



# **ECE104**

## **Child Health, Growth and Well-Being**

Study Guide

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**S R Nathan School of Human Development**



# Course Development Team

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# Course Guide

## Child Health, Growth, and Well- Being

## 1. Welcome



*Presenter: Dr Chien-Hui Yang*



This streaming video requires Internet connection. Access it via Wi-Fi to avoid incurring data charges on your personal mobile plan.

Click [here](#) to watch the video. <sup>i</sup>

Welcome to the course *ECE104 Child Health, Growth, and Well-Being*, a 5 credit unit (CU) course.

This Study Guide will be your personal learning resource to take you through the course learning journey. The guide is divided into two main sections – the Course Guide and Study Units.

The Course Guide describes the structure for the entire course and provides you with an overview of the Study Units. It serves as a roadmap of the different learning components within the course. This Course Guide contains important information regarding the course learning outcomes, learning materials and resources, assessment breakdown and additional course information.

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<sup>i</sup> [https://d2jifwt31jehd.cloudfront.net/ECE104/IntroVideo/ECE104\\_Intro\\_Video.mp4](https://d2jifwt31jehd.cloudfront.net/ECE104/IntroVideo/ECE104_Intro_Video.mp4)

## 2. Course Description and Aims

ECE104 focuses on ways of creating safe indoor and outdoor environments for young children (infants, toddlers and preschoolers); as well as the importance of maximising health, maintaining hygiene, and physical activity and nutritional balance. It will introduce developmental milestones for young children's physical development as well as the strategies to be inclusive towards children with developmental variations and other diverse needs. Observational skills are emphasised and the course will also introduce prevailing childcare and kindergarten licensing requirements in Singapore and basic methods of managing emergencies. The study guide is based on the textbook and relates to specific pages in the textbook for your reference.

### Course Structure

This course is a 5-credit unit course presented over 6 weeks.

There are six Study Units in this course. The following provides an overview of each Study Unit.

#### **Study Unit 1 – Safety and Well-being**

Unit 1 introduces key concepts and practices with relation to children's safety and wellbeing. Early childhood teachers are responsible for ensuring the safety of the indoor and outdoor environment, selection of toys, and behavioral management for safety practices in the classrooms.

#### **Study Unit 2 – Physical Growth and Daily Care Routines**

Unit 2 introduces basic knowledge on children's physical growth and milestones and daily care routines (such as dressing routines, toileting, and feeding routines) that are essential for a teacher's role in early childhood settings. One goal is to establish the understanding that daily care routines serve multiple purposes. Daily care routines are not only opportunities to foster children's self-care skills and independence, more

importantly, daily care routines can also be utilised to teach children essential vocabulary, social interactions, making conversations, motor skills, and cognitive skills.

### **Study Unit 3 – Mental Health and Childhood Diseases**

Unit 3 discussed children’s mental health and how it is established through healthy social and emotional development. Unit 3 introduces common childhood ailments and allergies. It also discusses how infectious diseases are spread and what teachers can do to prevent spread and manage outbreaks. Asthma, allergies, and injuries will also be introduced.

### **Study Unit 4 – Basic First Aid and Policies**

Unit 4 introduces the importance of first aid training, common injuries observed in early childhood settings and relevant policies and regulations in Singapore context. As part of the course content, students will receive first aid training through an ECDA certified training vendor.

### **Study Unit 5 – Risk, Resilience, and an Inclusive Community**

Unit 5 discusses risk and resilience in young children. While a child experiences maltreatment, it puts the child at risk for disadvantaged development. Early childhood teachers need to recognize the signs of maltreatment and properly communicate with parents or report to the authority if needed. Unit 5 also discusses building an inclusive community in early childhood settings that nurture all children with diverse needs and cultural backgrounds.

### **Study Unit 6 – Nutritional Needs and Healthy Living**

Unit 6 introduces the nutrition concepts and nutrition needs of young children, as well as facilitating children’s understanding on healthy eating and living. This unit first introduces basic knowledge on nutrition and ways to reading food labels. Early childhood teachers will also need to know considerations in feeding young children from birth to 8 years of age and help children understand the importance of healthy eating and living. In addition, children need to learn about healthy living and nutrition concepts in order to become independent and healthy adults.

## 3. Learning Outcomes

### **Knowledge & Understanding (Theory Component)**

By the end of this course, you should be able to:

- Describe the key principles of designing and maintaining safe, pleasant and clean environments for children
- Discuss children's nutritional, and dietary needs
- Define common childhood illnesses, allergies and injury
- List common types of accidents, and ways to manage and communicate emergencies

### **Key Skills (Practical Component)**

By the end of this course, you should be able to:

- Develop guidelines for selecting safe toys and learning materials for children
- Propose routines and strategies to promote inclusion

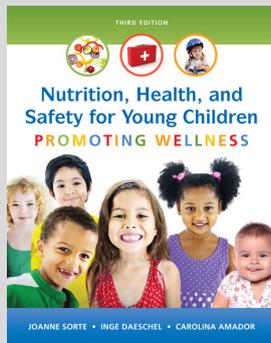
## 4. Learning Materials

The following is a list of the required learning materials to complete this course.

### Required Textbook

Sorte, J., Daeschel, I., & Amador, C. (2017). *Nutrition, health, and safety for young children: Promoting wellness* (3<sup>rd</sup> ed.). Upper saddle River, NJ: Pearson Education, Inc.

If you are enrolled into this course, you will be able to access the eTextbooks here:



To launch eTextbook, you need a VitalSource account which can be created via Canvas (iBookStore), using your SUSS email address. Access to adopted eTextbook is restricted by enrolment to this course.

## 5. Assessment Overview

The overall assessment weighting for this course is as follows:

Assessment	Description	Weight Allocation
Assignment 1	Pre-Class Quiz	5%
Assignment 2	Tutor-Marked Assignment (TMA)	40%
Assignment 3	Online Discussion Board (DB)	5%
Examination	Closed book Exam (EQP)	50%
<b>TOTAL</b>		100%

The following section provides important information regarding Assessments.

### Continuous Assessment:

Items 1 to 4 constitute the continuous assessment in in this course. In total, this continuous assessment will constitute 50 percent of overall student assessment for this course. All assignments are compulsory and are non-substitutable. These assignments will test conceptual understanding of both the fundamental and more advanced concepts and applications that underlie the topics within this course. Read through your Assignment questions and submission instructions very carefully before embarking on your Assignment.

In this course, you are awarded marks for in-class participation and discussion board participation. We expect students to be engaged and reflective, and the success of the course depends upon your thoughtful participation. Attend all seminars, be punctual, and contribute to your peers' learning by listening respectfully and sharing resources and ideas.

**Examination:**

The final (2-hour) written exam will constitute the other 50 percent of overall student assessment and will test the ability to demonstrate your understanding and application of key concepts covered in this course. All topics covered in the course outline will be examinable. To prepare for the exam, you are advised to review Specimen or Past Year Exam Papers available on Learning Management System.

**Passing Mark:**

To successfully pass the course, please note the passing marks for the following components:

- Continuous Assessments (TMA, GBA) = 40%
- Examination (ECA or EQP) = 40%
- Pre-Course Quiz = 60%

Please note that students must pass:

- The Pre-Course Quiz component before they are able to attend the course.
- Both the Continuous Assessment component and the Examination component of this course to pass the course.

For detailed information on the course grading policy, please refer to The Student Handbook ('Award of Grades' section under Assessment and Examination Regulations). The Student Handbook is available from the Student Portal.

**Non-graded Learning Activities:**

Activities for the purpose of self-learning are present in each study unit. These learning activities are meant to enable you to assess your understanding and achievement of the learning outcomes. The type of activities can be in the form of Formative Assessment, Quiz, Review Questions, Application-Based Questions or similar. You are expected to complete the suggested activities either independently and/or in groups.

## 6. Course Schedule

To help monitor your study progress, you should pay special attention to your Course Schedule. It contains study unit related activities including Assignments, Self-assessments, and Examinations. Please refer to the Course Timetable in the Student Portal for the updated Course Schedule.

**Note:** You should always make it a point to check the Student Portal for any announcements and latest updates.

## 7. Learning Mode

The learning process for this course is structured along the following lines of learning

- a. Self-study guided by the study guide units. Independent study will require ***at least 3 hours per week.***
- b. Working on assignments, either individually or in groups.
- c. Classroom Seminar sessions (3 hours each session, 6 sessions in total).

### **iStudyGuide**

You may be viewing the iStudyGuide version, which is the mobile version of the Study Guide. The iStudyGuide is developed to enhance your learning experience with interactive learning activities and engaging multimedia. Depending on the reader you are using to view the iStudyGuide, you will be able to personalise your learning with digital bookmarks, note-taking and highlight sections of the guide. Note that the video lectures are accessible through the epub version of the iStudyGuide (no the pdf version).

### **Interaction with Instructor and Fellow Students**

Although flexible learning – learning at your own pace, space and time – is a hallmark at SUSS, you are encouraged to engage your instructor and fellow students in online discussion forums. Sharing of ideas through meaningful debates will help broaden your learning and crystallise your thinking.

### **Academic Integrity**

As a student of SUSS it is expected that you adhere to the academic standards stipulated in The Student Handbook, which contains important information regarding academic policies, academic integrity and course administration. It is necessary that you read and understand the information stipulated in the Student Handbook, prior to embarking on the course.

**Study  
Unit**

**1**

**Safety and Well-being**

## Learning Outcomes

By the end of this unit, you should be able to:

1. Describe an early childhood educator's role in keeping children safe.
2. Describe the main determinants of a child's health and their impact on the child's growth and learning.
3. Identify classroom management practices to promote safety for young children (birth to 8 years of age).
4. Identify some supervision practices that promote safety

## Overview

**U**nit 1 introduces some key concepts and practices in relation to children's safety and well-being. More specifically, the focus is on the responsibility of early childhood teachers in ensuring the safe condition of both indoor and outdoor environments, the selection of suitable toys, and behavioural management practices that ensure safety at all times.



### Read

You should read about five interesting playgrounds for the kids to romp in <https://www.straitstimes.com/lifestyle/home-design/play-takes-flight>



### Lesson Recording

[Playground Safety](#)

## Chapter 1: Safety for Young Children – Indoor and Outdoor Environments

Early childhood educators are responsible for the safety and wellness of children. Young children rely very much on adults to ensure their safety as they learn to become independent individuals.

### 1.1 Defining “Safety”



#### Read

You should now read Sorte, Daeschel and Amador (2017), pp.434.

What principles would you go by in determining if a space is safe for young children? Have a look at these pictures to generate some general principles and think about whether these spaces are suitable for children from infancy to 6 years of age:



Figure 1.1 Indoor play space



**Figure 1.2** Impromptu outdoor play space in Bishan Park



### Reflect 1.1

What is your definition of a safe space for young children? Is safety only relevant to the physical environment? If not, what are some other areas to be considered?

**Read**

You should now read Sorte, Daeschel and Amador (2017), pp.435-438. Pay attention to the table at the bottom of p.436 “Needs for a healthy development”.

**Think:**

If caregivers and teachers only offer a child physical safety but not emotional safety, what are some of the possible impacts on the child’s sense of love and belonging, self-esteem, and self-actualisation? (recall: A. Maslow’s hierarchy of needs)

## 1.2 Establishing Safe Indoor Environments

When a teacher sets up the classroom, he or she should consider providing sufficient and safe spaces with child-safe and child-friendly furniture arrangement, and play areas.



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.463-470.



### Reflect 1.2

Refer to Figure 13-4 (p.464) in particular, what are the pros and cons of this classroom set up?

Compare this with the child care centre or kindergarten that you have been attached to. To enhance your own learning, analyse and sketch out as many classroom plans as possible to build your own resource of “learning spaces”. This will come in handy as you learn to design your own classroom space in the near future.

In addition to the guidelines introduced in the textbook, a teacher may also need to adjust the indoor environments based on the day’s lesson plans and activities. For example, if there is to be a cooking activity, teachers need to consider where to set up the table for essential cooking pots or cutting boards so that the set up will be safe for all children to navigate, and to avoid spilling hot food and liquid.

Teachers also need to ensure that the children have sufficient space to conduct cooking activities either as a large group or in a few small groups, with adult supervision at all times. Teachers should plan in advance where to store sharp objects such as knives, before

and after using them. Some centres may have mobile cooking carts with built-in cooking features which can facilitate cooking activities and ensure indoor safety practices.

During wet weather, indoor spaces should be made suitable for appropriate games and other play activities which would normally take place outdoors. Teachers need to ensure that such spaces are sufficient and safe for those activities.

Furthermore, any necessary food items required in the classroom should be properly stored to prevent them from becoming rancid or contaminated; also to prevent pest infestation. In addition, all plants should be regularly checked for pests and diseases.

It is vital to empty stagnant water in and around plant pots to prevent mosquito breeding.



### Activity 1.1

1. Some classrooms may have limited space. How would you accommodate such limitations in your classroom? Observe the classrooms during your field experience and take note of how teachers use physical space effectively or otherwise.
2. Would you consider having plants in the classroom? Why and why not?
3. Refer to Figure 13-5 to check out the kinds of safe plant suitable for early childhood settings. Are there plants available in Singapore that you might like to add to the list?
4. Look up additional information online. Here is an example:

<https://www.gardeningknowhow.com/special/children/houseplants-for-children.htm>

Know that the National Parks Board (NParks) website also contains teaching and learning resources that are useful for educators in general (especially for curriculum planning):

<https://www.nparks.gov.sg/learning/teaching-and-learning-resources>



### Activity 1.2

Review Figure 13-6 'A safety checklist for the children's environment', and Figure 13-7 'Attributes of safe indoor active play areas'.

Are these appropriate for the local context in Singapore?

Look through the Early Childhood Development Agency (ECDA) guidelines for 1) physical environment of child care centres and 2) pre-licensing site visit report found in this site:

<https://www.ecda.gov.sg/Operators/Pages/Setting%20up%20a%20Centre.aspx>

What are mentioned as some of the safety guidelines for indoor environments? Bring what you have learned to class for a group discussion.

## 1.3 Establishing Safe Outdoor Environments

Safe outdoor spaces in early childhood setting in Singapore vary greatly, due to the location and different types of early childhood setting. Some settings will have greener and larger outdoor areas for children to play and observe nature. Some may need to utilise the space in void decks of HDB blocks or the playground nearby. In either scenario, the teacher needs to ensure that children are safe in their environment whilst at the same time, encourage them to explore and take reasonable risks during their exploration. Adult supervision is crucial at all times to keep children safe, yet without dampening their curiosity to make new discoveries.

Teachers need to review outdoor sites before taking children to the outdoor play areas. They must be aware of any out-of-bounds areas and set rules to ensure the children's

safety prior to bringing them outdoors. Any dangerous or hazardous materials found at the site must be removed.

The National Association for the Education of Young Children (NAEYC) (2008) recommended a minimum area of 75 square feet (about 7 square metres) of usable space per child. Teachers should also observe the weather and make necessary adjustments for the outdoor play. Look up Singapore's ECDA requirements.

Although teachers can set safety rules for children, it is important to note that a certain degree of risk will always be present. Everything we do in life involves a certain degree of risk. It is the teacher's responsibility to teach children how to manage risk by playing safely and using outdoor equipment in an appropriate manner. Equipment for outdoor play should be developmentally appropriate and there should be alternatives for children with special needs. Equipment should include required guardrails and barriers to avoid potential hazards that might cause injuries. It is important for teachers to set the rules for children and to demonstrate how to manage specific equipment to avoid accidents.

Teachers need to closely monitor the safety of all children during outdoor play. Should an inevitable minor incident occur, the teacher should take the opportunity to teach children how to play safely. Whilst it is important for children to have access to nature, teachers need to pay close attention to the types of vegetation and how children play with them. For example, some flowers, leaves, or seeds can be dangerous or poisonous if ingested or touched. Hand-washing is vital after any contact with all kinds of vegetation. Adult supervision at all times is key.



### **Read**

You should now read Sorte, Daeschel and Amador (2017), pp.477-484.



### Activity 1.3

1. Why is it important for children to play outdoors, particularly in the local context? What are the benefits of outdoor physical play in the development of cognitive, social-emotional, motor, language and self-care skills?
2. In your opinion, is NAEYC's recommendation of a minimum area of 75 square feet of usable space per child suitable for the Singapore context? Why or why not?

Look up ECDA's licensing requirements for child care centres – what is the recommended floor area per child?

3. Review Table 13-5 Playground maintenance checklist (p.484). Use the checklist to examine the outdoor play area at a child care centre during your field experience. What is your assessment of that playground?
4. Look through the ECDA guidelines again for 1) physical environment of child care centres and 2) pre-licensing site visit report found in this site and identify the requirements for outdoor environments.

<https://www.ecda.gov.sg/Operators/Pages/Setting%20up%20a%20Centre.aspx>

5. If you need additional explanation regarding the “Pre-Licensing Site Visit” report, speak with your cooperating teacher or the centre principal to learn more. You may also use the checklist to practise “assessing” the environment of your field attachment centre.

## 1.4 Selecting Safe Toys

Toys are not just play materials, but are also educational. The toys that a teacher selects need to be able to attract children's interests and be age/developmentally appropriate. To be age appropriate, toys for infants and toddlers should be different from those for preschoolers. The toys should be at the child's developmental level (in the area of cognitive development at least) and provide some challenges. The textbook introduces some specific things to look out for in toys for different age groups (p.471). Toys should have child-directed traits that encourage independence.

