

RESPONSIBLE ADULT COURSE

**CERTIFICATION PROGRAM FOR
WORKING WITH CHILDREN**



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Introduction

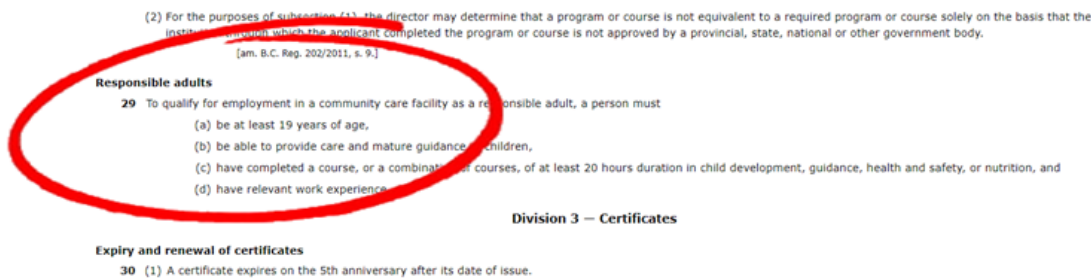
Welcome to our online Responsible Adult Certification Course. This program is designed to educate and prepare you for working with children as a Responsible Adult.

Throughout the course there are chances to evaluate your progress with mini quizzes and interactive activities. Upon completion of the course there is a final exam after which you will receive a certificate of completion.

Licensing Requirements

The law requires that individuals working in licensed child care facilities be at least 19 years of age and be able to provide care and mature guidance to children. Individuals need to have at least 20 hours of training in child development, guidance, health and safety or nutrition. This training can be a course, or a combination of courses that add up to 20 hours of training.

Please visit the [BC Laws website](#) to learn more about this legislation - Part 3, Division 2, Section 29



Child Care Licensing Regulation

This course meets licensing requirements and qualifies participants to work with children in:

- school age group child care (licensed)
- occasional child care (licensed)
- as a replacement (substitute/casual on call) for ECE assistants (for less than 30 days) in a licensed group child care centre or preschool.

Other employment possibilities may include casual family drop-in programs, family child care assistants, starting your own home based daycare, or other child and family related positions such as a nanny or babysitter.



What Does A Responsible Adult Do?

A Responsible Adult acts as an assistant for various child care programs. Along with a mature and responsible attitude, responsible adults have well developed interpersonal skills and an understanding of the issues that affect children and their families.

Responsibilities

- Help to provide a daily balance of active/quiet, outdoor/indoor, and individual/group activities
- Carry out daily activity schedule that incorporates child-directed activity, care routine and transition times
- Organize space, equipment and materials before activities
- Assist children in expressing themselves by listening and responding with questions or comments that extend conversations
- Use a variety of teaching techniques including modeling, observing, questions, demonstrating and reinforcing
- Provide opportunity each day for child to be alone or to have direct play experiences
- Plan and carry out activities that encourage problem solving
- Provide experiences and play materials that actively promote diversity and acceptance
- Immediately address problem behaviour without labeling the child
- Able to build trust and positive relationships with families in the program
- Act as a role model of appropriate behaviour
- Effective interpersonal skills under all types of conditions, exhibiting a supportive, positive approach
- Personal initiative, good planning and organizational skills



Classroom Activators

Activating the Brain for Learning



Children can learn almost anything if they are dancing, tasting, touching, hearing, seeing and feeling information."

Jean Houston - Educating the Possible Human

In this course we will be modeling classroom activators. These are brain break activities that allow students to learn and recall information at a much higher rate than regular passive learning. At the end of each section you are invited to participate in an activation exercise prior to completing the section quiz.

Did you know that fifty percent of a person's ability to learn is developed in the first four years of life?

Another thirty percent is developed by the eight birthday. Those vital years lay down the pathways on which all future learning is based.

Youngsters learn best by what they experience with all their senses. Our homes, beaches, forests, playgrounds, zoos, museums and adventure areas are the world's best.

We Learn...

- 10% of what we read
- 20% of what we hear
- 30% of what we see
- 50% of what we both see and hear
- 70% of what is discussed with others
- 80% of what we experience personally
- 95% of what we teach someone else.

Engaging Students to Learn

Instruction Time Limits

5 to 8 minutes for K-2,

8 to 12 minutes for Grades 3-5

and 12 to 15 minutes for Grades 6-12



Reinforce Information with Tasks

After tasks, regain their attention using a variety of techniques. Variety is key because the brain will desensitize its response after too many repetitions.

Have a hand signal, a bell or tone, wind chimes, clapping or stomping to redirect children's attention. Using surprises, changing your location or emotional level helps the brain retain information because it stands out from the norm.

Have students sit in class no longer than 20 minutes. If children need a boost: stand, do an energizer, go outside, walk or stretch.

Play music with a slow tempo and have the students stand and stretch. Reach for the sky, rotate at the waist, whatever they need to do. Young children can be led through Head and Shoulders Knees and Toes or the Hokey Pokey dance.

Older children can do ten to fifteen toe lifts - aside from the heart, calf muscles are the best pumps the body has for moving blood through the body and energizing the brain.

Changing seats, or playing musical chairs can help student's long-term memory. This is because memory is dependant upon emotion and environment. Movement wakes students up, silly games and music improve everyone's mood, and novelty and mystery activate the emotional and attentional centres of the brain.

Breathing exercises are also helpful. A deep breath helps deliver richly oxygenated blood to the brain, keeping it fully alert and functioning optimally. Have students stand up, take one or two deep breaths, and slowly sit down on their last exhale.

To Grab Attention at any point in a lesson, use: Novelty, relevance, curiosity, emotion, story, question, problem, video, drama, anecdote, guessing game, quotation

Wear a costume to introduce a lesson, or better yet, let the children choose costumes for dress-up and make-believe games. Using props and magic tricks to spice up a lesson. Accentuate with sound effects. Hide an object in the room for students to try and find. Have a mystery bag on display for children to touch and feel to see if they can guess what's inside. When you are about to display the children's artwork, have them do a drumroll on the desks with their fingers.

Use dramatic lighting to tell a story. Use a flashlight under your chin to light up your face. Have different colours of light bulbs for the holidays.

Change the posters, displays and bulletin boards in your classroom every 3 to 4 weeks. Occasionally introduce different visual elements into your classroom. Add flowers, unusual objects, posters or holiday decorations where appropriate.



Quality of Retention

Repetition

- Formally introduce one new vocabulary word each day or use them in discussions or post them in the room.
- Show a video, go on a field trip, mention things as an aside, display a poster, do pre and post quizzes.
- Review information as a form of repetition.
- Involve as many areas of the brain as you can (art, music, verbal, writing, visual, auditory) and use variety.
- Allow students to answer questions as a pair. It is less threatening.
- Do not teach your 1st hour the same way you teach the rest of the day. They are still asleep and need more engaging learning environments.
- Use stories, movement, humor and music to tap emotions.

The best way to learn is to receive input, discuss it, and then take a walk! Settling time is critical. Give students classroom chores, recess, a walk, pair time, lunch, quiet music or quiet choice time. Even 5 to 10 minutes is good.

Emotions and Emotional States

- Students remember learning experiences more vibrantly when emotion is involved.
- Role model a love for learning and enthusiasm for your content.
- Tell a true, emotional story about yourself.
- Get the students involved in class-related community service.
- Let students know what excites you.
- Have celebrations (parties, high fives, food, music, fun).
- Use humor.
- Integrate physical activity into your class.
- Use more standing than sitting, more walking than standing, more organized physical movements.
- Have purposeful physical rituals for arrivals, departures, getting started (clapping patterns, cheers, chants, movements). Change them often to keep their brains at attention.
- Get personal by having the students write in journals, discuss, and share with each other.
- Make students feel safe and happy.



Movement

The brain needs oxygen and glucose to work effectively, also water. Let students drink water in class, which may cause more bathroom breaks. Be flexible!! Get them up and moving with activators and energizers.

Strategies

- Pair up and clarify goals for day, how to achieve them, and why(reward)
- Have students do role plays, charades, commercials.
- Use energizers to increase blood pressure and epinephrine, decrease restlessness, and reinforce content.
- Have students play Simon Says.
- Do cross-lateral activities to increase communication in brain: pat head and rub belly, march and pat opposite knee, touch opposite elbows or heels.
- Do stretching to increase oxygen.
- Allow more mobility.

Physical Environments

Strategies

- Let students stand, sit on floor, walk around the room, sit on an exercise ball.
- Keep your room at a comfortable temp by using fans, open doors or windows, blow fan across a tray of water, keep windows shaded, use cool colors.
- Keep lighting bright.
- Try to expose your students to as much natural light as possible.
- Go outside on nice days.
- Post student work and interesting, rich displays.
- Be sensitive to special needs.

Lesson Activator

Stand up and walk around your space. Take deep breaths, inhaling and exhaling while raising your arms up to the ceiling and back down again. Move your head from side to side and back down again. Stretch out any stiff muscles.

Look out the window and take in the view. If there is a piece of nature in the room such as a plant or a stone, take a moment to admire its beauty, or pick it up and connect to it. Drink a glass of water, poke your head out the door for some fresh air, and come back inside to start your section quiz. Well done!! Learning can be fun, and breaks are good for the brain!



Quiz – What is a Responsible Adult

What is the minimum age requirement for a Responsible Adult?

- ☐ A - 19
- ☐ B - 18
- ☐ C - 16
- ☐ D - 21

How many hours of training does a Responsible Adult need to work with children?

- ☐ A - 40
- ☐ B - 20
- ☐ C - 10
- ☐ D - 35

What attitude does a Responsible Adult need to work with children?

- ☐ A - mature and responsible
- ☐ B - flighty
- ☐ C - selfish
- ☐ D - bored



Ages and Stages

A child's early years in life are very important for their health and development. Parents, family, teachers, and others work together so each child can reach their full potential.

Healthy Development

Healthy development means that all children can grow up having their social, emotional and educational needs met. A safe and loving home, spending time with family are all very important. Examples of this include playing, singing, reading and talking. Proper diet, exercise, and sleep are foundational.

Parenting

Positive parenting practices include:

- Responding to children in a predictable way
- Showing warmth and sensitivity
- Having routines and household rules
- Sharing books and talking with children
- Supporting health and safety
- Using appropriate discipline without harshness

Parents and caregivers who use these practices help children be healthy and safe.

Key learning takes place in a child's first 6 years. This learning sets the foundation for success in school and in life.

Parents and caregivers play a powerful role in wiring a baby's brain for learning. From a child's first breath to the first day of kindergarten, loving relationships are the best teachers.

Raising a child is too big of a job to do alone, and many cultures believe the whole family is involved, as well as communities. Wise families support communities in launching children for success.

Areas of Development

There are different areas of development all children progress through. Here are some key areas and tips.



Social Skills

Social skills help your child build relationships with the people around them: family, friends and neighbours.

Singing songs and telling stories to each other (including make-believe) is a fun way to practice social skills. Children can develop self-confidence by engaging you in your stories or learning a song.

- Hold your baby close and talk to her
- Play simple games like peek-a-boo
- Provide opportunities to play with other children. Bring your child to a community playgroup or preschool
- Encourage and model how to share

Independence Skills

As your child grows, self-help and independence skills allow your child to be independent and do things for themselves. This eventually leads to their independence in children's programs, preschool and kindergarten classrooms. Independence also boosts children self-esteem and helps them develop life skills.

- Simple things may seem difficult at first, but with help, patience and practice, your child will develop the necessary skills.
- Around 12 months let your child try feeding themselves with a spoon – help when needed.
- When they are ready, encourage your child to put things away, put on their own clothes and other simple things.

Gross Motor Skills

Coordination and balance are a combination of skills called gross motor skills.

- Your child will learn how to coordinate the body by practicing climbing, walking, pushing and pulling things around.
- She will want to do the same thing over and over because she is learning by repetition.
- If she is climbing dangerous things, provide something safe to climb over
- Games where children move their whole bodies help them to learn how to make their bodies do what they want, and it feels great!



Fine Motor Skills

The development of fine motor skills eventually leads to writing and drawing, and other activities that require physical precision.

- Babies play with toys in one hand, then as children grow, they become more coordinated and can pick up smaller objects, build things, put things together, and use crayons to draw.
- Allow your child to turn the pages of a book you are reading together or to help with household chores: misting houseplants with water or wringing out the sponge when you do dishes.

All these things can be fun, help them with their fine motor development and help your child feel included too.

Language and Literacy

Language and literacy begin when a baby is born.

- Talk to baby while you change their diaper, bathe them, and cook dinner.
- Talk about things your child sees, hears, feels.
- Include your child in conversations, sing with your child and talk to them about the world that surrounds them.
- Speak in your first language so that children develop an understanding of the patterns of grammar through the stories behind them

The patterns of language can be applied to a second language – speaking your first language with a child can help them be literate with a second language. Children must hear language spoken fluently to understand how it should sound.

Keep Your First Language

Children need to learn their first language well. This will help them:

- Stay connected with family
- Take part in their cultural community
- Learn English well



Research shows children learning more than one language have better awareness how words sound and rhyme and more creative use of language in writing and talking. It also helps children in their school work.

Parents Can Help

- Speak to your child in the language you know best
- Talk more and watch TV less
- Talk during daily activities (mealtimes, bath time) with your children
- Talk about pictures you see in books and make connections to your child's own experiences
- Try to keep languages separate
- Try to speak each language without mixing them in one sentence. Sharing books is a good time to do this.

Numeracy

Children develop numeracy skills by sorting objects, pouring water, counting things and adding objects to other objects. As they play, their brains are making connections which they will build on when they go to school.

Emotional Development

A child's emotional development is important for building self-confidence and self-esteem. When a child feels good about themselves they will learn and grow in productive ways.

- Hold your baby to feed and look into his eyes
- Provide positive guidance
- Talk to your child about feelings and emotions. Help him learn to identify and name them.

Spiritual Development

Many cultures believe in the holistic development of children and include spiritual development. Many cultures have their own ceremonies, practices and traditions that support the child's development emotionally, and spiritually that provides the foundation for health and wellness in later years.



Quiz – Ages and Stages

When in a child's life does key learning take place?

- ☐ A - In kindergarten
- ☐ B - In the first 6 years
- ☐ C - When sleeping
- ☐ D - Ages 4 to 12

What are the best kinds of relationships for growing a healthy brain?

- ☐ A - Loving Relationships
- ☐ B - Teacher and student relationships
- ☐ C - Peer relationships
- ☐ D - Being left alone

Singing songs and telling stories are ways children learn social skills.

- ☐ A - False
- ☐ B - True



Which of the following are examples of gross motor skills?

- ☐ A - coordination
- ☐ B - balance
- ☐ C - climbing, walking, pushing, pulling
- ☐ D - all of the above

What are some ways children learn numeracy skills?

- ☐ A - jumping on the bed
- ☐ B - talking about their emotions
- ☐ C - sorting objects and counting things
- ☐ D - pouring water



10 Things Every Child Needs

1 - Interaction

Babies see and hear from birth and are ready to start communicating and learning. You can provide the basis for healthy development and secure attachment with warm, loving, responsive, consistent care. Cuddle, rock, talk, sing to your child every day.

2 - Touch

Babies and children need to be touched. Gentle touch tells the brain to grow (make connections and develop). Touch is a source of comfort and love especially in new situations. Being comforted immediately helps a child to calm more quickly.

3 - Stable relationships

A loving, trusting adult in a child's life is necessary for survival. Children with secure care have low levels of stress and are able to learn in productive ways. Predictability, routines and rituals provide reassurance and helps to make sense of their world.

It's also important to remember to take good care of yourself, so that you in turn can take good care of your child's needs. Ask for support or assistance when you need it!

4 - Environments

Inside and outdoor play spaces, safe and free of hazards, provide a child with freedom to explore, play and thrive.

5 - Self Esteem

Children who feel good about themselves will have balance and succeed in social interactions and feel pride in accomplishments. They will have the ability to control feelings and respond in an appropriate manner. When a child needs discipline, use it as an opportunity to teach, to provide limits and constant, loving supervision.



6 - Quality Care

In a home or childcare setting, quality care provides a place and time to learn about self and others. It also teaches a child how to control his environment. Even when you are away from your child you can stay involved in her care and education.

7 - Communication

The more words a child hears, the more connections are made in corresponding parts of the brain. By 6 months, a child can duplicate the sounds he hears, and language acquisition has gotten off to a great start. Talk, read and sing to your child every day.

8 - Play

Everything a child learns is through play. She duplicates the world around her. It's the experience of playing, not the toy that aids in the development of the brain.

9 - Music

One of the greatest gifts we can give our children is the love of music. Fortunately, it does not require expensive music lessons or instruments to do this. Music can calm, soothe and teach.

10 - Reading

Literacy starts with sharing the experience of reading. Hearing words, interacting, touching, are all the positive benefits of snuggling up with a book.



Infants: 0 to 1 year

Developmental Milestones

Developmental milestones are things most children can do by a certain age. Children reach milestones in how they play, learn, speak, behave, and move (like crawling, walking, or jumping).

In the first year, babies learn to focus their vision, reach out, explore, and learn about the things around them. During this stage, babies also are developing bonds of love and trust with their parents and others as part of social and emotional development. The way caregivers cuddle, hold, and play with them will set the foundation for how they behave with others.

Simple physical routines can help infants explode into learning. Infants grow in a patterned way, so we can learn to build on that growth pattern.

Caring for Babies

- Talk to your baby. They will find your voice calming.
- Answer when your baby makes sounds by repeating the sounds and adding words. This will help him learn to use language.
- Read to your baby. This will help her develop and understand language and sounds.
- Sing to your baby and play music. This will help your baby develop a love for music and will help his brain development.
- Praise your baby and give her lots of loving attention.
- Spend time cuddling and holding your baby. This will help him feel cared for and secure.
- Play with your baby when she's alert and relaxed. Watch your baby closely for signs of being tired or fussy so that she can take a break from playing.
- Distract your baby with toys and move him to safe areas when he starts moving and touching things that he shouldn't touch.



Safety

- Never shake a baby. Babies have very weak neck muscles that are not yet able to support their heads. If you shake a baby, you can damage his brain or even cause his death.
- Make sure you always put the baby to sleep on her back to prevent sudden infant death syndrome (SIDS)
- No smoking around children. Even second-hand smoke can be harmful.
- Cut babies food into small bites. Also, don't let them play with small toys and other things that might be easy for them to swallow.
- Don't allow your baby to play with anything that might cover her face.
- Never carry hot liquids or foods near your baby or while holding him.

Your Baby at 2 Months

How your child plays (learns, speaks, acts and moves) offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

What most babies do at this age

Social / Emotional

- Begins to smile at people
- Can briefly calm himself may bring hands to mouth and suck on hand
- Tries to look at parent

Language / Communication

- Coos makes gurgling sounds
- Turns head towards sounds

Cognitive (learning, thinking, problem-solving)

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored, cries, is fussy if activity doesn't change



Movement / Physical Development

- Can hold head up and begins to push up when lying on tummy
- Make smoother movements with arms and legs

Act early by talking to your child's doctor if your child:

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area.

Your Baby at 4 Months

What most babies do at this age:

Social / Emotional

- Smile spontaneously, especially at people
- Likes to play with people and may cry when playing stops
- Copies some movements and facial expressions like smiling or frowning

Language / Communication

- Begins to babble
- Babbles with expression and copies sounds he hears
- Cries in different ways to show hunger pain or being tired

Cognitive (learning, thinking, problem-solving)

- Lets you know if she is happy or sad
- Response to affection
- Reaches for toy with one hand



- Uses hands and eyes together such as seeing a toy and reaching for it
- Follows moving things with eyes from side to side
- Watches faces closely
- Recognizes familiar people and things at a distance

Movement / Physical Development

- Hold head steady unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- Can hold a toy and shake it and swing dangling keys
- Brings hands to mouth
- When lying on stomach pushes up to elbows

Act early by talking to your child's doctor if your child:

- Doesn't watch things as they move
- Doesn't smile at people
- Can't hold head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

Your Baby at 6 Months

What most babies do at this age:

Social / Emotional

- Notice familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy
- Likes to look at self in mirror



Language / Communication

- Responds to sounds by making sounds
- Strings vowels together when babbling and likes taking turns with parent while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds

Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

Movement / Physical Development

- Rolls over in both directions - front to back or back to front
- Begins to sit without support
- When standing supports weight on legs and might bounce
- Rocks back and forth sometimes crawling backwards before moving forward

Act early by talking to your child's doctor if your child:

- Doesn't try to get things that are in reach
- Shows no affection for caregivers
- Doesn't respond to sounds around him
- Has difficulty getting things to mouth
- Doesn't make vowel sounds
- Doesn't roll over in either direction
- Doesn't laugh or make squealing sounds
- Seems very stiff with tight muscles
- Seems very floppy like a rag doll



Your Baby at 9 Months

What most babies do at this age:

Social / Emotional

- Maybe afraid of strangers
- May be clingy with familiar adults
- Has favourite toys

Language / Communication

- Understands “no”
- Makes a lot of different sounds like Mama Mama Mama Mama and Baba Baba Baba
- Copy sounds and gestures of others
- Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- Watches the path of something as it falls
- Looks for things he sees you hide
- Plays peekaboo
- Puts things in her mouth
- Moves things smoothly from one hand to the other
- Picks up things like cereal o's between thumb and index finger

Movement / Physical Development

- Stands, holding on
- Can get into sitting position
- Sits without support
- Pulls to stand
- Crawls



Act early by talking to your child's doctor if your child:

- Doesn't bear weight on legs with support
- Doesn't sit with help
- Doesn't babble mama, baba, dada
- Doesn't play any games involving back-and-forth play
- Doesn't respond to own name
- Doesn't seem to recognize familiar people
- Doesn't look where you point
- Doesn't transfer toys from one hand to the other

Your Child at 1 Year

What most children do at this age:

Social / Emotional

- Is shy or nervous with strangers
- Cries when mom or dad leaves
- Has favourite things and people
- Shows fear in some situations
- Hands you a book when he wants to hear a story
- Repeats sounds or actions to get attention
- Puts out arm or leg to help with dressing
- Plays games such as peekaboo and pat-a-cake

Language / Communication

- Responds to simple spoken requests
- Uses simple gestures like shaking head no or waving bye-bye
- Makes sounds with changes in tone, sounds more like speech
- Says Mama and Dada with exclamations like "uh oh"
- Tries to say words you say



Cognitive (learning, thinking, problem-solving)

- Explores things in different ways like shaking, banging, throwing
- Finds hidden things easily
- Looks at the right picture or thing when it's named
- Copies gestures
- Starts to use things correctly for example, drinks from a cup, brushes his hair
- Brings two things together
- Puts things in a container takes things out of a container
- Let's things go without help
- Points with index pointer finger
- Follow simple directions like "pick up the toy"

Movement / Physical Development

- Gets to a sitting position without help
- Pulls up to stand walks holding onto furniture
- May take a few steps without holding on
- May stand alone

Act Early by talking to your child's doctor if your child:

- Doesn't crawl
- Can't stand when supported
- Doesn't search for things that she sees you hide
- Doesn't say single words like Mama or dada
- Doesn't learn gestures like waving or shaking head
- Doesn't point to things
- Loses skills he once had



Quiz – Infants (0 to 1 years of Age)

At what age does an infant begin to smile at people?

