Resource Material

EARLY CHILDHOOD CARE & EDUCATION

(CODE-842)

CLASS -XI

SESSION: 2019-20

UNIT 1

INTRODUCTION TO EARLY CHILDHOOD CARE AND EDUCATION

Chapter 1

Understanding the context of the child – gender, social class, caste, religion, family structure, location

Chapter 2

Relevance of ECCE – critical periods and factors affecting development

Chapter 3

Rights of children survival, development, protection and participation

The domains of young children's development revolve around language, physical, motor, emotional, psycho-social and cognitive/intellectual areas. Quality ECCE programs provide the best chance of overall development. Activities given at home, and in the immediate environment enables the children's sensory development which in turn organize the pathway for neurons in the brain during 0-6 years. Every growth has stages of development which is predictable. The stages reveal what develops during that stage, and the factors that affect or influence the development .The stages have characteristic features unique to that stage.

Growing Importance of ECE:

Families in India prioritize young children and inculcate basic values in them, through traditional child care practices -women. Changes in the family - social context -due to an increase in women's education, employment, urbanization and the nuclear family system. No one at home to look after the young children. Therefore there is a felt need to take care of the young children in the early childhood period. ECCE is now being universally recognized as a crucial input for the overall development of the child.

World Status on ECE:

- The World Education Forum at Dakar in 2000 reaffirmed the importance of ECCE in reaching basic educational goals. This was also endorsed by the UN Special Session on Children in 2002.The 1989 Convention on the Rights of the child, signed by 192 nations, focuses on guaranteeing the rights of young children to survive, develop and be protected. The 1990 World Declaration on Education for All states that learning begins at birth and encourages the development of ECCE.
- The most impressive advocacy and research to prove the long term benefits of ECCE was done by Nobel Laureate James Heckman, he highlighted in his report that "Governments should do more for children aged 0 to 5 years old, especially those from disadvantaged backgrounds, and not wait till they get to ECE Programs or primary school.
- Every dollar invested in high-quality early childhood programmes for disadvantaged children produces a 7 to 10 percent annual return on investment through increased productivity and lower social costs."
- He highlighted the following benefits of ECE: Reduced costs in remedial education, healthcare, and criminal justice participation down the line.

- Preschool helps develop the early building blocks of educational success – learning colours and numbers, understanding patterns, realizing that printed words hold meaning. It socializes children. Any language, hearing or developmental problems a child may have are picked up early.

Status of India in ECE:

- The National Early childhood care and education (ECCE) Policy reaffirms the Commitment of the Govt. of India to provide integrated services for holistic development of all children along the continuum, from the prenatal period to six years of age.
- The 11th five year plan has acknowledged the importance of Early Childhood Care Education as the stage that lays the foundation for lifelong development and the realization of a child's full potential. Early childhood care and education is necessary as readiness for formal education. Today there is universal demand for early childhood education in the whole world.
- National Policy in Education (NPE) 1986 has given a great deal of importance to ECCE. Emphasizing the holistic nature of early childhood programme, it has extended ECCE to include the component of 'Care' i.e. Early Childhood care and Education (ECCE).
- The main elements of care are health and nutrition. ECCE requires that young children to be provided care opportunities and experiences. In the public sector integrated Child Development Services (ICDS) is the world's largest programme imparting ECCE.
- Prior to the Universalization of ICDS and its subsequent expansion uncovered areas were attempted. The National Policy on Education emphasized the significance of making it play based, while cautioning against the dangers of reducing it to the teaching of 3 Rs.
- The holistic and integrated concept of ECE has now been further emphasized by terming ECCE universally as early childhood development programme.

Bibliography:

- - Background paper prepared for the Education for All Global Monitoring Report. (2007). Strong foundations: early childhood care and education. Select issues concerning ECCE India. National Institute of Public Cooperation and Child Development 2006.
- - Banerji, R. & Chavan, M. (January, 2001). Pre-school to Primary school: The Mumbai Experience.
- Spencer foundation. Pratham Mumbai Education Initiative, Mumbai: India.
- - Boocock, S.S. (1995). Early Childhood Programs in Other Nations: Goals and Outcomes. The Future of Children Long-Term Outcomes of Early Childhood Programs, 5(3): 94-114.
- - Brouwer, N. & Korthagen, F. (2005). Can teacher education make a difference? American Educational Journal, 42(1): 153-224.
- - Buchanan, A.M., Baldwin, S.C. & Rudisill, M.E. (November, 2002). Service Learning as Scholarship in Teacher Education, Educational Researcher, 31(8): 30-36.
- - Cartwright, C.A. (1977). A Pluralistic Foundation for Training Early Childhood Professional. Curriculum Inquiry, 7 (4): 1977, 305-329.
- - Cleveland, G.H. & Hyatt, D.E. (2002). Child care workersô wages: New evidence on returns to education, experience, job tenure and auspice. Journal of Population Economics, 15(3): 575-597. Retrieved June, 2009 (http://link.springer.de/link/service/journals/00148/papers/2015003/20150575.pdf).
- - Early Childhood Care and Education Experiences in India. Retrieved April, 2010 from http://www.aea-southasia. org/Uploads/ecce-experiences-in-india1.pdf.
- - Gopalan, K. (1998). The Cultural Dimension of Education: Indian Strategies to Achieve

Universalisation of Elementary Education. New Delhi: Indira Gandhi National Centre for the Arts.
- Integrated Childhood Development services (ICDS) scheme. Retrieved October, 2009 from(http://www.sccommissioners.org/pdfs/primers/icdsguidelines.pdf).
- - Jamaica Early Childhood Care and Education (ECCE) programmes, UNESCO International Bureau of Education (IBE) Geneva, (Switzerland), 2006.
- - Kaul, V; Ramachanran C. & Upadhyay, G.C. (1994). Impact of ECE on Retention in Primary Grades:
- A longitudinal researches. NCERT, New Delhi.
- - Krishnamurthy, K. (2004). ñEarly Childhood Education in the Young Child in Karnataka: A Status Report. Bangalore: Karnataka Forces Sutradhar.
- - Mincey, E.B. (1982). The preschool as an ecological approach to early childhood education. Early Childhood Development and Care, 9: 45-63.
- - National Curriculum Framework for Teacher Education. (2009). Draft for Discussion. Retrieved April, 2009 from http://www. ncte-india.org/
- - National Education Association: Great Public schools for every student. (2010). Early Childhood Education. Retrieved August 30, 2010, from http://www.nea.org/home/18163.htm.
- - NICHD Early Child Care Research Network. (2005). Early Child Care and Childrenôs Development in the Primary Grades: Follow-Up Results from the NICHD Researches of Early Child Care. American
- Educational Research Journal, (2005), 42(3): 537-570.- Ou, S. & Reynolds, A.J. (In press). Early childhood intervention and educational attainment: Age 22 findings from the Chicago Longitudinal Researches. Journal of Education for Students Placed at Risk.
- Retrieved September 14, 2010 from http://www.waisman.wisc.edu/cls/
- - Prochner, L. (2002). Preschool and Playway in India. Childhood, 9(4): 435-453.
- - Report on ECCE Teacher Education Curriculum and Framework and Syllabus Outline. (2005). National Council of Teacher Education, New Delhi: India.
- - Robbins, D. (2000). ñHow Teacher Education Mattersò Journal of Teacher Education, 51(3): 166-173.
- - Stevens, F.I. (1997). Preschool Education for Black South African Children: A Descriptive Researches of 32 Educare Centers, The Journal of Negro Education, 66(4): 396-408.
- - UNESCO. (2007) EFA Global Monitoring Report 2007: Strong Foundations, Early Childhood Care and Education (Paris: UNESCO Publishing).
- - Villegas-Reimers, E. (2003). Teacher Professional Development: an international review of the
- literature (Paris: UNESCO Publishing).
- - Villegas-Reimers, E. (1998). The preparation of teachers in Latin America: challenges and trends.
- Washington, DC: Latin America and the Caribbean Regional Office, The World Bank.
- - Working Group on Development of Children for the Eleventh Five Year Plan (2007-2012) ï A Report.
- Retrieved May 19, 2010 from http://wcd.nic.in/wgearlychild.pdf

Chapter 1

Understanding the context of the child – gender, caste, social class, caste, religion, family structure and location

1.1 Introduction - The first six years of life are critical years of human life since the rate of development in these years is most rapid. Global brain research also informs us about the significance of early years for brain development.

Early childhood care and education (ECCE) makes a positive contribution to children's long term development and learning by facilitating an enabling and stimulating environment in these foundation stages of lifelong learning.

Parents as care givers are critical in providing a stimulating learning environment to the child as in the first two and a half to three years the child may not be in a formal setting. Thus we acknowledge the significance of involvement of parents, family and community.

1.2 Context of the child (Growing up in India) – India has a tradition of valuing the early years of a child's life, and a rich heritage of cultural practices for stimulating development and inculcating *"sanskaras"* or basic values and social skills in children. In the past this was delivered primarily within joint families, through traditional child caring practices which were commonly shared and passed on from one generation to another. However there have been changes in the family as well as social context in the last few decades.

Families and communities represent vast geographic, social, cultural, linguistic and economic diversity within the country. Children also differ in their physical, emotional, social and cognitive capacities. Urban and rural communities offer different types of opportunities and face distinct challenges in providing good quality early care and learning experiences to children. Socio-economic status as well as social and cultural diversity characterize the nature of family life and the context of growing up in India.

Each child requires a safe and nurturing environment to develop optimally. Children with special needs and their families need assistance and information regarding prognosis and early intervention in order to support optimal development of children. Other families can also face stresses that can compromise their ability to support their children's early learning and need support services to assist families in their critical role as primary caregivers.

Discrimination and inequities based on gender, social identity, disability and other exclusionary factors is prevalent in the society that adds to the above problem. The issues need to be addressed proactively to ensure universal access to integrated services towards fulfillment of right to free, universal pre-primary education. Regardless of income, social status, geographical location and other potential barriers, all children deserve and have a right to inclusive and equitable opportunities to build on their unique strengths.

In recent times many children are receiving early education and care outside the home in child care centers, pre-school programs and other community based early learning settings. Whether children receive early education and care in the home or the community, it is important that their early learning experiences draw on the unique strength of their relationships with their families. The diversity in social contexts and family structures needs to be appropriately addressed in order to bring balanced parenting, including inputs from fathers, mothers and other caregivers in the family through enabling provisions in programmes.

Thus, Early Childhood Care and Education encompass the inseparable elements of care, health, nutrition, play and early learning within a protective and enabling environment. It is imperative to accord priority attention to ECCE and invest in it since it is the most cost effective way to break the intergenerational cycle of multiple disadvantages and remove inequity. Investing in ECCE will undoubtedly lead to long term social and economic benefits.

1.3 Status of Policy implementation in India

- Preparation of early childhood practitioners and professionals has also not been commensurate with burgeoning socio-economic and political complexities. While institutional training and preparation has evolved very slowly, demands for the care and education of young children have progressed far too rapidly, particularly with the disruption of the joint family system and with more and more women joining the work force.
- The Context of Early Childhood Care and Education in India With a population of over a billion people, India has more than 350 million children between 0 and 18 years of age. Of these, about 157.86 million are between 0 and 6 years of age (http://www.sccommissioners.org/pdfs/primers /icdsguidelines.pdf). This number is more than three times the population of United Kingdom and about two thirds the population of USA.
- Clearly, the responsibility of reaching out to this large number is monumental in terms of funds, planning, infrastructure, staffing and training, development of professionals, establishment of service centers, monitoring of quality, management of services, support organizations, research and continuing professional development. India has been implementing perhaps the world's largest ECCE programme known as the Integrated Child Development Services (ICDS) since 1975.
- Begun initially in 35 Blocks, it is now slated for universalization, according to a recent Supreme Court directive.
- This programme in accordance with the life cycle perspective caters to pregnant women, mothers and young children below 6 years through a basket of services including health and nutrition education, health services, supplementary food, and pre-school education.
- The programme is currently reaching out to about seventy two million children below six years of age and about fifteen million pregnant and lactating women through a national network of 1078973 operational anganwadi centers (AWCs)and mini AWCs located across the country (MWCD, 2010). The programme has also witnessed a fair share of controversies vis-à-vis its impact and outreach. Its preschool educationcomponent is considered to be the weakest link in terms of impact.
- Other than ICDS, which is in the public sector, a range of programmes have been initiated by NGOs in different parts of the country. These include either government supported or independently run Balwadi programmes or pre-schools attached to schools. While government run programmes (largely ICDS) tend to be minimalist in their approach, as these moves to scale with a single worker responsible for six services, NGOs too receive little financial, programmatic and professional support to build enduring institutions.

- In the absence of an active state, several private players have established nursery and preparatory schools where beliefs and practices are largely defined by unregulated market related priorities.
- The urban landscape in Indian cities and towns (now increasingly visible in rural areas as well), is thus filled with a huge number of unrecognized, unregulated and unsupported preschools, popularly referred to as 'preparatory and nursery schools'.
- In high and low income neighborhoods, many nursery schools also run day care centers or crèches to address the needs of a growing workforce of women outside the home environments. A sizeable number of primary and senior secondary schools also run nursery sections with minimal understanding of the needs of young children.
- These schools are often staffed with untrained or poorly trained teachers where curricular practices are usually not defined by developmental perspectives, and young children tend to be recipients of a push-down curricularapproach. In metropolitan cities, early stimulation centers for young parents, infants and toddlers are introducing new notions of early childhood care and education to the urban elite; there are indications of future trends where children as young as one and two years will be brought for institutional care and early learning.
- The wide range of organized and unorganized, unregulated provisions for ECCE are inevitably creating a demand for multi-skilled professionals who can work at multiple levels. Shifts in ECCE Practices and Expectations The field of ECCE in India is replete with slow moving policy and programmatic initiatives, certainly not in pace with the rapid increase in population of young children and emerging social, economic and cultural changes.
- Each significant change impacts the field in some way, leaving in its trail a new set of conflicts, constraints and issues to resolve. Shifts Because of Policy: The National Policy on Education in 1986 established for the first time the significance of ECCE as a first step in the education ladder and as a field that requires extensive coverage, increased funding and the development of a perspective that believes in the holistic development of young children.
- It clearly directed that learning should be joyful and "there shall be no formal teaching of the 3R's at this stage." Although progress since that year has been slow in terms of programmes and outreach, each subsequent Five Year Plan has articulated the need to prioritize education and development of children below 6 years of age.

Bibliography:

- (Doherty, 1997)
- (http://www.sccommissioners.org/pdfs/primers /icdsguidelines.pdf).
- (MWCD, 2010)

Chapter 2
Relevance of ECCE – Critical periods and factors affecting development

2.1 Rationale for ECCE – Critical periods of development

2.2 Significance of ECCE

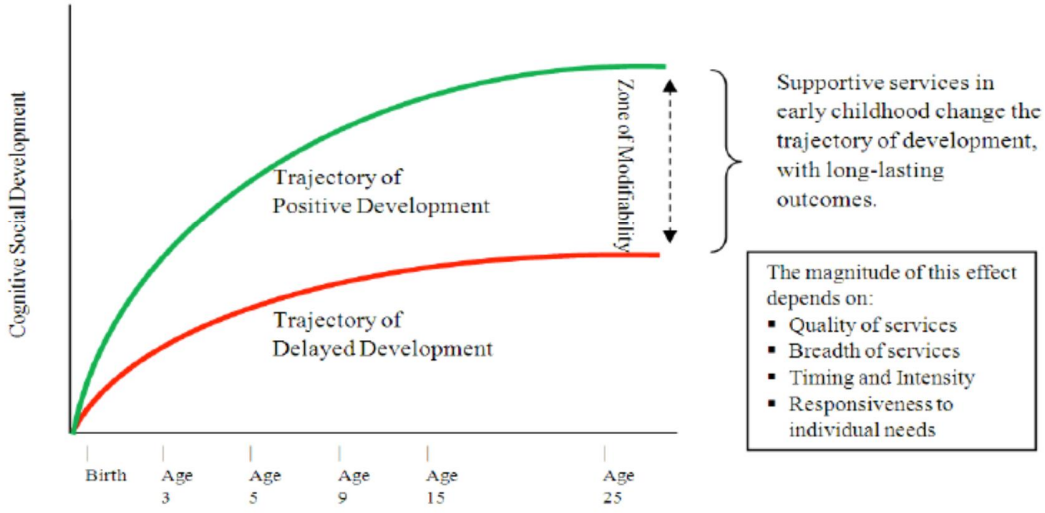
2.2 Development Involves changes

2.3 Factors affecting Development

2.1 Rationale for ECCE – Critical Periods

New brain research has clearly established that the human brain grows at a rapid pace after birth and reaches 85 per cent of its adult weight by the time the child is 2 years old; it then continues on an incline till around six years of life, beyond which it tends to plateau. Within this span of six years several 'critical periods' have been identified for development of some important cognitive, linguistic and social competencies, which if subjected to psycho-social deprivation, can adversely impact on development of children's full potential. (Doherty, 1997). Research based insight thus confirms the significance of the first six years of life. Research also establishes that development of brain is not only influenced by health, nutrition and quality of care but also the quality of psycho-social environment that the child is exposed to in early years. Logically, insights from research in ECCE and Neuroscience have major implications for how we organize care, stimulation and education of young children at home and in institutions. 250 Empirical evidence is also available from around the world of the significant impact, both immediate and long term, of participation in ECCE on the life trajectory of young children (Figure 1)

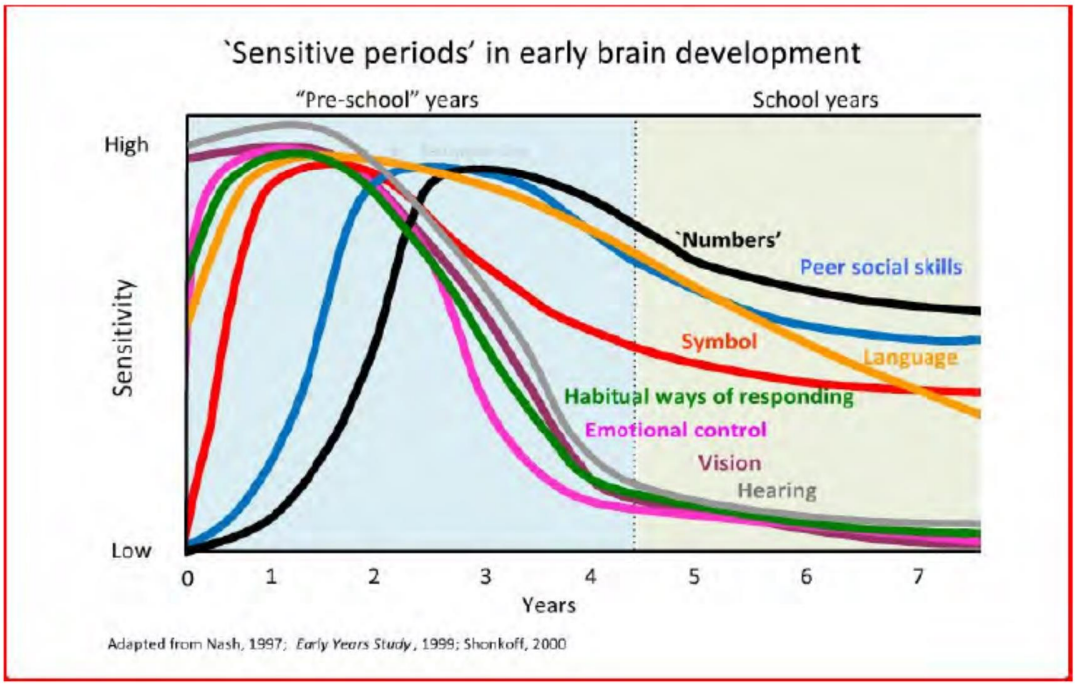
Figure 1: Trajectory of Development



Source: *No Wolves along the Way*: towards a national ECD model in Kyrgystan, Hugh Mclean and Rahat Orozova, UNICEF 2009

Scientific also indicates that within the span of early childhood years, there are certain sensitive periods or critical periods for development of some cognitive, linguistic, social and psychomotor competencies (Figure 2). These have significant implications for planning of a framework for children's learning and development.

Figure 2: Sensitive periods for Early Development



Source: Adapted from Nash, Early Years Study, 1999, Shankoff 2000.

A good learning programme at the early childhood stage helps to ensure appropriate opportunities for holistic learning and development particularly in these critical periods. Early intervention is of particular significance for children with developmental delays, infants with disabilities and children growing up in impoverished environments; by counteracting biological and environmental disadvantages, since plasticity in the brain allows circuits in the brain to organize and reorganize, in response to early stimulation.

2.2 Significance of ECE:

- Learning begins at birth.
- ECCE: A right in itself. Access to preschool education is a right for children and development of the nation, because children are the nation's future.
- Smooth transition to primary school.
- Manipulation of objects.
- Emotional support.
- Support to parents
- Developmental perspectives. Children's motor, physical, social, cognitive and emotional functioning differs from that of older children and adults. It, therefore, needs a special environment

- Brain development.
- Lasting imprints. The care and nurture given to the children in the early years have a vital and lasting impact on their growth to adulthood and it influences the development of their ability to adjust and capacity to regulate their emotions.
- Foundation for personality development.
- Early education: It is difficult to learn in the first grade without early preparation. Readiness activities like drawing, clay modeling, cutting, pasting, learning rhymes, listing stories and outdoor activities enable children to read, write and do arithmetic in an admirable way, in later years.
- Group activity- Apart from all the above mentioned reasons, children love to play with other children.
- In a preschool a child gets the opportunity of playing with other children, and thus learns to share, wait for his/her turn, co-operate with others and acquire other social skills
- Behavioral disorders: Due to the occurrence of stressful experiences, children often develop behavioral disorders. These may be in the form of aggressive behaviour, regression, shyness, anxiety or hyper activity.
- When parents and teachers try to understand the child's problems and show a reassuring attitude to help the child overcome anxiety and fear, the child is able to get over the behavioral disorders

Development in Early Years

Motor Development:

- In the area of motor development, children master the skills of walking, running and balancing, etc., by the age of three.
- And by the age of four, five and six, they are genuinely accomplished to face increased physical challenges, eye-hand co-ordination, fine-muscular co-ordination and large muscular co-ordination are at an accelerated speed.

Emotional Development:

- Preschool age is the crucial stage of emotional development too. A child learns to control and express his/ her emotions in an acceptable manner.

Social Development:

- On the social development front, the child starts enjoying the company of other children by the age of three and in the process he/ she learns to adapt to the environment in which he/ she has to live and function.

- Knowledge, attitude and proper social conduct imbibed by children at this age tend to alter their outlook and behaviour in future and prepare the child to become a worthy and useful citizen of the country.

Intellectual Development:

- Intellectual development of an individual through various phases of life shows that about 50 percent of the abilities and aptitudes are attained by the age of four.
- The following 30 percent are acquired between five and eight years and remaining 20 percent between the age of eight and seventeen years.

2.3 Development Involves Changes

Development follows growth. Growth signifies quantitative changes and development signifies qualitative changes. Development generally is forward rather than backward. Development occurs due to opportunities or experiences one receives in the environment Development occurs in an orderly fashion. The goal of development is the achievement of genetic potential. The individual should be skillfully used growth which has taken place which is possible only if enough opportunities are available.

i) **Early Development is More Critical than later development**

Development that takes place due to environmental interaction or opportunities provided, forms the base for future growth and development. These early foundations are greatly influenced by learning and experiences. Since early experiences play a dominant role in development, children can be directed into channels that will lead to good adjustment. Early foundations quickly form into habitual patterns that has a lifelong influence on children. Patterns of attitudes and behaviour formed early persist and are resistible to change. Eagerness to learn help children adjust to changes made early than later.

ii) **Development is the product of maturation and Learning**

Maturation is the unfolding of characteristics potentially present in the individual due to heredity endowment .For these potentials to be developed well training is essential. However, if potentials are not inherited no amount of training can develop the individual in any area. Maturation sets the limits to learning. Training helps an individual develop his or her potential to the fullest.

iii) **The development pattern is predictable**

Development takes place in a sequence. Genetic studies have revealed that pattern of development is predictable in specific areas. The importance of being able to predict the pattern is it helps to plan future stages of development at least in some areas. The pattern of development can be delayed or accelerated by environmental conditions.

iv) **Individual Differences in Development**

Though the pattern of development is similar to all children, all children follow the pattern in their own pace or rate. The cause of differences is that no two individuals have identical environment. The individual differences are caused by internal and external conditions .This knowledge helps us to accept differences in children though they may belong to the same age group. It helps to set a wider range of expectations and give room to individual differences in classroom learning.

v) **Periods in the development pattern**

Though development is continuous, there is evidence that at different ages certain traits stand out. This marks the major developmental periods; the prenatal, birth, infancy, babyhood etc. Within these periods there are peaks, signifying acceleration of growth, plateau, and lean periods behaviour that are normal during certain periods and behaviour that arc carried over to other periods called problem behaviour.

vi) **Social expectations for every development pattern**

As every cultural group has it's own methods of child rearing, it has its own developmental time table. It is formed on the heredity patterns and social norms set by the group. There are developmental tasks set for each period. This forms the guideline for setting social and psychological environment to enhance growth. Environmental opportunities, intelligence and physical makeup of the individual would determine the time and level of mastery of the tasks.

2.4 Factors Affecting Development

There are several factors which directly or indirectly influence the growth and development of an organism. These are as follows:

- Heredity
- Environment
- Sex
- Nutrition
- Races
- Exercise
- Learning
- Reinforcement

Heredity:

• Heredity is a biological process through which the transmission of physical and social characteristics takes place from parents to off-springs. It greatly influences the different aspects of growth and development i.e. height, weight and structure of the body, colour of hair and eye, intelligence, aptitudes and instincts.

• However environment equally influences the above aspects in many cases. Biologically speaking heredity is the sum total of traits potentially present in the fertilized ovum (Combination of sperm cell & egg cell), by which off-springs are resemblance to their parents and fore parents.

Environment:

• Environment plays an important role in human life. Psychologically a person's environment consists of the sum total of the stimulations (physical & Psychological) which he receives from his conception. There are different types of environment such as physical, environment, social environment & psychological environment.

• Physical environment consists of all outer physical surroundings both in-animate and animate which have to be manipulated in order to provide food, clothing and shelter. Geographical conditions i.e. weather and climates are physical environment, which has considerable impact on individual child.

• The society-individuals and institutions, social laws, customs by which human behavior is regulated, constitute a social environment.

• Psychological environment is rooted in individual's reaction with an object. One's love, affection and fellow feeling attitude will strengthen human bond with one another. • So Growth and Development are regulated by the environment of an individual where he lives.

Sex :

• Sex acts as an important factor of growth and development. There is difference in growth and development of boys and girls. The boys are in general taller than the girls but Girls show rapid physical growth in adolescence and excel boys. In general, the body constitution and structural growth of girls are different from boys.

Nutrition :

• Growth and Development of the child mainly depend on his food habits & nutrition. The malnutrition has adverse effect on the structural and functional development of the child.

Races :

• The racial factor has a great influence on height, weight, colour, features and body constitution.

Exercise :

• This does not mean the physical exercise as a discipline. The functional activities of the child come in the fold of exercise of the body. We do not mean any law of growth through use or atrophy (The reverse of growth) through disuse.

• The growth of muscles from the normal functioning of the child is a matter of common knowledge. It is a fact that repeated play and rest build the strength of the muscle. The increase in muscular strength is mainly due to better circulation and oxygen supply. The brain muscles develop by its own activity-play and other activities provide for these growth and development of various muscles. Deliberately the child does not play or engages himself in various other functions with the knowledge that they will help him in growing. This style of functioning of the child is but natural.

Learning

• Learning is the most important and fundamental topic in the whole science of psychology. Development consists of maturation and learning. Without any learning the human organism is a structure of various limbs, all other internal organs with muscles and bones. However, the term maturation is considered the development of psychology and not human body.

• Learning includes much more than school learning. Learning goes to help the human child in his physical, mental, emotional, intellectual, social and attitudinal developments. All knowledge and skill, all habits, good and bad, all acquaintances with people and things, all attitudes built up in your dealing with people and things have been learned.

Reinforcement:

Reinforcement is a factor in learning. Exercise or activity is necessary for learning. It may be a motor activity, as in playing on a musical instrument. Alternatively, it may be a sensory activity as in listening to a piece of music. Whatsoever, there must be activity in some from or other. "We learn by doing". It is an old psychological proverb. Now it is that out activity should be repeated until we get the desired results so the proverb should be, "We learn by doing getting results."

Bibliography:

- (Doherty, 1997)
- (http://www.sccommissioners.org/pdfs/primers /icdsguidelines.pdf).
- (MWCD, 2010)
- National Early Childhood Care and Education (ECCE) Curriculum Framework, pages 4-8, by Ministry of Women and Child Development.

CHAPTER 3

The Rights of a Child: Survival, Development, Protection And Participation

3.1 Why is a rights based approach and not need based approach important for early childhood care and development?

Many rights have evolved on the basis of needs, but a rights-based approach adds moral and legal obligations in addition to responsibility. A rights-based approach urges and empowers the holders of these rights to demand them, which means that the holders of the rights are not viewed as an object of charity as may be the case in the needs based approach.

3.2 What is the UN Convention on the Rights of the Child?

The United Nations Convention on the Rights of the Child (UNCRC), which was adopted by the United Nations General Assembly on 20 November 1989 and which entered into force on 2 September 1990, represented the culmination of over 60 years of advocacy to obtain international recognition for the rights of children. It is the most significant of all international laws for children. On December 11, 1992, India ratified the UNCRC promising to ensure the rights of survival, protection, development and participation for all its children in the country. This, together with our Indian Constitution and Laws, determine what rights all children must have. Human rights belong to all people, regardless of their age, including children. However, because of their special status - whereby children need extra protection and guidance from adults - children also have some special rights of their own. These are called children's rights and they are laid out in the UN Convention on the Rights of the Child (CRC).

Significant features of the UN Convention on the Rights of the Child (CRC)

1. Applies equally to both girls and boys up to the age of 18, even if they are married or already have children of their own.
2. The convention is guided by the principles of 'Best Interest of the Child' and 'Non-discrimination' and 'Respect for views of the child.'
3. It emphasizes the importance of the family and the need to create an environment that is conducive to the healthy growth and development of children.
4. It obligates the state to respect and ensure that children get a fair and equitable deal in society.

It draws attention to four sets of civil, political, social, economic and cultural rights:

A. Survival
B. Protection
C. Development
D. Participation

A. The Right to Survival includes

- Right to life.
- The highest attainable standard of health.
- Nutrition.
- Adequate standard of living.
- A name and a nationality.

B. Right to Development includes

- Right to education.
- Support for early childhood care and development.
- Social security.
- Right to leisure, recreation and cultural activities.

C. Right to Protection includes freedom from all forms of

- Exploitation.
- Abuse.
- Inhuman or degrading treatment.
- Neglect.
- Special protection in special circumstances such as situations of emergency and armed conflicts, in case of disability etc.

D. Right to Participation includes

- Respect for the views of the child.
- Freedom of expression.
- Access to appropriate information.
- Freedom of thought, conscience and religion.

Rights in the area of early childhood development

Human rights principles apply to all areas of early childhood development. With regard to children and their rights, these principles are reinforced by the four general principles of the Convention: non-discrimination, in

the best interest of the child, the right to life, the right to survival and development and participation (respect for the views of the child). Discrimination can occur between families, as when only some members of the community have access to services, as well as within the family structure. Families may give preference on the basis of gender, birth order, disability and sometimes even on physical attractiveness. For the child to develop, all rights must be met.

3.3 Survival:

The Committee on the Rights of the Child recognizes that a majority of mortality, morbidity, and disabilities among children could be prevented. Appropriate measures should be taken:

(a) to diminish infant and child mortality;

(b) to ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) to combat disease and malnutrition, including within the framework of primary health care, through inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution;

(d) to ensure appropriate pre-natal and post-natal health for mothers;

(e) to ensure that all segments of society, in particular parents and children, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

(f) to develop preventive health care, guidance for parents and family planning education and services.

The important health needs during birth to 8 years can be considered as follows:

New-born: Maternal nutrition and adequate antenatal care. Safe delivery, immediate care of the neonate and subsequent management during the first 1-3 months.

Infancy and pre-school period: Feeding and nutrition (supplements of iron, vitamins), immunization, proper management of common infections (diarrhea, respiratory, skin, eye, ear, parasitic), and attention to development.

Importance of the family environment: Child's survival and growth, as well as intellectual, social and emotional development, depend on the care and nurturing the child receives within the family or community. When children are brought up in a loving and supportive family environment, they are likely to manifest high levels of self-confidence and self-esteem, curiosity and the desire to learn. Support to families are important components of any state's actions aimed at helping the family to prepare the child for lifelong learning.

A growing number of children are deprived of a family environment. They may be orphaned by the HIV/aids pandemic, separated from their families in an armed conflict, abandoned or rejected by their parents, or separated from their parents in their own best interests. Children deprived of a family environment are 'entitled to special protection and assistance provided by the State' (article 20 of the Convention).
The physical, sexual and psychological abuse of young children is a phenomenon that crosses all borders and occurs in the richest and poorest communities. It has a dramatic impact on the life and development of the child, and many societies demonstrate high rates of child deaths due to maltreatment. One of the first steps to protecting children from violence is recognizing those at risk. Risk factors in families include poverty and socio-economic stress, often compounded by drug and alcohol abuse. Those most likely to come into contact with young children, including medical staff and health workers, must be sensitive to the symptoms of violence.

Birth registration: Birth registration is, a fundamental right under article 7 of the Convention on the Rights of the Child, it is crucial for the recognition of every child as a legal subject and a rights bearer. When children are unregistered, their enjoyment of a range of other rights, including education and health care, participation and protection, is jeopardized.

Early learning: Article 29 of the Convention on the Rights of the Child establishes the child's right to education. However, learning and education do not begin with primary school. They begin with responsive and stimulating adult-infant interaction. Research shows that children profit from organized early learning experiences, particularly the poorest children. Caregivers of all kinds should be fully aware of children's needs during early childhood and know how to fulfil these needs.

Play and recreational activities: Play is one of the main ways in which young children learn and develop cognitive and motor skills. It also provides children with opportunities to form social relationships and learn how to interact with and treat others. The more a family is able to provide play materials and safe play spaces for a young child, the greater are the opportunities for learning. Families also need to support play between adults and the child. They should encourage games, dancing and singing both in the home and among children at a community level. Funding for public play spaces, such as playgrounds, can facilitate play in communities, especially in those where safe play spaces are scarce. Although the Committee well recognizes this domain of children's lives, we sometimes are afraid that we do not put enough emphasis on this side of children's well-being and development when we are in dialogue with the states parties. Survival, health, education are in the focus; issues like children's play, their cultural activities and the social world of childhood often are just cursorily mentioned.

3.4 Child Protection:

Early childhood care and education rights and all the underlying protections and entitlements needed for the first five years of life begin with the assurance of three simple essentials: the right to be born, the right to survive birth and the right to stay alive through infancy and to the fifth birthday. For half of India's children, this assurance is at grave risk simply because they are girls, and daughters are not wanted. The first early childhood right for them is to live, and both negative social attitudes and new technologies are conspiring to deny them this right. The rate of decline in sex ratio has sharpened since 1981. Sex determination technologies were introduced in India in the 1970s, with amniocentesis (meant to detect congenital defects and abnormalities), and was soon being marketed as a way to detect unwanted daughters in the womb. The unborn girl child is most at risk in northern states of India, with both feticide and infanticide in use to get rid of her. The rearing of a daughter is seen as an unnecessary expenditure, and the illegal, but persisting dowry system sends parents into debt. The fallout of the growing female/male imbalance in the youngest age group is not just on the child, but on India's demographic viability. As the treasured boy children grow up, who can they marry? One negative spin-off is the trafficking of girls and young women from other parts of the country; assessments indicate they are treated more as sex objects than as wives or companions. Rampant in northern and north-western India, sex selective abortion has also crossed into peninsular India. Girl children who escape feticide, infanticide, or neonatal denial are still in the 0-6 high-risk frame for early disposal. She is less fed, less encouraged to explore the world, more likely to be handed jobs to do, given less health care and medical attention, socialized not to ask. Domestic sexual abuse is a hidden reality; available data indicate that it does not spare the very young in the household, and the offenders are most often brothers, uncles, cousins, fathers, stepfathers, even grandfathers. Child marriage of girls and boys below 6 persists. In many cases, the girl child-bride is married to a much older boy or man. The state has amended its Constitution to legally recognize the right to education as a fundamental right. But it leaves the below-6 age group out, confining its new guarantee of free and compulsory schooling to the 6-14 group. Girls are targeted beneficiaries of current education policy, but lack of early supports as a right deprives them of state help to get a good start.

The harmful effects of institutionalization on young children's development are well researched and documented, however this research has not resulted in effective policies to ensure the development of young children by giving them the chance to grow up in a family setting. A large percentage of children are receiving out-of-home care because of a lack of adequate services and help for disadvantaged families. National adoption is also another option for children without parental contact or any hope of return home. International adoption should be seen as a last resort when all other options have been fully explored and where all stages of the process are transparent and demonstrably free from corruption.

When a mother is imprisoned, her baby and young children may go into prison with her or be separated from her. Neither of these situations is satisfactory. Prisons are not a safe place for pregnant women, babies and young children and it is not advisable to separate babies and young children from their mother. In many countries, it is common for babies and young children to go into prison with their mother. In the context of the rights of the child and early childhood development, this raises many issues about the facilities available to ensure the children's mental, emotional and physical development. However, there are also the issues of the children's access to play, to education, to social interaction with other children and to an environment beyond the prison. Furthermore, the mental, emotional and physical state of the mother also impacts on the children, as does the prenatal care and circumstances during childbirth in relation to pregnant women prisoners.

Babies' and young children's lives are scarred by corporal punishment and other inhuman or degrading treatment or punishment by parents and other carers in almost every country in the world. Available research suggests that babies and young children are the targets of the most corporal punishment – hitting, shaking, beating – both light and severe. The vast majority of physical maltreatment of children is delivered in a punitive context: it is corporal or physical punishment. Corporal punishment kills thousands of children every year and seriously injures very many more. The Committee on the Rights of the Child has stated that the Convention on the Rights of the Child requires prohibition of all corporal punishment, linked to awareness-raising of children's right to protection and public education to promote positive, non-violent forms of discipline.

Discrimination against people living with HIV/aids hits children in schools, in medical facilities, in orphanages, in their neighbourhoods and in their own homes. Doctors, both government and private, have refused to treat and sometimes even touch HIV-positive children. Discrimination, combined with corruption and a failing public health system, leaves many children living with HIV/aids without even the rudiments of health care. Girls are also more likely to be pulled out of school to care for a sick family member or to take over domestic work.

3.5 Child Participation:

The Convention on the Rights of the Child principally enshrines children's participation in all matters affecting children. Therefore, States parties must take all appropriate measures to ensure that the concept of the child as rights-holders is anchored in the child's daily life from the earliest stage: at home (and including, when applicable, the extended family); in school; in day-care facilities and in his or her community. States parties should take all appropriate measures to promote the active involvement of parents (and extended families), schools and communities at large in the promotion and creation of opportunities for

young children to actively and progressively exercise their rights in the everyday activities. In this regard, special attention must be given to the freedom of expression, thought, conscience and religion and the right to privacy of the youngest children, according to their evolving capacity. Pre-school organizations and staff working with young children need to develop more sensitivity and orientation to child rights or a clear perspective on participation. It is necessary to make pre-school administrators and teachers listen and consider the views of children in an atmosphere of trust and respect. The concept of 'child participation' has to be included in the curriculum of teachers training.

3.6 Four arguments for supporting Early Childhood Development:

There are a number of compelling arguments for concentrating on the youngest members of our society. The **scientific argument** is based on developmental research that has shown that the early years are extraordinarily important in relation to a child's development intellectually, emotionally, socially, physically and morally. We know that, particularly during the early years, both physical and environmental factors play a significant role in child development

• Before the age of 1 year, brain development is quicker and more encompassing than heretofore thought. Cell formation is essentially complete prior to birth, but brain maturation continues

• The brain is extraordinarily susceptible to environmental influences. Brain development is seriously compromised by inadequate nutrition prior to birth and during the first years of life. Consequences can include learning disabilities and mental illness.

• Early environments influence brain development. Infants raised in stimulating environments have better brain function at age 12 than those raised in less stimulating environments.

• Early stress adversely affects brain function, learning and memory. Young children who experience extreme stress [are], later in life, at greater risk of behavioural, emotional and cognitive problems.

The **rights-based** argument for attention to the early years is [grounded] squarely on the Convention on the Rights of the Child. Articles 2 (non-discrimination), 3 (the best interests of the child), 6 (inherent right to life, survival and development) and 12 (participation of the child) set out basic principles, while other articles are concerned with health, family, education and respect for the child in her or his own culture and environment.

The **economic argument** is as compelling as the scientific and rights-based arguments. The most valuable economic asset of any country is its population, known in economic terms as 'human capital'. Human capital is best developed by providing every child with the opportunity to reach her or his full potential. In early childhood this means focusing on health, learning and behavioural development. Underdeveloped language acquisition, social skills, lack of the ability to think critically and the capacity to learn, all of which develop during the early years, along with physical disabilities, learning impairments, poor preparedness for school and gender disadvantages keep prosperity and development from occurring.