Toys in the classroom should encourage children to explore on their own and facilitate self-directed learning. To enable children to learn from playing with toys and their peers, there is a need for sufficient types and numbers of toys in the classroom. Variations in the types of toys will help children to learn different skills. Having enough toys will ensure all children have toys that they can play with and create games with. It also ensures that there is interactive social play with other children. Toys selected in the classroom should be safe for young children and according to their age range. It's important to read the labels of the toys indicating age appropriateness. In addition, teachers should teach children safe play rules to prevent choking hazards and injuries from any sharp edges of the toys. Part of ensuring toys are safe also depends on how easily the toys can be cleaned and sanitised. The early child care settings should establish timeline for cleaning toys. Teachers should select toys that can be easily sanitized for the classroom.



### **Read**

You should now read Sorte, Daeschel and Amador (2017), pp.470-475.



### Activity 1.4

1. Should you include toys in your classroom that require higher cognitive thinking skills if you know that some children will benefit from them, even though most will not?
2. How would you prevent choking hazards in the classroom? How does your cooperating teacher do so?
3. How are toys kept clean and sanitised? Observe practices in your field attachment centre and share these in class.

See instructions for cleaning and disinfection in the “Infection control guidelines for schools and child care centres”:

[https://www.moh.gov.sg/docs/librariesprovider5/default-document-library/infection-prevention-guidelines-for-schools-\(primary\)-and-child-care-centre-third-edition-2019.pdf](https://www.moh.gov.sg/docs/librariesprovider5/default-document-library/infection-prevention-guidelines-for-schools-(primary)-and-child-care-centre-third-edition-2019.pdf)

## Chapter 2: Children's Basic Needs and Well-being

### 2.1 Define Health and Well-being

Health is defined as a state of complete physical, mental, and social well-being. Wellness is a broader term, referring to a state of optimal health and the vitality to enjoy life. Health comprises both physical and mental health. Physical health refers to the level of functioning and wellbeing that a child feels regarding his/her body. Mental health refers to a child's mental state and wellness. A child with unhealthy mental state such as depression or anxiety may develop certain physical habits that negatively impact his or her development (Sorte, Daeschel, & Amador, 2017). Determinants of a child's health can be risk factors or protective factors. Risk factors may include poverty, disabilities/delays, unsafe housing or neighbourhoods, dysfunctional family relationships. Protective factors may include warm, nurturing family and caregivers, good nutrition, supportive social networks, and access to quality child care (Sorte, Daeschel, & Amador, 2017).



#### **Read**

You should now read Sorte, Daeschel and Amador (2017), pp.277-282



### Activity 1.5

1. How do you define health and wellness for yourself? Are these similar to or different from the definition of health and wellness for young children?
2. Compare acute conditions, chronic conditions and congenital conditions (refer to p.277). What are the similarities and differences among these terms?
3. Review Table 8-1 (p.279). Children living in poverty are more commonly affected by health problems. Why are these problems associated with poverty? Based on what you consider as helpful, add one more example of what teachers can do to uplift some of the health problems associated with poverty.

## 2.2 Classroom Management Practices and Children's Health and Well-being

Classroom management practices can be used to establish specific rules and routines to ensure safety practices in the classroom. Classroom routines are those that everyone follows as common practice. Routines are powerful because they help children to form habits and actions. Safety practices can become explicit rules that children follow in the classroom.

For infants, teachers should adopt practices such as:

- a. Checking the environment daily to ensure clean floors, covered electrical outlets, absence of choking hazards, sharp or rough surfaces, etc.
- b. Labelling and storing the infants' food and personal belongings appropriately.
- c. Placing infants on their backs to sleep alone in cribs with no toys, blankets, or bumper pads.
- d. Talking and singing to infants to help them feel safe.

For toddlers, teachers should adopt practices such as:

- a. Reviewing the environment for safety.
- b. Arranging open spaces for play and ensuring sufficient time for children to move around and explore.
- c. Checking toys and food for choking hazards.
- d. Labelling and storing a child's food and personal belongings appropriately.

For preschoolers, teachers should adopt practices such as:

- a. Creating an environment layout to enable the children to be as self-directed and independent as possible.
- b. Encouraging the development of self-help skills. Allow children to try different ways of dressing and brushing of teeth.
- c. Labelling and storing a child's food and personal belongings appropriately in the language the child speaks for literacy awareness.
- d. Providing access to the toilet at will, if possible.



### **Read**

You should now read Sorte, Daeschel and Amador (2017), pp.488-496 and pp.504-506.



### Reflect 1.3

How do the guidelines for safe practices differ for infants, toddlers, preschoolers and older children (6-8 years old)? Why?

Look up this link again to be sure you have looked through the requirements for infant/toddler services (i.e., children from 2 months) and regular child care services (i.e., children from 18 months):

<https://www.ecda.gov.sg/Operators/Pages/Setting%20up%20a%20Centre.aspx>

## 2.3 Safety Messages

Teachers should also convey safety messages to young children to reinforce their safety awareness and trust, and foster independence.

For infants, teachers can convey safety messages by:

- a. Responding to the infant's needs through talking to the infant, smiling and attending to specific needs (e.g., feeding, holding, diapering if any).
- b. Placing the infant in safe positions to eat and sleep.
- c. Providing gentle touch and comforting sounds.

For toddlers, teachers can convey safety messages by demonstrating and teaching the following behaviours:

- a. Using gentle touch: preventing children from poking or scratching eyes and faces or pulling earrings.
- b. Staying away from dangers: be cautious with dangerous objects in the classroom, such as furniture edges and broken glass.
- c. Eating and drinking safely: children should sit quietly while eating and drinking.
- d. Moving safely: help children to watch out for tabletops that stick out at eye level.

- e. Playing safely: teach children careful play skills and avoid crashing objects into other children. Teach them to share and take turns.

For preschoolers and older children (6-8 years old), teachers can convey safety messages by:

- a. Explaining cause and effect: help children to analyse and see the relationship between the cause and effect of an incident, and their behaviour.
- b. Teaching safety procedures during lightning and thunder storms.
- c. Teaching safety practices concerning strangers and strange objects, e.g. staying away from strangers, strange animals, and unfamiliar objects; never eating food given by strangers.
- d. Following safety play rules: play safely and follow the rules of the games.
- e. Modelling safe behaviours and establishing boundaries for movement and behaviours.
- f. Teaching children to monitor their physical state (e.g., sickness, tiredness) and taking a rest when needed.



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.507-512.



### Reflect 1.4

Based on your observations during your field experience, what did the teacher do to convey safety messages to young children? In your opinion, were these measures effective and supportive? Describe anything you would have done differently.

## 2.4 Supervision Practices

Supervision is a vital part of working with young children. Teachers should supervise the safety and interactions of children at all times.

Teachers must supervise by looking at and listening to the children. Infants and toddlers must be supervised in this way at all times. Preschoolers must be supervised likewise. However, as children grow and develop, and with their teachers becoming more familiar with the children's behaviours and habits, the teachers can allow 5-and- 6-year-olds to be out of sight and sound for short periods of time (e.g., if they step into the toilet which is within the same classroom), if checked regularly. However, it is strongly recommended that teachers remain vigilant about their children's movements and interactions at all times.

If a teacher observes any unsafe or inappropriate behaviours in any child, or notices any immediate danger faced by the child, the teacher needs to step in and guide the child without delay. If there is no immediate danger, teachers could either step in at that very moment, or use the incident as "a teachable moment" during subsequent talk time. In other words, teachers need to explicitly teach safe practices and appropriate behaviours at all times.



### **Read**

You should now read Sorte, Daeschel and Amador (2017), pp.496-504.



### **Reflect 1.5**

How do you determine whether children are in “immediate danger” or not? Give some examples to support your explanation.

## Summary

Chapter 1 discusses the importance of safety for children's healthy growth and development. It looks at how teachers may establish early childhood classrooms as places in which children can grow and thrive. Trainee teachers should relate their learning from this unit and experiences from field placements, to the local context in Singapore. They should also look for opportunities to observe both indoor and outdoor environments in a variety of early childhood settings.

Chapter 2 discusses some essential factors that influence children's health and wellness. Health and wellness are concepts that, in combination, create a complete sense of wellbeing. Biological factors, genetics, and the environment influence health. Wellness refers to a state of optimal health and the vitality to enjoy life, and is largely determined by lifestyle choices. These lifestyle choices, habits, and behaviours are learned early in life. Teachers also need to use classroom management techniques to promote children's good health and wellbeing.

## Formative Assessment

1. Teachers can promote children's physical and emotional well-being by:
  - a. Protecting children from harm, allowing them to grow and learn without fear and violence.
  - b. Teaching children rules for keeping themselves safe should they face violence.
  - c. Giving children recommendations for the possible dangers that they should avoid.
  - d. Limiting children's contact with unfamiliar adults.
  
2. "Maslow's Hierarchy of Needs" describes the basic needs of human development, including first level body and safety needs, need for love and belonging, self-esteem, and self-actualization. The Hierarchy emphasizes that:
  - a. Teachers need to address children's cultural practices.
  - b. A child's physical and emotional safety needs must first be met before children can grow, develop, and learn.
  - c. Play materials should be available in the classroom to promote development.
  - d. Adults should model desired behaviors.
  
3. All of the following could introduce safety hazards in the classroom EXCEPT:
  - a. Child-sized furniture.
  - b. Medication storage.
  - c. Plants and flowers.
  - d. Wall displays.
  
4. Which of the following toys may potentially be a choking hazard?
  - a. Scissors and paper.
  - b. Dramatic play costumes and hats.
  - c. Magnets.

- d. Small objects or parts of toys (e.g., marbles).
5. According to your textbook, which of the following are NOT approved for use as playground surfaces?
    - a. Wood chips and wood mulch.
    - b. Dirt and grass.
    - c. Shredded recycled rubber.
    - d. Sand and pea gravel.
  6. Which statement best defines "sight and sound supervision?"
    - a. Teachers must be able to both see and hear children at all times.
    - b. Teachers must train children to look at and listen to their instructions at all times.
    - c. Children must be able to both see and hear other children at all times.
    - d. Children must be able to respond to "1-2-3, eyes and ears on me" spoken by the teacher.
  7. Teachers supervise children using all the strategies below EXCEPT:
    - a. Positioning oneself so the children are in view.
    - b. Being able to see the exit at all times.
    - c. Looking up from the computer periodically to view the classroom.
    - d. Periodically walking round and changing positions.

## Solutions or Suggested Answers

### Formative Assessment

1. Teachers can promote children's physical and emotional well-being by:
    - a. Protecting children from harm, allowing them to grow and learn without fear and violence.  
Incorrect. See Study Unit 1 and textbook
    - b. Teaching children rules for keeping themselves safe should they face violence.  
Incorrect. See Study Unit 1 and textbook
    - c. Giving children recommendations for the possible dangers that they should avoid.  
Incorrect. See Study Unit 1 and textbook
    - d. Limiting children's contact with unfamiliar adults.  
**Correct.**
  
  2. "Maslow's Hierarchy of Needs" describes the basic needs of human development, including first level body and safety needs, need for love and belonging, self-esteem, and self-actualization. The Hierarchy emphasizes that:
    - a. Teachers need to address children's cultural practices.  
Incorrect. See Study Unit 1 and textbook
    - b. A child's physical and emotional safety needs must first be met before children can grow, develop, and learn.  
**Correct.**
    - c. Play materials should be available in the classroom to promote development.  
Incorrect. See Study Unit 1 and textbook
-

- d. Adults should model desired behaviors.  
Incorrect. See Study Unit 1 and textbook
3. All of the following could introduce safety hazards in the classroom EXCEPT:
- a. Child-sized furniture.  
**Correct.**
- b. Medication storage.  
Incorrect. See Study Unit 1 and textbook
- c. Plants and flowers.  
Incorrect. See Study Unit 1 and textbook
- d. Wall displays.  
Incorrect. See Study Unit 1 and textbook
4. Which of the following toys may potentially be a choking hazard?
- a. Scissors and paper.  
Incorrect. See Study Unit 1 and textbook
- b. Dramatic play costumes and hats.  
Incorrect. See Study Unit 1 and textbook
- c. Magnets.  
Incorrect. See Study Unit 1 and textbook
- d. Small objects or parts of toys (e.g., marbles).  
**Correct.**
5. According to your textbook, which of the following are NOT approved for use as playground surfaces?
- a. Wood chips and wood mulch.  
Incorrect. See Study Unit 1 and textbook
-

- b. Dirt and grass.

**Correct.**

- c. Shredded recycled rubber.

Incorrect. See Study Unit 1 and textbook

- d. Sand and pea gravel.

Incorrect. See Study Unit 1 and textbook

6. Which statement best defines "sight and sound supervision?"

- a. Teachers must be able to both see and hear children at all times.

**Correct.**

- b. Teachers must train children to look at and listen to their instructions at all times.

Incorrect. See Study Unit 1 and textbook

- c. Children must be able to both see and hear other children at all times.

Incorrect. See Study Unit 1 and textbook

- d. Children must be able to respond to "1-2-3, eyes and ears on me" spoken by the teacher.

Incorrect. See Study Unit 1 and textbook

7. Teachers supervise children using all the strategies below EXCEPT:

- a. Positioning oneself so the children are in view.

Incorrect. See Study Unit 1 and textbook

- b. Being able to see the exit at all times.

**Correct.**

- c. Looking up from the computer periodically to view the classroom.

Incorrect. See Study Unit 1 and textbook

- d. Periodically walking round and changing positions.  
Incorrect. See Study Unit 1 and textbook

## References

National Association for the Education of Young Children (NAEYC) (2008). *Overview of the NAEYC Early Childhood Program Standards*. Retrieved from <https://www.naeyc.org>

Sorte, J., Daeschel, I., & Amador, C. (2017). *Nutrition, health, and safety for young children: Promoting wellness* (3<sup>rd</sup> ed.). Upper saddle River, NJ: Pearson Education, Inc.

# Study Unit 2

## Physical Growth and Daily Care Routines

## Learning Outcomes

By the end of this unit, you should be able to:

1. Describe a child's developmental milestones in physical motor development.
2. Describe the impact of atypical child development.
3. List different skills a teacher could foster during routine care for infants and toddlers.
4. List different skills a teacher could foster during routine care (e.g., showering, brushing teeth) for preschoolers and older children (6-8 years of age).

## Overview

**U**nit 2 is concerned with children's physical growth and daily care routines. It introduces basic knowledge of children's physical growth and significant milestones in this process. Additional coverage is given to daily care routines such as dressing, toileting, and feeding routines that are essential to a teacher's role in early childhood settings. One goal is to establish an understanding that daily care routines serve multiple purposes. Daily care routines are not only opportunities to foster children's self-care skills and independence, but more importantly, daily care routines can also be utilised to teach children essential vocabulary, social skills, how to initiate conversation, and to extend their motor and cognitive skills.

# Chapter 1: Physical Growth and Development of Young Children (Birth – 8 Years): Major Achievements and Variations

## 1.1 Physical and Motor Development

Most babies weigh between 5 1/2 and 10 pounds at birth, and are between 18 and 22 inches long. Male babies are generally slightly heavier and longer than female babies. The size of an infant's head decreases in proportion to the rest of the body from 1/3 of the entire body at birth, to 1/4 at age 2, to 1/8 by adulthood. Infants learn to engage in motor activities according to the limitations and capabilities of their changing body sizes. At about 1 month, infants can lift their chins while lying flat on their stomachs. At about the second month, infants can raise their chests from the same position. By the fourth month, infants can grasp rattles, as well as sit with support. By the fifth month, infants can roll over, and by the eighth month, infants are able to sit independently. At about 10 months, toddlers may stand whilst holding onto an object for support. At about 14 months, toddlers may stand and even walk. There are, however, individual differences in the development of these growth patterns or milestones for each child.

These developmental milestones are introduced in the readings and resources shared in this chapter. Developmental milestones are viewed as the building blocks of the child's gradual growth and development. While most children progress based on these developmental milestones, some children may exhibit delays in specific growth areas or milestones. The delay itself does not necessarily mean that the child has special needs, as typically developing children have strengths and weaknesses across developmental domains. However, delay in a specific domain or milestone does signal to teachers and parents to pay close attention and continue to observe the changes in a child's growth patterns, and at the same time, to provide a variety of play-based activities to encourage the child to practise the skills within the area of the delay. It is important to continue to monitor the child's progress and if the child appears to continue to exhibit delays, teachers

would need to inform parents and have them consider seeking professional advice and guidance so that the child can receive additional support early.

Observing and monitoring children's development is part of assuring children's healthy development. In the support of healthy development, there are many partners. Understanding the role of physician, dentist, and other health professional is crucial to supporting families.

This is what the Health booklet for children in Singapore looks like: <https://www.healthhub.sg/sites/assets/Assets/Programs/screening/201810/pdf/health-booklet-2014.pdf>

Some of this has been adapted from the instructions found in the Denver Developmental Screening Test. Pediatricians are supposed to help screen infants and toddlers when they visit the clinics for vaccinations.

Physical development refers to the development of gross motor skills and fine motor skills. Gross motor skills refer to the involvement of large muscles of the neck, trunk, arms and legs. Children demonstrate such involvement as they climb, jump, walk, crawl, throw etc. Just like any other skills, children need the opportunities to practise and refine such skills. As they reach kindergarten age, young children would have sufficient muscle strength to perform such gross motor movements well.

Fine motor skills involve the use of small muscles. This occurs when children use their fingers to hold spoons, forks and chopsticks, or writing implements to colour or draw. These skills require strength, flexibility, and dexterity. Just like any other skills, children need adequate opportunities to practise their fine motor skills. A good way to start is to have children practise self-care skills (such as buttoning, opening water bottles) independently. Opportunities for children to practise using their fingers will assist the development of their fine motor skills. Teachers should, therefore, provide children with lots of activities and experiences involving gross and fine motor skills in their daily routines and play to aid their development.



