Utah CTE

Child Development (2023-)

Students will evaluate caregiving & societal roles and responsibilities. 1

1 **Recognize the characteristics and responsibilities of caregiving.** 1.1
- 1 Identify the importance of childhood. 1.1.1
  - 1 Impact of childhood experiences now and on the future 1.1.1.1
- 2 Evaluate the needs and rights of parents & children In the Early Childhood Education classroom. 1.1.2

2 **Evaluate how society impacts childhood experiences.** 1.2
- 1 Discuss access to healthcare, services, clean food & water, outdoor play, and safety 1.2.1

3 **Evaluate factors to consider in determining personal preparedness for child caregiving including career choices and parenting.** 1.3
- 1 Emotional, financial, social, physical, education, social support. 1.3.1
- 2 Evaluate the demands and rewards of child caregiving. 1.3.2
- 3 Identify coping skills that caregivers can utilize to manage the demands of caregiving. 1.3.3

STRAND 2 2

1 **Define child development and the domains of development.** 2.1
- 1 The process by which a child changes or remain stable over time 2.1.1
- 2 The three domain of development are: 2.1.2
  - 1 Biological/Physical 2.1.2.1
  - 2 Cognitive/Intellectual 2.1.2.2
  - 3 Social/Emotional 2.1.2.3
- 3 All domains of child development are important; each domain both supports and is supported by the others. 2.1.3
- 4 Generalizations of developmental stages can be identified but variations of cultural experience and individual differences must be considered. https://www.naeyc.org/resources/position-statements/dap/ principles 2.1.4

Students will identify characteristics of genetic & environmental influences on a developing fetus, pregnancy, prenatal care and development, and childbirth. 3

1 **Identify genetic and environmental factors influencing birth defects and prenatal development.** 3.1

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1. Analyze the influence and effects of genetics/heredity 3.1.1
    1. Genes carry inherited traits which pass on physical characteristics from one generation to another 3.1.1.1
    2. Each sperm and ovum cell contributes 23 chromosomes. 3.1.1.2
    3. 23 pairs of chromosomes are in a fertilized ovum which equals a total of 46 chromosomes 3.1.1.3
    4. Chromosome variations determine the sex: Male = XY and Female = XX 3.1.1.4
    5. Epigenetics: The study of how your behaviors and environment can cause changes that affect the way your genes work. https://www.cdc.gov/genomics/disease/epigenetics.htm 3.1.1.5
2. Define types of genetic interaction patterns. “Dominant-recessive” 3.1.2
3. Stronger genes are known as dominant and need only one to pass on the characteristic 3.1.3
    1. Dominant traits include dark hair, dark eyes 3.1.3.1
    2. Recessive traits include blond hair, blue eyes 3.1.3.2
4. Weaker genes are known as recessive and need two to pass on the characteristic 3.1.4
5. Recessive genes will only produce a trait when it is transmitted by both parents at the same time 3.1.5
    1. X-linked: Trait or condition can be passed down from parent to child on the X chromosome. 3.1.5.1
6. Traits that are only carried on the x-chromosome (i.e., color blindness, hemophilia) 3.1.6
7. Carrier - someone who has the trait in the DNA but does not display the trait. 3.1.7
8. Combined effects of two or more genes. (i.e., skin color, hair color, height, eye color may work with dominant/recessive patterns) https://www.biologyonline.com/dictionary/additive-genes 3.1.8
9. Specify lifestyle factors that minimize birth defects https://www.cdc.gov/ncbddd/birthdefects/ prevention.html 3.1.9
10. Health risks for the mother and baby tend to increase if the mother is over age 35 3.1.10
11. Teen pregnancy increases risks for high blood pressure, lack of prenatal care, preterm birth, and low birthweight 3.1.11
12. Seek early and continual medical attention/prenatal care 3.1.12
13. Explain the role of prenatal testing in the detection of birth defects 3.1.13
    1. Ultrasound- utilizes sound waves to detect the health and development of the fetus 3.1.13.1
    2. Amniocentesis – inserting a needle through the abdominal wall and into the uterus and withdrawing some amniotic fluid to detect birth defects 3.1.13.2
14. Maintain a proper diet; the placenta does not transfer essential nutrients to the fetus if a woman is undernourished 3.1.14
    1. Folic acid in the prevention neural tube defects including Spina Bifida 3.1.14.1
15. Avoid teratogens (factors known to cause birth defects) 3.1.15
    1. Infectious Diseases: viruses, STIs 3.1.15.1
        1. Diseases and infections (including STIs) the mother may have can be transferred or influence the development of the fetus 3.1.15.1.1

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16 Maternal health: unmanaged diabetes, stress 3.1.16

1 Environment/drugs: medication, alcohol, nicotine, pollution, radiation/x-ray, illegal drugs 3.1.16.1

2 Fetal alcohol syndrome is a birth defect caused by alcohol consumption during pregnancy 3.1.16.2

3 Slow the fetal growth, cause low birth weight babies, varying levels of mental retardation, malformations, etc. 3.1.16.3

4 Only use over the counter and prescribed medication under a doctor's care 3.1.16.4

5 Damage may occur during the first weeks of pregnancy before a woman realizes she is pregnant 3.1.16.5

17 Identify genetic and environmental factors influencing birth defects. 3.1.17

1 Genetic (i.e., Down Syndrome, congenital heart defects) 3.1.17.1

2 Environmental (i.e., Fetal alcohol syndrome (FAS), STD/STI related, drug influenced defects) 3.1.17.2

3 Combination of Genetic and Environmental (i.e., cleft lip/palate, neural tube defects, cerebral palsy) 3.1.17.3

18 Define genetic counseling and its advantages. 3.1.18

1 Genetic counselors analyze genetic tests and inform and advise individuals and families on their risk for inheriting certain diseases 3.1.18.1

