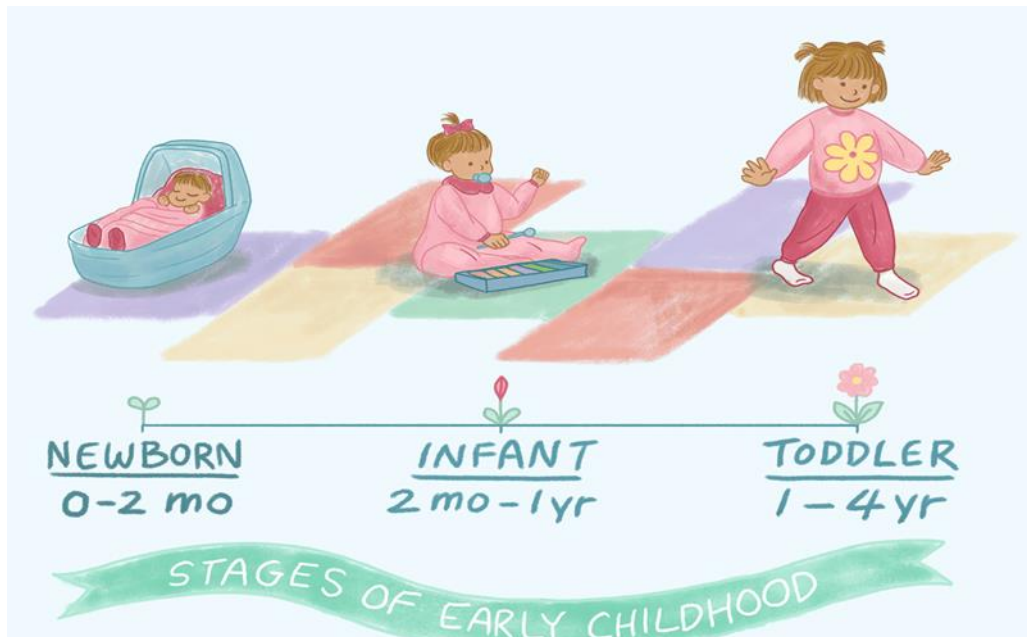


Housekeeping and Laundry Service

Level- II

Based on March 2022, Curriculum Version 1



Module Title: Providing Babysitting service

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Acronym

TTLMTeaching Training Learning Methodology

LAB..... Learning Activity Performance

TVET.....Technical and Vocational Education and Training

Introduction to the Module

A babysitter, or Caregiver, is responsible for supervising children when their guardians are unable to watch them, either in their own home or a client's home. Their duties include providing transportation to and from a child's extracurricular activities, preparing basic meals and keeping the child company with games and other entertainment. A babysitter is someone who provides occasional child care for a few hours at a time. Teenage babysitters often provide babysitting services for a few hours at a time

This module is designed to meet the industry requirement under the House keeping & Laundry Service occupational standard, particularly for the unit of competency: Provide Babysitting service

This module covers the units:

- Comfort infants and toddlers
- Bathe and dress infants and toddlers
- Feed and sleep infants and toddlers
- Enhance social, physical, intellectual, creative and emotional activities of Infants and Toddlers

Learning Objective of the Module

- Perform Comfort infants and toddlers
- Perform Bathe and dress infants and toddlers
- Properly Feed and sleep infants and toddlers
- Enhance social, physical, intellectual, creative and emotional activities of Infants and Toddlers

Module Instruction:

For effective use this modules trainees are expected to follow the following module instruction:

1. Read the information written in each unit
2. Accomplish the Self-checks at the end of each unit
3. Perform Operation Sheets which were provided at the end of units
4. Read the identified reference book for Examples and exercise
5. Perform Operation Sheets which were provided at the end of units
6. Do the "LAP test" giver at the end of each unit

Unit One: Comfort infants and toddlers

This Unit is developed to provide you the necessary information regarding the following content coverage and topics:

- Infant/toddler`s tools and equipment
- Non- verbal cues & distressed infants and toddlers
- Pick up and cuddling infants and toddlers

This Unit will also assist you to attain the unit stated in the cover page. Specifically, upon completion of this unit , you will be able to:

- Prepare tools and equipment for infant/toddler
- Respond non- verbal cues & distressed infants and toddlers
- Pick up and cuddling infants and toddlers

1.1 Infant/toddler`s tools and equipment

1.1.1 Introduction to Infant/toddlers

- **New-born**

Usually refers to a baby from birth to about 2 months of age. A new-born is, in colloquial use, an infant who is only hours, days, or up to one month old. In medical contexts, new-born or neonate (from Latin, neonates, new-born) refers to an infant in the first 28 days after birth.

- **Infants**

Can be considered children anywhere from birth to 1 year old. An infant (from the Latin word infants, meaning "unable to speak" or "speechless") is the more formal or specialized synonym for "baby", the very young offspring of a human. The term may also be used to refer to juveniles of other organisms.

Some common characteristics of Infants and Toddlers

- | | |
|---|---|
| ✓ Crying | ✓ Speech difficulties (e.g. Stuttering) |
| ✓ Appearing withdrawn | ✓ Toilet training difficulties |
| ✓ Squirming | ✓ Nervous tics (e.g. Cough) |
| ✓ Lack of eye contact | ✓ Hunger |
| ✓ Sleeping difficulties | ✓ Tiredness |
| ✓ Whining | ✓ Discomfort |
| ✓ Not playing or not playing creatively | ✓ Fear |
| ✓ Repetitive display of trauma | ✓ Anxiety |
| ✓ Aggression | ✓ Boredom |
| ✓ Regression | ✓ Clinging behaviour |



Fig 1.1.1 Infants

- **Toddler**

Is a child 12 to 36 months old? The toddler years are a time of great cognitive, emotional and social development. The word is derived from "to toddle", which means to walk unsteadily, like a child of this age. Baby can be used to refer to any child from birth to age 4 years old, thus encompassing new-borns, infants, and toddlers.

As babies move into their second year of life, they become more mobile and more independent, exploring everything they can access. Nearly all children are walking by 18 months. They're also learning to talk, to identify and imitate the people around them, and to follow simple instructions.⁴

Like little sponges, toddlers soak up everything, so memorization comes fairly easily.⁵

They still need a lot of sleep and may take a nap or two during the day, as well as sleep 10 to 12 hours a night.





Between birth and age three, children rapidly achieve many important milestones that create the foundation for later growth and development. Early in life, babies depend on others to meet their needs for safety and security. When infants receive warm, consistent care and attention from adults, they are able to establish a sense of trust in the world. They learn that important caregivers will feed them, change them, bathe them, and play with them. This trust serves as an important first step for children's development during the toddler years, a time when children establish independence by exploring their environment. Furthermore, when children become afraid or encounter danger, they have the confidence to turn away and return to their secure base for reassurance and protection. Toddlers also experience a new sense of self-awareness that grows from their increasing desire to do things for themselves. In other words, toddlers become more independent each and every day. For toddlers, learning to feed themselves and becoming toilet trained are important and exciting accomplishments. These markers provide the necessary starting point for growth and learning during the preschool years.












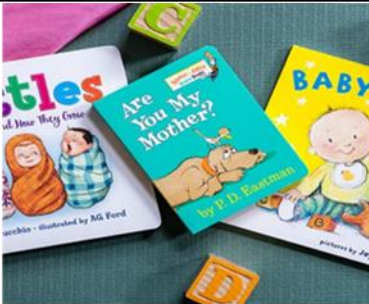
Fig. 1.1.2 Toddler






1.1.2 Infants and toddlers tools and equipment

Table 1.1 Tools and equipment for infants and toddlers

S.no	Name of Tools & Equipments	Picture of Tools & Equipments	Tools & Equipments
1	Bathing products and toiletries		Toiletries are objects and substances that are used in washing the infant or toddler to ensure pleasant smell. These are soaps, shampoos, toothpaste, and other items used to keep the infant or toddler clean.
2	Feeding utensils		Feeding utensils-a piece of cutlery with a shallow bowl-shaped container and a handle; used to stir or serve or take up food. A plastic eating utensil that has both tines and a bowl like a spoon, table knife; a knife used for eating at dining table.
3	Grooming kit and thermometer:		A baby grooming kit is basically a kit with a bunch of supplies that can be used for your baby. The supplies vary from kit to kit, but typically you can expect them to include some of the following.
4	High chairs and booster seats		A high chair is a distinct piece of furniture specifically designed for feeding infants and young toddlers. Called intuitively so due to its design, it literally is a chair but raised enough for adults to comfortably feed the baby from a standing position.

5	Booster Seat		<p>The booster seat is a piece of equipment that is placed on top of a regular chair for the purposes of adding sufficient height to the child's position for ease of feeding. A simple chair that can safely contain the child, booster seats come with belts for keeping the child in place and can come with detachable trays.</p>
6	Nappies and diapers		<p>Diapers are primarily worn by infants, toddlers who are not yet toilet trained, and by children who experience bedwetting. Diapers are made of cloth or synthetic disposable materials. Cloth diapers are composed of layers of fabric such as cotton, hemp, bamboo, microfiber, or even plastic fibers such as PLA or PU, and can be washed and reused multiple times.</p>
7	Brushing teeth		<p>The toothbrush is an oral hygiene instrument used to clean the teeth, gums, and tongue. It consists of a head of tightly clustered bristle, atop of which toothpaste can be applied, mounted on a handle which facilitates the cleaning of hard-to-reach areas of the mouth.</p>
8	Baby play Mat		<p>Baby play mat is probably the most versatile and practical baby product on the market. ... Baby play mat allows babies to learn the basics of cause and effect. The mat stimulates 'primary circular reactions', meaning it encourages babies to repeat an action they did by chance (for example, hitting a toy by mistake).</p>
9	Stroller		<p>Stroller is a four-wheeled, often collapsible, chair like carriage in which small children are pushed.</p>