## Read

You should now read the following online resources, with a specific focus on physical growth and motor development:

1. A developmental milestones chart:  
[http://www.rsd.k12.pa.us/Downloads/Development\\_Chart\\_for\\_Booklet.pdf](http://www.rsd.k12.pa.us/Downloads/Development_Chart_for_Booklet.pdf)
2. Milestone Moments: Learn the signs. Act early:  
[https://www.cdc.gov/ncbddd/actearly/pdf/parents\\_pdfs/milestonemomentseng508.pdf](https://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/milestonemomentseng508.pdf)
3. Adapted from “Developmental Milestones Summary,” Institute for Human Services, (1990):  
<https://www.communities.qld.gov.au/resources/childsafety/practice-manual/physical-cognitive-milestones.pdf>
4. Developmental assessment: practice tips for primary care physicians (2019).  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6395840/>

In addition, explore the following web resources on developmental milestones across ages. Take the online quiz from this web link once you are ready:

<http://www.ncactearly.com/Information/Developmental-Milestones>



### Activity 2.1

1. Is a child's physical development a gradual or rapid process? Why do you think so?
2. Why is it important for teachers and parents to observe and track young children's developmental milestones?
3. Based on your understanding of a child's typical developmental milestones, what are some examples of gross motor skills? What are some examples of fine motor skills?
4. From the developmental milestones, you can observe that children are capable of playing social games from very early on. What are the physical skills involved for children to play social games such as hide-and-seek?
5. From your knowledge of children's developmental milestones, what are some common misconceptions or opinions about children's development that you have heard parents shared?
6. Read through the recommended activities suggested for children at different ages. Do you think all recommendations are culturally appropriate for Singapore context?

## 1.2 Atypical Development

Atypical physical development in young children is an important topic for teachers to know and understand. Sometimes, early atypical physical development is an early warning sign indicating potential delay or specific special needs in a child's development at a later stage of his or her childhood. For example, some children who are diagnosed with Autism Spectrum Disorders and Dyspraxia show signs of atypical physical development at an early stage. To assess the extent of any delay, teachers may observe children engaged

in different activities/experiences (such as outdoor and indoor play) and may notice the absence or otherwise of improvements in the children's gross and/or fine motor skill development. Comparisons could be made of motor development with typical developmental milestones to gauge the extent of any gaps. If a gap is observed between a child's current development and the expected developmental milestone, parents could be alerted and suggestions made for additional gross and fine motor skills to be conducted by parents at home. If the gap persists and becomes significant, teachers should recommend further tests and observations by relevant professionals.

Atypical physical development impacts not just a child's fine and gross motor skills as they strive to be more independent in daily living skills (such as brushing teeth, running, jumping etc.). As the child gets older, his/her self-esteem will also be affected by his/her inabilities to complete or learn certain tasks. For example, finger control affects how well a child handles a pen or paint-brush. A child with delay in fine motor development may struggle in drawing and writing at a later stage. He or she may be completing the task at a much slower pace than other children, or struggling with the process of drawing and writing. This may result in related delays in academic learning. As such, the frustration experienced with the learning process may affect the child's self-image and self-esteem.

Atypical physical development may be the result of brain damage, orthopedic problems, genetic defects, total developmental delay, and/or sensory impairment, some or all of which could potentially impact motor skill development. For example, Cerebral Palsy (CP) is a common physical disability. Depending on the severity, it causes complex problems in many aspects of development. Atypical motor movements in children with CP include primitive reflex retention, poor motor coordination and muscle tone. Muscle tone refers to the degree of tension in the muscle at rest. "Hypo-tonicity" refers to low tension or flaccidity in muscles. Children with Down Syndrome or Prader-Willi Syndrome often have hypo-tonicity. "Hypertonia" or "Spasticity" refers to a condition in which there is too much muscle tone. Some children with CP have spasticity and the affected muscles are rigid and stiff.



## Watch

Watch three video clips from the following web link:

- a. a 2-month-old baby's typical and atypical development patterns
- b. a 4-month-old baby's typical and atypical development patterns
- c. a 6-month-old baby's typical and atypical development patterns

(Access video here: <https://pathways.org/topics-of-development/motor-skills-2/videos/>)



## Activity 2.2

1. What are some impacts of atypical development?
2. Be prepared to discuss the following questions in class:
  - a. What is the difference between typical and atypical physical development based on the cases in the video clip across three age groups? What are the specific physical skills introduced in the video?
  - b. Based on one position (e.g., supine position, side lying, tummy) introduced in the video, compare the growth from a 2 month old to a 6 month old infant.
  - c. Suggest one play activity which may strengthen the development of an infant who has atypical development.
  - d. From the comparisons of typical and atypical development in these videos, how can a teacher know if a preschooler has delays in physical development? What are the common typical and atypical motor patterns that can be observed for preschoolers and older children (6-8 years of age)?
  - e. What would you say to a parent when a child appears to show suspected delays in their physical development?

## Chapter 2: Daily Care Routines for Infants, Toddlers and Preschoolers and Self-care Skills

Self-care skills refer to skills for toileting, feeding, grooming, and dressing. Teachers need to find ways to encourage children to be independent with self-care skills. Daily care routines are crucial opportunities to teach children self-care skills that allow them to utilise skills across cognitive, motor, language, and social emotional domains in preparing them to be independent in their daily routines.

### 2.1 Dressing Routine

For infants, teachers can utilise the dressing routines to incorporate sensorial play. For example, a teacher could do a sudden pause in the midst of singing a nursery rhyme and wait for the infant's response. The singing could resume, with the teacher encouraging the infant to participate at the same time through eye contact, smiling, and arm/leg movements. Teachers should always talk to infants to tell them what is to follow next. For example, "I am going to change your diaper." Allowing infants to feel the texture of the fabric and soft toys during such activities and other routines such as diapering, provides the infants with useful learning experiences.

Toddlers are more capable at helping to dress themselves during dressing routines. Teachers need to encourage toddlers to complete a small part of the task independently. For example, when the teacher helps a child to put on a pair of pants, the child could independently put a leg into the pants one at a time. The child can also be encouraged to pull the pants up independently. Teachers should have a plan for tasks that the toddler can perform independently and to encourage further learning of more complex tasks. For children who have poor balance, they could dress sitting down. Provision of a stool in the dressing area would be helpful.

Preschoolers should practise dressing skills as often as possible. This is to help them improve their fine motor skills to prepare them for subsequent activities like colouring

and drawing which require more complex fine motor skills. Teachers could also allow children to attempt dressing independently and observe their progress, offering assistance only when they struggle with a specific skill they have yet to master (e.g., manipulating difficult buttons). Teachers can encourage by verbal prompts first before offering hand over hand assistance.

A 6-8 year old child is typically able to dress independently and decide what to wear for the day. Some tasks, such as tying of shoe laces, may pose more challenges for some children and more practice will be necessary. Teachers can observe and analyse which component of the task is challenging for an individual child, then explicitly teach that specific component and let the child practise several times.

Regardless of the children's age, it is important that the teacher provides verbal interactions to convey the actions required, or guide them through the steps of the routine.

## 2.2 Toileting / Diapering

Where infants are concerned, teachers will have to change their diapers regularly. If the infant's diaper is not changed regularly, rashes and discomfort will result. Teachers also need to observe and document the frequency and condition of the infant's bowel and urine movements. There may be a need to note whether a child is ill and to visually inspect these. Parents should be alerted when there is any abnormal and persistent diarrhoea.

As with dressing routines, teachers are encouraged to play with and talk to the infant and allow the infant to play with a toy, if it is appropriate. This provides a great opportunity for adult-child bonding and for the infant to have a rich language exposure.

After 2 years of age, a child may typically begin potty training. Generally, children achieve bowel and daytime bladder control between 2.5 and 3 years of age. Teachers should encourage children to go to the toilet periodically but at a set time ("timed toileting"). Also, an appropriate child toilet seat should be available. The timed toileting should be seen as a practice for the children to get used to the timing of the toileting and the outcomes (whether a child passes motion) should not be over-emphasised. Teachers

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should encourage the children to express their need to go to the toilet rather than relying on the diaper. If a child has issues with bladder control, the teacher may need to consider related skills to find ways to help the child become more independent with toileting tasks (Cook, Klein & Tessier, 2004).

Preschoolers and children 6-8 years of age should be able to go to the toilet independently. Teachers can teach them to follow classroom rules (e.g., raise a hand to ask for permission, or go at will) and use the right language in the process (e.g., “May I go to the toilet, please?”).



## Read

You should now read the following resource “Positive toileting and nappy changing”:

<https://www.acecqa.gov.au/sites/default/files/acecqa/files/QualityInformationSheets/QualityArea2/EffectiveToiletingandNappyChangingProcedure.pdf>

**Look up children’s picture books on this topic to start thinking about how you would introduce this subject to children of different ages.**

Examples are:

Alona Frankel’s *Once upon a potty*

Tony Ross’ *I want my potty*

Taro Gomi’s *Everyone poops*

Barbro Lindgren’s *Sam’s potty*

Alyssa Satin Capucilli’s *The potty book for boys*

Wendy Cheyette Lewison’s *The princess and the potty*



### Reflect 2.1

1. One recommendation from your reading about routine care is to build children's understanding of 'the here and now' and to promote their ability to predict what will happen next. Why is it a good opportunity to teach about this cognitive skill during daily care routines?
2. How can you ensure that the physical environment of the diaper changing routine is safe and appropriate?

## 2.3 Feeding

The first 6 months of an infant's life are a vital time of significant growth. Good nutrition is crucial to support their development. Breast milk is the recommended choice as breast milk has significant amount of nutritional benefits. The fat in breast milk is easily absorbed by infants and it provides many immunological benefits. Teachers must take special precautions to handle, store, and serve breast milk safely. Teachers also need to wash hands before handling breast milk and must store breast milk immediately in the refrigerator.

For infants who receive their nutritional requirements from formula milk, teachers need to learn the correct procedures for preparation. Some infants may have formula intolerance and show adverse reactions. In such situations, teachers need to keep families informed when infants show signs of excessive gas, bloating, diarrhoea, vomiting, excessive crying, rash or allergic symptoms.



## Read

1. You should now read Sorte, Daeschel and Amador (2017), pp.118-149.
2. Pay special attention to Figure 4-4 Preparation checklist for standard liquid concentrated iron-fortified infant formula (p.130).



## Reflect 2.2

1. What are the benefits of breastfeeding? What could be some barriers to stop mothers from breastfeeding their infants?
2. Whilst observing the feeding of solid food to infants (p.143), have you noticed any cultural differences in feeding? What are they? Would you choose to implement the practice recommended in the textbook or make adjustments based on Singapore context? Explain your choices.

Feeding toddlers is different from feeding infants. Toddlers may already show preference over different types of food, refusing to eat certain types of food.

For preschoolers and children 6-8 years of age, a teacher's task is to create a positive mealtime experience. Teachers need to establish mealtime as a comfortable routine. Children know what they are expected to do (e.g., wash hands, line up for a plate etc.). Children should be encouraged to help with setting up the chairs and cleaning up. Cleaning up helps children to have a sense of responsibility and many self-care and motor skills are involved. In addition, teachers need to guide and encourage conversations with children. Mealtime is a great time for all children to share their daily life experiences, news of family outings, and to receive attention from the teacher.



## Read

1. You should now read Sorte, Daeschel and Amador (2017), pp.152-188.
2. You should now read the following resource “Teaching your child to become independent with routines”:

[http://csefel.vanderbilt.edu/documents/teaching\\_routines.pdf](http://csefel.vanderbilt.edu/documents/teaching_routines.pdf)

**Look up children’s picture books that promote children’s independence. These are some examples:**

Margaret Wild’s *Piglet and Mama*

Jeanne Willis’ *There’s an ouch in my pouch!*

Barney Saltzberg’s *Beautiful Oops!*

Sophie Piper’s *Ready, steady, grow!*

Pat Thomas’ *I can do it!*

Watty Piper’s *The Little Engine That Could*

Lindsey Yankey’s *Bluebird*



### Activity 2.3

1. Observe families with young children in public spaces – what do you notice about the young children’s behaviours during mealtimes? What do you think adults can do to encourage young children to be independent eaters?
2. Basing your answer on local context, do you agree with the recommended practices in feeding introduced in Figure 5-1 (p.154)? Are there recommendations that may not be suitable for the Singapore local context?
3. Do you think it is a good practice to let children decide what they would like to eat all the time? Why or why not?
4. Refer to Table 5-1 Developmental influences on toddlers’ eating and relevant teacher strategies (p.164). How does a teacher help children feel confident in their eating skills? In addition to the example given on p.164, how would you help children feel confident about their eating skills?
5. Review Table 5-2 Supporting children’s self-regulation of food intake (p.171). The table offers good examples of “teaching language” to foster self-regulation at mealtimes. Why is self-regulation important for young children? Why is mealtime a good time for children to practise self-regulation?
6. Review Figure 5-9 School wellness sample policy guidelines (p.182) for school age children. Why is nutrition education important? What would a good role model be for children’s healthy eating?

## Summary

Chapter 1 introduces the physical growth and development of young children (birth – 8 years old). Most children follow typical developmental milestones but others have atypical physical development patterns. Methods of observing young children's development will be practised in class.

Chapter 2 provides information regarding various aspects of dressing, toileting and the feeding of infants and toddlers, preschoolers, and school-age children. These daily care routines address the rapidly changing developmental stages of a child. Considerations for utilising daily care routines to provide opportunities for cognitive learning, social interactions, language, and motor skills should be constant learning tasks for all teachers.



### Lesson Recording

[Physical Motor Development](#)

## Formative Assessment

1. These descriptions of infant development are generally true EXCEPT:
  - a. During their first month, infants can lift their chins while lying flat on their stomachs.
  - b. In the second month, infants can raise their chests from the same position.
  - c. In the fourth month, infants can grasp rattles.
  - d. In the fourth month, infants can sit independently.
  
2. Which of the following is NOT a fine motor skill?
  - a. Holding a spoon.
  - b. Using forks and chopsticks.
  - c. Shaking hands.
  - d. Writing.
  
3. What is a warning sign of possible atypical motor development?
  - a. The child is quiet during classroom activities.
  - b. When most children in class can transit from sitting to standing up position independently, a child needs an adult's physical support to do so.
  - c. When a child cannot sit through large group instruction and is often distracted.
  - d. When a child cannot count from 1 to 10.
  
4. Self-care skills refer to
  - a. Skills for toileting, feeding, grooming, dressing and fostering children's independence.
  - b. Skills for using words to express emotions.
  - c. Skills for sharing toys.
  - d. Skills for recognising numbers.

5. Which of the following is NOT a good way to toilet-train children?
- Teachers can encourage the child to go to the toilet on a set time periodically (“timed toileting”).
  - Teachers can place the child on the toilet for a few minutes when going to the toilet.
  - Ask the child if he or she needs to go to the toilet.
  - Ask the child to hurry and try harder.
6. Which is a good way to conduct a dressing routine with an infant?
- Sing a song during the dressing routine and talk to the infant.
  - Remain silent throughout the dressing routine.
  - Rush through the dressing routine and do it as quickly as possible.
  - Avoid eye contact with the infant.
7. What is a good way to dress a toddler?
- Do everything for the toddler.
  - Encourage the toddler to complete a small part of the task independently.
  - Remain silent throughout the dressing routine.
  - Reprimand the toddler if he or she cannot perform the dressing routine independently.

## Solutions or Suggested Answers

### Formative Assessment

1. These descriptions of infant development are generally true EXCEPT:
    - a. During their first month, infants can lift their chins while lying flat on their stomachs.  
Incorrect. See Study Unit 2 and textbook
    - b. In the second month, infants can raise their chests from the same position.  
Incorrect. See Study Unit 2 and textbook
    - c. In the fourth month, infants can grasp rattles.  
Incorrect. See Study Unit 2 and textbook
    - d. In the fourth month, infants can sit independently.  
**Correct.**
  
  2. Which of the following is NOT a fine motor skill?
    - a. Holding a spoon.  
Incorrect. See Study Unit 2 and textbook
    - b. Using forks and chopsticks.  
Incorrect. See Study Unit 2 and textbook
    - c. Shaking hands.  
**Correct.**
    - d. Writing.  
Incorrect. See Study Unit 2 and textbook
  
  3. What is a warning sign of possible atypical motor development?
    - a. The child is quiet during classroom activities.
-

Incorrect. See Study Unit 2 and textbook

- b. When most children in class can transit from sitting to standing up position independently, a child needs an adult's physical support to do so.

**Correct.**

- c. When a child cannot sit through large group instruction and is often distracted.

Incorrect. See Study Unit 2 and textbook

- d. When a child cannot count from 1 to 10.

Incorrect. See Study Unit 2 and textbook

4. Self-care skills refer to

- a. Skills for toileting, feeding, grooming, dressing and fostering children's independence.

**Correct.**

- b. Skills for using words to express emotions.

Incorrect. See Study Unit 2 and textbook

- c. Skills for sharing toys.

Incorrect. See Study Unit 2 and textbook

- d. Skills for recognising numbers.

Incorrect. See Study Unit 2 and textbook

5. Which of the following is NOT a good way to toilet-train children?

- a. Teachers can encourage the child to go to the toilet on a set time periodically ("timed toileting").

Incorrect. See Study Unit 2 and textbook

- b. Teachers can place the child on the toilet for a few minutes when going to the toilet.