The **human developmen**t argument is a compelling arguments for devoting resources to early childhood. Attention to young children and their families contributes to the overall quality of human experience. This leads to an overall enhancement in the quality of any individual society.

https://www.unicef.org/earlychildhood/files/Guide_to_GC7.pdf (retrieved on 23th June 2019)

UNIT 2

FOUNDATIONS OF CHILD DEVELOPMENT

Chapter 1

Needs of the child

Chapter 2

Sensory, physical

And motor development milestones

Chapter 3

Cognitive development

Chapter 4

Language development

Chapter 5

Socio-emotional development

Every growth has stages of development which is predictable. The stages reveal what develops during that stage, and the factors that affect or influence the development .The stages have characteristic features unique to that stage.

Major Developmental Periods:

• **Prenatal Period – (Conception to Birth).**

The heredity endowment which serves as the foundation for later development, is s during this period. Favourable or unfavourable womb conditions probably affect the individual. Proportionally greater development takes place during prenatal period than at any other time .A small cell grows a million times to form an individual weighing seven pounds! From a round cell growth of different body parts, both internal & external develop during this period. • Prenatal period is hazardous, both physically & psychologically, wherein the hazards can have a marked effect on the pattern of later development, or may even end development

• **Infancy – (Birth to 10 – 15 days) – Neonate – Greek word – "neos" – new, & Latin Verb nascor – "to be born".**

Infancy is the time of radical adjustment. At birth the individual learns to adjust to the external environment. The individual learns to adjust to the temperature, breathe, suck & swallow which are imperfectly developed during birth due to which the infant gets less nourishment and loses weight. Infancy is a plateau in development - The rapid growth that took place during prenatal suddenly comes to a stop at birth. There is a halt in growth & development as radical adjustment is being made to the postnatal environment. Once adjusted the infant begins growing. Infancy is a preview of later development- We can get a reasonable idea of how the individual will develop from the way he/she makes his adjustments during infancy.

• **Babyhood – (2 weeks to 2 years)**

Babyhood is the true foundation age - During this time many attitudes and behavioral patterns are formed. This is the time for setting the pattern for personal and social adjustments. The foundations laid cannot be changed. Undesirable behaviour forming now can be changed before it becomes a pattern. Babyhood is an age of rapid growth and change and a period of rapid change in appearance and in capacities. The body grows in height and weight enabling the child to be more mobile. This mobility enables the child to explore the environment making way for intellectual development.Babyhood is an age of decreasing dependency due to rapid development of body control. This helps children do many things themselves. They are able to communicate their needs decreasing their dependency. Babyhood is also an age of increased individuality; independence allows the child to do things that are to his/her interests & abilities resulting in individuality. Babyhood is the beginning of socialization. The child develops the desire to be a part of a group which can be seen now mainly due the child's physical independence. This is displayed by protests at being left alone, & developing attachment to one's mother.

• **Childhood – (2 years to adolescence)**

• **(i) Early Childhood – (2 – 6 years)**

Most parents regard this period as problem age as children show increased independence in action and thinking. They are developing distinctive personalities and demand independence, which they are incapable of handling. Children step into playgroups or preschool during this period and that will help them develop skills that would be needed to cope with the expectations of formal schooling. During this period, children learn to interact with other children and learn social skills that are required for group interactions at later stages. The socialization mainly occurs through playing. It is during early childhood, that children are experiencing the Exploratory age (The development of intelligence of children enables them to explore their environment and the need to know what surrounds them, how it works, how it feels etc) and the questioning age (As language development takes places rapidly due to increased understanding . During initial stage children question a lot. Helping them in their exploration & interaction with the environment goes a long way.)

• **(ii) Late Childhood – (6 – 13 years (girls) / 14 years(boys))**

This stage is known as the latency period. The child's enters the first grade in school at the beginning of this period. This is a major change in the child's life and this period is responsible for the shifts in the child's attitude, behavior and values.

• **Puberty – (11 – 16 years) (Puberty – Girls (11 – 15 years) / Boys (12 – 16 years)**

Puberty is when a child's body begins to develop and change as they become an adult. Puberty can be a difficult time for children as they are coping with changes in their body. Due to the vast amount of changes, children may also experience mood swings, low self-esteem and depression.

Chapter 1

Needs of the child

Identifying the areas that need to be stressed

What is growth and development? Factors affecting development

There are qualitative and quantitative changes that take place throughout life. The quantitative changes such as physical gain in weight, height and physiological changes are termed as growth. The term development refers to changes in function. Such changes are non organic and are usually qualitative in nature.

Development is rarely a result of a single cause. A convenient way of thinking about the determinants of development is to divide them into two groups: biological or genetic factors and environmental or contextual factors.

The environments or ñcontextsòof life play a large role in the development of human beings, especially during the early years. The immediate environment such as family and community and the culture of a society are significant contexts. The culture translates itself into traditional or contemporary practices that operate within the interactions that take place in a family. It is therefore important to understand the underlying issues that visibly or invisibly direct action in society. We have been through the results of the ethnographic study taken up in the process of evaluating the media campaign for promoting good ECD practices and have identified issues that need to be stressed.

Specific Needs of Young Children

- **Nurturance, Nutrition, Care, Stimulation.**

Child growth is an indicator of past and present conditions including food intake, health status and activity levels, and a predictor of future impairments in health and performance that may result from poor nutrition, lack of emotional care and appropriate stimulation in childhood.

Where quality is concerned it is important to tailor different kinds of childcare services based on childrenôs individual differences, cultures and family situations.

Nutrition, health and safety are highly interrelated. For example, long time inadequate nutrition affects health status and inadequate nutrition for a short period of time can affect a childôs alertness and thus safety. A comprehensive approach to nutrition, health and safety services in early childhood programs requires the provision of services to children, a healthy and safe environment, and education to children, staff, and parents.

- **Reinforcing good traditional practices**

Nurturance- Socio-emotional Care

Food, health and care are all necessary, but none is sufficient alone. All three elements must be satisfactory. Emotional adjustment is important for a childôs capacity to learn and develop, as well as for holistic development. Various factors influence the socio-emotional development of the child.

Care refers to the behaviours and practices of caregivers that provide fool, health care, stimulation and emotional support necessary for childrenôs healthy growth and development. These practices translate food and health care resources into good nutrition, responsive psychosocial care, and adequate health for a child.

Quality of care includes responsiveness to childôs cues such as gestures, signals and verbalizations. Usually a positive emotional relationship between caregiver and child will be reflected in warm and responsive care giving practices. However, a weak and lethargic child will have a difficult time eliciting the caregiverôs affection. Malnutrition is known to lead to lower energy, apathy, delays in expressive language and motor development, all of which can reduce the childôs ability to solicit care.

Children belonging to families below the poverty line live in poor neighbourhoods, and hence, by definition, the children born in them are ôat riskô on several variables of quality of life. Research on poverty affected familiesô shows that it negatively affects the quality of food intake of children. This impact is mediated by the behaviour of parents who control the childôs intake of food. The relationship of poverty with the home environment is somewhat indirect and not linear. Maternal poverty is associated with stress, poor nutrition and poor child health and maternal behaviour is critical in determining several child outcomes.

Temperament of the child

Quality of care includes responsiveness to childôs cues such as gestures, signals and verbalizations. Usually a positive emotional relationship between caregiver and child will be reflected in warm and responsive caregiving practices. However, a weak and lethargic child will have a difficult time eliciting the caregiverôs affection. Children vary from one another in their temperaments other the way that they are biologically predisposed to view the world. Some children are eager and bold, and others are shy and timid. All children can grow well, but it is important for caregivers to be aware of these differences. But childrenôs

temperaments also change when they are malnourished or frequently ill. They become irritable, listless and timid.

Social and emotional development depends on the quality of attachment between the caregiver and child. Attachment refers to the unique and enduring bond between the primary caregiver and child, they are special to each other for the rest of their lives. For the mother, attachment develops at the latest, very soon after birth, in the first day or so, as she breastfeeds and cares for the child. Beginning breastfeeding right after birth is important for attachment as well. Their infant gradually becomes attached during the first year of life. Not only the mother, but also all caregivers who spend time with an infant can develop mutual attachment. A child with secure sense of attachment will be happier and a better and more confident learner. Although the motherôs sensitivity may be an important factor in the development of attachment, the infant also plays an active role in developing the relationship since the motherôs response is also guided and influenced by the temperament of the baby. Attachment is a crucial factor in many aspects of the infantôs development and it has critical implications for later development.

Various studies indicate typical behaviours in case of securely and insecurely attached children. Insecurely attached infants for example are more concerned about ensuring the presence and proximity of their mother. Therefore do not get the opportunity to explore the environment freely or to establish and maintain close relationships with others.

Even when poverty causes food insecurity and limited health care, caregivers can make use of existing resources to promote survival, growth and development. When there are few supports for good childcare, health care is limited and sanitation is poor, nurturing care is the critical factor that can make a difference between good outcomes and poor ones. The programme should go beyond good physical care to include good social, emotional and cognitive care as well, in terms of providing appropriate stimulation.

Stimulation

Numerous studies over the past decades have amassed impressive evidence to suggest that very young children have an enormous capacity for learning and that improving the quality of the environment can significantly enhance this process. The human brain grows very rapidly in the first few months and years of life. The very speed at which growth occurs make the early years critical. According to Tanner (1978) by 2 years of age a childôs brain is 55 percent of the brainôs adult weight. By 5 years of age it is 90 percent. Bloomôs (1964) data had suggested that about 17% of growth in educational achievement takes place between the ages of 4-6 years.

Preschool intervention has been widely hailed as an effective technique for preventing academic and intellectual deficits agreed to be common among disadvantaged children. Reiterating the importance of preschool years

Gesell (1925) had stated that the childôs mind, character, spirit will never advance there will never be an equal chance to lay the foundations of mental health. Ausubel (1964) had examined the ñcritical periodò hypothesis in relation to learning and concluded that the result of missing early learning is to build up a cumulative deficitôwhich limits later learning. He further stated that from this deficit arises the possibility of irreversibility of early deprivation. The Research and policy Committee for Economic Development in the United States (1971) had made public the following position.

ñPreschooling is desirable for all children, but it is a necessity for the disadvantaged. Without it, there is little possibility of achieving equality in educationé . Only a massive effort to establish both public and private preschool educational programmes will provide the preparation in motivation, intellectual capacities, and physical skills essential to success in achieving total basic literacyò(pp 35-37).

- **Physical Care**

Young children need the opportunity to develop fundamental motor skills. They need a variety of experiences to give them both a broad range of physical skills and a disposition to continue to participate in physical activities.

There can be long-term negative effects for children who fail to develop basic motor skills. These children will not be able to join in group games or participate in sport during their school years and in adulthood. The positive development of motor skills has other benefits besides participation in games and sports. Engaging in motor skill fulfils young children needs and desires for movement, and exercise builds muscles, strengthens the heart and enhances aerobic capacity.

- **Cognitive and language stimulation**

Young children do not have clear speech. They begin with babbling and cooing initially. I express their needs. One may feel how unsure about the childôs ability to be affected talking to her. Seemingly the child does not respond to what inputs you give in terms language and activity. However, children are constantly learning through the interaction with the environment.

It is important to recognize that children differ in their ability to acquire language and that this variation cannot be readily explained by differences in environmental input alone. For children who are slow in developing language skills, opportunities to talk and be talked will are important. The focus has to be on listening to the child, and helping him verbalize.

Research evidence shows that failure to provide early stimulation can lead not just to developmental stand still but to actual regression. At the same time, one should be aware that over-stimulation could cause infants to become confused, irritated, or withdrawn.

Deprivation and its Consequences

Families may be incapable of taking care of some developmental needs of children due to several causes including poverty, maternal employment, and lack of time/awareness to cater to the day to day nurturing/caring needs. They may also be unable to provide the stimulating experiences required for realization of the full potential of the child.

Children from a home background that is economically and socially at the lowest level of society lack a family orientation towards formal learning. In sociological terminology they are referred to as being disadvantaged. The interplay of conditions such as unfavorable human environment, overcrowding and poor economic status in slums where largely disadvantaged families reside, produces undesirable social conditions for learning. Literacy levels amongst parents are low and parental indifferences towards education also aggravates the situation.

Most of the slum dwellers are faced with employment problems. Often they are casual workers like masons, barbers, autoworkers, rickshaw pullers, vegetable vendors. The nature of their work being impermanent and migratory, incomes are unstable and children may have to drop out of school to support family incomes or relieve the parent from household chores and the burden of younger children. With this as the backdrop during development a large number of children under 6 years are deprived of the minimum requisites for normal development such as care, nutrition and health.

Chapter 2
Sensory, physical and motor development milestones

Motor development refers to the development of a child's bones, muscles and ability to move around and manipulate his or her environment.
Motor development can be divided into two sections:

2.1 Sensory development

• Gross motor development : Gross motor development involves the development of the large muscles in the child's body. These muscles allow us to sit, stand, walk and run, among other activities.
• Fine motor development : Fine motor development involves the small muscles of the body, especially in the hand.

2.2 Principles of motor development

Motor development also involves how well children's muscles work. This is referred to as muscle tone. Children need a balanced muscle tone in order to develop their muscles and use them with ease when standing, sitting, rolling, walking, running, swimming and all other postures and actions

2.3 Fine motor development

2.1 Sensory Development (Will need to add)

2.4 Gross motor development

2.2 Principles of motor development
• Upholo - Candal : Development starts from top to bottom. Children learn to control their head first, then they will gain control over their legs and feet.
• Proximo distal : Development occurs from the inner body to the outer body. This means that children usually develop or gain control over their arms before they develop or gain.

• Mass to specific activities:
a. Random movements to Refined movements
b. Palmar scoop to pimer grasp •

Development is continuous
Development is cumulative.
Development is orderly.
Development is complex.
Development is unified / integrated.
There are individual differences in the rate of another development

Common motor skills in childhood:

Motor skills are fine co ordinations in which the smaller muscles play a major role. A skill can be described in such words as automatic, rapid, accurate & smooth. It is wrong however to think of a skill as same single, perfect action. Any skilled performance, even writing the letter 'a' is a service of hundreds of nerve-muscles co ordinations. A skilled is a very complex process involving differentiation of cries & conditional correction of errors.

Common skills are learnt generally by

(a) Trial-Error,

(b) Imitation,

(c) (c) Training.

Factors influencing motor development:

• Body build & intelligence.

• The move active the fetus, the more rapid is motor development in early postnatal life unless unfavourable environment condition interfere

• Favourable Prenatal conditions esp. maternal nutrition encourage more rapid postnatal motor development than unfavourable prenatal conditions.

• A difficult birth, esp. when there is temporary brain damage delays motor development.

• Good health & nutrition during early post-natal life speed up motor development unless there are environmental obstacles.

• Children with high I.Qs show more rapid motor development than children with normal or below normal IQs

. • Stimulation encouragement & opportunities to move all parts of the body speed up motor development.

• Over protectiveness skills, developmentally ready motor abilities.

• Firstborn tend to be ahead of later born in motor development. Because of parental encouragement & stimulation.

• Pre-maturity usually delays motor development. As the level of development at birth is below that of fullterm infants.

• Physical defects, such as blindness, delay in motor development

• Sex, rival & socio economic differences in motor development, are due to move to differences in motivation & in child-training methods than to hereditary differences.

Adults role in promoting motor development:

• Parents / teachers etc. should realize the importance of "Readiness".

• Parents / teachers should provide opportunities to learn.

• Parents / teachers should provide opportunities for practice.

• Children should have good models, as children learn by imitation.

• Adults should provide guidance - help to correct errors.
• Give motivation.
• Parents/teachers should provide opportunities as each motor skills has be learnt individually. • Parents/teachers should understand that skills should be learned one at a time
. • Parents/teachers should not have unrealistic expectations about skills - (children also sometimes have expectations from themselves!).

Physical growth stages

- **Physical growth in babyhood (0-2 years):** This is a period of rapid physical growth. You may have to vary the size of the clothes almost every month up to the age of two years.
  Changes in size/weight: At birth, the infant is 19 to 20 inches in height, but by the end of two years, he is 32-34 inches. A year after the birth, the weight of the child increases by three times. At birth the child may weigh about 2.5-3.5 Kgs.
  Body proportions: Different parts of the body take proportionate size. At birth, the head is very heavy but around the age of two, there is proper increase in length of arms etc. Legs grow longer, straighter and chubbier during the first two years of life. During the first year of life, the fingers and toes lengthen and fill out so that they lose their original infant like appearance. The palms of the hands broaden and the feet get bigger both in length and in width.
  Function of organs: Almost all organs of the body start functioning during this period. Start walking: The child starts walking during this period first with support and then without support.
  Difference in the body: There is no difference in the body of a male and a female child during this period except the anatomical one.
  Bones: The bones in the child's body are initially soft, but with age, the bones start hardening. The process of bone hardening is called bone ossification. There are 2 significant facts that should be remembered about the bones of babies:
  1.Broken bones mend rapidly.
  2. Soft bones easily misshapen

- **Physical development in early childhood (2-6 years)**
  Height and weight: On an average, the height rises by three inches per annum. At the age of five, the height of the child is 42 inches. In the matter of height, heredity plays its role. The weight of the child is now around fifty pounds; i.e. 20 kilograms
  Bodily proportion: There is a rapid change in bodily proportion. Arms and legs lengthen; the babyish look is fast disappearing. Due to the decrease in the body fat

as the child grows older, it may be apparent that the child is not gaining weight. However in reality it is not so in view of the fact that the offset of weight is due to an increase in weight. At this time the legs grow faster than the rest of the body. By the age of 5, they are 44% of the body length. With lengthening of legs, the head growth slows down. The arms and legs lengthen; there is a flattening of the abdomen, a broader and flatter chest and broader shoulder. Thus the child obtains a leaner and harder appearance.

Teeth: The number of teeth in a man is 32. By the age of 5 years, a child has a full set of 20 teeth.

Muscle movement and development: The child is now able to move his hands and legs capably. The muscles become larger, stronger and heavier, as a result, the children look thinner as early childhood progresses, even though they weigh more. Up to 5 years of age, the muscles grow in proportion to the increase in body weight. Then from 5 to 6 years, comes a rapid spurt in muscles growth at which time the child's weight gain is approximately 75% muscle weight. After this, muscle growth slows down to be followed by a marked spurt at puberty. As the muscles become stronger, the child has a strong drive for muscular activity. He is overactive and restless.

Adult's Role Relative to a Child's Physical Development: At first glance, your child's physical development may seem as though it is given. After all, your child is growing like a weed and learning to walk, run and jump without much assistance from you. Adults actually play an integral part in the development of their child's physical health and abilities. Your little one depends on you to set limits and promote behaviors that encourage a healthy lifestyle, provide him with adequate nutrition and protect him from injuries that could prevent him from enjoying a healthy childhood.

Physical Play is recommended for children especially in the early years. Children rely on adults to encourage and provide opportunities for physical play that promote gross motor development and a healthy lifestyle. When child is a toddler or preschooler, this can be as simple as turning on the music and dancing around the living room. As child grows, involve the child in any sports

Safety: Part of the adult's role in promoting physical development is making sure that it can happen in safe and developmentally appropriate ways. Make sure that he knows how to use playground, sports equipment correctly, and understands which equipment is not yet developmentally appropriate for him and supervise his play whenever possible.

Physical development is defined as the rapid growth of different parts of the body and their capacity to function. Children develop physically and psychologically. Physical development determines the children's behaviour directly as well as indirectly.

Directly: Physical development determines what children can do for competing with their peers in games and sports. If not, they will not be part of the peer group.

Indirectly: Physical development influence attitude towards self and the other . For example; overweight children are not able to keep pace with their peers. This leads to feelings of inadequacy. These negative feelings play havoc in the development of personality.

Factors affecting physical development:

• Racial background:

Family influences are both hereditary and environmental. Several racial differences that lead to a difference in physical development.

• Family influence/ genetic factors:

These factors make some children 'fatter' or taller than others. Environment determine whether hereditary potentials will influence the child's development.

- Immunisation: • Children who are immunised against diseases during early growth are less susceptible to falling ill, and thus their physical development is not hampered.
- Sex: • Boys tend to be taller and heavier than girls except between the ages of 12 to 15 years. Differences in weight after sexual maturity are due to the heavier bones and muscles of the boys.
- Prenatal influences: • Unfavourable prenatal conditions due to malnutrition, stress or excessive smoking of the mother, tend to stunt growth in the postnatal years.

2.3 Fine motor development

Fine motor skills are the collective skills and activities that involve using the hands and fingers. That is, fine motor skills are those skills that require the small muscles of the hand to work together to perform precise and refined movements. When most people think of their child's growth & development they can remember the ages at which their child first rolled, crawled, or walked. How many can recall the age at which they picked up small items between their thumb & index finger, or transferred objects from one hand to another? Fine motor skills are the manner in which we use our fingers, hands, & arms. They include reaching, grasping, manipulating objects & using different tools like crayons & scissors. But because tasks such as printing, coloring & cutting are not emphasized until a child is of

preschool age, fine motor skill development is frequently overlooked when the child is an infant or toddler.

0 to 4 Months: Between 0 & 4 months, babies will move their arms & hands together to bat at objects or visual stimuli. The control and use of their right and left arms will be the same. Child will also develop the ability to move their eyes & head in a coordinated manner from side to side. This skill is required for babies to further develop their fine motor abilities. For example, a baby of this age may turn head from left to right in response to the sound of Mother's voice. **Between 2-3 months**, the child will begin to reach for objects and hold them in the middle of his/her body. Its grasp is reflexive at this age, so it will not be able to purposefully release objects it is holding. 4 to 12 Months: During this period, babies will gain more control over their arms & progress from reaching with both hands to reaching with one hand. Voluntary movement emerges & babies will become capable of grasping & holding objects.

Around 4 months they will only be able to squeeze objects & hold them in a closed fist.

By about 6 months babies will begin to pick up small items like raisins and by 12 months they will pinch & hold small objects between their thumb & index finger as adults do. In addition, children will transfer objects from one hand to the other and be able to release objects from their grasp voluntarily. Babies visual skills continue developing during this stage. Initially they will learn to coordinate their head & eyes to move up & down together. Soon afterwards they will watch their reach and eventually be able find an object visually, and then 2 purposefully reach for it.

During play at 12 months children will make marks with crayons & markers, stack rings & blocks, turn pages & roll a ball.

1-2 Years: Child's sitting balance & trunk control will improve to the point that they no longer need to use their arms for support. They will be able to sit unsupported while using their hands for play. At this age, hand & arm use is characterized by the whole arm moving together & both arms being used equally. However, as the child approaches 2 years of age, the emergence of a hand preference may be demonstrated by one hand initiating activity more often than the other. Their hand preference is beginning to emerge at this age but not yet established. As a result, the child will frequently alternate hands for leading activities. Hand use will also change dramatically. The child will begin to move fingers independently of other fingers. This may be evident in the ability to poke bubbles or point at objects. When coloring with crayons, your child will use whole arm movements to color & will hold the crayon in a closed fist with their thumb pointing up.

Usually by 2 years of age child's coloring should progress from circular scribble to either horizontal or vertical scribble

2 to 3 Years: During this stage of development, child's balance & trunk stability should allow them to maintain their posture when they reach away from their body or shift their weight

to one side. During hand use, less shoulder movement will be observed and more movement will occur at the elbow. Hand dominance will continue to emerge but not yet be established. During activities such as opening a jar, one hand will clearly be leading the activity (the hand turning the lid) & the other hand will be assisting (the hand holding the jar). The child will also continue to alternate lead & assist roles between right & left hands. When drawing, children will hold the crayon or pencil with their fingers pointing towards the paper. Such as grasp is called a pronated pencil grasp. They will become capable of drawing horizontal & vertical lines, & eventually circles after watching someone else draw them first. The ability to draw a shape after watching someone else draw it first is called imitation. As children approaches 3 years of age, they should be able to draw horizontal & vertical lines & eventually circles after being shown a picture of the form. This is called copying. Children will always be able to imitate a shape or form before being able to copy it. How about scissors? At 2 years, children will use both hands to open & close scissors. By 3 years they should be able to snip paper with the scissors in one hand & eventually cut a piece of paper into 2 pieces. Cutting along lines would not be expected at this age.

3 to 4 Years: The child will have a strong preference for a lead/dominant hand, but switching continues. When drawing, the lead hand will be holding the crayon while the assist hand is stabilizing the paper. Child will progress from being able to copy lines & circles to imitating crosses (+) & tracing over triangles & diamonds. The child will attempt to color within the lines but with limited success. By 4 years of age, the child should be holding the crayon with three fingers. The crayon will be pinched between their thumb & index finger & resting on their middle finger. This is called a tripod pencil grasp & is the manner in which most adults hold a pen or pencil. It is also called a mature or efficient pencil grasp. During cutting, child should be able to move the scissors in a forward direction & cut along a straight line. When cutting simple curves like an S shaped line, the assist hand should begin to turn the paper to assist with cutting around a curve.

4 to 5 Years: During this stage hand use is characterized by refined wrist & finger movement & decreased elbow & shoulder movement. During drawing, a combination of finger & wrist movement should be observed. Hand dominance is typically established between 4 & 6 years, so a hand preference should be apparent & consistent. As a result, the skill of the dominant hand should begin to exceed the skill of the non-dominant hand. During coloring, the child will become capable of staying within the lines as well as copying crosses, diagonal lines & squares using a tripod pencil grasp. When cutting, the child will make smaller more precise cuts & be able to cut out a square. The scissors should be positioned perpendicular to the floor, pointing away from the child's body, and the scissors are held in a thumbs-up position. 5 to 6 Years: Both hands should work together. The roles of the right & left hands should be easily identified as dominant & non-dominant, or lead & assist. During pencil use, a tripod grasp should be established and the child should be able to copy crosses, triangles

& diamonds. Small precise finger movement should be observed during coloring. When using scissors, the child should be able to hold them in a mature fashion.

When Do Fine Motor Skills Develop?

Fine motor skills typically develop in a reasonably consistent and predictable pattern in the early years of childhood (from birth through to mid primary school). The process begins in infancy when a 2 to 3 months baby first bats at a toy, then progresses to grasping, releasing, and transferring objects between their hands. They then progress to using fingers to manipulate and explore things, stack blocks, self-feed, and dress, and as 4 time goes by, during the early childhood years, use 'school tools' such as scissors, markers, crayons, pencils, and glue. By the time a child enters Grade 1, there are a number of fine motor skills that they generally demonstrate in a spontaneous and well-integrated manner. Depending on the child's previous experience and exposure to different activities, the quality of these skills varies. However, with age, ongoing experience, and practice, the rate and quality of each child's fine motor skills continues to develop throughout childhood. However, none of these fine motor skills can develop smoothly without the concurrent development of gross motor (large muscle) skills. In fact, typically, development proceeds in a cephalo–caudal (head to toe) and proximal–distal (moving from the body parts closest to the trunk to those furthest away) pattern. That is why it is important to include things like 'tummy time' for infants, to encourage development of their trunk, shoulder, and hip musculature. In simple terms, this means that development of stable shoulders and upper arms provides a solid base for the development of skills such as self-feeding and using scissors and writing tools. Likewise, without welldeveloped hip and trunk musculature, sitting upright in a chair becomes quite challenging. Early developmental skills and milestones work together to provide a solid foundation for the more integrated motor skills required in upper grades. These higher level skills include being able to write fluently and focus on writing content (such as conveying information, thoughts, and ideas) rather than on the mechanics of writing, which involves pencil grasp, letter formation, spacing, and sizing. shows the Progression of Typical Fine Motor Development. Activities with Fine Motor Manipulative Material Pre-kindergarteners benefit from experiences that support the development of fine motor skills in the hands and fingers. Children should have strength and dexterity in their hands and fingers before being asked to manipulate a pencil on paper. Working on dexterity and strength first can eliminate the development of an inappropriate pencil grasp, which is becoming more commonplace as young children are engaged in writing experiences before their hands are ready. The following activities involve the use of manipulative material which will support young children's fine motor development, and will help to build the strength and dexterity necessary to hold a pencil appropriately.

Activities to develop fine motor skills

1. Rolling play dough into tiny balls (peas) using only the finger tips.
2. Using pegs or toothpicks to make designs in play dough.
3. Cutting play dough with a plastic knife or with a pizza wheel by holding the implement in a diagonal volar grasp.
4. Tearing newspaper into strips and then crumpling them into balls. Use to stuff scarecrow or other art creation. Scrunching up 1 sheet of newspaper in one hand. This is a super strength builder.
5. Using a plant sprayer to spray plants, (indoors, outdoors) to spray snow (mix food coloring with water so that the snow can be painted), or melt "monsters". (Draw monster pictures with markers and the colors will run when sprayed.)
6. Picking up objects using large tweezers such as those found in the "Bedbugs" game. This can be adapted by picking up Cheerios, small cubes, small marshmallows, pennies, etc., in counting games.
7. Shaking dice by cupping the hands together, forming an empty air space between the palms.
8. Using small-sized screwdrivers like those found in an erector set.
9. Lacing and sewing activities such as stringing beads, Cheerios, macaroni, etc.
10. Using eye droppers to "pick up" colored water for color mixing or to make artistic designs on paper.
11. Rolling small balls out of tissue paper, and then gluing the balls onto construction paper to form pictures or designs.
12. Turning over cards, coins, checkers, or buttons, without bringing them to the edge of the table.
13. Making pictures using stickers or self-sticking paper reinforcements.
14. Playing games with the "puppet fingers" -the thumb, index, and middle fingers. At circle time have each child's puppet fingers tell about what happened over the weekend, or use them in songs and finger plays.
15. Scissor Activities- When scissors are held correctly, and when they fit a child's hand well, cutting activities will exercise the very same muscles which are needed to manipulate a pencil in a mature tripod grasp. The correct scissor position is with the thumb and middle finger in the handles of the scissors, the index finger on the outside of the handle to stabilize, with fingers four and five curled into the palm. Cutting junk mail, particularly the kind of paper used in magazine subscription cards. Making fringe on the edge of a piece of construction paper. Cutting play dough with scissors. Cutting straws or shredded paper.

What Fine Motor Skills Should Children Be Developing To Get Ready For Formal Schooling? In the preschool years, the foundational skills developed in infancy and toddlerhood is being built upon as a child readies to use school tools. Although many kindergarten, preschool, and early primary school–aged children are fascinated with scissors, crayons, markers, and such, writing and cutting should not be the main focus of fine motor work for 3- to 4-year-olds. It is often more beneficial to use this time of readiness to create a foundation for future school tool use. In fact, at this age some children may be extremely reluctant to even pick up a pencil. For these children, it is far better to encourage them to participate in related activities that support the development of the hand and finger muscles needed to correctly hold and use pencils and scissors rather than force them to do writing activities before they are ready. Such activities might include:

• picking up objects using oversized tongs and tweezers
• activating and playing with wind-up toys
• spinning small hand-held tops
• popping bubble plastic with thumb and index finger
• drawing in the sand with a stick, feathers, or straws
• using clothes pegs to help hang up clothes or pictures
• using squirt guns or squeeze-trigger containers (great ways to get windows clean!).

What Fine Motor Skills Can Be Expected From A Child Entering School? Children in the first year of school present with varying skill levels, ranging from having highly developed fine motor skills, such as proficient writing skills, to having very definite 'gaps' in their fine motor skills, such as being unable to use scissors or having an inefficient or immature pencil grasp. However, the fine motor skills that typically developing 5-to 6-year olds progressing from preschool or prep to school generally demonstrate are quite amazing and include the ability to: • demonstrate hand dominance
• use the tips of the fingers and the thumb together in a precise pinch or pincer grasp
• assume and use some form of tripod pencil grasp, where a writing tool is held between the tips of the thumb, index finger, and middle finger (versus a whole hand grasp)
• follow an object smoothly with the eyes only while the head remains still
• cut around reasonably complex designs such as a combination of straight and curved lines and corners, with less than 1 cm deviation from set lines
• draw a circle, triangle, square, and a recognizable picture of a person and a house
• use one hand to stabilize an object and the other to perform a separate activity such as unscrewing a lid and doing up buttons, and think of the stabilizing hand as the helper hand and the hand performing the task as the worker hand
• manipulate small objects within the hand 10

• put together a complex, interlocking puzzle
• independently complete many self-care tasks such as simple dressing, toileting, shoelace tying, and lunch set-up What Impact Might Weak Fine Motor Skills Have On A Child? For some children, their hands do not seem to work together in the way that they should. This may lead to such frustration that they may resist activities that require them to coordinate all of the muscles and joints in their hands and fingers. As a result, they do not get to practice these skills correctly or develop the correct muscles. This in turn may affect the development of higher-level fine motor skills, such as writing. It is often at the stage when formal handwriting instruction has commenced that children are identified as having fine motor weakness.

Resultant commonly seen behavior might include:

• outright refusal to participate in an activity
• avoidance techniques ('I need to get a drink of water')
• anger outbursts (rip up paper/tantrums)
• sadness (crying)
• 'Defeatist' behavior ('I'm no good, I can't do this').

Further, research suggests that children and adolescents with identified motor coordination weakness are at higher risk of experiencing anxiety and even depression associated with their perceived lack of competence in motor activities. Therefore, it is important for teachers and parents to be aware of the impact that fine motor skill performance, or a child's perception of their own fine motor performance in relation to their peers, may have on the child's overall behavior in the classroom. Working to help children develop the best fine motor skills possible at a young age helps to set the stage for success in school and at home, and more so, contributes to them feeling good about themselves. It also has huge run-off benefits for teachers who can then concentrate on teaching concepts of information rather than focusing on the mechanics of cutting, gluing, or writing.

What Can Teachers Do To Help? It is important for teachers to identify those children who are most likely at risk of fine motor weakness as early as possible and to subsequently incorporate specific fine motor activities into those children's day. In fact, many children show significant improvement in their fine motor skills when given greater exposure to and practice in novel fine motor activities. Teachers may also play an important part in keeping children motivated to practice skills that they might find challenging. Maintaining a positive and upbeat demeanor and encouraging children to have a go may reduce the likelihood that they will view themselves as a failure and refuse to attempt fine motor tasks in the future. It may also be necessary to modify classroom tasks or reduce expectations until the children experiencing fine motor challenges have developed a greater sense of self-confidence and demonstrated

improved skills level. 11 However, it is important to remember that for some children, fine motor dysfunction may only be part of a broader developmental delay. It is strongly recommended that those children who are identified as at risk be referred for more detailed assessment by an occupational therapist. In fact, when there is any question in your mind about whether a child's fine motor difficulties are part of a more global issue, consult with an occupational therapist.

2.4 Gross motor development

The term gross motor development refers to physical skills that use large body movements, normally involving the entire body. In the sense used here, gross means large rather than disgusting. The preschool child is always in movement. During the early years significant physical development is occurring. Large-muscle skills improve and the small muscles of the hands and fingers become stronger and more controlled. Basic movement skills such as running, jumping, throwing and kicking develop over time. Physical activity is influenced by the environment, as well as by the child's developing abilities. Early childhood teachers must provide experiences for physical development for children who may not have opportunities for such experiences at home. Early childhood curriculums should provide many and varied opportunities for experiences that promote physical development, including:

• Gross motor – using large muscles for throwing, catching, kicking, jumping and swinging;

• Fine motor – using fingers and hands for cutting, buttoning, hammering, pouring and drawing; • Body awareness – identifying or naming body parts or performing other tasks that promote an understanding of how the body works and what the different parts of the body do

• Spatial awareness – moving fast, using different parts of the body to move about, and other activities that promote an understanding of how bodies occupy space and how to move and explore in space around others and objects.

• Directional awareness – following directions about moving left, right, up, across, front or back; or performing other tasks that encourage understanding of an object's or body's location and direction in space

• Balance – bouncing or using beams to learn about controlling movement on different surfaces. Three- and 4-year-old children need consistency, repetition and many opportunities to practice emerging skills.

In the past, it had been thought that children 14 develop physical skills by playing games on their own. More careful planning, however, has been found to be required, as children get frustrated trying to play games without sufficient skills. As with all teaching and learning experiences for children in early childhood settings, a combination of planned and unplanned experiences are necessary, both indoors and out. Some activities focus on a motor or movement goals, while others may be naturally integrated within the other

developmental domains and goals of the daily curriculum (e.g., a planned experience focusing on color and patterning also involves fine-motor and eye-hand coordination). Although children need abundant time for free play indoors and outdoors, teachers cannot assume that this will fully promote physical development without careful observation and intentional planning. Planning requires careful consideration to match activities to the physical characteristics of each child. The play environment, the materials and the expectations for performance are all based on knowledge and understanding of each child's abilities. Children with physical disabilities that require a wheelchair or leg supports may need a teacher to facilitate movement around an outdoor environment. A visually impaired child benefits more from facilitation with sensory clues. Planning ahead and considering each child's needs helps to ensure that he or she experiences indoor and outdoor physical activities that enhance growth and development.

The Development of Gross Motor Skills:

If you have ever taken your child to be seen be a specialist, you may have been asked, "How old was your child when they rolled, sat and walked?" These questions are called milestones, and are asked because they can assist with determining the level of your child's development. For the most part, all children learn to do certain things at certain ages. As with any rule, there are always exceptions. Therefore ages associated with the milestones should be used only as general guidelines. Gross motor skills are the skills we use to move our whole body, arms and legs. They include running, jumping, walking and balance. The development of these skills begins when the child is in the womb and continues throughout life. Gross motor skills generally develop in an order and build upon each other. As a result, if a stage of development is missed or delayed, the higher level skills will also be delayed or may never develop at all.

- Birth to 2 Months: Obviously a child will not be running, jumping, or even sitting at this age. However, their gross motor skills are developing and include the manner in which they move their head, trunk, arms and legs. When lying on its back, the newborn's head will be turned slightly to one side, arms will be against its sides and bent at the elbows and its legs will be pulled up against themselves. When lying on its stomach, the baby will begin to move its head, but its arms will remain under its body and it may occasionally kick its legs.
- 3 to 5 Months: Babies will gain greater control over their head, arms and legs. When lying on their back, their head will be facing forward and when on their stomach they will be able to lift their head and shoulders.Babies will bring their hands together when on their backs and prop up on their forearms when on their tummy.
- 6 to 8 Months: At 6 months, children pull themselves up to sitting while lying on

their backs and holding onto your fingers. As they approach 8 months, they will progress from sitting while leaning on their hands to sitting without supports. At 8 months they will be able to move from lying on their tummies to sitting on their own, as well as rocking when kneeling on their hands and knees.

- 9 to 11 Months: Children begin to crawl and pull themselves up on a rail or furniture into standing. They will become able to move from standing to sitting and sit alone for extended periods of time. During this time, children will progress from crawling to standing independently, and eventually begin to walk.
- 12 to 14 Months: Initially children walk while holding onto something (this is called cruising) and with feet wide apart and hands in front of themselves. By 14 months children will become capable of climbing into a small chair, walking forwards and backwards. They will also be able to pick up objects from the floor, squat to play, and play with push and pull toys.
- 15 to 17 Months: By this point, children should be walking forward well and be capable of walking backwards and sideways. By 17 months they will be climbing everything including steps and creep backwards down stairs. They should be able to kick a ball, through overhand, straddle and maneuver four wheeled toys, and seldom fall when walking.
- 18 to 20 Months: Around 18 months, child will be able to walk up and down stairs while holding one hand. By 20 months, they should be able to bend over and look between their legs, climb into an adult chair, carry toys when walking and begin to run and jump.
- 21 to 23 Months: During this period, child will be able to ascend and descend steps with a railing, jump in place, and run well. They will become capable of pedaling a tricycle and seating themselves at a table.
- 2 Years: At 2 years of age, child will start to jump off the ground and from a step with both feet. They will run well without falling and start to walk along a balance beam. When going up or down stairs they will bring both feet to the same step. By 2 ½ years of age, children stand on one foot and step on a balance beam with both feet. They will climb stairs with alternating feet and jump in place. Children will be capable of standing on one foot and walking on tip toes.
- 3 Years: 3 years is characterized by refined walking and running skills. Child will be able to climb and descend stairs with alternating feet and run on their toes. They can also hop on one foot, pedal a tricycle well and balance on one foot.
- 4 Years: In their fourth year, children should be able to walk on a 3 ½" wide board, skip on alternating feet, and balance on one foot for 10 seconds. In addition, children they will master the tricycle, become capable of catching a 10" ball that is bounced from 5 feet.

- 5 Years: As children enter their fifth year, they become proficient at changing between sitting, standing, and squatting. They will be able to sit upright in a chair, jump over 1 foot obstacles and distinguish between right and left.
- 6 Years: As children turn 6, the ability to bat a ball will emerge, but they will be a better batter than catcher. They will also begin to ride a bicycle and kick a ball from a running start. When the children approach 7 years, they should be able to throw with accuracy and catch a small ball with one hand.

Why is it Important to Develop Gross Motor Skills in Children?

When tiny toddlers make that astounding transformation into preschool children, parents may wonder what became of their toddler's round tummy and chubby, adorable little legs. The answer can be found in the preschool child's gross motor development, which enables your child to utilize the large groups of muscles in her arms and legs. Gross motor skills include movement, like running, dancing or jumping, and manipulation, such as throwing, catching and kicking. Gross motor competency can help your preschool child to move more easily and avoid developmental delays, have confidence in her abilities and can give her health benefits as she stays active.