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2 Identify the parts and functions of the female reproductive systems. 3.2

1 Parts and functions of the female reproductive system. 3.2.1

1 Ovum (egg) - the female reproductive cell, which, after fertilization, becomes a zygote 3.2.1.1

2 Ovaries - The female reproductive glands in which ovum are produced; the ovaries are in the pelvis,one on each side of the uterus 3.2.1.2

3 Fallopian tubes - two long, slender ducts in the female abdomen that transport ovum from the ovary to the uterus; fertilization must take place in the fallopian tubes 3.2.1.3

4 Uterus – Hollow, pear-shaped organ that expands during pregnancy to hold the growing fetus and contracts during labor to deliver the child 3.2.1.4

5 Endometrium lining - functions as the lining for the uterus. During the phase of the menstrual cycle, the endometrium thickens in preparation to accept a fertilized ovum. If an ovum was not fertilized, then the thickened lining is expelled during menstruation 3.2.1.5

6 Cervix - The lower, narrow portion of the uterus that allows the expulsion of the endometrium lining, the entry of sperm and dilates during labor 3.2.1.6

7 Vagina - the muscular tube leading from the external genitals to the cervix of the uterus in women, also known as the birth canal during labor 3.2.1.7

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3 Identify the parts and functions of the male reproductive system 3.3

1 Sperm- male reproductive cell 3.3.1

2 Scrotum- the external pouch that contains the testicles and epididymis 3.3.2

3 Penis- The male organ in which semen and urine exit the body 3.3.3

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4 Testicles- Two sex glands that produce the male reproductive cells called sperm and the male hormone testosterone 3.3.4

5. Epididymis- The place where sperm are stored until they ripen and mature 3.3.5
6. Urethra- The passageway to transfer urine or semen outside the body 3.3.6
7. Accessory Glands (Cowper's Gland and Prostate Gland)- Provide fluid that lubricate the duct system and nourish the sperm 3.3.7
8. Vas Deferens- The passageway carrying the sperm from the epididymis to the seminal vesicles 3.3.8
9. Seminal Vesicle- Produces a sticky, sugary fluid to nourish the sperm 3.3.9

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4 Identify common risk factors and treatments of infertility 3.4

1. Failure to ovulate, age, stress, eating disorders, alcohol use, STIs, low sperm count, exposure to environmental toxins, maternal weight, radiation therapy or other cancer treatments. 3.4.1
2. Hormonal medications, artificial insemination, advanced reproduction technologies; In Vitro Fertilization (IVF). 3.4.2

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5 Explain the characteristics of pregnancy. 3.5

1. Explain ovulation and conception 3.5.1
    1. Eggs or ovum are released from the ovaries during ovulation to begin the menstrual cycle 3.5.1.1
    2. Only one sperm may penetrate and fertilize an ovum 3.5.1.2
    3. The fertilized ovum (zygote) implants into the endometrium lining within the uterus 3.5.1.3
2. Identify the early signs and symptoms of pregnancy 3.5.2
    1. Tender breasts, nausea, vomiting, menstrual period stops, frequent urination, fatigue, etc. 3.5.2.1
3. Identify common discomforts occurring during pregnancy 3.5.3
    1. Mood swings, fatigue, trouble breathing, swollen ankles, feet, and hands, etc. 3.5.3.1
4. Identify potential pregnancy complications 3.5.4
    1. Rh factor, toxemia/pre-eclampsia, gestational diabetes, placenta previa, etc. 3.5.4.1
    2. Low-birth weight is when the weight of the fetus is under 5.5 lbs. at birth 3.5.4.2
5. Often leads to low oxygen levels, trouble staying warm, trouble feeding and gaining weight, breathing problems, etc. 3.5.5
    1. Preterm birth takes place more than three weeks before the baby is due — in other words, after less than 37 weeks of pregnancy, which usually lasts about 40 weeks 3.5.5.1
    2. Miscarriage or spontaneous abortion is any pregnancy loss that takes place before the 20th week (5th month) in pregnancy 3.5.5.2
    3. Stillbirth is the birth of an infant that has died in the womb after having survived through at least the first 20 weeks of pregnancy 3.5.5.3

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6 Identify characteristics of prenatal development. 3.6

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1. Outline the stages occurring during prenatal development 3.6.1
    1. Prenatal development is the development of the baby before it is born 3.6.1.1
    2. The prenatal period lasts 40 weeks 3.6.1.2
    3. Zygote (fertilized ovum) is the developing baby in the first two weeks of pregnancy 3.6.1.3
    4. Embryo is the stage during the 3rd through the 8th week of development 3.6.1.4
    5. Fetus is the developing baby after the 8th week until delivery 3.6.1.5
2. Define and discuss prenatal terminology 3.6.2
    1. Umbilical cord- the connection between the fetus and the placenta that passes oxygen and nutrients from the mother to the child and returns waste products back to the mother 3.6.2.1
    2. Placenta- an organ attached to the endometrium lining that filters and transfers nutrients and oxygen to the fetus 3.6.2.2
    3. Amniotic fluid- guards against jolts, keeps the fetus at a constant temperature, keeps the fetus from adhering to the endometrium lining 3.6.2.3
    4. Amniotic sac- a very strong, clean and transparent membrane sac that surrounds the fetus and holds the amniotic fluid. It is broken to allow the baby to be delivered 3.6.2.4
    5. Womb/Uterus – the uterus is called a womb when a fetus is growing inside of it. 3.6.2.5
    6. Birth canal/vaginal canal- vagina is called the birth or vaginal canal during the delivery of the fetus. 3.6.2.6

