

ECD Programme Guidelines (0 - 3 YEARS)

MINISTRY OF GENDER EQUALITY, CHILD DEVELOPMENT AND FAMILY WELFARE

EARLY CHILDHOOD DEVELOPMENT

Programme Guidelines Handbook

(0 – 3 YEARS)

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FOREWORD

It is a pleasure to associate myself with this publication of the Early Childhood Development Programme Guidelines Handbook (0-3 years), the first of its kind in the field of childcare in Mauritius.

The Ministry of Gender Equality Child Development and Family Welfare has within its mandate, the responsibility to ensure that children grow up within an environment that is conducive to their development. It is furthermore committed to directing its activities towards the protection and promotion of child's rights and the holistic development of young children in the age of 0-3 years.

Within this perspective, this publication is a timely initiative, which translates the Ministry's endeavour to promote and provide quality childcare and services for early childhood development in the Republic of Mauritius. '*A Republic fit for Children*'

This new, comprehensive Early Childhood Development Programme Guidelines Handbook for the early years (0-3) has been compiled and adapted from renowned sources by a team of early childhood development specialists working with early years' caregivers, practitioners and experts. It sets out, inexhaustively though, what may reasonably be expected of children at different stages during these early years. It will be of value to practitioners in both centre and home settings, as well as to those more widely involved in early childhood care and education.

As Government is much concerned with the enhancement of the standard of day care centres, I trust that this publication will prove to be an essential document to guide practitioners in adopting the most appropriate practices.

I take this opportunity to thank all those who have contributed directly or indirectly in the production of this handbook. I look forward to their continued and sustained collaboration along the pathway of our achievement and that of our children.

Arianne Navarre-Marie
Minister of Women' Rights,
Child Development & Family Welfare

EDITOR'S NOTE

In 1998, the Government of the Republic of Mauritius produced and endorsed a national Early Childhood Development Policy (0-3 years), wherein Policy Statement 5 advocates the preparation and implementation of curriculum framework.

The introduction of a set of guidelines for the 0-3 aged children has been strongly supported by stakeholders who responded to the Ministry of Women's Rights, Child Development & Family Welfare consultative meetings since 1997. The establishment of these guidelines is a significant landmark in history, since for the first time it gives this critical stage of development and education a distinct identity. The early developmental goals and competencies set high expectations for the end of children's centre and home care years. These are achievable by most children who have benefited from relevant and most appropriate principles and practices of child rearing and education opportunities.

The purpose of the guidelines is to assist practitioners in providing for the highest quality experiences throughout this stage, while allowing them to respond flexibly to the particular need of the children, families and community with whom they work.

Guidance is given on the aims and principles of children's learning, planning and evaluation in the early years. The learning competencies within eight developmental areas with pointers of progress towards reaching these competencies have been identified. The guidelines indicate what caregivers and practitioners need to do to help children progress towards and beyond these competencies. Example of what children do are further provided to help practitioners assess that progress.

This *Early Childhood Development Programme Guidelines Handbook* is for all who work with 0-3 aged children, for those with management responsibilities in early childhood setting, for those who support and train practitioners and importantly so, for parents. It is a tool to help us achieve better futures for our children.

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ACKNOWLEDGEMENTS

The Ministry of Women' Rights, Child Development & Family Welfare wishes to place on record the collaboration of a number of institutions and persons in the conception, development and production of this *Early Childhood Development Programme Guidelines Handbook (0-3 years)*.

The Ministry is particularly appreciative of the professional guidance received during the initial process from UNICEF Consultants Professors Marjory and Fred Ebbeck, and the technical advice and assistance from Associate Professor Roshan Maudho, ECD Programme Director Mauritius Institute of Education, in the final stages of editing and production.

Special acknowledgment is extended to all childcare providers who volunteered to assist in the piloting of this handbook and to the Child Development Unit's Programme Team and associate members, who spared no efforts in co-ordinating this activity.

1.0

INTRODUCTION

1.1 PERSPECTIVES

Early Childhood Development is a major concern for the Government of Mauritius. The Ministry of Women's Rights, Child Development & Family Welfare has the responsibility for the age group 0 to 3 years. Many initiatives have been undertaken to cater for the care and development of these children.

The Republic of Mauritius signed and ratifies the Convention on the Rights of the Child committing itself to give every child access to education. Reports of Consultants, Dr Judith Evans and Dr S. Gopalan as well as the "Situational Analysis of Day care and Home Care Programmes" of De Chazal du Mée recommend the preparation of programmes for the 0 to 3 children. Most importantly the Government has produced and endorsed in 1998 a National Early Childhood Development Policy (0-3 years), wherein Policy Statement 5 advocates the preparation and implementation of a curriculum framework.

These programme guidelines for the 0 to 3 years children will translate into action the recommendation of the studies made in the field of early child care. It is found imperative that we embark on planning, designing, implementing and evaluating a national programme for the 0 to 3 years.

1.2 EARLY LEARNING

Children start learning at birth and go on throughout their life. The first seven years are the most crucial. This period is viewed as the magical years in a child's development.

Generally, children grow and develop through an orderly sequence of development. A baby looks around for objects to sense them through touching and tasting. Children learn best through their senses and particularly when they are interested in what they are doing. But each child is unique. His/her development depends largely on his/her home, background and the environment where he/she grows. Children think, act and behave differently.

All children can learn but each child has his/her own potential and particular way of learning. Some children are quicker learners whereas others are slower and need more time and practice. Some have certain disabilities which may delay their learning if these are not detected and dealt with promptly. So children with special needs must be provided with additional help.

1.1 OBJECTIVES

This Programme Guidelines Handbook (0-3 years) is designed to –

- Help child caregivers realise that Early Childhood Development is the foundation stone for children's whole life.
- Provide child caregivers with a framework for working in partnership with parents, their colleagues and their managers.
- Increase caregivers' understanding and knowledge of the importance of play in the development of young children.
- Equip child caregivers with skills to create a stimulating environment that will enhance the healthy and overall development of the young child.
- Arouse in child caregivers an awareness of the importance of observation to motivate them to plan experiences and provide children with adequate play materials.
- Help child caregivers to plan, implement and evaluate effectively their daily programme for young children.
- Make caregivers become aware of the importance of best practice and the competencies child caregivers require to achieve the desired outcomes for young children.
- Empower caregivers to talk to parents about children's growth and development and the importance of learning in a simple but informative way.
- Sensitize the child caregivers to ensure the smooth transition from homes to day care centres and from day care centres to pre-primary schools.

Such trained child caregivers will be equipped to –

- (1) create awareness of his/her culture in the child
- (2) plan an adequate programme for each child
- (3) evaluate the work of each child and report to parents and authorities concerned.

1.4 CONTENT

These programme guidelines are meant for young children aged from birth to three. We are setting guidelines on knowledge, skills and attitudes required, activities, best practice and interactive and interactions. The programme defines the roles of child caregivers, managers of care centres and parents. It also contains evaluation techniques and other indicators to enable child caregivers to ensure the harmonious development of young children. It goes without saying that those responsible for the care, development and education of children must be dedicated. They have to plan their daily programmes judiciously, respecting the children's rights, needs and pace of learning. So the child caregivers need to know these guidelines and use them as indicators for their daily planning and support.

2.0

EARLY CHILDHOOD DEVELOPMENT EDUCATION AND CARE

2.1 PRINCIPLES OF DEVELOPMENT

The importance of having a sound understanding of child development and its relationship to providing good quality child care is best summarised by Bredekamp and Copple (1997) in their 12 Principles of child development and learning.

These 12 Principles underpin all that follows in this document –

1. Domains of children's development – physical, social, emotional and cognitive – are closely related. Development in one domain influences and is influenced by development in other domains.
2. Development occurs in a relatively orderly sequence, with later abilities, skills, and knowledge building on those already acquired.
3. Development proceeds at varying rates from child to child as well as unevenly within different areas of each child's functioning.
4. Early experiences have both cumulative and delayed effects on individual children's development. Optimal periods exist for certain types of development and learning.
5. Development proceeds in predictable directions towards greater complexity, organisation, and internalisation.
6. Development and learning occur in and are influenced by multiple social and cultural contexts.
7. Children are active learners, drawing on direct physical and social experience as well as culturally transmitted knowledge to construct their own understandings of the world around them.
8. Development and learning result from interaction of biological maturation and the environment which includes both the physical and social world that children live in.
9. Play is an important vehicle for children's social, emotional, and cognitive development as well as a reflection of their development.
10. Development advances when children have opportunities to practice newly acquired skills as well as when they experience a challenge just beyond the level of their present mastery.
11. Children demonstrate different modes of knowing and learning and different ways of representing what they know.
12. Children develop and learn best in the context of a community where they are safe and valued, their physical needs are met, and they feel psychologically secure.

3.0

ENSURING A QUALITY EARLY CHILDHOOD PROGRAMME

0 – 3 YEARS

3.1 THE CENTRE MANAGEMENT

The philosophy and goals of the day care centre must lay emphasis on the quality of care and services provided to our young children – babies and toddlers. Information about the Centre's activities and management must be easily accessible to parents and staff. Parents are encouraged to contribute to the construction and evaluation of the centre's programme. Managers and caregivers need to work closely with parents.

The Centre Management –

- caters for the holistic development of our young children;
- provides a stimulating environment with interesting activities of our children;
- ensures staff development and encourages team spirit among staff;
- makes staff aware of the importance of positive interactions with children;
- promotes parents' involvement in day care centre programme;
- develop a trusting relationship with parents to make the latter feel confident to talk easily about things that concern their children;
- helps parents understand how important they need to motivate and support their children in their learning experience so that they may develop their full potential;
- assists parents in providing nutritious food to their children for their growth, health, and development;
- arouses parents' awareness on common ailments in children and advise them how to deal with such difficulties;
- gives caregivers and parents the opportunities to work closely to achieve the specific needs of the day care centre and also to analyse the actual service offered for improvement purpose;
- plans any future projects with the staff and parents for the welfare of our young children;
- ensures that first aid resources are available and readily accessible to staff and that a list of emergency telephone numbers is accessible.

3.2 WORKING WITH PARENTS AND THE COMMUNITY

Parents are the most important people in a child's life. They are the child's first and best carers/educators. The primary responsibility for the child's healthy growth and development lies within the family. It is at home with the parents and the family that a child feels secure and loved. Home is also a place where the child first learns many things, for example, about love and trust, about objects around him/her, about how people get along and what they do.

The caregiver has to develop a positive relationship with each child's parents(s) for through such a relationship there grows a mutual respect and support which can only help the child's development in many ways, particularly in the early stages.

The family therefore, provides children with critical early real life experiences that are the foundation of later learning. These real life experiences contribute to the holistic development of their children.

Working with Parents

- Let parents know that you are caring for their children and will try your best to help their children develop and learn;
- Develop a trusting relationship with parents.
- Show respect to parents.
- Talk to parents about the child's activities (using precise and non-judgemental terms) while he/she is with you and find out what the child does at home.
- Create an atmosphere where parents feel free to be with you and talk about things that concern them.
- Request parents to follow the learning activities of their children at home –This will help them feel more confident in their role as educators.
- Inform parents about the learning activities of their children at home with their children; highlight the educational values of these activities.
- Help parents to understand that it is important to encourage and support their children in what they try to do – not only what they already do successfully.
- Dialogue between parents and caregivers is essential. Parents are to be informed about the various activities carried out in the day care centre.
- Support parents in their child rearing skills.
- The matter of developing a mutually supportive relationship between the parent and caregiver is essential so that the child's possible separation anxieties are overcome. A child should see that parent and caregiver get along well and have a mutual respect.
- Involve parents in decision making for the welfare of the young children and staff.
- Home visits should be made where possible so that the caregiver can get to know the family better and appreciate its circumstances.