10	Baby Bottle		A baby bottle, nursing bottle, or feeding bottle is a bottle with an attached teat on the top opening, on which can be suckled, and from thereby drunk directly. It is typically used by infants and young children, or if someone cannot drink from a cup, for feeding oneself or being fed.
11	Toys		The concepts of games and toys have a very important role in children's lives. It contributes to the development of cognitive, motor, psychosocial, emotional, and linguistic skills. It also plays a key role in raising self-confident, creative, and happy children.
12			Most of a baby's first year will be spent in their crib because they spend most of their time sleeping. Babies can sleep up to 17 hours a day. This gives their bodies the energy they need to grow. If you have the wrong furniture, there are many other ways that things could go wrong. For one thing,
13			continuous use can cause cribs that aren't well made to fall apart and hurt your child. Even things near or in the crib can be dangerous because your baby could grab them when you're not looking. There are many dangers, so even if you don't think something is hazardous at first, it never hurts to be careful about your baby's health.
14	Nursery Rhymes & Story Books		<p>Baa, Baa, Black Sheep</p> <p>Baa, baa, black sheep Can I have your wool? No sir, no sir, That's not cool. None for the pastor And none for the dame None for the little boy Who lives down the lane. Baa, baa, black sheep Can I have your wool? No sir, no sir, It's MY wool.</p>

15	Blanket/comforters		Any item introduced before 6 months of age must be made from a breathable fabric, such as the Cuski, or made from muslin and should be used for supervised sleeps only. Generally, once a baby is over 6 months of age it is safe to introduce a comforter, however you should check if the specific comforter is suitable for infants over 6 months of age. We love the Cuskis, which can be used supervised from newborn and unsupervised from 6 months plus.
16	Thermometer & Thermometer Tray		An instrument for measuring and indicating temperature, typically one consisting of a narrow, hermetically sealed glass tube marked with graduations and having at one end a bulb containing mercury or alcohol which extends along the tube as it expands.
17	Baby's Layettes		A layette (or sometimes a "layette set") is baby's first set of clothes—this typically includes a matching set of a few bodysuits and/or pants, but can really be as large or small as you want.
18	Sterilizer		Sterilization destroys all microorganisms on the surface of an article or in a fluid to prevent disease transmission associated with the use of that item. The heat that an autoclave delivers via pressurized steam kills bacteria and other microorganisms by causing the organisms' structural proteins and enzymes to lose their shape in an irreversible way, denaturing and coagulating them and making them nonfunctional.
19	Pacifier		Pacifier, also called soother or teether, is a small, nipple-shaped accessory that is put in the baby's mouth to soothe him. Babies have a natural sucking reflex, which helps suckle from the breast (1). Since a pacifier resembles a nipple, a baby can be calmed and made to feel secure. It is for this reason that babies take to pacifiers quickly.

1.1.2 Babysitter or Caregiver

A Babysitter, or Caregiver, is responsible for supervising children when their guardians are unable to watch them, either in their own home or a client's home. Their duties include providing transportation to and from a child's extracurricular activities, preparing basic meals and keeping the child company with games and other entertainment.

Babysitting Responsibilities

Babysitter, or Caregiver, is responsible for supervising children when their guardians are unable to watch them, either in their own home or a client's home. Their duties include providing transportation to and from a child's extracurricular activities, preparing basic meals and keeping the child company with games and other entertainment.

Every babysitting job is different but there are some things that parents will expect of you almost every time. Here are the most common responsibilities of a babysitter:

1. Ensuring Child Safety

This is the most important responsibility, and it's always required. That's why it's number one! Make sure children are safe at home and while 'out and about.' It's vital. Parents expect that children will be under the watchful eye of the sitter at all times.

If you need to step away from the child to make lunch or prepare a bath (how this is done, of course, depends upon their age), make sure the child is in safe surroundings and check on them regularly. You can also use a baby monitor if the family has one available.

2. Meeting the Children Beforehand

It's really important that you get along with the kids you're caring for, and the only way to find out is to meet them.

Parents will often expect a new babysitter to come for a short visit or even do a paid trial run to see how things feel at the beginning. This is a perfect opportunity for you to create a good first impression with the kids and the parents.

Make sure to dress appropriately for working with kids. When you arrive, be friendly and approachable, and don't be afraid to ask a few questions, so the parents will know you're genuinely interested in their child and want to provide the best care possible.

This is also a good time to learn the child's routine, discuss their habits, and agree on a list of job responsibilities, such as food preparation, bathing, laundry, bedtime, etc.

3. Have Your Vaccinations Up to Date

It's highly recommended that anyone caring for a young child, especially an infant or new born, be in good health.

Babysitters should be vaccinated for common illnesses that are dangerous to babies, such as whooping cough (pertussis), diphtheria, H. flu (HiB), pneumococcus, Hepatitis B, polio, measles, mumps, chickenpox, and influenza (each season) (source). This precaution is necessary because babies have an underdeveloped immune system due to a lack of exposure to common contagions. Check with your healthcare professional and be sure your shots are up-to-date. Let them know you are babysitting young children.

4. Bathing and dressing young children

Bath time can be fun for both the child and the babysitter but always follow common safety practices. Always check the temperature of the deepest part of the bath water with the sensitive skin of your inner forearm or toes before putting a child in the tub.

Infants and young children can easily get burned when the water is too hot. You may begin running the water for a bath, and then not realize it has become quite a bit warmer by the time it is finished running. Never put a little one in without checking the deepest part of the water (not just the surface) with your forearm or toes first.

Get all of the toys, towels, soap, and anything else you might need before running the bath. No matter what the circumstance, you must always be present in the bathroom right next to the tub as long as there is water in it. Allow the phone to ring out, and the doorbell to go unanswered.

5. Changing Diapers

When babies and toddlers have soiled diapers, it's never a treat, but it's necessary to change them as soon as possible.

If a changing table is unavailable, change the baby on the floor. Never turn away from a baby on a changing table because they can roll off in an instant! And make sure you get everything ready beforehand, including the diaper, baby powder, wet wipes, and clothing because you can't go get it once you start!

6. Preparing and cleaning bottles for babies

This is often a necessary duty for babysitters taking care of an infant.

Bottles must always be thoroughly cleaned and sanitized. You may wash them in hot, soapy water, or use a dishwasher with a heat-drying cycle, which should be sufficient in places where the water

is clean. Sanitation, if needed, usually involves placing bottles, teats, caps, etc. in boiling water for 5 minutes to kill any bacteria that washing may have missed.

This process is called sterilization, and it's normally only done until the child is 3 months old, after which washing alone should suffice. Be very careful with boiling water! Make sure that no children are nearby while performing this task. Hot water can burn a child's skin in an instant! Never leave the boiling pot on the stove unattended. Turn the handles of all pots on the stove inward, so a toddler cannot reach up and grab them. This duty is best done after the little ones are in bed.

6. Preparing Meals and Snacks

This responsibility is often expected of babysitters and can present its own challenges.

If the child has food allergies, make sure the parents outline them carefully so you can make all efforts to avoid a potentially dangerous reaction. Parents should keep a list of the foods to avoid on the refrigerator. Also, if you are going to be cooking during your sit, find out what foods are acceptable to the parents and kid-friendly. Learn how to make fun, healthy versions of child favourites like pizza, spaghetti, tacos, hamburgers, cookies, and muffins.

7. Administering Medications

This is an important responsibility for any babysitter. Like all medications, drugs must be administered exactly as specified. Instructions for dosage are usually clearly outlined on the packaging or provided in a pamphlet by the doctor or pharmacist.

- Never give medicine without parent approval first!
- If a child requires medicine, make sure the parents provide detailed instructions, so you know what to do. These should always be in the written form, so don't rely on your memory for this.

- Do exactly what parents request and, for any doubts, contact them to clarify. If you are unable to give a scheduled medication for any reason, you must contact the parent right away.
- It's the responsibility of the parent to ensure that you are both aware of and comfortable with administering any required medication.

8. Disciplining Children

This can be a tricky one!

Discipline is primarily the responsibility of the parent but will fall upon the shoulders of the babysitter when parents are away. Learn the family's preferred discipline strategy and follow it as closely as you can to maintain consistency for the child.

For example, the family may use 'time-outs.' This is where the child is removed from an activity for a short time (usually 1 to 10 minutes, 1 minute for each year of age) in order to discourage inappropriate behaviour. The child is usually placed in a quiet, safe space, alone, and can return once they are willing to behave. It's not acceptable to scold or yell at a misbehaving child, and never, ever should a babysitter physically strike a child.

Always seek to resolve conflict in a safe, calm, and kind manner. If in doubt, always discuss this with the parents.

9. Sanitizing Toys and cleaning up play areas

This duty may be required if you are looking after multiple children or if a child is not well. Avoid the spread of germs by keeping toys clean and play areas tidy. It's also helpful to encourage healthy practices among children, such as frequent hand-washing, keeping toys and foreign objects out of their mouth, and returning all toys to their proper places after playtime to avoid trips and falls.

10. Being accountable

As a babysitter, you must always be responsible and accountable.

Understand and acknowledge the important role you have to the parent who hires you and the children you care for. Show up on time (or a bit early) and honour all commitments that you make. Have a valid driver's license (if transport is required), administer any and all medications

properly (if necessary), and always put the best interests of the child first to create an environment where happiness and safety are key players.

11. Provide contact information and keep the lines of communication open

This goes both ways. You should be able to reach the parents as required, and the parents should, in turn, always be able to contact you. Make sure you exchange cell phone numbers as well as provide emergency contact numbers in case they cannot get a hold of you for some reason. Contacts may include a parent, friend, or another trusted adult, and should be provided in advance.

1.2 Non- verbal cues & distressed infants and toddlers

Communication with Infants and Toddlers

Infants at 7 months are adept at nonverbal communication, expressing a range of emotions and responding to vocal tone and facial expressions. Around 9 month, infants become aware that emotions can be shared between people; they show parents toys gleefully, as if to say, "When you see this thing, you'll be happy, too!" Between 8 and 10 month, babbling takes on a new complexity, with many syllables ("ba-da-ma") and inflections that mimic the native language.

At the same time, infants lose the ability to distinguish between vocal sounds that are undifferentiated in their native language. The first true word-i.e., a sound used consistently to refer to a specific object or person-appears in concert with an infant's discovery of object constancy. At this age, picture books provide an ideal context for verbal language acquisition. With a familiar book as a shared focus of attention, a parent and child engage in repeated cycles of pointing and labelling, with elaboration and feedback by the parent.

Most children begin to walk independently near their first birthday; some do not walk until 15 month. highly active, fearless infants tend to walk earlier; less active, more timid infants and those who are preoccupied with exploring objects in detail walk later. Early walking is not associated with advanced development in other domains.