Prevent Developmental Delays:
Preschool development offers a distinctive window of opportunity for acquiring and practicing gross motor skills. Some children entering kindergarten may exhibit developmental delays in gross motor skills if they do not have sufficient opportunities to learn and practice these active skills during early childhood, according the National Association for the Education of Young Children. Fortunately, severe gross motor delays are uncommon without other medical reasons, but some preschool children never acquire proficiency in this area without help. Preschool children typically enjoy channeling energy into movement, and are usually successful in performing gross motor movements when they have an adult coaching them and adequate opportunities to practice activities such as skipping, hopping or catching a ball.

- **Promote Psychological Health:**
Preschool children reap psychological benefits as they expand and refine their gross motor skills. Children become more self-confident when they challenge old boundaries related to their gross motor abilities and meet with success. Gaining gross motor proficiency permits preschool children to take part in a variety of active recreational activities, which can promote psychological wellbeing.
• **Promote a Healthy Lifestyle**:
Preschool children develop gross motor skills through physical activities such as skipping, climbing and jumping, and when children perform these activities with confidence, they are

more likely to routinely pursue other forms of active play. Integrating physical activity into daily life is a healthy habit that active children may embrace for a lifetime, reports the child-development. As preschool children practice and perfect their gross motor skills, they acquire behaviors that provide significant health benefits for the future. Conversely, poorly developed gross motor skills may influence preschool children to feel clumsy and inept, discouraging them from engaging in future activity.

• **Support a Growing Body:**

The dramatic physical growth and change that typifies early childhood development makes the preschool child's body readily distinguishable from the toddler's more rotund body. The structured and unstructured play that promotes gross motor development helps your preschool child to build strong muscles and bones to support her growing body. Structured play is initiated and supervised by an adult, while unstructured, or free, play permits your child to choose her play activities. The National Association for Sports and Physical Education recommends that preschool children engage in at least 60 minutes of daily structured and unstructured play.

Activities to develop gross motor skills

1. Alternate feet inside large shape. Decrease as children become more skilled.
2. Walk along chalk line, string line or narrow board.
3. Tiny tracks - paths made from placing unit blocks, carpet strips, etc.
4. Use a balance beam. Vary the levels (inclined, declined), type of board etc.
5. Climbing steps/ stairs/ step ladders and walking on knees with hands in the air. Crawling (develops coordination - laterality, synchronizes right and left body sides)
6. Treasure Hunt - crawl to find hidden objects
7. Crawl through an obstacle course - through (boxes, tyres, pipes, hoops, tunnel) under objects (table, large fixed equipment, rug/sheet, chairs, rope, ladder) around objects (tree, box, chair, fixed apparatus) over objects (pillow, box, mattress, mat.)
8. crawl over large floor map with roads, rivers, etc.
9. Climb over, up, down boxes, ladders, planks, logs, etc.
10. Hop into/out of hoops
11. Hop along stepping stones
12. Make patterns on the ground of shapes, colors, dots. Hop on one color, dot etc.
13. Ladder painted on ground - children hop along it
14. Kicking Balls or balloons of different sizes
15. Skipping Around objects
16. Have the children move around the room when the music is playing, walking on only the yellow (or any 1 color) cards. When the music stops, every child has the job of checking to

make sure that all other children are on the correct color card. Make sure that there are enough cards for every child, since there are no losers in this game.
17. Stair Climbing: Children often have difficulty ascending and descending stairs using a reciprocal gait. To assist children with alternating feet when walking on stairs, cut out footprints and tape one to every stair (a left foot on the first stair, a right foot on the second stair, and so on). Ask your child to step on the footprints.
18. Table Setting: This activity can be performed to teach children how to set the table and promote gross motor skills. Make 'rules' for setting the table. For example, children must get a plate from the cupboard, bring the plate to the table while tall kneeling, hop on one foot to the cupboard, and so on.
19. Simon Says: Have children imitate large movements, such as rotating their arms at the shoulders, and move on to more intricate movements, such as facial expressions.
20. The Crane Game: Place mats on the floor. Tell children to lie on their back, and place a ball to their head, using only their feet.
21. Balance Beam Walking: Children can improve gross motor skills through balance beam walking, since a great deal of gross motor coordination is needed to perform this activity. Start children out with an extra-wide balance beam that is low to the ground, and increase the height and decrease the width when children can perform at the current level with no difficulties. Children can also improve body awareness skills through balance beam walking since they must know how to move individual body parts in order to maintain their balance.
22. Scooter Board Activities: Scooter board activities require a good deal of gross motor coordination in order for children to propel the scooter board with their feet and hands.
23. Locomotor Activities: Have children perform a variety of walking activities, including the following: Walking sideways, crossing feet Walking sideways, sliding feet Walking a heel to toe line, forward and backward Walk on tiptoes Walk on heels
24. Hopping and Jumping Activities: Have children perform a variety of hopping and jumping activities, including the following: Hop on one foot Hop on both feet Hop backward Hop sideways Hop over obstacles Hop, skip and jump Jump up and land with feet apart or together 25. Bean Bag Heads: Have children place bean bags on their heads and move around the room. The object is to keep the bean bag on their heads as long as possible.
Gross, or large, motor skills include the strength and abilities of big muscle groups such as coordination, balance and agility.
Whether your young child is trying a gross motor activity at preschool or you are helping her to build this type of physical skill at home, setting goals and objectives can help to maximize the learning experience. Additionally, movement goals can help to make sure that your child meets the age appropriate markers for this area of development. Before you begin to worry about your young child not meeting specific gross motor goals and objectives, take a few developmental considerations into mind. While there are milestone markers that the

experts use, some variation is completely normal. Physical education is a school subject that should be fun and exciting for children. In addition to teaching healthy habits and promoting a non-sedentary lifestyle, physical education classes can help students develop and refine their gross motor skills using games and group lessons. Locomotor movement, spatial awareness, object manipulation and rhythm are all important lessons for elementary school students, and group activities can help them develop these skills while nurturing communication, teamwork and self- esteem.

Bibliography: - Bailey, C. M. (2006). Learning through play and fantasy, EC 1297E, Corvallis, OR Oregon State University. - Bartlett DJ, Chiarello L, McCoy SW, Palisano RJ, Rosenbaum P, Jefferies L, LaForme Fiss A, Tieman B, Stoskopf B (2012). The measurement model of the Move and PLAY study: The protocol of a study using comprehensive outcomes research in rehabilitation. Physical Therapy. 010;90:1660-1672. World Healt - Bodrova, E. and Leong D. (2005), The importance of play, why children need to play. Early Childhood Today, 20 (3), 6-7. - Bradley, R. H., and Corwyn, R. F. (2002). Socioeconomic status and child development. Annual Reviews of Psychology, (53), 371-399. Retrieved from http://www.annualreviews.org/doi/full/10.1146/annurev.psych .53.100901.1352 - Elisasson AC, Krumlinde-Sundholm L, Rösblad B, Beckung E, Arner M, Öhrvall AM, Rosenbaum P. The Manual Ability Classification System (MACS) for children with cerebral palsy. Scale development and evidence of validity and reliability. Developmental Medicine and Child Neurology.2006;48:549- 554. - Engle, P. L., and Black, M. M. (2008). The effect of poverty on child development and educational outcomes. Annals of the New York Academy of Sciences, 1(136), 243-256. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/18579886 - Ginsburg, K. R. (2007). The importance of play in promoting healthy child development and maintaining strong parent-child bond, Journal of American Academy of Pediatrics, 119 (1), 183-185. - Hanna S, Bartlett DJ, Rivard L, Russell D. Reference curves for the Gross Motor Function Measure (GMFM-66): Percentiles for clinical description and tracking over time among children with cerebral palsy. Physical Therapy. 2008;88;736-739. - Hidecker MJC, Paneth N, Rosenbaum PL, Kent RD, Lillie J, Eulenberg JB, Chester K, Johnson B, Michalsen L, Evatt M, Taylor K. Developing and validating the Communication Function Classification System (CFCS) for individuals with cerebral palsy. Developmental Medicine and Child Neurology.2011;53:704-710. - Isenberg, Packer, J. and Quisenberry, N. (2002) Play Essential for All Children, A Position Paper of the Association for Childhood Education International, Retrieved from http://www.highbeam.com/doc/1G1-93348877.html March 16, 2010. - Palisano RJ, Rosenbaum P, Walter S, Russell D, Wood E, Galuppi B. Development and reliability of a system to classify function for children with cerebral palsy. Developmental Medicine and Child Neurology. 1997;39:214-223. - Palisano, RJ, Rosenbaum P, Bartlett DJ, Livingston M. Content validity of the expanded and revised Gross Motor Function Classification System. Developmental Medicine and Child Neurology. 2008; 50:744-750. - Rosenbaum P, Walter S, Hanna S, Palisano RJ, Raina P, Wood E, Bartlett DJ, Galuppi B. Prognosis for gross motor function in cerebral palsy: Creation of motor development curves. Journal of the American Medical Association.2002;288:1357-1363. - Russell, D, Rosenbaum P, Avery L, Lane M. Gross Motor Function Measure (GMFM-66 and GMFM88) User's Manual. High Holborn, London:

Mac Keith Press, 2002. - Wadley, A. (1974) Just Playing, Permission to print granted by author and available on request. Retrieved from http://www.anitawadley.com/Site/Poem.html March 16, 2010. - Welsh, J. A., Nix, R. L., and Blair, C. (2010). The development of cognitive skills and gains in academic school readiness for children from low-income families. Journal of Educational Psychology, 1(102), 43-53. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2856933/

Bibliography: - Ahola, D., & Kovacik, A., (2007). Observing and Understanding Child Development. A Child Study Manual. New York: Thomson. - Allen, K. E., & Marotz, L. R., (2009). Developmental Profiles: Pre-Birth Through Twelve. (6th ed.). Canada: Cengage Learning. - Anderson, K. N., (1994). The Washington guide to promoting development in the young child. Mosby's medical, nursing and allied health dictionary (4th ed.). - Bellman, M., & Peile, E., (2006). The Normal Child. Edinburgh: Churchill Livingstone. - Bunbury Health Service Speech Pathology. (2003). Speech & Language Checklist: 'How well is my Child Talking?'. Bunbury, Western Australia. - Carey, W., Coleman, W., Crocker, A., Elias, E., & Feldman, H., (2009). Developmental-Behavioural Pediatrics. (4th Ed.). Philadelphia: Saunders. - Cartwright, K., (2005). Development of the child 0–5 years: self directed learning package. Perth, Western Australia: Women's and Children's Health Service. - Centers for Disease Control and Prevention. (2009). Learn the Signs – Developmental Milestones. Retrieved February 25, 2010 from http://www.cdc.gov/ncbddd/actearly/milestones/index.html - Child and Youth Health. (2012). Parenting and child health: Health topics, Child Development. Retrieved February 25, 2012 from http://cyh.com/HealthTopics/HealthTopicsAlpha.aspx?p=121 - Child Development Institute. (2010). Language development in children. Retrieved February 20, 2010 from http://www.childdevelopmentinfo.com/development/language_develop - ment.shtml - Child Development Service, Child and Adolescent Community Health. (2009). Social/Emotional and Play Skills Development 18-60 months. 3 Year Old Pre-Kindy School/Therapy Program. Perth, Western Australia. - Child Development Service, Child and Adolescent Community Health. (2009). Fine Motor Skills Development 18-60 months (OT Norms Chart). 3 Year Old Pre-Kindy School/Therapy Program. Perth, Western Australia. - Child Development Service, Child and Adolescent Community Health. (2009). Gross Motor Skills Development 18-60 months (Physio Norms Chart). 3 Year Old Pre-Kindy School/Therapy Program. Perth, Western Australia. - Child Development Service, Child and Adolescent Community Health. (2009).Language Development 18-54 months. 3 Year Old Pre-Kindy School/Therapy Program. Perth, Western Australia. - DCD Pack (n.d). Observable Indicators – Red Flags for DCD. Retrieved 4 March, 2010 from http://dcdpack.ca/ - Department of Health. (2004). Paediatric Physiotherapy: Motor skill development, referral indicators and advice to parents. Unpublished guidelines, Community physiotherapists working in developmental paediatrics, Perth. - Dixon, S., & Stein, M., (2006). Encounters with Children. Pediatric Behavior and Development. (4th ed.). Philadelphia: Mosby. - Dunn, W., (1999). Sensory Profile Caregiver Questionnaire. United States of America: Pearson. - Dunn, W., (2006). Sensory Profile School Companion Teacher Questionnaire. United States of America: Harcourt Assessment Company. - Holt, K.S., (1991). Child Development: Diagnosis and Assessment. London: Butterworth-Heinemann. 12 - Kaplan, P., (2012). A Child's Odyssey. Child and Adolescent Development. (4th ed.). United States of America: Wadsworth. - Landy, S., (2002). Pathways to competence: Encouraging health social and emotional development in young children. Baltimore: Paul H Brookes Publishing. - Munns, A., (2008). Children's Development 4-

7 years (Powerpoint Presentation). Curtin University, Perth. - Ozretich, R.A., & Bowman, S.R. (2001). Middle Childhood and Adolescent Development. Retrieved March 4, 2010 from http://extension.oregonstate.edu/catalog/html/ec/ec1527/ - Parent to Parent Georgia. (2009). Preschool Developmental Milestones. Retrieved March 3, 2010 from http://p2pga.org/roadmap/diagnosis/diagnosispreschoolmilestonesdev.htm - Peel, and Rockingham Kwinana Occupational Therapy Department, Child Development Service. (2008). School Health Nurse Screening Tools. WA Department of Health, Perth, Western Australia. - Queensland Health. (2009). Child Development Milestones 4, 5, 6-8, 9-12 years. Retrieved March 4, 2010 from http://www.health.qld.gov.au/child&youth/factsheets - Raising Children Network. (2010). Preschoolers and School-Age Development. Retrieved February 25, 2010 from http://raisingchildren.net.au - Slee, P. T., (2002). Child, Adolescent & Family Development. Cambridge: Cambridge University Press. - Southwell Child Development Centre. (2005). Kindy & Pre-primary Screening. Instruction Manual for School Nurses. Hamilton Hill, Western Australia. - State Child Development Centre – Occupational Therapy Department. (n.d). Difficulties that may warrant referral to Occupational Therapy 4-6 years. OT Checklist 4-6 years, 6+ years. Perth, Western Australia. - Squires, J., Bricker, D., & Twombly, E., (2002). Ages & Stages Questionnaires: Social-Emotional. A parent-completed, child monitoring system for social emotional behaviors. Baltimore: Paul H Brookes Publishing Co. - Squires, J., Potter, L., & Bricker, D. (1999). Ages & Stages Questionnaires (ASQ): A parentcompleted, child-monitoring system (2nd ed.). Baltimore: Paul H Brookes Publishing Co. - UNICEF. (2002). Facts for life (3rd ed.). New York: United Nations Child's Fund. Victoria Maternal and Child Health. (2001). Your child's health and development: Birth to 6 years. Retrieved February 25, 2010 from http://www.office-forchildren. vic.gov.au/children/ccdnav.nsf/FID/D9213A3B1335C3F A4A256740001AF31E?OpenDocument - Washington State Department of Social Justice & Health Services. (2010). Child Development Guide. Retrieved 23 March, 2010 from http://www.dshs.wa.gov/ca/fosterparents/training/chidev/cd06.htm

Chapter 3
Cognitive development

A tiny cell grows a few million times into a fully developed individual in a span of 9 months. A being that has all faculties working and ready to interact with this world! This is in itself a true wonder and to watch this tiny human interact with the world, displaying its uniqueness is beyond description. Here we see the work of nature at its best. To have this individual to interact with and to learn from him/ her about the marvels of human intelligence is a rare opportunity! Every parent and teacher is blessed with this opportunity. Having said this, an attempt to describe or tabulate the way the human mind/brain grows and works is to evaluate the CREATION itself. Nonetheless one need to define, as a guideline for the adults and teachers, the way human intelligence develops and list the factors that promote aid or hinder this development, so one can provide the appropriate environment. From day one, the brain is ready to acquire the ability to think, learn, problem solve, process information, make decisions, reason, remember, understand, analyze, evaluate and think in abstract ways. The ability to do all of this relies on cognition and how we develop intellectually. A general definition of intellectual / cognitive development is ï the childôs ability to receive, to process and to respond to the world and its people around him/her.

What is cognitive development?

Cognitive development refers to the construction of a thought process that includes problem solving, remembering and the ability to make decisions from childhood up to the adulthood stage. This ability to learn, reason and analyze is a process that begins from infancy and progresses as the individual grows. It involves activities that are conscious intellectual like thinking and remembering. This ability is to some extent because of genetic makeup and to a large extent due to the external stimulation, model, opportunities etc it receives from the world and its caregivers. Cognition refers to 5 mental processes that transform the sensory input in various ways, code it, store it, and retrieve it for later use. Hypothetical stages/ processes of cognition are: perception, imagery, problem solving, remembering and thinking. It involves arranging of ideas, draw inferences, and discover concealed relationship, to solve problems. Letôs try and understand as to how the child learns and the intelligence develops before aiding its development. Briefly put: Learning can be described as the process, by which the brainôs neural networks are developed to

respond to the stimulus present in the environment. A new born who appears helpless, entirely passive and devoid of all mental activity learns to sustain and function all by itself. How is this possible? Children and adults too, depend upon three requirements to achieve this transformation. They are:

1. Instincts: They are the ready to use inheritance of modes of behavior that function with extraordinary certainty and precision such as sucking, swallowing, crawling, walking etc. 2. Training: Every art, trade, and science presupposes a certain fundamental knowledge which has to be mechanically acquired ï and this in principle is simple training. It requires repetition, time and practice.
2. Intellect: Making discoveries by means of insights and reflections or the inventions, in the true sense is the biological achievement of the intellect.

3.2 Jean Piaget's stages of cognitive development

According to Jean Piaget, cognitive development ï is about how we use our minds and organize thinking to understand the world around us. His stages of cognitive development are:

1 **Stage 1—Sensorimotor Stage**. Birth to age 2, during this stage, the child begins to develop:

- Reflexes
- Habits
- Hand-eye coordination
- Object Permanence (knowing something exists, even though it can't be seen) Experimentation and creativity.

Piaget referred to the children in this stage as "little scientists."

1. **Stage 2 : Preoperational Stage • Age 2-7 years** ÅDuring this stage, the child begins to develop:
    - Ability to represent objects with images and words
    - Language skills
    - Imagination
    - Children learn through imitation and play during this stage.
    - They begin to use reasoning; however it is mainly intuitive, instead of logical. Preconception Thought: Objects take on symbolic meanings (eg. Bottle is considered be a source of milk ÅINTUITIVE THOUGHT ï Å Behaviors is still controlled by perception.
    - Child pays attention only to broad outline of situation rather than real structure. ÅCannot relate different aspects of a situation to one another. Å Child can grasp only one relationship at a time.

- There is no reversibility of thought i.e. cannot return to the starting point of the thought.

  According to Piaget, child has not acquired ñThe Concept of Conservation.òÅEg. The child in this stage does not understand that the total quantity does not change, just because parts are rearranged. They think that change in form necessarily produces change in amount.

2. **Stage 3 Concrete Operations** ÅChild develops logical thought , called ñOperational Thoughtò.
   - The Concept of conservation development child understands that total quantity does not change because form has changed.
   - Thoughts are new &reversible
   - Child leaves to classify objects according to common properties.
   - The operation of deviation also begins now.
   - Arranging rods according to length etc ï not randomly but in a systematic manner) ÅChild also developments the concept of ñInverse Relationsòe.g. : 3 + 5 = 5 + 3 = 8 = 11 ï 3 = 6 + 2 = 1 + 7
   - Logic and reasoning development but can apply it only to concrete objects.
   - Cannot solve problems using abstract reasoning

4. **Stage 4 : Formal operations**:

- Child can reason by forming Hypothesis
- Acquires ability to deal with verbal expression of logical relationships.
- Child cannot ñOperate with operationòi.e. by means of symbolic operations.
- Child can apply logical rules, reasoning and formal operations to abstract reasoning. This is the essence of intellectual growth and ability.
- Children can manipulate variables mentally.

Concepts

Concept are generally of 3 types:

- Objects – eg. Table, Orange, Man, Horse etc. (Concrete)
- Qualities – eg. Brightness, sincerity, honesty, sympathy etc.
- Relations – These are generally ideas such as Big Narrow (a Noun, Verb, Law, an hour, a mile law, government, magnefidm etc.)

A concept is not an absolutely fixed and static entity. Usually a changing and growing mental structure depends upon the experiences one has. • FACTORS AFFECTING INTELLECTUAL

DEVELOPMENT • Sense organs • Sense organs are important because they receive stimuli from the environment. Their proper development helps in receiving correct stimuli and the correct concepts are formed. • Intelligence • It is seen that cognitive development of intelligent children is better. • Learning opportunities • The opportunity a child gets to learn affects the cognitive development. The more opportunities he gets the better is the cognition, because he will be able to add to his mental capacities by learning through these opportunities. • Economic status • Economic state of the family also helps in the development of cognition. Children from better economic status get more opportunities and better training and it helps in cognitive development. Heredity Cognitive development is also influenced by the hereditary traits; one gets from his parents. Their development is similar to their parents' cognitive development. Maturation As the child gets matured ,he gets more interactive with his environment. For a good cognitive development, interaction with environment is very necessary which the child does with the help of his mental and motor maturation. They help directly in the development of cognition. • Family and society • Family is very important from the point of view of providing the child hereditary traits, which are of the family .Also providing opportunities to learn and good encouraging atmosphere to the child. If the family provides such atmosphere to the child in which he gets maximum stimuli from the environment, he would be encouraged to learn in this environment. His cognitive development will be good. • Play • Play is also quite important in developing cognition. Through play activities, the child interacts with the environment, receives stimuli and responds to them. • ADULTS ROLE IN PROMOTING INTELLECTUAL DEVELOPMENT •

The two main areas of intellectual development according to Piaget are:

- Language development ï helps us to organize thoughts and make sense of the world around us
- Cognitive development ï is about how we use our minds and organizes thinking to understand the world around us. They are closely linked. Briefly describing the cognitive development, we can say infants develop many elements of the ability to think and to understand the world around them. First they acquire a major set of representation of sensory experiences such as sights smell, touch, sound taste etc. these are called the perceptions. Secondly, they make fine discriminations of physically similar events. They recognize information related to already existing knowledge Thirdly, they group the similarities among the objects and events to form categories and fourthly they remember the past experiences for longer time to make new learning.

- **PERCEIVES- RECOGNIZES- CATEGORIZES- REMEMBERS.** In older children concepts are formed. Concepts can be described as a symbol that stands for a class of objects or events with similar properties. They are based on common elements or common relations. We use concepts to order and classify our environment. They can be learnt without language. Learning concepts utilizes the psychological process of generalization and discrimination. Eg; calling all small animals, dogs and then learning to discriminate the dog from other animals based on certain features. Concepts of objects used in daily life are formed easily; then comes spatial concepts such as shapes and then numerals. Children learn concrete, tangible concepts first and then abstract ones. Personal experiences play a role in developing abstract concepts. Concepts develop in an order. They develop through Sensory exploration, motor manipulation, (with the development of language) questioning, pictorial mass media and reading.

  Two primary mechanisms of life and growth in human beings are organization and adaptation. Organization is the ability to transform and combine sensory inputs into structures. Adaptation involves assimilation (collecting) and accommodation (modification). Sensorial inputs lead to motor manipulation, leading to formation of imagery, leading to development of memory, leading to thinking and problem solving, leading to further learning. As children grow and language is developing intelligent behavior tends to be limited to overt actions; all thinking is tied up to perceptual factors. This makes it difficult for the child to think in abstract or make moral judgment. They can understand their mistake of hurting someone for example, only through a series of sequential behavior they committed and not as ñfeelingsò The child in the preprimary classes uses his sensory inputs, motor manipulation and language to assimilate the world, accommodate it and in the process make the necessary changes within him. The child then adapts himself to this new knowledge. This is a continuous process in an individual enabling him to grow and function effectively in his environment. Well, that sounds like a lot of work being carried out within or by that little individual and we as teachers/ care givers need to carefully guide and assist them through this development and avoid over loading!
  Skills of intelligence: Cognitive skills/ skills of intelligence are the mental skills or behaviors that help children access information, solve problems, reason, and draw conclusions.
  They are:
  - Memory: Research states that all stimuli that activate a sensory receptor cell are permanently stored in memory, but that different levels of processing (i.e., elaboration) contribute to the ability to access, or retrieve, that experience or information. So it is not only how the information is processed, but how the information is accessed. Memory is of three types; immediate, short term and

long term. The child needs repetitions to store matter in short term and even at the age of 10 they are developing their short term memory!

- Language helps the child to understand and interpret his sensory experiences. It helps him to ask questions and to follow instructions; as short term memory develops appreciation of music, stories, events, celebrations develop. Thus language becomes an 27 important tool in the development of memory. It also helps him seek information through pictorial mass media and through reading. Language is best developed through conversations and organizing classroom opportunities for the same and is a good investment in cognitive development. Good memory leads to thinking. Thinking can be broadly classified into creative, critical, problem solving and reasoning. Creative thinking is the ability to see an object or situation from a new angle. Children are naturally creative thinkers as they have no prior learning to influence. The world around is waiting to be discovered. They for example use a chair for sitting until it topples over and bingo! it becomes a tent, push it and its push cart, climb on it and itôs a tower, cross it and itôs a bridge! These experiences lead the child to arrange and rearrange the environment. This enables him to form concepts of space. This helps him with writing, numerals and in constructing blocks. The above mentioned development is possible only with freedom to explore, learn through trial and error, given opportunities, and in a multi sensorial environment.

3.2 Teacher's role

How can we adult/ care givers ensure the above mentioned in our homes and schools is a challenge we face. Based on the above information about how children learn a few simple steps/ suggestions are listed here for you:

- Improve the learning environment so that it interests children
- Provide more challenging toys
- Hang up new shapes or pictures/ posters in the classroom but leave it for a time for children to interact with.
- Children should be able to touch and see these displays.
- Draw children's attention to new objects in and around class by playing ñ spyògames

  Embed opportunities to use learning goals in areas that interest the children:

- Practice sorting in a kitchen area; identify colors in the blocks; write letters on an invitation card and so on.

- Keep the class room clutter free for easy movement especially in nursery and prep .
- Use open-ended questions, which promote multiple answers, and encourage children to describe things in their own words and guide the conversation: ñwhy do you think the boy is sad in the story?"
- Model necessary skills in the context of the activity.

3.3 Activities to Improve Cognitive Development in Preschoolers:

- Obstacle courses
- water tables
- follow the map of the school and reach the destination
- Feel the tree trunks in the campus
- Identify the food items by their smell.
- Show a chart with picture of a garden/ beach/ play ground; then give a work sheet with similar drawing with a few details missing. The children will have to fill in the missing details.
- Display objects in a tray, show it, cover and ask them to recall. To increase difficulty of task, ask them recall in the order it was displayed. Ask them to walk down the corridor and on returning to class, list all that they saw. This increases their attention span.
- Get children to listen to different sounds with eyes closed for a few minutes. Identify the sounds they heard during this period. Choose three children and get them to stand at the back. Get them to say a few words, the class needs to identify ho it belongs to. To increase difficulty, get them to say two words and then one word.
- Play audio record of animal sounds. Get class to reproduce the sound exactly one by one. Play audio recording of teacher voices repeating a sentence and get children to identify who it belongs to. Say a few words and get children to repeat. Get them to repeat in the same order, get three children to repeat by turn --- the first child says the first word and the second child the second word and so on. This will improve their attention. You can even give a set of instructions and get them to carry out. You can choose a group of three and get them to do it one after another. The observing children would be able to follow the sequence.
- Problem solving: puzzles, drawing maps, maze, get children to lip read single commonly used words. Describe a scene and give three possible solutions and when they choose one get them to explain why.

- Cause-and-effect: memory games, tic- tac- toe, Expression of ideas to others
- Guess who games.
- Properties of objects: matching/folding socks, putting away play utensils in kitchen in their appropriate places.
- Questions: discuss characters in a story, their emotions, what could have happened? What could be done?
- Draw or arrange furniture in the hall/ seating area at home. You can have cut outs and children can place them appropriately. Eg the lamp shades next to the arm chair. Sofa facing TV, coffee table in the center, magazines on the table and so on.

3.4 Suggestions for teachers:

- Allow some clutter in classroom materials some times as this aids in sorting.
- Preschoolers adapt their speech to fit the needs of their listeners. So listen carefully.
- Once the lesson/ activity have been introduced follow the students and aid where necessary.
- Repetitions and recalls at periodical intervals are needed.
- Curiosity is inevitable for development of intelligence; an important ingredient for intellectual development, is expressed in the following ways: Exploration/ questioning/ experimentation/ reading/ listening/ allow these to take place.
- Providing children with age-appropriate activities.
- Providing him/her with a pre-school experiences, which has a happy atmosphere.

Bibliography:

- Malthi Arunachalam- Cognitive Development, Early Childhood Education and Development, Parikrama- the circle of learning, 2014.

Chapter 4
Language development

Language Development can be described as a formal method of communication used by human beings. Before the formal method is arrived at, an individual goes through various stages of development known as prospect form of communication. The infant listens to the word and tries or attempts at reproducing the sounds that form the basis of formation of words. Therefore it can be said that language is a learnt process, an imitative behaviour that is greatly aided by the auditory perceptions.

4.1 Stages of language development

Language Development and speech are different. Language is a complex system of grammatical and semantic properties, while speech consists of actual utterances. They are closely related though they are not the same. ÅTwo areas of language growth are:

1) Receptive (understanding through listening and reading) and
2) Expressive (producing such as speaking stages of language development.

Receptive indicates child's ability to understand and act on language communication and expressive refers to creation of language, which is being communicated. Language also is self-communication or inner speech that which is used by children while at play or while solving problems, daydreaming, giving self-directions coordinate movements etc. This language component increasingly controls learning.

Children gradually make the transition (transfer) from using sounds to communicate emotional expression, using movements and gestures to communicate personal desires. Children's change in language indicates their development in their perceptions of the world around them. Two years old are interested in the names of things & continues for a few years , which expands their vocabulary. ÅExperiences & situations become more meaningful when children can name and describe them.

It helps them to construct an objective world around in which they can move & function effectively & share with others. Through language, the

listener can perceive the other world from their viewpoint. The speech or efforts to communicate with the world begins with the birth cry, which is important, as it is the beginning of using the delicate respiratory mechanisms, which are to be used later in the formation of speech. As the child grows there are subtle variations in his crying indicating an effort in controlling the noises a child can make. They may be instinctive or reflexive rather than a conscious action at this stage.

The variations also depend upon the adult responses. The child's crying changes in volume too. As the child grows, he attempts at babbling which begins as a play or experiment and later assumed a conversational tone as though the child expects a response. By the end of the year the child's language development depends upon adult model & responses. By 1-1/2 to 2 years the child is able to use words & gestures to communicate his personal need. Language from this stage to 5-6 years is largely egocentric. As the child interacts with the world he picks up new names for the objects thus building his vocabulary.

Playing & interacting with peers helps in building vocabulary. The formal experiences of school, where efforts are made through stories & curriculum in building up vocabulary helps the child to communicate better. ÅLanguage development, which is a learnt task, depends largely on opportunities & role model available in the environment.

Pre-Speech form of Communication: Crying, cooing, babbling, gestures & emotional expressions.

Crying - begins from the birth cry; the child uses crying as a reflex and depending on adult responses, uses it as a communication tool. Variations in crying largely develops along with muscular development & adult response. Cooing : By the end of 3 months, cooing begins as a form of communication. The child whose needs are fulfilled indicates his satisfaction through cooing. It occurs along with the development of facial muscles. Cooing continues, as the child listens to his own voice though doesn't realise it. Cooing is also a part of play for the child. As cooing progresses, the child breaks into explosive sounds, which form the basis of babbling. Pre-Speech form of Communication

Babbling : Child while making explosive sound is able to retain some sounds that turns into babbling eventually. In time, some will form basis of real speech. Babbling reaches its peak by the 8th month & gradually give rise to real speech.

Gestures are used as a substitute for words. Gestures are learnt through imitation. Children gesticulate to indicate their wants & dislikes. Awareness

of "self' helps the child to know his need and communicate. Even after learning a few words, children tend to use gestures.
Emotional Expression - These are facial gestures and most effective form of communication. This initially begins by 4 months of age. They become clearer as child learn better through imitation & with the development of facial expression.

4.2 Major Tasks in learning to speak

Learning to speak is a skill which involves 3 major tasks :

1. Pronunciation of words,
2. Vocabulary building & Associating meaning
3. Forming sentences.

Pronunciation - Major task is to be able to pronounce the words correctly for effective communication. Pronunciations is learnt through invitation. Physical development of the speech organs (auditory, facial, teeth, palate etc.) enables children to hear & pronounce. Adult guidance also plays an important role in pronunciation.

Vocabulary building - In vocabulary building the child needs to associate meaning with sounds. Since many words have more than one meaning and many similar sounding words have different meaning (right, write, rite) children need to understand these only through personal experiences & adult ÅIncrease in vocabulary comes through not only acquisition of words but also how they are used. Eg. Orange refers to the fruit at first and then learn that it refers to the colour too. Their vocabulary increases when they enter school due to direct teaching. Words are understood better & used if they can be associated with objects or actions in the environment (Physical representation enables better memory development) individual differences occurs at each stage due to intelligence, environmental influences, learning opportunities & motivation.

Sentence formation - Combining words into grammatically correct sentences that can be understood is the third task in learning to speak - there are four stages in sentence formation:

- Single words used at the age of 1 year.
- Early sentence stage starts at 2 years. Children use 2-3 words together to make sentence. The nouns are predominant at this stage.
- Short sentence - Between the age of 2-3 years children use 4-5 words to form simple sentences. These sentences are mostly in the present tense. There are hardly any complex sentences formed. They consist of simple sentences said one after another.

- Complete sentence stage - At about 4 years. Children can speak more fluently. They enter complex sentence stage as their vocabulary increases. They can remember better to give details. Their observation improves enabling them to form complex sentences. They can speak at a stretch about an event. The sentences are complex sentences. They can speak at a stretch about an event. The sentences are connected.

Special activities that promote language Development For the development of oral communication

- Opportunities to talk about oneself.
- Opportunities to talk about objects & events in school.
- Picture talk for improving observation; learning to describe, give room to imagination, help develop reasoning, opportunity for emotional release, relating to characters, developing sequences & building story.
- Story reading - for the development of vocabulary, pronunciation & expression.
- Dramatisation.

Special activities that promote language Development
For the development of Reading skills

- Naming pictures on the blackboard
- Using the sight words such as - This, Then, There, What etc. Helping children use story books, especially stories that they are familiar with
- Singing poetry, helps children to know what comes next. sequential story or pictures with single sentences written below.
- Introducing children the reading by presenting sentences rather than just words.
- For the development of writing. ÅPre-writing patterns. ÅCopying words from blackboard. ÅDrawing pictures & helping them with their names ÅFraming simple questions that require 1 or 2 words to be written as answers.

Eletelephony Once there was an elephant Who tried to use the telephant No! No! I mean an

Elephone. Who tried to use the telephone. (Dear me! I am not certain quite That even now I've
got it right) Howe'er it was, he got his trunk Entangled in the telephunk. The more he tried to get
it free. The louder buzzed the telephee. (I fear I'd better drop the song Of elephop and
telephong!) - Laura E Richards

Loris Malaguzzi (Reggio Emilia- Italy) rightly said, "Children have
a hundred languages and we the school and society steal the ninety nine and then we ask the child to use only one language".
It is important for adults to learn how to communicate from children. Because children know 100 ways of communicating with you, but sadly we know only
one- talking. What happened to raised eyebrows, smiling, hugging, biting your lips, are these not forms of communication? Remember, communication happens on two levels, one with words but 80% is with body language. Accept and understand both forms and life will be happier and easier. Before our children acquire language skills we focus on and accept their non verbal
communications, but as soon as the child acquires language skills, parents stop focusing on the non verbal cues and this somewhere frustrates the child and makes the parent-child relationship more stressful. During language development the child will do all of these.

- Coo
- Listen
- Use actions
- Speak
- Pause mid sentence
- Babble
- Make sounds
- Use words
- Ask questions
- Want to talk many things together
- Imitate sounds
- Read symbols
- Use words incorrectly
- Use short sentences
- Make no sense to adults
- Repeat words
- Follow directions
- Want to listen
- Babble on and on

- Talk

4.3 Language skills

Children have two different types of language skills- Receptive and Expressive language:

1. Receptive language skills is language that a child can understand, this has nothing to do with how much the child is able to speak. Young children learn the meaning of words much before they are able to say these words. In receptive language development, the more the merrier, this means the more an adult talks to the child the more the child will understand and later be able to speak.
2. Expressive language skills are those that a child speaks. The child's spoken vocabulary, and the grammar and syntax of language of the child. So, it is imperative that the early childhood teacher and caregiver focus on the stimulation of both expressive and receptive language in daily interactions with children. Teachers and care givers can be trained in using a variety of language-stimulation techniques that will support receptive and expressive language skills development. These techniques are, description, parallel talk, self-talk, expansion and expansion plus.

    - Description – Description is a technique in which the teacher or caregiver narrates or describes what is going on by putting world labels on things. For example, if a teacher is distributing books, then she will say, "Here are some books for all of you and I am going to give them to you to read". Or a teacher while putting on a raincoat for a child describes all the steps as they occur.
    - Parallel talk – Parallel talk usually begins with "You." In parallel talk a teacher uses a short sentence that focuses on what the child is doing presently. For example, "You're playing with the sand in the sand pit." or "You are now opening your snack box and sitting with your friends," is parallel talk. Since the teacher is focusing on specific actions of the child it helps the child to put word labels to actions and objects and to connect the two and make sentences.
    - Self-talk – Self-talk begins with 'I'. In self talk a teacher uses short phrases that describe what a teacher or care giver is doing or is going to do. For example, a teacher might say to a child who is unable to open the snack box, "I am going to help you open your snack box". Self-talk is especially important in the early years as young children like routine and if there is anything that deviates from that routine it tends to upset them. So self-talk kind of helps a teacher or caregiver prepare the child. It is especially important during transitions, so a teacher can say, "I am going to ask you to keep your blocks away in 10 minutes, so try and complete your designs."

- Expansion and Expansion Plus: As children's vocabularies grow, we notice that they tend to use a word to signify a whole sentence or use incomplete sentences. This is where Expansion and Expansion Plus are important techniques to be used by the teacher or care giver. In expansion the teacher takes what the child has said and expands on it, for example if the child says 'blocks' the teacher expands and says, 'Do you want to play with those blocks?' In expansion plus the teacher or caregiver adds to what the child has already said, so for example, the child says, 'look crow', the teacher or care giver uses expansion plus and says, 'Yes, that is a crow and look, it is black in color'. Expansion and expansion plus help children put their thoughts and needs in sentences.

Language is a skill which is learnt by imitation. How did you learn your mother tongue? You listened to the people in your environment, then you imitated and were motivated by others and so language development
took place. You made mistakes and you were corrected and that's how your mother tongue was learnt. No grammar taught separately, no teaching of nouns and verbs separately, no sentences given to turn into active and passive. You lived, experienced and heard the language every day. That is the best way to learn any language.

4.4 How to increase language development in children?

- Talk to the child.
- Expose him/her to songs and stories.
- Label everything in the environment.
- Choose age appropriate books- first picture books, then books with one word, then books with short sentences and then short stories.
- Use picture talk often in daily activities.
- Let the child name objects. Do not make him/her repeat after you.
- Use songs that have chorus lines that children can participate in.
- Avoid using cassettes in which singers have a very heavy accent.
- Talk, talk, talk and talk to children.
- Listen, listen, listen and listen when they talk- do not prompt, interrupt or correct them when they are trying to talk.
- If you want to correct them, then after they complete their sentence, you can repeat the sentence in the correct way. They will learn by imitation.

Remember these points about language development in young children:

1. Children will talk only if they have something to talk about. So give rich experiences and activities to the child every day, something novel, done in a unique and creative manner; this will get him/her excited and want to make him talk about his activity or experience.
2. If you correct kids while they are talking then they may forget what they were going to say, and this can frustrate children. Please understand what the child is going through when he/she is learning English, the second language (his first language is his mother tongue and hence English is his/her second language) which in most of our schools is the 'first language'. The child thinks in their mother tongue, he/she experiences something that he/she wants to talk about, he/she is trying to translate thoughts into English, and that takes time, so the child pauses after a word or repeats some words again and
   again(I……..I……..I……..went……..went……..water). Now if you interrupt the child by saying, "Okay, where did you go? To the supermarket?" You have completely misunderstood the child and now the child is on another track, that of answering your question. So the child loses his/her train of thought and suddenly communication in English becomes a very difficult task for the child. Instead, you could have waited patiently for the child to finish speaking and then could have said- "Okay, so you want to drink water?"
3. Since children learn by imitation, the more they hear the better will they be able to talk. Listening is a very important skill to language development.

   Some dos and don'ts for early caregivers:
   - Do not keep repeating instructions. First get the child's attention and then give the instruction.
   - Talk in a soft, clear voice. Don't nag, yell or be shrill.
   - Be clear with your pronunciations.
   - Never make children repeat the sentence after you. For example, if the child said- 'I went water', do not say, 'No dear, it is I want water, now say it.' Instead just say, 'Oh, you
     want water.' Listening to you will automatically teach him/her the right pronunciation.
   - Avoid using unnecessary questions. Questions like, 'Are you going to eat your food or not?' in which there is no choice or actually no real choice, tend to confuse children and then they feel frustrated when you do not do what they answered. Sometimes many teachers ask children, 'Do you want to listen to a story?' and children may say 'no' but the teacher still continues with the story, this irritates children and they feel let down. Because your question made them feel that they have a choice and when

they opted for the choice, you still forced them to do what you want. Isn't it
frustrating?

