Between birth and age three, children rapidly achieve many important milestones that create the foundation for later growth and development. Early in life, babies depend on others to meet their needs for safety and security. When infants receive warm, consistent care and attention from adults, they are able to establish a sense of trust in the world. They learn that important caregivers will feed them, change them, bathe them, and play with them. This trust serves as an important first step for children's development during the toddler years, a time when children establish independence by exploring their environment. If toddlers trust their caregivers and use them as a secure base from which to explore, they are more confident in their efforts to learn about the world. Furthermore, when children become afraid or encounter danger, they have the confidence to turn away and return to their secure base for reassurance and protection. Toddlers also experience a new sense of self-awareness that grows from their increasing desire to do things for themselves. In other words, toddlers become more independent each and every day. For toddlers, learning to feed themselves and becoming toilet trained are important and exciting accomplishments. These markers provide the necessary starting point for growth and learning during the preschool years.

Helping children feel safe and secure during infancy and later encouraging toddlers' exploration are important responsibilities for adults. Children who trust their caregivers are more likely to confidently explore their surroundings and establish a sense of healthy independence. And, as children begin to establish their independence, a positive sense of self-control and self-esteem emerges. Carrying adults have a wonderful opportunity to foster children's independence and, in turn, their positive sense of self. The following information provides general knowledge about children's development during infancy and toddlerhood, including physical development, thinking and learning, expressing feelings, awareness of self and others, and communication. Specific suggestions for how adults can positively influence children's development are offered. Special attention is also paid to several issues that are particularly important during infancy and toddlerhood, particularly toilet training and biting.

(continued on page 3)
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<th>Type of development</th>
<th>Age</th>
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</tr>
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</table>
| Birth to 8 months   | • Reaches towards interesting objects  
• Puts hand/objects in mouth  
•Repeatedly grasps and releases objects  
• Lifts and holds up head  
•Sits up alone  
•Rolls over  
•Crawls | • Give your baby objects to hold, poke, wave, and grab. Make sure the object is too big to fit completely in baby's mouth.  
• Support baby's neck and head when picking up/laying down.  
• Strengthen neck muscles by playing games where baby moves eyes/head from side to side (e.g., move a toy slowly back and forth in front of baby's face). |
| 8 to 18 months      | • Sits in chairs  
• Pulls self to stand  
•Walks when led, then alone  
•Throws objects  
• Climbs stairs  
• Walks backwards  
• Cooperates during dressing  
• Handles finger foods  
• Uses spoons and cups  
• Scribbles with crayons | • Make sure your child has a safe environment to explore. Anything that a baby might use to pull him/herself up with must be sturdy and fastened down to support his/her weight.  
• Try to avoid using walkers, as they can be dangerous and interfere with normal muscle and joint development. If you do use a walker, make sure your home is safe (e.g., close doors, put gates at top of stairways; move all electrical cords out of reach, provide smooth surfaces, keep children away from water sources such as bathtubs and toilets). |
| 18 to 36 months     | • Walks up/down stairs  
• Stands on one foot  
• Stands and walks on tiptoes | • Protect your toddler's feet with shoes when learning to walk outside. |
| Birth to 8 months   | • Uses senses (hearing, sight, smell, taste, touch) and reflexes to learn  
• Comforts self by sucking pacifier or thumb  
• Looks to others for information about social situations | • Read picture books with your baby.  
• Sing to your baby (e.g., lullabies).  
• Offer babies brightly-colored toys that vary in shape and texture (e.g., a bumpy ball; a smooth plastic block).  
• Use your face and voice to convey reassurance to your baby. |
| 8 to 18 months      | • Becomes anxious when separated from loved ones  
• Actions become more intentional (e.g., drops food for dog to eat; rings bell to hear sound) | • Play peek-a-boo. This can be good practice for saying good-bye, and helping your baby learn that you will be back.  
• Play hide and seek games to help your child learn that objects still exist, even when they cannot be seen. |
| 18 to 36 months     | • Understands that people and objects exist even when they cannot be seen  
• Thinks forward about the future and backwards about the past  
• Objects can be used to represent other things (bowl is used as a hat)  
• Imitates others' actions | • Read to your child! It's okay if your child wants you to read a favorite story over and over.  
• Provide your toddler with simple musical instruments such as a tambourine.  
• Let your toddler help you with easy chores (e.g., matching socks; putting away toys; placing napkins on the table).  
• Encourage pretend play. |
## Development between birth and 30 months

Each child grows and develops at his or her own rate. Children display developmental landmarks at different times. The table on pages 2 to 4 lists characteristics that children between the ages of birth and 2½ typically display as they grow and develop. For each type of development (e.g., physical, communication), characteristics for younger children are listed first, followed by the characteristics that children display as they get older (i.e., younger children's characteristics are at the top of each list, older children's are at the bottom).

