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Don't Sleep on Safe Sleep

Developmental Milestones in Preschoolers

Growing Up Digital

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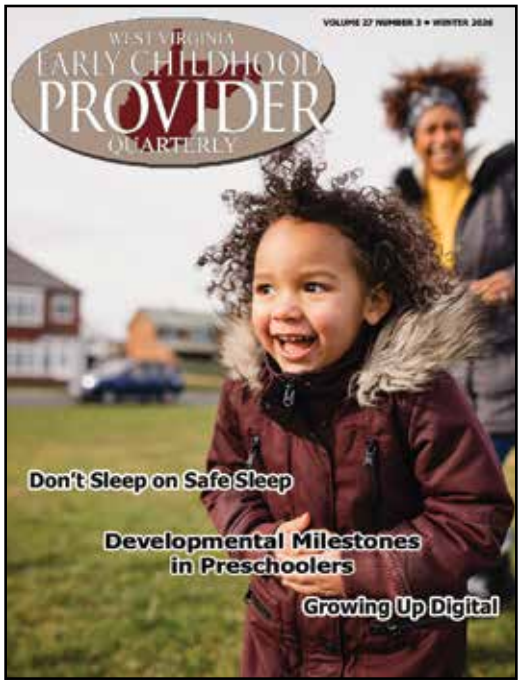


Don’t Sleep on Safe Sleep

Submitted by Harmony Vance Tissenbaum,
West Virginia Child Care Health Educator

What is the value in a safe sleep environment?

“In 2022, there were about 3,700 sudden unexpected infants deaths (SUID) in the United States. There were:

- 1,529 deaths from SIDS.
- 1,131 deaths from unknown causes.
- 1,040 deaths from accidental suffocation and strangulation in bed.” (Centers for Disease Control and Prevention)

The deaths as a result from suffocation and strangulation, as well as some of the others, are considered avoidable due to them being a direct result of the sleeping environment. That being said a safe sleeping environment helps to reduce the risk of SIDS, but it is not the only risk factor. As someone caring for the needs of children, it is important to provide them with a safe environment, including the place where they sleep. In the 90’s the “Back to Sleep” campaign (now known as “Safe to Sleep”) helped to decrease the total number of SIDS deaths--“the overall SIDS rate in the United States dropped by more than 50 percent [and] during that same time period, the rates of back sleeping more than doubled” (National Institute of Child Health and Human Development). However, the American Academy of Pediatrics mentions even though the numbers of deaths have been decreased, “The leading cause of death for infants 1 month to 1 year [remains] Sudden Unexpected Infant Death (SUIDs). This includes sleep related deaths and SIDS” (American Academy of Pediatrics).

What is SIDS and SUID?

The following is a definition from the National Institute of Child Health and Human Development:

“SUID stands for Sudden Unexpected Infant Death. SUID is defined as the death of an infant younger than 1 year of age that occurs suddenly and unexpectedly, where the cause of death is not immediately obvious prior to investigation.

SUID includes all unexpected deaths—those from known causes and

those from unknown causes. SIDS and suffocation are both types of SUID. About half of all SUID cases are SIDS. Many unexpected infant deaths are accidents, but a disease or something done on purpose can also cause a baby to die suddenly or unexpectedly. For some SUIDs, a cause is never found.

Sudden Infant Death Syndrome (SIDS) is the term used to describe the sudden death of a baby younger than 1 year of age that doesn't have a known cause, even after a full investigation.

Other sleep-related infant deaths are deaths linked to how or where a baby sleeps or slept. They can include deaths from the following:

Suffocation: Something, such as a pillow or an adult's arm, covers baby's face and nose.
Strangulation: Something presses on or wraps around baby's neck or head.
Entrapment or wedging: Baby's body or head gets stuck between two objects, such as a mattress and wall, bed frame, or furniture.
These deaths are different from Sudden Infant Death Syndrome (SIDS), but they are a type of Sudden Unexpected Infant Death (SUID)."

What is a Safe Sleep Environment?
A safe sleeping environment is one free of obstacles and hazards that allows an infant to rest without an increased risk of SIDS or SUID risk factors. Below is a quick checklist for your sleep environment.

- Babies on their backs. This prevents choking and protects their airway.
- A firm and flat surface. They should never sleep in a car seat, swing, or soft furniture as this threatens their airway.
- Moving air via non-direct fan. This helps to maintain breathing patterns.
- Lights can be dim, but not off. You should be able to easily see all children.
- A smoke free environment.
- Only one person in each bed.
- No toys in bed.
- No pillows or loose blankets.
- You can use a pacifier, but do not attach the pacifier with a clip or cord.

- Constant supervision. You should be able to see them and directly check on them several times while they are sleeping.
- You can use white noise or music, but it should be quiet enough that you are still able to hear the infant.
- Check crib surroundings for anything they may be able to pull into the bed like toys, curtains, or cords.
- Do not place a bottle or cup in bed with them. This could be a choking hazard.
- Keep the room at a comfortable temperature.
- Avoid the infant over heating by keeping them dressed in a single layer.

For resources to share with parents or for more in-depth information on the items on the check list above, here are a few suggestions:

- https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/a-parents-guide-to-safe-sleep.aspx
- https://www.aap.org/en/news-room/campaigns-and-toolkits/safe-sleep/

How to transition a safe sleep environment from infant to toddler?

As your infants' transition into toddlerhood, keep in mind what type of sleep environment would be considered developmentally appropriate and safe for them at this stage of life. They are still learning the different skills for sleeping with items and possibly on a different surface, and this may require some instruction and reminders.

A blanket can be introduced once they are past the one-year mark; however it should be a small, lightweight blanket. You want it to be breathable, not too heavy, and small enough to cover their body but not their head. Also keep in mind that they are still learning to use a blanket and may need reminders to not put the blanket over their head. Small stuffed toys can be used for comfort, but they should be without any strings, buttons, and hard or loose pieces. It should be small enough that it would not cover the child's face. "Don't introduce pillows into the sleeping environment until your toddler is at least two years old" (Better Health Channel).

The lights can be dimmed, but the room should not be dark. You should be able to clearly see even if you are coming in from a well-lit area or out-

doors. The children should be within your sight at all times, and this may require some room adjustments as there should never be a blind spot. Children should be placed with adequate space between them (a minimum of 24 inches apart from each other on all sides). They should not be able to touch each other and should never share a bed. The room should also be kept quiet. The use of music or white noise is permitted, but should be kept low enough so that you can still hear children breathing.

Keep in mind

Over the years, the different parts of a safe sleeping environment have changed, for example, sleeping on the back or not using swings to sleep. These changes come about through research, and a better understanding of what children need. It is your responsibility to oversee the safety of the children in your care. Utilize the resources below to make sure your sleep environments are considered safe and to stay up-to-date on current trends and research. If you have any questions, you can always reach out to your West Virginia Child Care Health Educator.

Resources

WV Child Care Licensing

- https://dhhr.wv.gov/bcf/Childcare/Documents/ChildCareCenterRegulationWeb.pdf

Infant Safe Sleep

- https://www.cdc.gov/sudden-infant-death/data-research/data/index.html
- https://www.aap.org/en/news-room/campaigns-and-toolkits/safe-sleep/
- https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/a-parents-guide-to-safe-sleep.aspx
- https://nichq.org/wp-content/uploads/2024/09/Safe-Sleep-FAQ_NAPPSS_FOR-_5.21.pdf

Toddler Safe Sleep

- https://kidshealth.org/en/parents/sleep12yr.html
- https://www.betterhealth.vic.gov.au/health/healthyliving/preventing-sleep-concerns-toddlers-1-3-years#your-toddlers-sleep-environment

West Virginia Child Care Health Educator

- https://www.wvearlychildhood.org/cche

Growing Up Digital: Balancing Technology and Connection in Early Childhood

Submitted by Linda Reeves, MS, MA, LSW, IMH-E®

The amount of time infants, toddlers, and young children spend with digital devices and technology has increased dramatically over the past few decades. This shift is mainly because digital devices are now common in homes, schools, and early care programs, there are more educational and entertainment apps available, and internet access is increasing worldwide. As a result, digital devices are now a big part of everyday life, making it more crucial than ever to understand how digital devices and technology affect young children's growth and development.