- Give requests and directions positively; start a sentence with a positive and not a negative- 'Walk slowly' would be a better way of instructing, instead of saying, 'Don't run'.

Similarly, instead of saying, 'Don't sit there', it is better to say, 'Let's sit here as you may get hurt on that stool'. Yes, it requires longer sentences and sometimes we do not have the patience,
but imagine if your world was always filled with, 'no', 'don't', 'never'? It is important to give instructions to children that also explain the reason why you do not want them to do the
particular thing or act. Just telling them not to do it, is not enough.

- Avoid repeating your instructions. Repetition is good for children, but the repetition should not be boring or it becomes drill and then children tend to switch off and ignore the message. When you tend to repeat

Yourself too much, then it also teaches children that you are not serious the first time and they will learn to listen to you only after you have repeated the instruction a couple of times. So if you want your children to listen to you then get the attention first – eye contact is very important for
good listening and once you have their attention, give your instruction to the point. If you feel you want to repeat, then questioning would be a better way to repeat.

- Do not talk too loudly. I believe that inside us are an angel and a devil. The angel talks very softly and the devil shouts.

So if the child is surrounded by adults, who talk loudly and shout all the time, then the child learns to listen to loud voices and hence he will always listen to the inner devil. But if we
surround the child with soft voices, soothing calm voices, then he/she will hear the voice of the angel and it will guide him to make the right decisions. (Basically the devil is a metaphor for the voices of temptation that he will hear lifelong around him/her and the angel is a metaphor for his inner voice of conscience)

- Teach children how to listen to and comprehend instructions. For this I have successfully used the step method; many teachers and parents that I have taught it too, find it extremely successful. At age one, your child should be able to follow one step directions like - Come here, Sit here, etc At age two, he should be following two step directions like- Bring the ball and come here, etc At age three, it's time for three step directions like - Go to the table, pick up the spoon and bring it here. At age four, he should be

able to follow 4 step directions and by age 5 and forever at least 5 step directions. Because when he comes to high school, the teacher uses a lot of directions in her conversation. Children, who are unable to listen, tend to

ask their neighbor and get labeled as talkative and the child, who tends to ask the teacher as to what to do, gets labeled as a baby, always requiring help. So to make his life easier, start

playing direction games at home. (Also important, how many step directions are you able to follow?)

- Sing songs for language development. Singing songs, reading stories to children, all help in developing listening skills. Also important is to let children listen with their 'ears' and not their 'eyes'!
- Do not translate all your instructions into actions, then children will look at your actions and understand what you are saying, they will not listen. Always wait for the children to stop talking before you give instructions, do not shout instructions, sing the instructions if you have to:
  Twinkle twinkle little star
  Time to wind up, where you are.
  Time to put your toys away
  Time to tidy up the class
  Twinkle twinkle little star.

How does drawing help language development?

Drawing is a significant form of communication that can express the child's response to everyday experiences and the world more readily than words. Important experiences can find expression in drawing and perceptions are sharpened. Adults can help by displaying a positive attitude towards their drawing. Ask the child if he would like to tell you/talk about his/her drawing but do not push or nag if the child is reluctant. Be sympathetic and interested. It is more appropriate to say 'Tell me about your drawing.' than to ask 'What is it?' You can even write down/document the child's responses/ideas as the child shares them with you. For a meaningful language program I find it better to keep in mind the teaching maxim of whole to part or simple to complex. Language, reading and writing are learned as children have creative and meaningful experiences with language. (Songs, stories etc) Then they will be aware of words. (Do an activity like word naming or picture naming or match the pictures) Next, they will become aware that words are made up of sounds (here do the activity of syllable clapping- beautiful- beau-ti-ful, a clap for

every syllable, they can practice clapping for the syllables in all their names) then they will become aware that letters have sounds and here the teacher needs to introduce letters and letter names. Thus, we go from the whole (story or message) to the sentences, then to the

words that make up the sentences, and finally to the letters and the sounds they make, and not the other way around.

4.5 Language and phonics

When designing your own language program, it is important to keep in mind that different children have different learning styles- looker, listener and mover. So language and even 'phonics' is taught best if done through the four avenues of the brain:

- Sight,
- Sound,
- Speech
- And Writing

Students see the symbol, Hear the teacher say the sound, Say the sound or repeat it and write the symbol.

The road to language and phonics

1. See- Get children to see letters everywhere- labeling, interactive charts, Glenn Doman words.
2. Hear - Rhymes Syllable clapping Nursery rhymes "One of the best indicators of how well children will learn to read is their ability to recite nursery rhymes when they walk into kindergarten. The ability to recite nursery rhymes is considered an indicator of phonemic awareness". The best way to teach songs and rhymes to preschoolers is: First – Sing the whole song for the kids. Children need to hear language in its entirety. Echo game - Now sing one portion of the song and have the children echo (repeat) it back. Follow me- Now sing asmall portion of the song and stop and motivate the children to sing the next line etc. Mistakes in pronunciation etc are possible at this stage. Please do not stress on the mistakes.
3. Say- There are two types of sounds in English. One sort makes a pure continuous sound, e.g. sssssssss, ffffffff, rrrrrrrr, mmmmmmm, nnnnnn, vvvvvvvvv. The others have a 'schwa' on the end of them. The 'schwa' is like an 'uh' sound on the end of the letter sounds, e.g.' 'Bb' cannot be said without a schwa-'buh'. The continuous sounds can be said with or without the schwa. 1. Hence the right mouth movements and breathing are very important for phonics.
4. Write- Important to choose your particular writing style (font) and stick to the same throughout. For writing it is important to first concentrate on formation, then size. So give the child a plain paper and let him/her copy the letter, for the child to copy a letter first show him/her by using your finger and drawing the letter in the air, let him do the same, then do it on sand and simultaneously use sand paper letters for them to trace and get the 'feel' of the formation of the letter. Children should know how the letter 'feels' and then they will be able to guide the

pencil accordingly. All this while it is important to note that the child's finger muscles should be developed and eye hand co-ordination should be in place.

Along with every school's (and parents) enthusiasm to be 'English speaking', came the pressure for children to speak in English sooner and better, without regard to what was developmentally appropriate for young students. Thus the teaching of reading was pushed into pre primary with very few adaptations. So for seeing- children must be given reading readiness exercises of same and different, to be able to identify the differences in the letter formations. Say- the teaching of phonics, sadly is being done even before the children have learnt to speak, hence articulation is not proper, also one cannot teach the English letter sounds in the mother tongue! So many schools give out sheets with the letter and its translation in Hindi (saying it will help the parents). It is no help to the parent but makes the child pronounce English in the mother tongue! If writing of the letters is being done with the sounds then initial writing patterns and writing rules should be clear to all children. "For effective language development, a child needs a way (form), a reason to communicate (function), and content (something to communicate about)". "First word combinations appear between 18-20 months; and around age two, children start using sentences, although the first phrases are usually verb/noun combinations such as "me go" or "go bye". While teaching vocabulary- first nouns, then verbs and then adjectives and the others. Language is a means to communication and all learning is based on communication, so please see that the child is comfortable with the language, only then will learning take place. A question often asked is by which age the teacher should speak only in English to the children. I would say in the initial stages, speak in the language of understanding of the children and repeat the sentence in English. After a year speak only in English, but allow the children to answer in any language. Another year later, motivate them to speak and answer in English, but not by penalizing them or ridiculing them for not speaking in English. Many schools fine the children for speaking in Hindi, and Hindi is our national language! What are we teaching our children by acts like these?

4.6 Factors influencing Language Development

Physical Development : The speech organs should be well developed. The child's physical energy level should be adequate.

- Intelligence – The higher the intelligence better the language development.
- Socio-Economic Status : Better social environment better opportunities to listen, interact with people & learn language

.• Family relations & ordinal positions- Better interaction among the members more opportunities to learn language and use it. Older children learn better language than younger children as role models are adults.

- Motivation & rewards help in picking up language.

Bibliography : - Kathy Hirsh-Pasek & Roberta Michnick Golinkoff ï 2003 ï Einstein Never used Flash Cards - Ellen Galinsky ï 2010 ï Mind in the Making - Carol Garhart Mooney ï 2000 ï Theories of Childhood - Carol Garhart Mooney ï 2010 ï Theories of Attachment - David Whitebread ï 2012 ï Developmental Psychology & Early Childhood Education - Stuart Brown ï 2009 ï Play how it shapes the brain, opens the imagination and invigorates the soul - Pam Shciller ï 2009 ï Seven Skills for school success - David Perlmutter & Carol Colman ï 2006 ï Raise a smarter child by kindergarten - Suzanne Gellens ï 2000 ï Activities that build the young childôs brain - Dave Riley, Robert R. San Juan, Joan Klinkner, And Ann Ramminger- 2007- Social And Emotional Development: Connecting Science And Practice In Early Childhood Settings (Redleaf Press, 2007).

Chapter 5

Socio-emotional development

5.1 Social Development

Social development, is being able to participate in group activities, knowing howto behave in a group, how to wait for a turn, how to ask for things etc (manners). Young children are egocentric and the poem given above truly signifies it. They always want their own way; they want what they want, when they want it. . Babies and young toddlers thrive on attention and like to be around others. Young children learn about socializing in the first 6 years and this defines how they will be able to get along with others in later life. But social development needs to be nurtured for every child to be able to understand what is socially acceptable and what is not. As children develop socially, they experience six increasingly complex types of peer play (Parten, 1932).

2 Types of peer play

Unoccupied play - Children are content in watching others play.

Onlooker play - Here the child is still content to watch but may now like to wander near to those who are playing.

Solitary independent play - Children at this stage like to play alone with objects, they do not like to interact with others even if they are sitting close to them.

Parallel activity - Children play close to each other, almost next to each other but with their own toys and may not interact.

Associative play - Associative play is a form of play in which a group of children participate in similar or identical activities without formal organization, group direction, group interaction, or a definite goal

Cooperative play - Cooperative play is concerned with solving a problem by working together to achieve a common goal. In cooperative play, everybody wins. Play is how young children learn. Through play, children develop the skills they need to expand their physical, emotional, social, and cognitive abilities.

- Parallel aware play In this type of parallel play kids will have eye contact or look at each other while playing.
- Simple social play or associative play At this stage children start interacting with each other but this interaction may still lack any kind of goal etc. Children will play with similar toys, smile or even exchange toys. They may play alone but look and copyor react.
- Complementary and reciprocal play Children are able to play reciprocal play games like peek a boo and are able to understand role reversals in games.

- Cooperative social pretend play This is most seen in role play games where a particular child will start the game and other will join along on their own with their own agendas and yet add to the game.
- Complex social pretend play Now children start co-operating with eachother, start to form groups, play roles and rules are defined. This is a more planned type ofstage where children will take a lead, assign roles or tasks to each other.
  Solitary play: So a child will say I am the mother and you will be the father or may even give roles like you will be the baby and you will be the pet dog etc. The above chart helps teachers plan the curriculum and equipment as it helps her understand that children at solitary play stage should be given their own toys and if in a school environment then all the toys should be the same. Also because they get irritable about 'their space', it is important to distance the children from each other; hence overcrowded classrooms with less toys don't work well for these children and they tend to be irritable and unsociable. At the parallel play stage the child is now ready to have another child sitting near him/her but still wants his own toys, (also the other child's toys, it's a stage of me, my, mine).
  It's okay if you put the child next to me, but see that he/she does not touch my toys. In their daily interactions, teachers come across many children who speak out of turn, are unable to wait for snack time, want to play outside when it is time to play inside, unable to walk in a line or conform to group play, unable or resistant to share, often bite, hit etc.
- Young children exhibit such behavior as they lack the most important skill for social development- self regulation.

  5.3 So what is self regulation? In the report from 'Neurons to Neighborhoods- the science of early childhood development', Shonkoff and Phillips (2000) define self-regulation as a child's ability to gain control of bodily functions, manage powerful emotions, and maintain focus and attention(Shonkoff& Phillips 2000). Why is self regulation important? Self-regulation has two aspects1.

First, it involves the ability to control impulses and to stop oneself from doing something. For example speaking out of turn. Second, it involves the ability to do something even when you don't want to or desire to do it, like walking in a line or keeping quiet during story time. Children will be able to self-regulate only if they are able to delay gratification and suppress or control impulses and thus be able to think ahead of the consequences of their actions and then change their actions accordingly to what will be more acceptable.

This ability of self control will not only help them in social-emotional regulation but also in cognitive-thinking regulation. Self regulation, impulse control, delaying gratification is all developed in the pre frontal cortex of the brain.

The pre-frontal cortex in the brain, also called the executive brain fully develops only by adolescence and it has its major growth spurt around the age of 5 to 10. Children below the age of 5 thus lack important executive brain, qualities like the ability to delay gratification, resisting impulse control, pro- social skills and conflict resolution. But children who are taught these skills will not have problems later on in life with getting along with others or respecting others property or solving problems on their own. These children are more likely then to have productive, successful lives as adults.

In fact, research shows that children's self-regulation behaviors in the early years predict future school achievement in reading and mathematics (Blair 200; & Razza2007).

A young child's social personality is defined by around 7 years of age. In the early years if children are found to be aggressive, violent, unable to control their impulses or urges, then these children tend to get labeled, punished, and many a times ignored.

This leads to them becoming more violent and resistant to rules and unable to empathize with others.

Which in turn leads to more misbehavior thus leading to the merry go round effect, where the cycle continues harming the child and destroying the child's personality and socio-emotional skills even further.

It is important that responsible adults help the 33 child step down from this merry go round. So is the adults and caregivers responsibility in the early years to nurture each child's social development.

Sociologically if one were to study the growing increase in behavior issues in classrooms, one can easily make the connection between the emergence of the nuclear one child family and the influence of visual media on children. Previously most kids came from joint families and so were taught early in life to share, co-operate and work in a group.

With one child families, most children lack the necessary exposure to habits like sharing, co-operation etc. But teachers can help in developing social skills using John Dewey's theory of 'learn by doing'.

5.4 Activities that promote self-regulation

a) Teach children pro-social behavior- here use games that require them to pay attention to each other, towork together- so games like parachute play are best for this.

b) Create situations for using pro- social skills- like when doing an art activity, if there are 5 children give only 4 paint brushes and see how children solve the problem.

c) Pro social behavior is best taught with friend's first, so pairing children in two's help them share, learn and grow. Once they are comfortable with friends, then switch pairs.

d) Teach children self regulation- after all behaviour management is best when you don't need someone to keep an eye on you. A game like Simon says or red light green light, teach children to wait for appropriate commands and hence teach them self regulation

e) The most important skill that is learnt in self regulation is impulse control, so these games are not just for fun but teach children essential social skills. Once a child can control his impulses he will be better at concentration, his attention span will increase and he will automatically do well in classroom activities.

f) Did you know that the common garden 'slide' helps nurture social skills like impulse control?- Yes, it teaches young kids self regulation and impulse control as they wait to climb (patience) , then climb the steps (effort) to reach the slide and then get the exhilarating slide down.(reward) Teaching kids conflict resolution is also an integral part of social development, how to get along with others, how to find solutions to conflicts, what to do when faced with a challenge etc.

g) Children will learn important conflict resolution skills from adults and so it is imperative that adults refrain from the following traditional social correction methods like, 'taking away a toy when two kids are fighting for it' or 'separating two kids who are quarrelling and asking them to sit elsewhere' or 'making children say sorry when they have hurt someone'

5.5 Emotional Development

I will not play at tug o' war I'd rather play at hug o' war Where everyone hugs Instead of tugs, Where everyone giggles And rolls on the rug, Where everyone kisses, And everyone grins, And everyone cuddles, And everyone wins. -Shel Silverstein Emotional quotient or EQ is now recognized to be as important as IQ. And so care givers and educators must understand how emotional development in children can be enhanced. It is important for parents, caregivers and teachers to understand the huge impact of television programs on young children's emotional development. The amount of 'fun violence' seen in cartoons and children's programs is not healthy at all for the emotional growth of children. It teaches them that heroes and villains can both use violence to achieve success. By watching such programs constantly children lose out on developing important emotional skill- empathy. This can lead to them displaying violent and aggressive behaviour without remorse or guilt.

It is also important to note that when children watch natural or manmade calamities on news channels (like bomb blasts or earthquakes) it has an impact on them emotionally; they fear that this can happen to them or their families etc. So it is important that adults discuss such programs if viewed by the child and help the child understand or allow the child to question or voice all their fears so that children can be nurtured to think sensitively about such issues without cause for fear or violence.

For understanding emotional development in young children it is important to understand the work of Erik Erikson. His theory- the 8 ages of man, sums up the emotional development of a human being from birth to adulthood and once care givers and educators understand this, it will be easier for them to understand their children and accept the behavior and changes.

5.6 Erik Erikson's stages of development

0 TO 1YRS TRUST VS. MISTRUST HOPE

- 2 TO 3 YRS AUTONOMY V/S SHAME AND DOUBT WILLPOWER
- 4 TO 5 YRS INITIATIVE V/S. GUILT PURPOSE
- 6 TO 12 YRS INDUSTRY V/S. INFERIORITY

- **1 YRS- TRUST V/S MISTRUST** and strength developed is hope. This age is the foundation of all emotional development and look at the strength developed at this age- hope. If hope is missing from a person's life and emotional makeup, there will be no positivity in a person's life. So at this age either the child will develop trust in the world or will develop mistrust, based on how he is treated. If he develops trust then he will have hope and positivity, otherwise he will grow up to be a very negative person. 38 How do babies develop trust? To understand this, care givers and educators must first realize that trust is internal and external. External trust is developed first, based on how the adults take care of the baby, or respond to his/her needs. So when the needs are taken care of, the baby develops trust in the outside world (his care givers and educators and caregivers) and this external trust helps develop the baby's internal trust that yes, I can communicate with the outside world (with my cooing, crying and smiling) and when I do, people are there to take care of me. So when the baby develops 'trust' he has adapted to the first stage of emotional development and is now ready to approach the next year of life with the happy feeling that 'I will be cared for'. Erikson believed that two actions on the part of care givers and educators help babies

develop this basic sense of trust. Responding to the baby's communication, his cries, and his smiles. Forget all the people who tell you that crying is good for the baby's lungs! May be, but in the first year of your child's life, crying is not good for his emotional development, so find other ways to develop his lungs! And in the first year babies need the warm physical contact with the parent, so when feeding him (even with a bottle) hold the baby close to your body. By doing all this, care giver and educator has developed the strength of 'trust' in the baby. Trust is an emotion that goes a long way in defining the child's future relationships.

- **2 to 3 yrs-AUTONOMY V/S. SHAME AND DOUBT** and strength developed is will power The 'terrible two's', the most difficult age, when the child suddenly exhibits signs of strong independence and then suddenly becomes clingy. Well, if it is difficult for you, it is the most frustrating phase for the child, and you need all your focus, patience and understanding so that the child goes through this phase happily and approaches the next one with confidence. The strength to be developed is to acquire a sense of autonomy (independence). Autonomy is what defines all the behaviour at this stage of the child. He wants to be independent and if the adult does not handle his sense of autonomy correctly then the child can end up suffering from shame and doubt. What are the common mistakes a care giver or educator can make at this stage? Autonomy means the child wants to experiment with his independence, he wants to do things on his own, like button his shirt, brush his teeth etc and the mistake we can make is to not allow the child to do these things because 'he may not do it right', or 'it takes him too much time' etc. 39 By not allowing the child this 'so required', independence we may unknowingly make the child feel inadequate and doubtful about his capacity. And when care givers and educators blame them for being late or not doing things right, then you are unknowingly cultivating feelings of shame in the child. Which means he is either going to grow up doubtful or insecure about his capacity as an individual or he will grow up ashamed of his capacity as he feels he can never please his care givers and educators. If handled well, then your child will develop a strong sense of self and will power as part of his emotional development. Autonomy to the child at this stage also means that 'I will be independent when I want to and I will suddenly want you do everything for me'. So they will swing from one to the other. But if supported well and understood in this phase then the child will be able to separate confidently from the parent/caregiver and learn to be on his own more often. According to Erikson, how the child is handled at this stage will define the following- Whether your child will be co-operative or will generally lack it Whether the child will be an introvert who suppresses his feelings or an extrovert who is able to express ones emotions. Erikson further emphasizes that the child will feel proud and confident about himself when a child can develop a strong sense of self-control without loss of self-esteem. But when a child experiences loss of control and excessive shame, the child will tend to doubt itself always Erikson believed that adults can foster independence in children of this age by: Giving children a chance to 'choose' or simple choices in everyday tasks. You don't have to fight everyday with your child about what to wear and also don't go to the other extreme of selecting his clothes for him, instead take out three choices and ask him to choose one. By giving clear choices. Which means do not give a choice, if one is not there! Yes, we adults do that all the time, like when the child is playing with his blocks and we want him to come for dinner, we tend to say, 'Are you coming to eat or not?'. The 'or

not' is a choice for the child, so don't confuse him. Very important that children know their limits and care givers and educators need to be consistent about these limits. This means to set and implement those limits equally and consistently for all kids. Remember the child will have 'independence swings', which means 'I will do it myself' mood can very easily change to a clingy, 'do it for me' mood. So be understanding and reassuring and accept both moods. Remember the strength of autonomy is what defines leaders from followers.

- **4 to 5 yrs-INITIATIVE V/S. GUILT and strength** developed is purpose. Compared to the terrible two's, which generally stretch to the three's also, this stage will seem very simple to the care givers and educators, which is because his communication skills and his ability to understand things are growing every day. He responds with language, he can think for himself, he has better motor skills and is able to do daily activities on his own. Erikson says that 'independence' should be the 'mantra' for this stage it is important for care givers and educators to focus on 'victories' like learning or practice of new skills and not on the mistakes made by the child. Very important at this stage that the expectations you set for each child are in line with 'his' individual abilities and not that of other children. The child at this stage will want to take more initiatives and responsibilities like helping you fold the clothes, packing his own school bag, watering the plants etc. if you do not allow him to take these initiatives or are constantly unhappy with him for not doing it the way you want it, then he will develop guilt. Guilt that, 'I can never make my care givers and educators happy', guilt that, 'My behavior makes my care givers and educators unhappy' etc. He also develops insecurity about his own abilities and hence in future such children never take any initiatives in the class like raising their hands to answer a question or volunteering for a task etc as they are always afraid that they may not be able to do the task or please the adults.

5.7 How can early childhood educators help enhance emotional development in the early years?

1. Teachers who understand emotional development in children will have better behaved kids not because she practices disciplining techniques but because she practices emotional competence.
2. Help children be aware of different emotional states both in themselves and in others. Most cell phones have smiley faces. Smiley face charts are also available on the net. Use these often to help kids label and identify their emotions and then those of others.
3. Help children identify and label their feelings and thus enable them to deal with them appropriately. Use sentences like these to help them label emotions, "I see you are angry because you did not get the blue crayon…..", or "I see you are sad that your friend did not sit next to you….." and then extend the sentences to help enable them to cope with the emotions, "….but you can color with the red one till the blue one is available." Or "….but you can sit with Yash today and maybe share with him all the fun."
4. Stories and story characters can be used as an important tool to help kids cope with and understand emotions. Use appropriate stories and then use discussion starters like- Talking and discussing about the emotions shown by the story characters, both positive and negative. Asking the children how they think a character felt at the end of a story or when something important happened in the story. Eg. "How do you think baby bear felt on seeing his chair

broken?" Asking the children what they would do to help the character in the story feel better. Eg. "If you were Goldilocks what would you do to make baby bear feel better?"
5. Learn the art of observing children and then be alert to children's facial expressions and body postures; they tell us a lot about the emotions that the child is experiencing. When you feel that a child may be experiencing a strong or negative emotion then use emotional diffusers like- block or role play, drawing or paining, talking to you in a time-in, where you sit with the child away from the group and let the child share what is troubling him or why the child was troubling others.
6. Accept emotional responses; learn to teach them to reject the emotional behavior or to channelize it. For example if a child bites someone, the feeling is of anger or frustration. So teach the child to acknowledge the emotion by saying, I know you are feeling angry or frustrated that you are unable to get a chance on the slide but you can talk to me about it but it is not acceptable to bite or hit someone. Arm the child with the ability to cope, and this comes from emotional intelligence. Negative emotions, thoughts and feelings will never allow your child to achieve his full potential. After all, stress affects the brain; so understand your 42 child's emotional needs and give him the support and care required to strengthen his emotional armor. "Emotion influences attention, memory, learning, meaning, and behavior." Eric Jensen Every child's emotional quotient is in our hands, be careful and nurture it well.

What is growth and development? Factors affecting development

There are qualitative and quantitative changes that take place throughout life. The quantitative changes such as physical gain in weight, height and physiological changes are termed as growth. The term development refers to changes in function. Such changes are non organic and are usually qualitative in nature.

Development is rarely a result of a single cause. A convenient way of thinking about the determinants of development is to divide them into two groups: biological or genetic factors and environmental or contextual factors.

The environments or ñcontextsòof life play a large role in the development of human beings, especially during the early years. The immediate environment such as family and community and the culture of a society are significant contexts. The culture translates itself into traditional or contemporary practices that operate within the interactions that take place in a family. It is therefore important to understand the underlying issues that visibly or invisibly direct action in society. We have been through the results of the ethnographic study taken up in the process of evaluating the media campaign for promoting good ECD practices and have identified issues that need to be stressed.

17. Specific Needs of Young Children

- **Nurturance, Nutrition, Care, Stimulation.**

Child growth is an indicator of past and present conditions including food intake, health status and activity levels, and a predictor of future impairments in health and performance that may result from poor nutrition, lack of emotional care and appropriate stimulation in childhood.

Where quality is concerned it is important to tailor different kinds of childcare services based on childrenôs individual differences, cultures and family situations.

Nutrition, health and safety are highly interrelated. For example, long time inadequate nutrition affects health status and inadequate nutrition for a short period of time can affect a childôs alertness and thus safety. A comprehensive approach to nutrition, health and safety services in early childhood programs requires the provision of services to children, a healthy and safe environment, and education to children, staff, and parents.

- **Reinforcing good traditional practices**

Nurturance- Socio-emotional Care

Food, health and care are all necessary, but none is sufficient alone. All three elements must be satisfactory. Emotional adjustment is important for a childôs capacity to learn and develop, as well as for holistic development. Various factors influence the socio-emotional development of the child.

Care refers to the behaviours and practices of caregivers that provide fool, health care, stimulation and emotional support necessary for childrenôs healthy growth and development. These practices translate food and health care resources into good nutrition, responsive psychosocial care, and adequate health for a child.

Quality of care includes responsiveness to childôs cues such as gestures, signals and verbalizations. Usually a positive emotional relationship between caregiver and child will be reflected in warm and responsive care giving practices. However, a weak and lethargic child will have a difficult time eliciting the caregiverôs affection. Malnutrition is known to lead to lower energy, apathy, delays in expressive language and motor development, all of which can reduce the childôs ability to solicit care.

Children belonging to families below the poverty line live in poor neighbourhoods, and hence, by definition, the children born in them are óat riskôon several variables of quality of life. Research on poverty affected familiesô shows that it negatively affects the quality of food intake of children. This impact is mediated by the behaviour of parents who control the childôs intake of food. The relationship of poverty with the home environment is somewhat indirect and not linear. Maternal poverty is associated with stress, poor nutrition and poor child health and maternal behaviour is critical in determining several child outcomes.

Temperament of the child

Quality of care includes responsiveness to childôs cues such as gestures, signals and verbalizations. Usually a positive emotional relationship between caregiver and child will be reflected in warm and responsive caregiving practices. However, a weak and lethargic child will have a difficult time eliciting the caregiverôs affection. Children vary from one another in their temperaments other the way that they are biologically predisposed to view the world. Some children are eager and bold, and others are shy and timid. All children can grow well, but it is important for caregivers to be aware of these differences. But childrenôs temperaments also change when they are malnourished or frequently ill. They become irritable, listless and timid.

Social and emotional development depends on the quality of attachment between the caregiver and child. Attachment refers to the unique and enduring bond between the primary caregiver and child, they are special to each other for the rest of their lives. For the mother, attachment develops at the latest, very soon after birth, in the first day or so, as she breastfeeds and cares for the child. Beginning breastfeeding right after birth is important for attachment as well. Their infant gradually becomes attached during the first year of life. Not only the mother, but also all caregivers who spend time with an infant can develop mutual attachment. A child with secure sense of attachment will be happier and a better and more confident learner. Although the motherôs sensitivity may be an important factor in the development of attachment, the infant also plays an active role in developing the relationship since the motherôs response is also guided and influenced by the temperament of the baby. Attachment is a crucial factor in many aspects of the infantôs development and it has critical implications for later development.

Various studies indicate typical behaviours in case of securely and insecurely attached children. Insecurely attached infants for example are more concerned about ensuring the presence and proximity of their mother. Therefore do not get the opportunity to explore the environment freely or to establish and maintain close relationships with others.

Even when poverty causes food insecurity and limited health care, caregivers can make use of existing resources to promote survival, growth and development. When there are few supports for good childcare, health care is limited and sanitation is poor, nurturing care is the critical factor that can make a difference between good outcomes and poor ones. The programme should go beyond good physical care to include good social, emotional and cognitive care as well, in terms of providing appropriate stimulation.

Stimulation

Numerous studies over the past decades have amassed impressive evidence to suggest that very young children have an enormous capacity for learning and that improving the quality of the environment can significantly enhance this process. The human brain grows

very rapidly in the first few months and years of life. The very speed at which growth occurs make the early years critical. According to Tanner (1978) by 2 years of age a childôs brain is 55 percent of the brainôs adult weight. By 5 years of age it is 90 percent. Bloomôs (1964) data had suggested that about 17% of growth in educational achievement takes place between the ages of 4-6 years.

Preschool intervention has been widely hailed as an effective technique for preventing academic and intellectual deficits agreed to be common among disadvantaged children. Reiterating the importance of preschool years

Gesell (1925) had stated that the childôs mind, character, spirit will never advance there will never be an equal chance to lay the foundations of mental health. Ausubel (1964) had examined the õcritical periodò hypothesis in relation to learning and concluded that the result of missing early learning is to build up a cumulative deficitôwhich limits later learning. He further stated that from this deficit arises the possibility of irreversibility of early deprivation. The Research and policy Committee for Economic Development in the United States (1971) had made public the following position.

õPreschooling is desirable for all children, but it is a necessity for the disadvantaged. Without it, there is little possibility of achieving equality in educationé . Only a massive effort to establish both public and private preschool educational programmes will provide the preparation in motivation, intellectual capacities, and physical skills essential to success in achieving total basic literacyò (pp 35-37).

- **Physical Care**

Young children need the opportunity to develop fundamental motor skills. They need a variety of experiences to give them both a broad range of physical skills and a disposition to continue to participate in physical activities.

There can be long-term negative effects for children who fail to develop basic motor skills. These children will not be able to join in group games or participate in sport during their school years and in adulthood. The positive development of motor skills has other benefits besides participation in games and sports. Engaging in motor skill fulfils young children needs and desires for movement, and exercise builds muscles, strengthens the heart and enhances aerobic capacity.

- **Cognitive and language stimulation**

Young children do not have clear speech. They begin with babbling and cooing initially. I express their needs. One may feel how unsure about the childôs ability to be affected talking to her. Seemingly the child does not respond to what inputs you give in terms language and

activity. However, children are constantly learning through the interaction with the environment.

It is important to recognize that children differ in their ability to acquire language and that this variation cannot be readily explained by differences in environmental input alone. For children who are slow in developing language skills, opportunities to talk and be talked will are important. The focus has to be on listening to the child, and helping him verbalize.

Research evidence shows that failure to provide early stimulation can lead not just to developmental stand still but to actual regression. At the same time, one should be aware that over-stimulation could cause infants to become confused, irritated, or withdrawn.

18. Deprivation and its Consequences

Families may be incapable of taking care of some developmental needs of children due to several causes including poverty, maternal employment, and lack of time/awareness to cater to the day to day nurturing/caring needs. They may also be unable to provide the stimulating experiences required for realization of the full potential of the child.

Children from a home background that is economically and socially at the lowest level of society lack a family orientation towards formal learning. In sociological terminology they are referred to as being disadvantaged. The interplay of conditions such as unfavorable human environment, overcrowding and poor economic status in slums where largely disadvantaged families reside, produces undesirable social conditions for learning. Literacy levels amongst parents are low and parental indifferences towards education also aggravates the situation.

Most of the slum dwellers are faced with employment problems. Often they are casual workers like masons, barbers, autoworkers, rickshaw pullers, vegetable vendors. The nature of their work being impermanent and migratory, incomes are unstable and children may have to drop out of school to support family incomes or relieve the parent from household chores and the burden of younger children. With this as the backdrop during development a large number of children under 6 years are deprived of the minimum requisites for normal development such as care, nutrition and health.

Bibliography : - Kathy Hirsh-Pasek & Roberta Michnick Golinkoff ï 2003 ï Einstein Never used Flash Cards - Ellen Galinsky ï 2010 ï Mind in the Making - Carol Garhart Mooney ï 2000 ï Theories of Childhood - Carol Garhart Mooney ï 2010 ï Theories of Attachment - David Whitebread ï 2012 ï Developmental Psychology & Early Childhood Education - Stuart Brown ï 2009 ï Play how it shapes the brain, opens the imagination and invigorates the soul - Pam Shciller ï 2009 ï Seven Skills for school success - David Perlmutter & Carol Colman ï 2006 ï Raise a smarter child by kindergarten - Suzanne Gellens ï 2000 ï Activities that build the young childôs brain - Dave Riley, Robert R. San Juan, Joan Klinkner, and Ann Ramminger- 2007- Social and Emotional Development: Connecting Science and Practice in Early Childhood Settings (Redleaf Press, 2007).

Kathy Hirsh-Pasek & Roberta Michnick Golinkoff ï 2003 ï Einstein Never used Flash Cards - Ellen Galinsky ï 2010 ï Mind in the Making - Carol Garhart Mooney ï 2000 ï Theories of Childhood - Carol Garhart Mooney ï 2010 ï Theories of Attachment - David Whitebread ï 2012 ï Developmental Psychology & Early Childhood Education - Stuart Brown ï 2009 ï Play how it shapes the brain, opens the imagination and invigorates the soul - Pam Shciller ï 2009 ï Seven Skills for school success - David Perlmutter & Carol Colman ï 2006 ï Raise a smarter child by kindergarten - Suzanne Gellens ï 2000 ï Activities that build the young childôs brain - Dave Riley, Robert R. San Juan, Joan Klinkner, And Ann Ramminger- 2007- Social And Emotional Development: Connecting Science And Practice In Early Childhood Settings (Redleaf Press, 2007)

UNIT 3

NUTRITION AND HEALTH NEEDS OF THE CHILD

Chapter 1

Ensuring optimal health and growth measuring head circumference heigh, weight MUAC, Use of growth chart, malnutrition

Chapter 2

Common childhood illnesses, Prevention and Management (Immunization schedule)

Chapter 3

Nutrition importance of BF, Complementary feeding, Food of groups and balanced meal planning, Safe handling of food

Chapter 4

First Aid and handling emergencies, simply injury, sprain, burns

Chapter 5

Hygienic care practices especially when handling children in group situations

Early childhood (2 to 6 years) is one of the crucial periods of life characterized by substantial physical and psychological changes. Although the rate of growth slows down during this period compared to infancy, the child continues to gain weight and height. The weight of the child quadruples and height grows by two thirds. Moreover, a remarkable growth of brain occurs during early childhood reaching 90% of adult size (Tanner, 1978). Good nutrition is very essential to facilitate normal growth and development of the children in this age group. However, under nourishment has been reported to be a very serious problem contributing to growth failure among preschoolers in India, in spite of considerable economic development and improved food production. This might be due to low quality of complementary foods fed to the child from infancy onwards, high burden of intestinal parasitic and other infections, poor socioeconomic back ground, low birth weight (LBW) and intrauterine growth retardation etc. (Kuklina EV et al, 2006). Diarrhoea, respiratory diseases and infections such as measles are common health problems due to malnutrition in this age group which further affect their nutritional status. Failure to achieve the genetically potential height is one of the repercussions of malnutrition resulting in stunting. Research has proved that impaired food intake during early stages of life not only affects the immediate growth and development but might even affect their growth in later periods of life i.e. childhood and adolescence. In addition to adversely affecting the academic performance, childhood stunting and overall growth failure also increases the risk of developing chronic diseases such as obesity, impaired glucose tolerance and hypertension during adulthood (Sawaya AL, 2003; Pasricha SR and Biggs BA, 2010). Among female children, menarche is also affected by nutritional status and growth patterns during early childhood (Mesa et al, 2010), and severe stunting is also associated with adverse reproductive outcomes (WHO, 1995). Nutritional needs of a preschool child Children under five years of age constitute the most vulnerable segment of any community and their nutritional status is a sensitive indicator of community health and nutrition (Sachdev, 1995). Good nutrition is necessary to achieve the physiological milestones appropriate for early childhood. It is often noticed that the children of this age group eat less which might be due to the slow rate of overall growth. However, low food intake might result in failure to meet the nutritional needs which in turn affects their overall growth and development. The nutrient needs for preschool children have been recommended by ICMR (2010) and issued at two levels/age groups of 1-3 & 4-6 years. It is important to note that the need for energy and certain nutrients increases with

age. Energy Consumption of sufficient energy is very necessary for young children to facilitate body metabolism, physical activity and thereby their growth and development. Insufficient food /energy intake is the major reason for body muscle loss and poor growth. Since, overall food intake is a deciding factor of the energy consumption, ensuring consumption of sufficient food on a daily basis is very essential. Energy in the diet is contributed simultaneously by carbohydrates, protein and fat which are termed as macro nutrients. Among these, carbohydrates and fat are valued more for their energy contribution where as protein is valued for body building.

The issue of Health in the early childhood years is a subject of a volume by itself. In keeping to the context of this book, we have selected what we think are the most relevant topics, presented below:

1. Growth

2. Vision, Hearing evaluation and its relevance to developmental concerns.

3. Vaccinations

4. Healthy and balanced diet

5. Bladder and bowel control

6. Sleep Hygiene

7. Fall and Head Injury

8. Parental Tips

Chapter 1

Ensuring optimal health and growth measuring head circumference, height, weight, MUAC, use of growth chart, malnutrition

1.1 What is growth defined as?

Growth is defined as a increase in the number and size of cells and tissues as measured by anthropological measurements like weight, height, head circumference, etc. It is determined by both genetic and environmental factors, nutrition being the most important but not the only factor among the latter. Growth Monitoring is a screening tool to diagnose nutritional or chronic diseases at an early stage. It is a simple yet effective way to identify children who require extra care. Monitoring the growth of a child requires taking the measurements at regular intervals, and seeing how they change. A single measurement only indicates the childôs size at that moment. Monitor Weight, Height and Head Circumference as follows: Age Frequency of Recording Data Birth to One Year Monthly Second year 2 monthly Up to 5 years 3 monthly Growth charts are used for ease of growth monitoring. The normal parameters are already highlighted on this chart over which a particular childôs measurements are entered and seen if it is within the normal parameters. It is important and vital to plot the weight and height measurements of a child over a period of time and any deviation from the normal pattern should be investigated at the earliest. An upward curve in the chart indicates increase and is ideal. If the curve is static or dips down the child needs immediate medical attention. Parents should be involved in growth monitoring at every step and have to be explained the importance of maintaining and updating the growth chart of their wards. Body mass index is the body mass (weight in kg) divided by the square of the height (in metre). The normal range is 18 to 25. A value under 18 indicates under nutrition, 25 - 30 means overweight and above 30 implies obesity. As much as it is important to maintain a BMI above 18 care takers should also not go overboard as it may lead to obesity and related issues.

1.2 Assessment of growth

Assessment of growth is vital. It provides a sensitive guide to a childôs:

- health
- development

- nutritional status
- response to treatment.

The measurement of a childôs head circumference is part of this assessment.

Growth measurements encompass the measurement of height, weight and head circumference. The relationship of all these measurements will identify the need for further monitoring or investigation (ie a small head circumference with a low weight needs a different approach, compared to a small head with a normal weight).

An abnormal rate of growth could suggest a pathological disorder requiring diagnosis and possible treatment (eg hydrocephalus, psychosocial problems, craniosynostosis (Sniderman, 2010).

The aim of measuring a head circumference is to determine the maximal head circumference.

It is performed to:

- Monitor the growth of a child, particularly those under two years. However, it is still useful to continue to record a childôs head circumference, as it may detect any abnormalities that may develop after this period (Royal College of Paediatrics and Child Health (RCPCH), 2013)
- Detect abnormal brain or skull growth (eg hydrocephalus, craniosynostosis, microcephaly).

All new born babies should have their head circumference measured. This should not be done before 36 hours of age. It should be done after 36 hours of age or preferably at 7ï 10 days (RCPCH, 2013).

This measurement must be:

- recorded in the childôs health care record
- recorded in the admission assessment record
- recorded in the childôs parent held record
- plotted on a centile chart.

1.3 MUAC

Mid-Upper Arm Circumference (MUAC) is the circumference of the left upper arm, measured at the mid-point between the tip of the shoulder and the tip of the elbow (olecranon process and the acromium).

MUAC is used for the assessment of nutritional status. It is a good predictor of mortality and in many studies, MUAC predicted death in children better than any other anthropometric indicator. This advantage of MUAC was greatest when the period of follow-up was short.

