

PART 2 | CHAPTER 3

THE GROWING CHILD: 12-24 MONTHS OLD

Section 3.1: Important Developmental Milestones for Feeding: 12-24 Months Old

Section 3.2: Basic Feeding Guidelines for the Child 12-24 Months Old

Section 3.3: Feeding Positioning for the Child 12-24 Months Old

Section 3.4: Beyond the Meal: Tips for Supporting the Child 12-24 Months Old

SECTION 3.1: IMPORTANT DEVELOPMENTAL MILESTONES FOR FEEDING: 12-24 MONTHS OLD

THE IMPORTANCE OF DEVELOPMENTAL MILESTONES

During the second year of life, children make many advances in their development.

Physically, the toddler moves their body more often in a greater variety of ways. Socially and emotionally they are learning how to express their wants, needs and feelings using words as well as feeling a deep connection with special caregivers. All these advances lead a toddler to explore the world using all these new skills. Each area of development is linked and influence each other. It is important to view the toddler's development in a holistic way. When working to support children 12-14 months of age who need extra help with feeding, it is critical to consider all areas of development.

For more information about each developmental domain, refer to the Introduction.

EXAMPLE OF A HOLISTIC VIEW OF FEEDING (12-24 MONTHS OLD):

DEVELOPMENTAL AREA	DEVELOPMENTAL MILESTONES (SKILLS)
TON Adaptive	Child receives good rest at night and daily naps.
Motor Communication Cognitive	Child reaches for food when hungry or says "water" when thirsty.
Social-Emotional Communication Vision	Child shouts with joy when she sees her caregiver bringing food.
Social-Emotional Communication Hearing	Child smiles and speaks when fed and spoken to by her caregiver.
Adaptive Motor Cognitive	Child sits upright in a chair and feeds herself food using her hands and a spoon.



Child shows understanding of simple directions given during meals ("Time to eat," "Wash your hands," "All done.").

Feeding is a complex process and all areas of development are involved. Even when just one area is not working well, it can create challenges for a child and her caregivers. Therefore, it is critical to look at children broadly in all areas to understand their abilities and their needs. By understanding these basic milestones of development (also known as skills) and how they work together, caregivers can become experts at knowing when development is going well and when there may be a problem. Skills are interconnected, and there are always opportunities to support every area of development during simple, everyday activities such as mealtimes.



The earlier challenges can be identified, the sooner support can be provided, resulting in happier and healthier children and caregivers.



<u>Remember:</u> Development is a process. There is a large range of typical times when children develop these skills. Caregivers need to be familiar with common developmental milestones to best meet the needs of the children they serve.

Young children are seated around a table for a meal. Meals with friends are always better.



COMMON DEVELOPMENTAL SKILLS^{23,24,26} CHILDREN 12-18 MONTHS OLD:

Adaptive:	\Rightarrow Drinks from an open cup with less support
	\Rightarrow Drinks from a straw with support
	\Rightarrow Moves food to sides of mouth for chewing textured foods
	\Rightarrow Tries to wash own hands and face
Communication:	\Rightarrow Responds to simple directions ("No," "Give me," "Put it on the table")
	\Rightarrow Identifies familiar objects and people
	$\Rightarrow~$ Uses gestures to express self (waving, reaching, pointing, pushing away, shaking head for "yes" and "no")
	\Rightarrow Repeats words and uses more single words to express self
Fine and	\Rightarrow Uses utensils to feed self with greater ease
Gross Motor:	\Rightarrow Places objects in containers
E X	\Rightarrow Moves from hands and knees to standing without support
	\Rightarrow Takes steps without support
Cognitive:	\Rightarrow Points to gain attention of others and to request items
	\Rightarrow Enjoys pretend play (for example, feeding dolls and animals)
	\Rightarrow Combines related objects (for example, putting spoon in a bowl)
	⇒ Knows everyday uses (for example, stirs or eats off of spoon, brushes teeth with a toothbrush, sweeps with a broom)
Social- Emotional:	\Rightarrow Attempts to comfort others who are upset or in distress
	\Rightarrow Wants to do many things without help from others
	\Rightarrow Looks to caregivers for reassurance when faced with something new
	\Rightarrow Separates from a caregiver in a familiar setting without getting upset
Vision:	\Rightarrow Points to, looks at or pats pictures in books or displayed photos
	\Rightarrow Recognizes own face in reflection
	\Rightarrow Judges distances with greater accuracy
	\Rightarrow Matches similar looking objects
Hearing:	\Rightarrow Understands the meanings of more words
0	\Rightarrow Responds to simple directions and their name
	\Rightarrow Repeats familiar sounds and words more often
•	\Rightarrow Makes more sounds and learns to say more words