Types of Technology and Digital Devices in Early Childhood

Starting when they are babies, children now have increasing access to a range of digital devices, technology, and programs. As a result, young children are exposed to many different types of digital and electronic devices that affect how they grow and develop in various ways. This exposure shapes how they learn, communicate, develop social skills, and interact with the world around them. The variety and accessibility of digital technology means that digital experiences are becoming a normal part of everyday childhood, making it essential for caregivers to understand both the opportunities and challenges to healthy child development and growth these tools present.

The terms and language used to describe interactions with the digital world vary and are often used interchangeably. It is important to distinguish between these and how each may influence the developmental impact on young children.

Screen Time: This primarily encompasses passive viewing of videos, TV shows, and streaming content on devices such as tablets, smartphones, computers, and smart TVs, as well as content on DVDs. Passive viewing involves little physical activity on the part of the child, and the child is not actively engaging with or responding to the content. Screen time

can be educational or entertainment-based, but excessive use has been shown to negatively impact development if not managed properly.

Digital Play and Educational Apps: These are interactive, engaging games and applications where the child actively participates on digital and electronic devices such as tablets, phones, computers, TVs, and electronic toys. These devices and apps are designed to promote learning, problem-solving, and creativity by requiring the child to respond, make decisions, and interact with the device often through touch, voice, or physical movements. It involves a more active role for the child by encouraging interaction with digital content. Many early childhood apps are tailored specifically for toddler and preschool-aged children to support early literacy, numbers, and other early childhood cognitive skills.

Electronic Toys and Devices: Many traditional toys now have electronic or battery-operated parts, like musical toys, robotic pets, vehicles, and smart learning toys that respond to touch, voice, or movement. These toys can help improve sensory and motor skills, but they can also lead to more exposure to digital or screen features.

Artificial Intelligence (AI) and Voice-Activated Devices: Growing in popularity are devices with voice assistants, smart speakers, video cameras, and AI-powered toys that respond to children's speech, answer questions, and/or play interactive games. These devices can support language development, but also raise concerns regarding over-reliance on technology, as well as privacy and security.

Young children use these technologies every day and include them easily in their routines at home, in early care and education settings, and in the community. As parents, caregivers, and educators navigate this digital world, it's important to understand the types of technology children, especially very young ones, are exposed to and why this is essential for promoting healthy growth and development.

The Role of Technology in Early Childhood Development

Early childhood is a time of extraordinary brain growth, when the foundations for learning, behavior, and health are rapidly taking shape across communication, cognitive, social-emotional, motor, sensory, and physical health domains. Ongoing research shows digital tools and technology can support this growth when used thoughtfully, in moderation, and with high-quality content, but excessive or inappropriate use can introduce developmental risks and delays. It is important for parents, caregivers, and early care providers to be aware of how digital technology and screen use can affect young children in both helpful and harmful ways across these areas of growth and development, depending on how they're used.

In the area of communication and speech/language development, digital technology and tools can both support and interfere with young children's speech and language skills, depending on how they're used and how often. When parents/caregivers watch or use screens together with a child (co-viewing)—talking about what they see, asking questions, and connecting it to real life—digital technology and screens can help build vocabulary and spark conversations. Some high-quality, age-appropriate programs can introduce new words, sounds, and ideas. But when children watch screens alone, especially for long stretches or at very young ages, they miss out on the critical back-and-forth interactions that are essential for learning to talk and communicate. Too much passive screen time can lead to fewer opportunities for children to practice sounds, gestures, and early words. It can also reduce the amount of adult–child talk if adults are busy with their own devices. In short, screens can support communication when they are used appropriately and interactively with another person, but they can slow language development when they replace real conversation and play.

In the area of cognitive development and executive function skills, digital technology tools can influence young children's early learning and thinking skills in different ways, based on their developmental value and how they're used. When children use high-quality, age-appropriate apps or watch educational programs together with an adult, they can learn new concepts, strengthen early problem-solving skills, and build understanding of letters, numbers, shapes, and simple ideas. Talking with a caregiver during or after screen use is what makes the biggest difference. However, when children spend a lot of time on passive screen watching—especially without adult interaction—it can make it harder for them to stay focused, explore, and use their imagination. Too much screen time can also take away from hands-on play, which is the most important way young children learn. Overall, digital media can support early learning in small ways when used intentionally and with adult guidance, but heavy or unsupervised use can get in the way of healthy cognitive development.

Early childhood is a critical time for learning and building key social emotional skills that influence all other areas of development. The use of digital technology and screens can affect young children's social–emotional development and behavior in both helpful and challenging ways. When used in small amounts with a caring and connected adult, digital play and screens can provide moments to learn and talk about feelings, relationships, or problem-solving—especially if adults pause, explain, and connect what the child sees to

real life. But when young children spend a lot of time on screens, particularly watching alone, they miss important face-to-face interactions that teach empathy, sharing, cooperation, and managing big feelings. Too much screen time can make it harder for children to handle frustration, wait their turn, or calm themselves because they are not practicing those skills through play and real-life experiences. Fast-paced or intense content can also lead to more tantrums, irritability, or difficulty transitioning away from screens. In short, digital technology can be a helpful tool when used sparingly and with adult support, but frequent or unsupervised use can get in the way of developing strong social skills, emotional regulation, and positive behavior.

Digital technology and screen time overall have very limited benefits for young children's fine and gross motor development, and too much screen time can actually get in the way. Babies and young children build motor skills by moving their bodies, crawling, climbing, grasping, stacking, drawing, and exploring the world with their hands—not by sitting and passively watching a screen. When children spend a lot of time on devices, they have fewer chances to practice these important movements. This can slow the development of muscle strength, coordination, balance, and hand skills like holding a crayon or using scissors. Touchscreens can offer a little finger dexterity practice, but they don't replace real hands-on play with blocks, puzzles, or outdoor activities. Overall, screens don't support motor development well; young children need lots of active play, movement, and hands-on experiences to build strong fine and gross motor skills.

Digital technology can affect young children's physical health in several important ways. Screens—especially in the evening—can interfere

with healthy sleep by overstimulating the brain or delaying bedtime, making it harder for young children to fall asleep and stay asleep. Using screens during meals can lead to distracted eating, overeating, or picky eating because children aren't paying attention to their hunger cues or the food in front of them. Too much screen time can also reduce time spent being active, which is important for overall growth and physical development. For eye health, long periods of close-up screen use can strain young eyes, cause dryness, and make it harder for children to focus on things far away. Overall, while brief and mindful screen use can be okay, heavy or poorly timed screen use—especially around bedtime and meals—can affect sleep, eating habits, activity levels, and eye comfort in young children.

Guidelines and Recommendations for Digital Technology and Screen Use

Professional organizations such as the American Academy of Pediatrics (AAP), the World Health Organization (WHO), and the National Association for the Education of Young Children (NAEYC) have developed guidelines for screen and digital technology use for children 6 and under due to early childhood being a uniquely sensitive period of rapid brain and body growth and development. As digital media has become more available and widely used, these organizations recognize both its potential benefits and its risks. Their guidelines help families, caregivers, and early care providers make informed choices by setting age-appropriate limits, encouraging high-quality content, and promoting healthy habits around sleep, physical activity, and relationships. The goal is not just to restrict screens, but to ensure that technology supports—not replaces the critical experiences young children need to grow and thrive.

Guidelines from the AAP, WHO, and NAEYC generally align around age-specific recommendations to help families use digital media in healthy, developmentally appropriate ways. For children under 18–24 months, all organizations strongly discourage screen use except for brief video chatting, because babies learn best through hands-on exploration and face-to-face interaction. For children ages 2–5, limited screen time—about one hour per day of high-quality, age-appropriate content—is recommended, and adults are encouraged to watch or use media with children to help them understand and apply what they see. For children 5–6 years, guidelines allow slightly more flexibility but still emphasize consistent limits, high-quality content, and balancing technology use with plenty of sleep, physical activity, social interaction, and play. Across all ages, these organizations stress that digital media should never replace sleep, active play, or responsive relationships, and that mindful, intentional use with adult involvement is what makes digital tools and screen time safest and most beneficial.