- ☐ A – 4 months
- ☐ B – 8 months
- ☐ C – 2 months
- ☐ D – 1 week

At what age do infants begin to babble?

- ☐ A – 4 weeks
- ☐ B – 6 months
- ☐ C – 12 months
- ☐ D – 4 months

At what age does an infant begin to pass things from one hand to the other?

- ☐ A – 6 months
- ☐ B – 12 months
- ☐ C – 3 months
- ☐ D – 4 weeks



At what age can an infant sit without support?

- ☐ A – 2 months
- ☐ B – 6 months
- ☐ C – 9 months
- ☐ D – 1 year

Which of the following are milestones for a child at one year?

- ☐ A – says “mama” and “dada”
- ☐ B – brings two things together
- ☐ C – gets to a sitting position without help
- ☐ D – plays games such as “pat-a-cake” and “peek-a-boo”



Toddlers (1 – 2 Years of Age)

Developmental Milestones

During the second year, toddlers are moving around more, and are aware of themselves and their surroundings. Their desire to explore new objects and people also is increasing.

During this stage, toddlers will show greater independence; begin to show defiant behavior; recognize themselves in pictures or a mirror; and imitate the behavior of others, especially adults and older children.

Toddlers also should be able to recognize the names of familiar people and objects, from simple phrases and sentences, and follow simple instructions and directions.

Positive Parenting Tips

Following are some of the things you, as a parent, can do to help your toddler during this time:

- Read to your toddler daily.
- Ask her to find objects for you or name body parts and objects.
- Play matching games with your toddler, like shape sorting and simple puzzles.
- Encourage him to explore and try new things.
- Help to develop your toddler's language by talking with her and adding to words she starts. For example, if your toddler says "baba", you can respond, "Yes, you are right—that is a bottle."
- Encourage your child's growing independence by letting him help with dressing himself and feeding himself.
- Respond to wanted behaviors more than you punish unwanted behaviors (use only very brief time outs). Always tell or show your child what she should do instead.
- Encourage your toddler's curiosity and ability to recognize common objects by taking field trips together to the park or going on a bus ride.



Child Safety First

Because your child is moving around more, he will come across more dangers as well. Dangerous situations can happen quickly, so keep a close eye on your child. Here are a few tips to help keep your growing toddler safe:

- Do NOT leave your toddler near or around water (for example, bathtubs, pools, ponds, lakes, whirlpools, or the ocean) without someone watching her. Fence off backyard pools. Drowning is the leading cause of injury and death among this age group.
- Block off stairs with a small gate or fence. Lock doors to dangerous places such as the garage or basement.
- Ensure that your home is toddler proof by placing plug covers on all unused electrical outlets.
- Keep kitchen appliances, irons, and heaters out of reach of your toddler. Turn pot handles toward the back of the stove.
- Keep sharp objects such as scissors, knives, and pens in a safe place.
- Lock up medicines, household cleaners, and poisons.
- Do NOT leave your toddler alone in any vehicle (that means a car, truck, or van) even for a few moments
- Keep your child's car seat rear-facing as long as possible. Your child should remain in a rear-facing car seat until she reaches the top height or weight limit allowed by the car seat's manufacturer. Once your child outgrows the rear-facing car seat, she is ready to travel in a forward-facing car seat with a harness.

Healthy Bodies

- Give your child water and plain milk instead of sugary drinks. After the first year, when your nursing toddler is eating more and different solid foods, breast milk is still an ideal addition to his diet.
- Your toddler might become a very picky and erratic eater. Toddlers need less food because they don't grow as fast. It's best not to battle with him over this. Offer a selection of healthy foods and let him choose what she wants. Keep trying new foods; it might take time for him to learn to like them.
- Limit screen time. For children younger than 2 years of age, the AAP recommends that it's best if toddlers not watch any screen media.
- Your toddler will seem to be moving continually - running, kicking, climbing, or jumping. Let him be active—he is developing his coordination and becoming strong.



Your child at 18 months

What most children do at this age:

Social / Emotional

- Likes to hand things to others as play
- May have temper tantrums
- Maybe afraid of strangers
- Shows attention to familiar people
- Please simple pretend such as feeding a doll
- Make lean-to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

Language / Communication

- Says several single words
- Says and shakes head no
- Points to show someone what he wants

Cognitive (learning, thinking, problem-solving)

- Knows what ordinary things are for for example - telephone, brush, spoon
- Points to get the attention of others
- Shows interest in a doll or stuffed animal by pretending to feed it
- Points to one body part
- Scribbles on his own
- Can follow one step verbal commands without any gestures for example sits when you say "sit down".



Movement / Physical Development

- Walks alone
- Pulls toys while walking
- Can help undress herself
- Drinks from a cup
- Eats with a spoon

Your Child at 2 Years

What most children do at this age:

Social / Emotional

- Copies others especially adults and older children
- Gets excited when with other children
- Shows more and more independence
- Shows defiant behavior doing what he has been told not to do
- Plays mainly beside other children but is beginning to include other children such as in chase games

Language / Communication

- Points to things or pictures when they are named
- Knows names of familiar people and body parts
- Says sentences with two to four words
- Follows simple instructions
- Repeats words overheard in conversation
- Points to things in a book
- Cognitive (learning, thinking, problem-solving)
- Finds things even when hidden under two or three covers



- Begins to sort shapes and colours
- Complete sentences and rhymes in familiar books
- Play simple make-believe games
- Builds towers of four or more blocks
- Might use one hand more than the other
- Follows to step instructions such as pick up your shoes and put them in the closet
- Names items in a picture book such as a cat bird or dog

Movement / Physical Development

- Stands on tiptoe
- Kicks a ball
- Begins to run
- Climbs onto and down from furniture without help
- Walks up and down stairs holding on
- Throws ball over head
- Makes or copies straight lines and circles



Quiz – Toddlers (1 to 2 Years of Age)

Which of the following are milestones for 2 year olds?

- ☐ A – beginning to show defiant behaviour
- ☐ B – imitating the behavior of others
- ☐ C – tying their shoes
- ☐ D – recognizing themselves in a mirror

What is the leading cause of injury and death for toddlers?

- ☐ A - Drowning
- ☐ B – Car Accidents
- ☐ C – Food poisoning

How much screen time is recommended for two year olds?

- ☐ A – one hour per day
- ☐ B – 15 minutes at bedtime
- ☐ C – 2 – 3 hours, three times per week
- ☐ D – none



Which of the following are examples of fine motor skills in toddlers?

- ☐ A – turning pages of a book
- ☐ B – holding a crayon and scribbling
- ☐ C – building a tower of three blocks
- ☐ D – kicks a ball forward



Toddlers (2 – 3 Years of Age)

Developmental Milestones

Skills such as taking turns, playing make believe, and kicking a ball, are called developmental milestones. Developmental milestones are things most children can do by a certain age. Children reach milestones in how they play, learn, speak, behave, and move (like jumping, running, or balancing).

Because of children's growing desire to be independent, this stage is often called the "terrible twos." However, this can be an exciting time for parents and toddlers. Toddlers will experience huge thinking, learning, social, and emotional changes that will help them to explore their new world, and make sense of it. During this stage, toddlers should be able to follow two- or three-step directions, sort objects by shape and color, imitate the actions of adults and playmates, and express a wide range of emotions.

Positive Parenting Tips

Following are some of the things you, as a parent, can do to help your toddler during this time:

- Set up a special time to read books with your toddler.
- Encourage your child to take part in pretend play.
- Play parade or follow the leader with your toddler.
- Help your child to explore things around her by taking her on a walk or wagon ride.
- Encourage your child to tell you his name and age.
- Teach your child simple songs like Itsy Bitsy Spider, or other cultural childhood rhymes.
- Give your child attention and praise when she follows instructions and shows positive behavior and limit attention for defiant behavior like tantrums. Teach your child acceptable ways to show that she's upset.

Child Safety First

Because your child is moving around more, he will come across more dangers as well. Dangerous situations can happen quickly, so keep a close eye on your child. Here are a few tips to help keep your growing toddler safe:



- Do NOT leave your toddler near or around water (for example, bathtubs, pools, ponds, lakes, whirlpools, or the ocean) without someone watching her. Fence off backyard pools. Drowning is the leading cause of injury and death among this age group.
- Encourage your toddler to sit when eating and to chew his food thoroughly to prevent choking.
- Check toys often for loose or broken parts.
- Encourage your toddler not to put pencils or crayons in her mouth when coloring or drawing.
- Do NOT hold hot drinks while your child is sitting on your lap. Sudden movements can cause a spill and might result in your child's being burned.
- Make sure that your child sits in the back seat and is buckled up properly in a car seat with a harness.

Healthy Bodies

- Talk with staff at your child care provider to see if they serve healthier foods and drinks, and if they limit television and other screen time.
- Your toddler might change what food she likes from day to day. It's normal behavior, and it's best not to make an issue of it. Encourage her to try new foods by offering her small bites to taste.
- Keep television sets out of your child's bedroom. Limit screen time, including video and electronic games, to no more than 1 to 2 hours per day.
- Encourage free play as much as possible. It helps your toddler stay active and strong and helps him develop motor skills.

Toddlers and Temper Tantrums

What is a temper tantrum?

Toddlers (babies who can walk without help usually between 12 and 30 months) have temper tantrums when they are very upset. During a tantrum children are angry and out of control. They may cry, scream, kick or hold their breath.

Usually children between 13 months and 4 years old have tantrums. More than half of all two year olds will have tantrums at least once a week. Most children have at least one tantrum by age 3.

Don't worry, tantrums don't last forever! Preschoolers can usually control themselves better.



Why do young children have tantrums?

- Young children are naturally self-centered, easily frustrated and they like to say no.
- They are curious they want to explore and get frustrated if they are stopped
- They want things they can't have
- They want to do things but may not have the skills yet
- They are learning to talk but may not be able to say what they want
- They may be tired, hungry, feeling ill or they may be reacting to stress in the family

Preventing Tantrums

You can try these ways of preventing a child's temper tantrums:

- Make a note of when and where the tantrums happen. There may be a pattern.
- Don't take trips right before nap or meal times. Don't try to do too much in one day. Tell your child what you're not going to do before you leave home eg- "Today we are going grocery shopping we will not be looking at toys or candy."
- Tell your child how you want her or him to behave. Give choices when possible eg - "We're going for a walk now. Do you want to wear your red coat or your blue coat?"
- Take time each day to play with your child. Give your child lots of opportunity to express himself eg - games, musical toys, paint, Play-Doh. Buy toys that are right for your child's age.
- Use consistent and reasonable limits and praise your childhood behavior eg - "I like the way you're playing quietly while I'm on the phone."

Help children to feel good about themselves and about what they can do. Get them to help with chores around the house. If they want to do something they can't do, give them something easier to do. Give the child enough time to finish; don't expect your child to do things perfectly. Teach children to say "Help please" when they need help.

What to do about a Temper Tantrum

It doesn't matter what you do, some tantrums will happen. You can try these ways of dealing with your child's tantrum:

- some children do well if you hold them during the tantrum. You may keep him safe by holding him on your lap. Tell him "You are angry because... and I'm holding you so you won't get hurt." If he fights you don't use force just make sure he is in a safe spot.



- other times it's best to ignore the tantrum. Make sure the child is safe and then do something else. Don't even look at her. Don't beg ,get angry or try to give your child something so she'll behave. This puts her in charge. Don't argue or negotiate. Your child is not being reasonable. Welcome your child back when the tantrum. Act as if it never happened and don't even talk about it.
- If your child has a tantrum in public, don't get embarrassed into dealing with it the wrong way. Take the child to the quietest place you can find eg. a dressing room or the car then wait until the tantrum stops.

Remember don't take tantrums personally. All young children have tantrums. You can get help by talking with other parents and people who take care of young children.

Your Child at 3 Years

What most children do at this age:

Social / Emotional

- Copies adults and friends
- Shows affection for friends without prompting
- Takes turns in games
- Shows concern for a crying friend
- Understands the idea of "mine" and "his" or "hers"
- Shows a wide range of emotions
- Separates easily from Mom and Dad
- May get upset with major changes in routine
- Dresses and undresses self

Language / Communication

- Follows instructions with two or three steps
- Can name most familiar things
- Understands words like "in", "on" and "under"



- Says first name age and sex
- Names of friends
- Says words like “I”, “me”, “we” and “you” and some plurals (cars, cats, dogs)
- Talks well enough for strangers to understand most of the time
- Carries on a conversation using two to three sentences

Cognitive (learning, thinking problem-solving)

- Can work toys with buttons, levers and moving parts
- Plays make believe with dolls, animals and people
- Does puzzles with three or four pieces
- Understands what two means
- Copies a circle with pencil or crayon
- Turns book pages one at a time
- Builds towers of more than six blocks
- Screws and unscrews jar lids or turns door handle

Movement / Physical Development

- Climbs well
- Runs easily
- Pedals a tricycle
- Walks up and down stairs one foot on each step



Quiz – Toddlers (2 – 3 Years of Age)

More than half of all 2 year olds will have tantrums at least once per week.

- ☐ A - True
- ☐ B - False

Why do toddlers have temper tantrums?

- ☐ A – They may be tired, hungry, feeling ill, or reacting to stress in the family
- ☐ B – They are learning to talk, but they may not be able to say what they want
- ☐ C – They want to do things but may not have the skills yet
- ☐ D – They are naturally self-centered, easily frustrated, and they like to say “no”

Screen time of 1 – 2 hours per day at most is recommended for 3 year olds.

- ☐ A - False
- ☐ B – True

Why is free play encouraged for toddlers?

- ☐ A – It promotes bullying
- ☐ B – It helps toddlers stay active and strong
- ☐ C – It helps develop motor skills
- ☐ D – It gives teachers a break from lesson instruction



Preschoolers (3 – 5 Years of Age)

Developmental Milestones

Skills such as naming colors, showing affection, and hopping on one foot are called developmental milestones. Developmental milestones are things most children can do by a certain age. Children reach milestones in how they play, learn, speak, behave, and move (like crawling, walking, or jumping).

As children grow into early childhood, their world will begin to open up. They will become more independent and begin to focus more on adults and children outside of the family. They will want to explore and ask about the things around them even more. Their interactions with family and those around them will help to shape their personality and their own ways of thinking and moving.

During this stage, children should be able to ride a tricycle, use safety scissors, notice a difference between girls and boys, help to dress and undress themselves, play with other children, recall part of a story, and sing a song.

Positive Parenting Tips

Following are some of the things you can do to help your preschooler during this time:

- Read to your child. Nurture her love for books by taking her to the library or bookstore.
- Let your child help with simple chores.
- Encourage your child to play with other children. This helps him to learn the value of sharing and friendship.
- Be clear and consistent when disciplining your child. Explain and show the behavior that you expect from her. Whenever you tell her no, follow up with what he should be doing instead.
- Help your child develop good language skills by speaking to him in complete sentences and using “grown up” words. Help him to use the correct words and phrases.
- Help your child through the steps to solve problems when she is upset.
- Give your child a limited number of simple choices (for example, deciding what to wear, when to play, and what to eat for snack).



Separation Anxiety

What is happening?

It is normal for some young children to be sad or angry when they are separated from their parents. This is called separation anxiety. That usually begins at about about six months of age and can last until 5 years old or longer.

Some children may cry, hold on to their parent, scream or hide when their parent leaves. Other children have an easier time separating. The way a child adapts depends on how well the parent has prepared each of them for separation. It also depends on the child's age, stage of development, past experiences and personality.

Separations give children the chance to learn that they can cope with other caregivers and family members.

Why is it happening?

When parents leave, children may worry about whether parents will return and who will take care of them.

With experience children begin to realize that when parents leave they will come back.

Remember separating from your child may be as hard for you as it is for your child.

What can you do?

How to prepare for separations:

- play games showing your baby that things go away but come back again. For example, play peek-a-boo.
- Read stories where a small person or animal goes away from home but everything is okay.
- Practice a situation before it occurs. For example, going to the babysitter.
- Try not to have too many things happen at one time. For example toilet training and a new play group.



When you leave your child:

Try to be relaxed about separations. This will help your child to relax.

It may be helpful to start separations in your baby's first year. A babysitter, family member or friend may watch your child for short times. Your child will learn that you will come back. Take time to get comfortable and confident with a person who will be with your child.

When you leave your child it's important to say goodbye. If you sneak away your child may be more upset and trust you less. Say goodbye and then leave.

Tell your child when you will be back. Use words that your child will understand and make sure you return at that time. For example, say "I'll be back after lunch."

Talk to your children about their feelings but say you know they will be okay

Tell your caregiver about your child's eating and sleeping habits and favourite activities

Your child's reaction:

Your child may be angry after the first long separation but will soon welcome you back.

Your child may separate easily at first and then later have a hard time. For example when a new baby is born or a family member is ill.

Tips for starting preschool or daycare:

Try to go to the centre with your child and meet the staff before your child is to attend. Talk to your child about the new routine and repeat the caregivers names often. Be positive and help your child look forward to the experience.

Allow extra time in the morning when starting a new daycare or preschool.

Show interest in what your child does at preschool and daycare. For example, display artwork at home.

When you first leave your child with another caregiver try not to go until the caregiver can pay extra attention to your child.

Let your child carry something that is comforting. For example, a favourite toy, blanket, or photo of a parent.



The staff at the centre could help make a tape of you talking to your child in your home language to play while you are gone.

You may need to stay in the classroom at first to help your child to become more independent by taking part less and less in the classroom activities. Also each day spend less time in the centre. This is called gradual entry.

You may wish to invite a friend from the centre to play at your house. A close friend can help your child feel more comfortable.

It may help to talk to other parents of young children or child care centre staff for support and ideas.

Child Safety

As your child becomes more independent and spends more time in the outside world, it is important that you and your child are aware of ways to stay safe. Here are a few tips to protect your child:

- Tell your child why it is important to stay out of traffic. Tell him not to play in the street or run after stray balls.
- Be cautious when letting your child ride her tricycle. Keep her on the sidewalk and away from the street and always have her wear a helmet.
- Check outdoor playground equipment. Make sure there are no loose parts or sharp edges.
- Watch your child at all times, especially when he is playing outside.
- Be safe in the water. Teach your child to swim, but watch her at all times when she is in or around any body of water (this includes kiddie pools).
- Teach your child how to be safe around strangers.
- Keep your child in a forward-facing car seat with a harness until he reaches the top height or weight limit allowed by the car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it will be time for him to travel in a booster seat, but still in the back seat of the vehicle.



Healthy Bodies

Eat meals with your children whenever possible. Let your child see you enjoying fruits, vegetables, and whole grains at meals and snacks. Your child should eat and drink only a limited amount of food and beverages that contain added sugars, solid fats, or salt.

- Limit screen time for your child to no more than 1 to 2 hours per day of quality programming, at home, school, or child care.
- Provide your child with age-appropriate play equipment, like balls and plastic bats, but let your preschooler choose what to play. This makes moving and being active fun for your preschooler.

The 3 Year Old Asks

Three year old children:

- Are friendly and like to play with other children. They like to like to share and belong to a group. They are starting to play pretend games.
- Will pick up their toys if you help.
- Ask questions but are not always interested in the answer.
- Often use sentences at least three or four words long.
- Sometimes ask simple questions like "What's that?" and "Why?"
- Seem to understand most of what you say to them.
- Can have a simple conversation with you.
- Like to sing songs.
- Will talk about imaginary friends or situations.
- Know their names and whether they are a boy or girl
- Can say more than 500 words.
- Enjoy looking at and talking about picture books with adults.