COMMON DEVELOPMENTAL SKILLS^{23,24,26}

CHILDREN 18-24 MONTHS OLD:

Adaptive:	 ⇒ Drinks from a cup and from a straw without support ⇒ Feeds self using fingers and utensils without support ⇒ Tries to scoop, fill and pour both foods and liquids ⇒ Eats most adult table foods
Communication:	 ⇒ Responds to more complex directions ("Get your spoon and give it to me.") ⇒ Points to objects, pictures and people when named by others ⇒ Has at least 50 to 200 words they can say all on their own ⇒ Puts words together to say simple phrases ("More water," "Milk, please," "No, my cup")
Fine and Gross Motor:	 ⇒ Uses one hand more often than another ⇒ Uses hand to hold plate or bowl when scooping with hands or utensils ⇒ Walks longer distances with greater control and with less support ⇒ Begins walking up stairs
Cognitive:	 ⇒ Begins sorting objects by type, shape and color ⇒ Uses substitute objects to represent other objects (for example, uses stick as spoon, uses brush as phone) ⇒ Stacks several blocks without support ⇒ Tries to figure out how objects work
Social-Emotional:	 ⇒ Shows pride when doing something well ⇒ Shows strong desire to take care of own needs ⇒ Shows defiant behavior (doing what they are told not to do) ⇒ Asks for help when having trouble
Vision:	 ⇒ Finds specific items in pictures ⇒ Focuses on objects near and far ⇒ Points to simple body parts when asked ⇒ Repeats hand movements such as scribbling with a crayon and paper
Hearing:	 ⇒ Distinguishes differences in speech sounds with greater ease ⇒ Repeats words and simple phrases more often ⇒ Uses more sounds in words with greater accuracy ⇒ Responds to more complex directions with greater ease



TYPICAL FEEDING DEVELOPMENT

A child's feeding skills are directly related to her entire body's movement and overall development. The "hips and the lips" are connected. How a child moves her body from side to side and up and down, holds herself upright in a chair, picks up foods with her fingers, uses objects for feeding herself such as a cup and spoon, expresses hunger using words and simple phrases and responds to caregivers giving directions for preparing for mealtimes are all examples of how the entire body is connected during a mealtime. Therefore, if there is a problem in even one area of development, there is a chance feeding development may be disrupted.

When feeding development is going well, a typical progression of skills for a child 12-24 months old can look like this:

AGE IN MONTHS	TYPICAL FEEDING SKILLS AND DEVELOPMENT
12-18 Months	 Holding and drinking from a cup with some loss of liquid Trying to drink from a straw Using fingers to feed self and trying to use utensils Eating foods with different textures with growing success (for example, chopped table foods) Biting down through tougher foods using gums or teeth Chewing in a more mature manner Taking larger amounts of foods and liquids during meals
18-24 Months	 Drinking from a cup with little if any loss of liquid Drinking from a straw without support Using fingers and utensils to feed self with greater success Eating most food textures now and with success Showing mastery of most oral-motor skills by 24 months

Many changes continue during the second year of feeding development. Young babies who only eat a small amount of solid food in addition to bottle nutrition become toddlers who eat primarily solid foods and discontinue using bottles. During this time, children also move from being fed by their caregivers to taking more of an active role in learning how to feed themselves using fingers, cups and utensils. By the age of 2 (24 months), most children have the oral-motor skills necessary to handle all types of solid foods. That's a lot of change! For children to successfully make these transitions, it's essential that caregivers have a general idea of what to expect from children. It is helpful for caregivers to understand typical development in order to know the right times to assist the progression of feeding skills. These skills include advancing to different textures, open cup drinking, straw drinking and self-feeding with a spoon.



In the following sections, we will share the different ways to feed children 12-24 months old using cups, straws and utensils and when to introduce them.

An older child helps feed another younger child during mealtime. Peers can be great helpers, too.





For more information on types of cups, bowls, plates, and spoons, refer to Chapters 1 and Appendix 9G.