WORKING WITH THE COMMUNITY

- Caregivers and parents need to know about the community in which they live and work.
- Sustainable partnerships among parents/Caregivers and the community should be created.
- Community sensitisation about the Early Childhood Development programme is essential.
- Community's involvement, support and advocacy for child care must be sought.
- Community based programmes have to provide equity of access to all children.
- The variety of approaches used should meet the various individual and cultural needs of the young children (babies and toddlers)

3.3 UNDERSTANDING CHILDREN'S NEEDS

All children, whether normal, handicapped or at risk for developmental problems, have certain needs. Some of these needs are essential for the child to survive, to grow and develop physically. Others are important for the cognitive, emotional, and social development of the child. So needs can be categorised in the different areas of development. As these areas of development are interrelated and interdependent, all the child's needs must be satisfied so as to foster his/her total development.

Where children have special needs due to development delays or more serious physiological problems, the care centres should seek specialised help from professionals. Where possible, the help received should also include assistance with planning a special programme for the child concerned.

PHYSIOLOGICAL NEEDS AND PHYSICAL NEEDS

- Shelter
- Food nutritious appropriate to age of children
- Warmth and adequate clothing
- Fresh air and sunlight
- A balance of activity and rest
- Protection from illness and injury
- Treatment of illness
- Body cleanliness care

SAFETY NEEDS

- a physically and psychologically secure environment

SOCIO-EMOTIONAL NEEDS

- love, care and trust
- continuity of care
- social and cultural values development
- need for play
- freedom of movement
- pleasure

COGNITIVE STIMULATION NEEDS

- Freedom to play – children learn in many incidental ways through playing
- Opportunities for language development
- Opportunities for mental/intellectual and sensory development
- Freedom to explore and experiment play material according to his/her developmental level

SELF ESTEEM NEEDS

- Identity
- Belonging
- Respect for individual differences
- Praise and opportunities to develop self-confidence and self-image
- Special attention and care in case of physical or mental disability

SELF-ACTUALISATION NEEDS

Need to

- Explore one's potential
- Develop at the optimal level

As the world concern with children's needs and holistic development has led to the statement of the Rights of the Child, therefore respecting the child's needs and safeguarding his/her rights must be taken to heart by all stakeholders in the child's growth and development.

3.4 FOUNDATION AREAS OF LEARNING

- Foundation learning areas direct the attention of the Early Care Providers to those key areas of child development that need to be attended to in care services. In addition, they give the Early Care Providers the opportunities to reflect and evaluate their current beliefs and practices. They also provide the Early Care Providers with adequate tools to carry out their self-assessment and adopt a unified approach to planning while promoting an integrated curriculum.
- Calling attention to the foundation areas of learning enhances the overall development of the young children and equally the development of life skills and competencies essential for their whole life.

The overall development relates the different areas of development, physical, cognitive, emotional, social, language, moral and aesthetic.

- **Physical development**

Physical development is the development of the body. As physical development progresses, children acquire various physical abilities – motor skills – that enable the child to move. These skills require coordination between brain and muscles. Gross motor skills involve the use of large muscles for such activities as walking, running and kicking a ball. Fine motor skills involve the precise use of the hands and fingers for such activities as painting, drawing, tearing and modelling.

- **Cognitive development**

Cognitive development is the development of the mind – the part of the brain which enables the child to think and learn. The infant's cognitive development is very much influenced both by his/her environment and his/her inherited characteristics and potential.

- **Emotional Development**

Emotional development is development of a child's ability to have positive feelings for himself/herself and for others. It also involves the ability to control his/her feelings. Emotional development is influenced by the child's inborn temperament, his/her environment and health.

- **Social development**

Social development is the process of learning the skills that are needed to get along well with others. Social skills are strategies that children learn to enable them to behave appropriately in different situations.

- **Language development**

Language development for children under 3 years of age is the process of learning and acquiring spoken language skills. The child must be exposed to explicit spoken language and be given the opportunities to use his/her developing language skills to communicate freely.

- **Life Skills and Competencies**

- self-awareness
- self-esteem
- curiosity
- caring
- intrinsic motivation
- creativity
- language and communication skills
- social skills
- Physical skills
- Perceptual motor skills
- Aesthetic awareness
- Critical thinking skills
- Cultural awareness

The above life skills and competencies are organised into eight foundation areas of learning.

Foundation Areas of Learning

- Self-concept
- Health and physical development
- Social development
- Communication
- Creativity
- Critical thinking
- Environment
- Cultural awareness

Among the eight foundation areas of learning, self-concept is the principal one as a positive self-concept is seen as a crucial aspect for each individual child's overall development. If the self-concept of a child is hampered, this will surely handicap other areas of development. Therefore, the child's self-concept, must be nurtured and fostered in the centre-based and home-based settings by trained and responsive child care providers.

All eight key areas of learning form the foundation for an integrated and child-centred approach to learning and development for young children.

KEY COMPONENTS FOR EACH LEARNING AREA

To enhance the foundation areas of learning, child caregivers need to know the key components underpinning each foundation area of learning. These key components will help them to care for the learning and development of each individual child in a more professional way.

The following components underpin each foundation area of learning-

- Knowledge, skills and attitudes
- Role of the early childhood caregivers
- Best practice
- Outcomes for children

3.4.1 SELF CONCEPT

Early childhood programmes in day care centres must provide a healthy, safe and stimulating environment in which young children can develop emotionally and become socially and physically confident. It is very important that children have the rights, opportunities and freedom to experiment and explore things around them and also to communicate their feelings and views to adults.

Play allows the child to move slowly from an egocentric being to becoming more social and interactive.

Valuing and promoting each child's positive self-concept must be the concern of all child care providers. The following points are to be strongly considered if we really want to ensure their holistic development.

- a belief in each child's ability to achieve according to his/her pace of learning
- the valuing of and building on the interests and experiences of the individual child
- an appreciation of the richness and diversity of each family using the centre
- a recognition that all children need praise, help, support, motivation, time or individual attention
- respect for individual culture and ability
- **KNOWLEDGE, SKILLS AND ATTITUDES**

Young children have the opportunity to develop a positive self-concept through daily experiences which foster –

- Intrinsic motivation
- A positive self-image
- Independence situations
- Self-confidence
- a sense of fun and joy for learning
- a positive attitude to others
- the ability to cope with new
- **ROLE OF THE EARLY CHILD CARE PROVIDERS**

Early Child care Providers -

- provide a physically and emotionally safe environment to facilitate a positive self-concept development
- encourage interactions and experiences to enhance a positive self-concept development
- establish positive links and interactions with parents
- identify low self-esteem in children and plan for positive self-concept development
- observe, record, interpret and inform parents and plan activities to foster the development of a positive self-concept in individual children

- give the chance to children to experiment, to explore, to discover and use their critical thinking to discover the world around them
- consider children's differences in ability and competencies
- listen attentively to what children have to say
- speak courteously to children
- respect children's language and cultures
- recognise gender specific perspectives of self-concept and their role in early childhood education and learning

- **BEST PRACTICE**

Children have the opportunities to –

- experience trust and respect
- receive, praise for the least effort they make
- experiment with new materials and situations
- learn through trial and error
- learn through play on an individual level with supportive care providers
- enjoy peer interactions in group work supported by care providers
- participate in activities planned according to their developmental needs
- participate in activities planned according to their developmental needs
- express themselves freely and listened
- play with confidence with appropriate materials and learning tools
- experience their daily routines which are in relation to their needs

- **OUTCOME FOR CHILDREN**

- Children begin to develop a positive self-concept in relation to
 - (a) Themselves as learners
 - (b) Their parents/family
 - (c) Their peers

For example –

- They are able to express their feelings without fear
- They cope with new experiences with confidence
- They learn with joy and accept caregivers' interactions
- They take pleasure in experimenting and exploring appropriate and available learning tools
- They accept child-child interactions more easily
- They have communication skills for social situations
- They engage confidently in functional play, in solitary and parallel play
- They cope with daily routines in a positive way
- They acquire developmental skills to solve problems during their play time.

3.4.2 HEALTH AND PHYSICAL DEVELOPMENT

Effective early childhood programmes must provide experiences and activities which foster young children's fine and gross motor skills both individually and as part of a group. Programmes must also promote healthy nutritional practices, personal health and hygiene and the child's personal safety development. Children need to have activities which develop their physical skills so as to enable them to develop increasing control over their bodies. Early child care providers must think of providing a physically and emotionally safe environment which allows children's active exploration and supports the development of their autonomy and independence. Tables 1 and 2 provide an overview of health and physical development from birth to.

- **KNOWLEDGE, SKILLS AND ATTITUDES**

Children have the opportunity to develop -

- gross-motor control
- fine-motor control
- hand-eye coordination
- sensory awareness
- visual discrimination skills
- spatial awareness
- body awareness
- healthy routines for cleanliness
- healthy nutritional practices
- safe health practices
- a positive self-image

- **ROLE OF THE EARLY CHILD CARE PROVIDERS**

Early Child care Providers -

- provide a physically safe environment that invites active exploration and manipulation
- provide interactions and experiences that encourage curiosity and problem-solving through physical activity
- observe record, interpret and plan for the physical development of individual children
- teach sound nutrition, cleanliness and health practices

- **BEST PRACTICE**

Children have the opportunity to experience

- a safe and clean environment which invites challenges for physical and sensory exploration
- equipment and activities which facilitates the development of gross and fine motor skills
- challenge and success
- demonstrated sound health and nutrition practices

▪ **OUTCOMES FOR CHILDREN**

Children –

- are confident in the use of their bodies
- develop physical competence
- participate in individual and group physical activities
- have personal hygiene skills
- have an understanding of the concept of safety

TABLE 1
DEVELOPMENTAL PROFILE
SOME REFLEXES PRESENT IN A NEWBORN BABY

REFLEX	BABY'S RESPONSE	DURATION
Blinking	close eyes	permanent
Swallowing	instinctively knows how to breathe while swallowing	permanent
Gagging	coughs automatically	permanent
Rooting	Turns head toward a finger or nipple	Until 3-4 months
Sucking	Sucks rhythmically	until 4 months when awake until 7 months when asleep
Stepping	Makes walking movements	until 2-3 months
Startle or Moro	Throws out legs and arms and arches back	until 3-4 months
Palmar or hand grasp	Grasps a finger	until 3-4 months
Plantar or toe grasp	Toes curl under	until 8-12 months
Babinski	Curled big toe and fans out other toes	Usually until 12 months