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7. **Identify the prenatal development occurring during each trimester** 3.7
    1. First trimester 3.7.1
        1. The most critical and greatest time of risk and vulnerability for birth defects depending on what the mother does or does not do during the pregnancy i.e.: taking drugs/medication 3.7.1.1
        2. Signs and symptoms of pregnancy are more likely to occur 3.7.1.2
        3. Most of the physical development occurs (every physical feature and vital organs form heart beats and brain waves begin, etc.) 3.7.1.3
        4. There is small maternal weight gain 3.7.1.4
    2. Second Trimester 3.7.2
        1. Quickening (slight fetal movements felt by the mother) occurs usually during the 5th month 3.7.2.1
        2. Increased organ development 3.7.2.2
        3. Physically the easiest trimester on the mom 3.7.2.3

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3. Third trimester 3.7.3
    1. Physically the most demanding time for the pregnancy mom due to discomforts of pregnancy 3.7.3.1
    2. Lanugo (fine hair) and vernix (waxy substance) both covering the fetus' body begins to disappear 3.7.3.2
    3. Fetus gains a protective fatty layer 3.7.3.3
    4. Fetus grows and gains weight rapidly – 5-6 lbs. 3.7.3.4
    5. Builds antibodies the last month 3.7.3.5
    6. Lightening (the dropping movement of the baby into Mom's pelvic region in a head-down position in preparation for delivery) occurs in the last few weeks of pregnancy 3.7.3.6
4. Discuss multiple births. 3.7.4
    1. Identical twins develop when one ovum is fertilized by a sperm and then splits into two or more 3.7.4.1
    2. Fraternal twins develop when more than one separate ovum each are fertilized by a sperm 3.7.4.2
    3. Conjoined twins develop when the fertilized cells (identical twins) do not completely split apart before developing 3.7.4.3

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8. **List the events in the childbirth process.** 3.8
    1. Define childbirth terms 3.8.1
        1. Labor: Regular contractions of the uterus that result in dilation and effacement of the cervix. 3.8.1.1
        2. Amniotic Sac: breaks, or is broken, releasing amniotic fluid. Often referred to as the water breaking. 3.8.1.2
        3. Effacement: This refers to the thinning of the cervix in preparation for birth and is expressed in percentages. 3.8.1.3
        4. Dilation: The extent to which the cervix has opened in preparation for childbirth. It is measured in centimeters, with full dilation being 10 centimeters. 3.8.1.4
        5. Fontanels: Soft spots between the unfused sections of the baby's skull. These allow the baby's head to compress slightly during passage through the birth canal and allow for rapid growth after birth. 3.8.1.5
        6. Contraction: The regular tightening of the uterus working to push the baby down the birth canal. 3.8.1.6
        7. Delivery: is the process of the fetus being expelled from the uterus. 3.8.1.7

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9. **Outline the three stages of labor.** 3.9
    1. Dilation - The first stage of labor 3.9.1
        1. Usually the longest stage of labor while the cervix dilates from 0-10 cm and becomes effaced 3.9.1.1
        2. Contractions begin to dilate the cervix. These become longer, stronger, and closer together 3.9.1.2

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2. Expulsion - Second stage of labor 3.9.2
    1. Is the birth of the baby 3.9.2.1
    2. Crowning is when the baby's head has passed through the birth canal and the top or "crown" stays visible at the vaginal opening without slipping back inside 3.9.2.2
    3. The purpose of contractions during this stage is to push the baby out of the uterus. 3.9.2.3
3. Afterbirth - Third stage of labor 3.9.3
    1. Is when the afterbirth, consisting of the amniotic sac, placenta, and umbilical cord is expelled 3.9.3.1
    2. Usually lasts anywhere from five to 20 minutes or more. Mild contractions that last about a minute each will help separate the placenta from the uterine wall and move it through the birth canal 3.9.3.2

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10 Discuss delivery options. 3.10

1. Vaginal-delivered through the vaginal opening 3.10.1
2. Cesarean-surgery performed so the baby can be delivered through an incision made in the abdominal 3.10.2
3. wall and uterus 3.10.3
4. Anesthesia 3.10.4
    1. Natural: childbirth without any medication 3.10.4.1
    2. Epidural: medication given to relieve pain during labor and delivery, that is injected into a space within the expecting mother's spinal cord region that numbs from the abdomen or pelvis downward. 3.10.4.2
5. Obstetrician: doctor trained to deliver the baby 3.10.5
6. Midwife: registered nurse with additional training as a midwife or a person with formal training in childbirth without a nursing degree who delivers infants and provides prenatal and postpartum care 3.10.6

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11 Describe possible complications that may occur during childbirth 3.11

1. Delivery position of the fetus (normal and desired is head first and face down) 3.11.1
2. Reasons for performing a C-section: The position of the baby, the umbilical cord wrapping around the baby's neck, problems with the fetal heart rate, the fetus is under stress, the mother is in danger, etc. 3.11.2

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12 Explain the Apgar test 3.12

1. Apgar test is done at one minute and then again five minutes after delivery 3.12.1
2. Tests for the newborn's ability to adapt to and thrive in life outside of the uterus 3.12.2
3. The medical team is observing the neonates (newborns) heart rate, breathing, muscle tone, response to stimulation and skin color 3.12.3