1.2.1 Non- Verbal cues

Your nonverbal communication cues—the way you listen, look, move, and react—tell the person you're communicating with whether or not you care, if you're being truthful, and how well you're listening. When your nonverbal signals match up with the words you're saying, they increase

trust, clarity, and rapport. Good nonverbal communication will show the child that they're really important to you. By focusing on the child and giving them your full attention, you'll be improving their sense of self-worth, too. What's more, kids always mirror our behavior – so you'll be helping your child to develop their own nonverbal communication skills as well. This'll improve their listening skills, emotional intelligence, and empathy – which will help your little one to build meaningful relationships with others as they grow up. There are 5 methods of non-verbal communication

1. Body movement

The way we move and carry ourselves can tell our children a lot about how we're feeling about a situation. If your kid sees you crossing your arms, slouching, or facing the opposite direction when they're talking to you, they'll quickly realize you're not interested. Instead, make sure you're

sitting up straight, facing in your child's direction, or bending down to their level. This shows your child that you're interested in what they're doing or showing you and paying them your full attention.

2. Touch

Physical touch is a nonverbal communication method that children really respond well to.

Hugs and kisses are a big part of how we make our children feel safe and loved. Touch can say a thousand things without actually saying anything. Sometimes it's easy to forget how important physical touch actually is – so try and keep it in mind when you're interacting with your child.

A gentle hand on their arm, a hug when they're upset, or a kiss to show you appreciate them can make the world of difference. It's also a brilliant way to develop your child's own nonverbal communication. It shows them that gentle touch is the correct way to interact with others. It also teaches that using touch in the wrong way when they're angry is not acceptable.

3. Eye contact

Making eye contact with your child when they're speaking to you is an excellent way to show you're listening to and engaged in what they're saying. Eye contact is also a vital nonverbal communication skill for kids to develop at an early age. It'll help them to build better relationships with others, connect with friends on a meaningful level, appear more confident, and – as an adult – perform well in interviews and presentations. Make sure to use eye contact with

your child as often and frequently as possible – when you ask them questions, when you talk to them about their day, and especially when they come to you with a problem.

4. Facial expressions

As adults, we know that facial expressions can provide a lot of insight into what someone is thinking – often even more so than the words they’re saying! Try to be aware of what your face is saying when you’re interacting with your child. If they’re telling you a story or need some encouragement, smiling and widening your eyes can go a long way. At the same time, if you’re not happy with something your child is doing – let your face do the talking. Your child will quickly realize when you’re telling them off with a frown.

5. Space

Space is something that we might not immediately think about when considering our nonverbal communication. Teaching your child how to correctly use space in their nonverbal communication is crucial. Show them the importance of giving people personal space, but also teach them how they can comfort people with a close hug. Having an understanding of space as a nonverbal communication method plays a big part in your child’s development.

1.2.2 Interactional Abilities

Near sighted neonates have a fixed focal length of 8-12 in, approximately the distance from the breast to the mother’s face or to feeding bottle, as well as an inborn visual preference for faces. Hearing is well developed, and infants preferentially turn toward a female voice. These innate abilities and predilections increase the likelihood that when a mother (care giver) gazes at her new-born, the baby will gaze back. The initial period of social interaction, usually lasting about 40 min, is followed by a period of somnolence.

1.2.3 Behavioural States

The six behavioural states are: quiet sleep, active sleep, drowsy, alert, fussy, and. In the alert state, infants visually fixate on objects or faces and follow them horizontally and (within a month) vertically; they also reliably turn toward a novel sound, as if searching crying for its source.

1.2.4 Distressed infants and toddlers

We often hear children's behaviour described as being challenging, but many people who work with children prefer to think of this as a child signalling their distress.

Distressed behaviour is different from the normal everyday behaviour of children that happens to challenge their parents in any given moment.

It tends not to be a one-off. Distressed behaviour is a serious ongoing issue for parents and children. A child showing distressed behaviour demonstrates their distress through actions which are risky or harmful to themselves or others.

Distressed behaviour can take many forms, including:

- Aggression
- Anger
- Physical and verbal abuse
- Refusal to stick to boundaries or rules
- Self-harm and/or injury.
- Hiccupping
- Yawning
- Trouble sleeping
- Change in eating habits
- Sneezing
- Frowning
- Looking away
- Squirming
- Frantic, disorganized activity
- Arms and legs pushing away

Distressed behaviour can have serious consequences for you and your child, including:

- Risks to themselves or others
- Breakdown of relationships
- Emotional and physical impacts
- Impacts on enjoying life – school, friends, experiences.

Living with a child with distressed behaviour can be overwhelming and exhausting. Taking a step back and asking you to see it from your child's perspective might feel unfair at first. But if you can start to see your whole child and what they are experiencing – and not just the behaviour – it can be the first step towards changing things for the better.

As a parent it raises a whole host of feelings – anger, dislike, loss, worry, helplessness, heartbreak. Often you just can't see a way out.

At Parent line, we can't promise a magic wand, or an easy answer but we can try to help you get through this, one small step at a time.

I. Reasons for distressed behaviour

It's important to recognise that all behaviour is, in fact, communication. Challenging or distressed behaviour is a sign that something isn't quite right for your child, or that they are finding life hard at this point in their life. Some children may have experienced some trauma in their life, such as the death of someone close, cultural change, environmental change parents separating, and bullying or even school pressures. Sometimes the behaviour may be linked to other stresses such as changing schools or homes. Some children may have specific additional needs, disabilities or conditions – for example autism – which can make many situations difficult for them to cope with.

II. Handle distressed infants and toddlers

Help them take a break from stress. Make time to play, draw or paint, spend time in nature, read a book, play an instrument, be with friends and family. These activities are more than just fun. They help kids and teens feel positive emotions that offset stress.

Coping with difficult emotions, such as sadness, anger, or fear, is developmentally more difficult for children than for adults. Until children have learned how to deal with their troubling feelings, it is important for parents to assist children in dealing with these experiences.

The way that you, as a parent, respond to your child's distress is very important.

There are different ways to respond to children's distress — supportive ways or unsupportive ways.

A supportive response will:

- Invite the child to explore their feelings.
- Encourage the child to express their emotions.
- Help the child understand the situation that triggered the feelings.
- Support the child to improve the situation.
- Imitating babies' vocalizations
- Talking
- Singing
- Laughing
- Finger Games
- Holding
- Dancing
- Gentle Bouncing
- Playing
- Distraction to an activity
- Cuddles, comfort

- Listening, talking with the infant or toddler quietly
- Use of transition object

1.2 Infants and Toddlers Pick up and cuddling

• Cuddling

It's great if you cuddle your child often, especially in the three months after giving birth. Did you know the first three months of your child's life are known as the "fourth trimester?" This is because your child emerged from a dark, warm and comfortable place. Cuddling helps replicate the womb environment. Your child will feel safe and warm. "Cuddling helps your baby develop a secure attachment to you. The bond developed has effects later in your child's life in terms of self-confidence, healthy individuation and exploration, expression of empathy, social relationships and ability to cope with life stressors" explains Marcy. Babies who don't experience cuddling have been found to have markedly lower levels of oxytocin and vasopressin. These two hormones are thought to play key roles in stress and social behaviors. Lower levels may explain why these children have difficulties forming attachments in adulthood.

Bonding is defined as the process by which a close emotional relationship is developed. While some feel strongly bonded to their baby during pregnancy, for others, bonding occurs more for them after birth and during the first few months.

Cuddling your baby close is known to release oxytocin, which in turn promotes both attachment and bonding. It also helps to reduce anxiety. "Although the causes of initial onset are unclear, postpartum anxiety can be mitigated by recent contact with infants." Cuddling baby feels good, and makes a long-lasting impact on your relationship.



Fig. 1.3 Toddler

Holding a new-born close is the only way in which they're able to see your mouth moving. As you cuddle your baby close and begin to talk to them, you'll notice them start to wiggle their mouth and move their tongue. This is their first attempts at speech! As they grow older, studies

have shown, that you're much more likely to chat away to your little one, encouraging them to speak, when carrying them.

- **Laying Your Baby Down to Sleep**

These recommendations are for a healthy baby up to the age of 1 year. Protect your baby by following these crib safety tips:

- ✓ Place the baby on his or her back to sleep, during naps and at night. Studies show this is the best way to reduce the risk of SIDS (sudden infant death syndrome) or other sleep-related causes of infant death.
- ✓ Do not put an infant on his or her stomach to sleep.
- ✓ Make sure nothing is covering your baby's head.
- ✓ Never lay a baby down to sleep on an adult bed, a couch, a sofa, comforters, blankets, pillows, cushions, a quilt, waterbed, sheepskin, or other soft surfaces. Doing so can increase a baby's risk of suffocating.
- ✓ Make sure soft objects, stuffed toys, and loose bedding are not in your baby's sleep area. Don't use blankets, pillows, quilts, and or crib bumpers in cribs or bassinets. These can raise a baby's risk of suffocating.
- ✓ Make sure your baby does not get overheated or too hot when sleeping. Keep the room at a temperature that is comfortable for you and your baby. Dress your baby lightly. Instead of using blankets, keep your baby warm by dressing him or her in a sleep sack, or a wearable blanket.
- ✓ Fix or replace any loose or missing crib bars before using for your baby.
- ✓ Make sure the space between crib bars is no more than 2-3/8 inches apart. This way, baby can't get his or her head stuck between the bars.
- ✓ Make sure the crib does not have raised corner posts, sharp edges, or cutout areas on the headboard.
- ✓ Offer a pacifier (not attached to a string or a clip) to your baby at naptime and bedtime. Do not give the baby a pacifier until breastfeeding has been fully established. Breastfeeding and regular check-ups help decrease the risks of SIDS.
- ✓ Avoid products that claim to decrease the risk of SIDS such as wedges, positioners, special mattresses, specialized sleep surfaces, or similar products.
- ✓ Always place cribs, bassinets, and play yards in hazard-free areas—those with no dangling cords, wires, or window coverings—to reduce the risk for strangulation.

Self-check -1	Written Question
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PART-I: Directions: Choose the best answer from the given alternatives

- Which one of the following age group categorized under birth up to 1 year old?
A/ New born B/ Infant C. Toddler D. Neonate
- Which one is common characteristics of Infants & Toddlers?
A/ Lack of eye contact B/ Aggression C/ Crying
D/ They don't have common characteristics E/None
-is responsible for supervising children when their guardians are unable to watch them, either in their own home or a client's home.
A/ Mother B /Baby sitter C/ Child care D. All
- One is the best answer for good baby sitter responsibility.
A/ Bathing children C/ Get up to dated vaccine
B/ Shouting with babes D/ A&B E/ None
- Which one is part of none – verbal communication that Infant and toddlers use
A/ Touch B/ Eye contact C/ Facial expressions D/ All

PART-II Directions: Read & Answer by choosing TRUE for correct question and FALSE for Incorrect question.