TABLE 2

PHYSICAL DEVELOPMENT		
BIRTH TO 12 MONTHS	1 – 2 YEARS	2 – 3 YEARS
<p>Birth: newborn reflexes, reacts to sudden noise (startle reflex), sucks and swallows</p> <p>2 - 8 weeks: holds hand fisted, increasing, muscle tone, expressive arm waving, lifts head briefly, co-ordination of senses, begins to emerge, sucks at sight of breast or bottle.</p> <p>3 months: uses forearms to lift head and chest up to 90, grasping ability emerging, brings hands together.</p> <p>4 months: can sit with spine supported grasping ability better co-ordinated, can now focus at longer distances.</p> <p>5 months: reaches for objects with one or both hands, rolls from back to stomach or vice versa, may transfer objects from hand to hand.</p> <p>6 months: sits with support. Eyes/hands co-ordinated for reaching.</p> <p>7 months: sits without support, hold objects and transfers from to hand to hand, pushes up on hands and knees, explores body with hands.</p> <p>8 months: claps and waves hands. Is developing pincer, grasp with thumb and forefinger.</p> <p>10 months: crawls, may pull self to upright stance, maintains balance, reaching forward thumb finger grasp.</p>	<p>12 – 14 months: takes step or two without holding on. Stands unaided, can lower self to sit, feeds self. Able to walk forward. Displays combinations of standing and walking. Throws objects.</p> <p>15 months: increasingly mobile sphincter, control leads to longer dry periods. Able to climb onto chairs. Scribbles on paper.</p> <p>18 months onward: sits in chair without support.</p> <p>begins to build block towers of 3,</p> <p>stands on balance beam, throw ball,</p> <p>jumps and slides,</p> <p>able to take off shoes.</p> <p>22 months: walks up and downstairs.</p> <p>24 months: kicks ball forward.</p>	<p>Is better able to:</p> <p>feed him/herself</p> <p>throw a ball</p> <p>Catch large balls</p> <p>jump</p> <p>Slide</p> <p>Kick ball</p> <p>dress and undress with some help.</p> <p>walk a reasonably straight line</p> <p>ride a tricycle</p> <p>bowel and bladder control fully established</p> <p>refined pincer grip</p> <p>scribble with crayons</p> <p>show hand preference</p> <p>stand on one foot for a short time</p> <p>turn pages of books one at a time</p> <p>pour water from a jug without spilling</p> <p>thread beads</p> <p>cut paper with scissors</p> <p>build towers of six or more blocks</p> <p>draw a circle.</p>

Ages are appropriate - there will be individual variations in physical development

3.4.3 SOCIAL DEVELOPMENT

Early Child Care Providers have an important role to play in the social development of young children. The quality of care and interactions provided to them facilitate children's social development.

When caring for babies, child care providers have to be very careful in their behaviour and body language for as early as the second month a baby can communicate and receive communication in a real way. Bonding is the process where the baby develops strong emotional ties of affection with the people who have the most meaning to him/her. The baby learns to be sociable with the people caring for him/her. By three months, a baby not only smiles more readily at the things and the people that are familiar, but definitely knows and prefers his/her main caregiver(s). He/she can show genuine fear or discomfort when placed in situations which are negative.

Attachment is an important concept when considering the socio-emotional development of babies and toddlers. Attachment has been described as the strong, affectional tie we feel for special people in our lives that lead us to feel pleasure and joy when we interact with them and to be comforted by their nearness during times of stress (Berk 1997). When child care workers have babies and toddlers in their care, it is important that a sound attachment between the child and the caregiver is formed. A baby can form a positive attachment with several caregivers but it is desirable that there be only one or two main caregivers working with the baby on a regular basis. Too frequent changes of caregiver do not facilitate a strong attachment being formed.

Another factor influencing a young child's social development is that of the child's temperament. Temperament are those patterns of behaviour and responses that are visible in babyhood and continue, perhaps in a modified way, into later life. These behaviours include when the children are in play activity, irritability, soothability, (making children feel calmer and less anxious), fearfulness and sociability. The parents with more than one child and the caregiver with a number of children will know of the many different temperamental traits possible in children and, watching them over a number of years, how these traits become the foundation of a child's personality. Children are different and their temperaments are different also and caregivers must accept these differences and cater for them in their daily activities.

Toddlers learn to be social through play. They also learn the rules of social behaviour. One year olds like to play near other children. Although they may not play together, they often watch and imitate each other. Soon after the second birthday, children's play involves two or more children doing something together. Sharing is difficult for young children. They are very self-centred and their play often ends in a quarrel over a common toy/play thing. Therefore, child care providers have to facilitate positive peer interactions and provide them with adequate play materials to enhance their social development. In the third year, social relationships with children and adults develop quickly. Young children understand when someone is hurt or upset and can offer help and sympathy.

Table 3 sets out a child's psycho-social development from birth to age 3 years.

▪ **KNOWLEDGE, SKILLS AND ATTITUDES**

Children have the opportunity to develop:

- A positive sense of self
- a sense of autonomy and capability
- a sense of security
- relationships with peers and adults
- independence
- Social living skills
- communication skills
- problem solving skills
- self-discipline

▪ **ROLE OF EARLY CHILD CARE PROVIDERS**

Child care Providers

- foster the development of children's self-image
- foster children's understanding of families
- nurture positive group relationships
- demonstrate caring and supportive behaviours to children, families and colleagues
- demonstrate an understanding of culturally based social norms
- plan for children's different level of social skills and facilitate their social development
- provide an environment which is conducive to the development of a range of social skills
- praise the child efforts made
- be a good model to the child

▪ **BEST PRACTICES**

Children have the opportunity to experience:

- solitary and parallel play
- being a leader, follower or observer
- extensive periods for free choice play
- groups that mix gender, ability and cultural background
- time for initiated activities including dramatic play experiences

▪ **OUTCOMES FOR CHILDREN**

Children:

- have a greater awareness of self and others
- learn to know their role within the family context
- learn to share and take turns
- become more helpful
- accept and support peers
- seek assistance and clarification from adults
- question and seek new information
- have an understanding of rules in everyday living

TABLE 3

PSYCHO-SOCIAL DEVELOPMENT			
AGE	ERIKSON'S PSYCHO-SOCIAL STAGES	EMOTIONAL DEVELOPMENT	ATTACHMENT
Birth to 12 months	<u>Basic Trust versus Mistrust</u> Infants gain sense of trust and confidence in their world	Signs of social emotions, smiles laughter, expressions of happiness, anger, fear emerge Crawling permits approach and retreat from situations greater control of emotions smile directed towards	Birth - 2 months crying, smiling, clinging, etc Discriminates mother's voice and face. Some evidence of attachment. Selective social familiar people. Uses behaviour to draw attention. Uses locomotor skills to approach objects/person.
1 to 2 years	Autonomy versus Shame and Doubt Develops sense of control and mastery over actions. Autonomy develops Intentions can be realised. Lessens reliance on primary caregiver	Self-conscious emotions appear but depend on the presence of others. Vocabulary of emotion worlds expands. Empathetic responding to others occurs. Expresses negative feelings. Shows anger focussed on people or objects.	Secure base behaviour. Fear of strangers. Separation anxiety. Begins to adopt mother's point of view and infers mother's behaviour. Manipulates primary caregiver subtly through cause and effect relationship. Tries to direct actions of others. Actively shows affection for familiar people.
2 to 3 years	Initiative versus Guilt Develops and asserts a sense of self. Develops a sense of responsibility for own actions. Achieves further independence from parents. Shows pleasure in mastery. Self-evaluation emerges	As language increases child understands and consequences of emotional behaviour. Empathetic responding increases. Begins to conform to rules understood. Aware of own feelings and those of others. Exhibit different moods - happy, stubborn. Expresses pride in task completion.	Attachment to known people is deeper. Anxiety separation diminishes - realises that people will come back. Object permanence realised. Expresses emotions with increasing control. Attempts at self-regulation. Verbalises feelings about others.

Ages are appropriate - there will be individual variations in Psycho-social development

3.4.4 COMMUNICATION

Young children are learning to communicate their experiences in many ways, both verbally and non-verbally. A baby learns language in stages. At first he/she responds to the pitch or tone of the voice or other sound. By four months of age, he/she will become interested in the individual sounds that are made of vowels and consonants. Babies not only listen; they also make sounds. At about four months, the baby will start to babble, using the rhythms and characteristics of his/her own home language or, in bi-lingual homes, both languages.

So, Early Child Care Providers can encourage the baby's language development by talking with him/her. Early in the second year the child seems to understand most things. Care Providers must talk with him/her directly, using simple and consistent language. They also need to use appropriate body language and match what they do to what they say. They have to respond to the child's language efforts and provide him/her with the opportunity to develop further competence in language understanding.

Programmes which are rich in oral language are to be organised such as:

- songs
- dance
- poems
- action rhyme, mime and recitation
- action rhymes
- story telling
- conversation games

These activities will foster children's communication skills.

Child care providers must respect both verbal and non-verbal communication styles as well as respecting and supporting a child's first language. In early childhood setting, children's linguistic background must be valued. There should be opportunities for:

- Child and Caregiver communication and interaction
- Child and Child communication and interaction
- Child and Caregivers communication and interaction

Care providers must provide a safe and stimulating environment, adequately organised, to enhance children's communication skills.

- **KNOWLEDGE, SKILLS AND ATTITUDES**

Children have the opportunity to develop:

- listening skills
- the ability to discriminate between sounds
- speech and be able to refine their speech
- vocabulary
- comprehensive skills
- questioning skills
- non-verbal language skills

- **ROLE OF EARLY CHILD CARE PROVIDERS**

Child care providers must:

- never use baby talk when speaking to babies
- talk to children using simple clear language with appropriate gestures and facial expressions
- use the mother tongue of the young children
- provide a supportive environment which recognises and accepts children's different levels of communication
- expose children to a second language through play activities such as song, rhymes and so on
- set an environment which stimulates children to develop listening skills and to use oral language, well-illustrated books, pictures and posters in individual and creative ways
- observe, record, interpret, report and plan for the development of language and communication skills of individual children
- use enriches language, positive communication which are culturally appropriate, gender inclusive and within the child's level of understanding,

- **BEST PRACTICE**

Children have the opportunity to experience:

- the valuing of their language
- support for the development of their listening skills
- opportunities to express their feelings
- support for verbal and non-verbal communication
- experimentation with words and language patterns including rhyme and humour
- a range of illustrated books for their age
- dance, music and creative arts
- good use of a variety of audio-visual media for children,
- stories and symbols from other cultures

- **OUTCOMES FOR CHILDREN**

Children:

- are confident in their use of language and their ability to comprehend and communicate
- can articulate their needs and express their feelings and ideas both verbally and non-verbally
- are able to demonstrate listening behaviour
- use language to describe, question and recount experiences
- use books for pleasure reading
- are confident to approach adults and request assistance when necessary

3.4.5 CREATIVITY

Young children are creative by nature. They need a range of opportunities for creative expression. Effective early childhood programme must provide learning opportunities for children to explore a range of experience including art, dance, music and culture through self-expression imaginative play and aesthetic awareness.

Caregivers must encourage the children's interaction with the environment in order to develop their creative expression. They must be responsive to children's ideas, assist them to express their thoughts and ideas and support the development of the skills required for creative learning.

▪ KNOWLEDGE, SKILLS AND ATTITUDES

Children have the opportunity to develop:

- Self-expression
- self-awareness
- self-confidence
- curiosity
- Imaginative thought
- musical appreciation
- artistic expression and appreciation
- problem solving skills

▪ ROLE OF EARLY CHILD CARE PROVIDERS

Child care providers must:

- provide an environment that promotes exploration, experimentation and learning through play
- use space, interactions, materials and daily routines for constructing the environment
- provide a variety of experiences to develop children's creativity and foster individual thinking processes, imagination and self-expression
- observe, record, and motivate an individual's creativity
- praise and value children's creative process
- give opportunities to children to listen to music, to dance, and to use their body language to communicate their feelings and thoughts.