Meeting the Challenges of Digital Technology with Young Children

Parents, caregivers, and early childhood providers can help young children balance increased exposure to digital technology with healthy growth and development by being intentional, present, and selective about how digital technology and screens are used. This means choosing high-quality, age-appropriate content, watching or engaging with children during screen time, and using technology as a tool for learning or connection—not as a substitute for play or interaction. Creating simple routines, such as tech-free mealtimes, screen-free bedtime hours, and

plenty of opportunities for active play, outdoor time, hands-on exploration, and conversation, helps ensure that digital media doesn't crowd out essential experiences. Setting consistent limits, modeling healthy device habits, and staying mindful of how and when screens and digital technology are used all support a balanced approach. By making thoughtful choices, adults can help young children benefit from digital tools while still protecting the rich, real-world experiences their developing brains and bodies need most.

Emerging Trends and Future Directions

As newer forms of digital technology—such as augmented reality (AR), artificial intelligence (AI), and virtual reality (VR)—become more accessible, it is increasingly important for parents, caregivers, and early care providers to stay informed and cautious about how these tools may affect children under age 6. Young children are still developing their understanding of what is real and what is pretend, and immersive or highly interactive technologies can blur those boundaries, potentially overwhelming their senses or emotional regulation. Because research on the long-term effects of AR, AI-driven apps, and VR for this age group is still limited, adults should introduce these technologies slowly, if at all, and prioritize safety, supervision, and age-appropriate use. Ensuring that these tools do not replace hands-on play, real-world exploration, and human interaction is essential. By staying thoughtful and aware, caregivers can help young children explore new technologies safely while protecting the core developmental experiences they need to grow and thrive.

Conclusion

Digital technology and tools are here to stay and will only continue to expand and influence children and adults. While digital play and technology can offer young children fun ways to learn and explore, too much exposure, especially passive screen time without guidance—can affect healthy growth and development across all domains. For children under six, real-world play, conversation, and physical activity are still the foundation for healthy growth and learning. Parents, caregivers, and early care providers can meet this challenge by setting gentle limits on digital play and screen use, choosing high-quality, age-appropriate content, and watching or playing alongside children to turn digital play and screen time into a shared, meaningful experience. By balancing digital engagement with plenty of active, imaginative, and social play, adults can help children develop both the skills and habits they'll need for a healthy relationship with technology.

Believe in Me: Partnering with Families from the Start

Join us in 2026 for information about practices, policies, planning, and research; to have the opportunity to network with other professionals; and to participate in a diverse array of early childhood education discussions.

CELEBRATING CONNECTIONS

APRIL 22-24, 2026

CHARLESTON COLISEUM & CONVENTION CENTER

This program is being presented with financial assistance as a grant from the West Virginia Department of Health, the West Virginia Department of Human Services, and the West Virginia Department of Education, and is administered by West Virginia Early Childhood Training Connections and Resources, a program of River Valley Child Development Services.

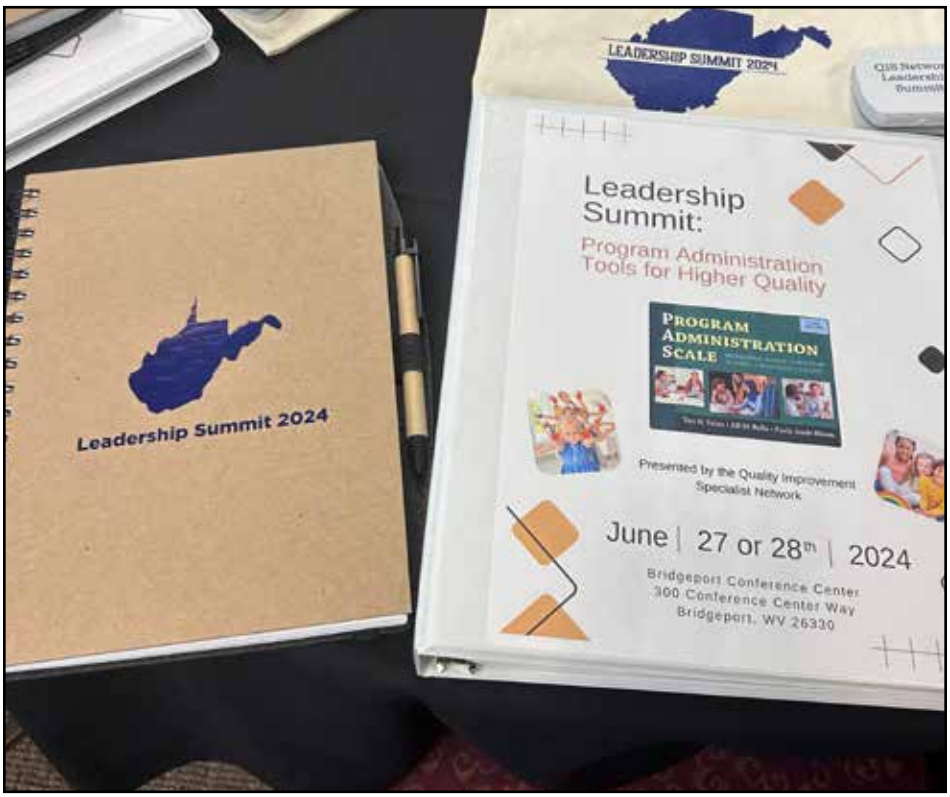
REGISTRATION OPENS JANUARY 2026

Celebrating Connections

Quality Matters in WV: Strengthening Leadership, Supporting Growth

Submitted by Jaime Price, Tiered Reimbursement/QRIS Coordinator, Division of Early Care and Education

Continuous quality improvement is essential in child care programs because it ensures that children, families, and staff consistently benefit from strong standards of care and education. Early learning environments are dynamic—children's developmental needs, family expectations, and professional practices evolve over time. By engaging in ongoing reflection and improvement, programs can adapt to these changes, strengthen organizational practices, and enhance learning outcomes. A variety of tools are available to help administrators assess their practices, set goals, and build systems that support long-term stability and growth.



One widely used tool across our state is the Environment Rating Scale (ERS), which measures quality in areas such as space, interactions, activities, and health and safety. Beyond the classroom environment, however, lasting program success also depends on effective leadership and organizational systems. Two valuable tools that support administrators in evaluating and strengthening these systems are the Program Administration Scale (PAS) and the Business Administration Scale (BAS).

The PAS measures leadership and management practices in center-based early childhood programs. It focuses on areas such as staff development, fiscal management, family partnerships, and continuous improvement. By providing a clear framework, the PAS helps directors identify strengths and areas for growth, ensuring that administrative practices align with high standards and create environments that are stable, efficient, and supportive of both staff and children.

The BAS, on the other hand, is tailored for family child care providers. Unlike larger centers, home-based programs require unique

management strategies to balance caregiving responsibilities with business operations. The BAS evaluates practices in areas such as record keeping, marketing, risk management, and professional development. This tool empowers providers to strengthen the business side of their work, which in turn enhances program stability and quality for children and families.

Together, the PAS and BAS highlight the critical role of strong leadership and sound business practices in early learning settings. They provide administrators and providers with structured pathways for reflection, goal setting, and continuous improvement—ultimately ensuring that children benefit from consistent, high-quality care and education.

While tools like the PAS and BAS guide quality at the program level, statewide initiatives create the conditions for leaders to put these practices into action. Our state is advancing quality through efforts such as expanding participation in the West Virginia Tiered Reimbursement System and broadening access to targeted professional development.

The Tiered Reimbursement System plays a pivotal role by offering financial support to programs that meet progressively higher standards of care. With the assistance of the Quality Improvement Specialist Network, programs that advance through the tiers—by achieving state-defined quality benchmarks or earning national accreditation—receive financial assistance that helps offset the costs of delivering higher quality services (West Virginia Bureau for Family Assistance, n.d.). These incentives make it more feasible for providers to invest in staff development, stronger learning environments, and ongoing program assessment. Over time, such investments foster

sustainability by enhancing program quality, accountability, and reputation, which can attract more families and funding.

Complementing these efforts, Leadership Summits facilitated by the Quality Improvement Specialist Network bring directors together for meaningful professional development. These summits deepen directors' understanding of quality improvement tools, such as the PAS, while also addressing the evolving needs of providers. By refining and reworking topics, the summits ensure directors gain practical knowledge while building valuable connections and sharing best practices with peers across the state.