.....1/ Babies move into their second year of life, they become more mobile and more

Independent, exploring everything they can access.

.....2/ Toddlers also experience a new sense of self-awareness that grows from their

Increasing desire to do things for themselves.

.....3/ Milk bottles must always be thoroughly cleaned with cold water and sanitized.

.....4/ Good nonverbal communication will show the child that they're really important to You.

.....5/ Distressed behaviour can have serious consequences like risks themselves

1.3 Operation shite -1

Operation Title: Cuddling and pickup Infants and Toddlers

Purpose: To know how to pick up and cuddle infants and toddlers

Follow carefully the next all steps and exercise accordingly



Step1

Take care with your new-born's head with your hand, especially around the fontanel. Always support you're new-born's head and neck.



Step 2

To pick up baby, slide one hand under baby's head and neck and the other hand under their bottom. Bend your knees to protect your back.



Step 3

Once you've got a good hold, scoop up your baby and bring baby close to your chest as you straighten your legs again.



Step 4

Make sure your baby's head is resting against your chest. Slide your hand up from baby's bottom to support their neck.



Step 5

Shoulder hold: rest baby on your chest and shoulder, supporting baby's head and neck with your hand. Place your other hand under baby's bottom



Step 6

Using the cradle hold lets you look at your baby. You can smile and talk to baby.

The pick-up, put down method promises to teach infants how to fall asleep on their own without making them feel abandoned. Baby sitters are highly involved in this approach that works best for babies aged four to eight months, although it can also be used for those who are a little older.

Picking up a baby: safety tips

When you're picking up your little one, there are some key tips you need to follow to ensure that the baby is safe:

- Support the baby's neck and head at all times
- Don't shake the baby when waking him or her up or during play time
- Sit down if you're nervous about holding the baby
- When picking up a baby or child, carry through your knees instead of the back
- Don't carry hot food or drinks when holding the baby
- Stay away from people who are working with sharp or hot objects

Lap Tests -1

Name: _____

Date: _____

Time started: _____

Time finished: _____

Instructions: You are required to apply all steps of picking and cuddling toddlers and infants.

Time allowed 20 minutes

Task 1: Perform Cuddling and pickup Infants and Toddlers in your lab class

Unit Two: Bathe and dress infants and toddlers

This Unit is developed to provide you the necessary information regarding the following content coverage and topics:

- Infant and toddlers' vital signs
- Infant and toddlers' body water quantity and temperature
- Bath infants and toddlers
- comforters

This Unit will also assist you to attain the unit stated in the cover page. Specifically, upon completion of this unit , you will be able to:

- Understand Infant and toddlers' vital signs
- Apply Infant and toddlers' body water quantity and temperature
- Bathing infants and toddlers
- Prepare comforters

2.1 Infant and toddlers' vital signs

Vital signs (often shortened to just vitals) are a group of the 4 to 6 most important signs that indicate the status of the body's vital (life-sustaining) functions. These measurements are taken to help assess the general physical health of a person, give clues to possible diseases, and show progress toward recovery. The normal ranges for a person's vital signs vary with age, weight, gender, and overall health.

Your baby's breathing and heart rate can tell you a lot about their condition. These vital signs can be important indicators that something is wrong or that it's time to seek medical attention.

Vital signs include heart rate, respiration (breathing rate), blood pressure, and temperature. Knowing the ranges for vital signs for your child can help you notice problems early or relieve concerns you may have about how your child is doing. The table below includes information that can help.

Infants have a much higher heart and respiratory (breathing) rate than adults do. An infant's muscles aren't highly developed yet. This is true for the heart muscle and the muscles that assist breathing.

Think of the heart muscles like a rubber band. The further you stretch a rubber band, the harder and more forcefully it "snaps" back into place. If an infant's heart cannot stretch very much due to immature muscle fibers, it has to pump at a faster rate to maintain blood flow through the body. As a result, an infant's heart rate is often faster. It can also be irregular.

If an infant's heart rate is lower than normal, it's often cause for concern. Potential causes of slow heart rate, also known as bradycardia, in infants include:

- Not enough oxygen
- Low body temperature
- Medication effects
- A congenital heart problem

While there can be variations, given a child's overall condition, the average vital signs for an infant are:

- Heart rate (new-born to 1 month): 85 to 190 when awake
- Heart rate (1 month to 1 year): 90 to 180 when awake
- Respiratory rate: 30 to 60 times per minute
- Temperature: 98.6 degrees Fahrenheit

For blood pressure:

- Neonate (96 hours old to 1 month): 67 to 84 systolic blood pressure (top number) over 31 to 45 diastolic (bottom number)
- Infant (1 to 12 months): 72 to 104 systolic over 37 to 56 diastolic

Toddler vital signs

After a child turns 1, their vital signs progress more toward adult values. From age 1 to 2, they should be:

- Heart rate: 98 to 140 beats per minute
- Respiratory rate: 22 to 37 breaths per minute
- Blood pressure: systolic 86 to 106, diastolic 42 to 63
- Temperature: 98.6 degrees Fahrenheit

Preschool vital signs

When a child is 3 to 5 years old, their average vital signs are:

- Heart rate: 80 to 120 beats per minute
- Respiratory rate: 20 to 28 breaths per minutes
- Blood pressure: systolic 89 to 112, diastolic 46 to 72
- Temperature: 98.6 degrees Fahrenheit

Temperature in children

Whether child or adult, the average body temperature is about 98.6 degrees Fahrenheit. However, a person's temperature can go up and down throughout the day. Hormone swings, exercise, taking a bath, or being exposed to hot or cold weather can all affect a child's temperature. You can take your child's temperature in a number of areas (provided they are still young enough to let you). Each area of the body can have different values for what constitutes a fever. The following values indicate fever in your child:

- Axillary: greater than 99 degrees Fahrenheit (37.2 degrees Celsius)

- Ear (tympanic): greater than 99.5 degrees Fahrenheit and 37.5 degrees Celsius if on oral mode (note that doctors don't recommend taking an ear temperature on children younger than 6 months old)
- Oral: greater than 99.5 degrees Fahrenheit (37.5 degrees Celsius)
- Pacifier: greater than 99.5 degrees Fahrenheit (37.5 degrees Celsius)
- Rectal: greater than 100.4 degrees Fahrenheit (38 degrees Celsius)

While having a fever is not a fun occurrence for your child, it has protective effects and can indicate that the body's immune system is trying to fight off the infection. However, you should always call your child's doctor if the child is younger than 3 months old and has a fever. For children older than 3 months, call your child's paediatrician if they have a fever greater than 104 degrees Fahrenheit.

2.2 Measure bath water quantity and temperature for infants and toddlers

Bath time can be a fun, special time to share with your toddler. It's also a time for caution, though. You can bath your baby at any time of the day. It's a good idea to pick a time when you're relaxed and you won't be interrupted. Try not to bath your baby when they're hungry or straight after a feed. If bathing relaxes your baby, you can use it as a way to settle your baby in the evening. Some babies sleep longer after an evening bath.

Keep these bathing tips in mind to keep your little one safe

- The first and most important rule is this: Never, ever leave your toddler unsupervised, even for a minute. Children can drown in less than an inch of water. Gather all of the supplies (soap, towel, etc.) you'll need ahead of time. And if the doorbell peals or the phone rings, and you feel you must answer it, scoop your child up in a towel and take them with you.
- Don't put your toddler into a tub when the water is still running (the water temperature could change or the water could get too deep).
- Make the family tub safe: Bathtubs are incredibly slippery, so outfit yours with a rubber bath mat for more secure seating. A cushioned spout cover can protect your toddler's head from painful bumps. Also, be sure that any sliding glass shower doors are made from safety glass.
- Make the bath water comfortably warm (90 to 100 degrees Fahrenheit). Babies and toddlers generally prefer a much cooler tub than you probably do. (Use warm (not hot) water, about

37°C or 38°C. Turn the water off. Test the temperature with a thermometer or your wrist or elbow before you put baby into the bath)

- Don't put too much water in the tub — never more than waist-high (in sitting position) for toddlers and older children.
- For kids who can sit up, a bath ring suction-cupped to the bottom of the tub may provide you with an extra "hand." But don't let it give you a false sense of security — it's no substitute for keeping your eye on your toddler at all times.
- Teach your child to sit (not stand) in the tub.
- Soaps, shampoos, and bubble baths can dry your child's skin and may cause rashes, so use them sparingly. They may also be irritating to the urethra, which in turn might increase the risk of urinary tract infections. To avoid having your toddler sit too long in potentially irritating soap-filled water, have playtime at the beginning of the bath, and save the soap and shampoo for the end.
- Don't allow your child to touch the faucet handles. Even if they can't move them now, they'll be strong enough to do so eventually — and that could lead to serious injury. (You might try putting your toddler in the tub with their back to the faucets.)
- Keep electric appliances (like hair dryers and curling irons) away from the tub.
- Dry and dress your baby on a towel on the floor if possible. It's safer than on a change table. If you're using a change table, always keep one hand on your baby.



Fig.2.2 Bath infants and toddlers

2.3 Infant and Toddler`s Comforters

A comforter is a soft toy or small blanket that is also sometimes referred to as a ‘transitional object.’ A baby comforter as I call them, is a small soft object that provides baby with a sense of safety and security. They are a portable best friend who signals to your little one that it is time to relax and unwind for bedtime. Another advantage of introducing a comforter is that they can support a baby who is stressed or faced with a change in their normal routine (immunisations, travelling away from home, long car journeys, settling at nursery or child minder, hospital stays).

Around the age of six months, your baby will go through an important cognitive developmental milestone – they will realise that they are no longer attached to you. This really is the beginning of your child’s growing independence, confidence and sense of identity. However, with this milestone also comes potential separation anxiety and even upset at times. This is a great time to introduce a comforter – it can make baby feel safe and remind them of you. There are different types of comforters in world wide. The common one is Special toys, Blankets & Dummies

Attachment is a psychological phenomenon – with time, baby is able to transfer some of their feelings of attachment for their parents to an inanimate object. The key with this is, as always, consistency. Repeatedly introducing the object at sleep times helps form a pattern of behaviour and a new ‘sleep association.’ In theory if your little one is attached to a baby comforter, they are more likely to be able to soothe themselves back to sleep independently, using their comforter when they stir between sleep cycles during the night.