3 year old children may still:

- Make speech sound mistakes but you can understand most of what they say
- Have a loud voice.
- Make grammar mistakes in sentences for example "That me toy Mom"



Your Child at 4 Years

What most children do at this age:

Social / Emotional

- Enjoy doing new things
- Like to please Mom and Dad
- Is more and more creative with make-believe play
- Would rather play with other children than by himself
- Cooperates with other children
- Often can't tell what's real and what's make believe
- Talks about what she likes and what she is interested in

Language / Communication

- Knows some basic rules of grammar such as correctly using "he" and "she"
- Sings a song or says a poem from memory such as "Itsy Bitsy Spider" or "The Wheels on the Bus"
- Tells stories
- Can say first and last name

Cognitive (learning, thinking and problem solving)

- Name some colours and some numbers
- Understands the idea of counting
- Starts to understand time
- Remembers parts of a story
- Understands the idea of same and different
- Draws a person with up to 4 body parts
- Uses scissors
- Starts to copy some capital letters



- Plays board or card games
- Tells you what he thinks is going to happen next in a book

Movement / Physical Development

- Hops and stands on one foot up to 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, and mashes on food

Your Child at 5 Years

What most children do at this age:

Social / Emotional

- Wants to please friends
- Wants to be like friends
- More likely to agree with rules
- Likes to sing dance and act
- Is aware of gender
- Can't tell what's real and what's make believe
- Shows more Independence. For example may visit a next-door neighbour by himself (adult supervision is still needed)
- Is sometimes demanding and sometimes very cooperative

Language / Communication

- Speaks very clearly
- Tells a simple story using full sentences
- Uses future tense. For example "Grandma will be here."
- Says name and address



Cognitive (learning, thinking, problem-solving)

- Counts 10 or more things
- Can draw a person with at least six body parts
- Can print some letters or numbers
- Copies a triangle and other geometric shapes
- Knows about things used everyday like money and food

Movement / Physical Development

- Stands on one foot for 10 seconds or longer
- Hops, may be able to skip
- Can do a somersault
- Uses a fork and spoon and sometimes a table knife
- Can use the toilet on her own
- Swings and climbs



Quiz – Preschoolers (3 to 5 Years of Age)

Developmental milestones are things most children can do by a certain age.

- ☐ A - True
- ☐ B - False

Why do some young children have separation anxiety?

- ☐ A - They want to be difficult
- ☐ B - They are looking for attention
- ☐ C - They are worried whether their parents will return
- ☐ D - They don't like school

Children riding a bicycle on the sidewalk don't need to wear a helmet.

- ☐ A - False
- ☐ B - True

Talk to your doctor if your 4 year old can't:

- ☐ A - jump in place
- ☐ B - scribble
- ☐ C - follow 3 part commands
- ☐ D - keep skills he once had



Middle Childhood (6 – 8 Years of Age)

Developmental Milestones

Middle childhood brings many changes in a child's life. By this time, children can dress themselves, catch a ball more easily using only their hands, and tie their shoes. Having independence from family becomes more important now.

Events such as starting school bring children this age into regular contact with the larger world. Friendships become more and more important. Physical, social, and mental skills develop quickly at this time. This is a critical time for children to develop confidence in all areas of life, such as through friends, schoolwork, and sports.

Here is some information on how children develop during middle childhood:

Emotional/Social Changes

Children in this age group might:

- Show more independence from parents and family.
- Start to think about the future.
- Understand more about his or her place in the world.
- Pay more attention to friendships and teamwork.
- Want to be liked and accepted by friends.

Thinking and Learning

Children in this age group might:

- Show rapid development of mental skills.
- Learn better ways to describe experiences and talk about thoughts and feelings.
- Have less focus on one's self and more concern for others.



Positive Parenting Tips

Following are some things you can do to help your child during this time:

- Show affection for your child. Recognize her accomplishments.
- Help your child develop a sense of responsibility—ask him to help with household tasks, such as setting the table.
- Talk with your child about school, friends, and things she looks forward to in the future.
- Talk with your child about respecting others. Encourage him to help people in need.
- Help your child set her own achievable goals—she'll learn to take pride in herself and rely less on approval or reward from others.
- Help your child learn patience by letting others go first or by finishing a task before going out to play. Encourage him to think about possible consequences before acting.
- Make clear rules and stick to them, such as how long your child can watch TV or when she has to go to bed. Be clear about what behavior is okay and what is not okay.
- Do fun things together as a family, such as playing games, reading, and going to events in your community.
- Get involved with your child's school. Meet the teachers and staff and get to understand their learning goals and how you and the school can work together to help your child do well.
- Continue reading to your child. As your child learns to read, take turns reading to each other.
- Use discipline to guide and protect your child, rather than punishment to make him feel bad about himself. Follow up any discussion about what not to do with a discussion of what to do instead.
- Praise your child for good behavior. It's best to focus praise more on what your child does ("you worked hard to figure this out") than on traits she can't change ("you are smart").
- Support your child in taking on new challenges. Encourage her to solve problems, such as a disagreement with another child, on her own.
- Encourage your child to join school and community groups, such as a team sports, or to take advantage of volunteer opportunities.



Child Safety First

More physical ability and more independence can put children at risk for injuries from falls and other accidents. Motor vehicle crashes are the most common cause of death from unintentional injury among children this age. Teach your child to watch out for traffic and how to be safe when walking to school, riding a bike, and playing outside.

- Make sure your child understands water safety, and always supervise her when she's swimming or playing near water.
- Supervise your child when he's engaged in risky activities, such as climbing.
- Talk with your child about how to ask for help when she needs it.
- Keep potentially harmful household products, tools, equipment, and firearms out of your child's reach.

Healthy Bodies

- Parents can help make schools healthier. Work with your child's school to limit access to foods and drinks with added sugar, solid fat, and salt that can be purchased outside the school lunch program.
- Make sure your child has 1 hour or more of physical activity each day.
- Limit screen time for your child to no more than 1 to 2 hours per day of quality programming, at home, school, or afterschool care.
- Practice healthy eating habits and physical activity early. Encourage active play, and be a role model by eating healthy at family mealtimes and having an active lifestyle.

Milestones

5 to 6 year-olds

- Vocabulary increasing to approximately 2,000 words
- Can compose sentences with five or more words
- Can count up to 10 objects at one time
- Know left and right



- Begin to reason and argue; uses words like why and because
- Can categorize objects: "These are toys; these are books."
- Understand concepts like yesterday, today, and tomorrow
- Can copy complex shapes, such as a diamond
- Should be sounding out simple words like "hang", "neat", "jump" and "sank"
- Are able to sit at a desk , follow teacher instructions, and independently do simple in-class assignments

7 to 8 year-olds

- Develop a longer attention span
- Are willing to take on more responsibility (i.e. chores)
- Understand fractions and the concept of space
- Understand money
- Can tell time
- Can name months and days of week in order
- Enjoy reading a book on their own

Tips for this age group

- Get your child a library card. Regular visits to the library will increase their vocabulary, imagination, and desire to learn. A library card is a great way to introduce the concepts of borrowing and responsibility to a child, too.
- Introduce your child to museums, new neighbourhoods, and exhibitions. These venues will inevitably foster exploration and an understanding of perspectives outside of a child's own.
- Spend as much uninterrupted time – one-on-one – with your child as you can.
- Avoid prolonged viewing of television, video and computer games.
- Set up a homework space and routine in your home.
- Talk to your child's teacher if you are concerned about their progress.



Quiz – Middle Childhood (6 to 8 Years of Age)

Which of the following are typical milestones for 5 – 6 year olds?

- ☐ A – understanding fractions and the concept of space
- ☐ B – can tell time
- ☐ C – knows left and right
- ☐ D – understands money

Which of the following are typical milestones for 7 – 8 year olds?

- ☐ A – vocabulary of 2000 words
- ☐ B – can name months and days of the week in order
- ☐ C – can count up to 10 objects at a time
- ☐ D – understands concepts such as yesterday, today and tomorrow

How many hours a day of activity do children need?

- ☐ A – 30 minutes
- ☐ B – 1 hour
- ☐ C – 90 minutes
- ☐ D – 20 minutes

Screen time for 6 – 8 year olds should be no more than 1 – 2 hours per day.

- ☐ A - True
- ☐ B - False



Middle Childhood (9 - 11 Years of Age)

Developmental Milestones

Your child's growing independence from the family and interest in friends might be obvious by now. Healthy friendships are very important to your child's development, but peer pressure can become strong during this time.

Children who feel good about themselves are more able to resist negative peer pressure and make better choices for themselves. This is an important time for children to gain a sense of responsibility along with their growing independence.

Also, physical changes of puberty might be showing by now, especially for girls. Another big change children need to prepare for during this time is starting middle or junior high school.

Here is some information on how children develop during middle childhood:

Emotional/Social Changes

Children in this age group might:

- Start to form stronger, more complex friendships and peer relationships. It becomes more emotionally important to have friends, especially of the same sex.
- Experience more peer pressure.
- Become more aware of his or her body as puberty approaches. Body image and eating problems sometimes start around this age.

Thinking and Learning

Children in this age group might:

- Face more academic challenges at school.
- Become more independent from the family.
- Begin to see the point of view of others more clearly.
- Have an increased attention span.



Positive Parenting Tips

Following are some things you, as a parent, can do to help your child during this time:

- Spend time with your child. Talk with her about her friends, her accomplishments, and what challenges she will face.
- Be involved with your child's school. Go to school events; meet your child's teachers.
- Encourage your child to join school and community groups, such as a sports team, or to be a volunteer for a charity.
- Help your child develop his own sense of right and wrong. Talk with him about risky things friends might pressure him to do, like smoking or dangerous physical dares.
- Help your child develop a sense of responsibility—involve your child in household tasks like cleaning and cooking. Talk with your child about saving and spending money wisely.
- Meet the families of your child's friends.
- Talk with your child about respecting others. Encourage her to help people in need. Talk with her about what to do when others are not kind or are disrespectful.
- Help your child set his own goals. Encourage him to think about skills and abilities he would like to have and about how to develop them.
- Make clear rules and stick to them. Talk with your child about what you expect from her (behavior) when no adults are present. If you provide reasons for rules, it will help her to know what to do in most situations.
- Use discipline to guide and protect your child, instead of punishment to make him feel badly about himself.
- When using praise, help your child think about her own accomplishments. Saying “you must be proud of yourself” rather than simply “I’m proud of you” can encourage your child to make good choices when nobody is around to praise her.
- Talk with your child about the normal physical and emotional changes of puberty.
- Encourage your child to read every day. Talk with him about his homework.
- Be affectionate and honest with your child, and do things together as a family.



Child Safety First

More independence and less adult supervision can put children at risk for injuries from falls and other accidents. Here are a few tips to help protect your child:

- Protect your child in the car. It's recommended that you keep your child in a booster seat until he is big enough to fit in a seat belt properly. Remember: your child should still ride in the back seat until he or she is 12 years of age because it's safer there. Motor vehicle crashes are the most common cause of death from unintentional injury among children of this age.
- Know where your child is and whether a responsible adult is present. Make plans with your child for when he will call you, where you can find him, and what time you expect him home.
- Make sure your child wears a helmet when riding a bike or a skateboard or using inline skates; riding on a motorcycle, snowmobile, or all-terrain vehicle; or playing contact sports.
- Many children get home from school before their parents get home from work. It is important to have clear rules and plans for your child when she is home alone.

Healthy Bodies

- Provide plenty of fruits and vegetables; limit foods high in solid fats, added sugars, or salt, and prepare healthier foods for family meals.
- Keep television sets out of your child's bedroom. Limit screen time, including computers and video games, to no more than 1 to 2 hours.
- Encourage your child to participate in an hour a day of physical activities that are age appropriate and enjoyable and that offer variety! Just make sure your child is doing three types of activity: aerobic activity like running, muscle strengthening like climbing, and bone strengthening – like jumping rope – at least three days per week.

Lesson Activator

Get up and move around!

Take some deep breaths, swing your arms and do some marching.

When your body is energized, take a pencil and draw one developmental milestone from each age group.

Remember some favorite times when you were in these age groups, and what made these memories so special.



Quiz – Positive Discipline

Two ways to manage big emotions is

- ☐ A – by taking it out on another person
- ☐ B – by taking 3 deep breaths
- ☐ C – counting one to ten
- ☐ D – by blaming others

Asking for help is ok

- ☐ A – True
- ☐ B – False

Hurting others is ok

- ☐ A – True
- ☐ B – False

Calm down activities include

- ☐ A – Alone time
- ☐ B – Playing with rice, sand or other textured materials
- ☐ C – yelling at others
- ☐ D - eating



Positive Discipline

Positive discipline is something adults do with and for children, rather than to children to stop them from behaving in undesirable ways. Guiding children's behaviour is intended to help children become self-disciplined as they learn appropriate and acceptable behaviour patterns.

These methods of guiding behaviour are continuous. Discipline or guiding children's behaviour is done while appropriate behaviour is occurring, as well as before, during, and after socially unacceptable behaviour is displayed.

Guiding children's behaviour is a long-term goal that parents, caregivers and professionals have for children. It uses positive strategies that encourage self-guidance, based on the value and belief that children can learn impulse control to help them develop self-discipline, responsibility, positive capabilities and attitudes.

An understanding of the basic principles and practices related to guiding children's behaviour serve as a foundation for interacting successfully with children.

Considerations

- Each child is a unique individual
- Children's behaviour reflects their level of development
- Children's experience in their family and culture influences their behaviour patterns
- Environment plays a role

Guidance Strategies: Prevention

1. Establish Clear, Consistent, & Simple Limits

Limits are statements of what behaviour is appropriate. They ensure children know what is expected. Limits should be clearly related to the safety and protection of self, others, and the environment. They should be few in number, consistently enforced, and within the child's ability to understand. For example:

"Inside we walk." "Chairs are for sitting on." "Hands must be washed before we eat."



2. Offer Straightforward Explanations for Limits

When children understand the reasons or rationale for limits, they are more likely to comply and abide by them.

Furthermore, teaching children the “why” of a limit helps them internalize and learn the rules of social living. For example: “The sand stays down low so that it doesn’t get into people’s eyes.” “When you put the toys back on the shelf, people can find them easily when they want them.”

3. State Limits in a Positive Way, Rather Than in a Negative Way

Phrasing limits in a positive way focuses on what to do, rather than what not to do. When parents and caregivers offer these positive statements, they reinforce for children what is appropriate, serve as desirable models of communication for children to imitate, and decrease the likelihood for children to respond with defensiveness or resistance. For example:

“It’s time to put the blocks away.” Rather than: “Don’t leave the blocks on the floor.”

“Turn the pages gently.” Rather than: “Don’t be rough with that book.”

4. Focus on the Behaviour, Rather Than on the Child

Messages which focus on “You always . . .” or “You never . . .” may be perceived by a child as attacking and critical. They tend to produce feelings of guilt and shame and can ultimately result in lowering a child’s self-esteem. When caregivers focus on a child’s behaviour, rather than on a child’s character, they preserve a child’s integrity and offer positive guidance for learning. For example:

“When you grab the truck, it makes Sam angry.” Rather than: “You should be ashamed of yourself for grabbing the truck.”

“It’s not safe to climb on tables.” Rather than: “You naughty boy.”

5. State What is Expected, Rather Than Pose Questions

In matters of routines, limits, and expected behaviours, it is important to state, rather than to ask. Posing questions implies that the child has a choice. While there are many opportunities for children to make choices, offer these options only when they are appropriate. When there is not a choice, make a clear statement of what is expected. For example:

“It’s time to tidy up now.” Rather than: “Do you want to tidy up?”

“Your mommy is here. It’s time to go home.” Rather than: “Do you want to go home now?”



6. Provide Choices

Providing choices is also a valid prevention strategy for young children which often avoids power struggles. For example:

“Do you want to put your pants on first, or your shirt?” Rather than: “Get dressed now.”

7. Allow Time for Children to Respond to Expectations

Children react more favourably when they are offered cues and warnings. This helps them to anticipate or prepare for change. Instead of demanding immediate results, parents and caregivers should be prepared to give children time to respond. For example:

“In five minutes, it will be time to clean up.” Rather than: “Get that cleaned up now.”

“When everyone is sitting quietly, then I will begin the story.” Rather than: “If you don’t sit down there won’t be a story.”

8. Reinforce Appropriate Behaviour, With Both Words and Gestures

When children are doing well, it is important to acknowledge this through words or gestures. Positive reinforcement helps children build self-confidence and encourages them to repeat desired behaviours. In using this strategy, adults should again take care to focus on the specific behaviour, rather than on the child. For example:

“Thank you for taking turns with Kathy. That’s called being kind.” Rather than: “You good girl.”

“When you tidy up, it makes our room safe.” Rather than: “You’re my best helper.”

“You look really proud of your work.” Rather than: “I’m so proud of you.”

9. Ignore Minor Incidents

Adults who work with young children need to develop tolerance for a certain amount of noise, clutter, and attention seeking behaviour. As long as children’s activities are not infringing on the rights of others, it is often best to “take a breath,” rather than to speak.



10. Encourage Children to Use You as a Resource

Children feel a greater sense of comfort and trust when they know that the caregiver or parent is there to protect, guide, and help them. When children learn that the adult is willing to listen and respond in a fair and supportive manner, their security and control increases. For example:

“If you’re not sure what to do, ask, and I’ll help you.” Rather than: “That’s hard for you, so I’ll do it.”

“I’ll stand beside you while you ask Carlos if you can join in.” Rather than: “Don’t be silly, talk to Carlos yourself.”

11. Be Alert

When adults observe children in their activities, they are in a better position to anticipate potential difficulties and step in to prevent problems.

12. Proximity

Often it is necessary to stay close by when younger children are still learning to play together.

Guidance Strategies: Intervention

While the preceding strategies will help to create a positive climate and minimize behaviour problems, there will inevitably be occurrences of inappropriate behaviour. At these times, adults will need to intervene. The following intervention strategies, or a combination of these strategies, will help ensure that guidance is supportive, rather than punitive.

1. Gain a Child’s Attention in a Respectful Way

Apart from situations where physical danger is imminent, adults should approach children individually, state their name, get down to the child’s eye level, and use a calm, controlled voice.

2. Use Proximity and Touch

In situations where children may be losing self-control, the closeness of an adult can often help calm them. Simply moving close to a child, moving between two children or putting an arm around a child can serve as effective guidance and intervention. This may be a helpful strategy when dealing with biting, hitting, pinching, kicking, or thrashing.



3. Remind

To clarify and reinforce limits, simple reminders are helpful to young children. In general, toddlers and preschoolers have a short attention span and can become easily distracted when engaged in activities. Caregivers must be prepared to remind often. For example:

"The bikes stay on the bike paths." "Sand stays down."

4. Acknowledge Feelings

Before Setting Limits In order that children perceive adult guidance as supportive, it is important for them to know that their feelings are recognized and understood. When limits are preceded by an acknowledgement of feelings, children will be less likely to respond in a negative way. For example:

"You look really angry. I cannot let you hurt Scott." "It's hard to wait for your turn. The rule is that we line up for the slide."

With toddlers, often just acknowledging the feeling is enough. Their short attention span needs to be taken into account.

5. Redirect or Divert When Appropriate

This can be an effective strategy with children whose attention span and verbal abilities are limited. With upset toddlers or very young preschoolers, offering a substitute toy or engaging them in some other activity may quickly resolve problems or conflicts. As children mature, however, this strategy is less desirable, since it "sidesteps" children's involvement in problem solving and does not help them learn alternate approaches to situations.

Redirecting or diverting involves changing the circumstances that are causing unwanted behaviour. When adults redirect children's activity, they assume responsibility for solving a problem which children have been unable to resolve through other guidance strategies. As much as possible, children should be redirected towards activities that are in line with their needs. For example:

"I can see you really need to be outside. Let's get our coats."



6. Model Problem-Solving Skills

When children face discouraging or frustrating situations, it is natural for them to lose control. As parents and caregivers anticipate this, they can offer verbal and/or physical assistance which models problem solving. The following steps could be used in such situations:

- a) A starting point in providing coping skills is to acknowledge the problem. For example:
"I can see there is a problem. Tim has the bike, and you want it." "It's frustrating when the blocks won't balance."
- b) Following a statement of the problem, it may be appropriate to pose helpful questions. For example:
"Have you asked Tim to give you the bike when he's finished?" "What would happen if you put the big block on the bottom?"
- c) If further guidance is necessary, state a solution or physically demonstrate. For example:
"Tell Tim that you would like to use the bike when his turn is over." "Put the biggest block on the bottom, like this."
- d) When a situation has been resolved, it is helpful to summarize for older children. For example:
"Next time, you can try to remember how we solved the problem." "You thought you couldn't do it, but now you've learned that you can."

The intent of modeling a problem-solving approach is to provide resources for overcoming obstacles to success. Whether the problem relates to working with materials or interacting with others, following the steps of problem solving helps children learn the process involved. As children become more familiar and experienced with this process, they can be encouraged to generate suggestions or alternatives of their own.

7. Offer Appropriate Choices

When clarifying expectations or reinforcing limits, caregivers can offer a simple choice. The choice should be posed in a non-threatening and non-punitive way. For example:

"You can sit quietly at the circle, or you can choose a quiet activity like a puzzle. You decide." "Do you want to wait there for your turn, or do you want to find something else to do?"



8. Use Natural and Logical Consequences

A statement of natural consequences simply clarifies the inevitable or unavoidable outcome of a behaviour. For example:

"When you forget to put your picture on the shelf, it's difficult to find it when it's time to go home."

A statement of logical consequence clarifies an adult-arranged outcome of a behaviour. For example:

"Yes, I can see that the paint spilled. Here is a sponge for wiping it up."

9. Limit the Use of Equipment

Redirecting often goes hand in hand with removing a piece of equipment from a child's play options. This strategy should be used sparingly and only when other strategies have proven unsuccessful. For example:

"Since you are having a hard time playing gently on the piano, I'm going to close it now."

"The climbing frame is 'off limits' now because the climbers are using it in an unsafe way."