Continuous quality improvement is the foundation of strong, sustainable early childhood programs. Program assessment tools like the PAS and BAS provide valuable insight into strengths and areas for growth, while statewide initiatives such as the Tiered Reimbursement System and Leadership Summits give providers the resources and support to act on that knowledge. By investing in leadership development and ongoing program assessment, West Virginia is fostering stability in its child care system and ensuring that children and families have access to the highest standards of early care and education. To continue this progress, we encourage program leaders to attend Leadership Summits, apply assessment tools regularly, and share strategies with peers. Together, we can build a future where every program is equipped to thrive and every child in West Virginia has the opportunity to grow and succeed.

References

Talan, T. N., & Bloom, P. J. (2011). Program Administration Scale (PAS): Measuring early childhood leadership and management (2nd ed.). Teachers College Press.

Talan, T. N., & Bloom, P. J. (2018). Business Administration Scale (BAS) for family childcare (2nd ed.). Teachers College Press.

Developmental Milestones in Preschoolers:

Helpful Tips for Parents and Caregivers

Submitted by Sommer Robinson, Early Childhood Specialist,
Child Care Resource Center

Preschool is a period of remarkable growth—socially, emotionally, physically, and cognitively. Between ages 3 and 5, children rapidly develop skills that lay the foundation for later learning and independence. While every child progresses at their own pace, understanding typical milestones helps parents and educators support healthy development and recognize when additional guidance may be beneficial. Developmental milestones offer a helpful way to track and celebrate progress as children grow.

1. Social and Emotional Development

Preschoolers are learning how to navigate relationships, manage feelings, and establish a sense of identity.

Typical Milestones:

- Begins to show empathy and concern for others
- Takes turns and shares (with adult guidance)
- Engages in imaginative play with peers
- Shows increased independence in routines
- Can follow simple social rules such as waiting in line
- Identifies a wider range of emotions

Why It Matters:

These skills build the foundation for cooperation, conflict resolution, and self-regulation—key components of school readiness.

2. Language and Communication Development

Language skills take a major leap during the preschool years as children develop the ability to express ideas, ask questions, and engage in meaningful conversation.

Typical Milestones:

- Speaks in full sentences and uses more complex grammar
- Understands and follows multi-step directions
- Uses language to describe events, ask questions, and narrate

- Expands vocabulary rapidly—often to thousands of words by age 5
- Begins to understand humor and storytelling

Why It Matters:

Strong communication skills support literacy development, social relationships, and confidence.

3. Cognitive and Learning Development

Preschoolers learn through play, exploration, and hands-on experiences. Their thinking becomes more structured and imaginative.

Typical Milestones:

- Sorts objects by size, color, or shape
- Counts and understands basic number concepts
- Recognizes some letters, shapes, and patterns
- Understands the concept of time in simple terms
- Solves simple problems independently
- Engages in pretend play that follows a storyline

Why It Matters:

Cognitive milestones show emerging reasoning and early academic skills that support kindergarten readiness.

4. Physical Development

Physical growth includes both gross motor skills (large movements) and fine motor skills (small, precise movements).

Gross Motor Milestones:

- Runs, climbs, hops, and balances with improved coordination
- Throws and catches a ball
- Rides a tricycle or beginning bicycle with training wheels

Fine Motor Milestones:

- Uses crayons, scissors, and markers with better control
- Draws basic shapes and, by age 5, may draw recognizable people
- Begins writing some letters
- Builds more complex block structures

Why It Matters:

Physical development supports overall independence and prepares children for school tasks like writing and self-care.

5. Self-Help and Adaptive Skills

As preschoolers gain independence, they develop the confidence and skills needed for personal care.

Typical Milestones:

- Dresses and undresses with minimal assistance
- Uses the toilet independently
- Washes hands, brushes teeth, and manages simple hygiene
- Cleans up toys or participates in basic chores

Why It Matters:

Adaptive skills foster responsibility and support a smooth transition into structured school settings.

6. When to Seek Additional Support

It's important to remember that milestone timelines are approximate. However, certain signs may indicate a need for evaluation:

- Limited speech or difficulty being understood by age 4
- Extreme difficulty interacting with peers
- Frequent, intense tantrums that don't improve with guidance
- Lack of pretend play or interest in social interaction
- Difficulty with basic motor skills such as running, jumping, or grasping objects

Early intervention is effective and can make a significant difference in long-term development.

In conclusion, the preschool years represent an exciting chapter of rapid learning and emerging independence. By understanding developmental milestones, caregivers and educators can provide meaningful support, celebrate children's progress, and identify areas where extra help might be needed. Every child develops on their own timetable, and nurturing encouragement helps them grow into confident, capable learners.

References

Centers for Disease Control and Prevention (CDC)

- Learn the Signs. Act Early: https://www.cdc.gov/act-early/
- Milestones Matter: https://www.cdc.gov/act-early/families/milestones-matter.html
- Developmental Milestones (4–5 years): https://www.cdc.gov/act-early/milestones/4-years.html

MedlinePlus (U.S. National Library of Medicine)

- Developmental Milestones: https://medlineplus.gov/ency/article/002013.htm

Vermont Higher Training Collaborative (VHTC)

- Pediatric Milestones Ages 3–6: https://www.vhtc.org/2025/08/pediatric-milestones-3to6-years.html

Children's Hospital of Philadelphia (CHOP)

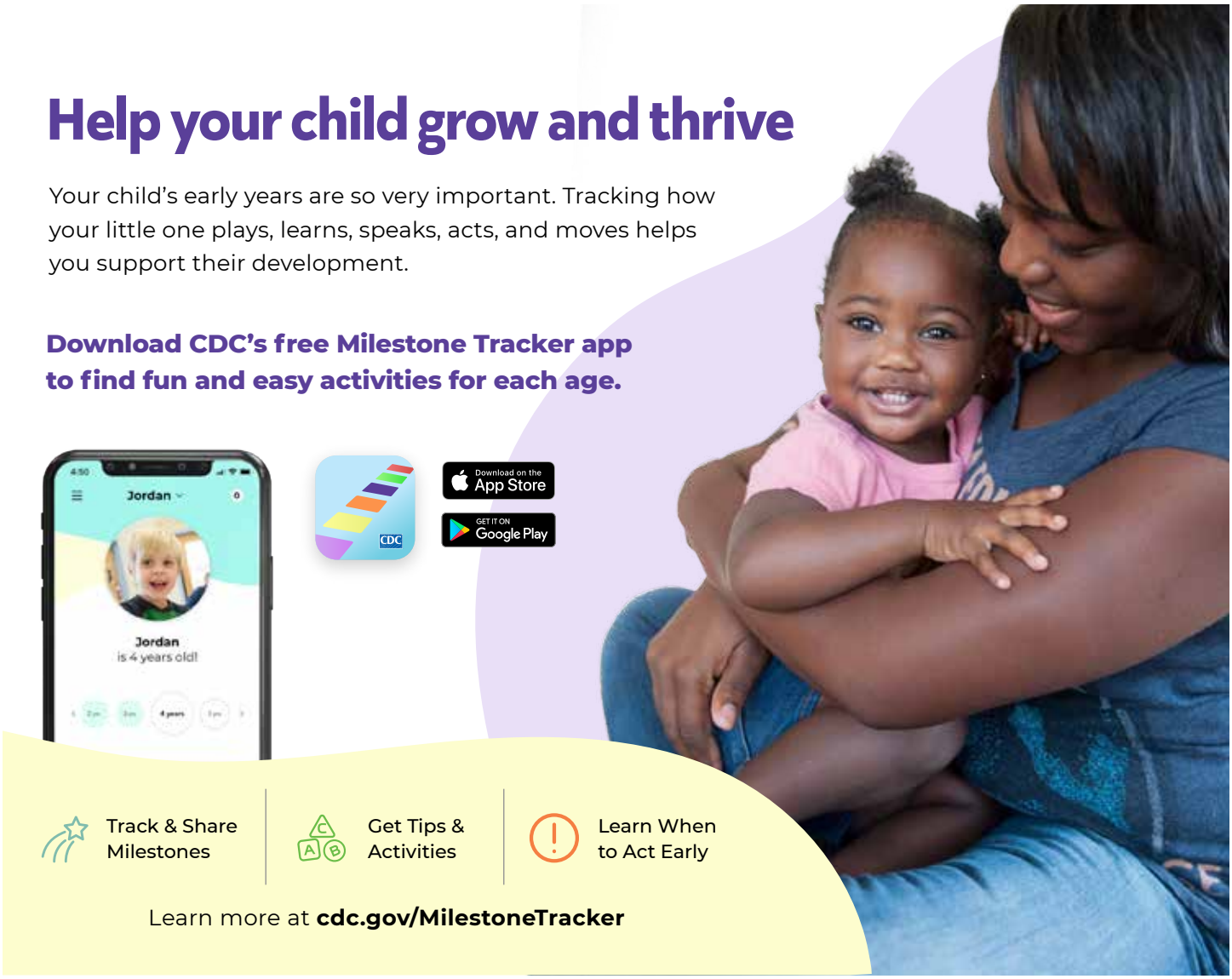
- Developmental Milestones: https://www.chop.edu/primary-care/developmental-milestones
- Developmental milestones for ages 3–5: https://www.greatschools.org/gk/parenting/health-and-development/developmental-milestones-ages-3-through-5/