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13 Discuss implications of postpartum and resources available to the parents. 3.13

1. Define postpartum: the first six weeks after giving birth. 3.13.1
2. Discuss postpartum depression and anxiety. 3.13.2
3. Discuss the signs and coping methods for postpartum depression. 3.13.3
4. Identify resources available to the parents after childbirth . 3.13.4

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Students will explain the growth, development, and care of the neonate (newborn). 4

1 **Describe the growth and development of the neonate (newborn zero to 1 month).** 4.1

1 Identify the physical characteristics of the neonate 4.1.1

1 Weight: average birth weight of a full term healthy baby is 7-8 pounds and 20 inches in length. After birth, babies usually experience a slight weight loss 4.1.1.1

2 Head: the baby's head may be elongated or misshapen as a result of his journey through the birth canal. The baby's head may appear too large for its body. The head is 1/4th of the baby's total size. 4.1.1.2

3 A child's brain can triple in size during the first two years of life, due to this growth the fontanels allow expansion. 4.1.1.3

4 Umbilical Cord Stump: The cord stump will dry out and fall off. 4.1.1.4

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2 **Identify the physical characteristics of the newborn's senses.** 4.2

1 Hearing: 4.2.1

1 Hearing develops in the womb and the fetus responds to sound. After birth, the baby will turn its 4.2.1.1

2 head to a familiar voice. 4.2.1.2

1 Sight: 4.2.2

1 Newborns see best 8 to 12 inches from their face. 4.2.2.1

2 A newborn's eye muscles are weak at birth; a newborn's eyes look cross-eyed. 4.2.2.2

3 During the first week newborns see in shades of grey or contrasts (light and dark shadows) vs. the whole color spectrum. 4.2.2.3

3 Smell and Taste: 4.2.3

1 Newborns can taste and smell at birth. 4.2.3.1

2 Smell is a neonate's best developed sense. 4.2.3.2

4 Muscle Control: 4.2.4

1 A newborn enters the world with little physical control. 4.2.4.1

2 They can't hold their heads up on their own, their neck and head must be supported. 4.2.4.2

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3 **Discuss a neonate's behavior and meeting a newborn's needs.** 4.3

1 A newborn baby will probably spend a lot of time sleeping or eating. 4.3.1

2 Crying is a response to an unpleasant stimulus. A baby's needs should be met consistently. 4.3.2

3 Neonates are fed on demand through breast-feeding or bottle-feeding; both have their pros and cons to identify and consider. 4.3.3

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4 **Identify common newborn reflexes.** 4.4

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1. Reflexes: survival skills for the newborn and a way for the physician to check the functioning of the baby's neurological system 4.4.1
    1. Rooting- when the baby's cheek is stroked, the baby will turn towards the side of his/her face that was stroked. 4.4.1.1
    2. Moro (startle)- stimulated when there is loud noise or sudden movement such as when the arms are held and then suddenly released. It causes the baby to throw their legs and arms out with clenched fists. 4.4.1.2
    3. Babinski- when the sole of the foot is stroked from heel to front the toes will fan out. 4.4.1.3
    4. Grasping- when an item is placed in the palm of the hand, the baby's fingers will grab around it. 4.4.1.4

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5. **Describe causes, prevention, and consequences for infant Abusive Head Trauma(AHT).** 4.5
    1. Abusive head trauma (AHT), including shaken baby syndrome, is a severe form of child abuse that results in brain injury. 4.5.1
        1. It is caused by violent shaking and/or with blunt impact. 4.5.1.1
            1. The resulting injury can cause bleeding around the brain or on the inside back layer of the eyes. 4.5.1.1.1
            2. AHT often happens when a parent or caregiver becomes angry or frustrated because of a child's crying. 4.5.1.1.2
    2. Abusive head trauma is preventable by responding to infant crying appropriately. 4.5.2
        1. Examine ways to cope with crying. 4.5.2.1
        2. Techniques for soothing an infant: Touch, Motion, Sound. 4.5.2.2
        3. If your coping threshold (how much a person can take of something) for crying is reached and there is no one around to relieve you by taking the baby, put the crying baby down in its crib, close the door, and go do something to relieve the stress (i.e. dance to loud music, vacuum, watch TV, etc.) Checking on the baby every 5-10 minutes. 4.5.2.3
        4. Nearly all victims of AHT suffer serious, long-term health consequences. Examples include: 4.5.2.4
            1. Vision problems 4.5.2.4.1
            2. Developmental delays 4.5.2.4.2
            3. Physical disabilities 4.5.2.4.3
            4. Hearing loss 4.5.2.4.4
    3. At least one of every four babies who experience AHT dies from this form of child abuse. 4.5.3

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6. **Describe sudden infant death syndrome (SIDS) and prevention strategies.** 4.6
    1. SIDS is the sudden, unexplained death of an apparently healthy child in their sleep (often under 1 years old) 4.6.1
    2. Having the child sleep on its back is a recommended WAY TO REDUCE THE RISK OF SIDS (you cannot really prevent SIDS, just reduce the risk). Also, not sleeping with soft bedding, pillows, or stuffed animals and avoiding smoking and second-hand smoke both during and after pregnancy 4.6.2
        1. Pair with tummy time. 4.6.2.1

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3 The safest place for a baby to sleep is in their own crib. 4.6.3

1 Room sharing: sleeping with infant in the room 4.6.3.1

2 Bed sharing: sleeping with infant in the same bed 4.6.3.2

3 Recognize the dangers of an infant sleeping in a car seat 4.6.3.3

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7 Identify health and wellness considerations for children. 4.7