▪ BEST PRACTICE

Children have the opportunity to experience:

- time and opportunities to develop their creative expression
- a wide range of materials and resources available for creative expression
- an environment which includes dance, music, creative arts and culture in different forms
- peers and adult interactions
- their work and ideas being valued
- space and time for the development and extension of their ideas
- success
- the world outside their care centre

▪ OUTCOME FOR CHILDREN

Children:

- develop self-image and self-actualisation
- are confident in their creative thought and expression
- have an awareness of their bodies in space
- organise their own creative activities
- are able to work individually as well as part of a group

3.4.6 CRITICAL THINKING

Critical thinking enhances problem solving and decision-making. Effective early childhood programmes must provide experiences to enhance young children's critical thinking and perceptions of themselves as capable learners. Daily programmes must allow young children to actively explore the world around them with all their senses. Early child care providers must pose challenges which encourage the children to explore the unknown with confidence.

Caregivers can evaluate how young children are thinking through what they say and do, how quickly they pick up new things and can extend their play in new and imaginative ways, how they find problems and solve them. Children's critical thinking should be noticed and the children praised for their new ideas and actions.

Table 5 presents the major milestones in cognitive and language development in children aged from birth to 3 years.

▪ **KNOWLEDGE, SKILLS AND ATTITUDES**

Children have the opportunity to develop:

- | | |
|--------------------------|--|
| • problem solving skills | • recording skills |
| • problem solving skills | • reporting skills |
| • decision making skills | • question skills |
| • analysing skills | • the ability to discriminate |
| • | • the ability to compare |
| | • an understanding of the richness of nature |

- **ROLE OF EARLY CHILD CARE PROVIDERS**

Child care providers:

- periods experience which allow children to explore cause and effect
- encourage young children to review their actions, to be able to reflect upon what they have done and achieved
- allow children to find information for themselves through experimentation and questioning
- pose challenging questions/experiences which encourage exploration of the unknown
- introduce new and interesting activities which let the children explore and come to an understanding of nature in their total environment

- **BEST PRACTICE**

Children have the opportunity to experience:

- periods of uninterrupted time in which they can be curious, can explore and discover
- adult's motivation which allow them to achieve success
- encouragement and support to find their own answers and solutions
- resources which support them in their critical thinking
- adults who foster their language development, enabling them to verbalise what they are doing, or to reflect upon what they have done

- **OUTCOME FOR CHILDREN**

Children:

- solve problems in a variety of ways
- have a range of critical and analytical skills and the ability to apply them in different situations

TABLE 4

COGNITIVE (THINKING) & LANGUAGE (COMMUNICATION) DEVELOPMENT	
COGNITIVE DEVELOPMENT	LANGUAGE DEVELOPMENT
BIRTH TO 3 MONTHS	
<ul style="list-style-type: none"> • newborn responses, feels pain, exploring expressions of surrounding • recognises principal caregiver's sound and smell • distress at loud noises • follows movement from side to side • size and shape constancy (i.e. objects do not change) • circular reactions based on more advanced motor skills (e.g. kicking, reaching) • limited anticipation of events • some early awareness of object permanence • begins to recognise and differentiate between family members • can initiate and end interactions 	<ul style="list-style-type: none"> • quiets in response to being held or to voice or face • cries at discomfort • responds to principal caregiver • imitation of adult's facial expressions • beginnings of playful exercise of schemas • joint attention with caregiver established • responds to human voice • mutual expressive dialogue occurs with] • mutual expressive dialogue occurs with • familiar caregivers (3 months)
3 - 6 MONTHS	
<ul style="list-style-type: none"> • attends to surroundings • looks and listens • follows with eyes • distress at loud noises • holds, looks and shakes rattle 	<ul style="list-style-type: none"> • listens to sounds, locates source of sound • looks at people • smiles, cries, throaty sounds • babbles using all sounds • listens to conversation
6 - 8 MONTHS	
<ul style="list-style-type: none"> • attends to one thing at a time • begins to learn how one thing affects another • recognises familiar people • searches for partly hidden people 	<ul style="list-style-type: none"> • eye contact, observes others • early turn-taking with actions • understands general meaning carried by intonation • laughs, cries, coos, babbles • looks at picture books with interest
8 - 12 MONTHS	
<ul style="list-style-type: none"> • imitates adult's behaviour (e.g. waving) • maintains interest/curiosity for a few minutes • has an understanding of object permanence (to look for things that have disappeared) • responds to own name • tries to cause things to happen • understand body parts 	<ul style="list-style-type: none"> • understands because of clues from situation • enjoys repetitive games (like peek-a-boo) • turn taking with sounds • develops intention to communicate • initiates exchanges • talks to adults using speech like sounds • babbling, experimenting with sounds • enjoys songs and rhymes • strong interest in adults language

COGNITIVE DEVELOPMENT	LANGUAGE DEVELOPMENT
12 - 18 MONTHS	
<ul style="list-style-type: none"> • understands object permanence • begins to use toys to represent real objects • learns how things affect each other • knows meaning of “no” • more aware of cause and effect • begins problem-solving • knows names of sibling, playmates • sense of ownership emerges • limited awareness of responsibility for own actions 	<ul style="list-style-type: none"> • learn words that have most meaning • names familiar objects • communicates to be social, to ask and to show • calls for attention • situation, gesture and intonation clues • are important for understanding • points and draws attention to familiar people and toys • first words are those most meaningful to child • one word used alone • starts conversations • understands many words/phrases • listens to short stories
18 - 24 MONTHS	
<ul style="list-style-type: none"> • explores everything • knows that a word represents an object or action • memory and attention developing but fairly limited • imitates actions and games\ • vocalises to self • some classification and sorting into groups 	<ul style="list-style-type: none"> • two word sentences • talks about presence, absence, possession and location • understanding is increasing • verbalises needs • uses “me”, “you”, “I” • enjoys stories
24 - 36 MONTHS	
<ul style="list-style-type: none"> • great curiosity shown • the understanding that words, toys and pictures represent real objects and actions are becoming more sophisticated • increasing memory • still has difficulty sharing • recalls events from recent past • engages in make-believe play • refers to self by name • seeks out adult attention • can persist at a task for sustained periods of time if interested • uses same/different correctly • asks for help from others • classification/sorting • knows some of the rules of their culture 	<ul style="list-style-type: none"> • has large vocabulary (at least 200 words) • misuses some words • begins to use smaller words (on, in, a, the, is) • uses question words constantly (what, where) • learns simple grammatical rules • three or more words in sentences • knows nursery rhymes, familiar songs and stories • responds and enjoys stories • develops fantasy in language • uses adjectives and adverbs • uses compound sentences • uses “tomorrow”, “yesterday”

Ages are approximate - there will be individual variations in cognitive and language development

Adapted from Berk (1997:222) and the Department of Education, Queensland and publication Exchanges (1990)

3.4.7 ENVIRONMENTAL UNDERSTANDING

Young children explore the world around them through their senses. To understand better the natural environment all round, they need opportunities to see, observe, investigate, and explore to be able to make sense of their world. Effective early childhood programmes must provide opportunities which encourage the young children to develop an awareness of natural and built environments and also a sense of responsibility for their environment.

- **KNOWLEDGE, SKILLS AND ATTITUDES**

Children have the opportunity to develop:

- observation skills
- problem solving skills
- recording skills
- analysing skills
- critical thinking skills
- discriminating skills
- questioning skills

- **ROLE OF EARLY CHILD CARE PROVIDERS**

Child care providers:

- facilitate the development of children's curiosity
- encourage joyful and active discovery of the environment
- provide a natural environment that provides for active manipulation and exploration
- use relevant resources with children

- **BEST PRACTICE**

Children have the opportunity to experience:

- environments where they are encouraged to explore, experiment and question
- the use of all senses
- exploration of their immediate and wider environment
- collecting and classifying environmental materials
- the joys of discovery

- **OUTCOME FOR CHILDREN**

Children:

- are curious, interested and active participant in their environment
- develop an awareness of natural; and built environments
- develop a sense of responsibility for the environment

3.4.8 CULTURAL AWARENESS

Young children develop attitudes, concepts and expectations as a result of their family and community background. When parents send their baby/toddler to a day care centre, they normally want their child's culture to be respected.

Therefore, the programme at a day care centre must promote the valuing of and respect for all cultures and languages by fostering positive experiences relating to people, language, lifestyles, customs and expectations. Child caregivers must be aware of different cultural practices at home and the way such practices may affect individual children in the centre.

▪ KNOWLEDGE, SKILLS AND ATTITUDES

Children have the opportunity to develop:

- a positive, personal cultural identity
- a respect for differences and similarities in people
- positive attitudes relating to language, customs, appearance, gender, ability and age

▪ ROLE OF EARLY CHILD CARE PROVIDERS

Child care providers:

- examine their own attitudes in relation to inclusive practices
- develop an appreciation of diverse cultural values and practices
- provide a range of cultural resources for active exploration and manipulation
- promote the principles of equity
- plan a culturally inclusive curriculum
- support family participate in the centre
- provide appropriate excursions and bring visitors to the centre

▪ BEST PRACTICE

Children have the opportunity to experience:

- a programme which reflects the cultural background of their families and local community
- aspects of other cultures
- communication in a second language
- maintenance of their home language
- family participation in the centre
- the world outside their care centre

▪ **OUTCOME FOR CHILDREN**

Children:

- have an understanding of their family structure and cultural background
- value diversity
- value their own and others' cultures and languages

3.5 PLAY LEARNING ENVIRONMENT

Young children are active learners who construct their own understanding and knowledge of the world. They need a variety of concrete experiences in order to learn. They learn through play by doing, exploring, discovering and experimenting. They learn best when they are interested in something. Therefore, organising a stimulating environment in the day care centre is of vital importance. To help young children, to grow, develop and learn, play learning areas are to be efficiently organised and equipped with play materials responding to their various developmental needs. Children must have play materials which cater for their holistic development. There needs to be an adequate supply of materials which are made accessible to children to see, touch, manipulate, explore and experiment in the different play learning areas. In addition, consideration must be given to the balance between materials for different aspects of play and learning such as blocks, construction toys, water play objects and so on.

For baby's play is more than 'fun'. It is anything that stimulates them to use their bodies and senses to develop their intelligence and awareness of the world around them. Cots and play pens are learning areas for babies and should be equipped with safe, colourful and easy to hold objects to play with. Beloved adults are baby's favourite playthings and play mates. Caregivers need to talk to babies, play with them and make them feel loved.

The play learning areas for toddlers are toddlers are to be:

- safely and properly set up, offering the opportunities for happy and productive play and also for practice of new abilities
- attractive and stimulating to sustain children's interest, to give them the freedom to move around from one activity to another and to learn at their own pace

Play learning areas can be created both indoors and outdoors in a day care centre. The number of play areas to be set up depends greatly on the space available and the number of children in care. They can be changed on a monthly basis or terminated so as to permit a different play activity to be set up. But norms regarding safety and security are to be strictly respected. Each play area must have its own place to help children understand where they can do certain things and where to return things when they have finished playing.

The following play learning areas can be created in a day care centre and, where appropriate, with the help of parents and community:

- play pen area
- doll play area
- make-believe play area
- Shop play area
- block area
- construction toy area
- book area
- sand play area
- water play area
- music area
- nature corner
- creativity play area
- playground with physically safe outdoors allow equipment securely but minimally fixed so as the equipment to be used with adjunct construction material such as ropes, jouncing boards - all at appropriate heights

Dividers such as cupboards, shelves, screens and partitions can be used to divide one area from another. Sand and water play areas are to be created indoors or outdoors. These need to be properly kept and the materials renewed. Children must always play there under adult's supervision which is not intrusive.