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CUP DRINKING

Most children can be introduced to a cup between 6-9 months old. This is a terrific time to introduce cups since children at this age are eager to learn new skills. If cup drinking opportunities are postponed for too long (after 12 months), it can make the process of cup drinking and bottle weaning much more difficult. By 12-24 months old, a child should be skillful in cup drinking and be able to manage an open cup, sippy cup and straw. It is during this time that caregivers will shift their focus from introducing cups to encouraging more interest in and opportunities for successful cup drinking.

TIPS FOR ENCOURAGING USE OF A CUP:

- (1) Offer lots of practice. Allow lots of opportunities for drinking from cups during every meal throughout each day. The more a child practices cup drinking, the better he will become at it.
- 2 Small, slow and thick. Offer small amounts of liquid slowly. Offer thicker liquids or a smooth puree in a cup at first. Thicker liquids move slower, giving a child more time to prepare for the liquid.
- 3 Offer help in the beginning. Make sure the child is sitting upright, help the child hold the cup to their lips and slowly tilt a small amount of liquid into the mouth.
- (4) Offer a cup that fits the child. Typically cups that are light weight and smaller tend to fit the smaller size and needs of a child. A smaller cup can be easier child to hold with both of their hands. it can also be helpful to use cups with one or two handles on the sides. A closed lid cup with a soft spout can be part of a transition to support a child reluctant to switch to cup drinking.
- (5) Consistency is key. Consistently offer the child the same cup at the same time each and every day.
- 6 Communication is important. Every caregiver must be aware that a child is transitioning to a cup and support routine cup offerings.
- (7) Drink from cups together. Children like doing what others are doing. When you drink from an open cup at mealtimes and snacks, it helps children learn new skills.



TYPES OF CUPS

There are many different types of cups available to choose from for a child. Finding the right cup that fits a child's needs is an important guideline to follow. Some children will do well with any cup they are offered. However, not all cups will work well for every single child. Cups will vary in size, shape, material and design. Always choose a cup based on the child's developmental skills and individual needs.

For children 12-24 months old, opportunities to learn how to drink from an open cup are important. Although sippy cups are helpful for preventing messes, they can also limit a child's skill development.

Open cup drinking has several benefits including:

- o Improving strength, control and movement of the jaw
- o Improving mastery of all the muscles of the mouth
- o Improving swallowing skills (strengthens swallowing development)
- o Improving development of fine motor skills and coordination
- SUES RELATED TO PROLONGED OR OVERUSE OF SIPPY CUPS:
 Limited development of jaw strength leading to difficulty chewing foods
 Reinforcement of sucking patterns leading to challenges developing more mature feeding skills such as chewing
 Inhibited swallowing development leading to unsafe feedings
 Problems with dentition and speech sound development leading to tooth rotting, decay, malformation and difficulty understanding a child's speech



STRAW DRINKING³⁰

Many children learn how to drink from a straw at a very young age — as early as or before 12 months old. Successful straw drinking is largely based on a child's experience. If a child has many opportunities to practice drinking from a straw, she can easily master this skill at a young age.

Straw drinking also has several benefits including:

- (1) Improving strength, control and closure of the lips
- 2 Improving sucking skills
- 3 Improving swallowing skills

4 Offering an easier way for many children with disabilities or medical needs to drink

independently

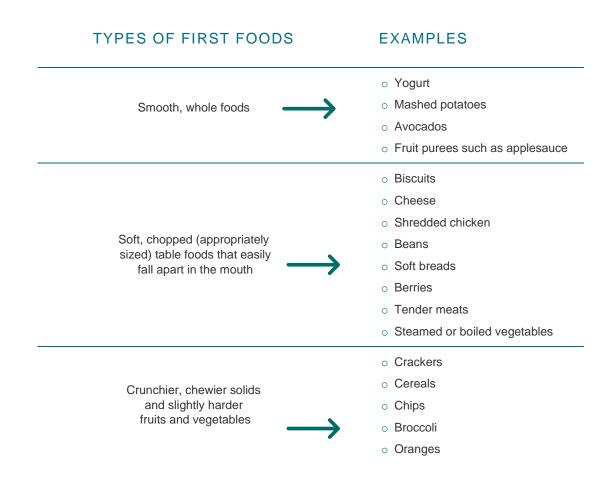
Q TIPS FOR INTRODUCING STRAWS:

- (1) Offer lots of practice. Allow lots of opportunities for drinking from straws during every meal throughout each day.
- (2) Offer help in the beginning. Help a child hold the cup with straw, and support her with sipping small amounts of liquid at a time. Also, make sure her body is positioned well with adequate support.
- (3) Offer a straw that suits the child. A short straw takes less effort to pull liquid into the mouth. A wider straw requires less lip strength for pulling liquids into the mouth and fluid flows at a slower rate. If drinking a thicker liquid, a wider straw can be helpful to more easily move fluid upward and into the mouth. Experiment with different lengths and sizes (diameters) of straws to find the right fit for a child.
- (4) Consistency is key. Consistently offer a child many opportunities to practice using a straw at meals. The more a child practices straw drinking, the better she will become at it.
- (5) Drink from a straw together. Drink from a straw with a child during meals and across the day. This helps children learn how to use straws. Children also like doing what others are doing, so this is a great way to help them become more interested in and successful at straw drinking.



SOLID FOODS

By 12 months old, most children have been enjoying tastes of solid foods for several months. The reliance on liquids will slowly lessen with increased opportunities and interest in eating solid foods. By 12-24 months old, a child should already have had multiple experiences touching foods with his fingers and receiving them off of a spoon when fed by his caregivers. It is during this time that caregivers will shift their focus from spoon feeding children themselves, to encouraging more opportunities for children to take control of their own self-feeding.



Between 12-24 months old, children are most capable of eating:

As children in this age range begin eating a wider variety of food textures, they also begin showing an increased interest in feeding themselves using their hands and utensils. Finger feeding and spoon feeding are highly encouraged with young children, as these experiences allow children the chance to explore foods and become comfortable with them prior to tasting and eating them. Below are simple tips for encouraging finger feeding and spoon feeding with children 12-24 months old.



<u>Feeding is a sensory experience</u>. Very often children will taste a food only after they have been given the opportunity to touch it first. Allowing children the chance to explore foods with their hands leads to greater comfort around foods and a stronger readiness to eat them. A young girl feeds herself a tasty banana using her hands.





TIPS FOR ENCOURAGING FINGER FEEDING:

- (1) Offer lots of practice. Allow lots of opportunities for finger feeding during every meal throughout each day.
- (2) Find a good position. Help a child find a seated position that gives the most stability in their body for using their hands and fingers for feeding. Also, a good position will allow them access to a table and/or tray.
- (3) Offer foods that suit the child and work well for finger feeding. Choose finger foods wisely. Some foods work better as finger foods than others (pieces of cheese are easy; yogurt is hard). Offer foods in a variety of lengths, shapes, textures and weights to help a child gain more experience. Offer larger chunks of food to younger children because they are easier to grasp and hold. Offer smaller pieces of food to slightly older children because they are good for developing better fine motor (hand and finger) skills.
- (4) Start small. Offer a small amount of food at a time in order to not overwhelm a child.
- (5) Expect a mess. Crushing and crumbling finger foods (and getting messy) is normal for children in the beginning. Getting messy is part of the learning process.
- 6 Consistency is key. Consistently offer a child many opportunities to practice finger feeding at meals. The more a child practices, the better she will become at it.
- (7) Eat together. Eat finger foods with a child during meals and across the day. This helps children learn how to use their hands and fingers for eating and which foods are best for this task. Children also like doing what others are doing, so this is a great way to help them become more interested in and successful at finger feeding.





<u>Remember</u>: When offering a child new foods and food experiences, always keep a careful eye on him to make sure he is safe at mealtimes. Avoid offering young children foods that are round shaped (for example, grapes, sausages, sliced hot dogs) because they can choke on them.



Learning to eat solid food is a skill that takes practice and time. On average, children will master eating solid foods by around 2-3 years old. This means that during the 12-24 month period, they will continue to need extra support from caregivers.

A girl practices feeding herself using a spoon.



TIPS FOR ENCOURAGING SPOON FEEDING:

- (1) Find a good position. Help a child find a seated position that gives the most stability in her body for using her hands and fingers for feeding. Also, a good position will allow her access to a table and/or tray. Eat alongside a child as a way to teach her what it's like to eat from a spoon.
- (2) Offer lots of practice. Allow lots of opportunities for spoon feeding during every meal throughout each day.
- (3) Offer foods that suit the child and work well for spoon feeding. Choose foods wisely. Some foods are easier to eat when first learning how to use a spoon. Offer foods that are easier to scoop onto a spoon and that will stick on the spoon and not fall off (thicker purees). Offer a spoon that suits the child. For example, young children typically do best with a smaller size spoon bowl that fits well inside their mouth. Choose a spoon with a shorter handle to make self-feeding easier for a child.
- (4) Start small. Offer a small amount of food at a time in order to not overwhelm a child.
- (5) Make it stick. Use a damp washcloth or a non-skid mat under the plate or bowl to make scooping with a spoon easier.
- 6 Consistency is key. Consistently offer a child many opportunities to practice using a spoon at meals. The more a child practices spoon feeding, the better he will become at it.
- (7) Expect a mess. Getting more food on their bodies and trays than in their mouths is normal for children just learning how to feed themselves with spoons. Getting messy is part of the learning process.
- (8) Eat together. Eat with a spoon alongside a child during meals and across the day. This helps children learn how to use spoons for eating. Children also like doing what others are doing, so this is a great way to help them become more interested in and successful at spoon feeding.



Children learn best by watching and doing. First, they watch others and then they try for themselves. Eating with caregivers is a beneficial way to support a child's learning process for feeding and mealtimes.

THE IMPORTANCE OF SPOON SIZE

Often children want to feed themselves, but the spoon they are given does not fit their growing needs.

Children (with and without disabilities) need spoons that:

- 1 fit their own smaller sized mouths.
- (2) have a handle that is shorter to make aiming for their mouths easier.
- (3) are an appropriate weight to hold and lift repeatedly to their mouths.





This child is easily able to hold this lightweight maroon spoon and bring it to her mouth. It also has a smaller bowl that fits well inside her mouth and a shorter handle.

These children have adult-sized metal spoons. The bowl is very large and does not easily fit inside their small mouths. The handles are too long and make aiming for their mouths harder.

For more information on spoon feeding, refer to Chapter 1 and 2. For more information on the anatomy of the spoon, refer to Appendix 9H. KEY POINTS FOR THIS AGE During this next year of life, children are rapidly developing in all areas, including what they are eating and drinking and how they are involved in these activities. As a child's skills grow, caregivers must be ready to change the types of foods offered, the ways a child eats and the levels of support they provide.

IMPORTANT POINTS TO REMEMBER:

- (1) Even as a child grows older, every area of development remains connected. As a child's skills grow stronger, they are ready to take on more challenges such as different food textures, straw drinking and feeding themselves, etc.
- (2) Caregivers must understand what is expected for children this age so they know when to offer new experiences, such as open cups, straws or new food textures, and when a child may need more time or support.
- (3) The same feeding supplies cannot always be used with every single child we can't use a "one size fits all" approach.
- (4) When given ample opportunity and early on, children can quickly learn how to become more active participants in mealtimes.



THE IMPORTANCE OF FEEDING POSITIONING

Proper positioning of a child during a feeding is very important. Certain positions can make feeding much easier for a child, and some positions can make it more challenging and even unsafe.



<u>Good</u> positioning has many benefits for children and caregivers such as:

- ✓ More timely feedings
- Increased success eating different types of foods
- Increased intake
- Increased success with self-feeding
- Increased enjoyment of eating and mealtimes
- Improved growth and nutrition
- Reduced occurrence of illness and death
- ✓ When positioning is good, children and caregivers are happier, and feedings are a positive experience.

Poor positioning has many risks such as:

- Ø Inefficient and longer mealtimes
- Ø Reduced success accepting and managing different foods
- Ø Reduced intake
- Ø Reduced enjoyment of eating and mealtimes
- Ø Increased difficulty with self-feeding
- Ø Poor growth and nutrition
- Ø Increased occurrence of illness and death

Ø When positioning is poor, feedings can be a stressful, negative experience for children and their caregivers.



This section discusses the best positions for feeding children 12-24 months old, how to create these positions and which children are best suited for each position.

CH. 3|SECTION 3.3: FEEDING POSITIONING, 12-24 MO.



This caregiver practices good positioning while feeding this young child.

KEY POINTS WHEN CHOOSING A FEEDING POSITION FOR A CHILD 12-24 MONTHS OLD:

Is the child's head and neck well supported?
Is the child's trunk (body) well supported?
Is the child upright enough?
Is the feeder/caregiver comfortable in this position?

Additionally, you may need to consider other individual needs of a child such as:

- (1) *What is the size of the child*? A larger child may be more challenging to hold in certain positions.
- (2) *How strong is the child*? A weaker child may need a position that offers more support, whereas a stronger child may need a position that requires less.



