

STRANDS AND STANDARDS

CHILD DEVELOPMENT



Course Description

Students will understand the aspects of child growth and development, positive guidance techniques, and child-related issues. Learning activities, observation techniques, and lab experiences in working with young children may be included. This course will strengthen comprehension of concepts and standards outlined in Science, Technology, Engineering and Math (STEM) education. Family, Career and Community Leaders of America (FCCLA) supports student leadership and has competitive events that may be an integral part of the course. NOTE: By Utah State law, parental or guardian consent is required for a student to participate in human sexuality instruction. State policy states that instruction includes the importance of marriage and the family, abstinence from sexual activity before marriage, and fidelity after marriage. Consult the local school district on its policy regarding the teaching of human sexuality and district approved instructional materials.

Intended Grade Level	9-12
Units of Credit	.50
Core Code	34.01.00.00.020
Prerequisite	N/A
Skill Certification Test Number	320
Test Weight	0.5
License Type	CTE and/or Secondary Education 6-12
Required Endorsement(s)	
Endorsement 1	FACS General Composite
Endorsement 2	CTE License: Child Development / Early Childhood Education
Endorsement 3	N/A



Performance Skill 1

Complete FCCLA Step One https://www.uen.org/cte/facs_cabinet/facs_cabinet10.shtml

STRAND 1

Students will evaluate parenting roles and responsibilities.

Standard 1

Recognize the characteristics and responsibilities of parenting.

- Identify the importance of children in society
 - Children are the future
 - Future leaders, scientists, doctors, caretakers, inventors, etc.
 - They give us a purpose, they are examples of lost qualities like love, ethics, humor, fun, play, etc.
- Evaluate the rights of children
 - Loving and secure human relationships
 - Proper nutrition, healthy and safe living conditions, appropriate physical and psychological care
 - Be taught essential living conditions
 - Non-abusive discipline
 - Learn basic values and moral behavior
 - Be an independent and unique individual
 - Be protected from people, parents included, who may physically or mentally harm them
 - Develop individual talents
- Evaluate parenting responsibilities as they relate to children's rights
 - Parents are legally responsible to provide for a child's needs
 - In a parent/child relationship, the parent does the giving and the child does the receiving
 - Parents should learn all they can about how children grow and develop
 - A benefit of studying children:
 - Better understand the reasons behind their behavior
 - Understand how children develop and why children are the way they are
- Recognize that early childhood experiences impact individuals as adults
 - How a child is taught, guided, provided for, loved, talked to, treated, etc. teaches them how to act
 - A child can choose to follow these ways and act this way, or they can break the cycle and take a different path
 - What we do to a child can impact them and the society forever
- Evaluate factors to consider in determining personal preparedness for parenthood
 - Emotional, financial, social, physical, biological, educational, stable and healthy relationship
 - Emotionally mature enough to put their own needs secondary to the child's needs

- Physically mature and healthy – optimum age for childbearing is 20-35
- It is essential that parents share responsibilities for meeting their child's needs
- Discuss ways parenting skills can be developed
 - Take risks, trial and error, learn all you can, ask and observe others, learn from mistakes, continually evaluate, study, etc.
- Evaluate the demands and rewards of parenting
 - Rewards/Positive: to provide a nurturing atmosphere, a personally fulfilling role, experience growth and satisfaction, influence future generations, etc.
 - Demands/Negative: being a parent will not sure loneliness, it is a lifetime commitment, takes a lot of energy to be effective, costs a great deal of money, give without expecting a return, etc.
- Analyze the importance of literacy in building the parent/child relationship, as well as enhancing children's areas of development (This standard may be integrated into strands 4, 5, & 6.)
 - Literacy- the ability to read and write
 - Begin reading to a child from prenatal development and continue making it part of the daily routine, at least 20 minutes a day
 - Interact with the child while you are reading to them
 - Reading together develops a bond between parent and child
 - Reading to a child helps language development, reading readiness, school readiness and bridges literacy gaps
 - Encourage an interest in books and reading by choosing books that appeal to children and their ages
 - Nursery Rhymes enhance a child's cognitive skills
 - Books help a child learn to separate fact from fantasy, build independence and encourage self-esteem
 - Books are a great way to understand and discuss real life experiences, i.e.: divorce, death, fears, etc.

Standard 2

Explain the importance of nature and nurture.

- Discuss nature (genetics/heredity) and its implications
- Evaluate the impact of nurturing upon all aspects of development
 - Define nurturing, the importance of it, positive implications, and identify ways to nurture
 - Bonding: Forming an emotional tie between the parent (or caregiver) and the child
 - Identify the potential consequences from lack of bonding and nurturing
 - Define and explain failure to thrive or attachment disorder
 - Infants deprived of loving contact may suffer slower cognitive development
 - Children feel safe when they trust their parents and other adults who care for them

Standard 3

Identify factors influencing the development of self-concept.

