



Essential

LIVING SKILLS

UNDERSTANDING YOUR CHILD'S DEVELOPMENT



K-STATE
Research and Extension

Acknowledgments

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AGES AND STAGES OF DEVELOPMENT

It is crucial that all adults, including parents, grandparents, aunts, uncles, and other caregivers understand that every child develops at his or her own pace. The ages and stages below indicate the average ages and typical skills during early childhood. As children develop, parents and others tend to focus on the expected language, social, mental, and physical milestones. Please bear in mind that the ages below are approximate, and that some children will have skills usually occurring in older children, and that some children will have skills usually occurring in younger children. If your child's development seems to be lagging behind in certain areas, share your concerns with your child's doctor, preschool or school director, or contact your local Department of Children and Families or Department of Health office to schedule developmental screenings.

AGE 2

At age 2, your child might have mastered these skills:

- **Language skills.** Speaks at least 50 words. Links two words together, such as "my cup" or "no juice." Speaks clearly enough for parents to understand about half of the words the child says.
- **Social skills.** Shows more independence. Becomes defiant. Mimics others (including animals, children, and adults). Gets excited when with other children, and engages with them.
- **Mental skills.** Plays simple make-believe games. Begins to sort objects by shape and color. Finds hidden objects.
- **Physical skills.** Stands on tiptoes. Begins to run. Kicks a ball. Jumps a short distance.



AGE 3

At age 3, your child might have mastered these skills:

- **Language skills.** Speaks 250 to 500 words or more. Speaks in three- and four-word sentences. Correctly uses pronouns (I, you, me, mine). States his or her first name. Speaks clearly enough for strangers to understand about 75 percent of the time.
- **Social skills.** Takes turns. Expresses affection openly. Easily separates from parents. Gets upset with major changes in routine.
- **Mental skills.** Turns book pages one at a time. Copies a circle. Does puzzles with three or four pieces.
- **Physical skills.** Walks up and down stairs, alternating feet. Climbs, runs, and pedals a tricycle.



Comments/Notes

AGE 4

At age 4, your child might have mastered these skills:

- **Language skills.** Answers simple questions. Uses sentences with four or more words.
- **Social skills.** Cooperates with other children. Talks about likes and dislikes. Becomes more creative with make-believe play.
- **Mental skills.** Prints some capital letters. Draws a person with two to four body parts. Understands the idea of counting. Starts to understand time.
- **Physical skills.** Hops or stands on one foot for two seconds. Catches a bounced ball most of the time. Uses scissors with supervision.



AGE 5

At age 5, your child might have mastered these skills:

- **Language skills.** Understands rhyming. Uses sentences that give many details. Uses the future tense. States his or her full name.
- **Social skills.** Wants to be like his or her friends. Can follow rules. Aware of gender. Likes to sing, act, and dance.
- **Mental skills.** Knows about common items, such as food and money. Counts 10 or more objects. Copies a triangle and other geometric patterns.
- **Physical skills.** Stands on one foot for at least 10 seconds. Hops, skips, swings, and does somersaults. Uses the toilet on his or her own.



Comments/Notes

For more information about developmental milestones, see the following publications, which are available through the K-State Research and Extension Bookstore — bookstore.ksre.ksu.edu
Developmental Milestones: The First Year, L834
Developmental Milestones: The Second Year, L835
Developmental Milestones: The Third Year, L836
Developmental Milestones: The Fourth Year, L837
Developmental Milestones: The Fifth Year, L838

PARENTING

There are multiple challenges to parenting, but there are also multiples of really great resources for parents. One that comes from a trusted source is the *Adventures in Parenting* publication from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). To the right is a link to this approach:

CRYING BABY: WHAT TO DO ABOUT IT?

Babies cry — this is what they do. Crying, especially in the late afternoon and early evening, generally increases during the first 6 to 8 weeks of a child's life. Up to 3 hours of crying a day in the first three months is considered normal, and while this might seem outrageous for an adult, for a child, crying is the most effective way of getting an adult to respond.



However, crying is also the initial reason for most physical abuse and deaths from physical abuse for infants and young children. All parents can understand and relate to feelings that a crying baby evokes. People are all hard wired to become very distressed at the sound a crying baby makes!

Parents, responding to an infant crying will not result in an infant being "spoiled" or over-coddled! Both infants and their parents have different ways of responding to each other, so we need to focus on making the right fit during the trying times when a baby is crying.

Here is what to do:

1. Remind yourself that you are your child's best chance to stop crying.
2. Monitor yourself during the crying to make sure you do not reach the end of your rope . . . it exists for everyone, and you just need to make sure you do not get to it.
3. Cover the basics through the age-old process of elimination: A crying baby might simply need to be fed, burped, or changed. He could be sleepy, or she might need

Comments/Notes

https://www.nichd.nih.gov/publications/pubs/adv_in_parenting/Documents/adventures_in_parenting_rev.pdf

¿Qué Significa ser Padres? is a Spanish-language version of the NICHD's *Adventures in Parenting* booklet. It offers parenting strategies based on scientific research that can be used for children of any age. The booklet gives practical suggestions for successful parenting that parents can adapt for their own lives and situations. It also includes real-life examples of how some parents have incorporated these strategies into their own day-to-day parenting activities. Here is the link:

https://www.nichd.nih.gov/publications/pubs/documents/que_significa_ser_padres_espanol.pdf

The resources above will assist you with overall parenting, and help you to help your child reach his or her maximum potential. However, there are some specific challenge areas all parents will face, and the information below should help you navigate these challenges.

a change in position or a session in a rocking chair. Or perhaps your crying baby needs a little more — or a little less — stimulation.