The MUAC measurement requires little equipment and is easy to perform even on the most debilitated individuals. Although it is important to give workers training in how to take the measurement, the correct technique can be readily taught to minimally trained health workers and community-based volunteers. It is thus suited to screening admissions to feeding programs during emergencies.

MUAC is recommended for use with children between six and fifty-nine months of age and for assessing acute energy deficiency in adults during famine.

The major determinants of MUAC, arm muscle and sub-cutaneous fat, are both important determinants of survival in starvation. MUAC is less affected than weight and height based indices (e.g. WHZ, WHM, BMI) by the localised accumulation of fluid (i.e. bipedal or nutritional oedema, periorbital oedema, and ascites) common in famine and is a more sensitive index of tissue atrophy than low body weight. It is also relatively independent of height and body-shape.

1.4 Records of physical growth and development

The monitoring of growth and development serves as a reference for the biological, affective, psychological and social aspects of a child's health. The monitoring of anthropometric data in standardized growth curves has become a screening test in the promotion of health, since individual curves, especially of weight, are sensitive indicators of the health status of children

Weight is the most widely used and simplest, reproducible anthropometric measurements for the evaluation of nutritional status.

- It indicates body mass
- It is sensitive to even small changes in nutritional status due to childhood morbidity like diarrhea.
- Rapid loss of weight indicates a potential malnutrition
- Serial weight recording is more valuable for progressive growth of a child when age of a child is not known.

Technique for measurement

To measure weight beam or lever accentuated scales with an accuracy of 50-100 g are preferred. Portable Salter scale (CMS Weighing Equipment, Ltd. England): the child is suspended from the scale which is hung from a branch or a tripod. Special "pants" are used to weigh babies. Robust, cheap, and easy to carry, these scales should be replaced after one year because of stretching of the spring and inaccurate readings. The model with readings up to 25 kg (x 100 g) is recommended. Bathroom scales are not recommended as errors up to 1.5 kgs can occur with this.

Precautions to be taken while weighing

- Zero error has to be adjusted.
- Minimal clothing should be worn and be without shoes.
- While recording the value do not lean against or hold anything.
- Preferably record under basal conditions in early morning.
- Most types of scales (especially beam scales) are sensitive to dust and mud.

Standards

- On an average, a baby weighs double the birth weight by five months, trebles its birth weight by one year and quadruples its birth weight by two years.
- A baby should gain at least 500g per month in the first three months of life. If the growth is less than this it points to malnutrition. In different parts of India, the average birth weight is between 2.7 to 2.9 kgs.
- Weight for age is used to classify malnutrition.

Height

- Height of an individual is influenced by genetic as well as environmental factors.
- Maximum growth potential is decided by genetic factors.
- Nutrition and incidences of infection determine the extent of exploitation of that genetic potential.
- Inadequate dietary intake and/ or infections reduce nutrients available at the cellular level.This results in growth retardation. A prolonged period of severe deprivation leads to stunting.

Technique for measurement

- Children below two years are measured by using an infantometer.
- Baby is made to lie on the scale and crown heel length is measured.

- For children above two years and adults a vertical measuring rod anthropometer- is used and maximum height is measured.
- Measuring scale should be capable of measuring to an accuracy of 0.1 cm.

Standards

- Length of the baby at birth is 50 cm.
- By first year it increases by 50% to 75cm.
- By third year end it increases by 12cm.
- During puberty, growth spurt, boys add 20cm to their height and girls gain about 16 cm.
- Indian girls reach 98% of their final height by 16.5 yrs. and boys reach the same stage by 17.75 yrs.
- Low height for age indicates nutritional stunting or dwarfing. It reflects past or chronic stunting.

Growth charts are a standard part of any checkup, and they show health care providers how kids are growing compared with other kids of the same age and gender. They also allow doctors and nurses to see the pattern of kids' height and weight gain over time, and whether they're developing proportionately.

Let's say a child was growing along the same pattern until he was 2 years old, then suddenly started growing at a much slower rate than other kids. That might indicate a health problem. Doctors could see that by looking at a growth chart.

1.5 Vision and Hearing evaluation

Vision and Hearing Evaluation and its relevance to Developmental Concerns. The care of the well child and adolescent underlines the importance of preventive pediatrics and evolution of this kind of health care approach is essential at all stages of a childôs development. The constantly changing tableau of a childôs development emphasises the need for periodic encounters between children, their families and the teachers. Developmental disabilities, including those of vision and hearing, put young children at risk for school failure and school dropout. Such risks, with or without apparent developmental delay, often result in children being held back in grades, unemployment and drug abuse. These disabilities are more often than not, preventable at pre school and school age and if recognised early, prompt therapy can yield miraculous results. The academician who encounters such a child on a regular basis needs to be sensitised towards these problems and a prompt referral could save a childôs education. Inattention during classes, falling grades, frequent absenteeism,

apparent lack of concentration or ósimply does not listen in classô could be a few red-flag signs of a child who has serious issues with vision or hearing as much as Attention Deficit Hyperactivity Disorder. Refractive errors, astigmatism, squint, chronic otitis media, late onset hearing loss are few conditions that are common among school going children although milder forms of congenital defects may be missed earlier. An annual vision and hearing check up should be offered to all children. Teachers can be trained and helped by medical professional to screen children using visual acuity charts. High risk children should be followed up not only by the medical team but also by the school. Because so much learning is accomplished through the sense of hearing, screenings are essential to help identify any barriers that would impair a childôs ability to learn. A pure tone audiometry can be used in children to screen for hearing. Importantly, before being dismissive of a childôs potential to learn, these developmental disabilities should be addressed.

1.6 All about malnutrition

Malnutrition refers to deficiencies, excesses or imbalances in a personôs intake of energy and/or nutrients. The term malnutrition covers 2 broad groups of conditions. One is óundernutritionô which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals). The other is overweight, obesity and diet-related noncommunicable diseases (such as heart disease, stroke, diabetes and cancer).

Malnutrition affects people in every country. Around 1.9 billion adults worldwide are overweight, while 462 million are underweight. An estimated 41 million children under the age of 5 years are overweight or obese, while some 159 million are stunted and 50 million are wasted. Adding to this burden are the 528 million or 29% of women of reproductive age around the world affected by anaemia, for which approximately half would be amenable to iron supplementation.

Many families cannot afford or access enough nutritious foods like fresh fruit and vegetables, legumes, and milk, while foods and drinks high in fat, sugar and salt are cheaper and more readily available, leading to a rapid rise in the number of children and adults who are overweight and obese, in poor as well as rich countries. It is quite common to find undernutrition and overweight within the same community, household or even individual ï it is possible to be both overweight and micronutrient deficient, for example.

In April 2016, the United Nations General Assembly adopted a resolution proclaiming the UN Decade of Action on Nutrition from 2016 to 2025. The Decade aims to catalyse policy commitments that result in measurable action to address all forms of malnutrition. The aim is to ensure all people have access to healthier and more sustainable diets to eradicate all forms of malnutrition worldwide.

Bibliography : - https://www.gosh.nhs.uk/health-professionals/clinical-guidelines/head-circumference-measuring-child
http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472015000200097
https://motherchildnutrition.org/early-malnutrition-detection/detection-referral-children-with-acute-malnutrition/muac.htm
http://vikaspedia.in/health/child-health/growth-and-development/monitoring-growth-and-development
https://kidshealth.org/en/parents/growth-charts.html
https://www.who.int/features/qa/malnutrition/en/
Dewey, J. (1897) My Pedagogic Creed. The School Journal, LIV (3): 77-80. - Greenberg, M., Kushe, C., Cook. E. and Quamma, J. (1995) Promoting emotional competence in school-aged children: The effects of the PATHS curriculum. Developmental Psychology 7. 117-136; - Hendren, R., Birell Weisen, J. and Orley, J. (1994) Mental Health Programmes in Schools. Geneva: WHO, Division of Mental Health. - Hyson, M. (1994) Development of Young Children: Building an Emotion-Centred Curriculum. New York: Teachers College Press. - Mori, C and Kiefer, C (2006) What is Infant Mental Health [Idaho adaptation of information developed by the Florida State University Center for Prevention & Early Intervention Policy: by Joy Osofsky] http://www.idahochild.org - Rawal, S (2006) http://people.bath.ac.uk/edsajw/rawal.shtml - Shastri P (2009) Promotion and prevention in child mental health Indian J Psychiatry. 2009 Apr-Jun; 51(2): 88ï 95. - Webster-Stratton, C. (1999) How to promote children's social and emotional competence. London: Paul Chapman Publishing Ltd. - WHO (2003) Documents can be downloaded from the Internet site of the WHO Global School Health Initiative (www.who.int/school-youth-health)

Chapter 2

Common childhood illnesses, Prevention and Management (Immunization Schedule)

21. Common Childhood Illnesses- Prevention and management

2.2 Immunization Schedule

2.1 Common Childhood Illnesses, Prevent and management

Chickenpox

Chickenpox is a common and usually mild childhood illness that can also occur at any stage of life. The illness can be associated with severe complications and even death so must be treated seriously in all cases. Immunization can help prevent the spread of chickenpox. Chickenpox causes a rash of red, itchy spots that turn into fluid-filled blisters. They then crust over to form scabs, which eventually drop off. The child is likely to have a fever at least for the first few days of the illness and the spots can be incredibly itchy, so expect them to feel pretty miserable and irritable while they have chickenpox.

Some children have only a few spots, but in others they can cover the entire body. The spots are most likely to appear on the face, ears and scalp, under the arms, on the chest and belly and on the arms and legs. The incubation period for chickenpox is between 10 and 21 days. You are infectious from up to 2 days before the red spots appear and until around 5 days after all scabs or crusts are dry.

Chickenpox can be severe at any age and have serious complications. Complications include:

- bacterial skin infections
- pneumonia
- swelling of the membranes covering the brain (aseptic meningitis)
- decrease in blood platelet cell (thrombocytopenia)
- bleeding problems
- infection of the blood (sepsis)
- inflammation or infection of the brain (encephalitis)
- trouble with balance and co-ordination (cerebellar ataxia)
- foetal abnormalities in pregnant women (see below)
- dehydration

Pregnant women should be especially careful to avoid chickenpox as it can affect the unborn baby by causing foetal malformations, skin scarring and other serious problems (congenital varicella syndrome).

There is no specific treatment for chickenpox, but there are medicines and pharmacy products which can help alleviate symptoms, such as:

- paracetamol to relieve fever
- calamine lotion and cooling gels to ease itching

In most children, the blisters crust up and fall off naturally within one to two weeks.

Adults who have had chickenpox as a child may also get shingles later in life, as they are both caused by the virus varicella zoster.

Coughs

In children cough is a common symptom which is commonly caused by a cold. Usually a cough gets better on its own and is not serious. If your child is feeding, drinking, eating and breathing normally and there's no wheezing, a cough isn't usually anything to worry about.

. Causes of a more serious cough in children can include:

- croup
- whooping cough
- asthma
- pneumonia
- swallowing a foreign object e.g. peanut

Signs of a more serious cause of a childhood cough can include:

- high temperature
- persistent (longer than 2 weeks) or an unusual cough
- difficulty breathing
- the cough occurs at night
- the child is listless, overly tired or in discomfort
- your child's skin changes colour and turns blue or very pale

Sore throats

The most common cause of a sore throat is a viral illness, such as a cold or the flu. Your child's throat may be dry and sore for a day or two before a cold starts. Infant or child dosage paracetamol or ibuprofen can be given to reduce the pain.

Most sore throats clear up on their own after a few days.

Colds

It is normal for a preschool child to have at least 6 or more colds a year. This is because there are hundreds of different cold viruses and young children have no immunity to any of them as they've never had them before. Gradually they build up immunity and get fewer colds.

Antibiotics don't help with colds as they are a viral illness. Most colds get better in 5 to 7 days. Here are some suggestions on how to ease the symptoms in your child:

- Increase the amount of fluid the child normally drinks.
- Saline nose drops can help loosen dried nasal secretions and relieve a stuffy nose.
- If the child has a fever, pain or discomfort, paracetamol or ibuprofen can help. There are child and infant products that will state on the packet how much you should give children of different ages.
- Encourage the whole family to wash their hands regularly to stop the cold spreading.

Ear infections

Ear infections are common in babies and small children. They often follow a cold and sometimes cause a temperature. A child may pull or rub at an ear, but babies can't always tell where pain is coming from and may just cry and seem uncomfortable.

. Don't put any oil, eardrops or cotton buds into the child's ear unless the doctor advises to do so. Most ear infections are caused by viruses, which can't be treated with antibiotics. They will just get better by themselves.

Glue ear

Repeated middle ear infections (otitis media) may lead to 'glue ear' (otitis media with effusion), where sticky fluid builds up and can affect your child's hearing. This may lead to unclear speech or behavioural problems.

Diarrhoea and vomiting may be caused by many different things, including:

- a virus
- a stomach bug
- food poisoning
- eating something you may have an allergy to.

Fever

A fever is a temperature of 38°C or higher. Fever is one of the ways the body fights infection.It can develop slowly, over a few days, or the fever can rise very quickly. Usually, this doesn't have anything to do with the illness that causes the fever. If the child's face feels hot to the touch and they look red or flushed, then they may have a fever. You can check their temperature with a thermometer.

A normal temperature in children is 36.5°C to 37.5°C although it depends on the person, their age, what they have been doing, the time of day and at which part of the body you take the temperature.

Body temperature is usually lowest in the early hours of the morning and highest in the late afternoon and early evening.

Infections are by far the most common cause of fever in children. Most of these are caused by viruses, which are responsible for colds, upper respiratory infections, and the common infectious diseases of childhood. These infections don't last long and usually don't need to be treated. Some infections are caused by bacteria and need treatment with antibiotics. These include certain ear and throat infections, urinary tract infections, pneumonia and blood infections. You need to see a doctor if you think your child has any of these infections.

There are other, relatively uncommon, causes of fever. These include allergic reactions to drugs or vaccines, chronic joint inflammation, some tumours and gastrointestinal diseases. Febrile convulsions are seizures that happen because of a fever. They occur in about 4% of children between the ages of 6 months and 5 years. Children outgrow febrile convulsions by the age of 4 to 5 years. Febrile convulsions have no long-term consequences, but you should talk to your doctor about them.

Measles

Measles is a highly infectious disease caused by a virus that is spread from person to person through droplets in the air. It can be very unpleasant and often leads to serious complications .Anyone can get measles if they haven't had the disease before, although it's much more common in those who have not been vaccinated. Measles is a vaccine preventable disease and vaccination against the disease is recommended as part of routine childhood immunisation.Early symptoms of measles include fever, cough, feeling tired, a sore throat, runny nose, discomfort looking at light and sore, watery eyes. A rash appears after the third or fourth day. The spots are red and slightly raised. Measles rash looks like red, slightly raised spots and may be blotchy but not itchy.

Someone with measles is infectious for 24 hours before the rash appears, and four days afterwards. The illness usually lasts about 10 days. Anyone who suspects they might have measles should stay home and should not attend school, child care or work.

The best way for you to protect yourself and others is to get vaccinated. Measles is caused by a type of virus called a paramyxovirus. This kind of virus spreads from person to person via 'droplets' from coughing or sneezing. Measles is so contagious that about 9 in 10 people who come in contact with the virus will catch it if they are not immunised.

You can catch measles by breathing in these droplets or, if the droplets have settled on a surface, by touching the surface and then placing your hands near your nose or mouth. The measles virus can survive on surfaces for a few hours.

Once inside your body, the virus multiplies in the back of your throat and lungs before spreading throughout your body, including your respiratory system and the skin.

Mumps

Mumps is a contagious viral infection that is most common in children between 5 and 15 years of age. These days it's rarely seen because of effective immunisation. Mumps is most recognisable by the painful swellings located at the side of the face under the ears (the parotid glands), giving a person with mumps a distinctive 'hamster face' appearance. Other symptoms include headache, joint pain and a high temperature.

Mumps is caused by the mumps virus, which belongs to a family of viruses known as 'paramyxoviruses'. It's spread by close contact or by coughing and sneezing. Paramyxoviruses are a common source of infection, particularly in children. When you get mumps, the virus moves from your respiratory tract (your nose, mouth and throat) into your parotid glands (the glands that produce saliva), where it begins to reproduce. This causes inflammation and swelling of the glands. The virus can less commonly also enter your cerebrospinal fluid (CSF), which is the fluid that surrounds and protects your brain and spine. Once the virus has entered the CSF, it can spread to other parts of your body, such as your brain, pancreas, testes (in boys and men) and ovaries (in girls and women).

Whooping Cough

Whooping cough (also known as 'pertussis') is a highly infectious infection of the lungs and airways. It is caused by a bacteria. The disease is most serious in babies under the age of 12 months, particularly in the first few months. Young babies are most at risk of harm from whooping cough as they have soft airways that can be damaged from the severe coughing bouts. They may not yet have had their whooping cough vaccinations, which make the disease less severe.

Older children and adults, including those who have been vaccinated, can still get whooping cough. While it is not as critically dangerous as it is in small babies, it is still a distressing condition, with the cough lasting up to 3 months. Whooping cough has been called the ó100 day coughô The condition usually begins with a lasting dry and irritating cough that progresses to intense bouts of coughing. Particularly in small children, these bouts can be followed by a distinctive 'whooping' noise as the child breathes in, which is how the condition gets its name, but in many cases the only sign is the hacking cough.

Other symptoms include a runny nose, raised temperature and vomiting after coughing.Symptoms appear about 7 to 10 days after you are infected. You are infectious from the first signs of the illness until about 3 weeks after coughing starts. If an antibiotic is given, the infectious period will continue for up to 5 days after starting treatment.

It is now recommended that all pregnant women receive a pertussis (whooping cough) vaccination during their third trimester (ideally at 28 weeks). A combination of antibodies being passed through the motherôs bloodstream and the reduced risk of the mother contracting the disease makes this an ideal time to administer the vaccine.

Fathers, grandparents and anyone else who is likely to come into contact with newborns should see their doctor to get a pertussis booster at least 2 weeks before the baby is born.

Rubella

Rubella (also known as 'German measles') is a viral infection that used to be common in children. It is usually a mild infection. Symptoms of rubella include a distinctive red-pink skin rash, swollen glands (nodes), and cold-like symptoms such as a mild fever, sore head and runny nose. Rubella's incubation period is between 2 and 3 weeks with its infectious period lasting from 1 week before the rash first appears until at least 4 days after it's gone. It's recommended children are immunised against rubella as part of their routine childhood immunisation program.

Rubella is caused by the rubella virus that's spread through personal contact, or by coughing and sneezing. Once you have had rubella then you normally develop a lifelong immunity against further infection. Rubella is best prevented by the MMR vaccination.

If a pregnant woman who does not have immunity to rubella (either due to previous infection or vaccination) catches the rubella virus, then the virus can be passed on to her unborn baby. The virus can disrupt the development of the baby, causing a series of birth defects that are known as congenital rubella syndrome (CRS). The risk of CRS affecting the baby and the extent of the birth defects it causes depends on how early in the pregnancy the mother is infected. The earlier in the pregnancy the greater the risks. CRS can include hearing and visual impairments, developmental delay and other problems in the baby. As many as 9 out of 10 babies whose mother caught rubella during the first 10 weeks of pregnancy will have CRS, with multiple birth defects. After 20 weeks there is no risk of the baby developing CRS.

2.2 Immunization Schedule

Vaccination As the age old saying goes, 'prevention is better than cure". Vaccines are biological preparations that improve immunity to a particular disease. The schedule to be followed for vaccinating a child is: BCG At birth DPT 6 weeks, 10 weeks, 14 weeks and a booster at 1.5 years of age DT 5 years TT 10 years OPV Birth, 6 weeks, 10 weeks, 14 weeks and two boosters at 1.5 years and 5 years Measles 9 months MMR 15 months Hepatitis B At birth, 1 month and 6 months; Booster every 10 years. Care takers should ensure that each and every child has been immunised for age and a record should be maintained in the school. In case the child has not been vaccinated, facilities for catch up vaccination should be made available. Also all children below 5 years of age should be encouraged to receive pulse polio drops. The above mentioned vaccines are provided free of cost by the Government of India. 200 Optional vaccines that can be offered to parents include pneumococcal, influenza, typhoid, chicken pox , Hepatitis A and Human Papilloma Virus vaccine.

Bibliography:

NHS Choices (UK) *(Treating a high temperature in children)*, Sydney Children Hospitals Network*(Fever)* National Health and Medical Research Council *(Staying Healthy - Preventing infectious diseases in early childhood education and care services - 5th Edition, updated June 2013)*, NHS Choices*(Diarrhoea and vomiting in babies and children)*, The Gut Foundation *(Diarrhoea in children)*,Royal Children's Hospital Melbourne *(Gastroenteritis (Gastro))*

Raising Children Network *(Colds)*, The Royal Children's Hospital Melbourne *(Viral illnesses)*,Raising Children Network *(Coughs)*, Raising Children *(Middle ear infection)*, Raising Children Network *(Sore throats)*, The Royal Children's Hospital Melbourne *(Ear infections and glue ear)* NPS Medicinewise *(Chickenpox vaccine)*, Australian Department of Health *(Immunise Australia Program)*, Healthy WA *(Chickenpox (varicella))* Australian Government Department of Health *(Measles)*, SA Health *(Measles - including symptoms, treatment and prevention)*, NHS Choices *(Measles)* NHS Choices *(Causes of mumps)*, Raising Children Network *(Mumps)*, NHS Choices *(Mumps, Introduction)* NHS Choices *(Rubella)*, Australian Department of Health *(Immunise Australia Program)*, SA health*(Rubella (German measles) - including symptoms, treatment and prevention))*

Chapter 3

Nutrition importance of BF, Complementary feeding,

- **Food of groups and balanced meal planning,**
- **Safe handling of food**

3.1 All about Nutrition and balanced meal planning

Early childhood (2 to 6 years) is one of the crucial periods of life characterized by substantial physical and psychological changes. Although the rate of growth slows down during this period compared to infancy, the child continues to gain weight and height. The weight of the child quadruples and height grows by two thirds. Moreover, a remarkable growth of brain occurs during early childhood reaching 90% of adult size (Tanner, 1978). Good nutrition is very essential to facilitate normal growth and development of the children in this age group. However, under nourishment has been reported to be a very serious problem contributing to growth failure among preschoolers in India, in spite of considerable economic development and improved food production. This might be due to low quality of complementary foods fed to the child from infancy onwards, high burden of intestinal parasitic and other infections, poor socioeconomic back ground, low birth weight (LBW) and intrauterine growth retardation etc. (Kuklina EV et al, 2006). Diarrhoea, respiratory diseases and infections such as measles are common health problems due to malnutrition in this age group which further affect their nutritional status. Failure to achieve the genetically potential height is one of the repercussions of malnutrition resulting in stunting. Research has proved that impaired food intake during early stages of life not only affects the immediate growth and development but might even affect their growth in later periods of life i.e. childhood and adolescence. In addition to adversely affecting the academic performance, childhood stunting and overall growth failure also increases the risk of developing chronic diseases such as obesity, impaired glucose tolerance and hypertension during adulthood (Sawaya AL, 2003; Pasricha SR and Biggs BA, 2010).

Among female children, menarche is also affected by nutritional status and growth patterns during early childhood (Mesa et al, 2010), and severe stunting is also associated with adverse reproductive outcomes (WHO, 1995). Nutritional needs of a preschool child Children under five years of age

constitute the most vulnerable segment of any community and their nutritional status is a sensitive indicator of community health and 212 nutrition (Sachdev, 1995).

Good nutrition is necessary to achieve the physiological milestones appropriate for early childhood. It is often noticed that the children of this age group eat less which might be due to the slow rate of overall growth. However, low food intake might result in failure to meet the nutritional needs which in turn affects their overall growth and development. The nutrient needs for preschool children have been recommended by ICMR (2010) and issued at two levels/age groups of 1-3 & 4-6 years (Table-1). It is important to note that the need for energy and certain nutrients increases with age. Energy Consumption of sufficient energy is very necessary for young children to facilitate body metabolism, physical activity and thereby their growth and development. Insufficient food /energy intake is the major reason for body muscle loss and poor growth. Since, overall food intake is a deciding factor of the energy consumption, ensuring consumption of sufficient food on a daily basis is very essential. Energy in the diet is contributed simultaneously by carbohydrates, protein and fat which are termed as macro nutrients. Among these, carbohydrates and fat are valued more for their energy contribution where as protein is valued for body building.

Carbohydrates Cereals, legumes, roots and tubers provide carbohydrate in the usual diet. Quality of carbohydrate should be given due importance in the diet even for this age group in the light of increasing incidence of childhood obesity and other chronic diseases in later years especially in Indian population. Starchy foods such as pasta, bread and rice could be included in the diet in the required amounts. But, sugar content in the diet needs to be 213 restricted as strong links have been reported between sugar intake, hyperactivity and dental caries. Moreover, frequent consumption of sugary drinks and sweets should be discouraged as these influence the child's appetite and decrease consumption of healthy food in the later meals. Sweets are better consumed after a meal rather than between meals. Teeth should be cleaned twice daily after breakfast and before bedtime. It is also advisable to visit dentist at least once a year to ensure good dental health. As the child grows, consumption of dietary fiber should be encouraged as the child grows. It facilitates good bowel movements and support growth of friendly gut bacteria by acting as a prebiotic (a component that facilitates growth of friendly probiotic bacteria in the gut). The sources of dietary fiber include whole wheat bread, whole meal breakfast cereals, pulses, fruits and vegetables etc. It is necessary to inculcate the habit of eating these foods on a daily basis in this age group as it would be difficult to do so in the later years. Consumption of these foods offer several other health

benefits such as controlling unnecessary weight gain, contributing certain B complex vitamins and minerals.

However, inclusion of excessive amount of fiber is harmful to the body as it impairs absorption of certain essential minerals such as iron, zinc and calcium (Clarke B, Cockburn F, 1988) besides inducing diarrhoea and affecting overall food intake by making the meal bulky. Hence, fiber should be included in small quantities each time. A daily consumption of around 20grams of dietary fiber including soluble and insoluble fiber is sufficient for this age group. Protein Protein is also called body building nutrient as its requirement is mainly for synthesis of various tissues in the body including muscle, bones and other tissues. Besides, proteins are also important for synthesis of enzymes required for metabolism. The body's immunity depends on the protein nutritional status. Proteins are basically made up of several amino acids among them 9 are not synthesized in the human body and hence needs to be supplied through diet everyday. These are called essential amino acids (EAA). A good quality protein (Protein from non vegetarian sources) contains all these essential amino acids where as protein in vegetarian foods lacks in one or more of these. Hence vegetarian proteins are called incomplete proteins. But protein from soybeans is an exception as its composition is very close to that of nonvegetarian protein. Thus selection of good sources of protein is crucial. Human body utilizes good quality protein from non vegetarian foods such as meat, dairy products, eggs, chicken and fish more efficiently. While providing protein, these foods also contribute good quality calcium which is an additional advantage. Hence provision of around 70% of protein through non vegetarian sources would be ideal. Since soybeans or soy products offer the best quality protein 214 among vegetarian sources, it offers a better choice to vegetarians. Since protein deficiency is one of the major nutritional problems especially among young children that affect their overall growth and development, meeting protein needs on a daily basis is very important to avoid stunting.

Fat is a dense source of energy providing twice the amount (9 Kcal/g) of energy as compared to carbohydrates and protein (4 Kcal/g each). Around 25 -30% of total energy can be provided to the children daily in the form of fat. Besides providing energy, it facilitates absorption of fat soluble vitamins too. The type of oil to be used in cookery has always been a topic of interest to mothers. The decision on selection of cooking oil depends largely on its fatty acid composition. Dietary fat is composed of three types of fatty acids-saturated, mono and poly unsaturated fatty acids. All these need to be supplied to the body in the ratio of 1:1.5:1.

There should be no over emphasis of unsaturated fatty acids in the diet which is observed regularly now a days. Saturated fat which is present in butter, ghee, whole milk and milk products also offers certain health benefits such as synthesis of HDL (Good) cholesterol, facilitating neuronal growth etc., to the body besides providing energy and hence should be included in the diet as per the recommendations. Ensuring daily consumption of unsaturated fatty acids especially the omega 3 fatty acid is very essential as these are required for the growth and functioning of central nervous system and immunity. Fish, soya bean, rice bran and canola oils are good sources of omega 3 fatty acids. It is necessary to educate parents particularly that low fat milks and foods are not suitable for young children. Minerals Iron is a constituent of hemoglobin and hence low iron intake leads to anemia. As the child grows, the blood volume and thereby the hemoglobin content in the blood increase, which increase the demand for iron. Hence, the iron requirement increases with age from 1-6 years. Moreover, iron is also required for cognitive performance of the child and hence the academic performance of anemic children has been reported to be poor. Iron rich foods such as red meat, liver, fortified cereals and green leafy vegetables should be regularly included in the diet. The body's ability to absorb iron depends on the type of iron consumed i.e. Haem or non haem iron.

Non vegetarian foods provide 'Haem' iron which is more bioavailable than the 'Non-Haem iron' in vegetarian foods (Breakfast cereals with added iron, Dark green vegetables, Whole meal bread, Dried fruit: raisins, apricots, prunes, Baked beans, beans, lentils, split peas etc.). But, consumption of vitamin 215 C from any fruit juice and/or protein from meat, chicken and fish along with sources of iron improves absorption of non-haem iron. Calcium is vital for bones and teeth. Consumption of 2-2 1/2 cups of dairy foods (milk and milk products) would ensure calcium need of the growing child. But absorption of dietary calcium depends on vitamin D status of the child. Exposure to adequate sunlight is necessary for the synthesis of vitamin D in the body. Playing outside before 11am or after 4pm for 10-15 minutes, 2-3 times a week (without a hat or sunscreen and arms or legs uncovered) is sufficient to ensure adequate synthesis of Vitamin D. In addition to iron and calcium, zinc and iodine are also important for the Immunity, overall growth and development. Water -cereals & legumes -Roots & tubers Vitamins Human body requires two types of vitamins-fat soluble (vitamins A, D, E, & k) and water soluble (B-complex & C). Preschool age is very sensitive to deficiencies of vitamin A which leads to night blindness and/or disturbance to the overall structure and functioning of the eye besides affecting immunity. Vitamin D is required for the absorption of calcium and thereby for bone health. Among the water soluble vitamins, thiamin, riboflavin, niacin and pyridoxine are needed for the utilization of macronutrients in the body. Folic acid and Vitamin B-12 are required for the RBC synthesis and maturation, and thereby their deficiency leads to megaloblastic anemia.

and vitamin C is 216 required for wound healing, healthy gums and immunity. Since the sources of vitamins are widely varied, consumption of variety of foods i.e. foods from each of the food group is necessary to meet the requirements.

The 'My Plate' concept issued by USDA is very useful for young children to select variety of foods. Consumption of wholegrain (cereals and legumes), 1- 1 1/2 cups of vegetables, 2- 2 1/2 cups of fruits (different varieties) would ensure meeting the requirements of beta carotene (precursor of vitamin A), vitamin C and B complex vitamins. Water The major constituent in human body is water. Everyday certain amount (around 2 liters in an adult) of water is used by the body to excrete the metabolic wastes which needs to be replaced to maintain the physiological homeostasis in the body and to avoid dehydration. Unfortunately, in the recent times, soft drinks have almost replaced water in our diet especially in the younger generation including toddlers. The sugar present in these drinks contributes to dental caries, weight gain and obesity. Hence, it is very important to inculcate habit of regular water consumption among children from early stages of life. Such a practice would prevent dehydration while facilitating excretion of body wastes. Set good Dietary practices Early childhood is also a crucial period for formulation of good eating habits. Picky eating behavior is often reported in this age group. The responsibility of not only providing nutritious food but inculcating good food habits to children lies with family members and other care givers. The nutritional needs of preschoolers can be met by offering foods from all the food groups. Based on recommendations of Indian Council of Medical Research the following foods should be included in the preschoolersôdiet every day: 5-6 servings of cereals (roti, whole wheat bread rice, pasta, noodles etc.) 2-3 servings of milk and milk products like (plain (sweetened/unsweetened) milk, milk shake, yoghurt, paneer, cheese etc.) 1 small portion of meats like chicken, fish, eggs and 1 portion of pulses like lentils, chickpeas, green gram etc. 3-4 portions of fruits and vegetables The amount of food a preschooler chooses to eat will vary according to their size and activity levels.

But parents /care givers should choose foods from the core food groups and prepare recipes suitable to be packed in the Tiffin box as mentioned below.Foods 217 For the 'Tiffin box': Breads or cereal based foods like sandwiches, parantha rolls with veggies, sprouts, whole wheat bread with a veggie or egg filling, rolled up, pasta or rice based salad, crackers with a spread, fruit-based muffins Include a dairy food for lunch or breakfast (eg a cheese sandwich, yogurt, custard) Firm fresh fruits, as well as dried fruits, are easy to send for morning tea or lunch Choose easy-to-eat vegetables such as cucumber sticks, celery, carrot sticks and capsicum. Remember to cut them appropriately for small fingers Handy finger foods like cutlets, hard boiled eggs, small sandwiches, rolls, whole

fruits are easy to pick up and at school The "Fast Food" scenario: Very often converting theory into practice becomes difficult especially when the external influences are very strong resulting in the picky eating behavior of the kids. One type of food has been causing great concern in the minds of parents as well as health care specialists i.e. 'Fast Food'. Fast food is food that can be prepared quickly and not necessarily rich in oil/fat. The most commonly known fast foods include burgers, samosas, hot dogs, pizzas, kebabs, sandwiches, cutlets and pakodas. The concern related to fast food is mainly the trans fat content in food purchased outside . Hence, selecting healthy fast food options from commercial outlets and/or preparing fast foods at home are the two good options to the parents. Healthy Fast Food Options Mixed salad with lots of vegetables, fruits with low fat yoghurt dressing or boiled eggs Bhelpuri is a healthy Indian snack that you can consider when hunger strikes. It consists of puffed rice, sliced onions, potatoes and sauces. Add peanuts, pomegranates, grated carrot and diced cucumber to give it a healthy touch. Dahiwada (bite-sized cutlets immersed in yoghurt) is another healthy snack. Vegetable baked dishes Wholegrain pasta, brown rice or dishes with low-fat sauces Soups and stews. Opt for Soups which are prepared using fresh vegetables. Homemade kebabs and cutlets fried in olive oil with plenty of fresh vegetables, multigrain bread, low-fat meat such as chicken or fish fingers or low-fat homemade paneer (cottage cheese).

. Provision of sufficient energy to the children through carbohydrate rich foods/meals/recipes prior to the sports activities is very important to avoid problems on the field. Food should be easily digestible while easy to carry in their school bags. Along with food, consumption of water through sports drinks/juices/milkshake or fruit smoothies should also be facilitated and insisted in order to avoid dehydration. Food and eating is a learning experience for children which they acquire from elders (especially parents and older siblings) in the family. Preschoolers have an established daily routine and need regular mealtimes to be part of this. Parents and preschools should provide suitable foods at mealtimes, including morning and afternoon tea. It is up to the child to eat from what is offered. Food should be attractively presented and should be in bite sizes so that the child can just pick up a bite and put it in their mouth. Unless the food is colourful and attractive, the child would not be interested in trying out the food and would be more interested in continuing his play. After a day at preschool and possibly attending activities in the afternoon, some children will not be hungry at dinner time. They may have eaten enough during the day at earlier meals. So make the mealtime a pleasant social time together. It is an opportunity for parents to show their children appropriate eating behaviours, including eating a variety of foods, tasting new foods, even if the preschooler is not actually eating. Mealtimes should be a family and social occasion. To encourage this,

distractions such as television should be avoided while eating. Following are some of the measures to inculcate good dietary practices among young children. Encourage children to sit at the table when they eat, and give them plenty of time to eat their meal. Even if you are not eating with your children, sit at the table with them. Young children should be supervised while they eat, to aid in encouragement and in case of choking. Don't use food as a reward or as a punishment. This can lead to unhealthy attitudes toward eating and food. Respect your children's food preferences, and let them choose or reject foods as adults or older children do. Get your children involved in preparing certain parts of the meal. Make every effort to make eating, and not watching television, the main focus of the family meal. Use child-size dishes and utensils that the child can handle with ease. Using too large a plate can be overwhelming. Offer foods with kid appeal. Younger children usually like plain, unmixed foods, as well as finger-foods that make eating easier. 220 Offer plenty of variety from each of the food groups. If your children don't like spinach, don't assume they don't like vegetables. Just offer another vegetable. Good nutrition during early childhood facilitates optimum growth and development while preventing future health problems. Among the various factors influencing nutritional status of preschool children, literacy of parents and personal hygiene have also been reported to play an important role (Meshram et al, 2012). Growth failure which often results from poor nutritional status is also a predictor of poor survival and development of adult human capital in the survivors (Black et al., 2008). Hence, it is very essential to safeguard the vulnerable younger generation from malnutrition.

3.2 Importance of Breast Feeding

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. Review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond. Breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a childôs nutritional needs during the second half of the first year, and up to one-third during the second year of life.

Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to

common childhood illnesses such as diarrhoea or pneumonia, and helps for a quicker recovery during illness.

Breastfeeding contributes to the health and well-being of mothers; it helps to space children, reduces the risk of ovarian cancer and breast cancer, increases family and national resources, is a secure way of feeding and is safe for the environment.

3.3 Complementary Feeding

When breast milk is no longer enough to meet the nutritional needs of the infant, complementary foods should be added to the diet of the child. The transition from exclusive breastfeeding to family foods, referred to as complementary feeding, typically covers the period from 6 to 18-24 months of age, and is a very vulnerable period. It is the time when malnutrition starts in many infants, contributing significantly to the high prevalence of malnutrition in children under five years of age world-wide.

Complementary feeding should be *timely*, meaning that all infants should start receiving foods in addition to breast milk from 6 months onwards. It should be *adequate*, meaning that the complementary foods should be given in amounts, frequency, consistency and using a variety of foods to cover the nutritional needs of the growing child while maintaining breastfeeding.

Foods should be prepared and given in a safe manner, meaning that measures are taken to minimize the risk of contamination with pathogens. And they should be given in a way that is *appropriate*, meaning that foods are of appropriate texture for the age of the child and applying responsive feeding following the principles of psycho-social care.

The adequacy of complementary feeding (adequacy in short for timely, adequate, safe and appropriate) not only depends on the availability of a variety of foods in the household, but also on the feeding practices of caregivers. Feeding young infants requires active care and stimulation, where the caregiver is responsive to the child clues for hunger and also encourages the child to eat. This is also referred to as active or responsive feeding.

World Health Organization recommends that infants start receiving complementary foods at 6 months of age in addition to breast milk, initially 2-3 times a day between 6-8 months, increasing to 3-4 times daily between 9-11 months and 12-24 months with additional nutritious snacks offered 1-2 times per day, as desired.

3.4 Safe handling of food

Safe steps in food handling, cooking, and storage are essential to prevent food borne illness. You can't see, smell, or taste harmful bacteria that may cause illness. In every step of food preparation, follow the four steps of the Food Safe Families campaign to keep food safe:

- Clean ð Wash hands and surfaces often.
- Separate ð Don't cross-contaminate.

- Cook ð Cook to the right temperature.
- Chill ð Refrigerate promptly.

Preparation

- Always wash hands with warm water and soap for 20 seconds before and after handling food.
- Don't cross-contaminate. Keep raw meat, poultry, fish, and their juices away from other food. After cutting raw meats, wash cutting board, utensils, and countertops with hot, soapy water.
- Cutting boards, utensils, and countertops can be sanitized by using a solution of 1 tablespoon of unscented, liquid chlorine bleach in 1 gallon of water.

- Refrigerator: The refrigerator allows slow, safe thawing. Make sure thawing meat and poultry juices do not drip onto other food.
- Cold Water: For faster thawing, place food in a leak-proof plastic bag. Submerge in cold tap water. Change the water every 30 minutes. Cook immediately after thawing.
- Microwave: Cook meat and poultry immediately after microwave thawing.

General safe food handling tips:

- Do not wipe your hands on your clothing as this can easily transfer microbes and bacteria.
- Use paper towels to clean up during food preparation and serving.
- Change gloves, utensils and dishes when changing functions. For instance use one pair of gloves for handling raw meat, and another pair handling fresh vegetables.
- Never run in food production or service areas
- Try to have just one person serve food that is about to be eaten.
- Prepare precooked frozen foods exactly as the directions/instructions on the packaging state.
- Have foods ready not any longer than necessary before serving time.
- Prepare and cook only as much food as you intend to use.
- Wash and sanitize flatware or other utensils, which fall to the floor.
- Do not taste foods with any utensil used either to mix or stir food.
- Pick up and hold all tableware by the handles.
- Store tableware away from dust.
- Be careful when lifting lids from hot food.
- Turn handles of saucepans away from the front of the stove when cooking.

Picking up ready to eat food
Whenever possible always try to handle any food items that are about to be eaten, with a utensil (i.e. tongs) rather than your bare hands.

Hand washing
Clean hands are essential for working in a kitchen environment. Itôs very easy for bacteria to spread from the food we touch to door handles, plates, cutlery and so on. Hand washing is one of the best ways to prevent the spread of germs between people.

When washing your hands try to;

- Use a soap dispenser rather than a bar of soap.
- Wash in a sink that has hot and cold running water.

- Wash in a sink that is separate from one that is used to wash foodstuff and utensils.
- Dry your hands with paper towels.