- Define self-concept
 - The total picture of what we think we are as a person based on our looks, characteristics, traits, abilities, etc.
- Discuss ways self-concept impacts development
 - Impacts all of the areas of development: physical, cognitive, emotional, social and moral
 - Characteristics of positive self-concept: get along better with others, self-confident, risk-taker / willing to try new things, self-reliant, goal setter, etc.
 - Characteristics of negative self-concept: they are often a show off in front of other children, put others down, critical of self and others, might be a bully to make themselves look and feel stronger, withdrawn, insecure, etc.
- Explore the four components of the self-concept cycle
 - As I see myself affects My actions which influences how Others see me, which influences how Others React to me
 - It is a fluid cycle determined by individual actions
- Identify the influences that affects the development of low and high self-concepts
 - The individual's self-perception
 - Verbal and nonverbal communication with self and others
 - Positive and negative interaction with others, self, the environment, and the media including social media
- Discuss ways to promote positive self-concepts in children
 - Let children know that their behavior is appropriate, allow children to make choices/personal decision-making, support them as they try new things, allow for personal independence, encourage the development of skills and talents, etc.

Performance Skill 2

Interview a parent about the roles and responsibilities of parenthood.

STRAND 2

Students will identify growth and development. (Standards may be integrated into each developmental age under Strands 4 and 5.)

Standard 1

Identify patterns and areas of growth and development.

- Identify the basic concepts and patterns of growth and development
 - Growth proceeds from head to foot (The infant needs to hold their head up before they can crawl)
 - Growth proceeds from near to far (The infant needs to move their arm before they can move fingers)
 - Growth proceeds from simple to complex (The infant holds their head up, rolls over, crawls, walks)

- Growth and development is similar for everyone, builds on earlier learning, proceeds at an individual rate and time, is all interrelated, and is continual throughout life
- Identify and analyze the five areas of development
 - Physical Development
 - Children develop most rapidly during the first three years of life
 - Motor skills are the coordinated movements of body parts. There are 2 types:
 - Fine Motor Skills/ Small muscles (like the hands and fingers)
 - Gross Motor Skills/ Large muscles (like legs and arms)
 - Social Development
 - The process of learning self-expression, to get along and interact with others, and moving from being a self-centered individual to being able to relate with others
 - Emotional Development
 - The process of learning to recognize and express feelings and to establish a unique personal identity
 - Emotional development begins at birth
 - Erik Erikson's theory (eight stages of psychosocial development) supports emotional development
 - Cognitive Development
 - Cognitive skills, how one learns, gains information, and understands the world around them
 - Theorist, Jean Piaget, identified how cognitive skills are developed
 - People in the child's surroundings are very important in creating an enriching learning environment
 - Children learn through every day experiences
 - Children learn about the world around them through play
 - Positive feedback for accomplishments encourages children to continue trying, learning, and achieving
 - A sensory stimulating environment promotes brain development and learning
 - Stimulation for children ages 0-3 is critical for brain development
 - Language development is a cognitive task
 - Speaking correctly (modeling) to the child will help them learn correct speech patterns
 - Moral Development
 - The process of learning right from wrong
 - Being a good example (modeling) is the best way to teach moral development to children
- Describe the interrelationships between physical, cognitive, social, emotional, and moral aspects of developing the whole child
 - All of these areas of development have their unique traits, but they are all dependent of each other to function
 - Each area provides a foundation for the next

Standard 2

Identify the characteristics of selected developmental theories.

- Recognize that the study of child development is based on research
 - Eric Erikson
 - Developed an emotional theory called Psychosocial Development
 - Infant stage is *trust vs. mistrust*
 - Toddler stage is *autonomy vs. shame and doubt*
 - Preschool stage is *initiative vs. guilt*
 - Jean Piaget
 - Created Cognitive Development Theory
 - Infants are in the *sensorimotor stage*
 - Toddlers are in the *sensorimotor and preoperational stages*
 - Preschoolers are in the *preoperational stage*

STRAND 3

Students will identify characteristics of birth defects, pregnancy, prenatal care and development, and childbirth.

Standard 1

- Identify genetic and environmental factors influencing birth defects and prenatal care.
- Analyze the influence and effects of genetics/heredity
 - Genes carry inherited traits which pass on physical characteristics from one generation to another
 - Each mature sperm and ovum cell contributes 23 chromosomes
 - 23 pairs of chromosomes are in a fertilized ovum which equals a total of 46 chromosomes
 - Chromosome combinations determine the gender: boy = XY and girl = XX
 - Genetic or Inherited Traits include: vision, height, body type, blood type, eye color, etc.
 - Environmental traits include: personality, education level, hobbies, religion, etc.
- Define dominant and recessive genes
 - Stronger genes are known as dominant and need only one to pass on the characteristic
 - Weaker genes are known as recessive and need two to pass on the characteristic
 - Recessive genes will only produce a trait when it is transmitted by both parents at the same time
- Specify lifestyle factors that minimize environmental birth defects
 - Harmful substances the mother consumes: over-the-counter medication, tobacco, alcohol, illegal drugs
 - Avoid all forms of drugs, nicotine, and alcohol; these can slow the fetal growth, cause low birth weight babies, varying levels of mental retardation, malformations, etc.
 - Fetal alcohol syndrome is a birth defect caused by alcohol consumption during pregnancy
 - Only use over the counter and prescribed medication under a doctor's care