A ‘sleep association’ is basically anything that helps your baby fall asleep. There are all sorts of sleep associations including rocking, patting, feeding, and dummies. However, if you are struggling to get a settled night’s sleep it could be possible that moving away from parental controlled sleep associations could help your baby learn to settle themselves back off to sleep. I don’t believe in ‘negative sleep associations,’ unless they are negative for you. If everything is working well, then there is no need to fix it. However, I do believe it is always worth trying to introduce a comforter alongside the rest of your bedtime rituals.

It is important to choose a comforter that doesn’t have long fur, has no loose items such as plastic eyes or buttons, isn’t too large and won’t be pulled over your little one’s head or long enough to wrap around them.

Top tips:

You can introduce a comforter from the age of six months

- Stick to one comforter, ideally one that is washable (and get a spare!)
- Sleep with it overnight before so that it smells of you (or hold it between you during feeds). If you are breastfeeding could even put a little bit of your milk on it.
- Give the comforter to your baby at each nap and at bedtime.
- Avoid bean fillings or long fur that your baby might pull out of accidentally inhale. You can try pulling at the fur to test it!
- A comforter can be a great support when trying to ditch the dummy

As children get older some parents worry about their child's dependence on their comforter. There is nothing to worry about. Children tend to naturally reduce their dependence on their comforter as they get older. As long as their teddy or blanket isn't stopping them from leading a happy and healthy life then please don't worry. Most nurseries and schools are very sensitive to the potential need to bring in a comforter during settling in periods. Using their comforter when you are not there is a good way to practice self-regulation, and to cope with any fears or anxieties about you not being with them. In time, their comforter can be left on their peg, or even at home, ready and waiting for them on their return.



Fig1. 2.4 Comforters



Fig2 2.4 Dummies



Fig3 2.4 Special toys

Self-check -2

Written Question

PART-I: Directions: Choose the best answer from the given alternatives

1. Which one is not correct about bath water for infants
 - A/ Use warm B/ Water Temperature should be about 37°C or 38°C
 - C/ Water warm should be 90 to 100 degrees Fahrenheit
 - D/ None
2. One is included in infant`s vital signs
 - A/ Smile B/ Crying C/ Running D/ heart rate
3. One of the following is the indication of fever
 - A/ Oral: greater than 99.5 degrees Fahrenheit (37.5 degrees Celsius)
 - B/ Rectal: greater than 100.4 degrees Fahrenheit (38 degrees Celsius)
 - C/ A&B D/ All
4. One is true about toddlers bathing procedure
 - A/ Always leave your toddler unsupervised B/ Make the bath water comfortably warm
 - C/ Don't allow your child to touch the faucet handles D/ None
5. One is true about Infants comforter
 - A/ comforter is a soft toy or small blanket
 - B/ They are a portable best friend who signals to your little one
 - C/ Using their comforter when you are not there is a good
 - D/ All

PART-II Directions: Explain the following question accordingly

1. What is infant / toddler`s comforters?
2. What are Toddlers vital sign?
3. Explain about preschool vital sight
4. Write all infants/toddlers bath steps.

Operation shite -2

Operation Title: How to Bathe Your Baby

Purpose: To know how to pick up and cuddle infants and toddlers

Follow carefully the next all steps and exercise accordingly



Step 1: Fill the sink or baby tub with no more than 3 inches of warm water. Temperature of the water



Step 2: Before putting soap on a washcloth, gently clean your baby's eyelids. Using a clean spot on the cloth, start at the inner corner of the eye and wash toward the ears.



Step 3: Then, wash use soap on their face. the ear. Do not use baby's ears.

your baby's face with only water. Do not Use clean water to wash the outer part of cotton swabs, like Q-tips, inside your



Step 4: Wet your baby's head with water. Put mild soap or shampoo on the washcloth. Gently rub the washcloth over their head from front to back. Keep soap out of their eyes. Rinse their head with clean water and gently pat dry with the towel.

Step 5: While your reach under them to



baby is lying on the pad or in the basin, lift their back and head up with your arm.



Step 6: Make a soapy lather on the washcloth or with your hands. Start at the neck and lather your baby's entire body. Be sure to clean between fingers, toes, and skin folds.

Step 7: Rinse the washcloth



soap off your baby with a clean, wet



Step 8: Use a soft washcloth to gently clean your baby's face, then their neck and body, leaving the genitals and bottom until last. Gently lift your baby out of the bath and wrap them in a soft dry towel to keep them warm. Use a soft washcloth to gently clean your baby's face, then their neck and body, leaving the genitals and bottom until last.

Lap Tests-2

Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: You are required to follow the steps of bath/ wash infants or Toddlers body within 45 minutes

Task 1: Task 1 Bath / wash Infants/ Toddlers body.

Task 2: Dress Infant or Toddler

Unit Three: Feed and sleep Infants and Toddlers

This Unit is developed to provide you the necessary information regarding the following content coverage and topics:

- Clean & sanitize infants and toddlers feeding bottles
- Prepare milk formula
- Prepare crib
- Sleeping infants and toddlers

This Unit will also assist you to attain the unit stated in the cover page. Specifically, upon completion of this unit , you will be able to:

- Clean & sanitize infants and toddlers feeding bottles
- Prepare milk formula
- Prepare crib
- Sleeping infants and toddlers

3.1 Clean & sanitize infants and toddlers feeding bottles

3.1.1 Cleaning

Infant feeding items include bottles and the nipples, rings, and caps that go with them. Certain bottles also may include valves or membranes. Some infants may be fed with a syringe, medicine cup, spoon, or supplemental nursing system.

The safest method of mixing formula is by shaking or swirling the formula and water inside the feeding bottle. Blenders can be difficult to clean, and blenders used to prepare infant formula have been linked to illnesses among babies. Whisks and spoons are easier to clean, but they still may increase the risk of getting germs into your baby's milk.

Bottles should be cleaned after every feeding. If your baby does not finish drinking a bottle within 2 hours, throw away the unfinished formula. Germs can grow quickly if breast milk or formula is added to a partially used bottle, or if a used bottle is only rinsed, rather than cleaned.

Cleaning bottles procedure

- Take apart. Separate all bottle parts (for example, bottles, nipples, caps, rings, valves).
- Rinse. Rinse bottle parts and any other feeding items by holding them under running water. The water can be warm or cold.
- Wash. Place bottle parts and other feeding items in the dishwasher. (Be sure to place small items inside a closed-top basket or mesh laundry bag so they don't end up in the dishwasher filter.) If possible, run the dishwasher using hot water and a heated drying cycle (or sanitizing setting); this can help kill more germs.
- Remove from dishwasher. Wash your hands with soap and water before removing and storing cleaned items.
 - ✓ If items are not completely dry, place them on a clean, unused dish towel or paper towel to air-dry thoroughly before storing in an area free of dust or dirt. Do not use a dish towel to rub or pat items dry because doing so may transfer germs to the items.

3.1.2 Sanitizing

If your baby is less than 2 months old, was born prematurely, or has a weakened immune system due to illness (such as HIV) or medical treatment (such as chemotherapy for cancer), sanitizing

feeding items daily (or more often) is particularly important. Daily sanitizing of feeding items may not be necessary for older, healthy babies, if those items are cleaned carefully after each use.

Note: If you use a dishwasher with hot water and a heated drying cycle (or sanitizing setting) to clean infant feeding items, a separate sanitizing step is not necessary.

- For extra germ removal, sanitize feeding items at least once daily. Sanitizing is particularly important when your baby is younger than 2 months, was born prematurely, or has a weakened immune system. Daily sanitizing of feeding items may not be necessary for older, healthy babies, if those items are cleaned carefully after each use.
- Before sanitizing, make sure you have cleaned feeding items, bottle brushes, and wash basins using one of the methods above. Sanitize all items (even the bottle brush and wash basin) by using one of the following options. Check with the item’s manufacturer about which method to use.

✓ **Boil:**

- Place disassembled feeding items into a pot and cover with water.
- Put the pot over heat and bring to a boil.
- Boil for 5 minutes.
- Remove items with clean tongs.

✓ **Steam:**

- Place disassembled items in microwave or plug-in steam system and follow the manufacturer’s instructions for sanitizing, cooling, and drying the items.

✓ **Bleach: (if you can’t boil, steam, or use a dishwasher)**

- Prepare a bleach solution of 2 teaspoons of unscented bleach per gallon (16 cups) of water in a clean wash basin.
- Put all items completely underwater. Make sure the solution touches all parts and there are no air bubbles in the bottles.
- Squeeze solution through nipple holes.
- Soak items in solution for at least 2 minutes.
- Remove with clean hands or tongs. Do not rinse because germs could get back onto the sanitized items. Any remaining bleach will break down quickly as it dries and will not hurt your baby. This process is similar to what is done to sanitize dishes in restaurants.

- After sanitizing, place items on a clean, unused dish towel or paper towel in an area protected from dirt and dust. Allow to air-dry thoroughly before storing. Do not use a dish towel to rub or pat items dry because doing so may transfer germs to the items

3.2 Prepare milk formula

Formula is a breast milk substitute made from a special dried-milk powder. Most infant formula is made from cow's milk, vitamins and minerals.

- Choose formula with iron (not low-iron) to give your baby the iron needed for healthy growth. Low-iron infant formula puts babies at risk for iron-deficiency anemia.
- Infants should receive an iron-fortified formula from birth to 12 months.
- Iron in formula does not cause gas, spitting up, diarrhea, or constipation.
- Formula is available in three forms: powder, ready-to-feed, and liquid concentrate. Powder is the least expensive to use.
- All brands of formula are federally regulated to be nutritionally complete, including store brand types.
- Soy-based or other formulas are available for babies with milk sensitivities or other special needs. Consult with your health care provider if you think your baby may need a different formula.