Incorrect. See Study Unit 2 and textbook

- c. Ask the child if he or she needs to go to the toilet.

Incorrect. See Study Unit 2 and textbook

- d. Ask the child to hurry and try harder.

**Correct.**

6. Which is a good way to conduct a dressing routine with an infant?

- a. Sing a song during the dressing routine and talk to the infant.

**Correct.**

- b. Remain silent throughout the dressing routine.

Incorrect. See Study Unit 2 and textbook

- c. Rush through the dressing routine and do it as quickly as possible.

Incorrect. See Study Unit 2 and textbook

- d. Avoid eye contact with the infant.

Incorrect. See Study Unit 2 and textbook

7. What is a good way to dress a toddler?

- a. Do everything for the toddler.

Incorrect. See Study Unit 2 and textbook

- b. Encourage the toddler to complete a small part of the task independently.

**Correct.**

- c. Remain silent throughout the dressing routine.

Incorrect. See Study Unit 2 and textbook

- d. Reprimand the toddler if he or she cannot perform the dressing routine independently.

Incorrect. See Study Unit 2 and textbook

## References

National Association for the Education of Young Children (NAEYC) (2008). *Overview of the NAEYC Early Childhood Program Standards*. Retrieved from <https://www.naeyc.org>

Sorte, J., Daeschel, I., & Amador, C. (2017). *Nutrition, health, and safety for young children: Promoting wellness* (3<sup>rd</sup> ed.). Upper saddle River, NJ: Pearson Education, Inc.



**Study  
Unit** **3**

**Mental Health and Childhood  
Diseases**

## Learning Outcomes

By the end of this unit, you should be able to:

1. Describe some possible mental health issues in young children.
2. Identify ways to support a child's problem behaviour (such as biting).
3. Identify classroom practices for controlling the spread of disease.
4. Describe the symptoms and possible causes/triggers of asthma, allergies and common injuries.

## Overview

**C**hapter 1 discusses good mental health in young children and how it is supported through healthy social and emotional relationships. Chapter 2 introduces common childhood ailments and allergies. This chapter discusses how infectious diseases are spread and what teachers can do to prevent it and to manage outbreaks. The causes and management of children with asthma, allergies, and some common injuries are also be introduced.



### Lesson Recording

[Guiding a child's behaviour](#)

# Chapter 1: Mental Health and Creating a Healthy Emotional Climate for Infants, Toddlers and Preschoolers

## 1.1 Defining “Mental Health”

Early childhood mental health refers to young children’s abilities to understand and manage their own emotions and behaviours, and to build positive relationships with others in developmentally appropriate ways. Children need to reach social-emotional developmental milestones, demonstrate age appropriate social skills and dispositions for learning. According to the Nurturing Early Learners (NEL) curriculum framework (2013) by the Ministry of Education (MOE), dispositions include perseverance, appreciation, inventiveness, a sense of wonder and curiosity, engagement and reflectiveness (p.6).

Social-emotional development is considered as part of a “continuum of mental health processes”. In other words, social-emotional development is a crucial part of a child’s good mental health across his or her life span. Children who have atypical or deficits in social-emotional development have higher rates of mental illness. It is important to promote and support young children’s social-emotional development to prevent possible mental illness.

The continuum of good mental health processes includes behaviours in three phases:

- a. Demonstrating positive social and emotional traits.
- b. Indicating problems with social and emotional development or mental health problems.
- c. Implying potential underlying mental disorders or illness.

When a child demonstrates signs of atypical social emotional development or mental health problems, it is possible that the child may be developing at a slower rate, or experiencing a lack of opportunities to practise the appropriate age-related skills and behaviours. It is also possible that an incident/event at home (such as fighting between

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parents, or a divorce) may be influencing the child's behaviour during that specific period of time. After the event is over, the child may behave in a more stable and mature manner. However, it is possible that the display of atypical social-emotional behaviours are signs that the child may be "at risk" for other more serious problems over time. The best way to help a child who exhibits atypical social emotional development is to understand the possible causes and triggers.



### Read

1. You should now read the "case study" in Sorte, Daeschel and Amador (2017), pp.400-404.
2. You should now search online for "MOE's Nurturing Early Learners (NEL) curriculum framework", and pay attention to learning dispositions including perseverance, appreciation, inventiveness, sense of wonder and curiosity, engagement and reflectiveness.



### Reflect 3.1

1. Why are the dispositions in MOE's Nurturing Early Learners (NEL) curriculum framework important for children's mental health and learning outcomes?
2. Do you agree that cultural expectations and cultural norms determine the appropriateness of children's expected behaviour in society? Why or why not?

## 1.2 Characteristics of Healthy Social and Emotional Development

Teachers need to establish positive social-emotional climate in the classroom by encouraging behaviours and acts pertaining to sharing, helping one another, speaking in a respectful manner, graciousness (e.g., saying “thank you”), and using positive ways to deal with conflicts and disagreements. It is important for the teacher to serve as a role model for children and to demonstrate behaviours that are nurturing, respectful, and kind on a daily basis. In addition, teachers need to understand the process of social-emotional development in young children and to know ways to promote healthy social and emotional development.

Infants will develop an attachment to their caregivers in their first year of life. Attachment theory refers to the process where the caregiver responds to the infant when he/she cries, thus resulting in the infant gaining confidence and secure attachment with his/her caregiver. By 12 months, most infants should develop “joint attention.” Infants indicate preferences to share an experience with the caregiver by pointing to an object or stimuli.

Young children at 1-2 years of age tend to view themselves as the centre of their world. Children at this age are unaware of what others think or feel. When children reach 3-4 years of age, they display a stronger sense of identity and security. They also become more interested in developing relationship with others. They are also better at understanding the feelings and thoughts of others. Children focus more on social interactions at 4-5 years of age. They can start to engage in collaborative play. Once children reach 5-8 years of age, they are more capable of autonomy and independence. They can also communicate their emotions, needs and wants. While most children follow the typical development phases, not all children develop at the same pace. It is also important to observe children across different contexts (for example, free play with peers, outdoor play, in class activities, and home settings) to understand their social-emotional development as children may behave very differently in different contexts.

Teachers can contribute to children’s healthy social and emotional development by building healthy relationships, helping children to develop self-concept and self-efficacy,

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also self-regulation and resilience. It is important for the teacher to serve as a role model for children and to demonstrate behaviours that are nurturing, respectful, and kind on a daily basis. Moreover, providing appropriate play opportunities is crucial in helping children develop social skills and foster positive relationships with peers.



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.404-416.



### Reflect 3.2

1. Pay attention to p.410. What is the difference between self-concept and self-efficacy?
2. Taking one daily care routine as an example (such as putting on clothes), how do you promote a child's self-concept and self-efficacy through this daily care routine?
3. Referring to the top paragraph in p.416, can you think of other social skills or relationship awareness that young children may experience and master during play?

## 1.3 Understanding Mental Health Problems and Supporting Positive Behaviours

Based on international data, the most common mental health disorder in children is ADD/ADHD (6.8%), followed by behavioural/conduct disorders (3.5%), anxiety (3.0%) and depression (2.1%) (Perou et al., 2013). These mental health issues may develop into problems for the child when he or she grows into adulthood.

Problem behaviours are often termed as (a) externalising behaviours, and (b) internalising behaviours. Externalising behaviours include behaviours that are visible, such as aggression, acting out, bullying, and kicking. Internalising behaviours include behaviours that are less observable, such as depression, anxiety and sadness. Though internalising behaviours are relatively less disruptive, it does not mean they are less serious. Teachers need to pay close attention to a child who may be having internalising behaviours and to encourage the child to express his or her emotions through drawing, talking, and role-play, or conversing with the teacher.

Mental health problems that begin in early childhood can develop into serious disorders as children grow older. Possible issues may involve substance abuse, criminal behaviour, and other serious concerns. When observing potential problem behaviours, teachers need to take note of behaviours that are (a) inappropriate or dangerous, (b) frequent and reoccurring, and (c) persistent. While it is common for children to demonstrate inappropriate social behaviours sometimes, teachers need to take note if such behaviours become severe and persistent, and also to note their trigger factors. Children who experience mental health problems usually display behavioural problems.

Common mental health issues in early childhood may include reactive attachment disorder, behavioural disorders, anxiety disorders, and mood disorders:

- a. Reactive attachment disorders: These occur when a child's basic need to form secure attachment with the caregiver is not met. His or her parents may have a disability, poor parenting skills, emotional issues, or are not present in the child's formative years to form secure attachment with the child.
- b. Behavioural disorders: These may include attention deficit/hyperactivity disorder (ADHD), oppositional defiant disorder, and conduct disorder.
- c. Anxiety disorders: Children with generalised anxiety disorders often express excessive worry about many things that most children do not worry about. In addition, some children may display separation anxiety, obsessive-compulsive disorder, and post-traumatic stress disorder.
- d. Mood disorders: These may include bipolar disorder and depression.



## Read

You should now read Sorte, Daeschel and Amador (2017), pp.416-426.



## Activity 3.1

1. How do you obtain more information about the child's behaviours at home? If you don't have an opportunity to observe the child at home, what kind of questions might you ask parents in order to learn more about the child's behaviours to better understand the latter's state of mental health?
2. Read the case study on page p.424. If you were Zack's teacher, in addition to taking Zack out to play, what would you do to help Zack feel safe and relaxed emotionally in the classroom?

Teachers can promote children's mental health by demonstrating sensitivity, understanding successful integration, seeking support from the families, and conducting functional assessments. It is helpful for a teacher to conduct a functional assessment to further analyse a child's problem behaviours. A functional assessment includes the following:

- a. Describing the child's atypical/problem behaviours
- b. Recognising events surrounding these behaviours
- c. Identifying predictable events which trigger the behaviours
- d. Summarising the child's play abilities
- e. Understanding the purpose of the problem behaviours
- f. Reflecting on the consequence of the problem behaviours

The teacher analyses the function of the behaviours and then generates a hypothesis. The teacher can target the cause of the behaviour and follow up by teaching the child a positive skill or behaviour to replace the problem behaviour.

For example, a particular child may like to grab a peer's hair during large group time. The teacher may hypothesise that the behavior is due to the child's need for sensory stimulation when he is bored. The teacher may then ensure that the child is fully engrossed in the activity. He or she can offer the child positive incentives by employing descriptive encouragement like, "I am so pleased when you listen to your friends' stories", or something similar.



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.426-430



### Reflect 3.3

Refer to the case study on p.428. If you were Davonne's teacher, how would you do better in collaborating with parents to support the child's problem behaviour? What would you say to help the father understand the consequence of the child's pushing and hitting, his wellbeing and development? If the father still insists on his view, what could you do as a teacher in the classroom setting to help the child?

## Chapter 2: Common Childhood Ailments and Allergies

### 2.1 The Causes, Spread, and Symptoms of Infectious Diseases

Viruses, bacteria, and fungi are some causes of infectious diseases. A virus is a type of infectious germ that invades human tissue and causes illness. Chicken pox, and measles are the common viruses that may occur in children. Most viruses do not cause serious medical complications and become resolved on their own. Bacteria are infectious germs that cause illness and can be a major cause of disease and death. We can treat bacteria with antibiotics. Fungi is the cause of common conditions such as ringworm and athlete's foot. Additionally, the spores of some fungi can cause allergies. Parasites are organisms that feed on or enter the body tissue. Head lice, intestinal worms, and malaria are examples of parasites.

The most frequent infections among children are communicable diseases which spread from one person to another. The common transmission modes include the following: direct or indirect contact, droplet transmission, airborne transmission, and blood borne transmission.

Symptoms of common infections include the following:

- a. Acute infectious diarrhoea: Diarrhoea is the frequent and excessive discharge of watery faeces. Teachers should wash hands frequently and ensure that children in the classroom do likewise. If a child has diarrhoea, the teacher should document the frequency and timing of the episodes and to inform parents.
- b. Respiratory tract illness: Symptoms of respiratory tract illness involve the nose, sinuses, ears, throat, and lungs. Respiratory diseases are extremely common in young children and are transmitted through sneezing, coughing, or discharge from the nose. Pharyngitis (an infection of the throat), sinusitis (a sinus infection), and pneumonia (a lung infection) are common respiratory tract illnesses. Teachers should notify parents of any concerns.

- c. Skin infections and contagious rashes: Skin infections may be caused by viruses, bacteria, and fungi. Whether to send a child home depends on the cause of the skin infections. Frequent hand-washing is a good practice to prevent the spread of skin infections.



### Read

1. You should now read Sorte, Daeschel and Amador (2017), pp.326-333.
2. Look up the “Infection Control Guidelines for Schools and Child Care Centres” from Early Childhood Development Agency (ECDA) website (<https://www.ecda.gov.sg/>).
3. Look up the Ministry of Health (MOH) web information on Hand, Foot, Mouth Disease (HFMD), Dengue, Influenza and Gastric Flu: [https://www.moh.gov.sg/content/moh\\_web/home/diseases\\_and\\_conditions.html](https://www.moh.gov.sg/content/moh_web/home/diseases_and_conditions.html)

This site also provides updates on the latest HFMD situation among child care centres and kindergartens in Singapore.

4. The MOH also provides a Weekly Infectious Diseases Bulletin: [https://www.moh.gov.sg/content/moh\\_web/home/statistics/infectiousDiseasesStatistics/weekly\\_infectiousdiseasesbulletin.html](https://www.moh.gov.sg/content/moh_web/home/statistics/infectiousDiseasesStatistics/weekly_infectiousdiseasesbulletin.html)



### Activity 3.2

1. Refer to Table 10-1 “Childhood infections: mode of transmission, incubation period, and symptoms”. What are the common infectious diseases mentioned in the social media in Singapore? Do an online search to support your answers.
2. How do you teach children the practices for hygiene and sickness prevention? Can some of these practices be included as part of your classroom routines or rules?

## 2.2 Preventing and Controlling Infectious Diseases

Classroom practices for controlling the spread of disease include the following:

- a. **Hand-washing:** this is the single most important practice to minimise the spread of diseases. Teachers need to practise frequent hand-washing and teach children good hand-washing skills as well. Refer to Figure 10-2 for hand-washing steps. Hand-washing should be an essential part of the routine in early childhood settings.
- b. **Conducting daily health checks:** these help teachers to spot signs of infections and prevent the spread of diseases. The purpose of the daily health check is to identify children who are sick and who may need to be excluded from participation.
- c. **Cleaning and sanitising:** toys and other materials in the classroom should be cleaned and sanitised periodically according to the centre guidelines. If a child is sick in the classroom, teachers should increase the frequency of the cleaning and sanitising.
- d. **Diapering and toileting:** The cleaning of diapering areas and toilets cannot be over-emphasised to prevent the spread of diseases. Refer to Figure 10-3 Diaper-

changing procedures. When assisting children with toileting, teachers should guide them in removing their garments and help them use the toilet. Teachers should assist with wiping as needed, from the front to the back. It is also a good opportunity to teach children to arrange and fasten their garments to promote self care skills.

- e. Using standard precautions: teachers should use barriers such as disposable gloves when caring for children where blood or body fluids are present, and then clean and sanitise surfaces to prevent the transmission of disease.
- f. Teaching children preventive practices: preventing the spread of disease is an important self-care skill for children. Teachers can teach simple prevention methods to children based on the children's age. Refer to p.340 for examples of lesson plans.



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.333-354.



### Activity 3.3

1. When you teach children hand-washing, how can you include some cognitive concepts (such as body parts, number, etc.) into the teaching of good hand-washing practices?
2. Notice how the teachers in your field attachment child care centre/ kindergarten guide children in developing healthy habits such as hand-washing. (*What instructions do they give? What songs/rhymes are used?*) Devise a strategy to try out with the children over a period of time and see if they respond positively, and remember what you should do. Be consistent with the words (i.e., instructions/songs) that you use.

3. Read the case study in p.339. Why is it a useful practice to put a pair of gloves at various locations of the classroom and also to bring a pair for outdoor play?
4. It is important for teachers and parents to recognise the signs and symptoms of infectious diseases. How can you learn more about this topic? How can you help parents to learn more about this topic?

## 2.3 Asthma and Allergies

Many children may suffer from asthma and allergies in their early years.

The most common symptoms of asthma in children are a wheezing sound when breathing and frequent episodes of coughing or coughing spasms. In some cases, asthma attacks can be acute and life threatening. Teachers should watch out for signs such as increasing shortness of breath or wheezing, chest tightness or pain, and high level of distress. For children with known asthma conditions, teachers should administer the child's medication according to the child's medical emergency plan. Parents should be contacted and updated on their child's condition and medical help should be sought immediately when a child suffers an uncontrolled asthma attack. Teachers should learn from parents about their child's asthma attack triggers and any helpful strategies to manage the attacks.

Some children may have allergic conditions or skin allergies. Anaphylactic shock is a life threatening allergic reaction that causes respiratory distress or circulatory collapse. Severe allergic reactions may result from a wide range of causes, including allergy to foods or drugs, insect venom (from bites or stings), pollen, latex, microfibres, chemicals, and other possibly unknown causes. Signs include hives that spread, swelling of the eyes or mouth, difficulty in breathing and talking, dizziness or mental confusion, muscle cramps, vomiting and nausea. Teachers need to monitor such conditions in children and call parents and emergency services if necessary.

It is important to know about children with allergies and asthma, and the triggers. Records of details should be kept, also notes on any special diet needed and foods to avoid, as well as details of medication required.



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.373-376.