3.6 THE IMPORTANCE OF PLAY

Young children from birth to three years old require a lot of care, affection and attention in order to develop and learn. They like to be cuddled, held, touched, smiled at, talked to. They also like adults to play with them and let them play. It is said that play is the work of the child. Play is the child's opportunity to experience freedom, joy and self-expression. It is a time when children can feel "full of themselves". Children work out their feelings in play and as such play leads to emotional equilibrium. play is also a time of learning and growing cognitively, emotionally, socially, spiritually and physically.

Play is also a bridge to social relations. A child can play toys alone. But the time comes when he wants to play with other children because only they can communicate within the same dimension of thought that is meaningful to them. As apparent, playing with your children creates a cooperative, loving, joyful and close bonding relationships. It is a precious time as it makes children feel valued and valuable. So find some time every day to play with your children is very important because young children enjoy seeing their parents enter into their world, play at their level and pace, and join their world of pretend.

Types of Play

(a) Functional Play

It is a type of play which is predominant over the sensory-motor and oral stage of development, from birth to two years of age. During such play, young children make use of their senses, namely those of touch, smell, taste, vision. They should also do muscular and body activities as well as movement.

(b) Solitary Play

During solitary play a child plays alone with the material available in his/her environment. No attempts to associate with others appear during this play behaviour.

(c) Looking-on play

Looking-on play means watching what other children are doing. There is no attempt made to join in the activity of playing. Verbal contact may take place.

(d) Parallel Play

During parallel play all the children in a group play with the same material side by side. They do not exchange material or communicate with each other about the playing.

(e) Associative play

During associate play children take ideas from each other, borrow and lend toys. or tools. They may also supervise each other's actions, but follow their own inclinations. The object of the play or work is outside the actual group interest.

(f) Cooperative Play

Cooperative play means children are working in a group to achieve result together. They share tools, materials and communicate with each other so as to achieve their goal.

GAMES TO PLAY WITH INFANTS

Physical play with another person is one of a baby's best means of communication; it helps him/her to know that he is separate from other people, which he/she can't do at first. It helps him/her to feel at ease with his/her body and uses up extra energy before he/she is fully able to move.

Some babies enjoy games more than others and physical play should never be forced on a baby who does not show signs of enjoying it. A baby is less likely to enjoy physical games when he/she is tired, unwell, hungry or overfull.

Exercises

Doing gentle exercises with a baby is fun and increases his/her body awareness and control, besides helping to develop muscles.

3.7 DAILY ROUTINES

In all day care centres, managers and caregivers need to have in mind the holistic development of our young children. To ensure the holistic development of the children, they have to organise daily routines which meet the children's various developmental needs. Routines are important for they often provide security to children but they must be flexible as young children are different one from another and they develop at their own pace. Caregivers need to be responsive and supportive in children's learning experiences. They have to provide appropriate daily routines to make the children feel safe, secure and loved.

Routines, here mean the different activities that form part of the daily programme. Therefore, they need to be well planned.

They are:

• Arrival - welcome time	• Sleeping time
• Eating time	• playing time
• Toileting time	• departure time

Every day, when the baby/toddler comes to the day care centre with his/her parents, caregivers have to:

• welcome - both parents and baby/toddler
• talk to babies gently
• identify and health problems by conversing
• encourage parents to trust the services offered by centre

No doubt, routine times help babies/toddlers develop and learn if proper caring, help support, supervision and stimulation are given.

- **MORNING MEAL**

Very often babies/toddlers travel a long way to reach the day care centre and parents do not feed them properly before leaving them with the caregivers. So caregivers need to see that young children are fed and plan the eating time of the young children appropriately.

All babies need a healthy balanced diet to grow strong, to increase in weight and height. The caregivers together with the parents have to decide on what kinds of food are to be given to the baby and at what intervals. It is also important to find out any allergy that the baby might have in order to cope with his/her needs in food.

- **Eating time**

Eating time is learning time and has to be an enjoyable moment for the young children. Child caregivers have to consider the following points when feeding children.

- Hold baby closely when feeding him/her
- never feed his/her in his/her cot
- never force a baby to eat
- let baby hold his/her feeding bottle if he/she is ready
- praise him/her for his/her effort
- provide young children with different kinds of foods
- give the child the possibility to drink from a cup when he/she is ready for it

- **Sleeping time**

Sleeping time is a precious time for all young children. Caregivers have to consider sleeping time as part of young children's needs. They have to consider the following behaviours and interactions needful to ensure a healthy sleeping time.

- Baby/toddler appreciates being cuddled
- Baby/toddler likes to be talked to
- he/she likes the caregivers to sing to him/her or lie down next to him/her
- he/she wants the caregivers to pat him/her
- h/she feels secure on a soft, clean, safe and colourful mattress and cot sheet

Some babies/toddlers have a short sleeping time whereas others sleep for a longer time. Caregivers have to organise a place for restless babies/toddlers to enable those having a long sleep to rest quietly. Care is to be given to those children who wake up first. They should be allowed to play quietly and safely without disturbing their peers.

Rest time is also a learning time for toddlers. before going to sleep, they are taught to take off their shoes and go to their place on their own. After rest time, they are encouraged to put on their shoes with the help of the caregivers.

▪ **Play time**

Toilet time and wash time are part of the learning of children. Caregivers have to care of these important moments. They must realise that most children are really ready to become toilet trained at 18 months old. Children who are not ready should be washed, changed, cleaned regularly until they can sit on a potty. When the baby/child is clean, he/she feels fresh, comfortable and secure.

Caregivers must not force toddlers to sit for too long on the potty. They should be encouraged to go when they feel the need to do so. Patience on the part of caregivers is vital. Each time the child soils his/her pants, caregivers must not make a fuss about it. On the contrary they need to:

- show him/her how to sit on the potty and praise all positive efforts
- talk to the child gently with a smiling face
- seek the cooperation of parents to continue toilet training at home

To enable caregiver understand the needs of children in relation with the daily routines, an overview of daily routines demonstrate clearly the development that can take place given the right conditions

TABLE 5

AN OVERVIEW OF DAILY ROUTINES			
AGE GROUP	3 - 7 MONTHS	8 - 12 MONTHS	1 - 3 YEARS
Eating/Meal times	<ul style="list-style-type: none"> ▪ Baby usually takes 4 feedings per day depending upon sleeping times. ▪ Sometimes baby wants to hold the spoon, to feed himself/herself even if he/she cannot. ▪ A baby who makes faces, tells that he/she does not like the food given to him/her. ▪ A crying baby indicates a need - hunger/change of nappy.... 	<ul style="list-style-type: none"> ▪ Baby eats finger/shows interest in finger foods ▪ Baby likes to hold his/her drinking cup to drink ▪ He/she enjoys removing food from his/her mouth ▪ He/she wants to eat by himself/herself ▪ He/she makes faces to show his/her dislikes for certain foods 	<ul style="list-style-type: none"> ▪ Toddler enjoys to feed himself/herself ▪ Toddler likes to play with foods if he/she does not like it ▪ He/she can drink juice, milk or water from a cup ▪ He/she prefers small servings ▪ Toddler's appetite depends also on the quality of food provided
Sleeping/rest time	<ul style="list-style-type: none"> ▪ Baby sleeps a lot of time ▪ Baby awakes early in the morning ▪ He/she falls asleep suddenly after breast or bottle feeding ▪ Some babies awake for a night feeding ▪ Baby takes 2 or 4 naps per day depending on his/her habits ▪ Baby enjoys adults singing to him/her to make him/her sleep 	<ul style="list-style-type: none"> ▪ Baby plays in his/her cot for a moment before he/she falls asleep ▪ baby sleeps until 6 or 8 o'clock in the morning ▪ He/she plays alone for some time after sleep ▪ He/she has one afternoon nap mostly ▪ H/she grumbles, indicates that he/she wants to be out of the crib 	<ul style="list-style-type: none"> ▪ Toddler usually sleeps for 10/12 H at night ▪ Toddler wakes up at 7 or 8a.m ▪ He/she usually sleeps for 1 H during rest time ▪ He/she enjoys rest time after lunch ▪ Toddlers over 2 years like to help in putting down their mattress and fetching their blankets ▪ They can also take off their shoes themselves

ECD Programme Guidelines (0 - 3 YEARS)

AGE GROUP	3 - 7 MONTHS	8 - 12 MONTHS	1 - 3 YEARS
Toileting/wash/dressing time	<ul style="list-style-type: none"> ▪ Some babies cry during bathing time ▪ Some babies enjoy playing with water in the bath tub during bathing time ▪ Baby likes playing with buttons ▪ Baby likes being talked to during dressing, wash time and nappy change 	<ul style="list-style-type: none"> ▪ Baby enjoys splashing water with hands and feet ▪ Baby likes playing with washcloth and water toys ▪ He/she fusses when his/her diaper is wet and soiled ▪ He/she loves to be talked to during wash, dressing and nappy change times ▪ He/she cooperates to some degrees in being dressed extends his/her legs to have pants put on 	<ul style="list-style-type: none"> ▪ Toddler enjoys being washed ▪ Toddler (18 months) goes to the potty with the help of adults ▪ Toddler (2+ years) can take care of his/her own toilet need during the day ▪ Some toddlers sleep throughout the night without wetting ▪ Toddlers (2+) make an effort to dress themselves
Play time	<ul style="list-style-type: none"> ▪ Baby smiles back at a familiar face or voice ▪ baby laughs and chuckles loudly to express pleasure ▪ He/she turns his/her head and eyes to watch moving objects ▪ He/she; likes to play with his/her hands and feet ▪ He/she enjoys playing with bright coloured toys ▪ He/she enjoys peek-a-boo game ▪ He/she talks happily to self, gurgles, growls and makes high squealing sounds 	<ul style="list-style-type: none"> ▪ Baby likes crawling ▪ baby enjoys standing in his/her play pen or cut ▪ He/she takes pleasure to grasp objects or drop objects ▪ He/she enjoys playing with toys on wheels ▪ He/she enjoys beating on pots and boxes to listen to the sounds ▪ He/she likes to play peek-a-boo game ▪ He/*she plays with adults to have fun 	<ul style="list-style-type: none"> ▪ Toddler enjoys building towers/bridges ▪ Toddler likes cribbing ▪ He/she likes playing with pushing/pulling toys ▪ He/she enjoys walking, running and climbing ▪ He/she likes solitary/parallel play ▪ He/she enjoys playing with bright coloured toys meant for his/her developmental needs

3.8 NUTRITION, HEALTH AND SAFETY

Nutrition, health and safety are important aspects that contribute largely to the general well-being of a child. A healthy child who eats nutritious food and evolves in a safe environment develops and learns in the best possible way. A healthy child is a happy child.

▪ NUTRITION

Good nutrition is fundamental to the growth and developmental of every child. Given the long hours that some children spend in day care centres. It is of utmost importance to ensure that each individual's child's nutritional needs and preferences are met. Most centres have policies and guidelines about nutrition and food. It is most important that parents and centre staff discuss the menus and food preference of each child when they first enrol. Any special dietary needs also would be discussed at enrolment time. Any food allergies or food sensitivities must be identified. The centre needs to display the daily menus to inform parents of what the child will be eating every day. Such menus need to be planned around the food which children need for health and growth.