Parent Educational Advocacy Training Center (PEATC)

- Developmental Milestones Ages 3–5: https://peatc.org/wp-content/uploads/2022/03/Developmental-Milestones-3-to-5-2022.pdf

UNF Open Pressbooks

- Child Growth in Early Childhood: https://unf.pressbooks.pub/childandadol/chapter/growth-in-early-childhood/



Social Emotional Learning

Why does it matter? How can I help?

Submitted by Rebecca Stewart, M.Ed., Behavioral Consultant

When we consider preparing young children for school, we usually focus on "Can they write their name?" "Do they know the letters of the alphabet?" "Do they know numbers 1-10?" Although those skills are an important part of school readiness, we often overlook the key skills children need to be successful in kindergarten. Age-appropriate social and emotional skill mastery, sometimes referred to as social-emotional competence, are crucial predictors of school success. A child may enter Kindergarten reading chapter books, but if the child cannot follow directions, have appropriate interactions with peers, or complete a non-preferred task, that child is going to struggle in the classroom. There is a direct link between social-emotional competence and school success.

Rover, Garner & Smith-Donald and Eggum, et/al, point out the impact of increased social-emotional competence for children as they enter school, "Children with higher emotional intelligence are better able to pay attention, are more engaged in school, have more positive relationships and are more empathic."

When children have higher level social-emotional skills, they have greater success in school through increased attention, engagement, positive relationships, and empathy.

Social and emotional development defined

Before discussing social and emotional developmental milestones, it is important to clarify the definition. Although this term is often used together interchangeably, Social-Emotional Development is two separate developmental domains. Social development refers to the mastery of skills related to interacting with others. Emotional development is the mastery of skills needed to express and manage emotions, as well as recognize and understand emotional expression in others.

Although two separate developmental domains, the two domains are interwoven and interdependent. Child social interactions are influenced by how well they can recognize and manage their own emotions and recognize the emotions of others. Social-emotional competence refers to having mastered age-appropriate developmental level of social-emotional skills. From this point on, this article will refer to these separate developmental domains as one, social-emotional development.

Social and emotional developmental milestones

Before early childhood professionals and families can effectively promote social-emotional development, it is important to be familiar with the age-appropriate skills for each age and stage of development. When considering milestone masteries by age, the ages provided are the general age most children meet the milestone. Some children may meet milestones sooner, others later. If in doubt,

it is best to consult with a child's physician.

The Centers for Disease Control and Prevention have created Learn the Signs. Act Early (CDC 2022), a series of free handouts and a free Milestone Tracker app to monitor children's development in all developmental domains from 2 months of age to 5 years old. The social-emotional milestones described in this resource illustrate that humans seek connection and interaction with other humans from early infancy.

According to the CDC's resource, by 2 months most babies will calm when spoken to or picked up, look at and seem happy to see familiar faces, and will return a smile or smile when spoken to. By 4 months, most babies will smile or chuckle to get your attention or respond to your attempts to make them laugh. They will look at you or use movements or sounds to get your attention. By 6 months, most babies know familiar people, like to look at themselves in a mirror, and laugh.

Babies at 9 months may be shy or clingy around strangers, will use or show varied facial expressions, look when their name is called, react when a favorite person leaves, and enjoys games such as peek-a-boo. By 12 months or their first birthday, most babies will participate in playing games such as peek-a-boo, use basic hand motions, or wave bye-bye. Toddlers at 15 months will copy other children's or adult's actions, will show an object they like, clap when excited, hug dolls or soft toys, and show affection through hugging or cuddling the special people in their lives.

By 18 months, toddlers will venture away from a familiar adult but look to check in to make sure the adult is still nearby. These same toddlers may point to show something of interest, put hands out to be washed, look at a book, and will cooperate (maybe) when an adult is trying to dress them by putting an arm through a sleeve or lifting a foot for a shoe. Toddlers at age 2 usually will notice when others are hurt or upset and pause

or look sad too. They will look to the adults in their lives to know how to handle a new or unfamiliar situation. Toddlers at 30 months will play alongside, and sometimes with other children, they will seek adult attention by saying, "Look at me!" They can follow simple routines such as helping clean up toys when clean up time is announced.

Preschoolers at 3 years of age will notice other children and join them in play. By age 4, preschoolers can pretend to be something else – dog, teacher, superhero. They can ask to play with other children. They can comfort other children when they are hurt or sad with a hug. They will generally recognize danger and avoid truly dangerous situations. They like to help and will adjust their behavior based upon where they are and the expectations, for example, at school, the library, or playground.

Five-year-old preschoolers understand the need for rules and will follow rules or take turns when playing games with other children or adults. They like to sing, dance, or perform for others. They can master simple chores such as sorting or matching laundry or cleaning up the table after a meal.

How to promote social and emotional competence

The CDC's Learn the Signs. Act Early (CDC 2022) handouts and app share specific examples of opportunities and interactions adults can provide for the young children in their lives at each age and stage. All these tools are most effective when utilized by those having a relationship with the child. Social-emotional milestone mastery occurs within the context of relationships. Through our positive planned, as well as unplanned, interactions we can effectively teach and model healthy social-emotional skills.

Infants: These planned and unplanned interactions may look like paying attention to a child's interest and joining them in talking, reading, singing, and playing. As they get older, introduce rhymes and simple games such as peek-a-boo. Provide varied experiences for them talking about what they are seeing and experiencing, sometimes referred to as "narrating life". Young infants learn that human interactions are positive when we promptly respond to their distress and needs. They learn people can be a fun and trusted resource reinforcing their innate need for connection. Screen time for infants should be limited to only video calls with loved ones, as it will interfere with other social interactions.

Toddlers: Toddler social-emotional development can be nurtured by the same techniques we use for infants, but expanding our efforts to include opportunities to "help" with daily activities and begin to teach the behaviors you want to see, such as gentle touches through words and modeling appropriate behaviors. Introduce emotional literacy by using words to describe how it appears the child might be feeling. For example, "You are happy to see Grandma!" or "You are mad your friend took your toy."

Offering choices promotes self-confidence and autonomy. For toddlers, offer two choices of activity, clothing, or food which both of you approve. When you provide choices, you can decrease toddler-adult power struggles, which can lead to tantrums.

Understand tantrums will occur. Toddlers are known for having big feelings that can quickly overwhelm everyone involved. Try to be proactive and begin to recognize tantrum

triggers, such as hunger or fatigue and plan accordingly. Distraction will sometimes work to extinguish a tantrum, but understand they may still happen. Give the toddler time to calm down then offer hugs and support.

Older Toddlers and Preschoolers: Older toddlers and preschoolers' social-emotional development can be encouraged by building strategies used with toddlers, but expanded to introduce new skills. Preschoolers learn to play with other children in social settings through opportunities to be around other children. Concepts such as sharing and taking turns can be introduced, but mastery of these skills often does not occur until children have entered Kindergarten. When conflicts occur, early childhood professionals and families can teach problem-solving skills by helping children identify the problem, brainstorm solutions, and support efforts to try solutions.

Preschoolers begin to understand the concept of rules and expectations. It is appropriate to introduce and teach 3-4 positively stated simple rules or expectations letting children know what to do, prompting them when needed, and praising them when they demonstrate the rule or expectation. The most effective method to teach rules and expectations is through direct teaching, modeling, role-playing, and reminders or prompts, then praise or acknowledgment when remembered and followed. The rules or expectations should be posted in a common area with pictures representing the rule or expectation.