- Diseases and infections (including STDs/STIs) the mother may have can be transferred or influence the development of the fetus
- Avoid exposure to x-rays, pollutants, and toxic substances
- Get appropriate rest and follow stress management techniques
- Risk for genetic birth defects increase if the age of the mother is over 35 (i.e. Down syndrome)
- Seek early and continual medical attention/prenatal care
- Maintain a proper diet; the placenta does not transfer essential nutrients to the fetus if a woman is undernourished
- Exercise; walking and swimming are excellent during pregnancy
- Appropriate weight gain of 24-30 pounds during pregnancy
- Birth defects can also be caused by defective sperm or ovum cells
- Identify the role of folic acid in the prevention of Spina Bifida
 - Women of childbearing age who have inadequate folate intakes are more likely to give birth to babies with Spina Bifida
 - Damage occurs during the first weeks of pregnancy before a woman may realize she is pregnant
 - This may be prevented if a mother takes folic acid prior to conception
- Identify genetic and environmental factors influencing birth defects.
 - Genetic
 - Down's syndrome- extra 21 chromosomes
 - PKU- inability to process proteins
 - Muscular dystrophy- weakness and shrinking of muscles
 - Environmental
 - Fetal alcohol syndrome (FAS), STD/STI related, drug influenced defects
 - Combination of Genetic and Environmental
 - Cleft lip/palate-a gap in the upper lip or palate
 - Cerebral palsy- congenital disorder of movement, muscle tone, or posture
 - Spina Bifida- developing baby's spinal cord fails to develop properly
- Explain the role of prenatal testing in the detection of birth defects
 - Ultrasound- utilizes sound waves to detect the health and development of the fetus
 - Amniocentesis – inserting a needle through the abdominal wall and into the uterus and withdrawing some amniotic fluid to detect birth defects

Standard 2

Identify the parts and functions of the female and male reproductive systems.

- Parts and functions of the female reproductive system
 - Ovum (egg) - the female reproductive cell, which, after fertilization, becomes a zygote
 - Ovaries - The female reproductive glands in which ovum are produced; the ovaries are in the pelvis, one on each side of the uterus
 - 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

- Uterus – Hollow, pear-shaped organ that expands during pregnancy to hold the growing fetus and contracts during labor to deliver the child
- 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
- Cervix - The lower, narrow portion of the uterus that allows the expulsion of the endometrium lining, the entry of sperm and dilates during labor
- 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
- Perineum - The surface area between the anus and the vagina
- Parts and functions of the male reproductive system
 - Sperm- male reproductive cell
 - Scrotum- the external pouch that contains the testicles and epididymis
 - Penis- The male organ in which semen and urine exit the body
 - Testicles- Two sex glands that produce the male reproductive cells called sperm and the male hormone testosterone
 - Epididymis- The place where sperm are stored until they ripen and mature
 - Urethra- The passageway to transfer urine or semen outside the body
 - Accessory Glands (Cowper’s Gland and Prostate Gland)- Provide fluid that lubricate the duct system and nourish the sperm
 - Vas Deferens- The passageway carrying the sperm from the epididymis to the seminal vesicles
 - Seminal Vesicle- Produces a sticky, sugary fluid to nourish the sperm

Standard 3

Explain the characteristics of pregnancy.

- Analyze the health risk of teen pregnancy
 - Teens have a higher risk of giving birth to low-birth weight babies which can cause many complications to the developing fetus
 - Teens are still developing and often due to their diet do not have enough essential nutrients to transfer to the fetus
- Explain ovulation and conception
 - Eggs or ovum are released from the ovaries during ovulation to begin the menstrual cycle
 - Only one sperm may penetrate and fertilize an ovum
 - The fertilized ovum (zygote) implants into the endometrium lining within the uterus
- Identify the early signs and symptoms of pregnancy
 - Tender breasts, nausea, vomiting, menstrual period stops, frequent urination, fatigue, etc.
- Identify common discomforts occurring during pregnancy
 - Mood swings, fatigue, trouble breathing, swollen ankles, feet, and hands, etc.
- Identify potential pregnancy complications

- Rh factor, toxemia/pre-eclampsia, gestational diabetes, placenta previa, etc.
- Low-birth weight is when the weight of the fetus is under 5.5 lbs. at birth
- Premature 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
- Miscarriage or spontaneous abortion is any pregnancy loss that takes place before the 20th week (5th month) in pregnancy
- 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
- Discuss the importance of early and on-going prenatal care
 - Identify the role of appropriate medical care, nutrition, weight gain, and other lifestyle choices on prenatal development
 - Often there is a direct correlation between the health of the expectant mother and the health of the unborn baby

Standard 4

Identify characteristics of prenatal development.