- ③ *Is the child trying to feed herself*? A child who is not feeding herself may be very capable when given appropriate supports and plenty of opportunities to practice.
- (4) Does the child appear comfortable in the position? An uncomfortable child is a child who won't eat well.
- (5) *Is the child feeding well in this position or is she fussy*? A fussy child is a child who won't eat well.
- (6) *Is the child coughing or choking often in this position*? A coughing or choking child is at risk for poor nutrition, illness and poor feedings.

EXAMPLES OF GOOD AND POOR POSITIONING FOR FEEDING THE CHILD 12-24 MONTHS OLD OF AGE (ON LAP)



GOOD POSITIONING

- Child is elevated with head higher than hips
- Head and neck are well supported by caregiver's arm and chest
- Head is in a neutral and forward position
- o Child is tucked close to caregiver's body
- o Arms and legs are tucked toward child's body
- o Hips are slightly bent
- o Spoon is offered in line with child's mouth



POOR POSITIONING

- o Child's head and neck are not well supported
- Head and neck are extended too far back
- o Hips are not flexed
- o Back is arched
- o Child looks uncomfortable
- Spoon is tilted too high to accommodate child's extended head

EXAMPLES OF GOOD AND POOR POSITIONING FOR FEEDING THE CHILD 12-24 MONTHS OLD (IN CHAIR)



GOOD POSITIONING

- Child is in well-supported chair and in upright position
- Head, neck, trunk and shoulders are well supported using chair
- Extra blankets and cushions used appropriately to support position
- o Hips are flexed
- Knees are bent at 90-degree angle
- Feet are supported with foot rest
- o Tray accessible for child
- Arms are free for touching foods and supported by tray



POOR POSITIONING

- Child is reclined and too far back from tray, making touching foods difficult
- Head, neck and shoulders are not well supported by chair
- Feet are hanging in the air without support
- o Child is sliding down in chair
- o Knees are straight and not bent

BEST POSITIONS FOR CUP DRINKING, FINGER FEEDING AND SPOON FEEDING

As children grow and develop, the position used for feeding may need to change. For example, a caregiver may have held a 12-month-old young child on her lap while feeding her. As the young child becomes a toddler, she will be able to sit in a chair at the table with older children for meals and begin feeding herself.



If the current position does not feel right to you or for the child, it's OK to try a different position (and chair). Sometimes caregivers must try multiple positions until they find the "just right fit."

Listed below are the most common positions used for feeding children 12-24 months old. Multiple positions may fit the needs of a single child but not all of these positions will work for every child.

UPRIGHT SEATED FORWARD POSITION (ON LAP OR ON FLOOR)

HOW TO: Place child in a well-supported position (1) seated upright on your lap, or (2) in a well-supported seated position on the floor. Child should be facing you while in your lap or on the floor.

BEST FOR: most children 12-24 months old; spoon feeding, cup drinking, straw drinking

ESPECIALLY GOOD FOR:

• children 12-18 months old who are fed by their caregivers



UPRIGHT SEATED FORWARD POSITION (IN CHILD SEAT/HIGH CHAIR)

HOW TO: Place child in a well-supported position in a child seat or high chair. Child should be facing you in the comfort of the seat. You should be holding the food, cup and/or spoon and/or the child can assist. Using a tray or table with a seat or chair is helpful for encouraging exploration of foods and selffeeding using fingers, utensils and cups.

BEST FOR: most children 12-24 months of age; spoon feeding, finger feeding, cup drinking, straw drinking

ESPECIALLY GOOD FOR:

- children 12-24 months old who are ready to begin learning to feed themselves
- o children who are refusing to be fed by caregivers





FEEDING POSITIONING CHECKLIST FOR THE CHILD 12-24 MONTHS OLD

AT 12-24 MONTHS A CHILD'S:

hips should be positioned at 90-degrees and lower than the head

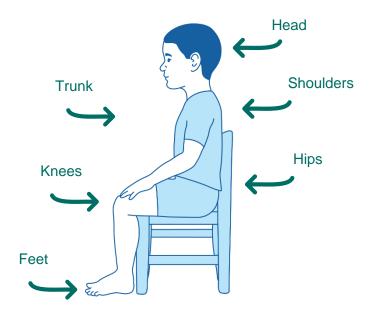
body (trunk) should be upright and well supported by caregiver's body or chair – not leaning forward, backward or to either side

shoulders should be level and facing forward

head is centered and in midline, neutral position with chin slightly tucked

knees should be at a 90-degree angle

feet flat on floor, foot rests or against caregiver's body



KEY POINTS FOR THIS AGE As a child grows, mealtimes become a more complex and interactive process. Good positioning remains critical in the success a child has when eating. Good positioning also provides a child with more physical stability for becoming an effective self-feeder. Caregivers must be skilled in understanding the essential aspects of appropriate positioning for mealtimes so that children are fed safely and comfortably and also offered time to grow skills and independence at meals.