Wouldn't it be nice if this always worked? Yes, yes it would, but unfortunately, it does not always work out like this. So, what next?

When your baby seems otherwise fine, but the crying continues, do your best to stay calm. Getting tense or upset might only make the crying worse. Try to remember that crying doesn't hurt anyone, including the baby. While it might be making you near crazy in the moment, so long as you do not take it out on your child, it is not a safety issue.

Remember that you are the adult, and your child cannot help crying, so try these other approaches.

Tips and tricks to soothe a crying baby

- **Keep it quiet:** Hold your baby close to you, and quietly sing or talk to your baby. Repeat a calm word or phrase, such as, "You're OK."
- **Get moving:** Weather permitting, put your baby in the stroller and take a brisk walk. You might even buckle the baby into his or her car seat and take a short drive.
- **Think rationally:** Remind yourself that it's OK to be frustrated by your baby's crying, but getting angry isn't going to help.
- **Take a timeout:** If you're alone, put your baby in a safe place — such as the crib or bassinet. Let your baby cry while you take a few minutes to regroup in another room.
- **Be reasonable:** Remind yourself that you're not failing your baby if you can't stop a crying spell. Sometimes babies simply need to cry!
- **Use your social network:** Let your partner or another loved one take over for a while. Take advantage of baby-sitting offers from trusted friends or neighbors. Use the time to take a nap or simply relax. If you're worried about your ability to cope with a crying baby, contact a family member or friend, your health-care provider, a local crisis intervention service, or a mental health help line for support.



- **Play soothing music:** Playing soothing music can help a child, and an adult, relax. If you listened to a specific artist while you or your partner was pregnant, you can try to listen and sing along to that, provided it is something quiet or relaxing.
- **Breastfeeding babies:** If you're breastfeeding, let your baby suckle at your breast.
- **Bottle feeding:** If you're bottle feeding, give your baby a dummy bottle. Remember to sterilize dummies as you would bottles. To avoid tooth decay, don't dip them in anything sweet. Some babies use their thumbs instead.
- **Use a comfortable, soothing object:** Some older babies like to use a bit of cloth or a blanket as a comforter.
- **Stroking your baby:** Try stroking your baby's back firmly and rhythmically, holding them against you or lying face downwards on your lap.
- **Massage:** Undress your baby and massage her gently and firmly. Avoid using any oils or lotions until your baby is at least a month old. Talk soothingly as you do it and keep the room warm enough.
- **Bath:** Try a warm bath. This calms some babies instantly, but makes others cry even more. Knowing your baby and his or her temperament can help you avoid making the situation worse through trying a bath.



When your baby is crying uncontrollably, and you have exhausted the usual suspects, it can be some of the hardest time as a parent. Even the most calm individuals are designed to become agitated by the sound of a baby's cries, so do not blame yourself for becoming upset. It is frustrating! However, just keep calm and remember that if your child will not stop crying, it is neither a report on your parenting, nor any signal that your child does not like you.

If your child continues to cry uncontrollably for more than a few hours, consult with your pediatrician about what might be causing the issue. Amazingly, sometimes just taking a baby to the doctor suddenly relieves all symptoms! In all seriousness, a licensed medical professional could help you identify the source of the issue, and how to cope with it in a healthy manner.

CRYING AND ILLNESS

Although all babies cry sometimes, there are times when crying may be a sign of illness. Pay attention to sudden changes in the pattern or sound of your baby's crying.

If she seems to have other symptoms, such as a fever, she might have an illness. If this is the case, contact your primary care physician or pediatrician. Your baby may have something minor, such as a cold, or something treatable, such as reflux.

Seek medical attention as soon as you can if your baby:

- Has a weak, high-pitched, continuous cry;
- Seems floppy when you pick him or her up;
- Drinks less than a third of their usual amount of fluids;
- Urinates a significant amount less than usual;
- Vomits a green fluid;
- Has blood in his or her stool;
- Has a fever of 100.4 or above (if they're less than 3 months old) or 102.2 or above (if they're 3 to 6 months old);
- Has a high temperature, but his hands and feet feel cold;
- Has a bulging fontanelle (the soft spot on a baby's head);
- Has had a seizure;
- Turns blue, mottled, or very pale;
- Has a stiff neck;
- Has difficulty breathing, breathes fast or grunts while breathing, or seems to be working hard to breathe (for example, sucking in under the ribcage); or
- Has a spotty purple-red rash anywhere on the body (this could be a sign of meningitis).



Comments/Notes

(Adapted from <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/soothing-crying-baby.aspx> and <http://pediatrics.aappublications.org/content/127/3/580.full>)

Comments/Notes

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