Preschoolers can begin to understand to recognize emotions in themselves and others. Referred to as emotional literacy, it can be taught by helping children recognize emotions in themselves and others. Early childhood professionals and families can draw attention to how those emotions feel in the body as well as the accompanying facial expressions. Emotional check-in charts and feelings posters are also helpful for teaching emotional literacy.

Resources available to promote social and emotional competence

Purposeful, planned social-emotional instruction has been found to be the most effective method to teach social-emotional skills. The research shows using a high-quality social-emotional curricula can improve a young child's social-emotional skills in the short and long-term (Zinsser, Denham, Curby 2018). Although not all early childhood programs have the budget to purchase a designated social-emotional curricula, free resources are available to assist early childhood professionals and families with social-emotional instruction. A few are included, but there are many more available with an internet search. It is the responsibility of the early childhood professional to determine the quality and appropriateness of each before sharing with children and families.

As mentioned previously, the CDC's Learn the Signs. Act Early. handouts and app provide a milestone mastery checklist. These handouts and app also include practical, concrete ideas to promote social-emotional growth at each age and stage. These can be accessed from the website, www.cdc.gov/ActEarly.

PBS Learning Media (2025) has created Daniel Tiger Life's Little Lessons. Based upon the PBS show, Daniel Tiger's Neighborhood, this free social-emotional curriculum resource includes 10 lessons. Using PBS Kids model of watch [videos], play [games], explore [activities] and share [with families], young children learn social-emotional skills while watching quality videos and singing catchy songs to reinforce key concepts. Daniel Tiger Life's Little Lessons can be accessed from the PBS Kids Learning Media website. https://wv.pbslearningmedia.org/collection/daniel-tigers-neighborhood/t/lifes-little-lessons/ .

Sesame Workshop (2025) has free resources to support social-emotional growth and well-being of children, caregivers, and families. Social-emotional instruction topics include calming strategies, emotional literacy, friendship and community, building resilience in children and families, working through tantrums, and community service. The Sesame Workshop additionally offers difficult topic resources to assist caregivers and families in supporting children. Included are resources to help caregivers support children experiencing bullying, grief, family member incarceration, family member military deployment, traumatic experiences, homelessness, parental addiction, and family or community violence. These resources can be accessed through the Sesame Workshop website at: https://sesameworkshop.org/topics/social-emotional-skills/.

The National Center for Pyramid Model Innovations (NCPMI) (2025) gives early childhood providers the tools to teach social-emotional skills in the classroom and families to teach at home. Scripted stories such as Tucker Turtle Takes Time to Tuck and Think, visuals for classroom cues such as stop signs, Solution Kit visuals for teaching problem solving, feelings charts and posters, and visuals to teach breathing or calming strategies are among the free resources available. NCPMI additionally has social-emotional topic-specific handouts for parents and home versions of classroom supports. These resources can be accessed from the National Center for Pyramid Model Innovations website, https://www.challengingbehavior.org/ .

Conclusion

When early childhood professionals invest in teaching young children social-emotional skills, young children's success with managing their own emotions, interacting with peers, facing challenges, and overall functioning in Kindergarten improves. Another frequent product of this investment I have observed is reduced challenging behaviors in the classroom. Although social-emotional instruction is not the first developmental domain one considers for school readiness, it can be argued it is critical for success. The resources for instruction are available for early childhood professionals to implement at no cost.

Bibliography

Centers for Disease Control and Prevention. (2022). CDC's "Learn the Signs. Act Early.": Developmental milestone resources to improve early identification of children with developmental delays, disorders, and disabilities. https://www.cdc.gov/act-early/milestones/index.html.

Domitrovich, S.A., Cortes, R.C., Greenberg, M.T. (2007). Improving young children's social and emotional competence: a randomized trial of the preschool 'PATHS' curriculum. Journal of Primary Prevention, 28 (2), 67-91.

National Center for Pyramid Model Innovations (2025). www.challengingbehavior.org

PBS Learning Media (2025). Daniel Tiger: Life's Little Lessons. https://wv.pbslearningmedia.org/collection/daniel-tigers-neighborhood/t/lifes-little-lessons/

Raver, C. C., Garner, P. W., & Smith-Donald, R. (2007). The Roles of Emotion Regulation and Emotion Knowledge for Children's Academic Readiness: Are the Links Causal? In R. C. Pianta, M. J. Cox, & K. L. Snow (Eds.), School readiness and the transition to kindergarten in the era of accountability (pp. 121–147). Paul H. Brookes Publishing Co.

Sesame Workshop (2025). Social Emotional Skills. https://sesameworkshop.org/topics/social-emotional-skills/ .

Hemmeter, M.L., Ostrosky, M., & Fox, L. (Eds.) (2020). Unpacking the Pyramid Model: A Practical Guide for Preschool Teachers. Brookes Publishing.

Zinsser, K.M., Denham, S.A., Curby, T.W. (September 2018). Becoming a social and emotional teacher: the heart of good guidance. Young Children. National Association for the Education of Young Children. Washington, DC.

Stages of Infant Development and Feeding Skills *(healthy, full-term)*

Developmental milestones are used as markers to ensure that infants and toddlers are growing in a healthy direction. During early years, a child's relationship with food is crucial for his or her health and development. Learning the physical stages that relate to feeding is important to understanding this process.

BIRTH - 5 MONTHS

Reflexes:
- Suck/swallow
- Tongue thrust
- Rooting
- Gag

Requires head, neck and trunk support

Brings hands to mouth around 3 months.

Coordinates suck-swallow-breathe while feeding.

Moves tongue back and fourth to suck.

Hunger cues:
- Wakes and tosses
- Sucks on fist
- Fusses or cries

Satiety cues:
- Seals lips together
- Turns head away
- Decreases or stops sucking
- Falls asleep or spits nipple out

4 - 6 MONTHS

Gag and tongue thrust reflex starts to disappear.

Up and down munching movement.

Uses tongue to transfer food from front to back to swallow.

Recognizes spoon and opens mouth.

Draws in upper and lower lip as spoon is removed from mouth.

Good head control and can sit with support.

Introduction to pureed and strained foods without choking.

Hunger cues:
- Fusses or cries
- Smiles or coos during feeding
- Moves head toward spoon

Satiety cues:
- Turns head away
- Decreases or stops sucking
- Spits nipple out
- Distraction of surrounding

5 - 9 MONTHS

Begins control of food positioning in mouth.

May sit without support.

Follows food with eyes.

Begins introduction to solid foods (6 months).

Drinks small amounts from cup with help.

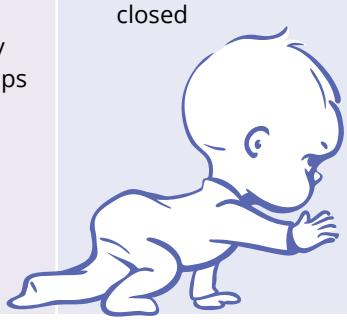
Begins to feed self.

Transfers food from one hand to another.

Tries to grasp foods such as crackers and teething biscuits.

Hunger cues:
- Reaches for spoon or food
- Points to food

Satiety cues:
- Eating slows down
- Pushes food away or clenches mouth closed



8 - 11 MONTHS

Moves food side to side in mouth.

Begins to use jaw and tongue to mash and chew food in rotating patterns.

Begins to curve lips around rim of cup.

Sits alone without support.

Begins to use fingers to pick up objects (pincer grasp.)

Can put food in mouth with hands and feed self finger foods.

Begins to eat ground or finely chopped food and small pieces of soft food.

Drinks from cup with less spilling.

Hunger cues:
- Reaches food
- Points to food
- Gets excited about food

Satiety cues:
- Eating slows down
- Pushes food away

10 - 12 MONTHS

Rotary chewing.

Feeds self easily with fingers.

Begins to feed self with spoon.

Dips food with spoon rather than scoop.

Begins to hold cup with two hands.

Drinks from straw.

Good hand-eye-mouth coordination.

Begins eating chopped food and smalls pieces of table food.

Bites through a variety of textured food.

Hunger cues:
- Uses words or sounds for specific foods.

Satiety cues:
- Shakes head and says, "no."