Parents may be asked to provide special food for a baby, toddler or 2-3 years old, if the centre cannot cater for this individual need. The centre will need to know what will happen if the child inadvertently eats food which he/she is allergic to and what action is to be taken in such instances. Staff need to be alert to signs - of allergic reaction when an infant, toddler or 2-3 years old is trying a new food.

▪ MEAL TIMES AND SNACKS

- All food and drinks must meet children's daily nutritional requirements and be culturally appropriate
- Food must be hygienically stored and carefully prepared following acceptable rules of hygiene
- Caregivers must supervise children adequately so that hygiene procedures are acceptable for all eating and meal times
- Meal and snack times in centres should be a source of enjoyment to both staff and children. Meal times should be relaxed, free of stress and be a time for social sharing whereby conversation is encouraged. Meal times are ideal times for socialise for both children and staff.

For toddlers and 2-3 year olds meal times usually occur in groups but the number of children seated at tables should be small to allow for maximum interaction. During meal times staff should informally discuss the food being eaten. They should encourage children to try new foods. Texture, colour and taste of food be discussed.

- **BREAST FEEDING**

- Breast milk is the perfect food for babies and they need no other food up to the age of 4/5 months
- Caregivers should advise working parents to send their breast milk to the day care centre to feed their babies until one year
- Caregivers should also encourage the working parents to breast feed their babies at home early in the morning and in the evening

- **WEANING**

- Weaning is the process of gradually introducing the baby to foods other than breast milk.
- Weaning is usually started when the baby is four to five months old. The soft semi-solids foods given to the baby provide extra calories for the growing bay. Weaning foods are to be offered two to three times a day after the baby has been breast fed.
- One food must be introduced at a time and in very small quantity.
- Weaning foods must be prepared from bet quality foods under hygienic conditions in order to avoid infection.
- Weaning foods must be neither spicy nor salty and should contain very little sugar and fat.
- Self-feeding of the baby can begin around 8-12 months under close adult supervision.
- A variety of foods are to be given to children in order to avoid malnutrition.
- Children from one to three years need to consume a balanced diet.
- Family meals with slight adaptations van be given to children of this age.
- Children eat small, nutritious meals (usually 3 main meals + 2 snacks)
- Children need plenty of fresh water to drink. Fizzy drinks, concentrated juices and junk food should be avoided.
- Meal times must be pleasant and calm
- Never force a child to eat
- Respect children's tastes.

- **HEALTH**

- Always consult a doctor if the new-born shows signs of breathing difficulties, has diarrhoea, jaundice, a high temperature, persisting body rashes or any other illness
- A healthy well-fed baby gains weight rapidly as indicated in the Growth Chart
- Immunisation protects the baby against diseases and should be carried out compulsorily as indicated in the health card of the baby.

- Strict hygiene measures must be observed when a child starts getting around a room alone. He/she is more prone to infection and contagious diseases.
- Signs and symptoms of common illnesses of children are to be recognised by caregivers and necessary remedial action taken quickly.
- Children of one to three years of age have to learn and practice health habits (washing hands, brushing teeth, eating health foods, use of toilets, etc)

- **SAFETY**

- Young children cannot foresee the dangers around them and can easily meet with accidents if their environment is not safe.

- Common areas where strict safety measures have to be taken are:

- 1. the cooking area
 - 2. the sleeping area
 - 3. the toilet/bath area
 - 4. outdoors

- Precaution has to be taken to avoid accidents like choking and poisoning, slips and falls, cuts, burns, electrocution, drowning, etc
 - Preventive measures have to be reinforced as young children are extremely active and always exploring
 - A well-equipped first-aid kit must be always available at hand to meet emergencies.
 - All caregivers must have a basic knowledge of first aid.

- **BURNS AND SCALDS**

- Never hold a baby while smoking or cooking
 - Always check the temperature of the water of a baby's bath.
 - Never leave containers with hot liquids/foods near the edges of tables
 - Keep matches out of the reach of children
 - Keep babies away from cookers, gas burners and irons

- **CUTS**

- sharp kitchen equipment e.g knives and scissors should be kept out of reach of children

- **CHOKING**

- Make sure that toys and play materials do not contain small parts which the baby can swallow and get choked.

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- While feeding the baby, never leave him/her unattended
- Check floors constantly for small objects that a child might swallow, for example, buttons, screws, beads, coins etc
- **POISONING**
 - Keep all medicine, detergents and pesticides out of children's reach.
 - Never keep petrol or any other medicine in bottles meant for soft drinks. Children can drink them by mistake.
 - Use lead-free paint
 - If herbicides are used in the garden, read the instructions carefully to know when the child may play there safely.
- **DROWNING**
 - Never leave a child alone in a bath
 - Always keep the lid of the toilet closed
 - If water is stored in pails - cover them tightly
- **ELECTROCUTION**
 - Put safety plugs in all unused electrical outlets so that a child cannot put his fingers or a toy into it.
- **OTHERS**
 - Always buy furniture with rounded edges

Note: If a baby falls and seems to act abnormally in anyway, or vomits, consult a doctor immediately or take him/her to the hospital without losing time.

4.0

USING THE PROGRAMME GUIDELINES EFFECTIVELY

In order to use these programme guidelines effectively there are a number of things child caregivers must do.

First the work planned must be based on the individual needs of each child. Certainly there are some characteristics which are relatively common to all children in specific age groups. The child care provider must consider these characteristics when planning her programme. The following pages will help assist you in understanding the child's needs, individually and collectively. Table 2 will help you understand the development of babies and Appendix 1 young children's development

Second, the following pages show the various developmental domains - physical, social, emotional, cognitive and language. The Tables 3,4 will assist you in planning your programme.

Points to remember -

1. They are guidelines only - they are not prescriptive.
2. They must be seen as a help when planning the daily work.
3. The suggested "Weekly Individualised Learning Plan" (Appendix 2) should be used by the caregiver while planning her work for the week.
4. The "Developmental Check List" (Appendix 2) and the "Indicators from the Foundation Areas of Learning" (Appendix 4) should help the caregiver to understanding better individual child's needs. Both forms could be used at monthly intervals. This should provide caregivers with an update record of each child's development.
5. The "Weekly Observation Record" (Appendix 5) could be used as a weekly summary record of work for each child. It should be filled at the end of each work. It will help to prepare the following week's "Individualised Learning Plan" (Appendix 2).

If this process is adopted it becomes a cycle -

1. OBSERVATIONS SYSTEMATICALLY DONE
2. LEARNING PLANS DEVELOPED
3. OBSERVATION RECORD OF THE WEEK FINISHED
4. LEARNING PLANS DEVELOPED

When caregivers have observed and assessed the child, planning experiences will be easier. The Tables in the Programme Guidelines will help the caregiver to understand what to expect in each age range and in each domain. BUT respecting individual differences in child's growth and development is very important.

REMEMBER, a curriculum guide cannot be a recipe book - a day-by-day programme of work all carefully prepared. Caregivers must use resources to provide a variety of activities in a progressive way. Books such as exploring the environment, playing with blocks, building castles and so on could be used in conjunction with this Guide.

Now look at an elaboration on each of the above points.

4.1 OBSERVATION AND ASSESSMENT OF A CHILD

Observation and assessment are important tools in any daily programme. They help caregivers to be constantly aware of the growth and development of the baby and the toddler.

They help to -

- keep a record of what is happening to the baby and the child during the day (progress for each area of development)
- see what the baby and the toddler are doing
- identify problems that occur
- identify areas where the young children need help
- know how the baby and the child are learning
- have a better understanding of each baby and child
- plan a better programme to assist each baby and toddler in his/her growth and development
- work with parents and provide them with opportunities to help their baby and child at home

4.2 OBSERVATION AND ASSESSMENT OF A CHILD

- These programmes guidelines deal with the different aspects of child care and child development and learning programme. They provide caregivers and managers valuable references so as to enable them to -
 - devise a quality early childhood development programme that suits the various needs of the young children
 - upgrade their day care centre
 - sustain staff development and parent's involvement

4.2.1 A NORMAL DAY IN A CHILD CARE CENTRE

- Each begins where the previous has finished. This statement implies two important planning principles. First, growth and development is a continuous process and what happened to the child yesterday has implications for today. The caregiver's planning must reflect this continuity. Second, planning for the day has already been done. It is in advance of the day and not left to be done on the run. This statement does not mean that plans cannot be modified if they need to be. Even the best made plans continually need modifying to meet changing circumstances.
- Each day begins with what the babies, toddlers and the 2-3 year olds and their parents bring with them as they enter the child care centre. They might bring a happy disposition, sadness, joy, problems. They might be relaxed or in a hurry. All these feelings and attitudes impact upon what the caregiver hopes the day will become - her planning

- Each day begins with what the caregivers bring to the caring situation - their feelings, problems, joys, enthusiasm, tiredness and so on. All these conditions impact on how she sees her day ahead.
- For the centre manager, each day begins with a number of concerns; will all the staff turn up or will some be ill, will all the registered children come or will there be so few that the centre's finances will be affected adversely; will there be a parent with whom time will have to be spent, what other happenings will affect his/her day; and many more similar concerns.

4.2.2 OBSERVATIONS OF INDIVIDUAL CHILD

The individual child is the focus for the development of appropriate programs in child care settings. Caregivers must have a commitment to the keeping of individual child observations so that they -

- get to know the child well
- recognise the child's developmental achievements and are able to plan for further development
- understand the child as a product of his or her social milieu which includes the aspirations of the home for the child
- can plan a program which suits the individual developmental needs of the child

Throughout this document the need for systematic and regular observations of children's development has been emphasized for such observations provide the necessary information to the caregiver to enable him/her to develop sound program of care for the child.

Ways to observe and record children include -

- anecdotal records
- times samplings
- focus child practices
- diaries and running records, audio and video recordings
- photographs which can be shared with parents

Above all, the input from parents is crucial to gaining a balanced profile of the child's development. Without such input, any records can only be one-sided and, therefore, incomplete.

It is important that caregivers appreciate that there has to be a range of observations done over time before interpretations can be made with any degree of reliability. Making interpretations from isolated observations is fraught with problems. It is important that the caregivers know how to begin to observe systematically and thoroughly and to have a focus for her observation.

A suggested Proforma for recording the regular observations made of the young child's development can be found in Appendix 4 and Appendix 5.

4.2.3 WORKING WITH PARENTS

Child care is surrogate parental care. The quality of professional child care is enhanced when there is as little as possible differences between care offered by the parents in the homes and that offered in the child care centre. To achieve this quality care there has to be a meaningful relationship developed between the centre staff and the parents/guardians, for it is only through such a relationship, can the knowledge of the child's needs and wants be known and catered to. Where a positive, workable relationship exists mutual goals, appropriate to the child, can be developed and sought through a personalised programme of care.

Working with parents is an integral part of the child care program. Centre staff work with parents in many ways such as the following -

- by communicating with parents about the policies and functions of the centre
- by developing mutual understanding and trust so that the overall development of the child can be facilitated. This can only occur when there is a daily sharing of the child's life at the centre and at home. Caregivers and parents make collaborative decisions about how best to support development and how to deal with any problems.
- by communicating with parents about their child in order to understand the cultural context of that particular family. This enables the centre to support rather supplant the home environment.
- by welcoming parents into the centre as decision makers who can contribute to the welfare, not only of their child, but of the centre. How much parents can contribute will depend on the role they can undertake. Many parents who are in full time work, for example, have limited availability.
- by increasing the self-confidence of parents in their child rearing role by helping them to better understand how children grow and develop and how crucial their role is as nurturers of their child.
- by utilising the talents of staff by involving them in the teaching and caring program.
- by assisting parents to become arbiters of quality. parents are becoming increasing aware of quality issues and that have a role to play in ensuring that quality measures are upheld. In accreditation processes, they are required to be involved and as clients of services their views need to be listed to. Centre staff are able to assist parents to understand better what quality provision is.