Wash your hands after:

- Starting work
- Using the toilet
- Handling raw and cooked foods
- Taking breaks
- Eating
- Drinking
- Smoking
- Coughing, sneezing or blowing their nose
- Touching your hair
- Playing with pets or handling animals
- Scratching
- Handling refuse or waste materials
- Handling cleaning chemicals

Procedure to washing your hands properly

- Wet your hands
- Rub your hands and wrists with soap
- Lather the soap for 20 seconds
- Rinse thoroughly
- Dry with paper towels or a hot air dryer (remember that wet hands can carry and transfer more germs than dry ones)
- Turn of the taps with your elbows (if possible) or use a paper towel to do so.

Hand basins and sinks
The sink you wash your hands in should be separate from ones where you prepare food or washing dishes. It should be in an accessible place, as this encourage people to use it and make it more likely to be used.

Gloves
Gloves are ideal for helping you to minimize bare hand contact with any cooked and ready-to-eat foods. They are there to protect both the food and the worker (i.e. they can be used to cover damaged skin or protect hands from risk of developing skin conditions).

Gloves must not be regarded as a õsecond skinò They can become contaminated with bacteria in exactly the same way that hands can. They are not a substitute for good personal hygiene and hand washing.

- Replace gloves after each task.
- Wash and dry hands thoroughly before putting on any gloves
- Always use single use fresh gloves.
- Throw away plastic gloves after one use.
- The improper use of gloves can increase rather than reduce food hygiene risks, for instance a punctured glove can lead to glove material ending up in food.
- Gloves must only be used for one particular task.

Change gloves:

- At least once every hour.
- If they become contaminated.
- If they tear.
- When switching between handling raw and ready-to-eat foods.
- When changing tasks.
- After mopping, taking rubbish out, sweeping and cleaning.

Handling dishes, crockery and cutlery

- Try not to touch any part of a dish or plate which will come into contact with a personôs food or mouth.
- Pick up cups and mugs by their handles, your fingers should be outside cups.
- Place teaspoons so they protrude from a dish.
- Pull out disposable cups from the base of a tube, this prevents your fingers from going inside the cup.
- Do not use plates which have become cracked or chipped.

Clothes
Try to avoid wearing outdoor clothes in a food preparation area, instead wear clean, and where appropriate, washable protective clothing.

Wear:

- A clean apron
- Gloves
- Hairnet
- Closed-in shoes to protect your feet, in case of hot spills or breakages.
- Shoes with slip-resistant soles, to stop you from slipping on hot spillages, etc.

Do not:

- Use your apron to wipe your hands on.
- Cook in loose fitting clothes.
- Work in the kitchen in soiled clothing.

Personal hygiene
Food service workers must maintain a high degree of personal cleanliness when receiving, storing, cooking, processing, packaging, transporting or disposing of food.
Here are some basic tips to follow;

- Keep fingers away from your face, mouth, hair, skin and other parts of the body.
- Donôt brush or comb your hair when you are near food.
- Wash your hands frequently.
- Never smoke in food areas.
- Do not handle food with bare hands ï use gloves instead.
- Do not eat or chew gum in food handling areas.
- Donôt cough, sneeze, spit or smoke near food and avoid touching your nose, teeth, ears and hair, or scratching when handling food.

- Do not use fingers to sample food. Always use a clean spoon.

Using knives
Always handle knives and other sharp equipment with care. Accidents involving knives are common in the catering industry, and usually involve cuts to a person non-knife hand and fingers. When using a knife always:

- Cut away from yourself or downwards on a chopping board to avoid cutting yourself.
- Cut on a stable surface.
- Keep knives clean, sanitised and grease free, all of these will help you have a firmer grip.

Tips:

- Use a knife suitable for the task and for the food you are cutting.
- Keep knives sharp.
- Carry a knife with the blade pointing downwards.

Using a knife
When using a knife remember to focus on your:

- Stance or posture
- Grip on the handle
- Guiding or free hand

Do not:

- Leave sharp knives loose in a drawer.
- Put knives in the sink.
- Use a knife as a can opener.
- Carry knives while carrying other objects.
- Engage in horseplay with a knife.
- Carry a knife in your pocket.
- Run your fingers down the edge of a knife to test the sharpness.
- Attempt to catch a falling knife.
- Put in the dishwasher.

Washing knives
To prevent rusting and cross contamination, always wash and dry your knife immediately after you have finished using it. Do not let knives soak, especially if they have wood handles as the wood can expand when soaked in water.

Storing your knives
Store them in a special knife rack or wooden block. This way you can help keep the blades sharp by keeping the edges away from hard objects that can dull the blades.

Hot holding and cold holding food
If you are holding foods for service, such as on a buffet line or in a cafeteria, then try to keep hot foods hot and cold foods cold. Hot holding equipment along with chafing dishes, slow cookers, and

warming trays all help to keep ready to eat food out of the danger zone. All of this equipment is for hot holding only, and should not be used to reheat or cook food.

Tips:

- Preheat hot holding equipment before you put any food in it. If you don't then you'll be putting food into cold equipment which encourage bacteria growth.
- Limit the hot holding of food to a maximum of two hours.
- To distribute the heat evenly, make sure to stir the food at regular intervals.
- Keep the food covered, this not only retains the heat but also stops contaminates from falling into the food.
- Bring out the food as close as possible to the time of service.
- Keep platters refrigerated until it is time to warm them up for serving.

Pot handles
Turn pot handles away from the front of the stove. This stops children from grabbing them, and adults from accidentally bumping into them.

Perishable foods
After, a delivery always unload perishable foods first and immediately refrigerate them.

Using kitchen appliances

- Make sure that all necessary guards are in place before operating any equipment.
- Do not distract a colleague who is operating dangerous kitchen appliances like mincers or mixers etc.
- Do not to operate any machinery or use any chemical until it has been assessed by a qualified person.
- Make sure you are properly trained to use any kitchen appliances.
- Wash and put away appliances that are not being used, do not leave them lying around.
- Return equipment to it's correct storage place or location.
- Turn off all equipment and appliances at the end of each shift.

Children and non food workers
Do not allow children, and people not involved in any cooking to roam or loiter around a food preparation area.

Work surfaces
Make sure that work surfaces and equipment are visually clean, this goes a long way towards ensuring that they are free from high levels of harmful bacteria.

Clean as you go
Train yourself to "clean as you go", for instance cleaning up any spillages immediately.

Cans
Before opening a can of food always clean the top of it first. Remember that once the can is opened, any food which is not used immediately must be quickly stored in food grade containers and placed in a refrigerator.

Can openers
Food can be left on any can opener after it has been used, itôs therefore advisable to clean it after each use.

Plates
Never place cooked food on a unwashed plate that had previously held raw meat, poultry, or seafood.

Food labels
Take the time to read product labels very carefully, and look for advisory statements like ómay contain ingredient Xô

Ovens
Close oven doors straight after removing or adding food items.

Meat and poultry
Keep meat and poultry in its packaging until just before using.

Towels and sponges

- Replace and wash dish towels and sponges often to prevent the spread of harmful bacteria throughout the kitchen.
- Do not use damp cloths when lifting hot items of equipment.

Uncovered food
Try not to leave food unattended or uncovered for long periods.

Cutting boards
Use separate cutting boards, dishes, utensils and cooking equipment for vegetables, raw meat and cooked meats.

Plates
When handling plates and trays do not touch eating surfaces with fingers.

Unused sauces
Keep unused condiments, marinades and sauces separate from leftover ones.

Storing food in the fridge
Store raw meat, poultry and seafood by tightly wrapping it and then placing it on the bottom shelf of a refrigerator. This basically prevents the raw juices from dripping on other food.

- Refrigerate or freeze perishables, prepared food and leftovers within 2 hours.

Jewellery
Do not wear any watches, rings, bracelets or other jewellery when working with food. Germs can hide under them or just as worse they could accidentally fall off into the food.

Mitts
Use oven mitts when taking hot dishes from an oven or microwave. Do not use a wet oven mitt, as it can present a scald danger if the moisture in the mitt is heated.

Bibliography : https://www.dayjob.com/safe-food-handling-1150/
https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling/basics-for-handling-food-safely/ct_index
https://www.who.int/nutrition/topics/complementary_feeding/en/
-https://www.who.int/nutrition/topics/exclusive_breastfeeding/en/
Black RE, Allen LH, Bhutta ZA, Caulfield LE, de Onis M, Ezzati M, Mathers C, Rivera J.(2008) for the Maternal and Child Undernutrition Study Group. Maternal and child undernutrition: global and regional exposures and health consequences. Lancet.371:243ï 260. - Clarke B, Cockburn F. Fat, fibre and the under-fives, Nursing Times (1988); 84(3):59-64 - Flynn MA, McNeil DA, Maloff B, Mutasingwa D, Wu M, Ford C, Tough SC.(2006)Reducing obesity and related chronic disease risk in children and youth: a synthesis of evidence with 'best practice' recommendations. Obes Rev. ,Feb;7 Suppl 1:7-66. - ICMR, (2009) Nutrient Requirements and recommended dietary allowances for Indians,National Institute Of Nutrition, Indian Council Of Medical Research, Jamai-Osmania Po,Hyderabad ï 500 604 - Kuklina EV, Ramakrishnan U, Stein AD, Barnhart HH, Martorell R(2006) Early childhood growth and development in rural Guatemala. Early Hum Dev.82:425-33. - Mesa JM, Araújo C, Horta BL, Gigante DP(2010) Growth patterns in early childhood and the onset of menarche before age twelve, Rev Saude Publica. Apr;44(2):249-60. - Meshram , I.I., Arlappa,N., Balakrishna ,N., Mallikharjuna Rao, K., Laxmaiah,A., and Veera Brahmam, GN (2012) Trends in the prevalence of undernutrition, nutrient &food intake and predictors of undernutrition among under five year tribal children in India, Asia Pac J Clin Nutr ;21 (4):568-576 - Nestle Nutrition Initiative at http://www.nestle.in/nhw/healthy-living/kids/nutrition-forkids, accessed on 11/01/2014 - Pasricha SR, Biggs BA.(2010) Undernutrition among children in South and South-East Asia. J Paediatr Child Health. 46: 497-503 - Sachdev HPS. Assessing child malnutrition-some basic issues. Bull Nutr Foundations India. 1995;16:1-5 - Sawaya AL, Martins P, Hoffman D, Roberts SB.(2003) The link between childhood Undernutrition and risk of chronic diseases in adulthood: a case study of Brazil. Nutr Rev. 61:168-75. - WHO. 1995. Maternal anthropometry and pregnancy outcomes: a WHO collaborative Study. World Health Organ Suppl 73:32ï 37.

Chapter 4

4.1 First aid and handling emergencies

It's important to :

- Know how to get help.
- Make sure the area is safe for the child.
- When possible, personal protective equipment (such as gloves) should be used.
- Position the child appropriately if her airway needs to be opened or CPR (cardiopulmonary resuscitation) is needed.
- **NOT MOVE A CHILD WHO MAY HAVE A NECK OR BACK INJURY** (from a fall, motor vehicle crash, or other injury or if the child says his neck or back hurts) unless the child is in danger.
- Look for anything (such as emergency medical identification jewelry or paperwork) that may give you information about health problems.

Stings, Bites & Allergies

- **Stinging Insects:** Remove the stinger as soon as possible with a scraping motion using a firm item (such as the edge of a credit card). Put a cold compress on the bite to relieve the pain. If trouble breathing; fainting; swelling of lips, face, or throat; or hives over the entire body occurs, call your local emergency number right away. For hives in a small area, nausea, or vomiting, call the pediatrician. For spider bites, call the pediatrician or Poison Help. (Have the pediatrician check any bites that become red, warm, swollen, or painful.
- **Animal or Human Bites:** Wash the wound well with soap and water. Call the pediatrician. The child may need a tetanus or rabies shot or antibiotics.
- **Ticks:** Use tweezers or your fingers to grasp as close as possible to the head of the tick and briskly pull the tick away from where it is attached. Call the pediatrician if the child develops symptoms such as a rash or fever.
- **Snake Bites:** Take the child to an emergency department if you are unsure of the type of snake or if you are concerned that the snake may be poisonous. Keep the child at rest. Do not apply ice. Loosely splint the injured area and keep it at rest, positioned at or slightly below the level of the heart. Identify the snake if you can do so safely. If you are not able to identify the snake but are able to kill it safely, take it with you to the emergency department for identification.
- **Allergy:** Swelling, problems breathing, and paleness may be signs of severe allergy. Call your local emergency number right away. Some people may have emergency medicine for these times. If possible, ask about emergency medicine they may have and help them administer it if necessary.

Fever
Fever in children is usually caused by infection. It also can be caused by chemicals, poisons, medicines, an environment that is too hot, or an extreme level of overactivity.

Take the child's temperature to see if he has a fever. Most pediatricians consider any thermometer reading 100.4°F (38°C) or higher as a fever. However, the way the child looks and acts is more important than how high the child's temperature is.

Call the pediatrician right away if the child has a fever and:

- Appears very ill, is unusually drowsy, or is very fussy
- Has other symptoms such as a stiff neck, a severe headache, severe sore throat, severe ear pain, an unexplained rash, repeated vomiting or diarrhea, or difficulty breathing
- Has a condition causing immune suppression (such as sickle cell disease, cancer, or chronic steroid use)
- Has had a first seizure but is no longer seizing
- Is younger than 3 months (12 weeks) and has a temperature of 100.4°F (38°C) or higher
- Has been in a very hot place, such as an overheated car

To make the child more comfortable, dress the child in light clothing, give the child cool liquids to drink, and keep the child calm. The pediatrician may recommend fever medicines. Do NOT use aspirin to treat a child's fever. Aspirin has been linked with Reye syndrome, a serious disease that affects the liver and brain.

Skin Wounds
Make sure the child is up to date for tetanus vaccination. Any open wound may need a tetanus booster even when the child is currently immunized. If the child has an open wound, ask the pediatrician if the child needs a tetanus booster.

- **Bruises:** Apply cool compresses. Call the pediatrician if the child has a crush injury, large bruises, continued pain, or swelling. The pediatrician may recommend acetaminophen for pain.
- **Cuts:** Rinse small cuts with water until clean. Use direct pressure with a clean cloth to stop bleeding and hold in place for 1 to 2 minutes. If the cut is not deep, apply an antibiotic ointment; then cover the cut with a clean bandage. Call the pediatrician or seek emergency care for large or deep cuts, or if the wound is wide open. For major bleeding, call for help (911 or your local emergency number). Continue direct pressure with a clean cloth until help arrives.
- **Scrapes:** Rinse with clean, running tap water for at least 5 minutes to remove dirt and germs. Do not use detergents, alcohol, or peroxide. Apply an antibiotic ointment and a bandage that will not stick to the wound.
- **Splinters:** Remove small splinters with tweezers; then wash until clean. If you cannot remove the splinter completely, call the pediatrician.

- **Puncture Wounds:** Do not remove large objects (such as a knife or stick) from a wound. Call for help (your local emergency number). Such objects must be removed by a doctor. Call the pediatrician for all puncture wounds. The child may need a tetanus booster.
- **Bleeding:** Apply pressure with gauze over the bleeding area for 1 to 2 minutes. If still bleeding, add more gauze and apply pressure for another 5 minutes. You can also wrap an elastic bandage firmly over gauze and apply pressure. If bleeding continues, call for help (your local emergency number).

Eye Injuries

If anything is splashed in the eye, flush gently with water for at least 15 minutes.. Any injured or painful eye should be seen by a doctor. Do NOT touch or rub an injured eye. Do NOT apply medicine. Do NOT remove objects stuck in the eye. Cover the painful or injured eye with a paper cup or eye shield until you can get medical help.

Fractures & Sprains

If an injured area is painful, swollen, or deformed, or if motion causes pain, wrap it in a towel or soft cloth and make a splint with cardboard or other firm material to hold the arm or leg in place. Do not try to straighten. Apply ice or a cool compress wrapped in thin cloth for not more than 20 minutes. Call the pediatrician or seek emergency care. If there is a break in the skin near the fracture or if you can see the bone, cover the area with a clean bandage, make a splint as described above, and seek emergency care.

If the foot or hand below the injured part is cold or discolored (blue or pale), seek emergency care right away.

Burns & Scalds

- **General Treatment:** First, stop the burning process by removing the child from contact with hot water or a hot object (for example, hot iron). If clothing is burning, smother flames. Remove clothing unless it is firmly stuck to the skin. Run cool water over burned skin until the pain stops. Do not apply ice, butter, grease, medicine, or ointment.
- **Burns with Blisters:** Do not break the blisters. Ask the pediatrician how to cover the burn. For burns on the face, hands, feet, or genitals, seek emergency care.
- **Large or Deep Burns:** Call your local emergency number. After stopping and cooling the burn, keep the child warm with a clean sheet covered with a blanket until help arrives.
- **Electrical Burns:** Disconnect electrical power. If the child is still in contact with an electrical source, do NOT touch the child with bare hands. Pull the child away from the power source with an object that does not conduct electricity (such as a wooden broom handle) only after the power is turned off. ALL electrical burns need to be seen by a doctor.

Nosebleeds

Keep the child in a sitting position with the head tilted slightly forward. Apply firm, steady pressure to both nostrils by squeezing them between your thumb and index finger for 5 minutes. If bleeding continues or is very heavy, call the pediatrician or seek emergency care.

Teeth

- **Baby Teeth:** If knocked out or broken, apply clean gauze to control bleeding and call the pediatric or family dentist.
- **Permanent Teeth:** If knocked out, handle the tooth by the top and not the root (the part that would be in the gum). If dirty, rinse gently without scrubbing or touching the root. Do not use any cleansers. Use cold running water or milk. Place the tooth in egg white or coconut water or, if those are unavailable, milk, saline solution (1 teaspoon of table salt added to 8 ounces of water), or water, and transport the tooth with the child when seeking emergency care. If the tooth is broken, save the pieces in milk. Stop bleeding using gauze or a cotton ball in the tooth socket and have the child bite down. Call and go directly to the pediatric or family dentist or an emergency department.

Convulsions, Seizures
If the child is breathing, lay her on her side to prevent choking. Call 911 or your local emergency number for a prolonged seizure (more than 5 minutes).

Make sure the child is safe from objects that could injure her. Be sure to protect the child's head. Do not put anything in the child's mouth. Loosen any tight clothing. Start rescue breathing if the child is blue or not breathing.

Head Injuries

DO NOT MOVE A CHILD WHO MAY HAVE A SERIOUS HEAD, NECK, OR BACK INJURY. This may cause further harm.

Call your local emergency number right away if the child:

- Loses consciousness
- Has a seizure (convulsion)
- Experiences clumsiness or inability to move any body part
- Has oozing of blood or watery fluid from ears or nose
- Has abnormal speech or behavior

Call the pediatrician for a child with a head injury and any of the following symptoms:

- Drowsiness
- Difficulty being awakened
- Persistent headache or vomiting

For any questions about less serious injuries, call the pediatrician.

Poisons
If the child has been exposed to or ingested a poison, call your local emergency services.

- **Swallowed Poisons**: Any nonfood substance is a potential poison. Do not give anything by mouth or induce vomiting. Call Poison Help right away. Do not delay calling, but try to have the substance label or name available when you call.
- **Fumes, Gases, or Smoke**: Get the child into fresh air and call, the fire department, or your local emergency number. If the child is not breathing, start CPR and continue until help arrives.
- **Skin Exposure**: If acids, lye, pesticides, chemicals, poisonous plants, or any potentially poisonous substance comes in contact with a child's skin, eyes, or hair, brush off any residual material while wearing rubber gloves, if possible. Remove contaminated clothing. Wash skin, eyes, or hair with a large amount of water or mild soap and water. Do not scrub.

If a child is unconscious, becoming drowsy, having convulsions, or having trouble breathing, call your local emergency number. Bring the poisonous substance (safely contained) with you to the hospital.

Fainting
Check the child's airway and breathing. If necessary, call your local emergency services and begin rescue breathing and CPR.

If vomiting has occurred, turn the child onto one side to prevent choking. Elevate the feet above the level of the heart (about 12 inches).

Learn & Practice CPR
If alone with a child who is choking:

- SHOUT FOR HELP.
- START RESCUE EFFORTS.
- CALL YOUR LOCAL EMERGENCY NUMBER.

Start first aid for choking If:

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk or looks blue.
- The child is found unconscious/unresponsive.

Do not start first aid for choking if:

- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.
-

For Infants Younger than 1 Year:

- **Infant Choking:** If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911.
    - GIVE 5 BACK BLOWS (SLAPS).

    - ALTERNATING WITH
    - GIVE 5 CHEST COMPRESSIONS.
    - Alternate back blows (slaps) and chest compressions until the object is dislodged or the infant becomes unconscious/unresponsive. If the infant becomes unconscious/unresponsive, begin CPR.

- **Infant CPR:** To be used when the child is UNCONSCIOUS/UNRESPONSIVE or when breathing stops. Place child on flat, hard surface.
    - START CHEST COMPRESSIONS.
        - Place 2 fingers of 1 hand on the breastbone just below the nippleline.
        - Compress chest at least 1/3 the depth of the chest, or about 4cm (1.5inches).
        - After each compression, allow chest to return to normal position. Compress chest at rate of at least 100 times per minute.
        - Do 30 compressions.
    - OPEN AIRWAY.
        - Open airway (head tilt chin lift).
        - If you see a foreign body, sweep it out with your finger. Do NOT do blind finger sweeps.
    - START RESCUE BREATHING.
        - Take a normal breath.
        - Cover infant's mouth and nose with your mouth.
        - Give 2 breaths, each for 1 second. Each breath should make the chest rise.
    - RESUME CHEST COMPRESSIONS.
        - Continue with cycles of 30 compressions to 2 breaths.
        - After 5 cycles of compressions and breaths (about 2minutes) and if no one has called 911 or your local emergency number, call it yourself.

For Children 1 to 8 Years of Age:

Child choking (Heimlich Maneuver): Have someone call the emergency services. If the child is choking and is unable to breathe, cough, cry, or speak, follow these steps.

- Perform Heimlich maneuver.
- Place hand, made into a fist, and cover with other hand just above the navel. Place well below the bottom tip of the breastbone and rib cage.
- Give each thrust with enough force to produce an artificial cough designed to relieve airway obstruction.
- Perform Heimlich maneuver until the object is expelled or the child becomes unconscious/unresponsive.
- If the child becomes UNCONSCIOUS/UNRESPONSIVE, begin CPR.

Child CPR: To be used when the infant is UNCONSCIOUS/UNRESPONSIVE or when breathing stops. Place infant on flat, hard surface.

- START CHEST COMPRESSIONS.
    - Place the heel of 1 or 2 hands over the lower half of the sternum.

    - Compress chest at least 1/3 the depth of the chest, or about 5 cm (2 inches).
    - After each compression, allow chest to return to normal position. Compress chest at rate of at least 100 to 120 times per minute.
    - Do 30 compressions.
- OPEN AIRWAY.
    - Open airway (head tiltï chin lift).
    - If you see a foreign body, sweep it out with your finger. Do NOT do blind finger sweeps.
- START RESCUE BREATHING.
    - Take a normal breath.
    - Pinch the child's nose closed, and cover child's mouth with your mouth.
    - Give 2 breaths, each for 1 second. Each breath should make the chest rise.
- RESUME CHEST COMPRESSIONS.
    - Continue with cycles of 30 compressions to 2breaths until the object is expelled.
    - After 5 cycles of compressions and breaths (about 2 minutes) and if no one has called 911 or your local emergency number, call it yourself.

4.2 Fall and injury

Brain Injury and impact: Minor trauma to the head is common in childhood and does not require any medical or surgical treatment. Nevertheless, head injury in infancy and childhood is the single most common cause of death (Luerssen et al., 1988) and permanent disability. Measurable deficits occur even after mild to moderate head injury but are markedly greater after severe injury. They include impaired cognition, motor impairments, disruption of attention and information processing, and psychiatric disturbances (Adelson and Kochanek, 1998). While some head injuries do cause serious and lasting damage to the brain, it's important to remember that 'head injury' is a broad term describing a vast array of conditions - ranging from mild to severe. When a parent hears that their child might have a head injury, their natural instinct is to conjure up the worst possible scenario. However, while some head injuries do cause serious and lasting damage, itôs important to remember that ñhead injuryò is a broad term describing many different types of traumað ranging from mild to severe. Head injuries can be anything from cuts, bumps and bruises to concussions, skull fractures and serious brain injuries. Head injuries are common in children and adolescents of all ages

Bibliography:

First Aid (2016 American Academy of Pediatrics), https://www.healthychildren.org/English/safety-prevention/at-home/Pages/First-Aid-Guide.aspx, Dr. Samir Dalwai, Health and Mental Health-Parikrama- The circle of learning

Chapter 5

Hygienic care practices especially when handling children in group situations

Personal hygiene is the action, habit or practice of keeping oneself clean, especially as a means of maintaining good health. The practice of personal hygiene can also protect the health of others.

5.1 Hygiene education in the curriculum

Schools can incorporate hand hygiene education into the curriculum and daily school activities to maximise opportunities for students to develop personal hygiene practices. See the Clean Hands hand hygiene curriculum resource in Department resources below.

Hand hygiene should be routinely performed:

- before, during and after preparing food
- before and after eating
- after using the toilet
- after coughing, sneezing or blowing your nose
- after touching animals or pets
- before and after treating a wound or cut
- after handling garbage
- when hands are visibly soiled.

Schools can create a personal hygiene care and learning plan that positively reinforces progress for students identified with a learning need in the step-by-step processes of:

- hand hygiene
- face washing, especially after eating
- blowing and wiping their noses
- toileting

TIP 1: MAKE HYGIENE FUN AND EXCITING, Kids are likely to adopt hygienic habits if they enjoy doing them. Through co-curricular activities and inter-house competitions conducted in schools, the importance of hygiene can be conveyed in a fun and competitive manner.

TIP 2: HAND-WASHING IS A MUST, Hand washing is an integral aspect of good hygiene. To eliminate contracting germs after playing outside or when in close contact with animals or someone who might be ill, it is essential to teach kids to wash their hands thoroughly and scrubbing their hands with antiseptic cleansers, especially after using the washroom.

TIP 3: GROOMING THEIR FINGERNAILS, Fingernails are a breeding ground for bacteria. The germs that live under a child's nails are easily transferred to their eyes, nose, and mouth. Ensure that students' fingernails are clipped every week.

TIP 4: ORAL HYGIENE, Proper brushing and flossing is a learned skill that can only be improved by practice. This type of oral hygiene needs to be instilled in students at an early age.

TIP 5: HANDKERCHIEF IS THEIR BEST FRIEND, A handkerchief should be a child's best friend. Children should be taught to cover their mouth and face, using either a handkerchief or a tissue, while coughing and/or sneezing.

TIP 6: KEEPING TOYS IN THE PLAYROOM GERM-FREE, A child's favourite stuffed toy or blanket may carry germs. Make sure it is washed with other toys regularly.

TIP 7: CLEANING OF CLASSROOM FURNITURE, Regular cleaning of classroom furniture will ensure a bug-free learning and teaching environment. Classrooms must be vacuumed and mopped every day.

TIP 8: FOOT HYGIENE, Sweaty feet, also known as athlete's foot, can cause fungal infection. Kids should use cotton-lined socks instead of synthetic fibers along with leather and canvas shoes, to allow feet to breathe.

TIP 9: DEALING WITH ILLNESS, Children should only attend school if they are well enough to benefit and participate. This will also reduce the chance of illness spreading.

TIP 10: STOP BAD HABITS, Remind kids of the importance of practicing good hygiene. Explain that, although germs may not be visibly present, they are still found in air particles and can make them sick.

Bibliography

https://www.khaleejtimes.com/citytimes/in-the-city/10-hygiene-tips-your-children-should-follow-at-school

https://www.education.vic.gov.au/school/principals/spag/health/Pages/personalhygiene.aspx

UNIT 4

DEVELOPMENTALLY APPROPRIATE CARE AND ACTIVITIES FOR HOLISTIC DEVELOPMENT

Guiding Principles of Program Planning:

Keeping the vision of holistic and integrated development of the child, with focus on care and early learning at each sub-stage of the developmental continuum and the interrelatedness of the domains of development there is a need to have separate section for Birth to three years and 3-6 years as far as the specifics are being laid out.

In the life cycle approach to care and learning, in the first three years of life focus is on a nurturing stimulating and protective environment with appropriate child care. Supporting child development in primary care involves strengthening resilience and protective factors and decreasing the number, duration and severity of risk factors. Children between three to six years need care, protection as well as planned play based programme for all round development with more of free play, but some guided, adult-child, child to child interaction and opportunities for holistic development of all domains of development. As children move towards their pre-primary years focus would be on developing their school readiness skills and concepts. The National ECCE Policy lays down the features of the sub stages as follows:

- Birth to three years – survival, safety, protective environment, health care, nutrition including infant and young child feeding practices for the first six months, Birth to three years – survival, safety, protective environment, health care, nutrition including infant and young child feeding practices for the first six months, attachment to an adult, opportunity for psycho-social stimulation and early interaction in safe, nurturing and stimulating environments within the home and appropriate child care centres.
- Three to six years- protection from hazards, health care nutrition, attachment to an adult, developmentally appropriate play-based preschool education with a structured and planned school readiness component for 5 to 6 year olds.

Play could be simple or complex. Touching, feeling, exploring, making, breaking are all activities that enrich the senses and this helps new synapses develop in the brain. Free play or play that involves

choices, logic and thinking helps enhance the frontal lobe. The hand and the brain need each other: Neurologically, "a hand is always in search of a brain and a brain is in search of a hand," as Wilson likes to say. Use of the hands to manipulate three-dimensional objects is an essential part of brain development. Imaginative play, role-play are part of symbolic play. Symbolic play is when a child can use a symbol or object to represent another item, for example, he uses a piece of block to be a telephone etc. When a child is able to experience symbolic play he will definitely be able to excel in reading and writing activities as reading is nothing but representing a picture or word in a symbol (all letters and words are symbols).

Kids should enjoy the play, as positive emotions enhance memory and no play should be stressful or too competitive as our bodies release harmful chemicals under stress, these chemicals are not good for the brain. Play that is self-initiated, involving trial and error, problem solving, has cause and effect is good for developing neural pathways. Play helps develop language skills as the more sensorial experiences the child has the more the child will want to talk about it and hence language development will be enhanced". Memory increases by revisiting information frequently, so play often and even the same games every day as long as children like to play it and their interest lasts in it. Cross lateral movements keep both sides of the brain working - so the more creeping, crawling, marching play activities your child does the better for his brain - how? Cross lateral movements are arm and leg movements that cross over from one side of the body to the other. Since left side of the brain controls right side of the body and vice versa, the two sides are forced to communicate when legs and arms cross over.

Chapter 1

Importance of Play in Development

"The most important stage of life is not the university studies but the first period, from birth to age of six" – Maria Montessori

"Play is the highest expression of human development in childhood, for it alone is the free expression of what is in a child's soul." - Friedrich Froebel

"Play Is the Work of the Child" - Maria Montessori

1.1 Introduction

• Learners of play often quote that 'Play is the SPICE of life' - where spice represents children's Social, Physical, Intellectual, Cultural and Emotional development.

• John Dewey (1902) encouraged a playful orientation in the process of acquiring knowledge through exploration, inquiry, problem solving, and creativity.

• Sigmund Freud (1920/1961) believed that play had a significant impact on the treatment of childhood disorders. According to him play is the projection of the child's inner or emotional life, play-acts serve to satisfy drives, resolve inner conflicts, cope with anxiety-producing situations.

• Erik Erikson (1950) postulated that play serves as an "ego function" independent of the child's need to resolve conflicts. Play helps them cope with the demands of reality, they learn to master emotions and frustrations through repetition and reconstruction of painful or frightening events.

• Cognitive theorists Jean Piaget (1962) and Lev Vygotsky (1966, 1978) viewed play as important in children's intellectual development. According to Vygotsky, play creates the "zone of proximal development" in which individual development occurs during joint problem-solving with people who have skills.

• Play seems to be the essential feature in productive scientific thought - before there is any connection with logical construction in words or other kinds of signs 'that can be communicated to others."- Albert Einstein

1.2 Why children should play

The Early childhood Care and Education Programme recognize that children learn best through play and learning by doing. Children of this age group are naturally curious to explore their immediate world using their senses. Anyone who has spent time observing young children will have noticed that they are in constant interaction with their environment, they want to touch everything they see. All that matters to children is Play, play, and play. Furthermore children learn by doing, by experiencing and actively participating in the learning process. Thus the ECCE curriculum adopts a play and activity based approach in which the learning processes are based on the needs, interests, abilities and social context of the children for

whom it is planned. The methodology in this approach is largely based on creating a stimulating learning environment for the child through planned activities/tasks which are joyful, and involve active thinking /learning by the child. Children are visualised as active being who construct their own knowledge and the process of teaching-learning is one of co-construction of knowledge, with adults as facilitators.

1.3 What is play?

Play for a child is natural, spontaneous, enjoyable, rewarding and it is self-initiated. While children do not engage in play for its learning outcomes, yet it has been shown that play prompts growth and development.

In recent times play has been considered as a behavioural disposition that occurs in describable and reproducible contexts and is manifested in a variety of observable behaviours. (Fein&Vandenberg, 1983). There are majorly for types of play such as

Functional Play: Children use their senses and muscles to explore and experiment with materials and learn how things go together. It satisfies children's need to be active and to explore.

Constructive Play: Children learn use of different materials, put things together based on a plan, develop and use strategies of reaching their goal.

Dramatic or Pretend Play: Children take on a role, pretend to be someone else and use real or pretend objects to play out a role. Children re-enact they have experienced or watched earlier, use worlds and gestures and show the role they are playing.

Games with Rules: Children gradually learn to play with others, control their behaviour and conform to a structure of present rules. However the focus is more on enjoyment rather than winning or losing and cooperative and collaborative games in which children play with each other than against each other.

1.4 What is an activity?

A good activity is a

- Part of a well-planned series of experiences identified by the teachers for the child for a particular learning area/areas and not an isolated learning experience.
- Where child is actively engaged physically and mentally.
- Challenging enough for the child so as to help her/him practice and apply here/his skill and knowledge in a variety of ways, across many situations.
- Enables children to learn in a joyful and interesting way.

Keeping the above perspectives in mind the curriculum in early childhood is defined as an organized framework that includes three components (Bredekamp & Rosegrant, 1992, p.10):

- Context: This component is the setting, the environment in which stimulation and learning takes place.
- Content: This component is the subject matter of the curriculum, the goals and objectives for children's learning.

- Processes: This component is the pedagogy of learning, how ECCE teachers/caregivers interact with children, creates opportunities for learning and the ways in which children achieve the goals and objectives of the curriculum.

Each of these components, to be implemented well, requires knowledge of how children develop and learn at each stage of development; their individual strengths, interests, and needs; and the social and cultural contexts in which they live (Bredekamp & Copple, 1997, p.9). These dimensions of learning known as developmentally appropriate practice, guide all aspects of teaching and learning. When ECCE teachers/Caregivers understand developmentally appropriate practice, they can use this information to guide children's learning.

Early childhood Care and Education is	Early childhood Care and Education is
• A balanced play and activity based program which provides a stimulating environment for the language, intellectual, social emotional and physical development of the child. • A child centred program catering to individual children's learning and emotional needs through individual, small and large group activities and one to one communication. • Lays the foundation for the development of reading, writing and number work. • A school readiness programme which 'readies' children for learning to read, write and do arithmetic later. • A programme which indirectly promotes self-control and thereby inner discipline in children through interactions.	• NOT a syllabus bound program for teaching 3R's nor 'a song and a rhyme and go home' approach. • NOT a teacher centred programme that follows formal classroom approach as in school. • NOT program for formally 'teaching' reading, writing and arithmetic, which is to be done in primary. • NOT a downward extension of the Primary Grades. • NOT a programme which demands unquestioning obedience or exercise strict classroom discipline. • NOT a programme to conduct tests to know how children are leaning and developing.

Care practices and resources can be improved through actions of different sectors, including health, early child development, community development, women's income generation, water and sanitation, and the environment. Caring practices and resources very tremendously by culture, and even by groups and communities within cultures. There are differences in how each culture attempts to meet the needs of their young ones. Understanding care practices and resources for care would help adults identify the practices and resources that are important, relevant and essential for their ecological setting.

However, as humans we are much more similar than we are different. Children's basic needs for food, health care, protection, shelter, and love are the same in all cultures. The focus for children from birth-3 is not on what they must learn but rather on how they need to be cared for.

A fundamental aspect of early childhood care is that infants and toddlers need safe environments that give them opportunities to be active using all of their senses. In addition to complete nutrition and adequate health care and hygiene, they need interaction with adults, preferably the same adults, day after day, so that they can confidently explore and experience the world that responds to their growing abilities.

The nurturing and interacting style of the primary caregivers at home, and in out-of-home programmes at the ECCE centres, have strongest influences on children's motivation and learning. Certain principles and processes that guide effective care and stimulation practices at home as well at the ECCE centre is delineated below:

Care, Stimulation and Interaction at Home

- Traditional customs often provide warmth and support for young children. Infant massage, touching, holding, talking to the child while breastfeeding and other feeding times must be practiced to create bonding and attachment between mother and child.
- Parents and family members may understand the child rearing approach taken in the child care centre and extend the care and stimulation practices at home.
- Provide a variety in interactions in which make time for children to play together without much caregiver input (free play time). Time alone if wanted, and time with caregivers in regular activities.
- Prevent and protect children from child abuse and violence as children who are exposed to aggression and who have been victimized are likely to repeat these roles later in life.
- Hove men take the responsibility towards health and nutrition of women and children.
- Be alert to signs of listlessness, low activity level or delayed achievement of developmental milestones, find out the reason and take actions accordingly.
- Storytelling plays a significant role in facilitating language development in the early years. The tradition of narrating local stories and folktales to children should be encouraged at homes.
- Both mothers and fathers work as a team to facilitate their children's language development (which could include two more languages).

Chapter 2

Care and practices for birth to six months

The new born should be welcomed by all the people around with soothing sounds and gestures as the baby can hear and see all around. His nutritional, emotional and physical care should cover following aspects:

2.1 Nutritional Care

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. Review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond.

To enable mothers to establish and sustain exclusive breastfeeding for 6 months, WHO and UNICEF recommend:

- Initiation of breastfeeding within the first hour of life
- Exclusive breastfeeding – that is the infant only receives breast milk without any additional food or drink, not even water
- Breastfeeding on demand – that is as often as the child wants, day and night
- No use of bottles, teats or pacifiers

Breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one-third during the second year of life. Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhoea or pneumonia, and helps for a quicker recovery during illness.

Breastfeeding contributes to the health and well-being of mothers; it helps to space children, reduces the risk of ovarian cancer and breast cancer, increases family and national resources, is a secure way of feeding and is safe for the environment.

While breastfeeding is a natural act, it is also a learned behaviour. An extensive body of research has demonstrated that mothers and other caregivers require active support for establishing and sustaining appropriate breastfeeding practices.

2.2 Emotional Care Important milestones in the age of 0 - 6 months

- Only parent - *Until about six weeks, the baby responds almost solely to the voice, smell and facial expressions of the parents.*

- Smile - *The first social smile. The baby responds to each smiling face, not only the parents, but even unknown people.*
- Contact - Arms are stretched out to be picked up; different ways of crying emerge to express different emotions and needs. The baby is in touch with several people.
- Curiosity - *At 3-4 months, a child recognizes more and more and it is becoming more curious about new environment and people.*
- Separation anxiety phase - *At around 5-6 months, a baby can clearly express what it does or does not like. It can cling when the parent or caregiver makes preparations to leave. This narrow-mindedness phase often lasts several months. The starts differs for each child; often later in boys than in girls, around 8-9 months.*
- Maximum of 3 staff members - Baby groups usually work with up to 3 permanent employees per week, so that children get to know a limited number of faces in their first year of life. We meet each child in a positive manner. That means talking softly, keeping facial expressions friendly, talking at eye level, explaining all actions. Wear shoes with soft soles (due to loud noise on the ground). We always approach a child from the front, so it will not be deterred.
- Active attitude - We feed children on our lap as much as possible. The child gets personal attention, is saturated and can then discover for themselves. In addition, a child has a more active role when being fed on one's lap and can better assimilate the area.
- Consciously keeping some distance - Children do not need adults in every step of their development and thus pedagogical staff members sometimes consciously keep some distance. They encourage the child from a safe distance. It increases self-confidence. The 'do it yourself' is also good for the cognitive and sensory development and personality development. Children - however small - get a kick out of self-learning and discovery.

2.3 Physical Care

Starting from birth, your healthcare provider should measure your baby's weight, length and head size on a regular basis.

These measurements are important for determining your baby's growth. Your healthcare provider will use a chart to track your baby's growth pattern.