- Outline the stages occurring during prenatal development
 - Prenatal development is the development of the baby before it is born
 - The prenatal period lasts 40 weeks
 - Zygote (fertilized ovum) is the developing baby in the first two weeks of pregnancy
 - Embryo is the stage during the 3rd through the 8th week of development
 - Fetus is the developing baby after the 8th week until delivery
- Define and discuss prenatal terminology
 - 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
 - Placenta- an organ attached to the endometrium lining that filters and transfers nutrients and oxygen to the fetus
 - Amniotic fluid- guards against jolts, keeps the fetus at a constant temperature, keeps the fetus from adhering to the endometrium lining
 - 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
 - Womb/Uterus – the uterus is called a womb when a fetus is growing inside of it.
 - Birth canal/vaginal canal- vagina is called the birth or vaginal canal during the delivery of the fetus
- Identify the prenatal development occurring during each trimester
 - First trimester
 - 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
 - Signs and symptoms of pregnancy are more likely to occur
 - Most of the physical development occurs (every physical feature and vital organs form heart beats and brain waves begin, etc.)

- There is small maternal weight gain
- Second Trimester
 - Quickening (slight fetal movements felt by the mother) occurs usually during the 5th month
 - Increased organ development
 - Physically the easiest trimester on the mom
- Third trimester
 - Physically the most demanding time for the pregnancy mom due to discomforts of pregnancy
 - Lanugo (fine hair) and vernix (waxy substance) both covering the fetus' body begins to disappear
 - Fetus gains a protective fatty layer
 - Fetus grows and gains weight rapidly – 5-6 lbs.
 - Builds antibodies the last month
 - 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
- Discuss multiple births.
 - Identical twins develop when one ovum is fertilized by a sperm and then splits into two or more
 - Fraternal twins develop when more than one separate ovum each are fertilized by a sperm
 - Conjoined twins develop when the fertilized cells (identical twins) do not completely split apart before developing

Standard 5

List the events in the childbirth process.

- Define childbirth terms
 - Labor: Regular contractions of the uterus that result in dilation and effacement of the cervix.
 - Show or mucous plug: a pinkish plug that covers the cervix, is released at the beginning of labor.
 - Amniotic Sac: breaks or is broken releasing amniotic fluid. Often referred to as the water breaking.
 - Effacement: This refers to the thinning of the cervix in preparation for birth and is expressed in percentages.
 - Dilation: The extent to which the cervix has opened in preparation for childbirth. It is measured in centimeters, with full dilation being 10 centimeters.
 - Fontanel: 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.
 - Episiotomy: is a surgical incision made on the perineum used to enlarge the vaginal opening to help deliver a baby.
 - Station: Refers to the position of the baby in the birth canal.

- Contraction: The regular tightening of the uterus working to push the baby down the birth canal.
- Delivery: is the process of the fetus being expelled from the uterus.
- Forceps and vacuum extractor: tools used by the obstetrician to guide the fetal head during delivery.
- Lochia: Bloody vaginal discharge, comparable to a heavy period is seen. This could last up to six weeks.
- Post-partum: the time after delivery where rest is the mother's primary physical need.
- Outline the three stages of labor.
 - Dilation - The first stage of labor
 - Usually the longest stage of labor while the cervix dilates from 0-10 cm and becomes effaced
 - Contractions begin to dilate the cervix. These become longer, stronger, and closer together
 - Expulsion - Second stage of labor
 - Is the birth of the baby
 - 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
 - The purpose of contractions during this stage is to push the baby out of the uterus.
 - Afterbirth - Third stage of labor
 - Is when the afterbirth, consisting of the amniotic sac, placenta, and umbilical cord is expelled
 - 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
- Discuss delivery options.
 - Vaginal-delivered through the vaginal opening
 - Cesarean-surgery performed so the baby can be delivered through an incision made in the abdominal wall and uterus
 - 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.
- Anesthesia
 - Natural: childbirth without any medication
 - 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.
- Obstetrician: doctor trained to deliver the baby
 - 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
- Describe possible complications that may occur during childbirth

- Placenta Previa, Rh factor, STDs, toxemia pre-eclampsia, etc.
- Delivery position of the fetus (normal and desired is head first and face down)
- Breech position delivery – feet or buttocks first
- Posterior position delivery – head first and face up
- Transverse position – fetus is laying sideways

Performance Skill 3

Identify at least four critical components of prenatal care (nutrition, folic acid, drugs, alcohol, tobacco, medical care, etc.) and explain the effects of each component (good or bad) on the developing fetus.

STRAND 4

Students will explain the growth and development of the neonate (newborn) and infant.

Standard 1

Describe the growth and development of the neonate (newborn).