10. Provide Opportunities for Children to Make Amends

Rather than demand a superficial apology, adults should offer genuine opportunities for children to restore relationships after an incident of hurt or harm. While children may not be immediately ready to "take" these opportunities, they should be suggested nonetheless. Ultimately, the goal of this strategy is to help children learn that making amends requires time and goodwill, rather than revenge. For example:

"Sharon doesn't feel ready to play with you yet, because she's still upset. Let's give her a little time."

"Maybe you could help by getting Michael a kleenex while I get a band-aid. No? Okay, maybe you just feel like being alone for a while."



E. Challenging Behaviours: Intervention

1. Redirection

This can be an effective strategy for all ages of children. With upset toddlers or preschoolers, offering a substitute toy or engaging them in some other activity may quickly resolve problems or conflicts. As children mature, this strategy enables them to recognize their own emotions and behaviours and to redirect themselves away from an over stimulating situation, activity or location before inappropriate behaviours occur or escalate.

When children are guided to develop impulse control and redirect themselves to an area that helps them to “feel better”; they are able to interact cooperatively again in shared settings. Self directed environments should be anywhere that a child can begin to “feel good” again.

2. Holding

No matter what age of children you work with, holding should only be used for safety reasons and a behaviour plan needs to be in place. Where a child’s loss of control and the ability to reason causes him or her to become a safety hazard to him/herself or others, a caregiver may assist the child in re-establishing control through this technique as a last resort.

The intent of this strategy is to soothe the child and to keep them and others safe until self control is regained. A calm and controlled attitude of the adult is critical in ensuring that this strategy is supportive, not punitive.

3. Time Away

Time away can show children that being redirected from an over stimulating environment to a more calming area allows them to manage their own behaviours before inappropriate behaviours occur or escalate. The intent of time away is to provide children with opportunities to develop self direction and to become aware of when they are becoming anxious or agitated.

Unpredictable behaviours occur when children feel powerless and out of control. When children have determined where they would like to spend time to “feel better” and to regain control of their emotional and physical state, invite them to determine when they are ready to participate in activities with the group again – time in.



Children learn self control when they feel encouraged, when they feel they belong and feel valued, and when they feel they have power in their lives. Some examples of environments where children can feel better are:

- a) A pillow corner with books, stuffies and music head sets
- b) A container filled with foam chips and surrounded with books and gentle sounds of nature (i.e. head sets of whale sounds, wind storms, etc.)
- c) A loft above a play centre with pillows, blankets, books and music.

Summary

In most instances of guidance and discipline, adults are encouraged to combine approaches or use a variety of strategies as they respond to children's behaviour. For example, if a child seems reluctant to eat, the adult might say:

"I know you're not very hungry, but I want you to try a little bit." (Acknowledge feelings before setting limits.)

If the child continues to resist, the adult might say: "You can eat half your sandwich or half your yogurt. You decide." (Offer appropriate choices.)

If the child refuses to eat at this point, the adult might say: "I can see you're not interested in your lunch. Maybe you'll feel hungry for it at snack time. You can pack it up now and start to get ready for a nap." (Use logical consequences and redirect.)

It is important to remember that no one strategy will be effective in every situation, or with every child. At different levels of development, strategies must vary. However, the more options for guidance and discipline that caregivers have to choose from, the more successful they will be in meeting the challenge of living and working with young children.



Quiz – Positive Discipline

One way to manage big emotions is

- ☐ A – by taking it out on another person
- ☐ B – by taking 3 deep breaths
- ☐ C – counting 1 to 10
- ☐ D – by blaming others

Asking for help is ok

- ☐ A – True
- ☐ B – False

Hurting others is ok

- ☐ A – True
- ☐ B – False

Calm down activities include

- ☐ A – alone time
- ☐ B – playing with rice, sand or other textured materials
- ☐ C – yelling at others
- ☐ D – eating



Calming Children Down

How to Manage Big Emotions

1. Remind myself that it is never okay to hurt others.

It is important to set clear guidelines about what is acceptable and what is not. In our house, we are not allowed to hurt or be destructive to others or their property. That includes hurting others with our words.

2. Take 3 deep breaths or count slowly to 10.

Helping children to understand that these big feelings are completely normal but it is their reaction and actions as a result of those feelings that can hurt others (and ultimately, ourselves), is an important part of the calm down plan. Taking a few deep breaths or slowly counting to ten gives the child time to recognise their body's warning signs – whether they be a tense body, clenched teeth or racing heart. When making a plan, talk with your child about how their body feels when they are angry or frustrated and then introduce the idea of taking a few breaths to compose themselves and to form a better course of action then striking out at another person.

3. Use my words to say how I feel and what I wish would happen.

Acknowledging the big feelings recognizes that these feelings are legitimate and important and saying what they wish would happen helps to open a problem solving conversation. Of course, what they wish would happen won't always be an acceptable solution for all parties, and this can often be a difficult lesson for children to learn (and virtually impossible for very young children to learn) and they will often need support to work out a more peaceful solution, especially when they are used to striking out when they feel big emotions.

4. Ask for help to solve the problem.

As an adult I often find talking through a problem really helps me to process it, and children will often need support as they learn to problem solve and find solutions in social situations. Let your child know that it is okay to ask for help when they don't feel that they can solve the problem and keep these important channels of communication open, so that one day when they are working on much bigger problems than a spat with a sibling or frustration with a friend, they feel that they can always come to you for help.



5. Take the time I need to calm down.

Let your child know that sometimes they just won't feel that the solution proposed is enough and that they may still feel angry or upset even having worked through each of the above steps, and that in these situations it is often better to walk away or to find another safe way to diffuse those feelings. Next week I will share a range of cool down strategies that children can use to help work through these lingering emotions or to distract themselves from the situation. As an adult, it is important to remember that this step is not about isolating the child but about giving them space if they want it, or going to them and supporting them through this final step if they need it.



Quiz – Calming Children Down

One way to manage big emotions is

- ☐ A – by taking it out on another person
- ☐ B – by taking 3 deep breaths
- ☐ C – counting 1 to 10
- ☐ D – by blaming others

Asking for help is ok

- ☐ A – True
- ☐ B – False

Hurting others is ok

- ☐ A – True
- ☐ B – False

Calm down activities include

- ☐ A – alone time
- ☐ B – playing with rice, sand or other textured materials
- ☐ C – yelling at others
- ☐ D – eating



98 Ways to Say “Very Good”

Positive Guidance Statements

One you've got it made!

You're on the right track now

You are very good at that

I'm happy to see you working like that

You're doing a good job!

That's the best you've ever done!

I knew you could do it

Now you figured it out

Now you have it!

Great

Keep working, you're getting better

You make it look easy

That's the right way to do it

You're getting better everyday

You're really growing up

That's right!

That's good

When I'm with you I feel like singing

Good work

I'm proud of the way you worked today

You're really working hard today

You've just about got it

That's it!

Congratulations

That's quite an improvement

You are doing that much better today

I'm sure happy you're my son

You are learning fast

Good for you!

Couldn't have done it better myself



Nice going

Sensational

That's the way to do it

That's better

Best yet!

Perfect

You're really going to town!

Terrific

Much better

You've just about mastered it

Outstanding!

You did that very well

Fantastic

You are really improving

Superb

Keep it up

You've got that down pat

Tremendous

You really make being a parent fun

One more time and you'll have it

You did it that time!

That's the way

Super duper

You haven't missed a thing

Keep up the good work

Nothing can stop you now!

Excellent

That's the best ever

Fine

Wonderful

That's better than ever!

I appreciate your hard work

Now that's what I call a fine job

You must have been practicing

You're doing beautifully

Right on!



Good thinking!

Keep on trying

I've never seen anyone do it better

I like that

I'm very proud of you

I think you've got it now

You figured that out fast

That's really nice

You're right!

Clever

That's great

Way to go!

Now you have the hang of it

You've done a great job

Congratulations you got it right

You are beautiful

Good remembering

You did a lot of work today

You certainly did well today

You're doing fine

You're really learning a lot

You outdid yourself today!

Splendid

Good going

Marvellous

You're doing the best you can

Good job

You remembered!

That gives me a Happy feeling

Well look at you go

Dynamite



Your Child's Feelings

Even before they learn and understand language, children feel emotions. They can tell if you are happy and relaxed or tense and upset. They are aware of the people's emotions expressed around them and the environment in which they live. Children have the same feelings as adults. They may not know the words angry, sad, happy or scared but they will experience these feelings.

Value children

You are your child's mirror - they will value themselves in direct relationship to how you value them. It is very important to show your child that you love them all the time, even when you get angry with them.

Let your child know you love them by smiling, touching, talking, listening, watching and being there and taking care of them.

If you are feeling angry or sad talk to your child and tell them why. Your child may feel your emotions and think they are the cause. Own your own feelings and say these are temporary.

Notice Cues that Say Distress

You cannot spoil a baby with too much attention. Do not ignore distress cues that tell you when your baby is hurt, sick, afraid or lonely. Researchers tell us that babies whose cries are responded to right away, cry less after the first year than babies whose parents let them cry it out.

Babies can tolerate short times of mild distress such as when they are learning to sleep longer periods at night. Young children need to know they can always rely on an adult to soothe them and help them manage difficult feelings..

Challenges

Every day your child will face challenges such as developing new skills and abilities. They have to learn everything - how to crawl, walk, talk and be respectful towards others.

When learning new skills your child may experience frustration. At times they may even have tantrums. Have patience and stay calm. Your child sense of security depends on knowing they are safe, so soothe or comfort them. Once they master the new skill they will eventually become more content.

Anticipate how your child will feel in particular situations, and what you can realistically expect of them. If they have been shopping in the mall with you all day they will be exhausted and overexcited by dinner this may cause tears and tantrums.



Some suggestions to help your child include:

Try to plan your day around a routine that works for your child

Have healthy snacks activities and toys available

Try to spend some time outside each day

Communicate and explain yourself. For example - in five minutes we need to go because we need to go home and make supper.

If your child behaves aggressively look for the reasons and offer help. Keep your voice calm and be respectful and let your child tell their side of the story. "I can see how angry you feel. Please tell me why you are so angry." Being treated with respect teaches children to solve problems by talking rather than by using aggression or physical force. In clear simple language talk about behaviours and consequences as well. "If you throw sand you will have to leave."

Timeouts are also helpful for aggressive behaviour. A time out means that your child is removed from whatever they're doing for a short period of time. Timeouts work best if you do the following:

Use a time out right away

Keep time out short and let your child return to the activity or group when ready

Make timeouts a very boring, and

Do not use time outs too often

Express Feelings

Help your child express emotions. Teach your child words for their feelings so they can tell you how they feel. By giving a name to feelings and talking about your child's emotions you can help your child understand feelings like happy, sad, excited and angry. Children who are able to express their feelings and know they will get a soothing response are less likely to act out.

You can also assure your child that crying or feeling other emotions can be natural. Tears are an emotional release and sometimes children or adults just need to cry. At times it is okay to be mad or angry or hurt or frustrated as well. However it is not okay to be destructive or to hurt anyone including themselves.



Build Self-Esteem

The definition of self-esteem is belief in oneself. We know that children's ability to handle themselves and participate in the world depends on their sense of self esteem. It is very important that you create an environment to help your child self-esteem and confidence grow.

Set the Stage for Success

Help your child learn and succeed. Create an environment that makes success more possible. For example, place a stool in front of the sink so they can wash their own hands, or choose slippers that are easy for them to put on.

Let Them Do It Themselves

Plan your activities with enough time for your child to do some things for themselves. If your child asks for help you can offer support or guidance but avoid taking over. They may not do the task as well or as quickly but they will have a sense of achievement by putting on their own shoes or clothes.

Choice is Power

People need to have some power over their own lives. Children need to make age appropriate decisions. For example:

A two-year-old child can decide which shirt to wear and

A three-year-old child can decide between two options that you offer for breakfast. For example whole grain cereal with milk and a banana or toast and peanut butter with an orange.

Whenever possible allow your child to have some choice or control over their own life. They will make some mistakes but this is how most of us learn. Making good decisions as a skill which your child can develop if they practice.

Show Respect

Encourage your child to speak up and give their point of view and then carefully consider it. Children can be very creative and solve problems. Show respect and treat them with the same courtesy you expect of them. By modelling good manners you make your child feel respected and set a standard for behaviour in your home and for your family.

Children Like Routine

Children are most comfortable with routine and when they know what to expect. You can prepare your child and talk about a new experience such as the first visit to the dentist. Tell your child about changes in routine. For example "Instead of going to playschool, tomorrow you will play with Jesse."



Feelings/Emotions – Partial List

(internal sensations, without reference to thoughts, interpretations)

This list is a collaborative effort of many, and adapted from Marshall Rosenberg's original list

The following are words we use when we want to express a combination of mental states and physical sensations. This list is neither exhaustive nor definitive. It is meant as a starting place to support anyone who wishes to engage in a process of deepening self-discovery and to facilitate greater understanding and connection between people.

A. Feelings we may experience when our needs are being met

AFFECTIONATE

Compassionate
friendly
loving
openhearted
sympathetic
tender
warm

CONFIDENT

empowered
open
proud
safe
secure

ENGAGED

absorbed
alert
curious
engrossed
enchanted
entranced
fascinated
interested
intrigued
involved
spellbound
stimulated

EXCITED

amazed
animated
ardent
aroused
dazzled
eager
energetic
enthusiastic
giddy
invigorated
lively
passionate
surprised
vibrant

EXHILARATED

blissful
ecstatic
elated
enthralled
exuberant
radiant
rapturous
thrilled

GRATEFUL

appreciative
moved
thankful
touched

HOPEFUL

expectant
encouraged
optimistic

JOYFUL

amused
delighted
glad
happy
jubilant
pleased
tickled

INSPIRED

amazed
awed
wonder

PEACEFUL

calm
clearheaded
comfortable
centered
content
equanimity
fulfilled
mellow
quiet
relaxed
relieved
satisfied
serene
still
tranquil
trusting

REFRESHED

enlivened
rejuvenated
renewed
rested
restored
revived



B. Feelings we may experience when our needs are not being met

AFRAID

apprehensive
dread
foreboding
frightened
mistrustful
panicked
petrified
scared
suspicious
terrified
wary
worried

ANNOYED

aggravated
dismayed
disgruntled
displeased
exasperated
frustrated
impatient
irritated
irked

ANGRY

angry
enraged
furious
incensed
indignant
irate
livid
outraged
resentful

AVERSION

Animosity
appalled
contempt
disgusted
dislike
hate
horrified
hostile
repulsed

CONFUSED

ambivalent
baffled
bewildered
dazed
hesitant
lost
mystified
perplexed
puzzled
torn

DISCONNECTED

alienated
aloof
apathetic
bored
cold
detached
distant
distracted
indifferent
numb
removed
withdrawn

DISQUIET

agitated
alarmed
discombobulated
disconcerted
disturbed
perturbed
rattled
restless
shocked
startled
surprised
troubled
turbulent
turmoil
uncomfortable
uneasy
unnerved
unsettled
upset

EMBARRASSED

ashamed
chagrined
flustered
mortified
self-conscious

FATIGUE

beat
burnt out
depleted
exhausted
lethargic
listless
sleepy
tired
weary
worn out

PAIN

agony
anguished
bereaved
devastated
grief
heartbroken
hurt
lonely
miserable
regretful
remorseful

SAD

depressed
dejected
despair
despondent
disappointed
discouraged
disheartened
forlorn
gloomy
heavy hearted
hopeless

melancholy
unhappy
wretched

TENSE

Anxious
cranky
distressed
distraught
edgy
fidgety
frazzled
irritable
jittery
nervous
overwhelmed
restless
stressed out

VULNERABLE

fragile
guarded
helpless
insecure
leery
reserved
sensitive
shaky

YEARNING

envious
jealous
longing
nostalgic
pining
wistful



Needs Inventory



The following list of needs is neither exhaustive nor definitive. It is meant as a starting place to support anyone who wishes to engage in a process of deepening self-discovery and to facilitate greater understanding and connection between people.

CONNECTION

acceptance
affection
appreciation
belonging
cooperation
communication
closeness
community
companionship
compassion
consideration
consistency
empathy
inclusion
intimacy
love
mutuality
nurturing
respect/self-respect

CONNECTION continued

safety
security
stability
support
to know and be known
to see and be seen
to understand and
be understood
trust
warmth

PHYSICAL WELL- BEING

air
food
movement/exercise
rest/sleep
sexual expression
safety
shelter
touch
water

HONESTY

authenticity
integrity
presence

PLAY

joy
humor

PEACE

beauty
communion
ease
equality
harmony
inspiration
order

AUTONOMY

choice
freedom
independence
space
spontaneity

MEANING

awareness
celebration of
life
challenge
clarity
competence
consciousness
contribution
creativity
discovery
efficacy
effectiveness
growth
hope
learning
mourning
participation
purpose
self-
expression
stimulation
to matter
understanding

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Quiz – Your Child’s Feelings

Children feel emotions before they learn and understand language

☐ A – True

☐ B – False

Children are aware of the emotions in people around them

☐ A – True

☐ B – False

How to let your child know they are loved

☐ A – Smiling and touching

☐ B – Talking and listening

☐ C – Watching and being there taking care of them

☐ D – All of the above



Misbehavior

4 Goals of Misbehaviour

One of the major challenges in parenting is responding to children when they misbehave. Often, parents fall into archaic patterns of disciplining their children, without realizing that they are doing more harm than good.

Yelling, spanking, and harsh consequences do not resolve behavioral problems and many times, these methods actually increase the negative behaviors! Punishment teaches children that “might makes right” and does not teach respect, cooperation, self-control, or how to make good decisions. Additionally, punishment teaches a child that they are bad.

Psychiatrist Rudolf Dreikurs theorized that all human behavior is purposeful and if we can understand the purpose of our child’s behavior, we can respond more appropriately to their needs. Children do not misbehave because they are bad children, they misbehave for a REASON. Dreikurs found there are four goals of misbehavior in children:

GOAL 1: ATTENTION – The child attempts to gain the parents’ attention to get noticed, to get their way, and/or to feel special.

EXAMPLE: Child is talking/yelling at parent while on the phone,

- **PARENT REACTION** – Annoyed. The parent will often coax, cajoles, and pay attention to the misbehavior.
- **CHILD REACTION** – The child will stop temporarily, as the parent pays attention and the purpose has been fulfilled.
- **ALTERNATIVE EFFECTIVE RESPONSES** – Ignore the behavior. Remove parent or child from the situation. Attend only to positive behavior.

GOAL 2: POWER – The child misbehaves in an attempt to win, dominate, and to be the BOSS.

EXAMPLE: Child is refusing to pick up toys, attempting to stay up late, or trying to get you to buy them a candy bar at the store.

- **PARENT REACTION** – Angry and provoked and feels challenged. Parent often wants to use force and MAKE the child obey. Additionally, parent may give in to alleviate the power struggle, make peace, and avoid embarrassment.



- **CHILD REACTION** – Argues, fights back, temper tantrum, and will temporarily stop misbehavior if parent gives in.
- **ALTERNATIVE EFFECTIVE RESPONSES** – Take the wind out of their sails. Get out of the power struggle without giving in. Remove self from the situation, take the child home, use logical consequences. Use action, not words. Remain friendly and calm and give choices.

GOAL 3: REVENGE – The child wants to display that he/she can hurt the parent as they can hurt him/her. They attempt to convey they are unloved.

EXAMPLE: Child will say hurtful things (“I hate you”), be rude, or stare hurtfully at others.

- **PARENT REACTION** – The parent will feel hurt, defeated, and a lack of respect. They will often punish the child further for disrespect.
- **CHILD REACTION** – The child will say “I hate you/I don’t love you,” in words or actions. They will accuse the parent of hurtful behavior.
- **ALTERNATIVE EFFECTIVE RESPONSES** – Use as little restraint as possible and model cooperation, love, and support to encourage cooperation. Never retaliate and help the child feel reassured.

GOAL 4: GIVING UP – The child displays they feel inadequate, there is no use in trying, and feeling as though they are “no good.”

EXAMPLE: Child will quit tasks easily or not try.

- **PARENT REACTION** – Parents often feel hopeless and will also give up on the child, exhausted from trying to get them to cooperate.
- **CHILD REACTION** – The child will then continue to give up, as there is “no use.” The child becomes passive and inactive over time.
- **ALTERNATIVE EFFECTIVE RESPONSES** – Lots and lots of encouragement. Help the child have small successes and exhibit faith in the child’s ability.

The key to determining the goal of your child’s misbehavior is to pay attention to the feelings they invoke in you, as the parent. It is important to not act on impulse when your child misbehaves, rather, try to understand the purpose behind the act and implement techniques that foster encouragement, natural and logical consequences, consistency, and structure. If you are having a difficult time understanding your child’s misbehavior, it may be helpful to meet with a psychologist or counselor. A mental health professional can aid you understanding your child’s needs and provide new ways to respond to their acting out.