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<td>Birth to 8 months</td>
<td>• Expresses many emotions, including joy, fear, sadness, anger, pleasure, excitement, happiness, disappointment • Recognizes primary caregivers and expresses positive emotions towards them</td>
<td>• Cuddle with your baby often. Share plenty of hugs and kisses. • Label baby's facial expressions and discuss emotional experiences.</td>
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<td>8 to 18 months</td>
<td>• Becomes nervous when primary caregiver is out of sight and strangers are present • Shows affection (hugs, kisses) • Expresses intense feelings for parents</td>
<td>• Give your child a picture of yourself. • Make a tape of yourself reading a favorite book or singing a favorite song. • Make good-byes positive. Give your child a hug and a smile. Assure your child that you will see him/her later.</td>
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<td>18 to 36 months</td>
<td>• Demonstrates pride and pleasure when accomplishes something • Expresses feelings of embarrassment and shame • Moods rapidly change • Feelings of fearfulness increase (monsters under the bed) • Labels feelings • Begins to understand others’ feelings</td>
<td>• Help your toddler label emotions (e.g., “You’re mad at me for taking away that rock!”). • Create opportunities for your child to experience success (e.g., cleaning up toys, feeding self) and verbally express your pride in your child’s accomplishments.</td>
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<td>Birth to 8 months</td>
<td>• Interested in own body • Enjoys looking at human faces • Starts and ends interactions with others by smiling and gazing • Distinguishes familiar and unfamiliar people</td>
<td>• Respond to your baby’s gazes with your face (e.g., smile) and with words. • Provide babies board books with pictures of other babies. • Display photos of important friends and family members.</td>
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<td>8 to 18 months</td>
<td>• Responds to own name • Interested in other children; establishes relationships by playing and sharing objects • Listens closely to adult talk • Looks at self in mirrors • Becomes more assertive • Explores environment</td>
<td>• Point out shapes, objects, and colors to your baby and talk about them. • Make child-safe mirrors available for baby.</td>
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<td>18 to 36 months</td>
<td>• Recognizes own power (“No!”) • Enjoys playing and cooperating with other children • Controls emotions and behavior</td>
<td>• Encourage and praise your child for sharing. • Create choices and options for children to practice saying “No” (e.g., “Do you want to wear your red shirt today? Your blue one? Your green one?”).</td>
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Toilet training

Most children successfully master toilet training by the age of 3. This is an important marker of independence for toddlers, as they gain more control of their own bodies. Parents and other important caregivers play a critical role in facilitating this transition in their children’s lives. Children need extra attention and affection during this time. With support from teachers and child care providers, parents can make toilet training a successful learning experience. Listed below are tips for toilet training your child.

- **Look for signs** that indicate your child is ready to start toilet training:
  - Awareness of a wet diaper or bowel movement in diaper
  - Uses words to express needs
  - Familiarity with toileting (through observation and discussion)
  - Girls can usually be toilet trained earlier, at around 18 months or later, than boys, who usually begin toilet training at around 22 months or later.

- **Plan ahead**
  Pick an easy weekend/weekday when few other activities are going on to start toilet training. Read books about potty training and talk about it. Be sure to have a lot of training pants ready.

- **Start in the morning**
  As soon as your child wakes up, suggest that he or she try sitting on the potty. If he or she refuses, simply skip it and try again later.

### Communication

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she has just eaten and drank at breakfast, chances are good that at least some urine will come out. Praise your child’s success. Let him/her flush and wash up.

**Once an hour**

Plan for a timer to go off every hour. When it does, tell your child with enthusiasm that it is “Time to go again!” or “Time to look at more books!” Avoid asking if they want or need to go potty during the training stage—they really do not know whether they need to go. When you ask, you give the child a chance to say “No,” which is a legitimate response.

**Accidents**

Toilet training is a new skill that children learn through practice and experimentation. It is okay if your child has an accident. Stay calm and reassure your child that it is okay. Let the child help clean up and change his or her clothes, which allows him or her to feel good about the things he or she can do.