- Identify the physical characteristics and needs of the neonate
 - 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
 - Circumcision: is the removal of the foreskin on the penis
 - Jaundice: causes the baby's skin and eyes to look slightly yellow due to the liver's inability to remove the bilirubin
 - 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
 - Eyes: A newborn's eye muscles are weak at birth; you may notice your newborns eyes look cross-eyed. Over the new few weeks, eye muscle strength will improve and the baby can better focus on objects
 - Skin
 - Vernix: waxy covering that helps to protect the baby's skin while in the womb
 - Milia: plugged oil glands over the baby's forehead, nose and cheeks ("whiteheads") that will go away in several weeks
 - Lanugo: Soft downy hair that may cover its face and body
 - Umbilical Cord Stump: The cord stump will dry out and fall off
- The Newborn's Senses
 - Hearing:
 - Hearing develops in the womb and the fetus responds to sound. After birth, the baby will turn its head to a familiar voice, especially mom and dad's voices
 - Sight:
 - Newborns see best 8 to 12 inches from their face
 - Smell and Taste:
 - Newborns can taste and smell at birth
 - Smell is their best developed sense

- Muscle Control: A newborn enters the world with little physical control. They can't hold their heads up on their own, their neck and head must be supported
- Behavior- The newborn baby will probably spend a lot of time sleeping or eating. Crying is a response to an unpleasant stimulation. A baby needs to be calmed and held
- Explain the Apgar test
 - Apgar test is done at one minute and then again five minutes after delivery
 - Tests for the newborn's ability to adapt to and thrive in life outside of the uterus
 - The medical team is observing the neonates (newborns) heart rate, breathing, muscle tone, response to stimulation and skin color
- Identify the function of fontanelles.
 - A child's brain can triple in size the first two years of life, due to this growth the fontanelles allow expansion
 - Identify common newborn reflexes.
 - Reflexes: survival skills for the newborn and a way for the physician to check the functioning of the baby's neurological system
 - Rooting- when the baby's cheek is stroked, the baby will turn towards the side of his/her face that was stroked.
 - 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
 - Babinski- when the sole of the foot is stroked from heel to front the toes will fan out
 - Grasping- when an item is placed in the palm of the hand, the baby's fingers will grab around it

Standard 2

Describe the growth and development of the infant.

- Define nurturing and bonding and discuss the importance of the bonding process
 - Bonding is developed by: lovingly looking, touching, talking to your baby with an animated face and voice, being sensitive and responding consistently to the needs of the baby, etc.
 - Bonding develops trust (Erikson's stage of Trust vs. Mistrust)
 - Touch and skin-to-skin contact is critical to the bonding process for the newborn
 - Infants deprived of loving contact and bonding may suffer slower cognitive development
 - Infants become securely attached when their needs are consistently met
- Identify the physical development of the infant.
 - Most children follow a natural physical development sequence: lift their head, roll over, creep, crawl (which some children skip), cruise, and then walking
 - Tummy-time is key to all areas of a child's development
 - Creeping is when the baby pushes himself around on his stomach
 - Cruising means to walk while holding onto objects for support
 - Since the neck muscle is weak, place one hand under their neck to support their head and neck

- A slow-moving mobile above the baby's head will develop the infant's eye muscles
- Discuss feeding options of the infant.
 - Neonates are fed on demand through breast-feeding or bottle-feeding; both have their pros and cons to identify and consider
 - At six months of age, solid food begins to be introduced. See American Pediatric Association for current guidelines on acceptable foods and foods to avoid
 - Introduce one new food at a time to be able to identify allergic reactions to food
 - Children begin self-feeding at about 8-10 months. Guidelines for self-feeding safely: small pieces, easy to break apart, nothing that must be chewed, small amounts at a time, and watch them continuously
 - Begin teaching and modeling healthy eating habits and adequate food nutrition by following the MyPlate guidelines
- Identify the height and weight gains during the first year of life
 - Infants triple their birth weight in the first year
 - An infant's length increases by one-half by the end of the first year
- Describe the emotional and social development of the infant
 - Emotional development begins the day the child is born
 - Newborns prefer to look at and interact with the human face
 - Define and discuss stranger anxiety and separation anxiety
 - Stranger anxiety: when someone comes to visit and the child cries or appears to be afraid of them
 - Separation anxiety: results from separation from a parent/caregiver or sentimental item
 - Describe Erickson's stage of trust vs. mistrust
 - Infants need consistency and a predictable routine to build trust
 - Bonding with the baby, showing love and affection, and getting to know the child will build trust
 - Meeting the baby's needs in all areas of development will create trust
 - Building trust helps the baby to know that the world and the caregiver are comfortable and safe and that these things are good and can be depended upon
 - Discuss the types and role of play for infant age children.
 - Play facilitates all aspects of development. Children learn through play.
 - Solitary play – playing alone or engaged in activities that only need one person
 - On-looker play- sitting back and watching other's playing as if observing them or waiting for your turn to participate in the activity i.e. Duck, Duck, goose
- Describe the cognitive development of infants
 - Describe Piaget's sensorimotor stage of development
 - Lasts from birth to about age 2
 - Babies learn through their senses and their own actions. Sensory stimulation is vital to brain development and fostering intellectual activity
 - Babies put things in their mouths to learn through their senses
 - Acts intentionally to produce results, begins to solve problems, imitates others,