3.2.1 Preparing Baby's Formula

Incorrect formula preparation can be harmful to your baby's health. It is important to read and follow the directions on the container. Your baby's health depends on carefully following these directions. Be sure to do the following:

- Wash your hands with hot soapy water and rinse them well before preparing formula.
- Wash bottles and nipples in hot soapy water and rinse them well. They may also be cleaned in your dishwasher.
- Let cold water run for 2 minutes to flush out impurities that may collect inside older water pipes. Avoid using hot tap water to prepare your baby's formula.
- If you have well water and are unsure about its quality, contact the Health Department to have your well water tested. Some well water may contain small amounts of substances that can make your baby sick.

- Boil tap or well water for the first three months when making your baby's formula. Do not boil for longer than 5 minutes because this will concentrate the minerals and impurities naturally found in water.
- Boil all bottled water for the first three months, unless it is labelled sterile.
- Warm your baby's formula by running it under warm tap water or heating it in a pan of water on the stove; never use a microwave. The formula heats unevenly and babies can be seriously burned.
- When preparing formula to be stored, keep it in the refrigerator and use within 48 hours.
- Do not feed an infant a bottle left out of the refrigerator for more than 2 hours.
- Discard formula remaining in a bottle after a feeding.

Tips for Formula-Fed Babies

- The amount of formula needed by an infant over a 24-hour period varies with your infant's growth. In general, the new born infant will drink 2-4 ounces per feeding, 8-12 times a day. As your infant gets older, the number of ounces will increase as the number of feedings decrease.
- Infants should be fed when they express signs of hunger and should not be forced to follow a strict feeding schedule.
- Infants experience growth spurts and will want to eat larger amounts and eat more often during those times.
- Always hold your baby during feeding times to promote bonding between caregiver and baby.
- Never prop a bottle. This can cause choking, ear infections, and severe tooth decay.
- Do not put your baby to bed with a bottle. This practice can cause choking, ear infections, severe tooth decay, and make it difficult to wean your baby at age one.
- Formula or breast milk should be your baby's only food for the first 4-6 months. When cereals given too early, it is hard to digest and can cause food allergies.
- Starting solids too soon will naturally decrease your baby's intake of formula. Formula is better for your baby because it contains more calories and nutrition needed for growth.

3.2.2 The Role of Responsive Feeding

Recommended specific responsive feeding guidelines:

- Ensuring that the feeding environment is pleasant with few distractions (e.g., no television or other screens);
- Ensuring that the child is seated comfortably, ideally facing others;
- Ensuring that the expectations from the caregiver and child are communicated clearly and consistently;
- Ensuring that the food is healthy, tasty, developmentally appropriate, and offered on a predictable schedule so the child is likely to be hungry;
- Encouraging and attending to the child's signals of hunger and satiety; and responding to the child's feeding needs in a prompt, emotionally supportive, contingent, and developmentally appropriate manner.

3.2.3 Recognizing Infants' and Toddlers' Hunger and Fullness Cues

Responsive feeding of infants and young toddlers relies heavily on learning how they communicate hunger and fullness. Infants' primary form of communication is crying, and research has shown this causes distress to caregivers who often interpret crying as a sign of hunger.

Text box 2. Evolution of hunger and satiety signals during the first two years of life

Age	Hunger Signals	Satiety signals
Birth through 5 months	<ul style="list-style-type: none"> ■ Wakes and tosses ■ Sucks on fist ■ Cries or fusses ■ Opens mouth while feeding to indicate wanting more 	<ul style="list-style-type: none"> ■ Seals lips together ■ Turns head away ■ Decreases or stops sucking ■ Spits out the nipple or falls asleep when full
4 through 6 months	<ul style="list-style-type: none"> ■ Cries or fusses ■ Smiles, gazes at caregiver, or coos during feeding to indicate wanting more ■ Moves head toward spoon or tries to swipe food towards mouth 	<ul style="list-style-type: none"> ■ Decreases rate of sucking or stops sucking when full ■ Spits out the nipple ■ Turns head away ■ May be distracted or pays more attention to surroundings
5 through 9 months	<ul style="list-style-type: none"> ■ Reaches for spoon or food ■ Points to food 	<ul style="list-style-type: none"> ■ Eating slows down ■ Pushes food away
8 through 11 months	<ul style="list-style-type: none"> ■ Reaches for food ■ Points to food ■ Gets excited when food is presented 	<ul style="list-style-type: none"> ■ Clenches mouth shut or pushes food away
10 through 12 months	<ul style="list-style-type: none"> ■ Expresses desire for specific food with words or sounds 	<ul style="list-style-type: none"> ■ Shakes head to say "no more"
1 to 2 years	<ul style="list-style-type: none"> ■ Combines phrases with gestures such as "want that" and pointing ■ Can lead parent to refrigerator and point to a desired food or drink 	<ul style="list-style-type: none"> ■ Uses words like "all done" and "get down" ■ Plays with food or throws food when full

Table.1
3.2.3
Prepare
milk
formula

3.3 Prepare crib

Cribs

Your baby usually will be unattended when in his or her crib, so this should be a totally safe environment. Falls are the most common injury associated with cribs, even though they are the easiest to prevent. Children are most likely to fall out of the crib when the mattress is raised too high for their height, or not lowered properly as they grow.

When the current safety standards banning the manufacture or sale of drop-side rail cribs became effective. There is a good chance that an older crib no longer meets all the current safety standards, especially if it has a drop side.

Inspect carefully for the following features:

- Slats should be no more than 2 3/8 inches (6 cm) apart so a child's head cannot become trapped between them. Widely spaced slats can allow an infant's legs and body to fall through but will trap the infant's head, which can result in death.
- There should be no decorative cut-outs in the headboard or footboard, as your child's head or limbs could become trapped in them.
- If the crib has corner posts, they should be flush with the end panels, or they should be very, very tall (such as posts on a canopy bed). Clothing and ribbons can catch on tall corner posts and strangle an infant.
- All screws, bolts, nuts, plastic parts, and other hardware should be present and original equipment. Never substitute original parts with something from a hardware store; replacement parts must be obtained from the manufacturer. They must be tightly in place to prevent the crib from coming apart; a child's activity can cause the crib to collapse, trapping and suffocating her.
- Before each assembly and weekly thereafter, inspect the crib for damage to hardware, loose joints, missing parts, or sharp edges. Do not use a crib if any parts are missing or broken.
- The mattress should be the same size as the crib so there are no gaps to trap arms, body, or legs. If you can insert more than two fingers between the mattress and the sides or ends of the crib, the crib and mattress combination should not be used.
- If you purchase a new mattress, remove and destroy all plastic wrapping material that comes with it, because it can suffocate a child.
- Before your baby can sit, lower the mattress of the crib to the level where he cannot fall out either by leaning against the side or by pulling himself over it. Set the mattress at its

lowest position before your child learns to stand. The most common falls occur when a baby tries to climb out, so move your child to another bed when he is 35 inches (89 cm) tall, or when the height of the side rail is less than three-quarters of his height (approximately nipple level).

- Periodically check the crib to be sure there are no rough edges or sharp points on the metal parts, and no splinters or cracks in the wood.
- Do not use bumper pads in cribs. There is no evidence that they prevent injuries, and there is a possible risk of suffocation, strangulation, or entrapment. Infant deaths in cribs have been associated with bumper pads. In addition, toddlers can use a bumper guard to help them climb and fall out.
- Pillows, quilts, comforters, sheepskins, stuffed animals, and other soft products should not be placed in a crib. Babies have suffocated on such items in the crib.
- If you hang a mobile over your child's crib, be sure it is securely attached to the side rails, wall or ceiling. Hang it high enough so your baby cannot reach it to pull it down. Be sure to remove it when he is able to get up on his hands and knees, or is 5 months old, whichever comes first.
- Crib gyms are not recommended, as infants and toddlers may injure themselves falling forward onto the gym or pulling the gym down on top of their body.
- To prevent the most serious of falls and to keep children from getting caught in cords from hanging window blinds or draperies and strangling, don't place a crib—or any other child's bed—near a window. The Consumer Product Safety Commission recommends



using cordless window coverings if possible.

Fig. 3.3 Prepare crib

3.4 Sleeping Infants and Toddlers

Sleep is very important to your child's health and well-being. In fact, good sleep habits start from birth. Children who do not get enough sleep may have trouble functioning during the day. At night, they may find it hard to settle.

Every child is different. Some sleep a lot and others much less. This chart is a general guide to the amount of sleep children need over a 24-hour period, including nighttime sleep and daytime naps.

Tabel1. 3.4 Recommended Amount of Sleep

Infants (4 to 12 months old)	12-16 hours
Toddlers (1 to 2 years old)	11-14 hours
Children (3 to 5 years old)	10-13 hours
Children (6-12 years)	9-12 hours
Teenagers (13-18 years old)	8-10 hours

I. Babies (birth to 4 months)

New-borns may sleep as much as 18 hours a day, for 3 to 4 hours at a time. It's normal and healthy for babies to wake up during the night to feed. As your baby gets older, they will stay awake longer during the day and sleep for longer stretches at night.

Babies, just like adults, need the right cues to learn when it is time to sleep. For example, if you always put your baby in their crib to sleep, they will learn that this is the place where they sleep. This may not work right away, but over time, your baby will come to understand.

Sometime after 3 months, your baby's sleep habits will become more predictable and you can expect a more regular nap schedule. Trust your baby's cues – they will let you know when they are tired. A sleep diary might help you to recognize their regular sleeping pattern.

A naptime routine is a good idea. It could include a quiet cuddle and short story in a darkened room before it's time to nap.

Healthy sleep habits for your baby:

- An overtired baby has more trouble sleeping. Napping actually helps a baby to sleep better at night, so keeping your baby awake during the day will not help your baby sleep longer at night.
- Put your baby in bed when they are drowsy, but awake. Remember to put them to sleep on their back in their crib, or on a firm, flat surface. Keep soft items like pillows and stuffed animals out of the crib.
- It's okay to cuddle and rock your baby. You cannot spoil a young baby by holding them.
- A pacifier may comfort and help your baby to settle. However, it's best not to start using a pacifier until breastfeeding is going well.
- Your baby will stir during the night. Give them a few minutes to try and settle on their own before going to them.
- Avoid stimulation during night time feedings and diaper changes. Keep the lights dim.

II. Infants (4 to 12 months)

At this age, babies sleep an average of 14 hours a day, but anything less or more can be normal for your baby. By 4 months, most babies need three naps a day; one in the morning, afternoon and early evening.