### Reflect 3.4

1. When a child has an asthma attack, what can a teacher do to help the child stay calm and comfortable?
2. Refer to Table 11-1 Common asthma triggers (p.373). How can the condition of early childhood settings help to minimise some of these triggers (e.g., mould, cockroaches, cleaning products)?
3. What steps would you take to work with parents to manage instances of asthma attacks and the occurrence of allergic reactions in young children?
4. Some local child care centres that cater to children from economically disadvantaged families or live in overcrowded living conditions may have scabies or head lice. Here is a sample article on what to do - <https://www.healthxchange.sg/children/childhood-conditions/scabies-head-lice-itchy-skin-parasites>

## Summary

Chapter 1 discusses children's mental health in terms of their emerging social- emotional development. The mental health of children refers to the ability of children to learn to manage their feelings and behaviours, and to make positive relationships with others. Teachers need to understand the phases in children's social-emotional development and to promote positive strategies for this development to occur.

Chapter 2 discusses how infectious diseases are spread and what teachers can do to prevent the spread and to manage and minimise outbreaks. Not all infections can be prevented and when children manifest symptoms in preschools, teachers should make appropriate decisions about their management. All such instances must be recorded and parents are to be informed immediately. It is important for all teachers to recognise and manage the symptoms of asthma and allergies, to reduce possible triggers, and to inform parents immediately should an incident arise.

## Formative Assessment

1. Which of the following is NOT true about respiratory tract illnesses?
    - a. They are usually spread by coughing, sneezing, or drainage from the nose
    - b. They have very long incubation periods, usually over 14 days.
    - c. Examples include pharyngitis, sinusitis, pneumonia and common colds.
    - d. They are a very common type of infectious disease in childhood.
  
  2. You are a teacher in a kindergarten classroom and a child there acquires chicken pox. A parent asks you about the incubation period. What is the best response?
    - a. The incubation period is not important with this type of infection.
    - b. 45-160 days.
    - c. 10-21 days.
    - d. It depends on the severity of the infection.
  
  3. All of the following are true about attachment theory EXCEPT:
    - a. It depends on caregivers giving a child everything they want for the first 5 years of life.
    - b. Its foundation is based on the premise that a caregiver responds when an infant cries or is distressed.
    - c. The baby gains confidence because a caregiver responds appropriately and consistently.
    - d. It is driven by the innate ability a child has to connect with others.
  
  4. What is joint attention?
    - a. When a child and caregiver are making the same observations.
    - b. A milestone that is attained at 24 months of age.
    - c. When a baby or toddler draws attention to something by pointing, for example, for the purposes of sharing the experience with another.
-

- d. A characteristic of autistic children.
5. All of the following are characteristics of self-regulation EXCEPT:
- a. Controlling one's own emotions.
  - b. Handling stress.
  - c. Ability to monitor one's own sleep patterns.
  - d. Ability to develop perseverance.
6. All of the following are signs of highly problematic behaviors EXCEPT:
- a. Behaviours that are inappropriate and dangerous.
  - b. Children who are very reserved.
  - c. Problematic behaviors that are frequent and recurring and not responding to typical measures.
  - d. Persistently problematic behaviors despite modifications in the classroom.
7. After an emergency occurs, teachers may feel stressed about their responsibilities and wonder if they made all the right decisions. If this happens, teachers should recognise:
- a. Their own need for emotional support to regain a sense of confidence and well-being.
  - b. That, with time, everything will work out.
  - c. That all children are resilient and will soon forget the event.
  - d. That they probably did the best they could.

## Solutions or Suggested Answers

### Formative Assessment

1. Which of the following is NOT true about respiratory tract illnesses?
    - a. They are usually spread by coughing, sneezing, or drainage from the nose  
Incorrect. See Study Unit 3 and textbook
    - b. They have very long incubation periods, usually over 14 days.  
**Correct.**
    - c. Examples include pharyngitis, sinusitis, pneumonia and common colds.  
Incorrect. See Study Unit 3 and textbook
    - d. They are a very common type of infectious disease in childhood.  
Incorrect. See Study Unit 3 and textbook
  
  2. You are a teacher in a kindergarten classroom and a child there acquires chicken pox. A parent asks you about the incubation period. What is the best response?
    - a. The incubation period is not important with this type of infection.  
Incorrect. See Study Unit 3 and textbook
    - b. 45-160 days.  
Incorrect. See Study Unit 3 and textbook
    - c. 10-21 days.  
**Correct.**
    - d. It depends on the severity of the infection.  
Incorrect. See Study Unit 3 and textbook
  
  3. All of the following are true about attachment theory EXCEPT:
-

- a. It depends on caregivers giving a child everything they want for the first 5 years of life.  
**Correct.**
  - b. Its foundation is based on the premise that a caregiver responds when an infant cries or is distressed.  
Incorrect. See Study Unit 3 and textbook
  - c. The baby gains confidence because a caregiver responds appropriately and consistently.  
Incorrect. See Study Unit 3 and textbook
  - d. It is driven by the innate ability a child has to connect with others.  
Incorrect. See Study Unit 3 and textbook
4. What is joint attention?
- a. When a child and caregiver are making the same observations.  
Incorrect. See Study Unit 3 and textbook
  - b. A milestone that is attained at 24 months of age.  
Incorrect. See Study Unit 3 and textbook
  - c. When a baby or toddler draws attention to something by pointing, for example, for the purposes of sharing the experience with another.  
**Correct.**
  - d. A characteristic of autistic children.  
Incorrect. See Study Unit 3 and textbook
5. All of the following are characteristics of self-regulation EXCEPT:
- a. Controlling one's own emotions.  
Incorrect. See Study Unit 3 and textbook
  - b. Handling stress.
-

Incorrect. See Study Unit 3 and textbook

- c. Ability to monitor one's own sleep patterns.

Incorrect. See Study Unit 3 and textbook

- d. Ability to develop perseverance.

**Correct.**

6. All of the following are signs of highly problematic behaviors EXCEPT:

- a. Behaviours that are inappropriate and dangerous.

Incorrect. See Study Unit 3 and textbook

- b. Children who are very reserved.

**Correct.**

- c. Problematic behaviors that are frequent and recurring and not responding to typical measures.

Incorrect. See Study Unit 3 and textbook

- d. Persistently problematic behaviors despite modifications in the classroom.

Incorrect. See Study Unit 3 and textbook

7. After an emergency occurs, teachers may feel stressed about their responsibilities and wonder if they made all the right decisions. If this happens, teachers should recognise:

- a. Their own need for emotional support to regain a sense of confidence and well-being.

**Correct.**

- b. That, with time, everything will work out.

Incorrect. See Study Unit 3 and textbook

- c. That all children are resilient and will soon forget the event.

Incorrect. See Study Unit 3 and textbook

- d. That they probably did the best they could.  
Incorrect. See Study Unit 3 and textbook

## References

- Ministry of Education (2013). *Nurturing Early Learners: A curriculum for kindergartens in Singapore*. Retrieved from: <https://www.moe.gov.sg/education/preschool/resources-for-pre-school-educators>
- Perou, R., Bitsko, R., Blumberg, S., Pastor, P., Ghandour, R., Gfroerer, J., Huang, L (2013). Mental health surveillance among United States. 2005-2011. *Morbidity and Mortality Weekly Report*, 62(2), 1-35.
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**Study  
Unit**

**4**

**Basic First Aid and Policies**

## Learning Outcomes

By the end of this unit, you should be able to:

1. Describe some essential ways to prepare for emergencies in an early childhood setting.
2. List some common types of accidents.
3. Describe the purpose of the daily health check.
4. List the key points of the Early Childhood Development Agency's (ECDA) child care licensing checklist and good practice handbook.

## Overview

**U**nit 4 introduces the importance of first aid training, common injuries observed in early childhood settings, and relevant policies and regulations in Singapore context. As part of the course content, students will receive first aid training by an ECDA certified training vendor. Early childhood teachers are responsible for acquiring the requisite skills to apply first aid and to comply with early childhood related regulations and policies.



### Lesson Recording

[Preventing injuries by selecting safe toys](#)

## Chapter 1: Basic First Aid

### 1.1 First Aid Training

First aid refers to the set of actions to be taken to address an injury or illness. First aid has three goals:

- a. To preserve life
- b. To avoid additional injury
- c. To assist with recovery

Most first aid in early childhood settings involves simple procedures such as cleaning and bandaging a cut or graze, and placing a cold compress on a bruise.



#### Read

You should now read Sorte, Daeschel and Amador (2017), pp.563-572.



#### Reflect 4.1

1. Why is it important for all early childhood teachers to obtain first aid training?
2. Pay attention to p.566. Do you agree with the procedures recommended in the textbook for teachers to respond to a child's injury? Considering parents may be worried for their child, what can you say or do to help ease parents' concerns?



### Activity 4.1

Read this news article:

Tai, J. (2014, Jan 3). "Girl, 2, found with injuries at a child care centre". *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/girl-2-found-with-injuries-at-childcare-centre>

Based on what is presented in this news article, what issues need to be addressed in this situation? How might you respond if you were the principal or teacher involved? What questions do you have about how educators can best ensure children's safety?

## 1.2 Preparing for Emergencies

An emergency refers to an incident that threatens the life of a child or that presents a risk for permanent injury or disability. Teachers need to create an emergency management plan for a classroom to ensure the safety of children. To create an emergency plan, it is recommended that all staff work together as a team and set protocols that have been carefully discussed amongst teachers, principals, staff, and parents. The emergency plan should be implemented as a classroom regulation to pre-empt any emergency. The following considerations should be discussed and the results of the discussion should be used to create an emergency plan –

- a. Analysing potential emergency threats: the team should consider common injuries and accidents that may occur in the setting and at outdoor areas, including national disasters or emergencies.
- b. Removing potential hazards: action should be taken to prevent possible harm. The team should take a look at the children's environment (indoor and outdoor) to identify potential hazards and make adjustments. For example, the electricity sockets may need to be fully covered; the light bulbs or lamps should be covered

to avoid direct contact by children; light fixtures should be well secured to the ceiling or wall.

- c. **Accessing emergency resources:** teachers need to connect with emergency responders as quickly as possible. For example, teachers need to know whom to contact in cases of emergency; identify options for transporting children to hospitals or clinics; create formal arrangements with medical providers for over the phone consultation if needed. Teachers should also have first aid and CPR training before working with children.
- d. **Addressing classroom specific characteristics:** each early childhood setting has its unique structural environment and protocols. An emergency plan should, thus, include site-specific arrangements. The team should share specific tasks among the site personnel. There should be a designated space (quiet corner) set aside for a sick child to rest and be away from the rest of the class, yet remaining within sight and supervision of the teacher. It is recommended that teachers familiarise the children with the emergency plans through regular practice.
- e. **Planning for children with special needs:** the age, medical conditions, and other specific needs of the children must be considered when developing an emergency plan. For example, if you have a child with health care needs or mobility challenges, designated personnel need to be on hand in the first instance to help with the child's transportation to another area. If you have a child with autism who tends to feel anxious during unpredictable changes, teach the whole class what to expect during an emergency and pay special attention to ensure that the child with autism is aware of the procedures too.
- f. **Transporting children:** the emergency plan must include a plan to transport or relocate children if an evacuation is required. Teachers need to consider the number of children to be transported and ways to address their mobility needs. Teachers need to talk to children to provide emotional support as they may feel anxious and scared during an evacuation.
- g. **Assembling emergency supplies:** medication and first aid kits must be renewed and re-stocked periodically. They must be stored out of reach of children.



## Read

You should now read Sorte, Daeschel and Amador (2017), pp.552-563.



## Reflect 4.2

1. Pay attention to the case study on p.552. How would you know whether it's possible to move the child or not after a fall? Would you have done anything differently than the teacher in the case study?
2. Review Figure 16-2 "First aid supplies checklist". What are the items required to be checked or replaced periodically?
3. Review Figure 16-3 "Sample emergency procedures poster". What are the benefits of having such a poster in your classroom? Is there additional information that you would like to add to the poster?



## Activity 4.2

1. What are the contents of a first aid kit in your field placement centre? Learn about ECDA's licensing expectations.
2. Every early childhood centre is to have a "sick bay" – check this out at your field placement centre. Observe and evaluate its function, also observe its usage. We will discuss this in class.

## 1.3 Common Types of Accidents

Falls, head injuries, bruises, bumps, and burns are examples of common accidents.

Falls are a primary cause of injury in young children. Some falls could cause serious injury including broken bones, head injuries or fractures. When a child falls, do not move the child. Instead, check to make sure that the child is breathing and seek immediate medical help for any suspected head injury or broken bones. If no broken bones or head injury is suspected, treat the minor wounds with basic first aid.

Head injury could be serious and should be reported to the parents as soon as possible. If the child has signs of nausea, vomiting and dizziness, the teacher should seek medical help immediately. A severe head injury can cause bleeding inside the skull, which can result in brain damage or death. Even if a child's head injury does not seem to be severe at the time of the accident, teachers should keep the child calm in a quiet corner, and observe the child closely until the child's parents arrive. An alternative would be to seek the advice of a more experienced teacher with regards to the condition of the child. Whilst the child is in quiet corner, the teacher can lay the child down and keep the child calm by reading a book to the child or giving the child a soft toy. Teachers need to seek medical assistance immediately if the child is unconscious or if the child displays any signs of concussion such as drowsiness, nausea and vomiting, slurred speech or disorientation.

Bruises and bumps may also. Teachers should inspect the injury area, wrap a cold pack in a cloth and hold it against the bruised area. Any the bruised areas should be covered with a bandage if the skin is broken.

Burns are classified based on the severity of the wound. Teachers should cool the burned area under cool running water for 5 minutes or longer if necessary. Teachers must not apply oil or ointment, or pop any blisters. Seek medical treatment immediately if the burn is serious.



## Read

You should now read: Sorte, Daeschel and Amador (2017), pp.572-577.



## Reflect 4.3

1. How can you teach children to play safe to prevent falls and head injuries?
2. If a child has a fall, what would you do?

## Chapter 2: Policies and Regulations

### 2.1 Singapore Context

In the Singapore context, there are several policies and regulations relevant to early childhood settings. Teachers need to be informed of these policies and regulations whilst working in early childhood settings. Many crucial policy related documents are provided by ECDA and the Health Promotion Board, including “Guide to setting up an Early Childhood Development Centre”; “Infection control guidelines for schools and child care centres”. Students can obtain more information about policies and regulation from the ECDA website:

<https://www.ecda.gov.sg/pages/default.aspx>



#### Read

Read and be familiar with the following documents on relevant policies and regulations in Singapore:

1. Early Childhood Development Centres Act (since 2017)
  - a. <https://sso.agc.gov.sg/Acts-Supp/19-2017/Published/20170511?DocDate=20170511>
  - b. <https://www.ecda.gov.sg/pressreleases/pages/new-early-childhood-development-centres-bill-passed-in-parliament-to-raise-quality-of-pre-school-sector--child-care-centres.aspx>
2. “Guide to setting up a childcare centre” and “Pre-licensing checklist”:  
<https://www.ecda.gov.sg/Operators/Pages/Setting%20up%20a%20Centre.aspx>

3. “Good practices handbook for childcare centres”:  
[https:// www.ecda.gov.sg/Documents/Resources/Good%20Practices%20Handbook%20for%20Child%20Care%20Centres.pdf](https://www.ecda.gov.sg/Documents/Resources/Good%20Practices%20Handbook%20for%20Child%20Care%20Centres.pdf)
4. “Guidelines for centre-based infant care”:  
[https:// www.ecda.gov.sg/Operators/Pages/Setting%20up%20a%20Centre.aspx](https://www.ecda.gov.sg/Operators/Pages/Setting%20up%20a%20Centre.aspx)
5. “Statistics on Child Care Centres”:  
[https:// www.ecda.gov.sg/Pages/Resources.aspx](https://www.ecda.gov.sg/Pages/Resources.aspx)



#### Reflect 4.4

1. What are three things that you have learned from the “Good practices handbook for child care centres”?
2. On p.9 of “Good practices handbook for childcare centres,” it is recommended that children be encouraged to engage in interactive learning on the wall and floor. Do you support this? Why and why not? What are the precautions needed?
3. After examining “Statistics on child care centres,” what in your opinion are the reasons for the increase in child care enrolment over the years? And why do you think the available places are not all taken up?



### Activity 4.3

What other topics do you think can be included in ECDA's good practices handbook?  
Prepare this for class discussion.

## 2.2 Children's Health History, Health Evaluation and Daily Health Check

A health evaluation is a comprehensive assessment of a child's health and wellbeing. The purposes of the health evaluation include:

- a. To understand a child's current health status and health related needs.
- b. To identify medical conditions or at-risk factors for illness or injury.
- c. To identify children who need further evaluation or referral.
- d. To identify gaps in the family's access to resources.

Health evaluation includes initial and ongoing evaluation. The initial evaluation includes health screening and evaluation. The ongoing evaluation includes daily health check. Health history is a summary of a child's previous health experiences, including both physical health and mental health. Information such as chronic ongoing health conditions, records of immunisation, significant injuries and accidents, behavioural or personal styles, developmental history, social and emotional well-being, nutritional screening, oral and dental health history and family resources, should be included. Whilst the warning signs in Figure 9-1 "Indicators of Developmental Delay" are not absolute criteria when a child has developmental delays, it is important for the teachers to observe the child's development closely, and especially if a child shows any of the listed warning signs. To obtain the child's mental health history, related information can be gathered from the parents and caregivers. For specific information (for example, on whether the child enjoys playing with children his/her age), teachers can also conduct classroom observation sessions and compare their observation notes with the information gathered

from parents, latter from home settings. Sometimes, children do behave differently at home and in school settings. Comparing notes with information gathered from parents provides teachers with a more holistic understanding of the children.