4 Goals of Misbehavior

Goals (Child's Negative Approach)	What the Child is Actually Needing	How You Feel When Subjected to This Misbehavior	How Your Child May Act/Respond to Correction	Positive Ways to Respond
ATTENTION	Contact/Belonging Physical or emotional contact with other human beings.	"Would you knock it off!" <i>Annoyed; Irritated</i>	Will stop behavior but start again very soon.	Ignore behavior. Give FULL attention at other times. Act, don't talk.
POWER (Rebellion)	Power Be able to influence their environment (or at least feel a measure of control)	"You can't get away with that!" <i>Provoked; Challenged</i>	Will increase misbehavior or give in - only to fight another day.	Remove yourself from conflict. Don't fight or give in. Talk about it after a cooling off period.
REVENGE	Protection To protect himself from physical harm or from threats to his self-esteem	"How could you do this to me?" <i>Hurt; Angry</i>	Will continue to hurt you or increase misbehavior.	Refuse to be hurt. (Avoid temptation to hurt back.) Withdraw from conflict. Show love.
INADEQUACY (Avoidance)	Withdrawal Ability to withdraw, re-group, center	"What can I do?" <i>Despair; Pity</i>	Will become passive (helpless), refuse to try	Be patient. Find ways to encourage child. Build skills using baby steps



Dysfunctional Family Roles

Dysfunctional Family Role	What's on the outside	What you don't see	What they do for the family and why they play along	Without help this is very possible	What is possible with help
Hero	Perfect, can't be wrong, gets positive attention, awards, degrees	Fear of Failing, over-controlled	Family feels we are not so bad, because this person is so good. The Hero likes the extra power and attention	Workaholic, Physical Illness, Controlling, Not much fun Prideful, Shameless	Achievement oriented vs. Success Has learned to say no and not be so perfect, can get in touch with the "bad" stuff
Scapegoat	"Bad," angry, impulsive, never good enough, "Black Sheep" of family, Doesn't fit in	Hurt, rejection, full of shame, feels like a loser	Marriage is brought together to "fix" the scapegoat. Hero feels "good" because scapegoat is "bad." We can avoid our "bad" stuff by downloading it onto the scapegoat.	Addictive, trouble with law, promiscuous, "chip on shoulder," continuing to play the role in jobs and future relationships, constantly in trouble	Can learn to be good and feel good, learns to take appropriate risks, business owners, missionary types
Lost Child	Ignored, quiet, invisible, loves animals, material possessions, artistic, sometimes has learning disabilities	Frozen feelings, can't express feelings, lonely	The family feels, "at least we don't have to worry about this kid"	Doesn't share opinions, doesn't feel needed—can die early because of this	Talented and creative, can learn to participate and share wisdom that the achieve by being quieter, good listeners, feels needed and connected with time
Clown or Mascot	Funny, hysterical, anything for a laugh, cute, immature	Hides pain with humor, scared, feels inadequate	They bring comic relief to the family. Helps the family avoid issues.	Continues to build up pain, lets others tell them what to do too much, too much of a follower, never grows up	Can feel range of emotion, can use laughter in good ways, learns to take the lead more, grows up into more responsibility

Additional Notes: Sometimes Hero and Scapegoat switch roles over time. You can have two Heroes if the family has a large gap between children. It can also happen when the first two children are a boy hero and a girl hero. The healthier the family, the less these roles are written in cement. The more dysfunctional, the more difficult it is to get out of these roles. One needs to see one's own behavior, thoughts and feelings as part of the role and then step out of the role.



How to relate to a person with this love language...	COMMUNICATION	ACTION	WHAT TO AVOID
Words of Affirmation	Compliments Affirmations Kind words	Send notes or cards.	Criticism
Quality Time	One-on-one time. Not interrupting. Face-to-face conversation.	Take long walks together. Do things together. Take trips.	Long periods of being apart. More time with friends than with partner.
Receiving Gifts	Positive, fact-oriented information.	Give gifts on special occasions and also on not so special occasions.	Forgetting special days.
Acts of Service	Action words like "I can," "I will," "What else can I do?"	Helping with house and yard chores. Repair/maintenance. Acts of kindness.	Ignoring partner's requests while helping others.
Physical Touch	A lot of non-verbal. Verbal needs to be "word pictures".	Touches Hugs Pats Kisses	Physical neglect or abuse.



Learning Through Play



*"The **purpose** of life is to discover your gift. The **meaning** of life is to give your gift away."*

Learning anything, including reading, writing and math can be fun - so long as it is treated like a game.

Integrating free play time into your early childhood education programming is beneficial not only for children's development, but for improving performance in academic activities as well

Play is the work of your child. It is how they make sense of their world and learn to solve problems. Play teaches children how to handle their feelings and get along with others, while at the same time having fun. Play helps children face their fears and worries and to overcome them. Play can have a large impact on development in many areas, including social skills, language skills, and cognitive development.

When children play, they draw on their past experiences - things they have seen adults do, what they have seen on television or have read about - to create games and scenarios. Free, open-ended play offers a satisfying experience for children, allowing them to explore and discover, while at the same time developing their imagination and thinking skills.

Social Development

Playing with other children is a critical part of building social skills at an early stage. In the first years of their lives, a child's playmates will most commonly be their parents. Later, by interacting with children of the same age, kids begin to understand how to get along with others, share, and be kind rather than selfish. Learning to adjust their own play behavior to those of their peers is an essential social skill that is most effective if taught early on.

Language Skills

Through play, children create and re-create stories. Dramatic play is one of the best ways to foster a child's language skills, as they use (and break) the rules of conversation, act and speak differently as they play various roles, and use communication skills to guide their storyline. Literacy and language skills can be further developed through play by introducing language-rich elements into play, such as the creation of shopping lists, restaurant menus, or by playing school.



Cognitive Development

Play encourages children to learn, imagine and solve problems while stimulating brain development. Placing an importance on play in early childhood education can help the brain create critical neural connections. Rapid learning occurs in the first few years of a child's life, and through play, they learn essential life lessons like cause and effect, problem solving, trial and error, symbolic thinking and more.

Since play is rapidly disappearing in favour of more structured lessons, it is up to child care providers to realize the importance of play in early childhood education programming. Integrating free play time into your child care center's daily schedule is beneficial for not only the child's development, but will have the added benefit of improving performance in academic activities as well.

Fun Activities for Children

- Allow your baby time to play on their tummy
- Have dress up clothes to play make believe
- Build a fort in the living room with sheets and blankets
- Join a play group to involve your child with other children
- Play leapfrog outside
- Take turns playing follow the leader
- Play "I spy with my little eye"
- Provide an environment with many different surfaces to touch: soft, rough, smooth
- Dance, sing and laugh together
- Have an arts and crafts day and make holiday cards
- Have an indoor picnic
- Decorate for the holidays
- Play the freeze game to music, or go-go-go-stop
- Hopscotch
- Hide and seek
- Treasure hunt
- Hot potato
- Simon Says
- Bubbles
- Touch and feel bag



Quiz – Learning Through Play

Free play helps children develop

☐

A – True

☐

B – False

Time-outs help children make sense of their world and learn to solve problems

☐

A – True

☐

B – False

Play is rapidly disappearing in favour of more structured lessons

☐

A – True

☐

B – False



Storytelling

Children Learn Through Storytelling

Reading aloud and sharing stories with your child is a great way to spend time together. Reading and storytelling also helps promote language, literacy and brain development.

Why reading is important for babies and young children

Sharing stories, talking and singing every day helps your child's development in a lot of ways.

Reading and sharing stories can:

- help your child become familiar with sounds, words, language and the value of books
- spark your child's imagination, stimulate curiosity and help his brain development
- help your child learn the difference between 'real' and 'make-believe'
- help your child understand change and new or frightening events, and the strong emotions that can go along with them
- help your child develop early literacy skills like the ability to listen to and understand words.

Sharing stories with your child doesn't mean you have to read.

Just by looking at books with your child, you can be a great storyteller and a good model for using language and books. Your child will learn by watching you hold a book the right way and seeing how you move through the book by gently turning the pages.

Reading stories with children has benefits for grown-ups too. The special time you spend reading together promotes bonding and helps to build your relationship. This is important for your child's developing social and communication skills.



Storytelling and songs

Reading isn't the only way to help with your child's language and literacy development.

Telling stories, singing songs and saying rhymes together are also great activities for early literacy skills – and your child will probably have a lot of fun at the same time. Sometimes your child might enjoy these activities more than reading.

You might like to make up your own stories or share family stories. Your child will learn words and develop language skills from the songs, stories and conversations you share together.

Reading to your child in other languages

You can read, sing and tell stories with your child in whatever language you feel most comfortable speaking.

Using a language you're comfortable with helps you to communicate more easily and helps to make reading, singing and storytelling more fun for you both. Your child will still learn that words are made up of different letters, syllables and sounds, and that words usually link to the pictures on the page.

Don't worry if English isn't your child's first language. Knowing another language will actually help your child learn English when she starts playgroup, kindergarten or school.

Dual-language books are a great resource, and many children's books are published in two languages. If you speak a language other than English at home, reading dual-language books with your child might also help you become more familiar with English.

Another option is to read a book aloud in English and talk about it with your child in whatever language feels most comfortable to both of you.

If you like, you can talk about the pictures in the book instead of reading the words. Could you and your child make up a story together? Do what you can and as much as you're comfortable with.

When to read, sing and tell stories with your child

Bedtime, bath time, potty time, on the train, on the bus, in the car, in the park, in the pram, in the cot, when you're in the GP's waiting room ... any time is a good time for a story! You can make books part of your daily routine – take them with you to share and enjoy everywhere.



Knowing when to stop can be just as important as finding the time to share a story in the first place. Pay attention to your child's reaction to the story, and stop if he's not enjoying it this time. You can always try a book, song or story at another time.

If you don't have a book or can't make up a story on the spot, don't worry. There are many other ways you and your child can share letters, words and pictures. For example, you can look at:

- packages at home or in the supermarket, especially food packaging
- clothing – what does it say on the t-shirt? What colour is it?
- letters and notes – what do they say? Who sent them?
- signs or posters in shops, or on buses and trains – point out signs that have the same letters as your child's name
- menus – these can be fun for older children to look at and work out what they want to eat.

You could also check out our storytelling videos. Let storyteller Anne E. Stewart introduce you and your child to 'Mook Mook the Owl', 'The Crocodile', 'The Old Lady and The Mosquito' and 'How the Years were Named for the Animals'.

Tips for sharing books with babies and young children

- Make a routine and try to share at least one book every day. A reading chair where you're both comfortable can become part of your reading routine.
- Turn off the TV or radio, and find a quiet place to read so your child can hear your voice.
- Hold your child close or on your knee while you read, so she can see your face and the book.
- Try out funny noises and sounds – play and have fun!
- Involve your child by encouraging talk about the pictures, and by repeating familiar words and phrases.
- Let your toddler choose the books when he's old enough to start asking – and be prepared to read his favourite books over and over again!

If you have older children, they can share books with your younger children, or you can all read together. Taking turns, asking questions and listening to the answers are all important skills that will help your child when she starts learning to read.

Even reading for a few minutes at a time is effective – you don't always have to finish the book. As children grow, they're typically able to listen for longer.



What sort of books to read with your child

There are so many books to choose from that it can be hard to know where to start. As a broad rule, young children often enjoy books, songs and stories that have good rhyme, rhythm and repetition. In fact, one of the ways that children learn is through repetition and rhyme.

Choose books that are the right length for your child and that match your child's changing interests.

For a guide to what might suit your child, you might like to look at the following articles:

- [Reading with babies from birth](#)
- [Reading with babies from 12 months](#)
- [Reading with toddlers](#)
- [Reading with preschoolers.](#)

You can also vary the books you read. Picture books, magazines, instruction manuals, TV guides and letters can all be interesting and engaging for your child. Arranging book swaps with friends, or at your parent group or early childhood centre, can be a good way to try new books without much expense.

Using your local library

Libraries have a lot to offer. Getting to know your local library can be a part of learning about and loving books.

You can borrow great children's books for free from your local library. This means you can have lots of books in your home for your child to explore – and it won't cost you a cent.

Taking your child to the library and letting him choose his own books can be a fun adventure. You can talk about and plan your trip to the library with your child, and get excited together. You could ask your child, for example:

- How many books will you choose?
- How many books can you find by your favourite author?
- Will you borrow books that have animals in them?
- Do you have a favourite book you'd like to borrow again?
- How many days will it be before we go to the library again?

Libraries also offer story times and activities for young children. Going along to these sessions is a way to help your child get familiar with the library, have fun and enjoy books and stories.



Quiz – Storytelling

Storytelling helps children learn the difference between real and “make believe”

☐ A – True

☐ B – False

Storytelling benefits grown-ups by promoting bonding and building relationships with children

☐ A – True

☐ B – False

Story times at the library are a great way for children to learn about books

☐ A – True

☐ B – False



Screen Time for Children

Being a parent of this generation is very challenging. Unlike before, children today are born in a world dominated by different kinds of technologies – smartphones, tablets, mobile devices, TV, and computers, among others. It is inevitable for these children to be exposed to technology. Supposedly, they are created to make learning for children much easier and interactive. However, these technologies have been abused. Parents also fail to regulate their children's use of gadgets.

According to ParticipACTION, Canadian children spend an average of 7.5 hours in front of screens every day. Too much screen time for children has a lot of negative effects. Children may experience sleep deprivation, attention problems, obesity, and decreased social interaction.

In this article, we will teach you how to regulate your children's exposure to screens:

Always communicate with your children

Children may be overly attached to your television or their mobile devices. You may lose time talking to them, asking them about their day. The lack of communication affects your relationship. It is important that you spend time communicating with them.

Encourage them to learn new things

It is healthy to keep your children busy. Instead of sitting the whole day watching TV or playing video games, encourage them to unleash their skills and expand their knowledge on certain things. For example, you can send them to music classes, dance school, self-defense training, or anything they are interested in.

Keep them physically active

Another way of keeping them busy is to expose them to various sports. This will help them enhance their sensorimotor and visual-motor skills. Plus, playing sports is the best way to keep them healthy.

Set a limit on screen time

It's alright for children to watch television. But it should be your responsibility to regulate their screen time. Select shows that are appropriate for children. You can also limit their screen time from one to two hours maximum. Also, it is best if you accompany them while they are watching TV. This does not only apply to TV but also includes smartphones and mobile devices.



Let them sleep on time

Make it a habit for them to sleep early. Also, avoid putting a television in their room. Keep smartphones, tablets, and other mobile devices away from them during the night. As mentioned earlier, screens emit blue lights that inhibit the sleeplessness of a person.

Check the apps

With the internet at home or anywhere, your children can download any application they want. You need to regularly check their tablets or smartphones. Evaluate the apps on their devices. Uninstall apps that promote violence and has sexual content. At an early age, they should be playing with educational apps.

Use technology to regulate technology

There are various technologies that can help you regulate your children's exposure to technology. There is a device that allows you to automatically turn off all appliances, even the Wi-Fi router. Moreover, install software that regulates your children's access to unhealthy content on the web.

Screen Time and the Young Child

Screen time is anytime in front of the screen. Some examples are TVs, movies, computer games, videos and handheld devices such as smartphones and tablets.

Facts about screen time and the young child:

- Children learn best through real life experience - seeing, touching, hearing and smelling They do not learn as well from screens because they can only hear and see them.
- Children need to move and play in order to be healthy. Screen time may keep children from moving and playing.
- Children learn language best from hearing their parents talk.
- When the screen is on parents talk less to their children and children may not hear their parents talking.
- Background noise from screens may distract children from focusing on activities eg - family meals and story time.
- Children may focus on lights and sounds of a screen but not on the content.
- Food advertisements aimed at children advertise foods that are often not healthy.



Screen Time Recommendations

The Canadian Pediatric Society recommends:

- Under 2 years to avoid screen time
- 2 - 5 years no more than one hour per day

What can parents and caregivers do?

- Do screen time together. Talk about what you see and hear on the screen and connect those ideas to your child's everyday experiences.
- Make a screen time plan with your family.
- Be aware of your own screen time use.
- Choose shows and screen time content carefully. Content should be slower paced, at your child's age level, with positive messages about everyday themes.
- Make screen-free zones eg - kitchen table, bedroom.

Parents and caregivers sometimes need a break. It's okay for your child to have quiet time in a screen-free place.

Children do not need screens on for entertainment or calming down.

Take time every day to play with your child, even for short periods. Let your child choose a play activity. For example, building blocks.

Find other activities to enjoy with your child:

- Move with your child every day - ride a bike, walk, throw a ball
- Play with your child - sing songs, read books, play with toys and games.
- Involve your child in daily activities - cook, do laundry, set the table
- Enjoy community activities together. Go to the library, join the music group, play in the park.



Tips to Help Keep Your Child Safe Online

Helpful tools and advice you can use to keep your child safe when they use the internet at home, at a friend's house or at school.

The internet is great for learning, sharing, connecting and creating. So try and balance how you guide your child on online safety with an understanding of why they want to use it. You don't want your child to feel they can't come to you if they encounter a problem online.

Set rules and agree boundaries as a family.

Set boundaries for how long your child can spend online and what they can watch.

Agree to this as a family so that access to devices can be shared fairly.

Remember there are tools that can help you manage and monitor access and use across all devices.

Talk about online safety and get involved:

- Have conversations about online safety little and often and build it into other conversations.
- Ask questions about what they do online, such as what sites they visit and who they talk to.
- Make the use of the internet a family activity.
- Remember to share these rules with babysitters, child-minders and other family members.
- Talk to other parents about internet use such as what they do and don't allow.

Know who your children are talking to.

- Tell your child that strangers can pop up anywhere online email instant messenger social networking sites or online.
- Your child may feel they know someone well even if they've only played a game with them online. So remember to talk to them about what they share with people they only met online.
- Discuss boundaries and say you'd like to be friends on social networks initially.
- Understand the games they play.
- Ensure your child knows what to do if someone they don't know contacts them. Eg - ask you for advice.
- Show your child how to report abuse and how to block people on the websites they use.



Check age ratings of games, online movies and websites.

- Use parental and privacy controls.
- Check the privacy settings on social media and websites.
- Adjust parental controls to suit your child's age and maturity.
- Make sure you always log out of your online accounts

Lesson Activator

Get up and move around!

Find a new study spot - either change seats or move to another table.

While standing, practice some of the "98 Ways to Say Very Good" statements out loud.

March on the spot.

Call a friend and share what you have learned in this lesson.

Now you are ready to move onto the next section!



Bullying

What is Bullying?

Bullying is a relationship problem. It requires relationship solutions.

Bullying is mean behaviour that happens over, and over again. Bullying is done on purpose. A person who bullies wants to hurt the other person. The person who bullies has more power. He or she might be older, bigger, more popular, or stronger than the person who gets bullied. Sometimes a group of children will get together to bully another child.

Creating a bullying free environment in our communities is an important task for care providers and parents. Every child has the right to feel safe, engage in enriching experiences and participate in on-going secure social interactions without encountering acts of bullying.

A common misconception is that bullying behaviours begin in middle childhood or adolescence. Research tells us that negative patterns of behavior that can lead to bullying may be identified as early as the preschool years and, in some cases even toddlers. If these behaviours are left unchallenged by significant adults, children learn poor social skills that they will carry with them their whole lifetime.

Bullying is not a behavior that children grow out of. Behavioural outcomes of children who bully can lead to delinquency and criminality, moral disengagement, and anti-social behavior. Victims from this negative behavior suffer from a number of consequences including isolation, depression, and in the most severe cases, suicide. Evidence shows that bullying is very common among both boys and girls.

It is natural for children to be aggressive sometimes. An aggressive action once in a while does not mean that a child is a bully or a victim of bullying. But when a child hits, kicks, or pushes others frequently, or is repeatedly picked on by others, it is a worry. Bullying occurs when an individual or a group is repeatedly aggressive towards others.



Different Types of Bullying

Physical Bullying

- pushing, hitting, or kicking someone
- throwing things at someone
- taking or breaking someone's things
- making fun of people
- calling someone mean names
- teasing someone in a mean way
- threatening to harm someone

Social Bullying

- spreading rumours
- breaking up friendships
- leaving someone out on purpose
- telling people not to be friends with someone

Cyber Bullying

- taking pictures of someone without asking and posting them on the internet
- sending mean instant messages, e-mails, or text messages
- posting mean messages on social networking sites
- creating a website that makes fun of someone

Racial / Ethnic Bullying

- treating people badly because of their racial or ethnic background
- saying bad things about a cultural background
- calling someone racist names
- telling racist jokes



Sexual Bullying

- leaving someone out, treating them badly, or making them feel uncomfortable because they are a boy or girl
- making sexist comments
- touching, pinching, or grabbing someone in a sexual way
- making crude comments about someone's sexual behaviour
- spreading sexual rumours
- calling someone mean names because of their sexual orientation

Signs and Symptoms of Bullying

Children who are bullied often show a change in behaviour and/or emotions:

- not wanting to go to school
- not wanting to participate in extra-curricular activities
- anxious, fearful, over-reactive
- low self-esteem
- threatens to hurt himself/herself or others
- lower interest and performance in school
- loses things, needs money, reports being hungry after school
- injuries, bruising, damaged clothing, broken things
- unhappy, irritable, little interest in activities
- headaches and stomach aches
- trouble sleeping, nightmares, bedwetting



Children who bully may show signs that they are using power aggressively:

- little concern for others' feelings
- does not recognize impact of his/her behaviour on others
- aggressive with siblings, parents, teachers, friends, and animals
- bossy and manipulative to get own way
- possesses unexplained objects and/or extra money
- secretive about possessions, activities, and whereabouts
- holds a positive attitude towards aggression
- easily frustrated and quick to anger

Causes and Risk Factors

Children Who Are Bullied

Children who are bullied may have few friends. Sometimes they have overprotective or restrictive parents. Children who are repeatedly bullied can become trapped in abusive relationships. They need help shifting the power dynamics so they can be safe.

Children Who Bully

Children who bully others often experience power and aggression from those close to them. They learn to use power and aggression to control others. These children tend to have the following in common:

- Parents may show power and aggression by yelling, hitting, or rejecting the child.
- Parents may show power and aggression with each other.
- Siblings may bully the child at home.
- The child may have friends who bully and are aggressive.
- The child may have trouble standing up to peer pressure.
- Teachers or coaches may show power and aggression by yelling, excluding, or rejecting.