1 Identify signs and symptoms of childhood illnesses. 4.7.1

2 Fever, lack of energy, difficulty breathing, persistent cough, severe headache and dizziness, prolonged diarrhea, constipation, or vomiting, and anything else that is not typical of the child. 4.7.2

3 Summarize basic information about childhood immunizations. 4.7.3

1 Communicable diseases are diseases that can be passed from one person to another i.e.: chicken pox 4.7.3.1

2 Immunizations can prevent and protect from communicable diseases 4.7.3.2

3 The person is given a shot, or other form, (vaccination) of a weakened small amount of the disease so that the body might build up a resistance to it. 4.7.3.3

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8 Identify safety considerations for children. 4.8

1 Explore leading causes of accidental childhood deaths and childproofing. 4.8.1

2 Discuss the importance of car seats. 4.8.2

1 Know current state seatbelt and car seat laws concerning children of all ages. 4.8.2.1

2 Children under 12 should not sit in a seat where there is an airbag, even if the car can manually turn off the airbag. 4.8.2.2

3 The safest place for a car seat is in the center of the back seat of the car. 4.8.2.3

4 Never leave a child alone in the car. 4.8.2.4

Explore the biological/physical growth of children. Each of the domains of growth are interconnected and have implications that affect each other. NAEYC #2 https://www.naeyc.org/resources/position-statements/dap/principles 5

1 Identify the physical stages of brain growth. 5.1

1 Stages 5.1.1

1 Prenatal: Formation of the nervous system begins within days of conception as networks of neural connections before most women know that they are pregnant. 5.1.1.1

2 Birth: 25% of adult weight and volume. 5.1.1.2

1 The sensory region of the brain develops first, followed by the motor regions, and then higher cognitive functions. 5.1.1.2.1

3 Year 1: doubles in first year, to 75% of adult weight and volume. 5.1.1.3

4 2-6 years: Increases to 90% of adult weight, but this does not mean their brains are 90% finished. 5.1.1.4

1 A 4-5 year old can only sometimes control their impulses and still need support from adults because the parts of the brain that control impulses are still developing. The brain doesn't finish developing until well into the third decade of life. 5.1.1.4.1

2 Electrical impulses begin to travel faster and faster, but children's brains still tend to process experiences slower than adult brains. 5.1.1.4.2

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2. Brain development is a result of biology and experiences. 5.1.2
    1. Cells that fire together, wire together. Meaning the more often a certain neural pathway is stimulated, the stronger that neural pathway becomes. 5.1.2.1
        1. When we learn something new, and we practice what we have learned, we are creating synaptic connections, shaping how the neurons in our brain connect and communicate. 5.1.2.1.1
    2. Sensitive periods and plasticity: Just as plastic can be molded, brain networks can be changed. Some networks can be more easily changed during specific periods of development. (https://www. youtube.com/watch?v=M89VFIk4D-s) 5.1.2.2
        1. Life experiences such as consistent relationships or learning something new and practicing what we have learned, we are shaping how the neurons in our brain connect and communicate. 5.1.2.2.1
        2. Even though we may not remember experiences that happened very early in life, these experiences may still have a profound influence on the architecture of the brain and how young children experience and respond to future experiences. 5.1.2.2.2

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2. **Motor skills are the coordinated movements of body parts.** 5.2
    1. Fine Motor Skills/ Small muscles (like the hands and fingers) 5.2.1
    2. Gross Motor Skills/ Large muscles (like legs and arms) 5.2.2

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3. **Describe the growth and development of children.** 5.3
    1. Children develop in a similar sequence to each other at their own pace. 5.3.1
    2. Proximodistal: Motor development proceeds from near to far (The infant needs to move their arm before they can move fingers) 5.3.2
    3. Cephalocaudal: Motor development proceeds from head to foot (The infant needs to hold their head up before they can crawl) 5.3.3

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4. **Describe the physical characteristics and skills of infant (0-12months).** 5.4
    1. Infants triple their birth weight in the first year. 5.4.1
    2. An infant's length increases by one-half by the end of the first year 5.4.2
    3. Most children follow a natural physical development sequence: lift their head, roll over, crawl (which some children skip), cruise, and then walking; in their own time. 5.4.3
    4. Tummy-time is key to all areas of a child's development. 5.4.4

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5. **Describe the physical characteristics and skills of a toddler (1-3 years).** 5.5
    1. Growth tends to slow down as the child gets older, but there is rapid growth in the arms and legs 5.5.1
    2. Toddlers generally walk and run with their feet further apart than an adult's 5.5.2
    3. A toddler is curious and wants to be independent so create a safe environment for them to explore 5.5.3
        1. Toys should not have any small parts 5.5.3.1
    4. Identify gross and fine motor skill activities during the toddler stage. 5.5.4
    5. As a toddler's motor skills increase they attain self-help skills: tasks that the child can do on their own. i.e.: feeding and dressing themselves. 5.5.5

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6. **Describe the physical characteristics and skills of early childhood (3-6 years).** 5.6

1 Physical growth continues to slow down. 5.6.1

2 Bodies become straighter and slimmer and the stomach flattens. The neck becomes longer, and the legs lengthen and grow straighter and firmer. 5.6.2

3 Identify the progression of gross and fine motor skill activities during the early childhood stage. 5.6.3

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7 Discuss the role of nutrition in physical development 5.7

1 A child's nutrition affects the health, development, and function of their whole body. 5.7.1

2 Follow the guidelines set forth by the Food and Drug Administration. (www.choosemyplate.gc https://www.healthychildren.org/English/Pages/default.aspx 5.7.2

3 Identify consequences of poor nutrition (dental care, growth potential, childhood obesity & diabetes other chronic diseases) 5.7.3

4 https://www.cdc.gov/nutrition/about-nutrition/why-it-matters.html#:~:text=Vitamin%20and%20mineral%20malnutrition%20impacts,heart%20disease%2C%20and%20some%20cancers 5.