Within the first few days of life, an infant has to first learn the coordination of sucking, breathing and swallowing. Next there is learning tongue control and movement that will eventually lead to chewing. With the introduction of complementary foods at around six months, infants learn how to open their mouths in response to food, start learning how to bite soft foods, and how to hold and bring it to their mouths. Every movement from bringing food to mouth, opening mouth, biting, moving tongue to chew food and then swallowing are all learned skills.

Supporting Development with Family-Style Dining

Submitted by Shannon Valles, Early Childhood Specialist, Choices Child Care Resource and Referral

Family-style dining can be a divisive subject. Usually, there are two camps: those who strongly support it and those who just as strongly oppose it. Add in the COVID years, and obstacles appeared from every direction. There is one thing that is backed by research and undeniable….family-style dining supports the skill development of young children.

Motor Development

First, let's start with fine motor development. Around their first birthday, children become interested in holding the spoon you've been feeding them with (Petty, 2010). At about eighteen months of age, children are becoming better at feeding themselves finger foods and foods that can easily be scooped with their spoon (Petty, 2010). By three, their fine motor skills have improved enough to hold and use writing utensils. At four, they only need minor assistance with tasks like dressing and putting puzzles together (Petty, 2010).

Family-style dining provides young children with the opportunity to improve their fine motor skills. From setting the table, to scooping a serving of green beans, to wiping up spilled milk, children put fine motor skills to use throughout the entire meal.

Language Development

Next, let's consider language development. Between twelve and eighteen months of age, children have a lot more receptive language than expressive language, meaning they can understand more than they can say (Petty, 2010). After their second birthday, parents and caregivers are able to understand more of children's speech as they begin putting short sentences together (Petty, 2010). At three, children begin to ask questions, a lot of questions! And by four-years-old, children can understand 3-step directions and are able to share stories and events in proper sequence.

One of the primary characteristics of family-style dining is conversation. Just like when you sit down at the table with your own family, you talk about your day. This time of relaxed conversation provides caregivers with the opportunity to ask children questions (such as "What kind of fruit do you like?") and introduce new vocabulary ("This fruit is called a kiwi.") This give-and-take conversation pattern has significant benefits that go beyond just language. According to Harvard University's Center for the Developing Child, "serve and return interactions reinforce brain circuits that are at the core of our early emotional well-being and social skills" (Center on Developing Children, 2025).

Social-Emotional Development

Moving into the area of social-emotional development, we see skills that often need more support from adults than other areas. This is also the reason that those of us in the field of early childhood tend to focus our efforts here. As early as twelve months, children start to imitate others (Petty, 2010). Between 2 and 3 years of age, children begin showing their desire to be both helpful and autonomous (Petty, 2010). Often, this new path to independence can seem challenging to caregivers. Even though we can struggle with guidance during this time, rest assured that this is a normal part of development. The need for independence is in full swing by three, and they can share and take turns, but may need adult guidance (Petty, 2010). At four, children can follow rules, but they may sometimes need reminders, occasionally lots of them! They're also a bit better at waiting and turn-taking (Petty, 2010).

Family-style dining provides the perfect opportunity for children to practice social-emotional skills. Children pass serving bowls around the table, practicing both waiting and turn-taking. Interactions with both adults and their peers take place before, during, and after meals while children set the table, serve and converse, and finally clean up. If providers are working on introducing manners, passing and serving provides the chance to model "please" and "thank you" for children. Ultimately, family-style dining helps children improve self-help skills, which builds their self-esteem. As they realize "I can do it!", their overall confidence increases, which has lasting effects well into school years.

Cognitive Development

The last area of development we'll consider is cognitive. Between twelve- and eighteen-months, children can understand and follow simple commands as well as recognize colors (Petty, 2010). Around two years of age, they begin to sort and name basic colors (Petty, 2010). As they approach three, they are able to follow two-step directions, ask their own questions, and recall events (Petty, 2010). Once they've reached their third birthday, their attention span increases a bit more, and they notice patterns, numbers, and use positional words (Petty, 2010). Four-year-olds can reason and understand concepts like weight, size, and texture (Petty, 2010). They can also sort things by multiple attributes and count out loud (Petty, 2010).

As with other areas of development we've discussed, the cognitive skills young children are building can be reinforced through family-style dining. For example, setting the table requires the use of positional words and directions as caregivers instruct children to put the cup "next to" the plate or the napkin "under" the spoon. In addition, counting out the plates, cups, and utensils provides an opportunity to work on math skills. Once the meal and more conversation begin, providers can discuss things like the types of food on the plate, what it tastes like, and where it comes from. All of this provides the chance for young children to work on attention span and impulse control, which are skills everyone needs for success.

Implementation

Family-style dining is not a practice that should be started immediately. Just like any change for young children, it's best to introduce things slowly, one element at a time. Since caregivers are the ones who know their children best, they should evaluate the needs and skills of the children to determine where to begin. Starting with one item like a plate or cup, children can help providers set the table. Offering one food item like a vegetable, children can begin to serve themselves, then slowly over time, other items are added until there is a full family-style dining experience.

Providers often worry about things like food waste, contamination, or incorrect serving sizes, which are all valid concerns. First, we need to understand that family-style dining provides children with the opportunity to learn about these things. Feeling full as opposed to wanting seconds, portion sizes, and hygiene are very important parts of the process (Scheibe & Lee, 2016). Children won't know these concepts unless we talk about and teach them. For example, hand washing is a process that children must be taught through modeling, visuals, discussion, and supporting them as they go through the steps themselves. Just like handwashing, we must model, discuss, and practice family-style dining.

Regarding correct portions and waste, caregivers can use measuring cups as serving utensils to ensure children are getting the correct amount (Scheibe & Lee, 2016). In the beginning, adults will need to monitor children more closely as they serve themselves until they learn how the process works. Having a few extra servings is important in case there are children who want a second serving (Scheibe & Lee, 2016). We must also remember that we should never force a child to eat or even taste something they don't want to. We simply offer the item to the child (Scheibe & Lee, 2016). Of course, we encourage the child to try, but if they refuse, we move on, letting them know they can change their mind later.

That brings us to germs. Let's face it. Early childhood is a dirty job. We deal with a lot of bodily fluids! We have already addressed hand washing, but what about during the meal? Do children try to eat their friend's food? Occasionally. Do children sneeze all over the person across from them? Sometimes. Do children lick the serving spoon? You bet, until they learn expectations. It is our job to teach them those expectations. Until then, get a clean spoon. Clean up the child who was sneezed on and serve them another plate. Teach them how to ask for more and to respect their friend's plate. Will you have to do this over and over? Yes! Will it be messy in the beginning? Yes! Something I always tell child care providers who take the courses I offer is that they must get used to repeating themselves and cleaning up. Repetition is what makes the lesson stick and messes are part of the job description.

Additional Skill Support

There are many ways to help children improve the skills they need for family-style dining. Skill practice often occurs naturally both indoors and outdoors in the process of everyday free play. However, providers can facilitate more intentional activities through their lesson plans.

Here is a list of example activities and opportunities for skill practice. Though listed in a single category, some activities help support multiple areas of development. Please, remember that all activities for children should be developmentally appropriate and will depend on their current skill level and needs. We want to provide children with experiences that give them a bit of a challenge so there is growth. However, we should avoid toys, materials, and activities that frustrate children, or which are not age appropriate.

Motor	Language
- water/sand table with various containers - sorting using large tweezers - filling & dumping - Yoga - walking on a balance beam - tossing a ball into a basket	- conversation about dinner being "cooked" in dramatic play area - singing a good morning song - narrating thoughts & actions to an infant - describing the characteristics of objects - asking questions when reading a book
Social-Emotional	**Cognitive**
- an adult using "please" & "thank you" - encouraging a toddler to take first steps - helping children through social conflict - playing turn-taking games - having classroom jobs - reassuring/helping a child that spills water	- counting the number of items on a page - providing items with different textures for an infant to touch - asking a child what comes next in the routine - sorting items by color

If you would like ideas for activities, assistance with implementing family-style dining, or would just like to know more, there is support. The Resource & Referral agency in your region can offer training on a wide variety of topics, as well as targeted technical assistance. Support from a specialist can ensure providers implement an appropriate and successful family-style dining experience as we move West Virginia toward quality child care for all children and families.