IMPORTANT POINTS TO REMEMBER:

- (1) Good feeding positioning leads to safety while eating, improved skills for eating and increased capacity for self-feeding.
- (2) Caregivers must always consider the key aspects of positioning and a child's individual needs in order to choose the best position for mealtimes.

SECTION 3.4: BEYOND THE MEAL: TIPS FOR SUPPORTING THE CHILD 12-24 MONTHS OLD

The second year of life continues to be an important time for a child. Children are learning so much about themselves and the world around them through their everyday experiences and relationships with their caregivers. And because they are wiser and stronger, they can do so much more! This section shares simple ideas to encourage healthy development across all areas of a child's second year of life – beyond the feedings.

By incorporating these ideas for a child during everyday activities and routines, caregivers can support a child's development in an efficient way that requires very little extra time. Try adding these ideas into mealtimes, dressing/undressing routines, during diaper changes, bath time, when offering comfort and when providing care for multiple children at a time. For example, while feeding one child, another child is enjoying playtime on the floor near her caregiver and peer.

MOTOR MOVEMENTS

When a child is able to move her body and explore the world, she is growing her body and her brain. Additionally, supporting a child's movement directly supports feedings. Strong children with good motor skills typically have fewer issues with feedings, or issues are resolved sooner.

MOTOR (PHYSICAL) ACTIVITIES	DESCRIPTION (WHAT IT LOOKS LIKE)
Big Movement Play	 ⇒ Play house: Make play houses out of large boxes for children to explore and maneuver around. Cut holes in the sides for windows and doors. Have fun crawling in and out of the "house." ⇒ Play ball: Take turns throwing, rolling and kicking a ball back and forth. Have several children play together. ⇒ Push play: Offer children opportunities to push and pull big items to practice taking steps. Large toy cars and trucks, objects with wheels, push toys, boxes, laundry baskets and lightweight furniture (chairs) all work well. ⇒ Outside play: Encourage children to play with balls, practice going up and down stairs and ramps, climb playground equipment (if you have it) and have fun running and exploring.
	⇒Wagon ride: Encourage a child to fill a wagon with friends or other objects and then give them a ride by pulling or pushing. Laundry baskets or a box with a string/rope attached works, too.

	⇒ Stair climbing: Hold a child's hand while practicing walking up and down stairs. Walking up just a few stairs (one to three) is perfect.
	⇒ Freedom to explore: Offer lots of opportunities for children to freely explore their environments using big movement skills such as crawling, standing, walking, running, etc.
Movement and Music	 ⇒ Dance party: Play music you enjoy and dance together. ⇒ Sing-along: Sing songs, perform finger rhymes and move your bodies. ⇒ Make music: Have fun making your own music (shaking and banging) using toy instruments or everyday items such as pots and pans.
Finger and Hand Play	 ⇒ Table time: Use a small table, box or upside-down laundry basket as a table for children to use for playing (blocks, puzzles, etc.), eating and artwork (scribbling, painting, drawing, etc.). ⇒ Block time: Have fun stacking blocks and then knocking them down. Larger blocks are easier to stack. ⇒ Basketball: Toss items into a laundry basket, box, container or trash can as a game. Use objects such as soft balls, small pillows, bean bags, stuffed animals as the "ball." ⇒ Dump and fill: Collect containers and have fun dumping and filling them with objects. Shoes boxes, cardboard boxes, Tupperware and buckets all work well. ⇒ Art time: Have fun making designs and pictures using crayons, markers, chalk, pencils, paint or even water and dirt. Use fingers or brushes. ⇒ Big helpers: Ask children to be helpers for daily activities such as dressing/undressing, washing hands and other clean-up activities.

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These children enjoy lots of time outside for running, jumping, climbing and moving their bodies in different ways to build motor (muscle) skills and have fun.