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8 Discuss readiness for appropriate toileting practices. 5.8

1 Toilet learning should begin when the child is emotionally AND physically ready. 5.8.1

2 Treat accidents objectively to avoid feelings of shame and doubt. 5.8.2

3 If the child fights toilet learning or is consistently struggling, stop and try again at a later time. 5.8.3

Explore the cognitive growth of children. Cognitive development: how children think, explore, and figure things out. The development of knowledge, skills, problem solving and dispositions which help children think about and understand the world around them. 6

1 Explore two foundational cognitive development theorists. 6.1

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1. Discuss Jean Piaget's theory of cognitive development. 6.1.1
    1. Sensorimotor Stage: Ages birth-2 years old. Children learn through their senses and motor skills. 6.1.1.1
        1. A stimulating sensory environment promotes brain development and learning that is critical for brain development in ages 0-3. 6.1.1.1.1
            1. New experiences develop neural pathways, promoting brain growth. 6.1.1.1.1.1
            2. Negative experiences can damage or alter neural development. 6.1.1.1.1.2
        2. Object permanence: The realization that objects (including people) still exist when they can no longer be seen, touched, or heard. 6.1.1.1.2
    2. Preoperational stage: Ages 2-7 years old. Children think in terms of their own activities and what they perceive now. Children learn through imaginative & symbolic play and continue to view the world in an egocentric manner. Beginning to identify symbols and that symbols have meaning. 6.1.1.2
        1. Understands terms that are concrete (things that can be experienced through senses), such as ball, truck, and dog, but struggles with abstract terms such as respect, love, etc. 6.1.1.2.1
        2. Egocentric: tendency to think about the world entirely from their own perspective. 6.1.1.2.2
    3. Concrete Operational Stage: Ages 7- 11 years old. Begin to think logically about concrete events. 6.1.1.3
        1. Begin to understand the concept of conservation. Example: that the amount of liquid in a short, wide, cup is equal to that in tall, skinny glass. 6.1.1.3.1
        2. Thinking becomes more logical and organized, but still very concrete 6.1.1.3.2
        3. Begin using inductive logic, or reasoning from specific information to a general principle. 6.1.1.3.3
2. Discuss Lev Vygotsky's sociocultural theory of cognitive development. 6.1.2
    1. Acknowledged the roles that curiosity and active involvement play in learning, but placed greater emphasis on society and culture. 6.1.2.1
    2. Each person's thinking is shaped by others around them. People do not develop in isolation. 6.1.2.2
3. Compare and contrast theorists Piaget and Vygotsky 6.1.3
    1. Piaget felt that development is largely fueled from within, while Vygotsky believed that external factors (such as culture) and people (such as parents, caregivers, and peers) play a more significant role. 6.1.3.1

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2. **Explore language development in children.** 6.2
    1. Language development is the process by which children come to understand and communicate language during early childhood. 6.2.1
    2. Effective language development is critical to a child's ability to function in society. 6.2.2
        1. Promotes social interaction 6.2.2.1
        2. Improves cognitive development 6.2.2.2
        3. Aides self expression 6.2.2.3
        4. Enhances literacy 6.2.2.4
        5. Improves self-esteem 6.2.2.5

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3. Speaking to children is crucial to developing language skills. 6.2.3
    1. The more interaction a child has with speech, language, and communication the more prepared they are for learning. 6.2.3.1
4. Explore the stages of language development. 6.2.4
    1. First words are often names of familiar objects or people. 6.2.4.1
    2. Holophrases: single words used to express a complete meaningful thought. 6.2.4.2
5. Examine ways to encourage language development. 6.2.5
    1. Reading to a child is important for language and cognitive development. 6.2.5.1
    2. Listen and respond when a child is communicating with you. 6.2.5.2
    3. Model correct speech. 6.2.5.3

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3. Explore the importance of play for children. 6.3

1. Play is universal throughout the world. 6.3.1
    1. Play comes naturally for children 6.3.1.1
2. Play strengthens all developmental domains 6.3.2
    1. Physically develops motor skills promote health 6.3.2.1
    2. Social-emotionally learn to communicate and cooperate 6.3.2.2
    3. Cognitively develop problem-solving skills and explore new roles 6.3.2.3
3. Explore types of play 6.3.3
    1. Rough-and-tumble: play that seems to be rough but there is no intent to harm. 6.3.3.1
    2. Sociodramatic: pretend play where children act out various roles. 6.3.3.2
4. Discuss the appropriate selection of toys for children. 6.3.4
    1. Age appropriate 6.3.4.1
    2. Appropriate for the level of development 6.3.4.2
    3. Engage as many senses as possible at one time 6.3.4.3
    4. Multiple open-ended uses 6.3.4.4
    5. Safe for children to use. 6.3.4.5

Explore the social and emotional development of children.The child's experience, expression, and management of emotions and the ability to establish positive and rewarding relationships with others. 7