### Read

As a signatory to the United Nations Convention on the Rights of the Child, the Ministry of Health, Singapore strives to ensure that every child has of access to a high standard of health care services (HPB Health Booklet, n.d.).

Look through the Health Promotion Board Health (HPB) Booklet recommended for every child whenever the child visits a healthcare professional:

<https://www.healthhub.sg/sites/assets/Assets/Programs/screening/pdf/health-booklet-2014.pdf>

Of relevance to safety in home environments, see p.52 for a checklist recommended to families. Compare it with what you have learned in Unit 1. Do you see any cultural differences in expectations?



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.294-321.



### Reflect 4.5

1. Have you observed any child in your surrounding (e.g., neighbourhood, public areas, and during your field experience) showing any signs like those listed in Figure 9-1 “Indicators of developmental delay” (p.299)?

2. Refer to Figure 9-2 “Sample nutrition screening questions” (p.304). Why is it important for teachers to learn about nutrition screening? In your opinion, what would be the best way to obtain information from parents (e.g., questionnaires, phone calls, face to face meetings)?
3. In addition to the activities described in p.318, are there any other ways to guide children’s understanding of what to expect during a medical check-up? Would it be a good idea to include a medical check-up as part of the curriculum in an early childhood setting? Why and why not?

Teachers need to conduct daily health checks. A daily health check is a planned approach to direct teachers’ attention to a child’s health and to help prevent the spread of infectious diseases. When conducting a daily health check, teachers need to focus attention on the child, look at the child and observe any signs of illness, disease or discomfort, and to talk to the parents and the child. Daily health checks also present teachers with a good opportunity to talk to individual child and bond with the child. At the same time, teachers can make use of the occasion to teach the child body vocabularies (i.e., body parts) or key sentences by describing what the teachers are doing or observing. Since daily health check is part of the classroom routine, teachers can create a game or a simple rhyme (e.g., blink my eyes, check my ears, stand up and turn around) to engage the child in the process.



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.321-323.



### Reflect 4.6

1. Refer to Figure 9-5 “Stop-look-listen daily health check” (p.322), is there any additional item that you should include for the Singapore context?
2. What are some other ways to engage a child in the daily health check process?
3. Refer to Figure 9-6 “Daily health check and attendance tracking chart” (p.323). Can the daily health check and attendance tracking exercise be good opportunities to teach children cognitive and social skills? What are the skills in the cognitive domain that can be taught through the daily health check and attendance tracking? What are the skills in the social-emotional domain that can be taught through the daily health check and attendance tracking?



### Activity 4.4

Ask your cooperating teacher for the opportunity to conduct daily health checks at your centre.

Learn the procedure that is carried out at your centre (how to look for signs of HFMD etc.), and see if you can make the morning arrival more pleasant for both children and families.

Try different things that you can say and do (or sing and show) so that children of different ages feel comfortable even if they are reluctant to leave their parents. Morning health checks need not be a chore or an unpleasant experience for anyone.

## Summary

Unit 4 introduces the importance of first aid training, common injuries observed in early childhood settings, and relevant policies and regulations in the Singapore context. Whilst teachers can set up a safe environment and have safety rules in the classroom, accidents may at times occur given that taking risk is a crucial part of learning. Even as we encourage children to explore their environment, teachers must be equipped with the skills and knowledge to handle emergencies and to apply first aid. In addition, all early childhood settings are required to comply with early childhood regulations and policies. This unit also introduces important regulations and policies in Singapore, such as the licensing requirement, safety guidelines, and good practices in early childhood settings recommended by ECDA and HPB. Lastly, for each child, teachers need to obtain the health history and conduct the basic health evaluation and daily health check. The daily health check is an important routine in early childhood settings and at the same time, it can be utilised to guide the overall development of a child in other learning domains.

## Formative Assessment

1. Basic first aid approaches include all of the following EXCEPT:
  - a. Actions taken to stabilise a child until emergency medical providers can arrive.
  - b. Uncomplicated, common sense procedures.
  - c. Actions taken to immediately address injury or illness.
  - d. Complex interventions used after medical training.
  
2. Which of the following is NOT true about gathering health histories from families?
  - a. Health histories may be gathered with written forms or with interviews.
  - b. Teachers should not ask questions regarding the child's vaccines in order to respect the family's privacy.
  - c. Teachers should contemplate on how aspects of a child's health history can impact participation in school.
  - d. Teachers should be sure to clarify any missing or ambiguous information.
  
3. During a health screening, a family tells you that their 5-year-old has not had a medical exam or check-up in years because they don't really see the purpose. What would be the most appropriate response?
  - a. Listen and state that they must get a check-up if they would like their child to be accepted into the program.
  - b. Tell them you think that's fine and that check-ups are not really that important.
  - c. Offer support, document their concerns, and respectfully inform them that check-ups are an important aspect of preventive health care.
  - d. Tell them that children between 5-12 years of age do not really need check ups.
  
4. You have a child in your preschool classroom whose BMI was calculated to be high. The parents are concerned and ask you for advice. What is the most appropriate response?

- a. This is a serious issue that requires immediate attention.
  - b. Listen respectfully to their concerns and offer support. Tell them they should see their primary care provider as well for further evaluation.
  - c. Tell them that there are many different body types and that high BMI is not really a problem.
  - d. Tell them it is probably something that just runs in their family.
5. Which statement is true about daily health checks?
- a. Information only needs to be documented if it requires an immediate phone call to the parent.
  - b. They are conducted on children who are ill or have chronic medical conditions.
  - c. These checks include an assessment of physical appearance and behavior of the child looking for signs of illness, injury, or health concerns.
  - d. The parent's report of the child's recent behaviors is not a part of the daily health check.
6. Which statement is NOT true about head injury?
- a. Head injury could be serious and should be reported to the parents as soon as possible.
  - b. If the child has signs of nausea, vomiting and dizziness, the teacher should observe the child in the classroom for a while.
  - c. A severe head injury can cause bleeding inside the skull, which can result in brain damage or death.
  - d. Teachers should stay with the child and observe closely if parents decided to pick up the child immediately.
7. Based on “Good practices handbook for childcare centres” published by the ECDA, which of the following is NOT true?
- a. A well-planned outdoor space can also promote social interactions, cognitive and language development, sensory exploration and creative expression.
-

- b. Play and learning materials should be accessible for children.
- c. All available space can be utilized for interactive learning by children, including walls and floors.
- d. All windows should be higher than children's eye level so children can focus on learning.

## Solutions or Suggested Answers

### Formative Assessment

1. Basic first aid approaches include all of the following EXCEPT:
    - a. Actions taken to stabilise a child until emergency medical providers can arrive.  
Incorrect. See Study Unit 4 and textbook
    - b. Uncomplicated, common sense procedures.  
Incorrect. See Study Unit 4 and textbook
    - c. Actions taken to immediately address injury or illness.  
Incorrect. See Study Unit 4 and textbook
    - d. Complex interventions used after medical training.  
**Correct.**
  
  2. Which of the following is NOT true about gathering health histories from families?
    - a. Health histories may be gathered with written forms or with interviews.  
Incorrect. See Study Unit 4 and textbook
    - b. Teachers should not ask questions regarding the child's vaccines in order to respect the family's privacy.  
**Correct.**
    - c. Teachers should contemplate on how aspects of a child's health history can impact participation in school.  
Incorrect. See Study Unit 4 and textbook
    - d. Teachers should be sure to clarify any missing or ambiguous information.  
Incorrect. See Study Unit 4 and textbook
-

3. During a health screening, a family tells you that their 5-year-old has not had a medical exam or check-up in years because they don't really see the purpose. What would be the most appropriate response?
- a. Listen and state that they must get a check-up if they would like their child to be accepted into the program.  
Incorrect. See Study Unit 4 and textbook
  - b. Tell them you think that's fine and that check-ups are not really that important.  
Incorrect. See Study Unit 4 and textbook
  - c. Offer support, document their concerns, and respectfully inform them that check-ups are an important aspect of preventive health care.  
**Correct.**
  - d. Tell them that children between 5-12 years of age do not really need check ups.  
Incorrect. See Study Unit 4 and textbook
4. You have a child in your preschool classroom whose BMI was calculated to be high. The parents are concerned and ask you for advice. What is the most appropriate response?
- a. This is a serious issue that requires immediate attention.  
Incorrect. See Study Unit 4 and textbook
  - b. Listen respectfully to their concerns and offer support. Tell them they should see their primary care provider as well for further evaluation.  
**Correct.**
  - c. Tell them that there are many different body types and that high BMI is not really a problem.  
Incorrect. See Study Unit 4 and textbook
-

- d. Tell them it is probably something that just runs in their family.

Incorrect. See Study Unit 4 and textbook

5. Which statement is true about daily health checks?

- a. Information only needs to be documented if it requires an immediate phone call to the parent.

Incorrect. See Study Unit 4 and textbook

- b. They are conducted on children who are ill or have chronic medical conditions.

Incorrect. See Study Unit 4 and textbook

- c. These checks include an assessment of physical appearance and behavior of the child looking for signs of illness, injury, or health concerns.

**Correct.**

- d. The parent's report of the child's recent behaviors is not a part of the daily health check.

Incorrect. See Study Unit 4 and textbook

6. Which statement is NOT true about head injury?

- a. Head injury could be serious and should be reported to the parents as soon as possible.

Incorrect. See Study Unit 4 and textbook

- b. If the child has signs of nausea, vomiting and dizziness, the teacher should observe the child in the classroom for a while.

**Correct.**

- c. A severe head injury can cause bleeding inside the skull, which can result in brain damage or death.

Incorrect. See Study Unit 4 and textbook

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- d. Teachers should stay with the child and observe closely if parents decided to pick up the child immediately.  
Incorrect. See Study Unit 4 and textbook
7. Based on “Good practices handbook for childcare centres” published by the ECDA, which of the following is NOT true?
- a. A well-planned outdoor space can also promote social interactions, cognitive and language development, sensory exploration and creative expression.  
Incorrect. See Study Unit 4 and textbook
- b. Play and learning materials should be accessible for children.  
Incorrect. See Study Unit 4 and textbook
- c. All available space can be utilized for interactive learning by children, including walls and floors.  
Incorrect. See Study Unit 4 and textbook
- d. All windows should be higher than children’s eye level so children can focus on learning.  
**Correct.**

## References

Sorte, J., Daeschel, I., & Amador, C. (2017). *Nutrition, health, and safety for young children: Promoting wellness* (3<sup>rd</sup> ed.). Upper saddle River, NJ: Pearson Education, Inc.

# Study Unit 5

## Risk, Resilience and An Inclusive Community

## Learning Outcomes

By the end of this unit, you should be able to:

1. Define child maltreatment and explain different types of maltreatment.
2. Identify ways to promote resilience in young children
3. Identify ways to include children with health care needs in the classroom.
4. Develop strategies to promote inclusion in the classrooms for all children.

## Overview

**U**nit 5 discusses the concept of risk and resilience in young children. When a child experiences maltreatment, the child is put at risk for disadvantage in development. Early childhood teachers need to recognise the suspected signs of maltreatment and properly communicate the signs to parents or report to the authorities if needed. In addition, promoting resilience (the ability to bounce back in spite of setbacks) is crucial for the wellbeing and mental health of young children. Unit 5 also discusses building an inclusive community in early childhood settings that nurture all children with diverse needs and cultural backgrounds.



### Lesson Recording

[Child protection](#)

## Chapter 1: Risk and Resilience

### 1.1 Define Child Maltreatment, Abuse and Neglect

Child maltreatment is a collective term that encompasses all aspects of harmful or injurious behaviours towards children, including abuse and neglect. Child abuse refers to harmful acts, whereas child neglect refers to the failure to protect a child from harm.

There are several types of child maltreatment which are described as follows:

- a. **Physical abuse:** this type of abuse includes any injury that is caused by physical force – including hitting, kicking, shaking, burning, or using other kinds of force against a child. Physical abuse also includes starving a child, forcing a child to drink huge amount of water or laxatives. Battered child syndrome refers to the physical signs that indicate that a child has been abused for an extensive period of time. Shaken baby syndrome refers to a type of traumatic brain injury that is caused by intentional and violent shaking, hitting, or impacting a child’s head leading to internal bleeding, blood clots, injury to the brain, blindness and/or death. Children of any age may suffer from being shaken or hit on the head (Sorte, Daeschel, & Amador, 2017).
- b. **Neglect:** this refers to a failure to meet the child’s basic needs – including food, housing, clothing, medical care, and education. Types of neglect include physical neglect, medical neglect, educational neglect, and emotional neglect (Sorte, Daeschel, & Amador, 2017).
- c. **Sexual abuse and exploitation:** this refers to engaging an infant or a child in any sexual act – including fondling, raping, or exposing a child to sexual activities. It also includes exposing someone’s body to a child and showing a child pornographic material. Exploitation refers to actions that take advantage of a child in a sexual manner, which could include participating in the production of pornography (Sorte, Daeschel, & Amador, 2017).

- d. Emotional abuse: this abuse refers to acts that cause injury to a child's self-worth or emotional, psychological, or mental stability (Sorte, Daeschel, & Amador, 2017). It also involves abuse such as threatening, name calling, shaming, withholding love and care, isolating a child, terrorising and rejecting a child, and demanding the child to perform unreasonable tasks that are not developmentally appropriate.



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.521-528.



### Reflect 5.1

1. When a child experiences maltreatment, what would be the possible impact on the child's mental health and wellbeing?
2. What are the risk factors associated with maltreatment in children?
3. Why are children with special needs at a greater risk of being victims of abuse?

## 1.2 Identifying Signs of Child Maltreatment

When child maltreatment occurs, there are usually signs from the child (physical signs and behavioural signs) as well as from parents (behavioural signs). During the daily health check, teachers should inspect each child's physical condition, investigate the cause of bruises and injuries (if any), and track whether proper medical care has been applied by the parents or caregivers at home. When teachers have the opportunity to observe the parent-child interactions, they should pay attention to behavioural signs from both the parent and the child. For example, if a child demonstrates distress or unusual anxiety,

talk to the child in private and ask the child to express their feelings and the cause of these feelings in drawings or words (if they are good with words). If a child demonstrates signs of fear toward parents or caregivers, or refuses to go home, take time to investigate the source of the fear and refusal. A child may show signs of maltreatment through play behaviours with peers or by acting out violence, abuse, and aggression during dramatic play. Teachers should not force the child to talk about the causes of their anxiety but instead, offer them comfort and support with gentle encouragement and guidance.



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.528-535.

## 1.3 Reporting on Child Maltreatment

Teachers have both ethical and professional responsibilities to protect children from abuse. Not reporting suspected child maltreatment is harmful to children and is unethical. Before making an official report, teachers should document the signs of maltreatment in detail as observed (including time, photos, observation notes) and determine whether the situation is severe. Teachers should consult with the principal or management in charge. Do give parents the benefit of the doubt by asking them and listening to their explanations for the causes of injury or disadvantaged conditions. Most importantly, offer parents practical tips to care for their child first without judgment, and observe whether the child's condition improves. Teachers should offer parents support in providing better care for their children and to allow some time for parents to show care and effort in improving their parenting practices. According to the Office on Child Abuse and Neglect (2003), if the child's condition does not improve after multiple reminders, and in the event that the centre or school decides to make a report, teachers should not contact and inform parents or family members that a report has been made. This is because:

- a. Doing so may put the child in danger of retribution

- b. The parent may flee with the child
- c. The parent may try to force the child to deny the abuse
- d. The perpetrator may be at risk for suicide following reports of sexual abuse

Learn more about related information from the Ministry of Social and Family Development (MSF) website, which includes agencies and contact numbers to report child abuse:

<https://www.msf.gov.sg/policies/Strong-and-Stable-Families/Supporting-Families/Family-Violence/Pages/Child-Abuse.aspx>



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.535-548.



### Watch

You should now watch “In brief: Early Childhood Mental Health”.

<http://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health-video/>



### Activity 5.1

1. Refer to the Health Hint section “Signs of medical neglect” on p.524. If you have a child showing signs of medical neglect in your setting, what would you say to suggest to the parents or caregivers to pay closer attention to the child’s medical needs?
2. Do you agree with the recommendation made by Office On Child Abuse and Neglect (2003), that teachers should not contact parents or family members to inform them that a report has been made? Why or why not?
3. Refer to Figure 15-3. What should teachers do when a child discloses abuse (p.537)? Do you agree that teachers should report the matter immediately? Are there any precautions that should be taken?
4. Refer to Figure 15-4 “Steps in reporting suspected maltreatment” (p.538). Should there be any evidence before teachers make a report? What kind of evidence may be used?

## 1.4 Promoting Resilience

Resilience refers to the ability to bounce back in times of adversity and to develop in a positive way when faced with setbacks. Resilience helps children who experienced disadvantages in their environment to bounce back and continue to thrive and grow. Major events in life that put children in disadvantaged conditions may include but are not limited to death of parents or grandparents, divorce, poverty and homelessness, long term separation from parents, disability, substance abuse or disability in the family, illness of parent or siblings, frequent home moving, child abuse and neglect, sexual abuse, chronic health issues, and murder of a family member.



## Watch

You should now watch the overview video under the “Resilience” section:  
<http://developingchild.harvard.edu/science/key-concepts/>



## Reflect 5.2

1. Why is it important for children to develop resilience?
2. Have you known an individual who demonstrate resilience in spite of a disadvantaged upbringing or circumstances?