- looks for and finds hidden objects (object permanence), explores and experiments, begins imaginative thinking
- Language development begins with crying, then cooing, babbling, single words, putting a few words together, etc.
- Define and discuss object permanence
 - Object permanence is knowing that an object still exists even when it is out of sight
- Examine the reasons for infant crying and how to meet those needs
 - 4 basic cries: hunger (the most demanding cry), pain, bored (grows louder and more intense if ignored), and anger
 - Appropriately interpreting their crying develops trust and teaches a child about positive attention getting
 - Our job is not to stop the crying, but to find out why the baby is crying and do our best to meet the baby's needs
 - Techniques for soothing an infant: Touch, Motion, Sound
 - If the baby cries, don't immediately offer food. Tears don't mean hunger and you don't want them associating floor with comfort
 - Everyone is a potential abuser based on the abuse formula: child + caregiver + stress = abuse
 - Have a crying plan so that when the baby cries you know what to do or check and how to handle it
 - 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.)
 - Examine shaken baby syndrome and its ramifications.
 - Caused by jostling an infant's head and neck back and forth with enough force that the brain tissue moves inside the skull and becomes damaged. Usually to make the child stop crying
 - If a child is shaken and lives, the child's quality of life may be compromised as many children with Shaken Baby Syndrome suffer long term disabilities
 - Shaking a child under 2 years old can cause permanent brain damage and possibly death
- Describe sudden infant death syndrome (SIDS) and prevention strategies.
 - SIDS is the sudden, unexplained death of an apparently healthy child in their sleep (often under 1 years old)
 - 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

Performance Skill 4

Evaluate three age-appropriate activities for infants and explain how each activity stimulates the infant's development (physical, social, emotional, cognitive).

STRAND 5

Students will explain the growth and development of toddlers and preschoolers.

Standard 1**Describe the growth and development of the toddler**

- Describe the physical characteristics and skills of toddlers
 - Walking shows the beginning of the toddler stage
 - Toddlers generally walk and run with their feet further apart than an adult's
 - Stair challenge- a difficult task to learn where the child goes downstairs alternating feet
 - A toddler is mobile, curious, and wants to be independent so create a safe environment for them to explore in
 - Growth tends to slow down as the child gets older, but there is rapid growth in the arms and legs
 - Gross Motor Skills: activities like tricycles and big wheels
 - Fine Motor Skills: activities like puzzles and coloring. Most toddlers can build with blocks, but struggle to use scissors and markers
 - Toys should not have any small parts
 - Self-help skills- tasks that the child can do on their own. i.e.: feeding and dressing themselves
 - Toddlers should be allowed to start feeding themselves simple finger foods
- Discuss the role of nutrition in physical development
 - Good nutrition is the cornerstone for healthy child development. A child's nutrition affects the health, development, and function of their whole body, including their brain, heart, eyes and immune system. What a child eats will have a big influence on their mood, behavior, thoughts, and emotions
 - Suggestions for proper nutrition
 - Follow the guidelines set forth by the Food and Drug Administration. (www.choosemyplate.gov)
 - Because a toddler's growth is slowing down, they will eat less than they did in their first year
- Discuss readiness for appropriate toileting practices
 - Toilet training begins when the child is emotionally AND physically ready.
 - Treat accidents matter of fact so there is no pressure or feelings of shame and doubt
 - If the child fights toilet training or is struggling still after a few weeks, stop and wait about 3 weeks before trying the training again
- Describe the social and emotional characteristics of toddlers
 - Giving hugs and telling a child that they are loved is the best way to show them love
 - Toddlers are social and learning to share is one of the first social skills that they learn