Between 6 and 12 months, your baby will probably go from having 3 naps a day to 2 longer naps, in the morning and afternoon. Every baby's napping needs are different. Some nap for as little as 20 minutes at a time, while others sleep for 3 or more hours.

Healthy sleep habits for your infant:

- Maintain a regular daytime and bedtime sleep schedule as much as possible.
- A consistent bedtime routine is important. Many parents like to use the "3 Bs": bath, book, bed.
- Don't put your baby to bed with a bottle. This can lead to tooth decay.
- At around 6 months, if your baby wakes at night and cries, go check to see if there is anything wrong, such as being too cold or too warm, but try not to take them out of the crib. You can comfort them by stroking the forehead or talking softly to let them know you're there. This helps your baby learn how to self-soothe, important steps toward falling back to sleep on their own.

III. Toddlers (1 to 2 years)

Most toddlers sleep between 11 and 14 hours in a 24-hour period.

Healthy sleep habits for your toddler:

- It's still important to keep a sleep schedule your child is familiar with. The routine you established during the first year is even more important for your toddler.
- Avoid naps that are too late in the day, because at this age, they can affect night-time sleeping.
- Help your child wind down about half an hour before bedtime with stories and quiet activities.
- Be gentle but firm if your child protests.
- Keep the bedroom quiet, cozy, and good for sleeping, such as keeping the lights dim.
- Soft, soothing music might be comforting.
- Security items (such as a blanket or stuffed animal) are often important at this age.

IV. Children (3 to 5 years)

Pre-schoolers typically sleep about 10 to 13 hours a day. As your child approaches 3 years old, they will probably be on one nap a day, but many will still have a second nap at some point in the day. Some days they may need a nap, while other days they may not. Some children give up daytime naps altogether during this period. You can use that time—often after lunch—for quiet time for your child to read and relax. At this age, it's common for children to have some sleep problems and to resist going to bed. They may also wake up during the night from night-time fears or nightmares.

Healthy sleep habits for your pre-schooler:

- Don't give your child drinks with caffeine.
- Avoid screens before bedtime. Don't allow tablets, televisions, computer or video games in the bedroom.
- Some children will try to delay bedtime. Set limits, such as how many books you will read together, and be sure your child knows what they are.
- Tuck your child into bed snugly for a feeling of security.
- Don't ignore bedtime fears. If your child has nightmares, reassure and comfort them.

PART-I: Directions: Choose the best answer from the given alternatives

1. One of the following is correct about healthy sleep habits for your infant
 A/ Maintain a regular daytime and bedtime sleep schedule
 B/ Don't put your baby to bed with a bottle. C/ Sing a song for infants D/ A& B
2. One of the following is correct about babies sleep
 A/ New-borns may sleep as much as 18 hours a day
 B/ your baby's sleep habits will become more predictable
 C/ A naptime routine is a good idea D/ All
3. One of the following is correct about healthy sleep habits for your Toddlers
 A/ Keep the bedroom quiet, cozy, and good for sleeping
 B/ Soft, soothing music might be comforting. C/ All D / None
4. One of the following is correct about babies sleep
 A/ Children who do not get enough sleep may have trouble functioning
 B/ they he will let you know when they are tired.
 C/ Your baby will stir during the night. D/ All

PART-II Directions: Explain the following question accordingly

1. Write the healthy sleep habits for your pre-schoolers
2. Explain about recommended amount of sleep for Toddlers, Infants & Babies.
3. Write the healthy sleep habits for your baby
4. Write the healthy sleep habits for your Infants.
5. Write the healthy sleep habits for your Toddlers

Operation shite -3

Operation Title: Prepare milk formula

Purpose: To know how to prepare milk formula

Follow carefully the next all steps and exercise accordingly

Instructions on the bottled product






Preparing formula with boiled water: Ask your baby's doctor if you should boil water when preparing formula, and whether or not you need to boil utensils, bottles, nipples, and rings in water before each use. If you choose to boil, follow these steps:

- Bring water to a rolling boil for one minute, then turn off the heat. Excessive boiling can increase the concentration of impurities.
- Let the water cool to room temperature before adding to formula. Making formula with boiling water can cause clumping and decrease the nutritional value.
- Once mixed, sprinkle a few drops on the inside of your wrist to make sure it is not too hot.

Note: Bottled or filtered water is not a suitable replacement for water that has been boiled, but it might be a better alternative to tap water in some areas. If you are concerned about lead or other harmful substances in your water, talk to your healthcare professional before making formula with tap water.

For proper mixing, follow these steps:

1. Wash your hands thoroughly with soap and warm water.
2. Measure and pour desired amount of water into baby bottle.
3. Add unpacked, level scoop(s) of powder to the bottle as directed. Return dry scoop to can.
4. Put the cap on the bottle and shake. (Tip: Moving your wrist in a twisting motion helps powder formula mix more quickly and more thoroughly.)
5. Feed or store immediately in refrigerator.

1	Fill boiled water	
2	Scoop milk powder out of the container	
3	Add milk powder to the feeding bottle	
4	Close the cap tightly	
5	Roll the feeding bottle in clock wise and anti-clock wise sequentially	

Lap Tests-3

Name: _____

Date: _____

Time started: _____

Time finished: _____

Instructions: You are required to follow the steps of preparation of milk formula within 25 minutes

Task 1: Prepare milk formula

Unit Four: Enhance social, physical, intellectual, creative and emotional activities of Infants and Toddlers

This Unit is developed to provide you the necessary information regarding the following content coverage and topics:

- Infants and Toddlers communication
- Infants and Toddlers with toys

This Unit will also assist you to attain the unit stated in the cover page. Specifically, upon completion of this unit , you will be able to:

- Expose Infants and Toddlers for communication
- Exercise Infants and Toddlers with toys

4.1 Expose infants and toddlers for communication

Babies start to communicate from the day they are born. Before formal schooling ever begins, there are critical periods of rapid development when the brain is best able to acquire speech (sound production) and language (understanding and using words). As young children grow, their communication skills become more complex. They learn to understand and use language to express their thoughts and feelings and to connect with others.

Parents, family members, and caregivers are children's most important teachers and communication models. But it doesn't take apps, videos, or other special tools to make the most of this crucial time. Your everyday interactions with your children help build their brains and support their communication development.

Children develop at different rates, but most follow a natural timetable for learning speech and language. Communication milestones are skills that children, on average, are expected to have by a certain age. These milestones build on one another and help us know if a child's development is on track. It's important for parents to recognize typical communication milestones so they can support their children's growth and seek help early on if their children are not meeting them.

How does children communication develop?

- **A six-month-old infant** has lots of communicative skills. She will be able to make sounds to herself as well as to gain the attention of others and to respond when someone is talking to her. She will watch your face when you talk to her and get excited, perhaps vocalising, kicking her feet or waving her arms, when she hears voices. She will smile and laugh when other people smile and laugh.
- **A one-year-old infant** will be able to make talking noises, stringing sounds together, and he will take conversational turns, babbling for his turn in conversation. He can point or look at you to get your attention. He might be saying his first words and perhaps use gestures to communicate. He will certainly understand simple words, especially when accompanied by gestures, and will know the names of familiar objects and people.

- **An 18-month-old toddler** can say about 20 words, although she might use them in a baby way, so that only familiar adults understand them. She will point to things when you ask her to, and understand a lot of familiar words and short phrases.
- **A two-year old toddler** will understand between 200 and 500 words, and use around 50 himself. He will start to put short sentences of two or three words together, and ask simple questions such as ‘what’s that?’. He will enjoy pretend play and talk to himself as he plays.

Some children can have specific developmental difficulties. These can be related to making speech sounds correctly, fluency (hesitations and stammering), understanding language, or speaking and using language socially. Often such difficulties are due to delayed development, but some can be related to long-term speech, language or communication needs which require additional support and strategies.

How to support language development in the early years

- **Talk!** Every moment is a potential talking moment. Tell infants and toddlers what you are doing, what you see, what you notice about them or what they are doing, where you are going. ‘Yes, I see the water too! What a big splash!’ or ‘I love that blue truck you are playing with. It is driving up and down’.
- Talk through routines such as mealtimes and nappy changing. Describe sensations and textures: for example, ‘This yoghurt is smooth’ and ‘This banana is sweet’.
- Sing songs and rhymes, especially those with actions or lots of repetition. Rhythm and repetitive language make language learning easier for infants and toddlers.
- Read books every day, sharing them together and talk about the pictures and characters. Relate books to everyday experience (for example, by seeing a fire truck on the road and linking it back to a story or song, or, if there is a dog in a book, relate it to the dog you know they have at home). Books are an important source of new knowledge and vocabulary and of language that is unlike everyday conversation. Sit an infant or toddler on your lap and cuddle as you read, as reading together also helps build strong bonds. It is never too early to begin reading and babies benefit from sharing books from birth.

4.1.1 Specific strategies for supporting infants' language development

- Look into infants' eyes, hold their hands and speak to them in a gentle voice.
- Use actions when you can, for example, waving when you say 'bye bye' and saying 'up' as you hold your hands out to an infant to lift them.
- Be face-to-face and give infants and toddlers a chance to respond to your talk with a sound or an action. Show infants and toddlers that you are listening so that they know you are interested in what they have to communicate. This encourages them to communicate more.
- Copy an infant's babbling, taking turns with them and developing a conversation. Some of the earliest ways to encourage language development are looking into an infant's face when talking to them, and repeating the noises that they make. Encourage toddlers to talk and take turns in conversation. These back and forth conversations in which children have to actively participate, really develop their brains. With young infants, it is important to also use touch and gestures as communication. Simply hold their hands and wait for them to smile – when they do, smile back. When they coo, coo back.
- Play peek-a-boo, asking 'Where's [infant's name]?' and then exclaiming 'There you are!'
- Use real language rather than 'baby talk'. But talk more slowly, emphasizing key words and use shorter phrases, more repetition, gestures and facial expression, and a higher pitch. These are the features of 'mothers' or 'parents', which research shows captures infants' attention more easily, and is more easily processed, than the kind of speech we usually direct to adults. Also, infants seem to understand that parent's speech is directed towards them, and are more likely to respond to and imitate an adult using parents. Research indicates that infants being addressed in parents spend longer looking at the adult, with greater focus, which enables more effective interactions. Patentees also appears to help infants separate out and recognize individual words, and seems to improve children's world learning. Infants spoken to with parents have larger vocabularies later on.
- Learn to interpret an infant or toddler's signals so you can respond appropriately. This makes an infant or toddler feel understood and important.
- Notice what infants look at or touch, as in this way they are communicating their interests. Engage in shared attention with infants on these objects, accompanying your shared gaze or

movements with talk. When infants and toddlers point to objects, tell them what they are to encourage these early communicative skills. Responding to pointing and gesturing will encourage infants and toddlers to engage in more of it.