Early childhood teachers need to foster resilience in young children. The following are some ways for teachers and caregivers to promote resilience in young children:

- a. Offering emotional support and building close relationships with the children.
- b. Encouraging the children and offering praise for their efforts (not only through achievements).
- c. Expressing genuine concern and care for the children.
- d. For children with challenging behaviours, employ positive behavioural support and offer them options. Do not belittle, harm, or reject children when they misbehave.
- e. Modelling behaviours and attitudes that teachers expect the children to display.
- f. Fostering independence in daily routines and learning experiences.
- g. Fostering self-determination by offering options for young children (in making a choice between two or among three different activities, actions, toys) and affirming their ability to make choices.

- h. Encouraging the children to express their feelings and emotions and to understand the feelings and emotions of others.
- i. Talking to the children about their unpleasant feelings and experiences and identifying ways to empower them to improve their feelings or experiences.



### Read

1. Read Sorte, Daeschel and Amador (2017), pp.545 and pp.411.
2. Read "Building resilience in young children":  
<https://en.beststart.org/topics-tools/early-childhood-development/newborn-postpartum>
3. Read "Inbrief: The science of resilience":  
<http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2015/05/InBrief-The-Science-of-Resilience.pdf>



## Watch

1. You may now watch “Inbrief: How resilience is built”.  
<http://developingchild.harvard.edu/resources/inbrief-resilience-series/>
2. Watch and explore “Tipping the scale: the resilience game”.  
<http://developingchild.harvard.edu/resilience-game/>
3. You may now watch two videos about how Japanese families promote independence in young children:  
<https://www.youtube.com/watch?v=P7YrN8Q2PDU> and  
<https://www.youtube.com/watch?v=9eMZp8KsZ5k>



## Activity 5.2

1. What builds resilience in young children? What is the role of early childhood teachers in building children’s resilience?
2. To build resilience, children need to have inner strength such as confidence, thinking skills, responsibility and participation. What can teachers do during daily care routines to help children with these inner strengths and capabilities?
3. Why is it important for you to be a role model for children? How would you be a good role model for young children in promoting resilience?
4. In addition to the strategies discussed in your readings, what would be other ways to help children build confidence?

## Chapter 2: Building An Inclusive Community In The Centre

### 2.1 Working With Children Who Have Special Health Care Needs

Children with special health care needs have chronic physical and developmental requirements and would thus require health care services continuously. Having a child with special health care needs has a huge impact on the whole family and on every individual in the family system. The impact on families may include financial impact, educational impact, and social impact.

- a. Financial impact: the medical fees and care required for a family can be expensive, particularly if the family does not have good medical coverage. Moreover, many children from a low socioeconomic status (SES) background also tend to develop more health issues such as asthma, behaviour and learning difficulties and obesity.
- b. Educational impact: health needs and medical issues may often impact the child's attendance at school. When the child attends school, his or her physical condition may impact the ability to concentrate, focus, listen, process information, respond, participate in physical activities, and interact with others. The health condition of the child impacts every aspect of learning.
- c. Social impact: in addition to financial and educational impacts, the health or medical condition of the child may also impact his or her ability to play and interact with others. He or she may not have the energy to engage in play as typical children do. If there are long periods of inactivity, it may be more difficult for the child to make friends. The discomfort may also stop the child from speaking and interacting with others, which may result in the other children perceiving the child as less friendly. It is important for teachers to teach such children to be aware of their health conditions and to seek help from adults when they are feeling discomfort. Teachers should also encourage the child to engage

in social interactions in a suitable way and encourage peers to make proper interactions. For example, teachers can encourage a peer to read a book to the child who has special health care needs and point out the pictures in the story.



### Read

You should now read: Sorte, Daeschel and Amador (2017), pp.360-364.



### Reflect 5.3

1. What impact does a child with health care needs have on the emotional well-being of his/her caregivers?
2. Referring to Bronfenbrenner's ecological system (in ECE100 study guide), how would a child's health condition change a family's activities and interactions?

## 2.2 Person-First Language

Person-first language refers to the language that puts the individual first and the condition or special needs second (e.g., a child with autism, a child with health care needs). The inappropriate way of referring to a child with autism would be "an autistic child." It is inappropriate to put a person's condition first because it implies we use the condition or disability to label and define a person, rather than seeing the person as who he/she is first. Hence, person-first language is not just a matter of grammatical correctness, it is also a matter of philosophical and value-based emphasis on respecting a person or a child. As teachers, we use person-first language to show our respect for the individual who possesses tenacity and strengths in spite of his/her special need or disability. We also use person-first language to remind ourselves that no matter what condition a child may have,

he/she is a unique individual who has his/her own strengths, learning style, interests, and characteristics that are not relevant or limited by the child's disability or disadvantaged condition. We teach the child based on his/her holistic characteristics and traits, while taking into account a disability or disadvantaged condition. Importantly, teachers should not allow themselves to label the child with the disability or disadvantaged condition first, and let the disability define who the child is and will be.

Person-first language also implies that we anticipate that each person is different. Not all children with autism are the same. The child's unique strengths and needs come first before the disability.



#### **Reflect 5.4**

1. Observe the use of language from the social media (e.g., TV programmes, newspaper, online articles etc). Are all media using person-first language?
2. How does person-first language convey the valuing of each individual person?

## **2.3 Identify Ways to Promote Inclusion for Children With Health Care Needs in the Classroom**

An important role of teachers is to promote inclusion and respect for individual differences in the classroom. Children need to learn that everyone is different and each individual has his/her own strengths and needs. Children are different in the way they learn, communicate, play, and have different temperaments and cultural backgrounds. Inclusion can only happen in early childhood settings when children learn to recognise individual differences and celebrate differences.

There are several ways for teachers to foster the celebration of individual differences in early childhood settings:

- a. Teachers could select stories that emphasise individual differences – such as in the contexts of the animal kingdom, of cultural differences, and also of children requiring health care needs. Teachers could guide children to be more self-aware about their own likes and dislikes, strengths, and habits. The discussion could be on how each child is different or similar in some areas and also how children could respect differences amongst themselves.
- b. Teachers could take children to the aquarium or the zoo to observe different types of fish and animals. Children could be asked questions such as: “Why are there different kinds of fish and animals in the world?”, “What are the advantages of having different types of animals in our world?”, “Is there an animal that can do everything you can think of? Why and why not?”, “Why is it wonderful that we are all different from one another?”, etc. The class could then discuss how to help a friend who has certain health care needs (such as asthma).

Moreover, it is the responsibility of early childhood teachers to plan inclusive classrooms and promote inclusion for all children with health care needs. Teachers can plan inclusive classrooms through implementing the following principles:

- a. Ensuring access to education
- b. Supporting appropriate inclusion
- c. Administering medication
- d. Partnering with families
- e. Educating classmates about differences and similarities in children

In addition to the principles mentioned in the textbook, teachers also need to restructure the classroom environment and routines to meet the needs of children with health care needs specifically.

Teachers need to observe the learning and behaviours of children with health care or special needs first. For example, teachers should observe if such children are adjusting to the classroom rules and routines well? If there are signs of a child displaying more problem behaviours, being distracted during certain routines, or transitioning from one routine to

the next, the teacher needs to think of ways to accommodate the needs of the child. For example, if a child appears to be distracted, or becoming drowsy after taking medication, the teacher could have the child engaged in quiet activities (e.g., listening to stories) at the book corner. If a child with special needs has trouble transitioning from one routine to the next, the teacher can think of ways to assist the child. Teachers can use a picture to prompt the child to transit to the next activity such as clean-up time / putting away toys, or have a peer to assist the child, or prompt the transition 5 minutes in advance so that the child can be more mentally prepared. If a child with health care needs gets tired easily form physical activities, the teacher could plan break times in those activities. Teachers should always closely observe how the child with health care needs or special needs is adjusting to the activities and classroom routines, and to make appropriate adjustments responsively.



### **Read**

1. You should now read Sorte, Daeschel and Amador (2017), pp.364-370.
2. You should now read the joint position statement of the Division of Early Childhood (DEC) and the National Association for The Education of Young Children (NAEYC) on “Early Childhood Inclusion”:

[https://www.naeyc.org/files/naeyc/file/positions/DEC\\_NAEYC\\_EC\\_updatedKS.pdf](https://www.naeyc.org/files/naeyc/file/positions/DEC_NAEYC_EC_updatedKS.pdf)



### Activity 5.3

1. For young children (birth to 8 years old), what does it mean to have “access” to early childhood curriculum?
2. In your opinion, is it important for early childhood educators to be equipped with the capabilities to teach children with diverse learning needs, health care needs, and cultural differences in Singapore? Why or why not?
3. Refer to Figure 11-1 “Medication administration permission form”. Why is it important to have a written document to seek permission from parents to administer medication? Would a verbal agreement from parents serve the same purpose? Why or why not?
4. Is there any other way to guide children to celebrate diversity and individual differences?

## Summary

Unit 5 discusses child maltreatment, resilience, and inclusive classrooms. Early childhood teachers need to recognise the signs of maltreatment and to properly communicate with parents or report to the authorities if needed. Promoting resilience (the ability to bounce back in spite of setbacks) is crucial for the wellbeing and mental health of young children, particularly those from disadvantaged backgrounds. Teachers can provide external support and build children's internal strength through arranging an appropriate environment, fostering nurturing relationships, ensuring access to the curriculum and opportunities to learn, being a good role model, and enhancing children's self-regulation and thinking skills. In addition, planning an inclusive classroom to welcome and benefit all children with health care needs, diverse learning needs and culturally diverse backgrounds, is essential for the provision of a safe and nurturing environment for all children to thrive.

## Formative Assessment

1. Behavioural signs of maltreatment might include all of the following EXCEPT:
  - a. A change in the child's mood or activity level.
  - b. Play themes that suggest maltreatment.
  - c. Interest in engaging others in secretive games or display odd behaviors.
  - d. A child's desire to only do colouring during free choice time
  
2. Teachers learn to recognise all of the following as possible signs of child maltreatment EXCEPT:
  - a. Observable marks.
  - b. Statements made by the child.
  - c. A parent's style of interaction with the child.
  - d. A parent's record of arriving late at pick up time.
  
3. When recognising the signs of maltreatment, teachers:
  - a. Consider all the ways in which maltreatment may be evident.
  - b. Consider the physical signs of abuse only as they are most observable.
  - c. Consider child behaviors only as the most conclusive signs of abuse.
  - d. Consider the parent's actions only.
  
4. If a child discloses abuse, the teacher should do all of the following EXCEPT:
  - a. Allow the child to talk without interrupting or questioning.
  - b. Believe what the child says.
  - c. Reassure the child that it was good to come to you.
  - d. Promise the child that you won't tell.

5. Teacher Val has noticed that Sammy, who has experienced domestic violence and physical abuse, tends to play the same violent themed game every day during outdoor play. Which of the following steps could she use to support Sammy?
  - a. Hold a group time to scold Sammy and prohibit Sammy from violent acts.
  - b. Offer suggestions and guidance to move the play to more positive and problem-solving themes.
  - c. Ignore the violent play as logical given Sammy's experience, and let it run its course.
  - d. Ask Sammy's parents to tell him not to play violent games in school.
  
6. Teachers can plan inclusive classrooms through implementing the following principles EXCEPT:
  - a. Ensuring access to curriculum and education.
  - b. Partnering with families and supporting families.
  - c. Giving the child with special needs or health care needs special treatment and exempting the child from classroom activities.
  - d. Educating typical children to be respectful of individual differences and diversity.

## Solutions or Suggested Answers

### Formative Assessment

1. Behavioural signs of maltreatment might include all of the following EXCEPT:
    - a. A change in the child's mood or activity level.  
Incorrect. See Study Unit 5 and textbook
    - b. Play themes that suggest maltreatment.  
Incorrect. See Study Unit 5 and textbook
    - c. Interest in engaging others in secretive games or display odd behaviors.  
Incorrect. See Study Unit 5 and textbook
    - d. A child's desire to only do colouring during free choice time  
**Correct.**
  
  2. Teachers learn to recognise all of the following as possible signs of child maltreatment EXCEPT:
    - a. Observable marks.  
Incorrect. See Study Unit 5 and textbook
    - b. Statements made by the child.  
Incorrect. See Study Unit 5 and textbook
    - c. A parent's style of interaction with the child.  
Incorrect. See Study Unit 5 and textbook
    - d. A parent's record of arriving late at pick up time.  
**Correct.**
  
  3. When recognising the signs of maltreatment, teachers:
    - a. Consider all the ways in which maltreatment may be evident.
-

**Correct.**

- b. Consider the physical signs of abuse only as they are most observable.

Incorrect. See Study Unit 5 and textbook

- c. Consider child behaviors only as the most conclusive signs of abuse.

Incorrect. See Study Unit 5 and textbook

- d. Consider the parent's actions only.

Incorrect. See Study Unit 5 and textbook

4. If a child discloses abuse, the teacher should do all of the following EXCEPT:

- a. Allow the child to talk without interrupting or questioning.

Incorrect. See Study Unit 5 and textbook

- b. Believe what the child says.

Incorrect. See Study Unit 5 and textbook

- c. Reassure the child that it was good to come to you.

Incorrect. See Study Unit 5 and textbook

- d. Promise the child that you won't tell.

**Correct.**

5. Teacher Val has noticed that Sammy, who has experienced domestic violence and physical abuse, tends to play the same violent themed game every day during outdoor play. Which of the following steps could she use to support Sammy?

- a. Hold a group time to scold Sammy and prohibit Sammy from violent acts.

Incorrect. See Study Unit 5 and textbook

- b. Offer suggestions and guidance to move the play to more positive and problem-solving themes.

**Correct.**

- c. Ignore the violent play as logical given Sammy's experience, and let it run its course.  
Incorrect. See Study Unit 5 and textbook
  - d. Ask Sammy's parents to tell him not to play violent games in school.  
Incorrect. See Study Unit 5 and textbook
6. Teachers can plan inclusive classrooms through implementing the following principles EXCEPT:
- a. Ensuring access to curriculum and education.  
Incorrect. See Study Unit 5 and textbook
  - b. Partnering with families and supporting families.  
Incorrect. See Study Unit 5 and textbook
  - c. Giving the child with special needs or health care needs special treatment and exempting the child from classroom activities.  
**Correct.**
  - d. Educating typical children to be respectful of individual differences and diversity.  
Incorrect. See Study Unit 5 and textbook

## References

Sorte, J., Daeschel, I., & Amador, C. (2017). *Nutrition, health, and safety for young children: Promoting wellness* (3<sup>rd</sup> ed.). Upper saddle River, NJ: Pearson Education, Inc.

**Study  
Unit**

**6**

**Nutritional Needs and Healthy  
Living**

## Learning Outcomes

By the end of this unit, you should be able to:

1. Identify some important considerations when feeding infants.
2. Identify important considerations when feeding preschoolers and older children (6-8 years of age).
3. Describe ways to teach food safety to young children.
4. Describe ways to teach children healthy eating and nutritional concepts.

## Overview

**U**nit 6 introduces some nutritional concepts and nutritional needs of young children, as well as facilitating children's understanding of healthy eating and living. This unit first introduces basic knowledge on nutrition and ways to make sense of food labels. Early childhood teachers will also need to have sufficient knowledge when feeding young children from birth to 8 years of age. And they are to also help children understand the importance of healthy eating and living to grow into healthy adults.



### Lesson Recording

[Healthy eating](#)

# Chapter 1: Nutritional Needs of Young Children

## 1.1 Nutrition and Malnutrition

Health and nutrition are important for early childhood learners. Malnutrition, regardless of over-nutrition or undernutrition, may put children at risk of delay across all developmental domains.

Optimal nutrition refers to the best possible nourishment for children. It includes an appropriate amount and combination of foods in the diet that are well balanced in dairy products, grains, fruits, vegetables, meats, and beans. Providing optimal nutrition for young children means that we need to provide food that are rich in phytochemicals and antioxidants. Malnutrition includes undernutrition and over-nutrition. Undernutrition occurs when children do not consume enough calories, protein, or other nutrients. Over-nutrition occurs when children consume an excess of calories, protein, or other nutrients required for normal growth.

Nutrients are classified into six major categories: proteins, fats and carbohydrates, vitamins, minerals, and water. All children should obtain a healthy balanced diet at the early childhood setting. Some children from disadvantaged backgrounds may rely on such meals to gain sufficient nutrients for growth. In addition to providing a healthy diet, early childhood teachers also need to check food labels when purchasing food items and to pay attention to the ingredient list. Many snacks on the market contain unhealthy ingredients, artificial colouring, and excessive amount of sugar. Without checking the food labels, children may be exposed to too many unhealthy ingredients and sugar from different sources of meals and snacks.



## Read

1. You should now read Sorte, Daeschel and Amador (2017), pp.80-115.
2. You should read “A Toolkit for Healthy Meals in Pre-school Programmes” (HPB):

<https://www.hpb.gov.sg/schools/school-programmes/health-promoting-programmes-for-pre-schools/healthy-meals-in-pre-schools-programme>

3. Read Avery, A. (2006). Organic diets and children’s health. *Environ Health Perspect.* 114(4): A210–A211. Retrieved from

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1440807/>

4. Read a 2019 news article on infant milk formula:

<https://www.straitstimes.com/singapore/stricter-rules-on-how-firms-promote-infant-milk>



## Activity 6.1

1. Why do teachers need to learn about the process of digestion and absorption?
2. From what you have read from the textbook, how do you explain to young children the importance of chewing food and eating slowly?
3. Refer to Table 3-2 “Common childhood disorders of the gastrointestinal tract” (p.87). How do you guide 2-3 year olds to seek help when they experience tummy ache and discomfort?
4. How do you take notes and document incidents of children experiencing gastrointestinal symptoms for the parents? In addition to the frequency of the symptoms, what else do you need to observe and document for the parents?