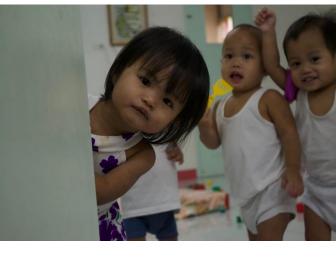




Supporting a child's early play and learning is something that can easily be done each and every day. The main way young children learn is through play. Therefore, when a child is able to play, explore objects, interact with others and discover his environment, it is helping him grow a strong brain that will serve him well as he becomes an adult.

PLAY AND LEARNING ACTIVITIES	DESCRIPTION (WHAT IT LOOKS LIKE)
Talking, Singing, Reading, and Learning	 ⇒ Story time: Have fun reading books together or telling your favorite stories. Share nursery rhymes or special traditional tales. ⇒ Music time: Listen to music and sing songs with a child. Have fun singing along to the songs that you know. ⇒ Talking time: Talk about what a child is doing, what you are doing and what you are doing together. Use words to name shapes, colors, numbers, letters, body parts, animals, foods, action words, feelings and other common everyday items and familiar people. ⇒ Play time: Have fun with pretend play. Take care of baby dolls together (feed them, burp them, put them to rest), have a tea party, pretend to cook dinner or imagine that you are all fun animals. ⇒ Number time: Use numbers throughout the day with a child. Count everything — the number or chairs in a room, children, shoes, balls, etc.
Playtime on Floor	⇒Play on the child's level: Children this age enjoy playing on the floor with items such as containers, blocks, balls, stacking cups/toys, bubbles, pots and pans, play dishes, dolls, cars/trucks, big outdoor toys, books, puzzles, homemade Play-Doh and art activities.

These young children have fun playing games with each other and their caregivers during the day.



COMMUNICATION AND RELATIONSHIPS

Supporting a child's early communication and relationships is something that can easily be done each and every day and is a wonderful way to nurture relationships between caregivers and children. Positive relationships are the primary way to build strong children, despite hardships they may encounter. When caregivers are deeply connected to children, children feel safe, secure, and ready to learn and grow.

COMMUNICATION AND RELATIONSHIPS ACTIVITIES	DESCRIPTION (WHAT IT LOOKS LIKE)
Playtime on Floor	⇒ Relate often: When together, talk, tell stories, read and sing or hum to a child. Make silly faces and sounds together. Share special rhymes or poems, look at pictures and play simple games such as peek-a-boo. Repeat a child's sounds, words and encourage talking back and forth with one another.
Calming and Soothing	 ⇒ Teach regulation: When a child becomes upset, use the same movements and sounds repeatedly to soothe them such as rocking, swaying, bouncing, patting, massaging, singing, shushing, etc. ⇒ Advance notice: Talk to a child ahead of time about new routines, events and
	 people. ⇒ Choice making: Offer a child two choices to help her cope with feelings and options. ("Do you want a book or blocks?") ⇒ Share feelings: Help a child identify his emotions by talking about them. Give names for these emotions to help a child understand what they and others may be feeling.
Positive Interactions	⇒ Connect often: Repeat the sounds and words that a child makes or her faces, such as smiling and sticking her tongue out. Take time to gaze at a child during activities such as diaper changes, feedings and bathing. Use touch to connect with a child, such as snuggles, hugs, massage, wearing, holding and carrying, etc.
Consistently Care	⇒Respond well: When a child becomes upset due to hunger, discomfort, sickness, pain, wanting attention, etc., respond to him consistently and in a timely manner with soothing words and/or touch and physical comfort.

This young boy enjoys one on one time with a special caregiver while playing outside together.



KEY POINTS FOR THIS AGE

Being a supportive caregiver means supporting children not just during mealtimes, but during all moments throughout the day. Every activity and routine throughout the child's day is an opportunity to enhance a child's life. These activities don't need to be complicated or done for hours at a time and anything can become a toy. Use convenient objects from your environment, and offer short, frequent moments throughout the day for activities. Since development is interconnected, often times multiple areas can be supported simultaneously through the incorporation of one simple activity.

IMPORTANT POINTS TO REMEMBER:

(1) All areas of a child's development are connected. Support in one area can positively impact another area. Furthermore, supporting the whole child will also support feeding development.

(2) Children this age are becoming more active and interested in people, objects and activities happening around them. It's the perfect time to encourage early skills such as self-feeding.

(3) Children will reap the benefits when caregivers find small moments throughout the day to incorporate activities that support total development.