Prevention of Bullying

We help prevent bullying when we teach pro-social behavior. This includes behavior that is kind, helpful, cooperative, and respectful. Children develop positive relationships with each other when there is:

- ✓ Positive Self-Esteem Feeling good about who you are, having a strong sense of belonging and feeling confident in your relationships with others.
- ✓ Empathy Understanding and caring about the feelings of others. Recognizing the basic emotions in themselves and others. Children can learn to recognize similarities and differences and understand that unkindness hurts. Children who bully are often not able to recognize and care about the feelings of others.
- ✓ Critical Thinking Be able to tell the difference between fair and unfair words and actions, and know what actions can help solve problems.
- ✓ An Ability to Take Action Knowing what to do when you see something unfair. Most bullying happens in front of children who are not directly involved. When young children see something unfair and take action, they reduce the power of the bully.

Activities that Promote Pro-Social Behaviour

To Develop a Strong Sense of Self

- Identify own physical features during group activity
- Make a chart showing the diversity of features in the group
- Sing hello songs in different languages
- Invite families to include family traditions during times of celebrations

To Develop Empathy

- Talk to children about feelings, their own feelings and the feelings of others
- Help children identify ways in which people are the same and how people are different. ie – sizes, skin colours, types of food and traditions. Emphasize ways that we are also the same.
- Focus on everyday experiences from the perspective of children and their families

To Think Critically

- Help children explore how they might respond to people who are different
- Talk to children about issues that come up and ask, “Is it ok to exclude others from the group because they are different?” “How do you think they feel?” “How would you feel?”
- Read books such as This is Our House, That Toad is Mine, or I Miss Franklin P. Shuckles. These stories offer opportunities for children to talk about these issues.

To Take Action

- Talk to children about what they can do when they see something that is not fair. Read stories like “Is it Right to Fight?”
- Talk to children about conflict resolution and how to solve problems in ways that are fair for everyone.
- During any story that you are reading you facilitate discussion about fair and not fair.



How You Can Help

Remain calm and supportive. Trust your child and listen carefully to what they have to say.

Children who are bullied need to be encouraged to report bullying. Adults must show that they want to know about the child's experiences. It is the adult's job to make the bullying stop.

Children who are bullied need to be protected from those who are bullying them. They also need protection from the peers who support the bully by watching and joining in.

It may help to teach these children how to anticipate when bullying might occur. Then they can rehearse ways to address and avoid such situations. They should be given opportunities to make new friendships. Having one friend can really help.

They need to receive support from their parents, teachers, other adults in their lives, and their peers.

Ways to Help the Child Who Bullies

Children who bully need to learn how to:

- use their power in positive ways
- build positive relationships
- stay cool when having a problem
- think of how the other person feels
- remember expectations

They need consistent messages and supportive interventions from their parents, teachers, and the other adults in their lives.

Ways to Help Children Who See Bullying

Children who see bullying without intervening or reporting it may not realize the role they play in making bullying worse. They need to be taught to intervene when they see bullying if it is safe to do so. They should be encouraged to report all bullying incidents to a trusted adult.



What to Do if You are Bullied

- Tell your parents and an adult at school.
- Be assertive: Stand up to the student doing the bullying. Tell the child to stop bullying. It's not fair!
- Do not be aggressive: Do not fight back as this can make the bullying worse. Children who fight back tend to experience prolonged and more severe bullying.

What to Do if You See Bullying

- Tell your parents and an adult at school.
- Help the student being bullied.
- Get someone to help you stop the bullying.
- Stand up to the student doing the bullying if you feel safe. Tell the child to stop bullying.

Key Points

- Bullying is a problem with how children relate to each other. All children involved need support in learning how to have positive relationships.
- Children who bully learn to use power and aggression to control others.
- Children who see bullying without reporting it may not know that they are helping to make the bullying worse.
- Adults need to encourage children who are bullied, and children who see bullying, to report it.
- Children who are bullied should be assertive and tell the bully to stop. They should not fight back because this can lead to more severe bullying.
- All adults involved with children are responsible for their safety. Children involved in bullying in any role are not safe. They need support to build positive skills and healthy relationships.



Good adult supervision is important to prevent bullying. Adults must be available to step in when a child needs help. Sometimes children learn bullying from other children. They might see that aggression sometimes gets others their own way and want to "try it out." Sometimes they might think they need to be aggressive to fit in with their friends.

- Help children feel valued and self-confident
- Show children that the world is a positive place
- Help children identify their own feelings in appropriate ways
- Let children know when they are behaving in socially acceptable ways
- Correct children's behaviour if they act aggressively towards others
- Make sure an adult is ready to step in when a child needs help.



Quiz – Bullying

Bullying is a behavior that children grow out of

☐ A – True

☐ B – False

Bullying can lead to delinquency, criminality, moral disengagement and anti-social behavior.

☐ A – True

☐ B - False

Bullying is very common among both boys and girls

☐ A – True

☐ B – False

Victims of bullying can suffer from isolation, depression, and even suicide.

☐ A – True

☐ B – False



It is considered bullying if a child occasionally picks on another child.

☐ A – True

☐ B – False

How many kinds of bullying are there?

☐ A – 2

☐ B – 3

☐ C – 4

☐ D – 5



Tips on Discipline

What is Discipline?

Discipline is about changing your child's behaviour. Discipline is not about punishing children. It is not about forcing them to obey and follow directions. Discipline helps children learn to set limits. It helps them learn self-discipline. Fair and healthy discipline can help your child become an emotionally and socially mature adult.

Positive discipline is based on trust, love, support, and respect. It is appropriate to the child's age and developmental stage.

The Trouble with Spanking

Discipline means to teach knowledge or skill. In our society, discipline is often linked with punishment. You may have been spanked as a child. Some cultures support spanking. Yet, the [Canadian Paediatric Society](#) (CPS) strongly discourages spanking and other forms of physical punishment. The CPS believes that spanking results in negative child outcomes. Spanking can lead to feelings of shame. It can cause loss of trust.

When to Use Discipline

Raising a child requires patience. Certain stages of development require a more focused discipline approach. Mealtimes, toilet training, and bedtime require creative methods of discipline.

Effective discipline means to teach your children with mutual respect. It should be done in a firm, fair, reasonable, and consistent manner. Raising children can be stressful. Parents might need to take their own "time-outs" so as to not lose their tempers.

Positive Reinforcement

Positive reinforcement is a very effective type of discipline. It may be more effective than punishment. Positive reinforcement can be enjoyable for parent and child.

Positive reinforcement is used to encourage wanted behaviour. If you find your child acting appropriately, take notice. Praise him for it. The praise for good behaviour is positive reinforcement. It may encourage good behaviour in the future. On the other hand, punishment acknowledges negative behaviour.

Sometimes punishment is necessary. However, excessive punishment can make your child feel more anxious, helpless, or angry.



Positive Guidance Examples

Learning to use positive guidance takes a lot of practice and awareness of how we speak to children. Here are some examples to practice, of positive statements in place of the negative ones.

Negative

- Don't chew with your mouth open.
- Stop picking up the baby.
- Don't throw sand.
- Stop banging the door.
- Quit hitting him.
- No! Don't climb up there.
- Don't spill your milk.
- Don't draw on the table.
- No, you can't have a cookie.
- Stop whining.
- Don't stand up when you slide.
- Don't stand on the swing.
- You'll fall if you don't watch out.
- Don't jump off the box.
- Don't play with the stick.
- Don't tear the book.
- Don't shout.
- Be careful, you might fall.
- Be careful, the swing might hit you.
- Don't bother the other children.

Positive

- We keep our mouth closed when we chew.
- Let the baby play on the floor.
- Keep the sand in the sand table.
- Keep the door open/closed.
- Let's keep our hands to ourselves.
- We need to keep our feet on the floor.
- Hang onto your cup with two hands.
- Make a picture on the paper.
- Snack time is over, we need to wait for lunch.
- Speak clearly, I can't understand you.
- Bum on the slide. Gotta sit.
- You need to sit down. We don't want to get hurt.
- Watch where you are going.
- Let's climb down off the box.
- Let's pick up the sticks and put them in the forest.
- Turn the pages carefully.
- Use your inside voice.
- Slow down, watch where you are going.
- Come walk around the swings.
- Would you like to play by yourself?



Tips on Disciplining your Child

Babies (birth to 12 months)

Babies respond well to schedules and routines.

In the later months, you can help your baby learn to tolerate frustration better by not picking her up right away when she cries.

In the later months, let your baby fall asleep by herself. This will encourage self-soothing.

Younger toddlers (1 to 2 years)

This is when your child will start to exercise her own will. Be patient. Discipline at this stage can help keep your child safe. It can also help to limit physical or verbal aggression.

Since your child is not mature enough to understand simple verbal directions, you need to use actions along with your words. For example, if your child is touching a fragile object on the shelf, say a firm "No." Then redirect your child to another room or another object. Stay with your child, so your child is not scared of being abandoned.

Older toddlers (2 to 3 years)

This stage is called "the terrible two's" for a reason. Your child is struggling for independence. She gets frustrated when realizing her limits. This can lead to temper tantrums. Patience, again, is needed. Help your child by showing empathy to her efforts. Supervise and set limits.

Simple verbal directions are not enough. Follow every verbal instruction with a change of location or an example of what is acceptable.

Pre-schoolers and kindergarten-age children (3 to 5 years)

At this stage, your child responds well to consistency and role models. She can follow verbal rules more easily, but still needs supervision for safety. The child will model her own behaviour after parents and teachers. Use approval and praise to motivate your child and reinforce behaviour that you want. "Time-outs" can be used if your child loses control.



Time-outs

Attention, even if it involves punishment, may actually reward a child. It may reinforce inappropriate behaviour. Time-outs keep a child from getting this attention.

Time-outs need to be given consistently. They should be given without emotion. Pick the right place. It should not be near a TV, computer, or other forms of entertainment. Time-outs should last about 1 minute per year of the child's age, to a maximum of 5 minutes. Have a clock nearby. Tell your child exactly how much time they have in the time-out area. Connect the inappropriate behaviour with the time-out. Say something like, "You are in time-out because you hit your sister." Ignore your child while she is in time-out.

After the time-out is over, create a fresh start. Do not discuss the unwanted behaviour. Just move on. Time-out will not end the unwanted behaviour. However, it may make it happen less often.

School-age children (6 to 12 years)

At this stage, your child is embracing her independence. She is spending more time with friends or at school. Parents can supervise, be good role models, and apply consistent rules. Appropriate forms of discipline include removal or delay of privileges (such as no Internet or television use for a day), time-out, and consequences.

Where possible, consequences should be 'logical' or 'natural'. An example of a logical consequence would be: "You are behaving as if you are tired so you will be going to bed ½ hour early tonight."

An example of a natural consequence would be to let your child's hands get a little cold if she refused to bring her mitts (but keep the mitts handy).

It is important that children understand the rules. If an unwanted behaviour is recurrent, tell your child what the logical consequence will be before it happens again.

It is also important that your child takes you seriously. Your child will not take you seriously if you give empty threats. For example, if you told your child that he is going to bed early, come bedtime if he doesn't go to bed early, your direction will be less effective next time around.



Teenagers (13 to 18 years)

The teenage years can be challenging. The experience will depend on how parents respond to the child's personal growth. Here are some tips:

- Communicate with your teen.
- Stay available and accessible.
- Keep rules in a fair and consistent manner.
- Do not belittle or over-criticize your teen.
- Avoid lecturing or predicting disasters.

A helpful discipline technique is making verbal contracts with your teenager. Make sure that basic rules are followed. Set logical consequences. For example, if your teen damages the car, the consequence could be that the teenager has to pay for the repairs. This teaches responsibility and accountability.

Other tips on setting rules and applying consequences

- Praise positive behaviour whenever you can.
- Avoid making threats without consequences.
- Be consistent when applying rules.
- Pick your battles. Ignore unimportant behaviour.
- Set reasonable limits.
- Accept age-appropriate behaviour.
- Apply consequences right away with younger children.
- Be as unemotional as possible when setting consequences.
- Do not shout or scream at your child.
- Show your child love and trust after the consequences. This way, your child will know that the correction is aimed at the unwanted behaviour and not at him personally.



Quiz – Discipline

Spanking or hitting a child can lead to shame or loss of trust

☐ A – True

☐ B – False

Discipline is about how to punish children correctly

☐ A – True

☐ B – False

Discipline's aim is to force children to obey and follow directions

☐ A – True

☐ B – False

Discipline helps children learn to set limits

☐ A – True

☐ B – False

Positive discipline is based on love, trust, support and respect

☐ A – True

☐ B – False



Sleep Problems

What are Sleep Problems?

Sleep problems occur when your child has difficulty settling down to sleep. They can also include small episodes of sleep or sleep interruptions. The constant night interruption can lead to baby irritation and parental fatigue. When your baby has trouble sleeping, it can be a hard time for the entire family. You can make bedtime less problematic and more enjoyable by learning some healthy sleeping tips.

Healthy Sleep Patterns

Your doctor may advise you of the average number of hours of sleep your child needs. Still, every child's sleeping patterns are different. On average, newborns up to 6 months of age sleep 16 hours a day. Some babies sleep as little as 11 hours and some others sleep as much as 20 hours. Older babies (6 months to one year) sleep about 14 hours a day. Toddlers sleep between 10 and 13 hours. Pre-schoolers sleep between 10 and 12 hours.

Types of Sleep Problems

Difficulty Settling Down to Sleep

It is very common for babies, toddlers and young children to have trouble falling asleep. Up to one in three children show an unwillingness to go to sleep.

Separation Issues and Co-Sleeping

In many families, parents choose to sleep in the same bed as their babies and small children. The Canadian Paediatric Society does not recommend co-sleeping. Some parents say co-sleeping can help in maintaining regular breastfeedings. But it may disrupt the parents' sleep, cause tension in the parents' intimate relationship or cause your baby to become dependent on you to fall asleep. There is also an association between co-bedding and crib death (Sudden Infant Death Syndrome).



Night Awakening

Night awakenings occur when a child wakes up in the middle of the night and cannot settle back to sleep. Often the child will cry or call out for their parents or get out of bed. This is common. Many parents allow the child to sleep in the parents' bed for the rest of the night. This may lead to dependency on the parent to resume sleep. The child should be reassured and brought back to his bed. The child eventually learns self-soothing strategies.

Nightmares

Nightmares are dreams that bring about fear or anxiety. Nightmares are very common. They occur in as many as one in two children.

Night Terrors

Night terrors are different from nightmares. Night terrors are characterized by a child appearing to waken in horror. The child often screams in panic but usually does not remember what led to their feelings of fear.

Sleepwalking

Sleepwalking occurs in about 15 per cent of all children. It occurs most often in children aged four to 12 years. Sleepwalking children usually walk around the house aimlessly. They appear uncoordinated, often do not make sense or start urinating in some place other than the toilet. A bell hung on the child's door or on the front door may provide reassurance that you will hear your child sleep-walking.

Healthy Sleep Habits

Newborns and young children seem to fall asleep easily when they are held or rocked. Newborns fall asleep very easily when sucking on a nipple or pacifier.

Develop a Consistent Nap and Bedtime Routine

Children respond well to routine. Your child will likely respond well to a fixed nap and bedtime routine. Naps for toddlers should be, at most, two hours and should end before 4 pm.



Your child's bedtime will depend on their age and energy levels. Bedtime routines can include:

- giving a bath
- putting on pajamas
- offering a breastfeed or bottle
- dimming the lights
- nighttime cuddling, stroking, singing
- storytime

Afterward you can put the baby in the crib or the young child in bed. You can kiss the child goodnight and leave the room. Maintaining a consistent bedtime routine will help your child settle down more easily.

Create a Welcoming Sleeping Environment

Keep the room dark and quiet. Nightlights are not recommended. Instead, keep the light on in the hallway with the door ajar. This will allow the child to go to the bathroom without fear of the dark and will allow you to use a closed door as a motivation to get the child back in bed should they begin to use delay tactics to go to bed at night.

Your baby should sleep on their back, toward the bottom of the crib. When they are old enough to roll from front to back there is no need to reposition them. There should be no blankets or crib bumpers or other soft materials that may block a baby's breathing. They should wear a sleeper that is warm enough to make a blanket unnecessary.

When your child becomes aware of separation at bedtime, you may give them a blanket or a stuffed animal to offer a sense of comfort. Do not give these items during early infancy as these may be risk factors for crib death.

Your baby should learn to fall asleep by themselves. If they were to wake up and find you gone, the whole process of soothing to sleep may be required several times a night.



React to Infant Crying When Appropriate

Respond to the cries of newborns and babies in their first few months of life. The crying is a way to express a need.

As for seven- or eight-month old babies, it is entirely normal if they cry before falling asleep.

It is alright to let your baby cry a little before settling down. However, if your baby has grown accustomed to having you around when falling asleep, you can try to reduce this dependency by gradually lessening your time in the bedroom. One approach is to lay your child down, leave for a few minutes, return and stay until the child sleeps. Every evening, stay out of the room for a little longer. After about five to seven days your baby will learn to sleep alone.

Recognize Your Child's Delaying Tactics

Once your child understands the bedtime routine, they can manipulate the situation. Toddlers and young children are particularly skillful at prolonging the bedtime routine. They will ask for water, another story or a cuddle. Parents and caregivers should return the child to bed immediately. Warn the child there will be consequences if the behaviour is repeated. Consequences can include closing the door or not offering stories at the next bedtime.

Key Points

- Sleep problems can lead to baby irritation and parental fatigue.
- Develop a consistent nap and bedtime routine.
- Create a welcoming and appropriate bedroom.
- Slowly decrease the amount of time you spend with your child before they fall asleep.



Quiz – Sleep Problems

On average, newborns up to 6 months sleep how many hours per day?

☐ A – 11

☐ B – 20

☐ C – 16

☐ D – 8

Co-sleeping is recommended for parents and young children

☐ A – True

☐ B – False

Sudden Infant Death Syndrome is associated with co-sleeping

☐ A – True

☐ B – False

Signs that a child is sleepwalking include

☐ A – walking around the house aimlessly at night

☐ B – appears uncoordinated

☐ C – start urinating someplace other than the toilet

☐ D – doing homework



Speech Problems

What are Speech and Language Difficulties?

Speech and language difficulties are made up of two sets of delays or difficulties. Speech difficulties include challenges in pronunciation or articulation like stuttering or lisping. Language difficulties include challenges in speaking using words and/or gestures (expressive language). It can also include challenges in understanding language commands and questions (receptive language).

Signs and Symptoms of Speech and Language Difficulties

There is a wide range of speech and language milestones which can vary from child to child, but there is an expected age range of onset. In general, speech and language milestones include:

8 to 13 months

- starts using gestures like pointing, shaking head to indicate "no", waving good-bye
- uses sounds as if they were words (babbling and repetitive babble like "mama")
- imitates adults' sounds

12 to 18 months

- uses approximately 10 to 20 words or word approximations
- expands use of gestures (nodding, eye contact, hand gestures)
- begins to develop a receptive vocabulary of understood words (points to objects when named by an adult)
- responds to name
- understands a number of single words and short phrases

18 to 24 months

- using too many single words to count (200+)
- begins to combine two words ("mommy up", "daddy go")
- understands simple questions
- follows one-step commands



- begins to use negatives: "no juice"
- speech is 50% intelligible to strangers at 2 years

2 to 3 years

- uses three-word sentences ("I want juice")
- grammar will become more precise (adds 'ing', 's' for plurals, using 'a' and 'the' to fill and lengthen sentences, uses prepositions such as "in" and "on")
- learns to use pronouns, negatives, and conjunctions in the middle of sentences: "he," "can't," "and"
- understands many concepts: in/out; big/little; go/stop; top/bottom; animals; toys
- follows two-step directions: "get your coat and close the door"
- follows simple stories in books
- begins to ask "why?"
- can produce the following sounds: h, p, m, d, and k
- speech is 75% intelligible to strangers at 3 years

3 to 5 years

- vocabulary increases to 1,000 words at 3 years and 5,000 words by 5 years
- uses full sentences
- retells stories
- turn taking and conversational skills develop
- speech is 100% intelligible at 4 years
- complexity develops (links ideas in sentences using "and," "because," "what," "when," "but," "that," "if," "so")
- adjusts order of words in sentences (What is he doing?" as opposed to "What he is doing?")
- uses pronouns correctly (I, she, he, her, him, me, mine, they)
- uses more advanced forms of negatives ("didn't")
- uses plurals, but may make some errors ("two geoses") and overgeneralizes some rules ("I runned")



Between 3 to 5 years, pronunciation improves and blended letter use grows. Children are able to produce the following specific sounds:

- at 4 years: **w, b, t, f, g, ng, n**
- at 5 years: **l, sh, ch, s, j**
- at 6 years: **z, r**
- some pronunciation of specific sounds and articulation difficulties (like stuttering) may be normal until about 5 years old

Causes

Genetics

A family history of speech and language difficulties is common. A family will often report that someone was a 'late talker'. Learning difficulties or developmental delays may also be more prevalent and increase the risk of a child having speech and language difficulties.

Hearing Loss

The presence of any amount of hearing loss can affect your child's communication. If your child has had some ear infections, this may put your child at risk for hearing loss. Meningitis, severe jaundice as a newborn or prematurity can also cause hearing loss. If you think your child is not hearing well for any reason, ask your doctor about performing a hearing test.

Another Condition

Speech and language difficulties can be a sign of another condition like autism spectrum disorder. Physical disorders like cerebral palsy can also affect your child's ability to speak. Many other medical conditions such as snoring or allergies, and more complex conditions which cause developmental delays may also cause speech and/or language problems.