- They have short attention spans, are not patient, and struggle to play cooperatively with others
- Egocentrism (self-centered) - It is the tendency to perceive, interpret, and understand the world in one's own terms. Toddlers assume that other people think and feel as they do in this stage. If you ask them to perform any activity, they will do it in their own style
- Negativism- doing the opposite of what others ask to be done. Toddlers are developing a strong sense of being a separate little person at this stage and begin to realize that they too have ideas, wants and new abilities. Parents also recognize all the new skills their child is exhibiting and begin to set limits. Limits don't sit very well in the mind of a toddler, which begins the "NO!" battle
- Stubborn- When the child does what they want or what you ask them to do in their own way and in their own time. This is their way of showing a desire for control and independence
- Temper Tantrums- a release of violent anger or frustration exhibited by screaming, kicking, crying, etc.
- Jealousy- The child may not understand that the caregiver has enough love for everyone
- Sibling Rivalry- competition between siblings for parent's attention and affection
- Discuss the importance of autonomy for a toddler's development. (Erikson's autonomy vs. shame and doubt)
 - Autonomy means independence, wanting to be able to do things for one's self
- Describe cognitive development of the toddler
 - Discuss Piaget's sensorimotor and preoperational stages of cognitive development during the toddler years
 - Toddlers are in the end of the sensorimotor stage and advancing into the preoperational stage
 - Preoperational stage: Ages 2-7 years old. Children think in terms of their own activities and what they perceive now. Children learn through imaginative play and continue to view the world in an egocentric manner. Beginning to identify symbols and that symbols have meaning
 - Understands terms that are concrete, such as ball, truck, and dog, but struggles with abstract terms such as respect, love, etc.
- Describe language development during the toddler stage
 - Encourage language development by modeling correct speech
 - Reading to a toddler is important for language and cognitive development
 - Nouns are often the first words used
- Discuss the types and role of play for toddler age children
- A toddler still engages in solitary and onlooker play
- Parallel play – playing next to another child, but not with them

Standard 2

Describe the growth and development of the preschooler

- Describe the physical characteristics and skills of the preschooler
 - Physical growth slows down greatly, but size varies due to individual growth patterns

- Very active and energetic
- Skills are practiced by participating in the action again and again
- Bodies have become straighter and slimmer and the protruding stomach from babyhood flattens. The neck becomes longer, and the legs lengthen and grow straighter and firmer
- Identify the gross (large) and fine (small) motor skills milestones developed
 - Refinement and practice of gross and fine motor skills
 - Refer to the Center for Disease Control for milestone checklists
- Describe the social and emotional characteristics of the preschooler
 - Four-year olds are more able and willing to share with others
 - The preschooler is gaining stronger inner self-control and self-management of emotions and can begin to relate to other's emotions
 - They are peer oriented and realize that having friends outside of their family is fun
 - Preschool children can learn specific social skills in the preschool environment...taking turns, sitting still for longer periods, raising hands, improving manners, etc.
 - Discuss Erickson's stage of initiative vs. guilt
 - Initiative is the decision and motivation to accomplish more tasks than expected or asked. The desire to accomplish tasks is based on the child's motivation and self-worth
 - Play is a child's work. Children are initiating play during this stage
 - Children who are encouraged, allowed, and supported in these efforts develop self-confidence (the belief in one's abilities)
 - Repeated discouragement or punishment may lead to feelings of guilt, inferiority, or inadequacy
- Describe the cognitive development of the preschooler
 - Toddlers and preschoolers form attitudes about learning that can last a lifetime.
 - Children learn from concrete (hands-on and tangible) evidence
 - Egocentric- They still think in terms of their own activities and their perceptions now and continue to struggle with abstract terms. They continue to learn through make-believe play, they are learning that objects and words can be symbols and represent an idea, limited view on ideas because these are based on the child's perceptions
 - Preschool children are in Piaget's Preoperational stage of cognitive development
 - Children are inquisitive and ask many questions because they are curious and want to understand the world around them
 - Preschoolers learn by participation and involvement in everyday experiences
 - Terms related to preschool cognitive development
 - Conservation: even though one property of an object changes, the other properties remain the same
 - i.e. a ball of play-dough smashed into a pancake is still the same even though it looks different or liquid is the same amount even though it is poured into differently shaped glasses
 - Classification: putting objects into sets based on common traits
 - i.e. cats and dogs, toy blocks and toy trucks

- Sorting: placing classified objects into smaller groups based on how they are alike and different.
 - i.e. sorting cats by color, sorting blocks by size or shape, etc.
- Seriation: putting objects in a order based on size, weight, etc.
 - i.e. lining crayons up in order from shortest to longest.
- Transformation: the change of an object from one state to another.
 - i.e. a popcorn kernel to popcorn, bread dough to bread, Jell-O powder to Jell-O, aging of a person, etc.
- Reversal: What can be done can also be undone
 - i.e. a sand castle can be built and knocked down, a jacket can be zipped up and unzipped, a mistake can be made and fixed, etc.
- Describe the development of understanding between reality and fantasy.
 - Preschoolers can differentiate between reality and fantasy or make believe
 - The imaginary life of kids is powerful and sways their perceptions of the real world until they master adult rationality and logic
 - 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.
- Discuss the types and role of play for preschool age children
 - Cooperative play- where children play and interact with one another
 - i.e. building a sand castle together, playing store, acting out a play, etc.
- Discuss how to teach moral behavior to the preschooler.
 - 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
 - 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

Performance Skill 5

Evaluate three age-appropriate activities for toddlers and explain how each activity stimulates the toddler's development (physical, social, emotional, cognitive).

Evaluate three age-appropriate activities for preschoolers and explain how each activity stimulates the preschooler's development (physical, social, emotional, cognitive).

