods, but should increase the time of indoor activity, so the total amount of exercise should remain the same;
- b. Total time allotted for moderate to vigorous activities:

1. Toddlers should be allowed sixty to ninety minutes per eight-hour day for moderate to vigorous physical activity, including running;
2. Preschoolers should be allowed ninety to one hundred and twenty minutes per eight-hour day.

Infants should have supervised tummy time every day when they are awake. Beginning on the first day at the early care and education program, caregivers/teachers should interact with an awake infant on their tummy for short periods of time (three to five minutes), increasing the amount of time as the infant shows s/he enjoys the activity.

Time spent outdoors has been found to be a strong, consistent predictor of children's physical activity. Children can accumulate opportunities for activity over the course of several shorter segments of at least ten minutes each. Because structured activities have been shown to produce higher levels of physical activity in young children, it is recommended that caregivers/teachers incorporate two or more short structured activities (five to ten minutes) or games daily that promote physical activity.

Opportunities to be actively enjoying physical activity should be incorporated into part-time programs by prorating these recommendations accordingly, i.e., twenty minutes of outdoor play for every three hours in the facility.

Active play should never be withheld from children who misbehave (e.g., child is kept indoors to help another caregiver/teacher while the rest of the children go outside). However, children with out-of-control behavior may need five minutes or less to calm themselves or settle down before resuming cooperative play or activities.

Infants should not be seated for more than fifteen minutes at a time, except during meals or naps. Infant equipment such as swings, stationary activity centers (ex. exersaucers), infant seats (ex. bouncers), molded seats, etc. if used should only be used for short periods of time. A least restrictive environment should be encouraged at all times.

Children should have adequate space for both inside and outside play.