Physical Milestones

First month:

- weight may drop after birth but will be regained
- hand, arm, leg, and rooting movements are all reflex motions
- head flops if not supported
- focuses eyes at 18 to 45 cm
- stares at high contrast patterns and objects but does not reach
- recognizes mother's voice

- startles at noise

Second month:

- muscles relax and twitch less
- lifts head about 45 degrees while lying on tummy
- hands start to unfold
- may reach and grasp an object for a short time
- eyes move in unison and can track close moving objects
- may roll over one way

Third month:

- stretches out arms and legs
- rolls over from back to side
- holds head up to search for sounds and movement
- discovers feet and hands
- holds objects longer
- swipes with arms
- briefly bears weight on legs
- responds to detailed, high contrast objects
- cuts first tooth (third to sixth month or later)

Fourth month:

- stands up and holds weight with help
- rolls from front to side
- lifts head about 90 degrees
- sits with arms propped
- reaches for objects
- holds hands together

Fifth month:

- rolls over from front to back
- grabs toes and feet
- wiggles forward on floor
- reaches with a good aim
- transfers objects from hand to hand

Sixth month:

- holds head steady
- sits with back straight when propped
- grasps small objects and studies them
- rolls in both directions
- understands that objects may be hiding behind one another

2.4 Activities

Babies love to play - there's so much you can do to foster your baby's physical growth and development through play and activity:

- Always supervise your baby to prevent falling.
- Hold the things you want your baby to see close to her eyes so she can focus clearly.
- Have lots of supervised tummy time so your baby can kick and move. Offer clean rattles and toys that your baby can feel and mouth.
- Provide a variety of noisemaking toys and objects and place them within batting range.
- Play in front of a mirror with your baby.
- Create safe play spaces on the floor.
- Take lots of walks with your baby in the fresh air.
- Provide safe, clean, chewable toys.
- Everything will go in your baby's mouth - make sure objects are big enough that they cannot be swallowed.
- Extend bath time so your baby can kick and squeal while you supervise. **Never** leave your baby alone in the bath.
- Baby proof your home so that everything harmful is out of the way.

Suggestive Developmentally Appropriate Activities during Birth- 6 months

Approximate Age	**Birth to 3 Months**
What Children Do • Learn about the world through all their senses • Track people and objects with eyes • Respond to faces and bright colours • Reach, discover hands and feet • Lift head and turn toward sound • Cry, but are often soothed when held • Begin to smile • Begin to develop a sense of self	**What Children need/what care Givers Provide for** • Protection from physical danger • Adequated nutrition (through exclusive breastfeeding is best) • Adequate health care (immunization, oral rehydration therapy as required, hygiene) • An adult with whom to form an attachment • An adult who can understand and respond to their signals • Things to look at, touch hear, smell, taste • To be held, sung to and rocked • Opportunities for infant massage as it promotes health benefits, and encourages bonding

Approximate Age	4 to 6 Months
What Children Do • Smile often • Prefer parents and older siblings • Repeat actions with interesting results • Listen intently and respond when spoken to • Laugh, gurgle, imitate sounds • Explore hands and feet • Put objects in mouth • Sit when propped, roll over, scoot, bounce • Grasp objects without using thumb	**What Children need/what care Givers Provide for** • Opportunities to explore the world, play with a variety of objects • Appropriate language stimulation • Focus on Health, nutrition and early psycho social stimulation through free play and a lot of adult child interaction egs. (infant games, traditional songs &syllables, access to variety of play materials, individualized adult attention and interaction opportunities to explore, early introduction to stories, infant books, drawings etc) in safe, spacious and clean environment • Play and interact with children frequently to stimulate their cognitive, language, social, and motor development. • Exposure to music and rocking • Calling child by name to develop self-identity

Chapter 3

Care and activities for seven months to one year

3.1 Introduction

Baby is watching everything you do! Simple things can help baby reach milestones. While folding laundry, give them a piece of clothing to investigate. While cooking dinner, let them sit in the kitchen to develop their senses and more! When baby spends time with you, they are learn more about everyday objects and get to hear your words and voice.

3.2 Milestones

Baby is Babbling

Is baby starting to understand you? They may recognize the tone of your voice and are learning how to better communicate their needs. Don't be surprised if baby reaches for you to be picked up, or shakes their head at you when they're done feeding. These are baby's newly learned communication skills.

Those Fingers are Getting Strong

Baby has recently discovered how amazing their hands are! Expect a lot of pointing and clapping. You may also notice their fine motor skills developing. This is great for picking up pieces of food, but watch out for pulling hair!

Baby's First Word

Has baby said "mama" or "dada" yet? If not, baby is probably getting close! Reading stories together, describing your actions, and singing songs are all great ways to help develop language skills. When baby is babbling, repeat the sounds they are saying and turn them into real words. For example, if baby says "ba", repeat it by saying "ball."

Playtime = Fun Time

Playtime will become a lot more interactive during this stage, as baby is learning new gestures and starts to understand that there is a "back-and-forth" in conversation.

3.3 Activities

Motor Games and Activities

- Put a toy or book inside an empty cardboard box. Wrap it with colorful paper or newspaper comics. Clap your hands when baby yanks it open then announce what is inside.
- Encourage movement by placing toys around baby where they must move to reach them
- Encourage baby pushups during Tummy Time by raising and lowering a rattle over baby's head

- Engage baby in activities like reading or playing with a ball while in sitting
- Gently push baby back and forth on a swing in the park, but make sure baby can sit up and hold head steady with no problem
- When baby is holding a toy in each hand offer a third toy; watch as baby figures out how to grasp the new toy without letting go of the other two
- Punch holes in lid of empty food container and fill with water to make a fun bath time toy
- Get an empty plastic bucket and have baby throw toys into it
- Use different household items , like squeeze toys or newspapers to make different noises for baby

Sensory Games and Activities

- Use your hands to make shadow puppets for baby
- Gently touch baby on the feet and tummy to make them giggle
- Play with a jack in the box or windup toy with baby to show motion
- Use animal sounds when playing with or reading to baby; point out an image of an animal then associate the sound that animal makes with the picture
- Walk with baby in a carrier or baby backpack
- Play with baby in many different positions
- Take baby on a walk in a stroller or jogger
- Use slow, rocking motions for calming and more vigorous motions for play time
- Give baby space to explore environment, while staying close to supervise
- Introduce new textures while baby is eating, sleeping, dressing, or playing outdoors, use a variety of sponges, soaps, and lotions during bath time
- Provide plenty of skin-to-skin contact with a parent or caregiver
- Encourage baby to play on the floor with toys of various colors, sizes, and shapes
- Allow baby to grab and explore items within reach

Communication Games and Activities

- Draw a picture of baby's face and then point out the different parts
- Play with a pretend phone; talk into phone as you would a regular call, then offer it to baby to do the same
- Read short stories with baby
- Start using hand movements along with associated words to teach baby to communicate with gestures
- Describe your actions throughout the day as you dress, feed, and bathe baby. This gives baby an opportunity to listen to the sounds and rhythms of speech
- Respond to baby's sounds and encourage two-way communication
- Play music throughout the day – lively, upbeat music during playtime, and quiet melodic music for naps and bedtime
- Read picture books together to help baby connect words and images
- Give baby frequent face time

- Point out objects while you walk and talk with baby

Feeding Games and Activities

- Try introducing pureed foods to baby. Puree a small amount of whatever you are having for dinner in a food processor, but be sure to avoid honey, cow's milk, salt, and artificial sweeteners
- Introduce new foods gradually and watch for baby's response
- Do not force food or show stress over a baby's dislike for certain foods
- Change the texture of food if baby refuses food
- Provide baby with a healthy diet – avoid artificial ingredients, sugars, and preservatives

10-12 Month Old Games

Motor Games and Activities

- Get baby to stack toys such as blocks or rings and describe each toy as your baby picks it up
- Lie down on the floor and have baby crawl over you
- Practice new gestures with baby like blowing kisses, clapping hands, or giving a high five
- Use a toy to encourage baby to crawl when they are in a tummy time position
- Roll a soft ball across the floor and encourage baby to crawl after it
- Allow baby to play with toys they can push or pull across the floor
- Read with baby while they lie on their tummy
- Play with stackable blocks
- Let baby play with large objects like tunnels, pillows, or cushions while supervised
- If baby is already walking, let them try riding toys that they can sit on and scoot across the floor
- Provide push toys that allow baby to practice walking with some support
- Encourage baby to dance and sway to music
- Provide opportunities for baby to experience slow, rocking movements

Sensory Games and Activities

- Play peek-a-boo with baby
- Have baby look at their reflection in the mirror and point out each body part
- Encourage baby to crawl over, under, and through various objects in your home
- Introduce baby to new textures through food, toys, clothes, sponges, etc.
- Provide plenty of skin-to-skin contact with caregivers
- Keep baby away from areas where people are smoking or using harsh chemicals

Communication Games and Activities

- Practice waving bye-bye when a guest leaves your home
- Read daily from big, colorful books and let baby turn the pages
- Encourage baby to wave hello when meeting new people
- Ask baby to point to different body parts when you name them
- Ask baby questions and encourage response with words, baby sounds, cooing, or babbling. Record the conversation and play it back for baby to hear

- Direct baby's attention to interesting objects by helping them point their finger
- Name textures, shapes, and sizes to help baby attach words to tactile experiences
- Describe your actions throughout the day as you dress, feed, and bathe baby
- Respond to baby's sounds to encourage two-way communication

Feeding Games and Activities

- Offer baby an assortment of food to try
- Keep track of where baby is in their feeding development, well meaning friends and family may give baby food inappropriate for their age

Approximate Age	**7 to 12 Months**
What Children Do • Remember simple events • Identify themselves, body parts, familiar voices • Understand own name, other common words • Say first meaningful words • Explore, bang, shake objects • Find hidden objects, put objects in containers • Sit alone • Creep, pull themselves up to stand walk • May seen shy or upset with strangers.	**What Children need/what care Givers Provide for** **All of the above, plus** • Respond to the child's nutritional requirements by providing appropriate quantity and quality of food. • Introduction of supplementary foods • A safe environment to explore • Conducting variety of activities with children and giving space to explore according to one's innate interests. • Developing self-confidence through proving enough opportunities to explore, touch, taste, smell and respond to the environment. • Cleaning children and washing their hands at regular intervals to promote good hygiene and inculcate healthy practices. • Regular and constant positive interaction with children to promote development of language, imagination, manipulation, concepts with activities like clapping peek-a -boo, push and pull toys, rolling hands, reading picture books, singing lullabies and rhymes etc…. • Opportunities to hear stories, be read to • Establishing bonding and warm relationship with children and building trust by giving lots of love, care and affection and praising child's achievements

Chapter 4

Care and activities for one year to three years

4.1 Activities
4.2 Games to play

Now the baby is able to express and communicate and has mobility. Care and activities have to be appropriate to his/her phase of development. We shall concentrate on play activities as health shall be covered in a separate chapter.

4.1 Activities

Approximate Age	**1to 2 Years**
What Children Do • Imitate adult actions • Speak and understand words and ideas • Enjoy stories and experimenting with objects • Walk steadily, climb stairs, run • Assert independence, but prefer familiar people • Recognize ownership of objects • Develop friendships • Solve problems • Show pride in accomplishments • Like to help with tasks • Begin pretend ply	**What Children need/what care Givers Provide for** **In addition to the above:** • Health care must also include deworming if required • Support in acquiring new motor, language, thinking skills • A chance t develop some independence • Help in learning how to control their own behaviour • Opportunities to begin to learn to care for themselves • Opportunities for play and exploration] • Play with other children • Read to / tell stories daily • Provide opportunities to establish contact and engage with other children and adults to promote a sense of self and social development
Approximate Age	**2 to 3 Years**
What Children Do • Enjoy learning new skills • Learn language rapidly • Are always on the go	**What Children need/what care Givers Provide for** **In addition to the above:** • Opportunities to children to dress themselves, use toilets, wash hands, brush teeth, comb hair etc

• Gain control of hands and fingers • Are easily frustrated • Act more independent, but are still dependent • Act out familiar scenes	• Providing children with objects that encourage sorting matching, imagining, pushing, puling etc • Naming body parts and other common objects in and around child's environment. • Provide opportunity to make choices and engage in different tasks • Giving opportunities to learn think and understand from concrete to abstract • Opportunities to listen and articulate short stories and rhymes indulge in imaginative play and simple problem solving activities • Identifying and giving special attention to 'at risk' children. Developmental screening of all children is essential to provide critical intervention that allows opportunities for children's development • Early identification of impairments/disabilities and initiating medical intervention and parent counseling and parent training to provide necessary stimulation is necessary for supporting children with disabilities and developmental delay

4.2 Games to Play for development

- Thinking games
- Memory games
- Logic games
- Questioning games
- Outdoor games

- Thinking Games
- Board games, games like Name-Place-Animal-Thing, giving children problems to think through, block play are all thinking games. In which the child will have to use his 'thinking cap' and find the solution or complete the game. It is very important to develop thinking skills in children as it enhances their intrapersonal intelligence. In short, it makes them 'self-smart'. Board games like Ludo, Snakes and Ladder and then Chess and Draughts are good to begin with.
- Pen and pencil games like Name-Place-Animal-Thing are so simple (and you can write for your child, as they may not know how to write all the words). Here you give a letter and the child has to think of a name that begins with the letter, a place, like city, country that begins with the letter and similarly an animal and a thing.
- Block play is an ideal thinking game, give them a scene to create and see how your child uses his creativity and thinking skills together. Pose a problem while he is making a structure with his blocks, ask

questions like “where will the cars be parked?” or “How will the people enter the house?” etc. to enhance his ‘thinking through’ skills.

- Memory Games
  Remember the simple tray game that we would play at birthday parties when we were young? Yes, there would be a group of objects on a tray, we would be asked to have a look and then the tray would be covered with a cloth and children had to try to remember what was there on the tray.
- Even asking children to recollect what happened during their last birthday party or going through the sequence of events of the day from morning, all these are activities that help develop memory and help in revisiting information and past experiences this helps strengthen memory and connections between neurons.
- Logic Games
  Puzzles, riddles, games of hide and seek, paper and pen activities like find the odd-one, find the hidden one or find the missing part etc. are all activities that help develop logical thinking skills.
  When a child plays with a puzzle or jigsaw slowly he develops the ability to look at the piece and decide whether it would fit in the given space or not, this helps reduce the time spent on solving the puzzle and gives him the satisfaction of completing the task faster.
  When you play the age old game of hiding a small toy in the room and the child has to find where it could be, he is using his logical thinking to understand that he has to look for the toy according its size or colour.
- Questioning Games
  Why do cows have horns? Why don't dogs have horns? Are questions that children like being asked and like to ask as these kind of questions help make them practising their thinking skills? Here we must remember that questioning should be fun and should not be limited to ask the child his school studies, in short it should not turn into a test but should be fun and invigorating to the child and not frustrating and stressful. These kinds of games also help develop language skills and the parents can gain an insight into the thought process of the child in handling unique questions and imaginary situations.
- Outdoor Games
  Researchers have also observed that when children played in an environment dominated by play structures rather than natural elements, they established their social hierarchy through physical competence. Outdoor commercial games like soccer, jungle gym, ball pool and the colour bubble at Mac’s promote one-upmanship, aggression and hence lead to a hyper stressed out child, whereas if it is an open lawn , they do not compete.
- Rough-tumble play
  i) The physical interactions required in rough and tumble play, children are learning the give-and-take of appropriate social interactions.
  ii) They become adept at both signaling and detecting signals - a social skill they will need and use throughout their lives.
  iii) When detecting these signals, they are learning to read and understand the body language.
  It also requires children to alternate and change roles. Sometimes one child chases; at another time, the child is chased.

iv) The social roles practiced and learned in rough and tumble play provide children with the social knowledge needed for future relationships.

v) Physical exertion of rough and tumble play also supports cardiovascular health.

vi) Since rough and tumble play is so physical, children get many of their vital touch needs met through the play. Because the preschool period is a critical period for children to develop both physically and emotionally, rough and tumble play for pre-schoolers is invaluable."

Bibliography for Unit 4

Book – How to Teach so Kids Can Learn – Dr Swati Popat Vats

National Early Childhood Care and Education (ECCE) Curriculum Framework, pages 30-37 by Ministry of Women and Child Development.

https://www.healthyfamiliesbc.ca/home/articles/babies-physical-development-0-6-months

https://www.parents.com/baby/development/growth/11-simple-activities-for-babies-0-to-6-months/

https://www.who.int/nutrition/topics/exclusive_breastfeeding/en/

http://www.tensteps.org/breastfeeding-facts-first-6months.shtml

https://pathways.org/growth-development/baby/

https://www.kindergarden.nl/baby-first-phase/

UNIT 5

INSIDE – OUTSIDE CARE AND LEARNING ENVIRONMENT

Chapter 1

Environment for Health and Safety

Chapter 2

Environment for Stimulation and Learning

What does nature mean to today's children? - Unproductive. Off limits. Alien. Cute. Dangerous. Televised.

Do you remember your childhood evenings? Remember the boisterous games the kids would play? Hide and seek, chor-police, marbles, sakdi, nargolo and of course hop scotch. All these games we remember with nostalgic smiles and yet if we look at each game it taught us life skills like group work, following a leader, finding solutions to problems, winning as a team, never give up attitude and pure unadulterated fun.

Sadly, children today would rather play with video games or go to the mall, or are too busy 'class hopping' from swimming to badminton etc. Not that it is wrong, but most of these activities are only creating a competitive spirit in them. Let's be frank, do we enroll our child for skating just so that he can experience the sheer fun and exhilaration of feeling the wind in his hair as he skates? Or does it slowly become about being the better skater, the faster skater, topping the class, then State etc. Does it not become a race? Also somewhere, we adults have become too protective. 'Don't play in the sun', 'Don't touch that tree', 'Don't play in the grass, you will get dirty' or the common, 'Go and play but please don't come with dirty clothes!' On one hand the adults are teaching children that nature is dirty, unhealthy and something to stay away from and on the other hand we try to teach the same kids, 'save nature', 'save the trees'. Contradictory, isn't it? We need the calming, cooling connect with nature.

When we read the book- 'Last child in the woods'- by Richard Louv, it explans the term 'nature deficit disorder', because it is so true for today's children. This disconnect from nature is unknowingly contributing to hypertension, hyperactivity and attention problems. Our bodies are made of the five 'tatvas' (5 elements), Jal, Vayu, Akash, Prithvi, Agni. The same five elements are also found in nature which means we are made of nature! And hence inherently our bodies seek nature, want to be close to it, want to benefit from it and nurture it, but changing lifestyles have taken us away from nature and this is the angst that the body is going through.

WHAT SCHOOLS CAN DO….

Schools can choose simple competitive outdoor games like, 'fire in the mountain', or 'hopscotch' etc as this will help kids learn about positive competition, group work and enjoy running, jumping in the outdoors. Akash or sky- What can this element cultivate in the personality of young children? The sky houses the wonders like moon, sun, star, planets. The sky can show you a rainbow. Or can scare you with dark clouds and lightening. Cultivate in children the ability to be able to have a balance in their personality traits. Be able to cultivate many values like a rainbow. And reach and touch limitless horizons like the sky.

Swings, slides and see- saws have almost disappeared from gardens and schools and have been replaced with gigantic, monstrous, plastic 'gyms'. Bring back the open air glory of the swings, slides and see-saws and watch as kids learn about- Motion and concepts like up and down, fast and slow with the swings. Impulse control and deferring gratification with the slides. And balance, co-ordination and co-operation with the see-saw. Prithvi or earth- What can this element cultivate in the personality of young children? The earth or land has a balance of great resources. The earth or Prithvi cannot fight back when its resources are misused. Let a child be a powerhouse of resources, skills, talents etc just like Prithvi.

Schools can make water play an integral part of their curriculum, both indoors and outdoors. Why water and sand play? Is it required? 'It is such a messy activity.' 'It requires so much of space.' are some of the questions and comments that one comes across when water and sand play are recommended for preschoolers. I have often faced this question when I have designed schools for others. When I have trained teachers from 'formal' schools, they usually are not very receptive to having water and sand play. The excuse they usually hide behind is 'too many children, and lack of space'. Well, it is for each teacher to decide whether sand and water play is an important activity for a child. Because if you want all round development then this is a conscious decision you will have to make. Firstly, water and sand play do not require too much of space. The child does not have to be 'in' the water or sand to enjoy the benefits of these activities. One can always have a water or sand table in the class or in the outdoors. Requires less space and is not messy at all.

Schools can introduce parachute play, yoga, cycling, skating, nature walks, math in nature in their curriculum and activities. A parachute is a circular sheet of either plastic or cloth that children can stand in a circle and hold on to. This activity helps develop finger grip, wrist dexterity, hand control and large muscle development in children. I would recommend this as a must in the curriculum, easy to make and very easy to develop your own games; it encourages group play, listening skills and language development. Can be used for age 3 and upwards. Again to plan games, think of words to describe what children will like to do while holding the parachute and then expand these words into games.

Chapter 1

Environment for Health and Safety

1.1 Introduction

According to Maslow's hierarchy of needs, SAFETY AND SECURITY are the second most important needs after food and water for every individual. And so we must make safety and security of our children our prime concern. The children who we attend to are too young to be aware of their own safety and thus the responsibility of their safety becomes even more important. It is also important to train early childhood centre staff in emergency management, especially in dealing with people during an accident or an emergency situation. Tempers are bound to rise and this can lead to further chaos, confusion and calamity, so train your staff in the following.

Why Do People Scream And Shout In Problem Situations? As human beings we think with our prefrontal cortex which is the front part of our brain, (the area behind our forehead). But all inputs to the brain first go through a part of our brain called the amygdale, so for any information to go to the prefrontal cortex (the thinking brain) it has to pass through the amygdale. Now the information passes smoothly during happy and positive experiences. But when the human being is upset or scared then the amygdale can hold the information and take its own decisions. Amygdale can take only two decisions – FLIGHT OR FLIGHT. So either the person you are trying to handle will start fighting, arguing or get aggressive with you or will start crying, hiding or not want to meet you or talk to you. In this situation you as the person in charge have to realize that the brain requires happy emotions to get back to normal. So talk calmly to the person, talk positively to the person, give the person a glass of water (water has oxygen and oxygen is one of the requirements of the brain, it helps calm it) and do not shout or ridicule or blame the person at this point.

1.2 Safe and healthy environment for children in schools

The reason why even intelligent, educated people behave unreasonably or violently during a stressful situation and then after the situation is over they regret the same behaviour. Vocabulary To Use When Handling Stressful Situations- I can understand what you are feeling…. I have things under control and things will definitely be better …. I appreciate your points, and I will look into the same… We are with you and we are happy to have your co-operation … I am here with you… Sentences To Avoid – Please don't shout, you are not the only one in this mess, I am also worried. Please go home, we have things under control and will call you….. I have no further information to share with you…. This is not the school's fault, the organizer should have been careful.

1.3 Classroom Safety in Schools

Essentials For Safety And Security

- Safety cards for kids - all kids must have identification cards that display the child's name, photo and contact details, also if any important medical issue like asthma or allergy etc
- Safety card for adults who come to pick up the children- must display adult's photo, name, name of child, class and have the stamp of the school. Children to be handed over only to authorized people.
- Sign in and sign out register- important that adults sign in when dropping the child to the centre and sign out when picking up the child, this helps the centre and teacher maintain a head count.
- Have a headcount register- in emergencies like fire etc. a school must know how many children were there in the school. Also important for everyday as headcount helps teacher ensure that all kids are there and have not wandered away or been forgotten in the school. Given below is a sample format.
- Phone numbers of nearest fire station, hospital & police station to be displayed in all office area including staff rooms & reception.
- See that at least 4 numbers of each parent are available with the school at all times (home, father's mobile, mother's mobile, father's office, mother's office).
- Medical details of children- Record medical detail of each and every student from respective parents with regards to any serious illness and if their child is allergic to any medicine. Written permission from parents or guardian to get medical attention. Record of medical problems, including allergies. Special instructions regarding medication, including permission to administer non prescription medication (such as antiseptic).
- Electrical safety- All plug points should be at a height of 8 feet from the floor, so that children do not poke their fingers or other sharp objects in it. Even child safe plug points should be at the specified height in the classroom. No electrical equipment (like mixers, dryers or even glow-sign etc) to be kept lying around in the school premises. Computers to be tested for electrical shocks as humid climates tend to make electrical appliances work in a weird manner. No old, used or new bulbs, tubes, torches to be kept within reach of children.
- All switch boards to be affixed in such a place that is not easily reached by the children-even after taking a small stool to climb on. No child to be told to switch on or switch off the lights or fans or a/c etc. Must have a generator / inverter in the school in case of power cuts. No electric repairing work or a/c servicing work to be done while children are in the classroom or on the premises.
- No wires, screw drivers, screws or other such related equipment to be lying around within reaching distance of children. All such equipment to be stored safely in utility cupboards. No naked wires coming out of the wall or plug points. All wiring to be concealed. All fans to be concealed. All fans to be affixed on the ceiling or on the wall, not kept on a stool or within reach of children.
- No switches in the bathroom to be kept within reach of the children. If any lights in the splash pool then you need to check if they are safe or can cause electric shock. All lights in the outdoor

are to be at a safe height not reachable by children. All switches in the outdoor are should not be within reaching height of the children.

- Furniture safety- All furniture whether of wood or any other material should be having rounded edges - no sharp edges or edges that can easily poke are allowed. Table corners as well as table edges to be rounded off.
- Cabinets also to have rounded edges and rounded corners. Benches also to have safe rounded edges and corners. No peeled wood to be coming out of the furniture. No nails to be poking out from any of the furniture. All hooks for bags etc to be wooden knobs and not metal hooks as they hurt. Hooks or knobs should not be where a child sits as it can hurt on the head. No keys to be left hanging from the cabinets or drawers. All cupboards, cabinets and drawers not being used during class hours should be locked safely.
- All the handles put on cupboard and drawers should be embedded inside not protruding out as they may hurt children. Children should be given only open storage to use or they may jam their hands/fingers in the doors/drawers etc.
- Classroom door must have a glass view window. No locks or stoppers on the inside of the door. Put on the outside. Children should not be allowed to open or close doors on their own. Even bathroom doors should be having a view window. No child to use the bathroom unsupervised. General Safety All washing powders, and other toxic liquids, powders and substances to be kept away from children. They should be stored in the bathroom and not in the classroom or where biscuits and other food is kept.
- No spraying pesticides when children are around. Pest control to be done only in the winter or summer holidays not over weekends. In case of an emergency if pest control has to be done over the weekend then to be done on a Saturday and rooms to be aired on Sunday before children come on Monday.
- Children should not be kept in the class in case of power cut or electric tripping. No sharp objects to be kept within reach of children. All scissors to be blunt and rounded-child safe. No small or swallowable object to be kept lying around in the premises. Flooring should not be slippery.
- Check regularly and clean all water patches so that children do not slip. Absolutely no smoking in the school premises by both visitors and staff. Every room to have a fire extinguisher. No using agarbattis, matches, diyas without taking proper precautions.
- Water in the splash pool to be changed once in two days. No leaves, insects to be floating in the water.
- Sand play area to be covered and check for sharp objects, leaves, dead insects etc in the sand and remove immediately. Sand to be changed once a year.
- No cooking range, gas etc to be kept in the classroom unattended by the staff. Pantry should be out of bounds to the children. Check that no gas leakage from the cooking range. No hot beverages to be kept within reach of children. Refrigerators to be locked. No key hanging from it.
- Check all bathrooms and classes to see that there are any children left before closing for the day. No matchboxes or lighters to be lying within reach of children.

- No insect or other pesticide to be lying on the floor or on the wall within easy reach of children- like cockroach balls or lines. No air fresheners to be lying within reach of children. All camphor and phenyl balls to be kept safely not within reach of children.
- No storing or piling more than two tables or chairs or benches on top of each other as they may topple and hurt children.
- Mop the classroom with a nice smelling floor cleaner that sterilize as well. All mops to be cleaned and sterilized with a mild and sweet smelling detergent once in six months. No board pins to be kept within reach of children and also look for fallen pins as they will hurt children. Store all staplers, rulers, scissors and other object safely and should not be within reach of children.
- All material used for art, craft etc like crayons, felt pens, play doh, stamp pads, paints, gum, glue, etc. should be non toxic and child safe. Avoid having battery operated toys if available then do not give them to children to use. Put the allergies chart of children in each of the classroom to avoid having any mishap. The first aid should contain dettol, bandage, cotton rolls and crepe bandage.
- Safety while going on field trips – Always inform the parents one day in advance about the field trip. Make proper transport arrangements – no rickshaws or any other open mode of transport. At least one teacher to go in every vehicle with the children. All children to wear their t-shirts and caps on all field trips or every time they step out of the school as a visit etc.
- Proper head count to be taking while putting them in the car – while getting down and while coming back. Always carry first aid box on all trips Always carry parent's telephone numbers. Keep at least one mobile phone handy. Inform the school if you are going to be delayed in returning with the children – so that parents do not get anxious. Carry water and glasses for the children.
- Safety while using outdoor play area - Ground to have soft grass or sand or artificial grass. Children on the jungle gym and splash pool are to be supervised at all times. Gate of the schools to be kept closed when children are in the outdoor area. Check the area for ants and other insects.
- Precautions to be taken during the monsoon Check for moss and slippery mud near the entrance and the main gate – sprinkle dry sand on it to avoid children slipping on it. Check for leakage in the walls as this will result in dampness in the class rooms which in turn will result in children falling sick.
- Remove children's shoes if they are wet on a rainy day and dry their feet with a towel – ask them to wipe their shoes on a door mate to remove the mud. Ask parents not to make children wear socks – if children come in socks and they are wet please remove them immediately.

1.4 Health Safety in Schools

- First aid kit is a must in every classroom and in every bus- A fully stocked first aid kit must be available at all times, with a sufficient quantity of supplies to meet the needs of the enrolled children. First aid kit must be accessible to staff at all times, but kept out of the reach of children. Proper access and safe storage can be facilitated by keeping supplies in a locked box that can be

readily transported to the needed location. Supplies should be replenished immediately after use. Be sure these items are maintained in your center's first aid kit. Every kit should include these essential : Savlon , Gauze piece , Cotton swab , Band aid , Cloth bandage , Sugar , Scissors , Thermometer , Crocin Syrup , Glucon–D , Thermometer , Honitus Syrup , Cotton.

- Fire safety and fire drill – Fire equipment demonstration for staff and students with the help of the local fire station should be conducted twice a year, 1 in 1st Term and 1 in 2nd Term. School map with fire guidelines & exists to be displayed clearly
- Make safety a habit with your staff, if repeated accidents happen at the centre, look for the following- Wet floors – be alert and do supervision this week are there wet floors? Unattended classrooms – when teachers are on leave etc. are the concerned classrooms having proper adult supervision? Always make all parents aware about the emergency procedure employed by the school, (for example in case of an emergency will the school administer first aid, then call a doctor or take to a doctor and then call the parents etc) take parents signature on the same at the time of admission so that parents are aware of the same and agree on the same.
- A first aid kit to be always available on the premises. Check for expiry on all the items in the first aid box. Check whether the child is allergic before using any item from the first aid box. Beads and other such activities having small swallowable object to be given only under adult supervision. Children's family doctors numbers to be available on the premises in case of emergency.

1.5 Sexual Safety in Schools

- Body safety- child sexual abuse cases are on the rise, so it is important that schools now make body safety a part of their safety regime. Child sexual abuse does not happen only to girls, so be vigilant and keep boys safe too.
- Bais/ayah/watchman/peon have become important but don't make them so important that you appoint them without finding out their past history. Speak to their past employer. Never leave any child unsupervised, especially in toilets. Always keep a vigilant eye. If caretakers are in charge of your child have strict rules for them. Teach about body safety through good touch bad touch but also teach them to shout for help if required.
- When A Complaint Of Child Abuse Comes To You, Here Are The Steps If parent comes with a complaint – Meet the parent in presence of another staff. Ask the parent to write down the details of the complaint.
- If parent unwilling or unable to write then ask the parent to speak and you or someone from your office to write down verbatim, and then take parents signature on it. Reassure the parent that now you will conduct an enquiry to look into the matter.
- IF A PARENT SAYS WHY ARE YOU CONDUCTING INQUIRY – THE LAW IS NOW VERY STRICT ABOUT FALSE REPORTS, SO EXPLIAN TO THE PARENT THAT YOU WANT TO BE SURE OF ALL FACTS. GIVEN BELOW IS THE RULE ACCORDING TO LAW.
- Where a false complaint has been made or false information has been provided by a child, no punishment shall be imposed on such child.

- Whoever, not being a child, makes a false complaint or provides false information against a child, knowing it to be false, thereby victimizing such child in any of the offences under this Act, shall be punished with imprisonment which may extend to one year or with fine or with both.
- When A Complaint Of Child Abuse Comes To You, Here Are The Steps If child comes to you with complaint- Write down or record what the child is saying in the presence of another staff Call the parents and brief them about the complaint and then follow the steps given above.
- IF BOTH THE ABUSER AND ABUSED ARE CHILDREN – Ensure that you speak to each child in the presence of another staff. Call both the parents for a meeting. Interview and brief both parents separately. Inform them not to handle it directly (like many parents will get into a verbal or physical fight). Ensure that you document all meetings.
- Do not ask teacher to conduct any inquiry unless someone senior is not present. Ensure that both the children's reputations are not dented due to gossip.
- Some Do's And Don't In Child Sexual Abuse Cases Always keep another staff with you in all meetings. Document or record all meeting with parents and children.
- Always reassure the parent by saying – we are with you and we want to ensure that the right culprit is punished. Brief the parent about the scenario and steps that will happen when a police complaint is filed, many a times parents feel that the case became public and you should have warned us about going to the police, gently handle this.
- Take the parents' permission and call a meeting and inform parents that an incident has happened without taking names and that the school is taking it seriously. Immediately call a meeting of the concerned department staff and appraise them about the situation and instruct them to be vigilant and discreet. Always have proper documentation of all meetings etc.
- Some Do's And Don't In Child Sexual Abuse Cases Never take the side of the culprit even if it is your senior staff. Never say things like – he is an old staff, I know him well, or he has daughters how he can do something like this – all this amounts to abetment as per the Sexual Offences Act.
- Try to keep it confidential but if other parents come to know then do not hide. Never hide from other parents; it will only create more speculation and gossip. Do not give any verbal information to media. Media is not supposed to give any details including school name so if media calls quote to them the clause from the Act (Chapter v-23-1).

IT IS IMPORTANT THAT SCHOOL DOES NOT SUPPORT THE SUSPECT – THE LAW HAS A VERY STRICT RULE AND PUNISHMENT FOR THE SAME. SO ENSURE THAT YOUR ACTS, COMMENTS ARE NOT MISTAKEN FOR IT.

Bibliography

Richard Louv – 2005 – Last Child in the woods - Kathy Hirsh-Pasek & Roberta Michnick Golinkoff – 2003 – Einstein Never used Flash Cards - Ellen Galinsky – 2010 – Mind in the Making - Carol Garhart Mooney – 2000 – Theories of Childhood - Carol Garhart Mooney – 2010 – Theories of Attachment - David Whitebread – 2012 – Developmental Psychology & Early Childhood Education - Stuart Brown – 2009 – Play how it shapes the brain, opens the imagination and invigorates the soul - Pam Shciller – 2009 – Seven Skills for school success - David Perlmutter & Carol Colman – 2006 – Raise a smarter child by kindergarten - Suzanne Gellens – 2000 – Activities that build the young child's brain - Dave Riley, Robert R. San Juan, Joan Klinkner, And Ann Ramminger- 2007- Social And Emotional Development: Connecting Science And Practice In Early Childhood Settings (Redleaf Press, 2007)

CHAPTER 2

ENVIRONMENT FOR STIMULATION AND LEARNING

2.1 Introduction

Environments that are stimulating for babies and young children up to age 5 are filled with safe objects to explore, allow freedom of movement, and provide a variety of experiences. A stimulating environment can be created in one room of a home, in a home child care setting, or in a center-based environment. The following suggestions may help you create a stimulating environment for your baby or young child and may help you evaluate other settings where your baby or young child spends time. The most important aspect of a stimulating environment is a caregiver (or caregivers) who can create inviting, challenging play spaces in which to interact with babies and young children, can set limits and be emotionally available to babies and young children, and can read babies' and young children's cues and support them when they become overstimulated, fatigued, or bored.

What does having a stimulated classroom environment mean? Does it mean the way a classroom is set up, the way students interact with their work and one another, or does it mean the way teachers deliver daily lessons? A **stimulated classroom environment** is a combination of all of these things; it refers to the way learners' minds are stimulated while in their learning environment. This can come from:

- Visuals throughout the classroom
- Hands-on activities with physical movement
- Multi-modal means of learning each new concept
- Opportunities for higher-order thinking/questioning
- Exciting and stimulating teachers

Think about a time you had to learn something boring; would the above examples have made your learning experience more stimulating? When put it in that perspective, is it easier to understand what the stimulated classroom is all about? Let's look at this a little closer, and then go over some strategies that will help increase student stimulation in your classroom.

An early childhood environment is many things: It's a safe place where children are protected from the elements and are easily supervised, and it's where the important activities of the day take place, such as playing, eating, sleeping, washing hands, and going to the bathroom. Beyond the basics, however, an environment for young children implements and supports a program's philosophy and curriculum.

Philosophies like Montessori, for example, require well-designed classrooms with low shelves, four basic learning areas, and places for children to work and learn independently, and British infant/primary programs have classrooms with a variety of rich learning centers, a cozy reading area with couch and carpet, and a lively science area that contains pets and plants.

2.2 Strategies for classroom stimulation

Programs with little space must change their areas often and find creative ways to use community areas such as parks and recreation facilities for gross motor activities. With a little creativity, small spaces can work out very well. For example, I once observed a very well planned and supportive early childhood environment designed under the bleachers of a high school! Lofts were built, there were cozy reading areas, and each Head Start child had a place of their own. When I was teaching in Kansas City, we walked across the street to use the Jewish Community center's gym and swimming pool. When using community facilities, be sure that playgrounds and other equipment are safe and developmentally appropriate for the children in your care.

Private Places
Because so many child care facilities have limited space, it can be challenging to respond to the uniqueness of each child within a collective environment. Young children have unique personalities and needs that require us to respond to them as individuals, not as members of a group. The environment must be responsive to this need. Ease of cleaning, maintenance, supervision, cost, and adult aesthetics should not detract from providing spaces children feel are designed for them. Children need to have private areas, secluded corners, lofts, and odd-shaped enclosures. Individual cubbies for each child's clothes and belongings, photographs of home and family, and at least a couple of secluded areas where two or three children can gather allow children opportunities to maintain their individuality and break away from the group to avoid over stimulation.

- Blank pages and pens/pencils should always be easily accessible. When inspiration strikes, a child must have the opportunity to let it out.
- Have dimensional objects in the room, e.g. building blocks that will be beneficial for his spatial intelligence. This is one of the most versatile toys, as the child can not only play with one block as a unit, but connect them so creating objects that have larger dimensions. Afterwards you can suggest him to try drawing this object on paper so taking this play to the next level.
- Have enough colour in the room that stimulates the child to be active, but not so much that he cannot rest and find peace there. This is why it is good to have different areas for different purposes - play corner, sleep area, and etc. Moreover, try to observe your child playing and try to catch the time when he starts to get tired. Yes, you probably already know that the activity time must be limited, as a child can concentrate only for a certain period of time, but don't only concentrate on how long he has to be active, but also on the time he needs for resting.

Decoration

When thinking about the environment you need to consider it as a whole. It is a large part of the children's program and should be treated as such. Think about the floors, walls, ceiling, sounds, and smells, as well as the experiences that are provided within the room. Look at the whole picture.

To decorate the room you can use:

- art work the children have created
- commercial art work
- photos and posters of real life events, of the children, and of unknown people
- attractive, appealing colour schemes
- natural, commercial and recyclable items
- items hanging from the ceiling and walls
- things stuck to the floor.

All this, of course, needs to stay within the guidelines of the child care service.

Providing a variety of areas and experiences

Within an environment there are some areas that are mostly always present, although they may change position within the room. These areas still need to look inviting to the children.

Some of these areas include:

- home play area
- block area
- book area
- art area
- music area
- nature area.

Within these common areas you can create many different experiences.

Creating an inviting environment

To create an inviting environment you can start with the following strategies.

- Observing the children both individually and as a group. This will assist you to identify their developmental level as well as their interests. Your observation needs to be ongoing, as the children's interests and developmental levels will change over time.
- Using your creativity and imagination to create an environment that meets the needs, interests and strengths of the children.
- Observing the children's reaction to an environment. If they are excited and immerse themselves in play within the environment you know you are succeeding.
- Being honest with yourself - do you and the other staff at the centre like being in the environment?

- Evaluating the environment regularly using the various methods of observation.

All this, of course, needs to stay within the guidelines of the child care service.

2.3 How **Teachers Can Create Effective Learning Environments**

The components of a learning environment are many and can be overwhelming. What should an environment for young children look like? How do you create an environment that supports learning and meets children s basic needs? Below is a brief description of the most important components needed to make an effective learning environment for young children.

- **Environments for Young Children Stimulate Learning**
  Environments for young children should provide multiple sources of stimulation to encourage the development of physical, cognitive, emotional, and social skills. As you plan your environment be sure to include the following:
- **Places for developmentally appropriate physical activities**. Environments should provide children with opportunities for a lot of developmentally appropriate physical activities. Young children are physical beings. They learn most effectively through total physical involvement and require a high level of physical activity, variety, and stimulus change (Hale, 1994).
- **Opportunities for concrete, hands-on activities**. Young children need hands-on activitiesð playing in water, building mud pies, making things out of wood, putting a doll to bed, etc. They also need lots of ways to practice and integrate new experiences into existing mental structuresð dramatic play, drawing, taking photographs, using language, and making things with blocks.
- **Change and variety**. Children seek out a constant change of stimulið scenery, textures, colors, social groups, activities, environments, sounds, and smells. As our children spend more time in our programs, the more variation and stimulation they need.
- **Color and decorations**. Color and decorations should be used to support the various functional areas in the classroom and center, provide needed stimulus change and variety, and develop different areas and moods in the room. Vibrant colors such as red, magenta, and yellow work well in the gross motor area; soothing blues and green are good color choices for hands-on learning centers; and whites and very light colors are good for areas that need lots of concentration and light. Soft pastels and other gentle hues, on the other hand, work well in reading areas and other low intensity activities. Decorations should follow the same pattern, with an additional emphasis on changing them often, and providing order around topics, projects, and themes.