4.2.4 PLANNING THE PROGRAMME

Any program, indeed all programs, planned to support young children's development must be based on a clearly stated personal philosophy and understanding of how young children develop. Throughout this document the philosophy has been one based on individual differences within a social and cultural setting.

In relation to programming, the basic tenets underlying the concept of 'Developmentally Appropriate Practice' as espoused by NAEYC are ones which can be accepted in the Mauritian context for the under 3 year olds. In describing developmentally appropriate practice Bredekamp & Copple (1997:8/9) say: *Developmentally appropriate practices result from the process of professional making decisions about the well-being and education of children based on at least three important kinds of information or knowledge:*

1. *what is known about child development and learning*
2. *what is known about the strengths, interests and needs of each individual child in the group, and*
3. *knowledge of the social and cultural contexts in which children live*

Furthermore, each of these dimensions of knowledge - human development and learning, individual characteristics and experiences, and social and cultural contexts - is dynamic and changing, requiring that early childhood teachers remain learners throughout their careers.

Developmentally Appropriate Practice, as a concept then, becomes the yardstick upon which to base (and assess) programming for young children. There are many factors which impinge upon a centre's individualised program and some of these are elaborated upon as follows -

- The ratio of Caregivers to children in child care centres is such that individualised programming for each baby, toddler and 2-3-year-old is possible and achievable.
- The basis for programing is the individual child, at his or her particular stage of development and within his or her particular home environment and all the modifiers that this might bring to this development. In this way the parent(s) can have some involvement and influence in the program designed.
- Each main caregiver is responsible for the planning for the particular child and for all the children in his/her care. She/he has to see that all the caregivers who interact with each child during the day are aware of the program for that child, what it means and why it was developed in that particular way.
- Each individualised program is based on sound, careful observations of each child's development. These observations must be done systematically and regularly for they form the basis for long and short term goals to be made for the child. From these goals the weekly/daily program is developed.
- Each individualised program is evaluated regularly by the primary caregiver. This evaluation enables the subsequent planning done to be in keeping with the overall established for the child.

Consistent evaluation also directs any modification necessary to the long and short term goals. this evaluation, together with other relevant information, should be shared with parents.

- Programming should be done for each child at least on a weekly basis and further broken-down on a daily basis. Evaluation should be done on a daily basis with general summing up of the child's development done weekly at the time of planning the following week's program.
- Ensure that routines are incorporated into the planned program
- The caregiver's programme for each child includes -
 - (i) Objectives
 - (ii) Caring strategies planned to meet these objectives
 - (iii) Organisation of time, space, people and things
 - (iv) Toys, material, activities
 - (v) Evaluation - to determine whether the objectives have been or are being met
- The individualised programmes should include goals, objectives, strategies and activities for each of the foundation areas of learning -
 - development of the psycho-social self
 - development of the physical self
 - development of the thinking and communicating self

4.3 EVALUATION OF THE PROGRAMME

Evaluation means assessing how appropriate the caregiver's programme is for individual children and children in small groups. the "Individualised Learning Plans" (Appendix 2) will help the caregiver to assess the young children effectively.

Evaluation of the daily programme and routines is a must if early child care providers really want to enhance the overall-development of the young children. Daily evaluation gives a clear picture of the young children's development. The caregivers can identify their needs and detect any developmental disabilities. Daily evaluation allows the caregivers to plan their daily programme effectively to support children with special needs to respect the children's pace of growing and learning and to help them develop to their full potential.

The check-list (Appendix 1) and the "Weekly Observation Record" (Appendix 5) may help you to evaluate the daily programme and routine.

Similarly, the caregiver can evaluate her own programming and activities in a systematic way regularly.

4.4 SOME THOUGHTS ON MATERIALS

Young children need -

- soft furnishings including bean bags, cushions, lounge chairs, cubby houses. "Secret places" (both indoors and outdoors)
- safe, warm floors as they spend most of their time on the floor
- space between the various activities offered, overcrowding is one of the most common causes of anti-social behaviour (Hutchins, 1995)
- areas for children to move freely, both indoors and outdoors
- spaces which are secure and responding to their developmental needs

Materials need to -

- respond to the child's interest, e.g sand, water, mud, playdough
- be appealing, attractive and appropriate for the child's overall development
- durable and preferably unbreakable
- offer opportunities for exploration, manipulate with increasing complexity as the child grows in skills and knowledge
- aroused young children's self-awareness and social responsiveness - for example full-length mirrors, finger puppets and others
- offer special and fantasy play opportunities to encourage the growing toddler's interest in simple, pretend activities and interaction with peers
- consider the young child's rapidly expanding fine and gross motor capacities such as grasping toys, pulling and pushing toys and objects to take apart and put together
- include musical and natural materials collected for second making
- be in sufficient quantity

It is important to use local materials which are low-cost and no-cost. they include those that are found in nature: leaves, twigs, flowers of all kinds, bark from trees, sand, coral, seeds, stones, etc etc. Manufactured materials such as: wood off-cuts, milk cartons, egg cartons, bricks, tiles etc... are readily available. Junk material can be used by the young children in their play and construction. It is important that all these products are safe and non-toxic before being given to the young children. Remember that babies can swallow small toys or part thereof when you are not looking.

Appendix 3 provides an extended list of materials appropriate for use with the 0-3 age group.

4.5 SOME THINGS TO AVOID IN PROGRAMMING

- Group times can be problematical with this age child. Caregivers should not expect these children to sit still and listen. Enforcing such kind of behaviour should be avoided. Toddlers and the 2-3-year-old children may be encouraged to join in for a song or story or whatever group activities. The formal group times in preschools should not be adopted in day care centres.

- The same can be said of mealtimes. Such togetherness times need to be handled with care. There is no reason why children should be kept waiting for their meal just because the whole group is not ready. Something similar can be said for toilet-times and sleep-times. Often it is the administrative or management convenience which dictates such practices and routines. Such practices are certainly not based on child developmental theories. Queuing for toileting and handwashing is not good practice and should be avoided. It does not favour self-independence.
- Sharing is another difficult concept for young children this age. The social skills required to help a young child to get along with others, to share toys and equipment need very careful nurturing support. Careful organisation of materials, time and space by the caregivers will ensure that, disputes over sharing can be kept to a minimum.
- The idea that children under the age of 3 years have short attention span and that they cannot spend long periods of time at any one activity is misleading and quite untrue. It may be true if the experiences offered to the child are too novel or lacking in interest. It is not necessarily the case where the young child has the opportunity to be absorbed in a most interesting activity.
- 'Time out' is an example of negative discipline which does not encourage or empower young children to use their growing skills of self-discipline. Rather, it tends to confuse the child who does not see the link between the preceding behaviour and the result, the cause and effect are not related. Young children have a very immature concept of time and to be told to sit on a chair for five minutes is not an order to which they can relate, nor can they understand a comment such as "You're sitting there because you are tired". The child may not be fatigued at all and merely becomes more confused by the situation. Young children should not be given the opportunity to move away from a given situation in which they are unable to cope or even helped or encouraged to do so. Rather, they should be removed from the situation, and in the comforting presence of a caregiver, helped to calm down and regain his or her self-control.
- Cuddlies, comforters and transitional objects as familiar links with the home and family are valuable as reassures to the child. Some child, care centres have a policy which discourages children bringing objects from the home and those children who do bring comforters are instructed to leave them in their lockers until it is time for the child to go home. The comforter is one way of providing a secure, familiar base of support. Certainly, cuddlies can be kept in the child's locker when not needed but should be freely available at 'low' times during the day including when getting ready for sleep or rest or when the child is experiencing difficult times such as teething or the onset of illness.

ECD Programme Guidelines (0 - 3 YEARS)

5.0

APPENDICES

CHECK-LIST

Is the young child (baby/toddler) able to?		Worked well	Needs further help
Large muscle skills	Move his/her body		
	Turn on his/her belly		
	Move his/her movements		
	Control his/her movements		
	Crawl on all fours		
	Sit up		
	Stand		
	Walk alone		
	run		
	Jump on two feet together		
	Kick a ball		
	Walk on tip-toe		
	Push/pull wheel-toys		
	Slide on toboggan		
	Swing		
	Throw/catch ball		
	Do somersault		
	Ride a tricycle		
	Walk a reasonably straight line		
Small muscle skills	Grasp object with both hands		
	Open and close hands		
	Picks up objects with thumb and fingers		
	Hold a cup/bottle-feed		
	Drink from a cup		
	Open door by turning the handle		
	Turn pages of book one at a time		
	Scribble on paper		
	Roll/squeeze play dough		
	Fit together construction toys		
	Thread beads		
	Cut paper with scissors		
Self-help skills	Drink from his/her cup		
	Hold his/her spoon		
	Wash his/her hands		
	Blow his/her nose		
	Take off his/her shoes		
	Unbutton and button large buttons		
	Put on his/her pants/shorts		
	Dress and undress with some help		
	Pours water from a jug without spills		

CHECK-LIST

Is the young child (baby/toddler) able to?		Worked well	Needs further help
Social skills	play alone with a rattle/shaker		
	play with other babies		
	smile when is talked to		
	clap his/her hands on request		
	play with other toddlers		
	take turns		
	play with different toys		
	obey rules		
	share his/her toy		
Mental skills	respond to caregiver's simple signals		
	respond to his/her name		
	repeat words that he/she has heard		
	recognise self in mirror, saying own name		
	name some familiar things		
	Imitate caregiver's actions		
	name some parts of his/her body		
	build tower of 4/5/6 blocks		
	identify things that belong to him/her		
	recite short rhymes/poems		
	scribble/draw on paper/use simple sentences to describe what he/she is doing		
	using his/her home language		
Communication skills	Cry/smile to express his/her feelings		
	Understand when he/she is talked with		
	Repeat nursery rhymes		
	Sing short songs		
	Ask questions		
	Point to pictures when they are named		
	Name familiar objects		
	Make negative statements using his/her home language		
	Use sentences of three words		
	Retell the content of a short story using his/her mother tongue		
	Speak clearly		

WEEKLY INDIVIDUALISED LEARNING PLAN

Name: Date of birth:

Date of Observation: Age:

Date of admission:

ABILITIES & SKILLS ACQUIRED		AREAS OF INTERESTS
1		
2		
3		
4		
5		

AREAS NEEDING IMPROVEMENT

STRATEGIES

PLANNED ACTIVITIES	PROPOSED PLAY

- EVALUATION AND FOLLOW-UP

Caregiver's Name:

- PARENT'S COMMENTS

CHILDREN'S LEARNING TOOLS

▪ Toys for babies (0 - 1 year)

- Rattles
- Squeezing toys
- Cradle gym
- Reaching toys
- Teaching toys
- Musical toys
- Musical merry-go round toys

▪ Toys for toddlers (12 - 36 months)

- Soft toys / dolls
- Squeezing toys
- Rattles
- Stacking toys
- Plastic cubes
- Big legos
- Small plastic balls
- Peg board
- Form board
- Posting box
- Puzzles
- Match it box
- Musical instruments (Drums, bells, tambourines, shakers, musical boxes)
- Pushing / pulling toys
- Toys / cars corner
- Toys / cars corner
- Tricycles
- Dominoes
- Matching games

▪ Play pen area (3 months - 20 months)

- Attractive Mattress with brightful designs
- Mirror (unbreakable)
- Colourful cushions
- Squeezing toys
- Rattles

Doll play area (2-3 years)

- Dolls
- Soft toys
- Small cot
- Kitchen utensils (plastic)
- Feeding bottles

▪ Make believe play area (2 - 3 years)

- Disguised clothes/shoes/hats...
- Mirror
- A set of make-up
- Comb/hairbrush/...