- Try to be mostly responsive to infants and toddlers, even if not consistently so. There are likely to be times when your response is delayed or absent while you attend to other tasks. But when these lapses occur within relationships that are mostly nurturing and responsive, they encourage children to develop resilience.

4.1.2 Community connection with children

Extended family and family friends can strengthen your child's sense of belonging. Some of these people are in your child's life because you've chosen them. Others are related to you and your child.

These people might celebrate family occasions like birthdays with your child. Or they might take an interest in your child and his achievements. For example, his grandparents might be happy for him when he wins an award at school or in sport.

Being in touch with other adults and families also helps children to see that not all families are the same. This gives your child a sense that there are lots of different values, routines and ideas in the world. And when parents are under stress, family members or family friends might help and support your family. For example, they might pick up your child from school if you're sick or delayed.

Children who are connected to extended family and family friends, and people in their neighbourhood and community have:

- A sense of belonging to a place and community
- Opportunities to learn about getting along with others
- People to go to when they need help
- A network they can use to learn about different jobs, skills and so on.

Strong social connections can also boost your child's confidence and lead to new friendships.

- **Neighborhood connections**

Being familiar with people in the neighborhood can help your child feel that her neighborhood is a safe and friendly place. When you're walking or riding bikes around your local streets, just saying hello or waving to your neighbors creates this friendly feeling.

Other people your child might see or talk to in the neighborhood include crossing guards, doctors, librarians and police officers. You could point out these people when you see them.

- **Connections with local organizations**

Your child might be involved in organizations like sporting clubs, music or art societies, religious organizations or volunteer groups. These can give your child opportunities to build skills, follow interests and ‘give back’ to the community. They’re also ways for you to connect with other parents.

Helping children make community connections

Here are some ideas for helping your child connect with extended family, friends and people in the neighborhood and community:

- Make opportunities for trusted relatives or family friends to have time with your child. Check with your child that he’s OK with this and enjoys his time with these people.
- Walk or cycle to a local park and let your child play on the equipment. Being out in your neighborhood gives you and your child the chance to meet new people.
- Get involved in community events and take your child along with you. Working bees at school, community gardens, fetes and festivals give you and your child an opportunity to connect with people who are working together.
- Show your child that connection is a two-way thing. When you work with others and help them, they’ll do the same for you. For example, you might collect your neighbors’ mail when they’re on holiday and then they collect yours when you’re away.
- Look at photos of family and friends with your child to spark her interest in the relationships that are important to your family. You and your child could even work on a family story book together.
- Role model social skills with people in your community. This can be as simple as saying ‘hello’, ‘please’ and ‘thank you’. Your child will watch the way you talk with people and follow your example. And this helps your child learn how to get along with people.

4.2 Exercise infants/toddlers with toys

What babies started to do and learn in their first 12 months really takes off during the next 12. Through their play experiences and interactions with you (remember, you are still their favorite toy!), they continue to figure out how the world around them works. Read on to learn more about playing with toddlers during this time—and what you can do to support your toddler’s development.

- **Toddlers are learning how objects are used together.**

This is why they enjoy filling-and-dumping water, sand, and blocks. Toddlers are also making connections between objects—the reason they like placing little people on a toy bus. Toddlers are learning about sizes as they stack rings. They’re noticing similarities when they line up two toy cars that look the same.

Toys to explore:

- ✓ Pop-beads or chunky interlocking plastic blocks
- ✓ Plastic spoon and cup
- ✓ Blocks and bucket
- ✓ Nesting cups/rings or shape-sorters
- ✓ Busy box with button to push, switch, and dial to turn
- ✓ Chunky wooden puzzles

Helping your Toddler play and learn:

- ✓ Offer toys like these to your toddler and just watch to see what she does. Let her try to figure out how they work and discover what she can do with them.
- ✓ Then show your toddler how to use these toys in new ways. For example, you might put the spoon in the cup and stir. Then hand it to him and see what he does. Or pretend to give his stuffed bear a sip.
- **First Friends and Early Social Skills**

Beginning at about 12 months, most young toddlers enjoy playing near peers. They may play games like “Ring around the Rosie” or “chase” with another child, or join a peer in filling a bucket with mulch on the playground. These moments may not last long, but they give toddlers a sense of what it means to be a friend and have a friend.

Toys to explore:

- ✓ Musical instruments
- ✓ Sand/water play
- ✓ Art activities, such as painting or chalk
- ✓ Toy cars or trains, with one available for each child

Helping your Toddler play and learn:

- ✓ Create a toddler band by giving each child an instrument or scarf to shake along to the music. Or give each toddler a paint brush and unroll a long roll of paper so everyone has a place to paint. This helps little ones experience the joy of peers without the pressure of sharing!
- ✓ Model the words children should use when playing with others, including “Hi! I’m Logan,” “Can I play?”, “My turn?”, and “Thank you.” Toddlers will need to hear these words many, many times before they learn to use them. (This is one area where repetition is really important!)

• Building Communication Skills

Your 1-year-old is communicating with you using a combination of sounds, gestures, and facial expressions. She’ll likely begin using spoken language with one word, but her vocabulary will grow steadily as you continue to label, comment, and ask questions. She may not say much at first, but she understands almost everything you say!

Toys to explore:

- ✓ Toy telephone
- ✓ Child-safe mirror
- ✓ Dolls, stuffed animals, and puppets



Fig.4.2 Exercise infants/toddlers with toys

Helping your Toddler play and learn:

- ✓ Use a toy telephone to help your child “talk” to you or other family members. Use dolls or puppets to “talk” with your child. Sit with your child in front of a mirror and say, “hello!” to each other.
- ✓ Ask your child to do a “one-step” request—this means asking him to do one thing, such as “please get your shoes” or “pick up the ball, please.” As your child approaches age 2, try adding a second step: “Please pick up the ball and give it to me.”

• Playing with Toddlers: They’re Moving Now

Toddlers are learning to walk, run, climb, use stairs, and throw a ball. This means they need lots of active playtime to build strength, balance, and coordination. Because toddlers don’t understand rules yet, they benefit from free play when they can explore their own way.

Toys to explore:

- ✓ Balls of different sizes to roll, throw, and chase
- ✓ Push toys
- ✓ Toys that can be pulled while walking (a toy dog on a string; a wagon)
- ✓ Tunnel (purchased or homemade from a moving box)
- ✓ Child-size stool to climb onto and jump off of (with supervision)

Helping your Toddler play and learn:

- ✓ Create a toddler obstacle course where your child has a chance to crawl (through a moving box), climb (over a cushion), bounce (on a pile of blankets), and roll toward you for a kiss.
- ✓ Throw a soft playground ball and see if your child will run or crawl to get it. Or just roll the ball back-and-forth to one another—a game that builds social skills like turn-taking.

If your toddler has been playing with the same toys for a while, give her new toys to keep her occupied. This is the perfect time to stock up on dollar bin toys or easy activities you can bring out when you need time with the baby.

You could also rotate toys now so that they seem new down the line. Store a few toys she doesn’t seem interested in,



Self-check -4

Written question

then a few weeks or months later, bring them out to rekindle her interest.

Fig.4.2 Exercise infants/toddlers with toys

And don't give a bunch of new things all at once, either. Let her tinker with toys she hasn't played with in a while for a few days before showing her a new one you just bought.

PART-I: Directions: Choose the best answer from the given alternatives

1. Which one is best answer for exercise toddlers with toys
 A/ Create a toddler obstacle like moving box), climb (over a cushion), bounce
 B/Store a few toys she doesn't seem interested
 C/ Don't give a bunch of new things all at once D/All
2. Which one is best answer for exercise toddlers with toys
 A/ Chunky wooden puzzles B/ Plastic spoon and cup
 C/ Blocks and bucket D/ All
3. One is true for children to make community connections.
 A/ Make opportunities for trusted relatives or family friends to play
 B/ Look at photos of family and friends with your child
 C/ Involved in community events D/ All
4. One is true about exercise infants/toddlers with toys
 A/ filling-and-dumping water, sand, and blocks
 B/ may play games like "Ring around the Rosie" or "chase"
 C/ Use a toy telephone to help your child "talk" to you D/All

PART-II Directions: Explain the following question accordingly

1. Write and explain How children's communication skill develop?
2. Write and explain about ways to support toddler's language development.
3. What are the specific strategies for supporting infants' language development?
4. How do we develop connection between children and community?
5. Explain about the uses of toys for children's life

Reference

<https://theeducationhub.org.nz/why-you-must-talk-to-infants-and-toddlers-2>

<https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.vital-signs-in-children.abo2987>

<https://www.healthline.com/health/pediatric-vital-signs#infants>

<https://www.healthline.com/health/pediatric-vital-signs#temperature>

<https://raisingchildren.net.au/babies/health-daily-care/hygiene-keeping-clean/baby-bath-time#baby-bath-time-how-often-nav-title>

Royal Children's Hospital (RCH) (2018). *Safety: Bath time*. Melbourne: RCH. Retrieved 19 November 2020 from http://www.rch.org.au/kidsinfo/fact_sheets/Bath_safety/

Royal Children's Hospital (RCH) (2018). *Safety: Preventing falls*. Melbourne: RCH. Retrieved 19 November 2020 from https://www.rch.org.au/kidsinfo/fact_sheets/Preventing_Falls/

Royal Children's Hospital (RCH) (2018). *Skincare for babies and young children*. Melbourne: RCH. Retrieved 19 November 2020 from http://www.rch.org.au/kidsinfo/fact_sheets/Skincare_for_babies_and_young_children/

<https://www.nhs.uk/conditions/baby/caring-for-a-newborn/washing-and-bathing-your-baby/#:~:text=Lower%20your%20baby%20gently%20into,not%20even%20for%20a%20second.>

<https://www.healthychildren.org/English/safety-prevention/at-home/Pages/Make-Babys-Room-Safe.aspx>

https://caringforkids.cps.ca/handouts/pregnancy-and-babies/healthy_sleep_for_your_baby_and_child

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