What Your Child's Doctor Can Do

Your doctor will take a medical and developmental history and do a physical examination to assess the cause of the speech and language difficulties. Treatment and intervention will depend on the cause of the speech and language difficulties, and on how severe the problem is. Your doctor will order a hearing test to rule out hearing loss and may recommend that your child see a speech-language pathologist (SLP) or another type of specialist (developmental paediatrician; ear, nose and throat specialist).



Treatment

If possible, the underlying cause should be treated (hearing loss) with a referral to an ear, nose and throat specialist. If the speech and language difficulty is part of another condition (autism spectrum disorder), then this should be evaluated and a referral to a developmental paediatrician may be needed. All children with significant speech and language problems should be seen by an SLP.

Parents can self-refer their child to their provinces Preschool Speech and Language Services program. This is a free service funded by the government and offered to children from birth until school age.

An SLP will help your child develop their speech and language skills. An SLP may work one-on-one with your child or work in a small group setting with other children needing support. The SLP will teach parents techniques to use at home to encourage your child to speak.

Key Points

- Development of speech and language milestones varies tremendously from child to child.
- Children who are not meeting milestones or are at risk for speech and language delay should have a hearing test, be seen by their doctor and then assessed by a speech language pathologist.
- Children with speech and language difficulties should be evaluated as early as possible. Watching and waiting is not recommended.
- Articulation difficulties and stuttering may be normal until about 5 years of age.
- Speech and language therapy is very helpful for children and the earlier the intervention is started the better the outcome.

Quiz – Speech Problems

Speech and language difficulties can be a sign of another condition such as Autistic Spectrum Disorder

☐

A – True

☐

B – False

Articulation or stuttering problems usually begin around 5 years of age or older

☐

A – True

☐

B - False



Lesson Activator

Get up and go for a short walk outside.

Breathe in the fresh air and pump your arms to get your blood circulating throughout your body.

Remember a favorite song and hum it to yourself.

Think of a fun way you can reward yourself after your lesson is finished.



ADHD

Attention-Deficit/Hyperactivity Disorder (ADHD)

All people, whether they are old or young, male or female, sometimes have difficulty sitting still, paying attention, and controlling impulsive acts. But when these problems occur so often that they get in the way of day-to-day life, they may be signs of a neurodevelopmental condition called ADHD.

Attention-deficit/hyperactivity disorder (ADHD) is a common condition that causes inattention, hyperactivity/impulsivity, or both.

ADHD Interferes With a Child's Ability to:

- regulate activity level (hyperactivity)
- inhibit behaviour (impulsivity)
- attend to the task at hand (inattention)

ADHD affects many areas of a child's functioning, including:

- self-control of behaviour
- school achievement
- development of social skills and positive relationships

Unless ADHD is identified and properly treated, children with ADHD are at higher risk for

- school failure
- depression and anxiety
- problems with relationships
- substance abuse
- delinquency
- risk for accidental injuries
- job failure

For these reasons, it is very important to identify and treat ADHD early.



How Common is ADHD?

ADHD is very common. On average, it affects 5% of school-aged children around the world, or about one in every 20 children. This means that in many countries, there may be one or two children with ADHD in every classroom.

ADHD is about three times more common in boys than in girls. However, ADHD is often easier to recognize and diagnose in boys, so the ratio of boys to girls in clinical practice is often higher still – about seven to nine boys for every girl. Girls with ADHD are more likely to be overlooked.

ADHD also affects about 4% of adults, or about one adult in 25.

ADHD is called a disorder, suggesting that people either do or do not have ADHD. In fact, though, ADHD symptoms occur on a continuum, like blood pressure. A child may have some inattentive or hyperactive symptoms without actually meeting the criteria for ADHD. Also like blood pressure, ADHD symptoms may flare up based on the situation.

These children may also be at risk for poor school outcomes such as low productivity, lower academic grades, and lower scores on standardized testing.

When is ADHD Usually Diagnosed?

Children often start to show symptoms of ADHD in the preschool years. However, most children are not diagnosed with ADHD until they are in grade school. This is because most preschoolers are somewhat inattentive, impulsive, and highly active at times. So it may be more difficult for doctors to determine whether a preschooler's behavior is simply at the high end of the typical range of behaviour at this age, or whether it is persistently high, impairing, and meets the diagnostic criteria for ADHD.

Once the child goes to school, doctors can find out from the teacher whether the child is inattentive, impulsive, and hyperactive at school as well as at home. Because there is no specific test that doctors can use to confirm a diagnosis of ADHD, it is important to have as much information as possible about the child's behaviour.

Current Medical Knowledge About ADHD

There is still a lot we don't know about ADHD, starting with what causes it. However, several factors seem to contribute to ADHD. Scientists believe that genes and environmental factors cause subtle brain alterations. In turn, these brain alterations cause problems with behaviour and learning.



We also know that ADHD can be treated. Over the last few decades, many studies have shown that medication and behaviour therapy are effective at treating the symptoms of ADHD.

We still do not know:

- the exact causes of ADHD
- whether the genetic and brain differences seen in children with ADHD are a cause or an effect of ADHD
- why some individuals with ADHD are very successful and others are not
- why medication is effective at reducing the symptoms of ADHD

ADHD and School

Learning problems are a key feature of ADHD. Students with ADHD are at risk for

- low scores on schoolwork and standardized achievement tests
- repeating a grade
- placement in special education
- dropping out of high school

Children with ADHD often have problems with:

- concentration
- working memory
- self-regulation and staying focused on a task
- processing speed

All these can cause problems with school work. In addition, children with ADHD often have one or more learning disabilities as well.

Medication can help with the symptoms of ADHD, but it usually does not address the other problems that can interfere with learning. Medication also cannot make up for gaps in learning that may have occurred before the child started receiving treatment. It is very important that children with ADHD get the right support at home and in school to help them reach their full potential.



ADHD and College or University

Many students with ADHD do graduate from high school and enroll in college and university. These findings are encouraging; they show that many students with ADHD go on to higher education. On the other hand, college life is challenging to students with ADHD. They may continue to have social, academic, and behaviour problems.

ADHD and Other Conditions

ADHD rarely occurs by itself. People with ADHD often have

- other types of co-existing mental health problems, such as oppositional defiant behaviour, aggression, or high levels of anxiety
- learning disabilities, such as reading disability (dyslexia) and language impairments
- These problems may further increase the risk for poor outcomes.



Quiz – ADHD

ADHD causes

- ☐ A – inattention
- ☐ B – hyperactivity/impulsivity
- ☐ C – both of the above
- ☐ D – neither

ADHD affects

- ☐ A – self control of behaviour
- ☐ B – school achievement
- ☐ C – development of social skills and positive relationships
- ☐ D – all of the above

ADHD affects one in twenty children

- ☐ A – True
- ☐ B – False

Like blood pressure, ADHD symptoms may flare up depending on the situation

- ☐ A – True
- ☐ B – False



ASD

What is Autism Spectrum Disorder?

Autism spectrum disorder (ASD) is a specific set of behavioural and developmental problems and challenges. ASD affects a child's communication, social, and play skills.

The word "spectrum" in ASD means that every child is unique and has his own combination of characteristics. These combine to give him a distinct social communication and behaviour profile. As your child grows and develops, the expression of these challenges will change. Usually a person with ASD has social and/or behavioural differences for his entire life.

Characteristics of ASD

These are some of the characteristics of ASD

- Shows little response when you call his name, especially if he is in preschool.
- May not respond when other people try to talk or play with him.
- Shows little interest in getting attention from others.
- Does not point with his index finger to show what he is interested in.
- Shows a lack of interest in toys or plays with toys in an unusual way.
- May seem moody, irritable, or very passive.
- May suddenly change from being very passive to very irritable in a short period of time.
- May have difficulty using eye gaze appropriately in social situations.

Prevalence of ASD

ASD is the most common developmental condition. One in 100 people have ASD. Four out of five people with ASD are male. ASD affects people from all parts of the world. It affects people of every social economic background and race.



Possible Causes of ASD

There are no specific known causes of ASD. However, current studies suggest that ASD may be related to differences in how the brain develops before birth and during the first few years of life.

In some families, there seems to be a pattern of ASD in more than one member of the family. This suggests there is a genetic basis to ASD. At this time, some specific genes have been directly linked to ASD. In most people, ASD is most likely the result of a complex interaction of several genes. These genes vary a lot among affected families. Research in this area is ongoing.

We know that the brain of a child with ASD develops differently from conception and that:

- ASD is not a mental illness.
- children with ASD are not unruly kids who choose to misbehave.
- bad parenting does not cause ASD.

What to Do if You Think Your Child has ASD

If you suspect your child might have ASD, book an appointment with the family doctor. He may refer your child to a child psychologist who specializes in the diagnosis of ASD.

Diagnosis of ASD

Diagnosing a child with ASD is complex. We cannot tell, just by looking, if a child has ASD. The characteristics of ASD can change over time as your child develops.

Best practices for determining whether a child has ASD include:

- observing the child
- talking to the parents
- using standardized assessment tools to document development and behaviour

There are no laboratory tests for diagnosing ASD. However, some lab tests may be helpful to detect medical problems such as low iron, causing anemia. Some children may develop seizures and need an EEG to document brain electrical activity before starting seizure treatment.

Making a diagnosis may be difficult for a doctor who does not have experience working with children with ASD. The doctor needs to be able to tell the difference between ASD and other conditions. So it is best if the doctor, along with a team of specially trained health care workers, makes a diagnosis for your child.



Treating ASD

There is no medical cure for ASD. However, because we understand the brain and ASD so much better now, we may be able to influence how the brain develops and works. Slowly we are finding ways to help people deal with different characteristics of ASD. With the right treatment, some behaviour can be changed. But most children and adults with ASD will have some characteristics of ASD for the rest of their lives. Some may be helped with medicines that treat low iron levels. Other medicines may reduce symptoms such as anxiety, which may develop at any age.

Children with ASD respond well to highly structured, specialized education programs that meet the specific needs of the child. They work best one-on-one or in a small group setting.

An effective program may include:

- behavioural teaching
- communication therapy
- training in social skills development
- sensory motor therapy

An effective program should be flexible. The program should constantly change over time. It should teach the social communication skills needed at every stage of development. It should be supervised by someone who has a strong understanding of ASD and its treatment.

An effective program offers training and support for parents, other caregivers, and teachers. It can be difficult for the family, classroom teacher, or other caregivers to help the child with ASD effectively without some training.



Quiz – ASD

There is no known cause for Autism Spectrum Disorder

☐ A – True

☐ B – False

Usually a person with ASD has behavioural differences for all of their life

☐ A – True

☐ B – False

Some characteristics of ASD include

☐ A – Happy and outgoing disposition

☐ B – Quick to engage in social activities

☐ C – Moody, irritable, very passive

☐ D – All of the above

Special education programs are beneficial for children with ASD

☐ A – True

☐ B – False



Bed-Wetting

What is Bed-Wetting?

Bed-wetting, also known as nocturnal enuresis, is urination (peeing) at night that your child cannot control. It is a very different condition from diurnal enuresis (daytime wetting).

How Common is Bed-Wetting?

Bed-wetting is common in young children. It is found in about 20 per cent of five-year-olds but falls to about 2 per cent of fifteen-year-olds.

Very few children have dry nights before they are three years old. Most children start to stay dry at night between ages three and eight. Until your child achieves this milestone, they will benefit from your patience and understanding.

Unintentional and unconscious urination at night is a normal stage in your child's development. Most children will be toilet trained for the daytime long before they are able to be toilet trained for night time. Do not look at bed-wetting as failed toilet training. Each child matures and develops good bladder control at a different pace.

Causes of Bed-Wetting

In most cases, bed-wetting occurs because your child is simply a deep sleeper and does not wake up when their bladder is full.

Often, the tendency to wet the bed can run in families. If you were a bed-wetter, your child is more likely to do the same.

In very rare cases, bed-wetting can be caused by type 1 diabetes or a congenital (from birth) defect of the urinary tract. However, these conditions also cause daytime symptoms too. If your child does not experience daytime wetting, you can rest assured that they are likely to be completely healthy.

Some children can start to wet the bed when they had previously been dry at night as a response to changes in their lives. These changes may include moving to a new home, the birth of a brother or sister or new child-care arrangements. If your child has suddenly started to wet the bed after an extended dry period, talk to them about what is bothering them and try to help them cope with the change.



When to See a Doctor about Bed-Wetting

Your child should see a doctor if there is a sudden onset of bed-wetting following a six-month, completely dry period. Although some cases of sudden bed-wetting are caused by life changes, a doctor should also check your child for any underlying medical condition or illness.

Your child may also need to see a doctor if:

- enuresis occurs during the day and night after the age of six
- the bed-wetting bothers your child and prevents them from going to sleepover parties or staying overnight at camp.

Your child's doctor will advise you about treatment options.

How Bed-Wetting is Treated

If your child is experiencing bed-wetting, your child's doctor may prescribe a hormone called desmopressin (DDAVP). However, this is only for temporary use for sleepovers or overnight camp.

If your child's doctor finds a physical cause for daytime wetting, such as a urinary tract infection, they may prescribe medication such as antibiotics.

How to Help Your Child with Bed-Wetting

Most children stop wetting the bed without treatment. Until that happens, the following tips can be helpful.

What to Do

- Reassure your child that wetting is not their fault and that it will get better in time.
- Encourage or gently remind your child to go to the toilet before bedtime.
- Ask your child to go to the bathroom at the beginning of the bedtime routine and then again just before going to bed. An overall bladder retraining routine may also help.
- Remind your child to get up at night and use the toilet.
- Make sure there is a clear path from your child's bedroom to the toilet.
- Use a plastic cover on your child's mattress.
- Include your child in any morning cleaning routines in a way that does not punish or humiliate them.



What to Avoid

- Do not encourage your child or offer positive reinforcement for dry nights. This approach is no longer recommended because it can indirectly cause a child to feel shame for any wet nights.
- Do not 'lift' your child at night (wake them to urinate), as it is often more trouble than it is worth.
- Although it can be easy to feel frustrated if you find yourself constantly washing your child's sheets, do not punish or humiliate your child for their bed-wetting.
- Do not let other family members make jokes or tease your child about their condition.

Key Points

- Bed-wetting is common in young children.
- Every child develops bladder control at a different pace.
- Speak to a doctor if your child suddenly wets the bed after an extended dry period or has difficulty controlling their bladder during the day and night after six years of age.
- Help your child by reassuring them and offering gentle reminders about bathroom routine.
- Punishing or humiliating a child will not help them develop better bladder control.



Molluscum Contagiosum

What is Molluscum Contagiosum?

Molluscum contagiosum is a viral skin infection. It is very common in children, particularly between ages of 2 and 5. The infection causes small, firm, shiny bumps on the skin.

Signs and Symptoms of Molluscum Contagiosum

Molluscum contagiosum looks like raised bumps on the skin. These bumps can appear anywhere on the body but are more commonly seen on the arms, legs, and trunk. They appear 2 to 7 weeks after catching the virus.

The bumps are dome-shaped with a central dimple. They are usually flesh-coloured, but they can become red and inflamed. They come off easily if your child scratches them; this could spread the virus to nearby skin or other parts of the body.

Cause of Molluscum Contagiosum

Molluscum contagiosum is caused by a virus. This viral infection is due to a pox virus called the molluscum contagiosum virus.

When to Seek Medical Assistance

Molluscum contagiosum is not an emergency, but it should be evaluated by your child's doctor. If it is not treated, the condition will usually disappear on its own in a few weeks or months, but it can spread to other parts of the body or to other children who come into contact. If you suspect your child has molluscum contagiosum, make an appointment with your child's doctor.

How a Doctor Can Help

Your child's doctor will first examine your child's skin. Usually a diagnosis can be made with this simple examination.

If the infection affects only a small area of your child's body, the doctor may scrape off the bumps to treat the infection.

If the infection affects a large area of your child's body, your child may need to see a skin specialist (dermatologist). The dermatologist may scrape the bumps away (curettage), freeze them (cryotherapy), or prescribe medication to spread on the bumps.



Molluscum Contagiosum Spreads Easily

Molluscum contagiosum spreads through direct person-to-person contact. It also spreads indirectly through contact with contaminated objects. For example, the infection can be spread by touching kickboards at a swimming pool or doorknobs at school. Or it can be spread on infected objects such as toys, clothing, or towels.

The virus spreads when an open or burst papule touches skin or an object. Scratching or picking at the bumps can spread the virus to nearby skin.

Preventing the Spread of Infection

Here are some tips on how your child can prevent spreading the infection to other family members or classmates:

- Wash your hands.
- Avoid touching, rubbing, or scratching the bumps.
- Do not share personal items with your friends.
- Do not use other children's personal items.
- Cover the bumps if you are working or playing closely with other children.

Key Points

- Molluscum contagiosum causes small, firm, shiny bumps on your child's skin.
- Molluscum contagiosum is caused by a virus. It can spread easily to other people, either by direct skin-to-skin contact or by touching infected objects. It can be treated by your doctor.

Lesson Activator

Do cross-lateral activities to increase communication in the brain.

- Pat your head and rub your belly at the same time.
- March and pat opposite knee with each hand,
- Touch opposite elbows to knees,
- Touch hands to opposite heels.

Turn on a fan, open the window, make sure the lighting is bright.



Staying Healthy at Daycare

How to Prevent Illness

Hand washing is the best way to stop the spread of germs. Teach children to wash their hands always before eating and after using the toilet. Show them how to wash thoroughly with warm and soapy water for 10 seconds. Remind children to cover their mouths and noses when they cough or sneeze and then wash their hands.

Talk to the child care centre staff about your child's health. Tell them if your child has been with someone who has had an infectious disease like chicken pox or strep throat. The staff will watch your child for signs of the disease.

Learn about your centres rules for dealing with health problems.

Help children stay strong and healthy by making sure your child eats nutritious food gets plenty of exercise and lots of sleep.

If your child is ill:

- children should stay at home if they don't feel well enough to take part in everyday activities at the centre.
- children with colds may come to the centre if they feel well enough to take part in the activities. Colds are most infectious before the runny nose cough or other signs appear.
- children with a rash should see a doctor keep your child at home until your doctor says it's okay to return to the centre.
- children with diarrhea should stay at home until bowel movements are normal or until the doctor says it's okay to return.
- sometimes a child care centre staff may call and ask you to pick up your sick child they do this because your child will be safer and more comfortable at home.
- your child may pass a disease to other children or caregivers.
- the staff are not able to do their work and also care for a sick child at the centre.



Healthy Practices

Immunizations

An important part of your child's health and development is to become protected against some known illnesses and diseases – this can be done through vaccine immunizations. Here is some important information about immunizations:

1 – Immunization Clinics

Immunizations are available through your doctor or the public health unit. Public health nurses are also available to answer questions about your child's growth, health, nutrition, dental health, and overall development of your child.

2 – Immunization Facts

Vaccines work best given at certain ages. The dates listed below show the times to visit your child's doctor or public health unit for routine vaccinations. Vaccines are proven to be safe and serious side effects are rare. For more information on vaccines, ask your health nurse or family doctor.

3 – Missed Shots

It's never too late to catch up on missed shots. If children miss their initial shots at 2 months, they can start later, just call and schedule an appointment. However, don't delay or postpone these immunizations because for every month they are late with their immunization, they are not fully protected from the disease. If you are not sure if your child has had all of their vaccines, your child's record of immunizations can be looked at.

4 – Vaccines are due at these ages:

2 months, 4 months, 6 months, 12 months, 18 months, 5 years, 11 years and 14 years

If your child has missed any dates, vaccines, or you have questions regarding these, please consult your local doctor, public health nurse, Community Health Rep (CHR), Community Health Nurse (CHN), or AIDP consultant.



Dental Health in Children

A clean and healthy mouth and teeth are important for your baby / child – overall good oral health will mean less problems for your child. Here are a few tips for your baby:

By 6 Months

1. Brush Baby's teeth two times each day with toothpaste that contains fluoride. Once teeth appear, its important to make a habit of cleaning your child's teeth twice a day. You can clean your baby's teeth using a soft baby's toothbrush or a clean wet face cloth with a smear of toothpaste containing fluoride. Don't worry if your child doesn't have teeth yet.
2. Practice using a cup with no lid. Between 6 and 9 months of age is a good time to introduce your baby to using a cup. As your baby is able to eat more solid food, try to gradually decrease bottle – feeding so that by 12 months your child is drinking most daytime liquids from a cup. This will help prevent a bottle habit or a sip cup habit, where your child walks around, sipping throughout the day. This habit puts a child at risk foe tooth decay, and may also make them feel full so they aren't hungry for food at mealtimes.
3. Finish their bottle before you put them to bed. If your child is using a bottle, it is best to feed them and clean their teeth before they go to sleep. Once they have teeth, babies who go to bed with a bottle are also at risk of tooth decay.

By 12 Months

1. Brush baby's teeth two times each day with toothpaste that contains fluoride. Once teeth appear, it is important to make a habit of cleaning your child's teeth twice a day. You can clean your baby's teeth using a soft baby toothbrush or a clean wet face cloth with a smear of toothpaste containing fluoride.
2. Use a cap. By 12 months your child is drinking most daytime liquids from a cup. This will help prevent a bottle habit or a sip cup.
3. Drink only water (not juice, milk or pop) between meals. Constant sipping on anything other than water can cause cavities. Offer milk in a cup at mealtimes and only water between meals.
4. Visit the dentist. The Canadian Dental Association and BC Dental Association recommend that a child's first visit to the dentist take place about 6 months after the first tooth appears, usually at around age 1. This is a good time to talk to the dentist about daily care, fluoride and eating habits.