1. Explore Erik Erikson's theory of psychosocial development. 7.1

1. Describe trust vs. mistrust 7.1.1
    1. Stage begins at birth until around 18 months. Infant learns basic trust, if the world is a secure place where their basic needs are met consistently. 7.1.1.1
    2. If social interaction inspires trust then they feel confident in exploring their world. 7.1.1.2
    3. Critical event at this stage is feeding. 7.1.1.3

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2. Describe autonomy vs. shame and doubt 7.1.2
    1. Stage begins around 18 months to around 36 months 7.1.2.1
    2. In this stage toddlers either succeed or fail in gaining a sense of personal control over their actions and their bodies. 7.1.2.2
    3. Autonomy: independence, wanting to be able to do things for one's self. 7.1.2.3
    4. Toddlers show autonomy through: 7.1.2.4
        1. Temper Tantrums- a release of violent anger or frustration exhibited by screaming, kicking, crying, etc. 7.1.2.4.1
        2. Difficulty sharing 7.1.2.4.2
        3. Developing self help skills 7.1.2.4.3
    5. Self-awareness 7.1.2.5
        1. Realization that the child is an individual whose body, mind, and actions are separate from those of the people 7.1.2.5.1
    6. Critical event at this stage is toilet learning 7.1.2.6
3. Describe initiative vs. guilt 7.1.3
    1. Stage begins around 3 years old to 5 years old 7.1.3.1
    2. Critical events at this stage is using new skills in play. 7.1.3.2
    3. Initiative is the motivation to accomplish more and make decisions on their own. 7.1.3.3
    4. Children develop initiative or self-confidence through opportunities to perform well, internal satisfaction means more than praise, and need to experience more success than failure. 7.1.3.4
    5. High self-esteem will help children develop self-control. 7.1.3.5
    6. Having imaginary friends is common, normal, and shows good social and emotional skills. If the child does not play with real friends, then this could be a concern. 7.1.3.6
    7. Four-year olds are more able and willing to share with others 7.1.3.7
    8. The preschooler is gaining stronger inner self-control and self-management of emotions and can begin to relate to other's emotions 7.1.3.8
    9. They are peer oriented and realize that having friends outside of their family is fun 7.1.3.9
4. Describe industry vs. inferiority 7.1.4
    1. Stage begins around 6 years old to 11 years old 7.1.4.1
    2. Critical event at this stage is schooling. 7.1.4.2
    3. Industry is exhibiting confidence and mastering new skills. 7.1.4.3
    4. Judging themselves if they are industrious or inferior, competent or incompetent, productive or useless, winners or losers. 7.1.4.4
    5. Self-pride depends on their own accomplishments and the perceptions of others, especially peers. 7.1.4.5

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2. **Explore the importance of attachment.** 7.2
    1. Lifelong attachment develops when a caregiver consistently responds to an infant's needs. This sets the stage for healthy relationships and emotional development throughout life. 7.2.1

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2 Bonding is the intense attachment that develops between caregivers and baby. It makes caregivers want to shower the baby with love, affection, and protection. Bonding gives motivation to get up in the middle of the night to attend to the baby's needs. 7.2.2

3 Define Attachment Theory: Caregivers who are available and responsive to an infant's needs allow the child to develop a sense of security. The infant learns that the caregiver is dependable, which creates a secure base for the child to then explore the world. 7.2.3

4 Secure attachment: A relationship where the infant obtains both comfort and confidence from the presence of his/her caregiver. 7.2.4

1 If the child's basic needs are not met, loving, caring, stable attachments may not develop, which could result in an attachment disorder. 7.2.4.1

2 Poor attachment can result in delayed development in all domains. 7.2.4.2

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3 Describe how moral development occurs in children. 7.3

1 Moral Development: The process of learning to base one's behavior on beliefs about what is right and wrong. 7.3.1

2 Being a good example (modeling) is the best way to teach moral development to children 7.3.2

Discuss how to teach moral behavior to the preschooler.

3 Preschoolers are beginning to understand the reasons behind the rules and develop a conscience (inner sense of right and wrong), which guides their behavior and helps them to make proper judgments 7.3.3

4 The caregiver has a responsibility to teach and help a child develop moral behavior. They can be a good role model of it, set clear standards of behavior, respond to inappropriate behavior and talk about them in private, and continue to show love despite the misbehavior 7.3.4

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4 Discuss fears as they relate to children. 7.4

1 Children under 4 have a harder time separating fact from fantasy. They have real fears, but also imaginary ones, like monsters. 7.4.1

2 Preschoolers begin to differentiate between reality and fantasy or make believe 7.4.2

3 Stranger anxiety: fear of unfamiliar people, usually expressed by crying 7.4.3

4 Separation anxiety: the fear of being away from parents, familiar caregivers, or the normal environment. Develops as early as 6-7 months, but intensifies between 12-18 months. 7.4.4

5 Some fears are useful to keep children from dangerous situations. 7.4.5

Identify ways to help children cope with fears.