5. Why is it important for the teachers to check food labels? What does the teacher need to pay attention to when reading a food label?
6. What does Avery (2006) say about organic diet and children's health? Look up health articles that say otherwise.
7. How can we make an informed decision about food choices? How can educators help families make informed decisions about what they should feed their children?

## 1.2 Feeding Infants and Toddlers

Infants may feed on breast milk or infant formula. Breast milk is highly recommended by different health organisations because it contains significant amount and types of nutrients as well as provides immunological benefits. Breastfeeding also promotes the bonding and attachment between the infant and mother. Breastfeeding also benefits the mother as it reduces bleeding after birth and helps her regain pre-pregnancy weight. For formula fed infants, educarers need to have knowledge of preparing standard liquid concentrated iron-fortified infant formula using glass or hard plastic bottles. In addition to the guidelines and procedures suggested in the textbook, it is important to always check the temperature of the formula by dripping a few drops onto your hand to ensure that the formula is not too hot, before feeding an infant. It is recommended that educarers keep a record of how much an infant consumes every time. By doing so, if the infant appears to have a poor appetite or consumes less than the typical amount, the educarers can pay close attention to the infant's well-being and notify parents if necessary.

In addition, the feeding of an infant should be carried out in a calm and soothing environment. Educarers can talk to the infant in a quiet and soothing voice whilst feeding the infant. Educarers need to pay close attention to the infant's cues during the feeding. Every infant differs in how they exhibit signs of hunger or satiety and carers need to observe them to understand and recognise their cues. For older infants, educarers could start offering finger foods. Finger food is beneficial for infants as it helps them to

use their fine motor skills and hand eye coordination. By picking up and holding onto different types of finger food, infants also slowly develop independence, self-efficacy and confidence in meeting their own needs.



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.118-149.



### Activity 6.2

1. What are the benefits of breastfeeding? In the local context, what are the barriers and challenges for mothers to breastfeed their infants?
2. Refer to Table 4-1 “Understanding hunger and fullness cues in infants” (p.132). Why is it important for teachers to recognise these cues? Would you try to feed the infant a bit more after the infant demonstrates these cues? Why or why not?
3. Why is it not recommended to feed infants with cow’s milk?
4. In addition to the information in the textbook, what are some other ways to reduce the risk of choking?

Feeding toddlers requires different considerations from that of feeding infants. Toddlers may change their ready acceptance of food and instead, indicate their food preference and choices. Also, an important goal for feeding toddlers is to build independence, e.g., to encourage toddlers to independently feed themselves and carry their own plates and cups. Allow toddlers to share age appropriate responsibilities during mealtimes, such as arranging chairs for the table and setting up placemats. The opportunities to use utensils and carry plates across a room on a daily basis are ideal practices for toddlers to develop

better balance, gross and fine motor skills, as well as hand-eye coordination which are all necessary for future academic learning. Some toddlers may be selective eaters or have food neophobia and food fads. For these selective eaters, early childhood teachers need to use strategies to encourage children to have balanced diet (refer to p.159). It is important to note that parents and teachers need to be good models in eating a balanced diet and offer plenty of options of fruits and vegetables for toddlers to try.



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.152-166.



### Activity 6.3

1. Review Figure 5-1 “Division of responsibility in feeding” (p.154). In your opinion, are all recommendations appropriate and practical for the Singapore context?
2. In addition to the strategies suggested in Figure 5-3 “Strategies for encouraging the selective eater” (p.159), are there any other strategies you can think of to help a selective eater to have a balanced diet?
3. How do you reduce the fear of new food in toddlers who have neophobia?
4. Read this article about how an American mother trained her children to eat everything, like the French:

<https://www.bbcgoodfood.com/howto/guide/karen-le-billion-french-children-eat-anything>

Are Singaporeans more like the Americans or the French in terms of our eating habits? How can we improve? Think about an Asian equivalent of a healthy diet for a typical day.

### 1.3 Feeding Pre-Schoolers and School-Age Children

Preschoolers should be independent eaters. Children may display unpredictable eating behaviours. Preschool children may eat well one day but not so the next. They also have their preferences and are capable of indicating their choices of food. The main tasks for teachers are to create a positive mealtime experience and to teach children about healthy eating and living.

In addition to the strategies shared in the textbook, teachers can also create positive mealtime experience by eating with children, sitting with different groups of children every day, asking children about their home life and weekend plans, showing interest in what children have to say, and avoiding rushing children to eat or clean up. Teachers should eat with children and model proper mealtime manners and balanced choices of food items. It is important for teachers to take note of the amount and types of food children are consuming. If a child exhibits poor appetite consistently over a period of time, the teacher would need to convey his/her observations to the parents and investigate whether the child is getting adequate nutrition at home.



#### **Read**

You should now read Sorte, Daeschel and Amador (2017), pp.166-176.



### Activity 6.4

1. Refer to Figure 5-2 "Supporting children's self-regulation of food intake" (p.171). Can you think of other comments that teachers can say to support children's self-regulation of food intake?
2. To reflect the multicultural society in Singapore, do you support the provision of a variety of food options from different cultures in early childhood settings? Why or why not?
3. How does the Health Promotion Board (HPB) support preschools? Look through these two links:

<https://www.hpb.gov.sg/schools/school-programmes/health-promoting-programmes-for-pre-schools/healthy-meals-in-pre-schools-programme>

And

<https://www.hpb.gov.sg/schools/school-programmes/health-promoting-programmes-for-pre-schools/health-promoting-pre-school-accreditation>

Primary-school children are independent in a large environment and need less supervision at mealtimes. They exercise and practise all the nutritional-related decision-making skills they learned at home and during their early childhood. Peer groups and social media also influence the food choices of school age children more than preschoolers. Children have better tolerance of hunger and can make independent decisions about what they like to eat. Teachers need to pay attention to children's food choices and whether a healthy breakfast is provided. It should be noted that teachers should not use food as a reward. Nutritious food is essential for children's health and wellbeing and thus, should not be a reward for positive learning behaviours. The rewards used in the classroom can include privileges (such as being the class leader for the day), favourite learning activities (such as a card game reviewing acquired vocabulary), teachers' verbal recognition (praise

and acknowledgement), and gestures (such as high-five). However, it is useful to have all children prepare snacks (e.g., pancakes, sandwiches) as a cooking activity in the classroom for the purpose of learning to cook and preparing nutritious and well-balanced dishes. After the cooking activity, children could consume the dishes they prepare for themselves.



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.176-187.



### Activity 6.5

1. Can the mealtime be a good learning opportunity for primary school children? What are the skills that children can learn from a mealtime experience?
2. What can teachers do to utilise the mealtime as a learning opportunity and to create a positive mealtime experience?
3. Refer to Figure 5-9 “School wellness sample policy guidelines” (p.182). Which policy do you consider important to implement in Singapore?

## Chapter 2: Facilitating Young Children's Understanding of Healthy Eating and Living

### 2.1 Facilitating Children's Understanding of Food Safety

Teachers need to teach children about food safety and good habits in handling and preparing food, such as washing hands before eating, picking up a fork by the handle when setting the table, only drinking and eating his/her own food and not from other children's plates. The goal is to get children to become independent and responsible adults who make good decisions about healthy eating and living. It is important for teachers to differentiate the content according to the children's age and ability levels as suggested by the examples in the textbook.



#### Read

You should now read Sorte, Daeschel and Amador (2017), pp.269-270.



#### Reflect 6.1

1. Refer to "Teaching wellness: Washing hands keeps me healthy" section in the textbook on pp. 269-270. What are the differences among "activity plans" designed for infants and toddlers, preschoolers and kindergarteners, and school age children? What are the main goals in these activity plans?
2. Review the portion on "how to adjust the activity," in the activity plans (pp.269-270). The textbook offers suggestions on using picture cues to

prompt children. If you have children with lower abilities in the classrooms, what else can you do to adjust the activity for them?

## 2.2 Facilitating Children's Understanding of Healthy Eating and Living

In early childhood settings, one main responsibility of teachers is to teach children about nutrition and healthy eating. Activities are useful for teaching children concepts of healthy eating and living as these activities offer children hands-on learning experiences. While designing activities, teachers need to focus on presenting the information in a concrete manner that enables young children to understand (for example, using a plastic bag to illustrate the function of the stomach). The language used to describe the concepts also needs to be age appropriate. Teachers may consider incorporating games, music and movement, arts and crafts, dramatic play, or suitable stories into the activities. There are many examples of activity plans in the textbook that can be revised or adapted.



### Read

You should now read Sorte, Daeschel and Amador (2017), pp.84-85.



### Activity 6.6

1. Refer to "Teaching wellness: Digestion starts in the mouth" section on pp.84-85. Are the goals for different age groups (infants and toddlers, preschoolers and kindergarteners, and school age children) appropriate?
2. For each age group, what would be the key vocabulary you can use in these activity plans (pp.84-85)?

3. In addition to the materials provided in the activity plans, what other materials or resources would be useful?



## Watch

You may now watch Jamie Oliver's "Sugar Rush" documentary (short version):  
<https://youtu.be/pLwcbHEuK44>

1. Summarise key points for class discussion.
2. When you are eating out, observe families with children of different age groups. What food choices do they make? What do they do at the meal table? How relevant do you think Jamie Oliver's message is to our context?



## Read

You should now read: Sorte, Daeschel and Amador (2017), pp.134 and pp.173.



## Reflect 6.2

1. Refer to "Teaching wellness: I feel hungry I feel full" section for teaching infants (p.134). Do you support the use of baby signs when working with infants? Why or why not?
2. Why do teachers need to speak to infants during feeding? What are the benefits?
3. Refer to "Teaching wellness: I feel hungry I feel full" section for teaching preschoolers, kindergarteners, and school-age children (p.173). What do you

like about the activity plans? How would you do things differently for children in the local context?



## Read

You should now read:

- a. Teo, J. (2019, January 7). What's behind the high rate of childhood myopia? *The Straits Times*. Retrieved from <https://www.singhealth.com.sg/news/patient-care/behind-high-rate-of-childhood-myopia>
- b. Lee, W. (2018, March 14). Adults are getting fitter but children are increasingly overweight: MOH figures. *The Straits Times*. Retrieved from <https://www.straitstimes.com/singapore/adults-are-getting-fitter-but-children-are-increasingly-overweight-moh-figures>
- c. "Healthy Living Master plan" published by Ministry of Health and Health Promotion Board. Download the full report from: <https://www.moh.gov.sg/resources-statistics/reports/the-healthy-living-master-plan>
  1. In the publication, "Healthy living is happy living" – one participant mentioned it is not only about being free from disease but also for one to have good mental health." Do you agree? What is your personal definition of healthy living?
  2. What are some important concepts that young children should learn in early childhood settings in order to grow up to be healthy adults?

## Summary

Unit 6 discusses nutrition, malnutrition, feeding, and the teaching of healthy eating and living to children. Nutrition science is the study of how food provides nourishment to support the growth, maintenance, and repair of the human body. Teachers need to understand nutrition science in order to provide healthy eating opportunities for both the children in their care and for themselves. Creating positive feeding and mealtime experiences for young children involves understanding children's nutritional needs and facilitating daily healthy eating habits. Teaching children concepts of healthy eating and living is a key content in the early childhood curriculum. Healthy children grow up to be healthy adults. Hands-on activities are beneficial for teaching concepts of healthy eating and living. Such activities allow children to learn abstract concepts through concrete sensorial experiences where the children can observe, manipulate, and explore.

## Formative Assessment

1. When an infant arrives at the child care setting, breast milk should be stored:
    - a. At room temperature until the infant is ready for a feed.
    - b. In the freezer immediately until the infant is ready for a feed.
    - c. In the refrigerator immediately until the infant is ready for a feed.
    - d. In a bowl of hot water immediately until the infant is ready for a feed.
  
  2. The term used to describe children who have a fear of new foods is:
    - a. Selective eating.
    - b. Food neophobia.
    - c. Picky eating.
    - d. Food jag.
  
  3. An example of how teacher can support children's physical development in the mealtime environment is:
    - a. Offer whole grain foods.
    - b. Provide water at each meal.
    - c. Encourage child-child interactions.
    - d. Provide child appropriate utensils, serving bowls, tables and chairs.
  
  4. The following statement is true regarding the mealtime and the opportunity to teach children about nutrition:
    - a. Mealtimes are the time to ensure children eat all their food to get enough nutrition.
    - b. Mealtimes are the time to make sure children try at least one bite of all the food that is offered.
    - c. Mealtimes are opportunities to be exposed to delicious meals rich in tastes and flavors.
-

- d. Mealtimes are opportunities to ensure children use feeding utensils and avoid making a mess.
5. Which of the following statement is NOT true:
- Malnutrition includes under-nutrition and over-nutrition.
  - Under-nutrition occurs when children do not consume enough calories, protein, or other nutrients.
  - Over-nutrition occurs when children consume an excess of calories, protein, or other nutrients required for normal growth.
  - Children would not have malnutrition as long as the family provides sufficient amount of food.
6. Teachers should create a positive mealtime experience for preschool children by doing the following EXCEPT:
- Eating with children and sitting with different groups of children every day.
  - Asking children about their home life and weekend plans, and having a conversation.
  - Forcing children to finish all of their food on the plates.
  - Avoiding rushing children to eat or clean up.
7. Which of the following statement is NOT true:
- Teachers need to teach children about food safety and good habits and design activities suitable for children's developmental age and abilities.
  - Healthy living concepts should be taught at home and thus are not part of early childhood curriculum.
  - One responsibility of teachers is to help children become independent and responsible adults in the future who make good decisions of healthy eating and living.

- d. Young children need to learn healthy eating and living behaviours such as washing hands before eating, and only drink and eat his /her own food but not from other children's plate.

## Solutions or Suggested Answers

### Formative Assessment

1. When an infant arrives at the child care setting, breast milk should be stored:
    - a. At room temperature until the infant is ready for a feed.  
Incorrect. See Study Unit 6 and textbook
    - b. In the freezer immediately until the infant is ready for a feed.  
Incorrect. See Study Unit 6 and textbook
    - c. In the refrigerator immediately until the infant is ready for a feed.  
**Correct.**
    - d. In a bowl of hot water immediately until the infant is ready for a feed.  
Incorrect. See Study Unit 6 and textbook
  
  2. The term used to describe children who have a fear of new foods is:
    - a. Selective eating.  
Incorrect. See Study Unit 6 and textbook
    - b. Food neophobia.  
**Correct.**
    - c. Picky eating.  
Incorrect. See Study Unit 6 and textbook
    - d. Food jag.  
Incorrect. See Study Unit 6 and textbook
  
  3. An example of how teacher can support children's physical development in the mealtime environment is:
    - a. Offer whole grain foods.
-

Incorrect. See Study Unit 6 and textbook

- b. Provide water at each meal.

Incorrect. See Study Unit 6 and textbook

- c. Encourage child-child interactions.

Incorrect. See Study Unit 6 and textbook

- d. Provide child appropriate utensils, serving bowls, tables and chairs.

**Correct.**

4. The following statement is true regarding the mealtime and the opportunity to teach children about nutrition:

- a. Mealtimes are the time to ensure children eat all their food to get enough nutrition.

Incorrect. See Study Unit 6 and textbook

- b. Mealtimes are the time to make sure children try at least one bite of all the food that is offered.

**Correct.**

- c. Mealtimes are opportunities to be exposed to delicious meals rich in tastes and flavors.

Incorrect. See Study Unit 6 and textbook

- d. Mealtimes are opportunities to ensure children use feeding utensils and avoid making a mess.

Incorrect. See Study Unit 6 and textbook

5. Which of the following statement is NOT true:

- a. Malnutrition includes under-nutrition and over-nutrition.

Incorrect. See Study Unit 6 and textbook

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- b. Under-nutrition occurs when children do not consume enough calories, protein, or other nutrients.

Incorrect. See Study Unit 6 and textbook

- c. Over-nutrition occurs when children consume an excess of calories, protein, or other nutrients required for normal growth.

Incorrect. See Study Unit 6 and textbook

- d. Children would not have malnutrition as long as the family provides sufficient amount of food.

**Correct.**

6. Teachers should create a positive mealtime experience for preschool children by doing the following EXCEPT:

- a. Eating with children and sitting with different groups of children every day.

Incorrect. See Study Unit 6 and textbook

- b. Asking children about their home life and weekend plans, and having a conversation.

Incorrect. See Study Unit 6 and textbook

- c. Forcing children to finish all of their food on the plates.

**Correct.**

- d. Avoiding rushing children to eat or clean up.

Incorrect. See Study Unit 6 and textbook

7. Which of the following statement is NOT true:

- a. Teachers need to teach children about food safety and good habits and design activities suitable for children's developmental age and abilities.

Incorrect. See Study Unit 6 and textbook

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- b. Healthy living concepts should be taught at home and thus are not part of early childhood curriculum.

**Correct.**

- c. One responsibility of teachers is to help children become independent and responsible adults in the future who make good decisions of healthy eating and living.

Incorrect. See Study Unit 6 and textbook

- d. Young children need to learn healthy eating and living behaviours such as washing hands before eating, and only drink and eat his/her own food but not from other children's plate.

Incorrect. See Study Unit 6 and textbook

## References

Sorte, J., Daeschel, I., & Amador, C. (2017). *Nutrition, health, and safety for young children: Promoting wellness* (3<sup>rd</sup> ed.). Upper saddle River, NJ: Pearson Education, Inc.