Bibliography

http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=294

https://www.brightfutures.org/mentalhealth/pdf/families/in/environments.pdf

https://study.com/academy/lesson/creating-a-stimulating-classroom-environment-definition-strategies.html

https://www.gigibloks.com/blogs/news/how-to-create-an-environment-that-stimulates-childs-development?ls=en&cache=false

http://www.ectarc.com.au/cybertots/toolbox12_11/projects/play_dev/html/pdl_pple_12.htm

UNIT 6
WAYS OF REACHING OUT TO PARENTS AND COMMUNITY

- Chapter 1- Ways of reaching out to parents and community
- Chapter 2- Essential messages for parents and community- positive discipline, screen time & T.V. time and healthy feeding.

Parents are the most important people in their childrenôs early lives. Children learn about the world and their place in it through their conversations, play activities, and routines with parents and families. Parents can also support childrenôs learning in out-of-home settings, such as child minding settings, crèches, playgroups, pre-schools, and primary schools. By working together parents and practitioners can enhance childrenôs learning and development. All parents need support at some time or another. For example, the loss of a loved one, a money problem, or ill health might mean that they need extra help. Time constraints, poverty, social and economic background, cultural identity, discrimination, previous negative experiences, literacy difficulties, language, or different disabilities, can also make it difficult for parents to participate in their childrenôs learning and development as much as they might like to.

While partnership can benefit all parents and families, parent/practitioner partnerships can be especially important for these families Teaching is probably the most rewarding profession, yet it can also be the most challenging as teachers strive to ensure that every child receives the best education possible. Education has become so complex that it is impossible for the classroom teacher to do it alone. Schools must reach out to parents and effectively engage them in the education process. Collaborative problem-solving will require that parents, educators, specialists, and administrators work together to determine appropriate resources and supports as well as specific information-sharing practices that facilitate parental engagement.

Involving parents is a catch-all term for many different activities including áat homeô good parenting, helping with homework, talking to teachers, attending school functions, through to taking part in school governance. It is relatively easy to describe what parents do in the name of involvement. It is much more difficult to establish whether this activity makes a difference to school outcomes particularly since school outcomes are influenced by so many factors. Some of the problems of measurement and analysis are examined and illustrated by reference to state-of-the-art studies in the field. Conclusions from these studies indicate that parental involvement in childrenôs education has a powerful impact on their attainment and adjustment. Researchers have evidence for the positive effects of parent involvement on children, families, and school when schools and parents continuously support and encourage the children's learning and development (Eccles & Harold, 1993; Illinois State Board of 229 Education, 1993).

According to Henderson and Berla (1994), "the most accurate predictor of a student's achievement in school is not income or social status but the extent to which that student's family is able to:

1. Create a home environment that encourages learning

2. Express high (but not unrealistic) expectations for their children's achievement and future careers
3. Become involved in their children's education at school and in the community (p. 160)
Henderson and Berla (1994) reviewed and analyzed eighty-five studies that documented the comprehensive benefits of parent involvement in children's education. This and other studies show that parent involvement activities that are effectively planned and well implemented result in substantial benefits to children, parents, educators, and the school. Partnership involves parents, families and practitioners working together to benefit children. Each recognizes respects and values what the other does and says. Partnership involves responsibility on both sides. According to Webster's New World College Dictionary (4th ed.), to "engage" is "to draw into, involve, to attract and to hold." Most parents want to be engaged in their child's learning, and many are able to establish and maintain ongoing and productive communication with teachers on a regular basis. Some families, however, must deal with challenging circumstances (e.g. financial difficulties, separation/divorce, health issues, language/cultural difference) that complicate their ability to reach out or respond to school personnel. "To Draw Into and, To Attract..." Relating to parents and drawing them in as partners can be challenging. And the challenges do not always emanate from outside of the classroom! A new teacher and was especially eager to make sure parents felt at ease about leaving their child with her on the first day of school. In an effort to show that she was "in charge" she tried to do everything herself. She greeted parents and children, helped children feel welcome and quickly engaged them in an activity, stowed back-packs and extra clothing in cubbies and wrote name tags, and answered parents' questions. Despite her best efforts, a number of children began crying, and sizeable group of parents (many visibly concerned about getting to work on time) congregated at the classroom door. While a certain amount of tension and anxiety is to be expected at times like this, careful planning can go a long way to help everyone feel more at ease.
Children tend to achieve more, regardless of ethnic or racial background, socioeconomic status, or parents' education level. Children generally achieve better grades, test scores, and attendance. Children consistently complete their homework. Children have better self-esteem, are more self-disciplined, and show higher aspirations and motivation toward school. Children's positive attitude about school often results in improved behavior in school and less suspension for disciplinary reasons. Fewer children are being placed in special education and remedial classes. Children from diverse cultural backgrounds tend to do better when parents and professionals work together to bridge the gap between the culture at home and the culture in school. Junior high and high school students whose parents remain involved usually make better transitions and are less likely to drop out of school.
Parents increase their interaction and discussion with their children and are more responsive and sensitive to their children's social, emotional, and intellectual developmental needs. Parents are more confident in their parenting and decision-making skills. As parents gain more knowledge of child development, there is more use of affection and positive reinforcement and less punishment on their children. Parents have a better understanding of the teacher's job and school curriculum. When parents are aware of what their children are learning, they are more likely to help when they are requested by teachers to become more involved in their children's learning activities at home. Parents' perceptions of the school are improved and there are stronger ties and commitment to the school. Parents are more aware of, and become more

active regarding, policies that affect their children's education when parents are requested by school to be part of the decision-making team.
When schools have a high percentage of involved parents in and out of schools, teachers and principals are more likely to experience higher morale. Teachers and principals often earn greater respect for their profession from the parents. Consistent parent involvement leads to improved communication and relations between parents, teachers, and administrators. Teachers and principals acquire a better understanding of families' cultures and diversity, and they form deeper respect for parents' abilities and time. Teachers and principals report an increase in job satisfaction.
Schools that actively involve parents and the community tend to establish better reputations in the community. Schools also experience better community support. School programs that encourage and involve parents usually do better and have higher quality programs than programs that do not involve parents.

According to the implementation guide, there are a variety of ways teachers can make each standard a reality at your child's school:
1. Make all families feel welcome. Greet other parents at school activities and events; sit with someone you don't know and get to know them. Recruit bilingual parents to greet and interpret for families whose first language isn't English. Ask the school district to provide translation headsets for parent meetings. Offer family activities at low or no cost so everyone can participate; budget PTA/parent group funds for this purpose. Hold meetings in a variety of community locations (such as the local library, a community center, a church) to make them accessible to all.
2. Communicate effectively. Design and print "Happy Grams" as an easy way for teachers to regularly report positive behavior and/or achievements to parents. Consider using color-coded lines on hallway walls or footprints on floors, to help direct parents to important places like the school office, parent resource center and library. Include a two-way communication mechanism, such as a question-and-answer section or mini survey, in each edition of your newsletter. Distribute calendars so parents can record upcoming events, assignments and dates to check with teachers on their children's progress.
3. Support student success. Create a checklist and tip sheets for effective parent-teacher conferences. Invite teachers and professionals from the community to speak at meetings on various topics. Provide parent involvement tips and suggestions through signs at the school and articles in the local newspaper.
4. Speak up for every child. Match new families at the school with a buddy family to show them the ropes. Plan workshops on how to ask the right questions about children's progress and placement. Involve parents in ongoing training on topics such as being an effective advocate, identifying and supporting learning styles, resolving difficulties and fostering student achievement.
5. Share power. Working in partnership with the principal, identify ways the PTA/parent group can support one or more goals of the school improvement plan. Host a forum for candidates running for public office; focus questions on issues that affect children, families and education. Get to know your elected officials at all levels of government, as they influence public policy decisions related to children and education.

6. Collaborate with the community. Reach out to senior/retired citizens and invite them to volunteer at the school. Work with the local newspaper to promote special events that are happening at the school. Invite school alumni to make a donation to the school or to participate in an alumni sponsors program through which they can volunteer time.

Chapter 1
Ways of reaching out to parents and community

1.1 Valuable methods of communication

Valuable Methods of Communication Berger (2000) describes two major categories of communication between teachers and familiesð two-way communication and one-way communication. Two-way communication occurs when there are interactions between parents and teachers that go both ways. One-way communication occurs when the school informs the family of something. Two-way Communication Interactions between schools and families should be continuous and ongoing. The most valuable interactions are those that go in both directionsð teachers learn from parents and parents learn from teachers (Galinsky, 1989). These two-way interactions make sense. Both teachers and parents are concerned about a childôs growth and development. It makes sense that teachers and parents would work together in the best interest of the child. When incorporating two-way communication in your program, it is important to remember that not all parents can come to the school at a prescribed time for a conference. A mother or father, for instance, may have difficulty taking time off work or may lack the transportation to make a mid-day visit. It is critical that parent-teacher meetings and other events have flexibility. Parents care about their children, and they usually want to participate in their childôs education. They may just need the school to be a bit more accommodating. Surveying the parents can be very helpful in determining when families can meet and what types of meetings they would find beneficial. Turnout is always stronger when teachers listen to the parents and schedule events according to the information gathered from the survey.

1.2 Benefits of reaching out to parents

Schools that actively involve parents and the community tend to establish **a** better reputation in the community. Schools also experience better community support.

School programs that encourage and involve parents usually do better and have higher quality programs than programs that do not involve parents. Strong partnerships with parents also help the school learn more about the childõs care and emotional needs because information is consistently shared.

Family-teacher relationships are vital for the optimal care of children. They help strengthen adultõs knowledge, build childrenõs emotional health, and provide more support systems for children. Successfully building positive relationships with parents requires that teachers take note of barriers and utilize a variety of communication techniques to overcome them. It is through communication that acceptance of others occurs. We advocate that teachers need to make a paradigm switch from seeing families as annoying (or even obstacles) to seeing them as partners in the education of their children. As teachers welcome families and their experiences into the classroom, it becomes a richer place for everyone. One of the hallmarks of a quality early childhood service is that it works in partnership with parents to provide an environment in which babies, toddlers and young children are happy, feel they belong, and can develop to their fullest potential. In this environment parents and practitioners work together to share information and expertise, and to make decisions in order to give children rich experiences across settings

1.3 Methods of reaching out to parents- Two way communication

- School events or happening should be informed through a telephonic conversation or SMS to parents individually. Also any news about the school/child should be shared via conveyed in similar manner. SMS or Telephone calls make parents feel a part of the school and personally connected to it. It enhances the parent-school relationship and provides demonstrative support for key school policies.

Å Emails : Parent-teacher communication plays an important role in student success at the elementary and secondary levels. Traditionally, parent-teacher communication has been infrequent, often occurring at designated times or when teachers contacted parents regarding student problems. However, e-mail has dramatically changed parent-teacher communication. First, the primary focus of parent-teacher e-mail was learners' grades. E-mail was most effective for communicating about grades because the messages contain simple, concrete information. Second, parents and teachers used e-mail for scheduling purposes; it was especially effective to set up dates and times for meetings.Parents and teachers also e-mail about three other issues: health problems, student behaviour, and student socialization. E-mails about student behaviour remained brief, addressing minor concerns that required little explanation. Finally, parent-teacher e-mail messages also focus on student socialization, providing parents with critical information about how their child

interacted with peers. If the parents have access to a computer, email can be a very fast and easy form of communication. Surveys sent via email are easy for parents to complete and return

Å Personal visits: Sometimes it is helpful to visit a family on their ñturf.ò However, it is critical that families are told the purpose of the visit. For those parents who do not wish to have a teacher in their home, suggest alternate places for these visits, such as a local park, a favourite restaurant, or grandparentôs home.

Å Group visits: Taking field trips to family members at work/home communicates to parents that getting to know families is an important part of the agenda for the teacher, the school, and the other children. The effort of the visit is often rewarded with additional positive feelings about the school valuing the family, and positive feelings from the child about the importance of her family.

Å Phone conversations: When a teacher calls home, parents immediately think there is bad news. It is helpful if teachers take the time to call with good news about each child within the first few months of school.

Å Leaving recorded messages. Parents should know that they can call and leave messages for their childôs teacher. Teachers should establish when messages will be returned (e.g., emergencies will be attended to first, all other messages will be responded to within 24 hours) to 6.

Å Social events: Invite families and school personnel to get to know each other in a social setting such as a breakfast event. The provision of food and child care promote attendance, since these make the event less taxing on the parents and caregivers. Teachers should look for creative ways to make the event as useful as possible to those invited. For instance, the event could be held on a day when the school washing machine would be available for use, if this is something the population needs.

Å Parent-teacher conferences. In the book, Parent-Teacher Conferencing in Early Childhood Education, Lawler (1991) gives teachers suggestions for dealing with different situations, different types of families, and different models for these meetings. Traditionally, these meetings consisted of the teacher telling the parent how the child is doing in school. It is essential, however, that parentsôconcerns are heard during these meetings.

1.4- Methods of reaching out to parents- one way communication

Although two-way communication is essential, one-way communications can also play a role. Parents are excited to hear about what is going on at school, even when this communication is one-way. The joy of learning about classroom activities was clearly communicated by one kindergarten parent, Irene Hannigan (1998) who referred to her first newsletter from her childôs teacher as a ñgold mine.ò Thoughtful communication helps parents know what the schoolôs expectations are and gives them some notion of what is happening in their childrenôs classrooms. Thus, the classroom does not exit as a partitioned part of a childôs life. The following are some examples of effective one-way communication provided by Berger (2000):

- Newsletters. Newsletters can include items such as quotes from children, childrenôs artwork, book suggestions for families, words to songs or finger plays, photos showing what the children are doing, recipes, and calendars.

- Handbooks. Parents should have a copy of the school policies clearly outlined. Having handbooks in languages appropriate for the families (or even on audiotape) helps to reduce misunderstandings, such as when a child is too sick to be at school and why.

- Family bulletin board. Teachers can use bulletin boards to post pictures of what occurred at school that day. Other examples include displays with photos of all children and their families or perhaps displays that also include teachers and their families.

Notes from the teacher may be formal or informal. Why not send artwork home with captions, childôs words, or other information that give context to the piece? Embracing Differences among Families When the teacher and parents share the same culture, there is a greater chance of understanding the nuances of a situation and understanding the significance of unspoken interactions with parent and child. Thus the interactions with the child in the classroom contain less of the potential threat of misunderstanding or misinterpretation (Lightfoot, 1978). Many of the basic goals of parenting are common across all cultures and classes, with differences only in emphasis or the means of attaining these goals (Caruso and Fawcett, 1986)

Chapter 2

Essential messages for parents and community- positive discipline, screen time & T.V. time and healthy feeding.

2.1 Positive discipline

Positive discipline is a way of teaching and guiding children by letting them know what behavior is acceptable in a way that is firm, yet kind. It is important because it:

1. Helps children feel a sense of connection. (Belonging and significance)
2. Is mutually respectful and encouraging. (Kind and firm at the same time.)
3. Is effective long - term. (Considers what the child is thinking, feeling, learning, and deciding about himself and his world ï and what to do in the future to survive or to thrive.)
4. Teaches important social and life skills. (Respect, concern for others, problem solving, and cooperation as well as the skills to contribute to the home, school or larger community.)
5. Invites children to discover how capable they are. (Encourages the constructive use of personal power and autonomy.)

The difference between punishment and positive discipline is mainly that punishment is a process which focuses on what a child has done wrong, while positive discipline assumes that children want to behave well but need help in understanding how to do so. Punishment is based on the idea that you have to make children suffer to encourage them to understand what they have done and discourage them from doing it again. Positive discipline on the other hand, works on the principle that children learn more through co-operation and rewards than through conflict and punishment. It also builds on the idea that when children feel good, they tend to behave well and when they feel bad they are likely to behave badly.

Physical punishment is often used by people whom children love, who have responsibility for them and who have authority over them. Physical and humiliating punishment is, in fact, an abuse of power. Parents can have authority with their children using positive discipline techniques, or abuse the power they have over their children by using physical and humiliating punishment.

Physical and humiliating punishment may seem easier and quicker than positive discipline methods, but it can damage the childôs development and the relationship between the parent and the child. Positive discipline encourages parents to think about the long-term goals they want to achieve.

The school and teachers is able to help parents understand how to use the following tools for effective positive discipline:

- Mutual respect. Adults model firmness by respecting themselves and the needs of the situation, and kindness by respecting the needs of the child.
- Identifying the belief behind the behavior. Effective discipline recognizes the reasons kids do what they do and works to change those beliefs, rather than merely attempting to change behavior.
- Effective communication and problem solving skills.
- Discipline that teaches (and is neither permissive nor punitive).
- Focusing on solutions instead of punishment.
- Encouragement (instead of praise). Encouragement notices effort and improvement, not just success, and builds long-term self-esteem and empowerment.

2.2 Screen Time

However parents handle the management of their kids' screen time, it really does have to be a balance. Tech is never going to be a one-size-fits-all thing. What works for some kids will not work for others. Finding what is best for a family can involve a bit of trial and error by the parents.

These are the strategies that parents can be taught about to apply:

1. Be present. Parents must know what their child is playing and when. That seems simple, but it is so important. So many parents have no idea that their child is staying up until all hours in the morning playing games. Parents may say, "I have never had to worry about their screen use. They have been so good up until now." Itôs important that parents know that their children are not bad kids, and they are just testing the boundaries -- so set them!
2. Control the Wi-Fi. Itôs important to place simple household internet controls. The kids may have passwords to access the internet, and the parents put a time limit on when the password could be used.
3. Remove the temptation. Some families take out all screens out of the children's bedrooms and store cellphones in a locked charging box until morning. This might seem extreme, but it works.
4. Parental-control apps. Parental-control apps can help you decide what you allow the child to access.

5. Balance. Kids need downtime. It's important for children to completely unplug. You should be able to decide how much screen time you want your child to have.

2.3 T.V. Time

What's Recommended?

The American Academy of Pediatrics (AAP) issued these guidelines for screen time:

- Babies and toddlers up to 18 months old: No screen time, with the exception of video-chatting with family and friends.
- Toddlers 18 months to 24 months: Some screen time with a parent or caregiver.
- Preschoolers: No more than 1 hour a day of educational programming, together with a parent or other caregiver who can help them understand what they're seeing.
- Kids and teens 5 to 18 years: Parents should place consistent limits on screen time, which includes TV, social media, and video games. Media should not take the place of getting enough sleep and being physically active.

Kids should have a wide variety of free-time activities, like spending time with friends and playing sports, which can help develop a healthy body and mind.

Here are some practical ways to make kids' screen time more productive:

- Stock any rooms that have a TV, computer, or other devices with plenty of other non-screen entertainment (books, kids' magazines, toys, puzzles, board games, etc.) to encourage kids to do something non-screen related.
- Keep TVs, iPads, and other screens out of kids' bedrooms.
- Turn off all screens during meals.
- Don't allow your child to watch TV while doing homework.
- Treat screen time as a privilege that kids need to earn, not a right that they're entitled to. Tell them that screen time is allowed only after chores and homework are completed.
- Try a weekday ban. Schoolwork, sports activities, and job responsibilities make it tough to find extra family time during the week. Record shows or save video games for weekends, and you'll have more family togetherness time to spend on meals, games, and physical activity during the week.
- Set a good example. Limit your own screen time.
- Check the TV listings and program reviews. Look for programs your family can watch together (like developmentally appropriate and nonviolent programs that reinforce your family's values). Choose shows that foster interest and learning in hobbies and education (reading, science, etc.).
- Preview programs. Make sure you think they're appropriate before your kids watch them.
- Use the ratings. Age-group rating tools have been developed for some TV programs and usually appear in newspaper TV listings and onscreen during the first 15 seconds of some TV programs.
- Use screening tools. Many new standard TV sets have internal V-chips (V stands for violence) that let you block TV programs and movies you don't want your kids to see.
- Come up with a family TV schedule. Make it something the entire family agrees on. Then post the schedule in a visible household area (like on the refrigerator) so that everyone knows which programs are OK to watch and when. And make sure to turn

off the TV when the "scheduled" program is over instead of channel surfing for something else to watch.
- Watch TV and play video games with your child, to see if the programming is OK for your child.
- Find out about other TV policies. Talk to other parents, your doctor, and your child's teachers about their TV-watching policies and kid-friendly programs they'd recommend.
- Offer fun alternatives to screen time. If you want your child to turn off the screen, suggest alternatives like playing a board game, starting a game of hide and seek, or playing outside.

Talking Is Important

Talk to kids about what they see on screens, and share your own beliefs and values. If something you don't approve of appears on the screen, turn off the screen and use the opportunity to talk with your child.

2.4 Healthy Feeding

School communities are increasingly becoming places where healthy habits can flourish. The responsibility for teaching children healthy habits does not fall only on teachers though.

A healthy school community involves *all* partners and sends children the same message in the home, school, and community. Children who attend a healthy school can make informed, healthy decisions that affect their own lives and the lives of their families.

It doesn't take a lot to create a healthier school. Some changes could include:

- Incorporating healthy eating and physical activity across the curriculum in fun and creative ways
- Creating partnerships with the broader community, for example local food growers, sporting clubs, library etc.
- Providing professional development opportunities for teachers and other support staff to teach and promote healthy eating and being active.

Schools can encourage good nutritional habits by:

- Developing a whole school food policy
- Involving pupils and parents in guiding food policy and practice within the school, and enabling them to contribute to healthy eating, and acting on their feedback
- Offering healthy foods in school canteens
- Providing clean, cool-water fountains
- Assessing the food provided at the school canteen and vending machines
- Providing parents with information on healthy food choices and active living
- Developing a school vegetable garden
- Offering regular snack breaks for students to eat fruit and vegetables
- Allowing students to bring their water bottles into the classroom with them

- Providing a welcoming eating environment that encourages positive social interaction.

Be a role model

Positive modelling by school staff and parents is important to support healthy eating and physical activity policies and actions. It helps to show leadership and commitment that others, such as students and parents, can be inspired by.

Teachers are in a good position to act as positive role models for students, parents and the community. As a teacher, you know that students watch what you say and do very carefully. Any difference between your words and your actions is picked up quickly. This can be frustrating, but keep in mind that students learn by watching and copying the behaviour of others.

A teacher who makes healthy choices ï including healthy eating and regular physical activity ï can have a good influence on the health of students, others and most importantly, yourself.

Schools and teachers can model healthy eating and being active at school by:

- Packing a healthy lunch and taking the time to eat it
- Providing healthy snacks at school and staff functions (staff meetings, parent-teacher interviews, etc.)
- Using non-food rewards (pencils, skipping ropes) instead of lollies and sweats
- Taking activity breaks during classes

Bibliography : - Allman, B. (2003). Getting ready for kindergarten: Tracing skills. New York: McGraw-Hill. - Berger, E. (2000). Parents as partners in education.NJ: Merrill Publishing Company. - Carew, J., Goodman, E., Grotberg, E., Katz, L., Wattenberg, W., Ziglar E. & Cascione, R. (1980). Parenting in a changing society.Washington, DC: National Institute of Education. - Caruso, J., & Fawcett, M. (1986). Supervision in early childhood education: A developmental perspective.New York: Teachers College Press. - Christenson, S.L and Sheridan, S.M (2001). School and Families: Creating Essential connections for Learning. New York: Guilford Press. - Clark, R.N (1990). Why Disadvantaged Children Succeed. Public Welfare (Spring), p. 17-23. - Coleman, J. (1966). Equity of educational opportunity.Washington, DC: U.S. Office of Education, Government Printing Office. - Coleman, M. (1997). Families and schools: In search of common ground. Young Children,52(5). 14-21. - Diffily, D. & Morrison, K. (1996). Family-friendly communication for early childhood programs.Washington, DC: NAEYC. - Epstein, J.L., Croates, L., Salinas, K.C., Sanders, M.G., and Simon, B.S. (1997). School, Family, and Community Partnerships: Your Handbook in Action. Thousand Oaks, CA: Corwin Press. - Espinosa, L.M. (1995). Hispanic Parent Involvement in Early Childhood Programs. Champaign, IL: ERIC Clearninghouse on Elementary and Early Childhood Education. (ERIC Digest EDO-PS-95-3). - Feeney, S. & Freeman, N. (1999). Ethics and the early childhood educator: Using the NAEYC code.Washington, DC: NAEYC. - Finn, J.D. (1998). Parental Engagement That Makes a Difference. Educational Leadership 55(8), p. 20-24. 247 - Galinsky, E. (1989). From our president. A parent/teacher study: Interesting results. Young Children, 45(1): 2-3. - Golant, S.K., & Golant, M. (1999). Kindergarten: It isnôt what it used to be: Getting your child ready for the positive experience of education. (3rd ed.). New York: McGraw-Hill/Contemporary. - Gonzalez-Mena, J. (2000). Multicultural issues in child care.Mountain View, CA: Mayfield Publishing Company. - Good, L.A. (1996).

When a child has been sexually abused: Several resources for parents and early childhood professionals.Young Children, 51(5): 84-85. - Greenberg, P. (1989). Ideas that work with young children. Parents as partners in young children's development and education: A new American fad: Why does it matter. Young Children, 44(4): 61-75. - Halford, J. M. (1999). A different mirror.Educational Leadership, 56(7). - Hannigan, I. (1998). Off to school.Washington, DC: NAEYC. - Haynes, N.M., Emmons, C.L., Gebreyesus, S and Ben-Avie, M (1996). The School Development Program Evaluation Process in Rallying the Whole Village: The Comer Process for Reforming Education, p. 123-144. - Henderson, A.T. and Berla, N (Ed) (1994). A New Generation of Evidence: The Family Is Critical to Student Achievement. Washington D.C: Center for Law and Education. Christenson and Sheridan (2001). - Henderson, A.T., Berla, N. (Ed) (1994). 18 Simmons, Stevenson and Strnad (1993). P. 63-76. - Hildebrad, V., Phenice, L., Gary M.M., & Hines, R.P. (2000). Knowing and serving diverse families.NJ: Merrill Publishing Company. - Jordon, C., Orozco E., and Averett A. (2001). Emerging Issues in School, Family, and Community Connections: Annual Synthesis 2001. Austin,TX: Southwest Educational Development Laboratory. - Kellighan, T., Sloane, K., Alvarez, B., and Bloom, B.S. (1993). Home Processes and Learning. In Home Environment and School Learning: Promoting Parental Involvement in the Education of Children, p.50-61. San Francisco: Jossey Bass. - Kessler-Sklar, S.L. and Baker, A. J. L. (2000). School District Parent Involvement Policies and Programs. Elementary School Journal, 101(1), 101-118., National Council of Jewish Women (1996), Quigley (2000), Simmons, Stevenson and Strnad (1993). - Lawler, S. D. (1991). Parent-teacher conferencing in early childhood education.Washington DC: NEA. - Lightfoot, S.L. (1978). Worlds apart.New York: Basic Books. - Manning, D. & Schindler, P.J. (1997). Communicating with parents when their children have difficulties. Young Children, 52(5): 27-33. - Mapp, K.L (Dec. 1997). Making Family-School Connections Work. The Education Digest, 63, p. 36-39. - National Education Association. National Council of Jewish Women (1996). Parents as School Partners: Research Report. New York: ERIC Clearinghouse on Urban Education/Columbia Teacherõs College. - Quigley, D.D. (2000) Parents and Teachers Working Together to Support Third Grade Achievement: Parents as Learning Partners. Paper presented at annual meeting of the American Educational Research Association, (New Orleans, LA., April 2000). - Rege, K., & Almeida, N., ñAssessment of Nature and Extent of Home ï School Partnership at Preschool and Primary School levels in Mumbaiò, Unpublished Doctoral Thesis, University of Mumbai, India, 2009. - Scherer, M. (1999). Perspectives: The lines we draw. Educational Leadership,56(7). - Schultz, D. (2002). Getting ready for kindergarten: Home workbooks.Charlotte, NC: Carson-Dellosa. - Simmons, R.K., Stevenson, B.A., and Strnad, A.M. (1993). Stewart Community School: A Pioneer in Home-School Partnership in R.C. Burns (Ed). Parents and Schools: From Visitors to Partners, p. 63-76. Washington D.C. National Council of Jewish Women (1996). - Slavin, R. (1997/98). Reaching for equity. Educational Leadership, 55(4). - Wellhousen, K. (1996). Be it ever so humble: Developing a study of homes for todayõs diverse society. Young Children, 52(1): 72-76, https://srhd.org/media/documents/What20is20Positive20Discipline1.pdf, https://positivediscipline.org/about-positive-discipline, https://resourcecentre.savethechildren.net/keyword/positive-discipline, https://kidshealth.org/en/parents/tv-habits.html,, https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/schools/what+can+i+do+as+a+teacher+or+school+to+encourage+healthy+eating+habits+and+to+be+active

MAINTAIN CORDIAL AND RESPECTFUL INTERPERSONAL RELATIONSHIPS WITH ADULTS AND CHILDREN

by

1.1 Importance of maintaining cordial and respectful relations

Research shows that one of the most important factors affecting a child's performance in school is how involved their parents are in their education. How can you be sure that your child is receiving the quality education they deserve? Get involved and be their advocate!

Developing a healthy parent-teacher relationship is a great way to improve your child's performance in school.

Researchers found that children whose parents were identified teachers as more positively involved had higher levels of prosocial behaviors and more academic success. This demonstrates that teachers and parents who work together to empower students could help improve student performance.

This study further illustrates that positive relationships between parents and teachers leads to improved community perceptions of the school. Teachers can take steps to strengthen their relationships with parents.

Consider the following when it comes to positive parent-teacher relationships.

- **Teachers to open the lines of communication.** Parents often want to know what's happening in the classroom and how their children are faring. Ensure teachers share information about their classroom activities and projects. They can do this in ways that makes sense for their classroom management style—electronically, in print, or both.
- **Provide professional development opportunities focused on parent communication.** Helping teachers understand different styles of working with parents can help them improve their strategies and skills. Ensure the training you offer fits your school's mission and strategic direction.
- **Incorporate parent communication into teachers' growth and evaluation plans.** Work together with each faculty member to set parent communication benchmarks that make sense for them in their growth and evaluation plan. This shows continued support for this initiative and helps give teachers a pathway to success when it comes to parent communication.

1.2 DO's for Teachers

Children learn best when they have creative partners with them. Allow the child to make mistakes. Mistakes give them the opportunities to learn more and better. They make them good learners. Never accept the defeat but accept the failures. Never allow the child to say that 'i can't do it'. One must always appreciate the performers behind it. Award the efforts that the child puts in. Tell the child that he can be better and better the next time. Encourage the child to compete with him and not with others.

How you make the children understand is very important. Simple language should be used. 3. Get the children involved in the story.
S - Story form
U - Understanding level
C - Conversational style
C - Comparing known with
E - Exciting pictures
S - Simple and short answers
S -Show answers, don't tell.
• Children retain 20% of what they read
30% of what they hear
40% of what they speak
60% of read, hear & speak
80% of what they do.
• Allow children to do mistakes, use it as a learning opportunity. Their efforts should be always applauded by using peppy words such as great! Wonderful! Etc.
• Encouraging them to compete with themselves and not with others. Average teacher teaches Good teacher explains Outstanding teacher inspires Success cannot be spelt without "u" i.e. T e a c h e r s!! There is a magic formula for the teachers
1. Story formation: Children enjoy the lesson when there is lesson in it. The teacher must make any concept to learn in story formation. The child registers the story quickly and it is not forgotten.
2. Understanding level: How we answer is not important but how we make them understand is more important. The study time also becomes more faster. The child can learn faster when they are shown pictures to them.
3. Conversational style: It means there must be interaction between the teachers and the learners. Make the child involve in what we are teaching them. Just don't go on telling them ask them. Let them also come with the information. It is very important to handle the conversational style.
4. Comparing: When the child knows the known and the unknown things compare their properties. It will be very much easier for the child to learn. He is very much comfortable to understand the things.
5. Simple and short answers: Ask the child the answer in a form of one or two words. Never have big explanation for the answers. The words will not be forgotten and it can be answered also fast. For ex. (a) What makes the bird different from other animals? (b) Feathers. (c) What is an insect? (d) It has six legs. 6. Show answers and don't tell :When the child asks what is the answer for this question. Never show him the answer but tell him from which source he will get it, i.e. Tell him from this book he will get the answer. In this way the child will be more curious to learn and he can also learn and he can also learn how to find out the answer. One of the statistics says that 20% can read 40% can speak 60% can read, hear & speak 80% do. • Children learn best when they.

- Create a tension free classroom.
- Know your children.
- Leave personal problems at home.

- Dress comfortably so that you will not be irritable when doing an art activity that involves mess.
- Emphasise on praise rather than on critisism.
- Avoid shouting in the class. Use non- verbal signals more often.
- Involve parents; do not view them as a threat or as interfering.
- Encourage creative thinking.
- Do not let staff room tensions and stress interfere in your teaching.
- Smile often.

Always motivate the children and tell them that they can do it and he can do it best. In extra and extraordinary the difference is little bit of extra only. Thus, average teacher - teaches. Good teacher - explains. Outstanding teacher - inspires.

Bibliography

Podar Institute of Education - Role Of Teacher In ECCE Essential Qualities - file:///C:/Users/admin/Downloads/Role%20Of%20Teacher%20In%20ECCE.pdf

https://www.scanva.org/support-for-parents/parent-resource-center-2/the-parent-teacher-relationships/

https://isminc.com/advisory/publications/the-source/the-importance-of-positive-parent-teacher-relationships

A DAY IN THE CRECHE/EARLY CHILDHOOD CENTER BOARD (PRINCIPALS SHOUILD ORGANIZE THE ACTIVITIES ACCORDING TO THEIR CONVENIENCE)

1.1 Introduction

Early childhood education focuses on children's development during ages three to five. While this developmental period should ideally focus equally on mental and physical development, in recent decades an emphasis has been placed on mental development, creating a concurrent de-emphasis on physical development. However, the two actually go hand-in-hand and should not be considered two separate entities during early childhood development and education.

Integrating physical activity into young children's lives is essential for creating a foundation of movement and activity that they will carry with them throughout the rest of their lives. Physically active children learn habits in early childhood that greatly increase their chances of remaining physically active through their young adult and teenage years and into adulthood.

The children's daily classroom activities are based upon developmentally appropriate practice and focused around the needs and interests of the individual children for class. Lead teachers plan activities based on goals set for the children, post their weekly lesson plans and provide parents with a description of the daily activities.

Children of all ages are provided time for child selected activities where the teachers set up the environment with a variety of learning activities which the child is free to explore and actively learn by doing. As the children progress up to the next age group, teachers gradually add more challenging activities and more circle time and group time activities. All classrooms allow for a variety of both active and quiet play and encourage opportunities to play and learn both alone and with other children.

Curriculum includes language arts, math, computer skills, science, music, dramatic arts, fine arts, physical development activities, health and safety, multicultural activities, field trips (for older classes), and activities designed to encourage and enhance social and emotional development including self-help skills. A balance of child-initiated and teacher initiated activity is provided. The amount of time spent in large group, staff-initiated activity is limited. Outdoor time/education is an important part too.

Choosing a crèche or a daycare center for the child involves prioritising your requirements, researching various crèches in your locality, asking plenty of questions, and being aware and observant.

Start your search as soon as you can. Many crèches are booked up months in advance, especially for young babies.

Although it is a good idea for you to add your own criteria about what is important for the child, you might want to use the following factors that a Creche has :

1.2 Benefits of attending Creche

There are many reasons that promoting structured physical activity in children will benefit them throughout childhood and into adulthood. These reasons range far beyond physical development, to social, emotional, and mental development. Young children are naturally active and will move, run, kick, throw, and play on their own in nearly any environment. However, children today are faced with a variety of challenges that reduce their natural aptitude toward movement and physical activity, including:

- Entering daycare at a young age, where they may or may not place an emphasis on movement and physical activity.
- Increased use of technology as a form of sedentary activity, leaving less time for movement-based activities.
- Classrooms that focus on mental activity rather than physical activity, starting as early as pre-school, in order to prepare students to meet curriculum requirements and standardized test score levels later in their education.
- Single-parent homes or parents who both work outside the home, leaving them little time to devote to regular daily activity and movement with their kids.

If your children attend daycare or pre-school, try to choose a school with an early childhood education program that integrates movement and physical activity with cognitive learning and places an emphasis on learning and exploration through movement.

There are a vast number of benefits for children who experience increased movement and physical activity in early childhood. In addition to creating healthy habits and fostering a lifelong commitment to physical activity, children whose early childhood education is based in movement enjoy the following benefits in both early childhood and for the rest of their lives:

- Better social and motor skill development
- Increased school readiness skills
- Building developing muscles, bones, and joints faster
- Reducing fat and lowering blood pressure
- Reducing depression and anxiety
- Increased learning capacity
- Developing healthier social, cognitive, and emotional skills
- Building strength, self-confidence, concentration, and coordination from an early age

Further, active children have fewer chronic health problems, are sick less frequently, miss less school, and have a significantly reduced risk for a number of childhood and adult diseases, including heart disease, diabetes, obesity, depression, and mental illness.

Since cognitive learning and physical activity go hand-in-hand and reinforce one another in early childhood development, it is essential for daycares and preschools to adopt a curriculum that emphasizes both and uses movement to promote and teach cognitive development. Since young children don't like to sit still for long periods and respond better to activities that change frequently, early childhood education can really benefit and use time more efficiently from using a movement-based program to teach cognitive skills.

Children have many opportunities to learn through movement. One area that young children respond particularly well to is using music and rhythm to teach other developmental skills. Listening to the different rhythms of music and asking children to respond to what they hear through movement can integrate music education, physical education, and cognitive development into a single lesson plan. Allowing the children to create the music themselves can take this activity one step further.

If programs such as these are started early in life, older children will respond better to similar, more advanced lesson plans. Schools suffering from a lack of time for music, PE, and recess in their overall curriculum could possibly benefit the most from combining these so-called "elective" classes and integrating movement into the lessons of the traditional classroom.

Movement-based learning programs require proper preparation and staff training, particularly since physical activity has become de-emphasized in formal training programs. Educators need to focus equally on four components: curriculum, hands-on training, equipment, and follow-up support. Continuing education in movement-based early childhood education is essential for the adults responsible for teaching and instilling these lifelong principles in children.

1.3 Activities

Activities should be customized for different age groups and especially for children with special needs. Some of the popular activities include:

- Painting
- Drawing
- gluing and sticking
- imaginative play with the sand pit, splash pool or playhouse
- story time
- reading
- construction blocks and play dough
- jigsaws and puzzles
- moving and dancing to music
- singing and recitation
- simple cooking (fire-less)

Indoor Activities
indoor activities for toddlers:

1. **Get out the cardboard boxes and create!** Let the imaginations flow. A box can be anything: a train, ramps for cars, an airplane, a house.
2. **Tape up the doorway** and throw some newspapers (or cotton balls!) at it to see if you can stick them. A great indoor activity for gross motor practice!
3. **Shaving cream is a wonderful indoor sensory activity that toddlers love**. Squirt some on a pan and just let them have fun. Add food coloring if you like. You might want to put them in an old shirt and maybe put a towel down, too. It does get messy (You can keep messy play clean too, I've got 10 ways!)
4. **Bowl indoors!** Grab one of the kids' balls. Set up a few items for pins. Lots of things will work for these, pop bottles, paper towel tube, or toilet paper works too!

5. **Create a necklace, toddler style!** Use a piece of string (a shoestring works well because of the hard end) and something to thread on it. Big beads would be great. But other items such as straws or large pasta noodles work too. This would be a great fine motor activity.
6. **Dig a newspaper out of the recycling bin and have a ball throwing them!** Add a target to the mix and practice counting too. All great gross motor practice.
7. **Here's a sensory activity that's easy and clean!** Squirt some hair gel (lotion would work too) into a baggy and zip it up! Add some odds and ends craft items to the mix too for added fun.
8. **Tape a line on the floor in different ways** (zig zag, curvy or straight) and have a toddler walk along it, trying to balance their best. Can they do it forward, how about walking backward? Another fantastic gross motor activity that can be done indoors.
9. **Have your toddler poke pom poms through an opening** in a small bottle, or cut a small hole in a container. Pom poms and other small items can be used for fine motor practice, but always be careful with small kids and watch them closely.
10. **A play dough alternative** (although its great, its fun to throw in something else sometimes) is cloud dough. The texture is awesome and the kids will love to explore it.

Outdoor Activities :

1. Plant something (anything) in the garden.
2. Mix some colors with water balloons.
3. Play with a water table or make your own
4. Play in a sandbox.
5. Investigate your yard with a magnifying glass.
6. Paint some rocks with watercolors.
7. Wash the paint away with the hose.
8. Go on a bug hunt.
9. Run through a sprinkler.
10. Melt some crayons in the sun.

Bibliography

https://blog.schoolspecialty.com/importance-early-childhood-activity/

https://extensiononline.tamu.edu/blog/planning-daycare-activities.php

http://www.ccswfl.org/blog/7-important-reasons-your-child-should-attend-an-early-learning-center

https://handsonaswegrow.com/indoor-activities-toddlers/