Resources

Center on the Developing Child at Harvard University. (2025, March 13). Serve and return: Back-and-forth exchanges. https://developingchild.harvard.edu/key-concept/serve-and-return/ .

Petty, K. (2010). Developmental milestones of young children. Redleaf Press.

Scheibe, H. and Lee, S. (2016). Family Style Dining Guide: A Mealtime Approach for early Care and Education Programs. OCCRA. //efaidnbmnnnibpcajpcglclefindmkaj/https://cdn.occrra.org/documents/fsd.pdf.

Do you know a child who is not *moving *hearing *seeing * learning or *talking like others their age?

By **3** months,
Does your baby…
- grasp rattle or finger?
- hold up his/her head well?
- make cooing sounds?
- smile when talked to?

By **6** months,
Does your baby…
- play with own hands/feet?
- roll over?
- turn his/her head towards sound?
- holds head up/looks around without support?

By **9** months,
Does your baby…
- sit alone or with minimal support?
- pick up small objects with thumb and fingers?
- move toy from hand to hand?

By **12** months,
Does your baby…
- wave goodbye?
- play with toys in different ways?
- feed self with finger foods?
- begin to pull up and stand?
- begin to take steps?

By **18** months,
Does your baby…
- cling to caretaker in new situations?
- try to talk and repeat words?
- walk without support?

By **24** months,
Does your baby...
- point to body parts?
- walk, run, climb without help?
- get along with other children?
- use 2 or 3 word sentences?

If you are concerned about your child's development, get help early.

Every child deserves a great start.

WV Birth to Three supports families to help their children grow and learn.

To learn more about the WV Birth to Three services in your area, please call:

1-866-321-4728

Or visit www.wvdhhr.org/birth23

West Virginia Birth to Three Growing Together

WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health.

"Providing resources to parents throughout West Virginia"

Volume 22, Issue 1, Winter 2026

Developmental Milestones for Preschoolers

Submitted by Sommer Robinson, Early Childhood Specialist, Child Care Resource Center

Preschool is a period of remarkable growth—socially, emotionally, physically, and cognitively. Between ages 3 and 5, children rapidly develop skills that lay the foundation for later learning and independence. While every child progresses at their own pace, understanding typical milestones helps parents and educators support healthy development and recognize when additional guidance may be beneficial. Developmental milestones offer a helpful way to track and celebrate progress as children grow.

Here are some tips for parents to encourage healthy development:

- Read together daily and point out letters, words, signs, and encourage questions.
- Offer open ended play such as dolls, blocks, dress up/pretend play, etc. These foster social, emotional, language, and cognitive growth.
- Provide opportunities for physical activity by engaging in outside/playground time, running, climbing, riding tricycles, and ball play.
-Encourage their independence by allowing them to practice dressing themselves, using utensils and meal times, and helping with simple chores. This helps boost their confidence and self-help skills.

WV Parent Blocks Newsletter is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of West Virginia Department of Human Services/Bureau for Family Assistance/Division of Early Care and Education; West Virginia Department of Human Services/Bureau for Family Assistance/WV Head Start State Collaboration Office; West Virginia Department of Health/Bureau for Public Health/Office of Maternal, Child and Family Health/West Virginia Birth to Three; and West Virginia Department of Health/Bureau for Public Health/Office of Maternal, Child and Family Health/West Virginia Home Visitation Program and is supported and administered by River Valley Child Development Services.

Developmental Monitoring and Screening

All young children need both developmental monitoring and developmental screening. Together, these help ensure a child's development is on track and can help children and families get support for concerns. Both involve looking for developmental milestones, which are things that most children can do by a certain age.

	DEVELOPMENTAL MONITORING	DEVELOPMENTAL SCREENING
WHO	Everyone – families, other caregivers, and anyone working with young children	Healthcare and early childhood professionals trained in screening
WHAT	Look for developmental milestones	Look for developmental milestones
WHEN	Early childhood, especially from birth through 5 years	**Developmental screening** at least at 9, 18, and 30 months of age. **Autism screening** at least at 18 and 24 months of age. Additional screens can be done for concerns.
WHY	To help: • celebrate a child's development • talk about a child's progress with doctors, child care providers, teachers, and other professionals • learn what to expect next • identify any concerns early	To find out: • if a child needs more support; it is not always easy to know whether a child needs help with development • if further evaluation is recommended
HOW	With easy-to-use, free checklists – get yours at www.cdc.gov/Milestones	With a formal, validated developmental screening tool

CDC
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Download CDC's free *Milestone Tracker* app

Download on the App Store | GET IT ON Google Play

All young children need both developmental monitoring and developmental screening.

Parents and families, the best person to track your child's development is you!

Share your child's milestone checklist and any related information from your child's care provider, teacher, or other professional with the doctor at every well-child visit.

Use the checklist that works best for you:

- *CDC's Milestone Tracker* app, free from the App Store or Google Play
- CDC's digital online checklist
- paper checklist printed from www.cdc.gov/Milestones

What if a child is not reaching their milestones as expected, or families or providers have concerns?

Parents and families: Talk with your child's doctor about any concerns and ask about developmental screening.

Caregivers, child care providers, teachers, and other professionals: Encourage families to talk with their child's doctor about their child's development and ask about developmental screening.

For more information, go to www.cdc.gov/Concerned. Don't wait! Acting early can make a real difference.

Child development is a journey. Developmental monitoring and screening show you the way.

www.cdc.gov/ActEarly

1-800-CDC-INFO (1-800-232-4636)

Learn the Signs. Act Early.

CDC
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Download CDC's free *Milestone Tracker* app

Download on the App Store | GET IT ON Google Play

The Impact of Technology on Young Children

The West Virginia Infant/Toddler Mental Health Association www.nurturingwvbabies.org

In today's digital era, technology and screen media plays a big role in the lives of very young children, and will continue to do so for years to come. It is essential for families and caregivers to understand the potential challenges as well as the potential benefits of how screen time and digital play influences developmental milestones from birth to 3 years old. Balancing screen time with real-world interactions and physical play is key to fostering healthy growth and development.

POTENTIAL CHALLANGES:

- **Delayed language development:** Excessive passive screen time can reduce opportunities for real-world interactions essential for language learning.
- **Attention and sleep issues:** Overexposure to screens, especially before bedtime, may disrupt sleep patterns and impact attention spans.
- **Reduced physical activity:** Screen time may replace active play, potentially affecting motor skills and overall health.
- **Social skills:** Screen time decreases critical face-to-face and real world interactions with people essential for critical social and emotional learning and building healthy relationships.

POTENTIAL BENEFITS:

When used appropriately, digital play can:

- Support early literacy skills using interactive apps.
- Enhance creativity and problem-solving via age-appropriate educational games.
- Foster parent-child bonding when caregivers co-play and discuss content.
- Enhance and expand on early learning concepts practiced with other types of hands-on play materials and experiences.

RECOMMENDED GUIDELINES

From the American Academy of Pediatrics (AAP) and the World Health Organization (WHO)

Birth to 18 months

Recommendation: Avoid screen time except video chatting with family.
Instead: Prioritize face-to-face interaction and play.

18 to 24 months

Recommendation: If parents want to introduce screen time, high-quality content with caregiver co-viewing.
Instead: Use screen media to enhance learning, not replace real experience.

2 to 5 years

Recommendation: Limit screen use to 1 hour per day of high-quality programming with caregiver co-viewing.
Instead: Encourage active engagement and relate content to life through co-viewing.

PRACTICAL TIPS FOR HEALTHY DIGITAL USE

Co-Engage: Participate in your child's digital play to enhance learning and provide content.

Set Boundaries: Create tech-free zones and times for the family, especially during meals and before bedtime.

Prioritize Physical Play: Encourage outdoor activities and hands-on exploration daily.

Choose Quality Content: Select apps and programs designed for developmental appropriateness.

Model Behavior: Demonstrate balanced technology use yourself.

What is considered technology?

Lots of tools and media fall under "technology" for young children including televisions, tablets, smartphones, educational apps, as well as electronic toys that have sounds and lights.

Sources: American Academy of Pediatrics (2016). Media and Young Minds. Pediatrics, 138(5) and World Health Organization (2019). Guidelines on physical activity, sedentary behavior and sleep for children under 5 years of age.