**Be consistent**

Once your child is ready to begin toilet training, commit to it. Do not switch back and forth from diapers to underwear — it is confusing and the child loses his or her sense of control over the process.

**Be supportive**

You can facilitate toilet training by talking about it with your child, by accompanying your child to the bathroom when you drop him or her off at school, and by providing lots of extra clothes that your child can pull on and off on his or her own.

**Share the plan**

When getting ready to begin potty training your child, be sure to share your plan (e.g., a written summary) with other important adults in your child’s life (e.g., child care providers).

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**Biting**

Whenever a child bites another person, it is upsetting for everyone. Biting is common among very young children, particularly in group settings such as child care. It is very important for adults to understand why children bite so that they can help children find more appropriate ways to express themselves. The chart on page 6 lists reasons children bite, strategies to help prevent biting, and strategies for responding to biting.

**Conclusion**

Children grow rapidly during infancy and toddlerhood. They accomplish many milestones, including establishing a sense of trust in the world during infancy and finding their independence in toddlerhood. Adults have the important task of providing children varied opportunities to promote their development during infancy and toddlerhood. Using the suggestions that have been offered will help adults to foster a positive, creative environment wherein children can thrive.

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**References**


Kansas City Brain Child, a project of HOMEFRONT at Heart of America Family Services. *Ten tips to boost your baby’s brainpower*. St. Louis, MO: Missouri Child Care Resource and Referral Network.


*(Other helpful publications are listed on page 6)*
# BITING

## Reasons children bite

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<tr>
<th>Reason</th>
<th>Strategies to prevent biting</th>
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<td>Biting satisfies their strong need for independence and control.</td>
<td>Give children opportunities to express their independence and self-control by providing them plenty of choices (e.g., what to wear that day; what game to play; what to eat for lunch).</td>
</tr>
<tr>
<td>Teething makes babies mouths hurt.</td>
<td>Give babies an object to mouth on, such as a teething toy or a frozen bagel.</td>
</tr>
<tr>
<td>They are trying to approach or initiate interaction with another child.</td>
<td>Make sure children have plenty of opportunities to interact with one another. Point out and praise their positive interactions.</td>
</tr>
<tr>
<td>They are seeking attention.</td>
<td>Give children lots of attention during the day. Cuddle with them, play with them, read to them.</td>
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<tr>
<td>They are angry or frustrated.</td>
<td>Be aware of children’s feelings. Watch for signs of potential conflict and increasing frustration.</td>
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<tr>
<td>They are experimenting and want to know what will happen if they bite.</td>
<td>Provide children activities and toys that offer a variety of sensory-motor experiences (e.g., water play, playdough, fingerpainting). Help them learn about cause and effect.</td>
</tr>
<tr>
<td>They are feeling threatened.</td>
<td>Assure children that they are safe and that their possessions are safe. Give children lots of affection.</td>
</tr>
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</table>

## Strategies for responding to biting

Sometimes prevention efforts do not stop children from biting. When a child bites another person, the adults in charge should consistently respond to each biting episode; specific strategies and ideas are listed below:

- State clearly that it is not okay to bite.
- Be sure that the child who is bitten is cared for. Comfort the child; put on an ice pack to prevent bruising; clean the wound if the skin is broken.
- If possible, have the child who bit help care for the child who was bitten.
- Look for patterns of biting (e.g., Does the child bite near mealtime? When the environment gets too loud?).
- Try to identify changes in the child’s life that might trigger the biting (e.g., divorce, a new sibling).
- Seek help (start with your pediatrician and/or child care provider) if the biting does not stop or if it becomes more vicious.

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## Other helpful publications

Refer to the MU Extension Web site:
[muextension.missouri.edu/explore/hesguide/humanrel/index.htm](http://muextension.missouri.edu/explore/hesguide/humanrel/index.htm)

- GH 6020, Home Safety Checklist for Families with Young Children
- GH 6026, Protecting Children from Unintentional Injuries
- GH 6115, Nature, Nurture, and Early Brain Development
- GH 6123, Communicating Effectively With Children
- GH 6128, Toilet Training
- GH 6129, Parenting: Success Requires a Team Effort

Please visit MU Extension on the Web at:
[muextension.missouri.edu/](http://muextension.missouri.edu/)