6 Accept the fear 7.4.6

7 Let the child express the fear without ridicule 7.4.7

8 Help the child face the fear (read books, talking, role play) 7.4.8

9 Take action to deal with the source of the fear 7.4.9

10 Give support and reassurance 7.4.10

Identify parenting styles and impacts on the child. 8

1 Identify parenting styles and impacts on the child. 8.1

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1. Authoritarian: limits without freedom 8.1.1
    1. High behavioral standards, parent/child communication is low, rigid rules, strict punishment, behavior must be obeyed without question. 8.1.1.1
    2. Children are obedient but not happy, feel guilty or depressed, sometimes rebel, have increased behavior problems. 8.1.1.2
2. Permissive: freedom without limits 8.1.2
    1. Indulgent parents, little discipline, guidance, control, or expectations, highly nurturing and caring 8.1.2.1
    2. Children lack self-control and emotional regulation, immature, dependent on parents as adults. 8.1.2.2
3. Authoritative/Democratic: freedom within limits 8.1.3
    1. Set limits and enforce rules but are flexible and listen to their children 8.1.3.1
    2. Children are successful and happy, generous 8.1.3.2
4. Neglectful/uninvolved: Detached 8.1.4
    1. Ignore children and their behavior, do not know or care about children's lives 8.1.4.1
    2. Children are immature, sad, lonely, and at risk of injury and abuse, emotionally withdrawn, learn to provide for themselves 8.1.4.2

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2. **Analyze appropriate positive guidance techniques.** 8.2
    1. Explain reasons for children's behavior. 8.2.1
        1. Normal behavior for the child's age 8.2.1.1
        2. Natural curiosity 8.2.1.2
        3. They do not know any better 8.2.1.3
        4. To get attention 8.2.1.4
        5. To get power 8.2.1.5
        6. For revenge 8.2.1.6
        7. Feeling inadequate or incapable 8.2.1.7
        8. The need to feel that they belong 8.2.1.8

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3. **Discuss methods to positively influence a child's behavior** 8.3
    1. Positive statements 8.3.1
        1. Clearly stating what the child IS expected to do instead of TELLING THEM WHAT NOT TO DO. i.e.: "Walk in the house" vs. "Don't run in the house." 8.3.1.1
        2. When giving directions, get down on the child's eye level to talk with them 8.3.1.2
        3. To encourage a child to complete a task, tell them what needs to be done in short and simple steps (2 or 3 max) and then go and help them get started 8.3.1.3

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2. Redirection 8.3.2
    1. Substituting unacceptable or dangerous behavior for acceptable behavior by helping the child to pay attention to or focus on something else that is equally or more appealing 8.3.2.1
    2. Children up to two years old can easily be distracted to change their behavior like playing with a toy instead of the electrical outlet 8.3.2.2
    3. Some behaviors just need to be redirected to an appropriate place such as having a child jump on a trampoline instead of on the bed 8.3.2.3
3. Reverse attention 8.3.3
    1. Attention is a powerful reinforcement to guide children in a positive or negative direction 8.3.3.1
    2. Ignore the negative behavior when possible and reinforce the positive behavior 8.3.3.2
4. Positive reinforcement 8.3.4
    1. Positive reinforcement is a great motivator and modifies behavior 8.3.4.1
5. Limited choices 8.3.5
    1. Give children opportunities to make choices within the caregiver's limits 8.3.5.1
    2. Limit the number of options provided and be careful of the choices you give by making sure that you can really stand by it 8.3.5.2
    3. When children can make their own choices, even if it is within your limits, they not only get practice in making decisions, but they feel in control of the situation and are more willing to do what was asked 8.3.5.3

Discuss strategies for the caregiver to guide children through stressful situations

6. Identify and discuss challenging situations which can cause stress in a child's life 8.3.6
    1. Including disabilities, new siblings, starting school, grief, death, divorce, illness, moving, etc. 8.3.6.1
7. Describe childhood feelings dealing with challenging situations and identify coping strategies 8.3.7
    1. Children can usually understand what is going on 8.3.7.1
    2. Children need to be told the truth of the issue in a calm and reassuring way 8.3.7.2
    3. They may not need to know all of the details, but enough that their imagination will not run away with false information 8.3.7.3
    4. Children need to talk about their feelings 8.3.7.4
    5. Children tend to need more help and support through issues than adults 8.3.7.5
    6. Sometimes support may need to come from a professional. 8.3.7.6
    7. Continue to take care of the child by providing daily exercise or movement, eating nutritiously, having leisure time, enjoying hobbies, adequate sleep, relaxation methods, talking about feelings, etc. 8.3.7.7

List and define the types of abuse 9

1. **Define abuse.** 9.1
    1. Child abuse is anything that intentionally is aimed to hurt or harm a child 9.1.1
    2. Most child abuse is done by people the child knows and trusts 9.1.2
2. **Identify possible causes of abuse** 9.2

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1. The adult was abused as a child. 9.2.1
2. The adult lacks knowledge of discipline strategies or appropriate child expectations. 9.2.2
3. The adult is stressed and takes this out on the child. 9.2.3
4. Children with physical and mental disabilities are at risk for abuse. 9.2.4
5. Teens parents, immature parents, single parents. 9.2.5
6. Caregiver is impaired by alcohol, drugs and/or mental illness. 9.2.6
7. Stress caused by living in poverty. 9.2.7

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3 Identify types of abuse 9.3

1. Emotional and verbal abuse – rejecting children, belittling them, humiliating them, blaming them or constantly scolding them, particularly for problems beyond their control, etc. 9.3.1
2. Physical abuse- intentionally causing injury to a child such as hitting, shaking, burning, biting, etc. 9.3.2
3. Sexual abuse- includes any inappropriate sexual behavior with a child in touching and non-touching forms; which includes touching, taking photographs, or inappropriate discussions, etc. 9.3.3
4. Neglect abuse- can be both physical and emotional. Intentionally failing to provide for a child's basic needs; which include food, water, shelter, clothing, love attention, medical, etc. 9.3.4

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4 Discuss reporting procedures for abuse 9.4

1. Utah is a mandated reporting state. It is required by law to report any known or suspected maltreatment 9.4.1
2. All reports are kept anonymous 9.4.2
3. To report contact child protective services or the local law enforcement 9.4.3