By 18 Months

1. Brush teeth two times each day with toothpaste that contains fluoride. Brushing teeth is harder than tying shoelaces. Your child will need help with tooth brushing until they are at least 8 years old.
2. Eat meals and snacks at scheduled times. When a child carries their snack or drink, it allows them to snack or sip all day. This is a habit that may interfere with their nutrition by making them feel too full to eat well at mealtime. It also increases the risk of tooth decay.

By 24 months

1. If your child has most of their baby teeth, you can increase the amount of toothpaste to a dab about the size of a small pea.
2. Visit the dentist regularly. Your child has probably had more than one dental visit by now. Your dentists will let you know how often they would like to see your child. Keep up the good work! Daily brushing with toothpaste that contains fluoride, a routine for eating meals and snacks and regular visits to the dentist give your child a great start toward a lifetime of strong healthy teeth.

By Six Years of Age

1. Adult (permanent) teeth appear. The adult teeth start to come in around age six. The first adult teeth to come in are called the “first molars”, and they come in at the back of the mouth, behind the last baby tooth. Ask your dentist about plastic sealants for these teeth. Also around age six, your child may start to lose their baby teeth. Children lose their baby teeth until they are about 12 years old.

Vision in Children

Vision problems are the most common disability in children yet most kids have never had an eye exam.

Most vision problems in children are not obvious to parents.

Optometrists who specialize in vision development recommend a routine eye exam at 6 months and yearly thereafter.



Vision development follows a predictable sequence of milestones. Eye doctors are trained to observe a child's reactions and abilities to compare them with those expected by age.

Children do not need to speak or know the alphabet to have an eye exam.

While vision screening at health fairs, schools, and at the physician's office may detect certain problems, they are not a substitute for an exam by an eye doctor.

Vision exams are inexpensive and are partially covered by BC health insurance.

You do not need a referral for an eye exam but not all eye doctors see infants so ask when making an appointment for your baby.

At any age, have your child checked immediately if:

- Eyes are unable to track a face or toy held close
- One pupil is larger than the other
- Eyes do not point at the same place
- Child has red eyes, excess tearing or discharge
- Child has crusted or drooping eyelids
- Child has unusual reactions to light

Other signs of vision problems may include:

- Poor coordination or avoidance of movement activities
- Lack of interest in surroundings
- Difficulties controlling attention
- Any delays in other areas of development
- Eye rubbing, particularly after looking at books
- Holding books or toys very close to examine

While clarity of vision and health are important, a child must be able to move the eyes easily, use them together as a team, control focussing, and understand what is seen. Problems in any of these areas can slow development and impair learning. Please have your child checked by an optometrist regularly.



Hearing in Children

It is important that parents be aware of their child's hearing from the moment their child is born. Hearing is the foundation upon which speech, language, reading and writing are built.

The first few years of life are particularly critical for development. When a hearing loss exists, a child does not get the full benefit of communication experiences, which can lead to possible delays in speech, language, reading and/or writing.

A child's hearing can be affected by many things. Some newborns run a high risk of hearing loss due to hereditary or prenatal complications including rubella, syphilis, low birth weight, and meningitis.

Most babies born in BC hospitals have their hearing screened while in hospital. The screening process is not painful; babies are able to sleep through it. Staff trained in newborn screening visit the hospital 4 times weekly to screen babies. Staff report they are able to screen about 80% of babies born in the hospital. Those missed or born at home come to the health unit for screening, ideally within the first month.

Toddlers and preschool children may acquire hearing loss with earaches, colds, running ears, upper respiratory infections, or allergies. Older children may acquire a hearing loss with repeated exposure to loud toys or noise from music.

Warning Signs for Hearing Loss:

- Stops early babbling
- Does not say single words by 12 months
- Has trouble locating sounds
- Has frequent earaches, colds, running ears, upper respiratory infections or allergies
- Needs frequent repetitions of words or sentences
- Confuses consonant sounds
- Has unclear speech
- Shows better understanding when they can see your face
- Speaks loudly or turns up the volume of the tv or radio

Hearing behaviours grow and change along with your child's other skills – as your child matures you'll see different kinds of responses to sound. Hearing development follows a predictable sequence of milestones. It's never too early to have your child's hearing tested. Audiologists are trained to observe a child's reactions and abilities and compare them with those expected by age.



Hand Washing

Getting Children to Wash Their Hands

Anyone can get food poisoning, but babies and toddlers are at especially high risk, and once they become infected young children can have a hard time getting well. They may develop serious complications which may result in hospitalizations, lifelong health problems and even death.

When considering ways to reduce the risk of food poisoning you may be asking, which is better, cleaning hands with soap and water or hand sanitizer?

According to the centers for disease control, when done properly, washing hands with warm water and soap is more effective than sanitizers in reducing the number of bacteria and viruses on hands.

Take time to help young children to wash hands properly.

- Wet the child's hands under clean running water.
- Apply soap.
- The child should rub his or her hands together you should help if the child is very young. Don't forget to lather the wrist up the arms and in between fingers.
- Lathering should last 20 seconds about the time it takes to sing the "Happy Birthday" song twice
- Clean hands and then dry thoroughly with a single-use paper towel. Use the towel to turn off the faucets.

When soap and water aren't available sanitizers that contain at least 60% alcohol can be a good choice. But for sanitizers to work they have to air-dry on the hands instead of being dried off with a towel.

Young children should only use sanitizers with adult supervision so they won't get sanitizer in their eyes or drink it which can be poisonous.



(HOW TO)

WASH YOUR HANDS

**"WASH, WASH, WASH
YOUR HANDS, THUMBS
AND FINGERS, TOO – RUB
A DUB RUB A DUB, THAT'S
THE THING TO DO!"**

① WET



② SOAP



③ SCRUB



④ RINSE



⑤ DRY



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Changing Dirty Diapers

How to Change Dirty Diapers

Public Health Reasons

Fecal contamination during diapering is one route of transmission of gastrointestinal disease - causing pathogens. Children in child care centers commonly excrete intestinal pathogens even if not presenting symptoms. For example, noroviruses can be shed in the feces of children for at least 25 days after symptoms have stopped. Similarly, rotavirus can be shed for 25 - 57 days after the onset of diarrhea in a child. Continued shedding of pathogens in the feces of asymptomatic children can increase the transmission to healthy individuals.

During diaper changing, the diaper changing pad or the diaper changing table may come into contact with dirty diapers and fecal matter. When other children are placed on this common surface, contamination of their hands and clothes may occur. The children may then transmit the pathogens to environmental surfaces (such as shared toys or an eating table) that other children handle. In a study by Jiang et al., a person with clean hands touched a contaminated ball, then touched a clean ball, and passed it down a line of people. The hands of the first three of five participants tested positive for the contaminant.

After children's hands become contaminated, they may introduce pathogens into their bodies with mouthing behavior. Object to mouth contact is much greater among children than adults, and viruses and bacteria are more readily transferred from contaminated objects or hands directly to the mouth. Therefore, it is important to use a diapering procedure designed to reduce the risk of transferring pathogens from an infected individual to a healthy individual.

Diaper Changing Procedure

- Wash hands before bringing the child to the diaper changing area
- Gather and bring the necessary items to the diaper changing table if they are not already there: non-absorbent paper liner large enough to cover the changing surface from the child's shoulders to beyond the child's feet;
- a fresh diaper;



- wipes for cleaning a child's genitalia and buttocks, removed from the container or dispensed so the container will not be touched during diaper changing;
- clean clothes and a plastic bag for any soiled clothes, if needed;
- gloves, to be worn before handling the diaper or any soiled items ; and
- when appropriate, a thick application of diaper cream dispensed from the container onto a piece of disposable material such as facial tissue, acquired before commencing with the diaper change.

Carry the child to the changing table, keeping soiled clothing away from you and any surfaces you cannot easily clean and disinfect after the change.

Place the child on the diaper changing surface

- Always keep a hand on the child.
- Remove the child's shoes and socks, so the child does not contaminate these surfaces with stool or urine during the diaper change.
- Put soiled clothes in a plastic bag and securely tie the plastic bag to send home.
- Unfasten the diaper, but leave it under the child.

Lift the child's legs as needed to use disposable wipes to clean the skin on the child's genitalia and buttocks.

Remove stool and urine by wiping from front to back, using a fresh wipe each time.

- Put the soiled wipes into the soiled diaper or directly into a plastic-lined, hands-free, covered trashcan.
- Remove the soiled diaper without contaminating any surface not already in contact with stool or urine.
- Fold the soiled surface of the diaper inward, and put soiled disposable diapers in a plastic-lined, hands-free, covered trashcan. If reusable cloth diapers are used, put the soiled cloth diaper and its contents in a plastic bag to give to parents or into a covered can for the laundry service.
- If gloves were used, remove them carefully and put them into a plastic covered trashcan.



- Check for spills under the child. If there are any, use the paper that extends under the child's feet to fold over the dirty paper so a fresh, unsoiled paper surface is under the child's buttocks.

Slide a fresh diaper under the child

Use a facial or toilet tissue to apply any necessary diaper creams, discarding the tissue in trashcan.

Fasten the diaper and replace clothing, socks, and shoes.

Wash the child's hands first. Then wash own hands.

Cleaning a Child's Hands After Diapering

Traditional Handwashing

Use this method for children who can stand alone or be easily and safely supported at a hand sink:

- Wet the child's hands under clean, running water between 60°F and 120°F (16°C and 49°C).
- Help the child apply soap and rub hands together vigorously for 10 to 15 seconds covering all surfaces of the hands, fingers, and wrists.
- Rinse his hands with clean, warm, running water
- After hand washing, dry the child's hands with either an individual, disposable, paper towel, a continuous towel system that supplies the user with a clean towel, a heated-air hand-drying device, or a hand-drying device that employs an air-knife system that delivers high velocity, pressurized air.

Wiping Method

If a child cannot stand or be safely supported at the sink, use the following method to wash the child's hands:

- wipe the child's hands with a damp paper towel moistened with a drop of liquid soap;
- wipe the child's hands with a paper towel wet with clean water; and
- dry the child's hands by wiping with a clean, dry paper towel



Cleaning Surfaces and Toys

Surfaces that typically come into contact with food are called food-contact surfaces. Examples include utensils, cutting boards, flatware, tables and high-chairs. Also included are surfaces onto which food made drip, drain or splash such as the inside of a microwave oven or refrigerator.

It is important to properly clean and sanitize food-contact services because during use, food-contact services can become contaminated with harmful microorganisms that can be transferred to food.

The purpose of cleaning is to remove soil and food debris. First wash with a detergent. Detergents help reduce the surface tension of water so they can surround and lifts oil from a surface. Second rinse with warm potable water. Rinsing removes the suspended soil and detergent.

After this a surface may look visibly clean however the surface may still be contaminated with pathogenic microorganisms. Food contact surfaces must also be sanitized in order to reduce the number of microorganisms to a safe level. Food contact sanitizers reduce the bacterial count on a surface by 99.99% for food contact surfaces.

Sanitizers are designed to function as a final rinse after cleaning. Sanitizers differ from disinfectants in that disinfectants eliminate all of the organisms listed on the product label which may include viruses or fungi. Disinfectants are not generally used for food contact services because they can leave harmful residues.

Sanitization - hot water or heat sanitizing solution

if a high-temperature dishwashing machine is used to sanitize clean dishes the final sanitizing rinse must be at least 180 deg F or 82 deg Celsius.

Cleaned items must be exposed to these temperatures for at least 30 seconds

Chemical Sanitizing

Follow the instructions on the sanitizers label and use properly. The presence of too little sanitizer will result in an inadequate reduction of harmful microorganisms, while too much can be toxic.

In order for the sanitizer to kill harmful microorganisms that cleaned item must be in contact with the sanitizer for the recommended length of time.

After applying to sanitizer place utensils in a wire or plastic draining rack where they will not come into contact with any food or food residue and let them sit until dry.

Do not use towels for drying polishing or any other purpose because they may re-contaminate equipment and utensils



Cleaning tables, countertops and high-chairs

Tabletops, countertops and highchair trays are considered food contact surfaces and must be sanitized.

Remove visible debris from the tabletop or high-chair tray by washing with a disposable towel dipped in warm water and a detergent.

Rinse the surface with warm water to remove detergent and suspended debris.

Spray the surface with a sanitizer or use a disposable towel to apply enough sanitizing solution to cover the surface thoroughly.

Allow the recommended contact time.

Let the surface air dry before use.

Be sure to change to a clean dry cloth or get new disposable towels between each step.

Note - seats, benches and chairs at the table and the seat portion of the high-chair are considered high-touch surfaces and must be disinfected.

The most common disinfectant used is chlorine bleach, diluted to instructions on bottle.

Dangerous germs like hepatitis A virus can live on surfaces for several weeks. If someone touches those surfaces, germs can get on the person's hands and then be transferred into the mouth, to other people, or to food. That's why it's so important to clean and sanitize frequently touched surfaces.

Clean the surface with hot water and soap and thoroughly rinse. Apply the sanitizing solution and allowed to air-dry. Use this method also to clean and sanitize high chair trays, sinks, kitchen counters and large plastic or rubber toys.

Wash cutting boards, dishes, utensils and countertops with hot water and soap after preparing each food item, and before you go on to the next food.

Wash high chair trays with hot water and soap after every use, and dry thoroughly with a single use paper towel.

Cutting boards, dishes, utensils and small plastic toys can also be run through a dishwasher at 170 degrees Fahrenheit to disinfect them.

Cleaning and sanitizing aren't the same.

Cleaning - which is removing dirt and debris comes before sanitizing. A sanitizing solution is then used to kill germs. Here's a recipe for a safe and effective sanitizing solution. Combine 1 tablespoon liquid chlorine bleach with one gallon of water in a clean bucket. Use to wipe down surfaces then let air dry.



Nutrition and Children

Babies

- The healthiest food for babies is breast milk. Breastfeeding is a skill that is learned through practice. Respond to your child's cues and feed on demand, often as every hour when newborn. Newborns will feed at least eight times per day. They are done eating when they appear satisfied and content, you will have heard swallowing when feeding.
- Health Canada recommends that all breastfed, healthy, full term babies get a daily vitamin D supplement of 400 IU per day. You should start giving your baby vitamin D supplement at birth. Continue giving it until your baby's foods include 400 IU of vitamin D each day.
- Commercial formula is the next best option. Choose a milk-based commercial infant formula unless advised otherwise by your doctor or health care provider. Choose an iron-fortified formula, and give this from birth to 9 to 12 months. "Follow-up" formulas are not needed for babies over one year of age. Buy and use formula by the expiry date. Do not use dented or damaged cans, or can with bulging tops or bottoms. Use according to directions. Do not microwave the formula mixture. When feeding the baby keep her head higher than her body and never prop the bottle as it may cause choking. Some babies will take ½ hour or longer to eat.
- Babies will return to birth weight at 2 – 3 weeks of age and will gain 15 – 30 grams or ½ to 1 ounce a day. They are getting enough to eat if they have 5-6 wet cloth or 4 – 5 wet disposable diapers a day, with pale yellow odourless urine. Baby will have at least 2 – 3 stools and as many as 8 per day. After the first month, stools will be less frequent.

Introducing Solids

- When baby can sit with some support and can open her mouth when she sees food coming, and can move food from front to back of tongue and can swallow, she is ready for her first foods. Babies do not need solid foods until they are 6 months old. Pureed foods are not needed as your baby can enjoy mashed foods and finger foods before teeth appear. Amounts are guidelines only. Some babies will eat less and others more.



When Feeding the Baby Remember

- You decide what foods to offer
- Let your baby decide how much and whether to eat. Stop feeding baby when they show signs of being full, such as turning away, shutting mouth or pushing food away.
- It's ok for babies to play with their food and makes messes .This is how they learn to eat.
- Feed your baby at the same times each day.
- Sit down and eat your meal or snack at the same time as you feed your baby.
- Honey is not recommended for babies under one year as it may cause infant botulism.
- Always use pasteurized milk and cheese.
- Avoid choking hazards of nuts, hard candies, popcorn, whole marshmallows, ice cubes, chips and hard vegetables. Slice grapes and hotdogs lengthwise first and then into smaller pieces.

Golden Rule for Happy Meals

You decide what food is served and when food is served. Your child decided whether to eat and how much to eat.

As long as healthy options are offered, your child will eat well!

- Choose mostly whole grain breads, cereals, pasta and rice
- Choose a variety of fruits and vegetables
- Choose meat and meat alternatives like chicken, fish, beans and lentils, tofu and eggs
- Choose milk, cheese and yogurt and milk alternatives such as fortified lactose free milk.
- Choose water to quench thirst, limit juice to 60 – 90 ml (2 – 3 oz) and milk 2 – 3 cups daily.
- Try vegetables in soups, stews, salads. Serve vegetables with dips.



Making Mealtimes Enjoyable

- Serve meals and snacks at regular times
- Serve small portions, let children help themselves to more
- Serve familiar and new foods together. Remember it may take up to 12 times trying a new food to like it
- Do not cater to your child's dislikes, he will never develop a taste for new foods if he is not exposed to them
- Involve your child with food preparation, setting the table and clean-up
- Eat with your child and don't rush mealtimes; children are normally slow eaters
- Make mealtime a quiet family time – turn off the TV. Get into a relaxed mood before sitting down. Talk about happy things while eating.

Healthy Snacks for Preschoolers

You should be offering your child 2-3 healthy snacks each day to give them energy to grow, play and learn. Each snack should have at least 2 of the 4 food groups from Canada's Food Guide. Below are some simple, healthy ideas to try.

- Celery and red pepper sticks with bean dip or hummus
- Cheese cubes with apple slices
- Nut or seed butter on toast (e.g., peanut, almond, sunflower seed butter)
- Canned salmon rolled into flour tortillas
- Yogurt and sliced banana
- Egg salad sandwich
- Whole grain crackers and cheese
- Steamed meat bun
- Soft cooked edamame and orange slices
- Baked beans and whole wheat toast
- Fruit and yogurt smoothie
- Roti and dal



- Crushed pineapple, canned in water, and a small muffin
- Mini pizzas on whole wheat English muffins
- Leftover chicken, rice and vegetables
- Steamed broccoli with yogurt dip
- Baked potato with cheese and salsa
- Quesadilla: beans and cheese melted into a flour tortilla
- Whole grain cereal with milk and berries

Healthy Plate

For children and adults, the Healthy Plate guideline provides general healthy eating choices. It is not intended for infants and toddlers who have different nutritional needs than youth and adults. Benefits of the Healthy Plate are:

- Vegetables reduce risk of chronic conditions such as diabetes and heart disease
- Vegetables are very high in nutrients and low in calories
- Clinical trials show that using the Healthy Plate is successful for menu planning and increasing vegetable intake

Helpful Tips

The Healthy Plate is a great guide to help you eat healthier, but there are other tips you can keep in mind.

- Add a piece of fruit and a serving of milk or milk alternatives
- Eat when you are hungry
- Eat slowly and enjoy your food
- Have regular meals to avoid overeating later on
- Satisfy your thirst with water
- Choose healthy oils such as olive, canola and peanut oil
- Include fish, lean meats, cheeses, eggs or vegetarian protein choices as part of your meal



The Importance of Exercise

6 Health Risks of a Sedentary Lifestyle in Children

Many children now are becoming less active because of the rise of technology. It's either they watch TV or play their gaming tablets the whole day. In Canada, more children are unhealthy. According to Canada's Public Health Office, only 1 in 10 children and youth met the Canadian Physical Activity Guidelines. A huge percentage of children and teenagers are having a sedentary lifestyle.

We should all be aware that a sedentary lifestyle is not healthy. According to the Center for Disease Control, an individual should have at least 150 minutes of moderate exercise. In the world, 85% of the population does not engage in physical activities, based on the report of the World Health Organization.

As a parent, it is your primary responsibility to be educated on the negative effects of a sedentary lifestyle in children.

Sudden changes in mood

Children who are most of the time inactive experience sudden changes in their behavior. According to a study conducted in Australia, individuals who sit all day at home, school, or work were 90% more likely to experience psychological distress. Further, BMC Public Health suggests that sedentary behavior like watching TV or playing games can increase anxiety.

Increases risk of cancer

Based on a German study, four million people are at high risk of several types of cancer due to sedentary behavior. Individuals, children and adults alike who love to sit all the time may experience a 24% higher risk of developing colon cancer, 32% of endometrial cancer, and 21% of lung cancer.

Causes obesity

The number of overweight children in Canada has tripled in the last 30 years. The increase in childhood obesity can be attributed to children's sedentary lifestyle and lack of nutrition. Sedentary behaviors include television viewing, video game playing, and computer use. Obesity can lead to various health problems, including heart diseases and diabetes.



Experiences musculoskeletal problems

When you have a sedentary lifestyle, your body has less movement. This means your bones, muscles, and joints are not exercised. This will increase your children's risk of developing musculoskeletal problems. Your children may experience problems in their back, spine, neck, and lower extremities.

Develops venous disorders

Prolonged sitting and standing can lead to vein problems. It restricts the proper blood flow in the body, especially in the lower parts. If there is lack of proper blood circulation in the body, the veins will weaken and will stop working properly. This is called venous insufficiency which will lead to varicose veins and even worse medical conditions like Pulmonary Embolism.

Weakens brain function

Studies suggest that prolonged sitting discourages the proper flow of ideas in children. That's why educational organizations promote an interactive way of learning in school. Instead of just sitting while listening to the lecture, they should be engaged in group activities, fun programs, etc. Furthermore, a sedentary lifestyle is one of the common causes of dementia in adult people.

End of course

Please review child care resources pdfs and then proceed with the final exam. You can email the final exam back to us to mark, and we will grade your test and email you your certificate of completion.

Best wishes,

Roxanne Penner

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