Shop play area (2-3 years)

- Counter
- Shelves
- Scales
- Empty boxes/bottles....etc

▪ Block area (2 - 3 years)

- Foam cubes / puzzles
- Legos
- Construction toys

Creativity play area (2-3 years)

- Water paints
- Paint brush
- Clean and healthy scrap materials
- Wax crayons
- Paper
- Glue
- Dough / plasticine

▪ **Block area (2 - 3 years)**

- Big illustrated books
- Posters
- Charts
- Pictures

▪ **Water play area (2-3 years)**

- Big basin
- Plastic spades/rakes/sieve
- Sponge
- Recipients of different dimensions/colours
- Plastic Tins with holes
- Funnel
- Empty plastic bottles
- Floating and sinking objects

Equipment/materials (2-3 yrs)

(a) Outdoors

- Swings
- Tunnels (tyres)
- Climbing frame
- Small balls
- Sliding frame (plastic)
- big and small rings
- See-saw (plastic)
- a set of bowling balls

APPENDIX 4

INDICATORS FROM FOUNDATION AREAS OF LEARNING	
Self-concept	
Health and Physical development	
Social development	
Communication	
Creativity	
Critical thinking	
Environmental understanding	
Cultural awareness	

- Follow-up work needed:

- Caregiver's name

WEEKLY OBSERVATION RECORD

Name of Child: _____ D.O. B: _____ Date: _____

Place: _____ Time: _____

Length of observation: _____

Group members (2-3 year olds only)

How did the child get involved? _____

What happened?

Indicators from Foundation Areas of Learning
Physical Development
Psycho-Social Development
Emotional Development
Thinking (cognitive) & Language

Planned follow-up

CAREGIVER'S WEEKLY SELF-EVALUATION

- **WEEKLY ENDING:** _____
- No. of babies/toddlers under supervision: _____
- Daily routines planned: (1) STRENGTH

- (2) WEAKNESSES

What about the play materials?

Did you observe each child during the week?

Yes

☐

No

☐

Length of observation for each child: _____

- **Caregiver's involvement in children's daily routines**

	NONE	SOME	REGULAR	COMMENTS
Welcome				
Changing nappies				
Bathing time				
Toilet time				
Sleeping time				
Play time				
Caregivers and parents relationship				
Caregiver and child relationship				
Caregiver and caregiver relationship				

A DAILY ROUTINES

TIME	ACTIVITIES
7 30 - 8 30	Welcome-Prayer-Free Play
8 30 - 9 00	Nursery Rhymes-Finger Play-Songs-Poems-Rounds
9 00 - 9 15	Toilet Training-Hygiene care-Changing nappies
9 15 - 9 35	Juice-Biscuits-Milk-Cereals-Water
9 35 - 10 00	Sensory games-Outdoor games
10 00 - 10 45	Creativity Puppets
10 45 - 11 00	Toilet Training-Hygiene Care
11 00 - 11 45	Meal Time-Hygiene Care
11 45 - 12 00	Toilet Training-Hygiene Care-Changing nappies
12 00 - 14 00	Rest-Sleeping time
14 00 - 14 15	Toilet Training-Hygiene Care-Changing nappies
14 15 - 14 30	Juice-Water-Biscuits-Sandwiches-Cereals-Milk
14 30 - 15 30	Free Play-Story Telling
15 30 - 15 45	Toilet Training-Hygiene Care-Changing nappies
15 45 - 16 00	Songs-Mimes-Nursery Rhymes
16 00 - 16 40	Free choice activity
16 40 - 17 00	Departure-Evaluation of days' work-Tidy up

CONVENTION ON THE RIGHTS OF THE CHILD

- Article 1:** Every human being who is under eighteen years old is considered as a child
- Article 2:** All rights apply to all children without any form of discrimination
- Article 3:** Any decision regarding a child must be based on his best interest
- Article 4:** The State must do all it can do to implement the rights contained in the Convention
- Article 5:** Every child has the right to parental guidance
- Article 6:** Every child has the inherent right to life
- Article 7:** Every child has the right to a name at birth
- Article 8:** The State must respect the right of the child to preserve his identity, his nationality, his name and his family ties
- Article 9:** Every child has the right to live with his/her parents
- Article 10:** All demands for family reunification across frontiers must be dealt with urgently
- Article 11:** Struggle against international child abduction
- Article 12:** The child has the right to express his/her opinion freely and to have that opinion taken into account in any matter or procedure affecting him/her
- Article 13:** The child has the rights to express his/her views, obtain information, make ideas or information known regardless of frontiers
- Article 14:** Parents and legal representatives must guide the child's exercise of his/her right to freedom of thought, conscience and religion
- Article 15:** The child has the right to meet with others, join and form associations
- Article 16:** The child has the right to privacy and to the protection of his/her reputation
- Article 17:** The child must have access to information and materials from a diversity of sources
- Article 18:** Parents share responsibility towards children
- Article 19:** The child must have protected from all forms of ill treatment by parents or others responsible for him/her
- Article 20:** The State is obliged to provide special protection for a child deprived of a family

- Article 21:** Adoption must be carried out in the best interest of the child
- Article 22:** Special protection shall be granted to a refugee child or to a child seeking refugee status
- Article 23:** Disabled children have the right to a decent and fulfilling life
- Article 24:** The child has the right to benefit from the highest attainable standard of health
- Article 25:** The cases of children who are receiving treatment or placed in care needs to be reviewed periodically
- Article 26:** The child has the right to Social Security
- Article 27:** The child has the right to a standard of living adequate for his physical, mental, spiritual, moral and social development
- Article 28:** The child has the right to education on the basis of equal opportunity
- Article 29:** Education shall aim at developing the child's personality, talents and mental and physical abilities to the fullest extent
- Article 30:** Children in pluriethnic and multilingual countries have the right to enjoy their own culture and to practice their own religion and language
- Article 31:** The child has the right to appropriate recreational activities
- Article 32:** The child has the right to be protected from economic exploitation
- Article 33:** Children must be protected from drugs
- Article 34:** The State shall protect children from sexual exploitation and abuse
- Article 35:** Bilateral and multilateral cooperation is essential to prevent sale, trafficking and abduction of children
- Article 36:** The child has the right to protection from all forms of exploitation
- Article 37:** No child shall be subjected to torture, cruel treatment or punishment, unlawful arrest or deprivation of liberty to death penalty and life imprisonment
- Article 38:** Protect children in cases of armed conflict
- Article 39:** The State must promote the physical and psychological readaptation and social rehabilitation of child victims
- Article 40:** A child in conflict with the law has the right to treatment which promotes the child's sense of dignity and worth, takes the child's age into account and aims at his or her reintegration into society.

GLOSSARY

- **BEST PRACTICE**

- Best practice is a comprehensive, integrated and cooperative approach to the continuous improvement of all aspects of an early childhood curriculum, it is a child-centre approach and play-based fostering young children's overall development.
- Best practice requires clear aims and objectives of daily programme planned and discussed by all care providers involved in the planning.
- Best practice is determined by the quality of experiences and interactions provided by care providers according to individual child's developmental needs.

- **OUTCOMES FOR CHILDREN**

- Outcomes are expressed as broad, comprehensive, assessable and observable results indicating a child's achievement and progress.

- **EXPERIENCES**

- The result of opportunities that consolidate learning and provide new exciting challenges they can be active or passive, planned or spontaneous.

- **ROUTINES**

- Routines are the regular activities which promote a sense of belonging and security and which cater for the children's well-being of the children and their holistic development.

- **SOLITARY PLAY**

- During solitary play a child plays alone with the material available in his/her environment. No attempt to associate with others appear during play behaviour.

- **LOOKING ON PLAY**

- Looking on play means watching what other children are doing. There is not attempt to join in the activity of playing. Verbal contact may take place.

- **PARALLEL PLAY**

- During parallel play all the children in a group play with the same material side by side. They do not exchange material or communicate with each other.

- **ASSOCIATIVE PLAY**

- During associative play children's take ideas from each other, borrow and lend toys or tools. They may also supervise each other's actions, but follow their own inclinations. The objects of the play of work is outside the actual group interest.

- **COOPERATIVE PLAY**

- Cooperative play means children are working in a group to achieve result together. They share tools, materials and communicate with each other so as to achieve

- **A SELF-CONCEPT**

- A self-concept is a set of beliefs, attitudes and feelings that you have about yourself.
- A self-concept is learned and needs to be developed and nurtured in early childhood.

- **SKILLS**

- Skills are learned actions that can be easily observed from observable behaviour. Some children may require skills spontaneously whereas others require help and support to achieve and master them.

- **FUNCTIONAL PLAY**

- It is a type of play which is predominant over the sensory motor and oral state of development from birth to two years of age. During the play, children make use of their senses, namely, those of touch, smell, taste, vision and movements, motion, muscular activities and body exercises.
- Corporal play (e.g. kick out the legs in the air)
- Psycho-motor exercise (e.g. reaching for an object and swinging or moving it)
- Initiative games (e.g. Bo-peep, showing out the tongue, repeating sounds)

- **ORAL STAGE**

- Period of life which the mouth acts as a fundamental erogenous zone from which the child derives much pleasure during his/her exploratory activities.

- **BABIES**

- Usually describes the age range of birth to 12 months.

- **TODDLERS**

- Usually describes the age range 12 months to 36 months.

- **PRE-SCHOOL CHILDREN**

- Usually describes children aged 3 to 5 years

- **CHILD CARE PROVIDER**

- Applies to any person who attends to a child directly or indirectly e.g. a manager may not directly work with the child.

- **CHILD CAREGIVER**

- Applies to a person who works directly with a child and attends to all his/her needs.

6.0

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Region 1

- Les Petits Anges DCC
- Raisy Daisy, DCC
- Le Nid Crèche de Triolet
- La Tour Koenig MFDA, DCC
- Les Petits Agneaux, DCC
- Planet Kids
- TRanquebar Bethleem, DCC
- Les Petits Marins DCC
- Crèche Bethleem
- Baby Boom DCC

Region 2

- Lady Bird Nursery
- Les Petits Anges Nursery
- Nanny's DCC
- Happy Kids Nursery
- Crèche Arc-en-ciel (MAPBIN)
- Les Canaris, DCC
- Le Cygne

Region 3

- Association Garderie Etoile DCC
- Cygogne DCC
- Mère Teresa *Municipality BB/RH) DCC
- Les Razmokets DCC
- Blanche Neige DCC
- Chez Mam DCC
- Safe & Sound DCC
- Pomme D'Api, DCC
- Little Chu-Chu DCC

Region 4

- Save the children
- Cuddles Crèche
- Royal Kids DCC
- Le Sapin DCC
- The Remono DCC
- Mon Ptit Cheri DCC
- Petite Abeille
- Surinam DCC