STRAND 6

Students will practice age-appropriate positive guidance techniques and strategies for coping with challenging situations. (Standards may be integrated into each developmental age under Strands 4 and 5.)

Standard 1

Analyze appropriate positive guidance techniques and identify parenting styles.

- Define guidance, discipline, and punishment
 - Guidance: continual long-term influence on behavior. The act or function of guiding through example, words, and actions. Giving advice or counseling. Helping, teaching, showing. Can be positive or negative
 - Discipline: Behavior modification when needed; to teach and train a behavior by instruction and exercise in accordance with rules and conduct.
 - Discipline should be firm, fair and friendly.
 - Punishment: A penalty inflicted for wrongdoing, a crime or offense. Physical or verbal attacks. Might teach obedience to authority (out of fear), but not self-control, which enhances self-respect. May restrain a child temporarily, but it does not teach self-discipline. Demands the child and negatively affects the relationship
- Distinguish between punishment and discipline/guidance techniques
 - Self-discipline is the overall goal of guidance and discipline. The ability for the child or person to direct their own behavior and not to be directed upon
 - Children may rebel when parents punish rather than discipline
 - Adults who do not reinforce appropriate behavior may have children who resort to problem behavior
 - Guiding by example is a very effective way to teach children the desired behavior
 - Children feel more secure when caregivers are consistent.
 - Positive guidance works when based upon consistency
 - Children often misbehave for attention, so the caregiver should withdraw from the conflict and resolve the problem later. Attention is powerful reinforcement of positive and negative behavior
 - Respond to aggressive behavior in nonaggressive ways. i.e.: When responding to a 2-year-old having a temper tantrum, if the caregiver remains calm and nonaggressive, then the situation becomes deescalated and can be resolved quicker
 - Adjust the environment so that items that might be a potential problem are placed out of sight
- Identify common reasons children misbehave.
 - Normal behavior for the child's age
 - Natural curiosity
 - They do not know any better
 - To get attention
 - To get power
 - For revenge

- Feeling inadequate or incapable
- The need to feel that they belong
- Discuss reasons and guidelines for setting limits
 - Setting limits with kids means setting a guideline for behavior, even when there's not an official household rule. Limits should benefit the child
 - State your limits clearly and firmly, discuss limits in advance, use consequences as a form of discipline when rules are broken, give your child explanations for your limits and then listen to what they have to say about it, etc.
- Compare natural and logical consequences.
 - Natural Consequences – occur without interference by letting nature just take its course. The child can see the result of his behavior/choices. This consequence can't be used if it will cause harm to the child, other's property, if the consequences are too far in the future, or if the behavior cannot be tolerated
 - Logical Consequences - occurs with interference from the caregiver and should be relevant to the misbehavior. It should be short, not imposed in anger, and provide opportunities for the child to learn from their behavior and/or decision
- Discuss guidelines for using positive guidance techniques
 - Positive statements
 - 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."
 - When giving directions, get down on the child's eye level to talk with them
 - 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
 - Redirection
 - 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
 - Children up to two years old can easily be distracted to change their behavior like playing with a toy instead of the electrical outlet
 - 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
 - Reverse attention
 - Attention is a powerful reinforcement to guide children in a positive or negative direction
 - Ignore the negative behavior when possible and reinforce the positive behavior
 - Positive reinforcement
 - Positive reinforcement is a great motivator and modifies behavior
 - Limited choices
 - Give children opportunities to make choices within the caregiver's limits
 - Limit the number of options provided and be careful of the choices you

- give by making sure that you can really stand by it
 - 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
- Time Away/Cool down area
 - An area or time away where a child can calm down
- Encouragement
 - Praise and encouragement for the child's positive actions is a better motivator than punishment. Children act better when they know what they are doing right and what is expected of them
- Parenting types and styles
 - Authoritarian: limits without freedom
 - Permissive: freedom without limits
 - Democratic: freedom within limits

Standard 2

Evaluate challenging situations and the skills needed to cope

- Identify and discuss challenging situations which can cause stress in a child's life
 - Stress results from experiencing positive or negative changes or events in a routine that also includes happy events
 - Including handicaps, new baby being born, starting school, grief, death, divorce, illness, moving, etc.
 - Identify and discuss signs of stress in children related to the challenging situations
 - Biting, crying, power struggles, excessive attachment, fears, eating problems, increased sensitivity, etc.
- Describe childhood feelings dealing with challenging situations and identify coping strategies
 - Children can usually understand what is going on
 - Children need to be told the truth of the issue in a calm and reassuring way
 - They may not need to know all of the details, but enough that their imagination will not run away with false information
 - Children need to talk about their feelings
 - Children tend to need more help and support through issues than adults
 - Sometimes this support may need to come from an adult that is not involved in the situation
 - 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.
- The 5 stages of grieving. Have you ever lost an object or moved or had a change in a situation? You had to grieve for it the same way you would grieve for losing a person. Pertains to a loss of any type: opportunities missed, objects, people, pets, change, etc.
 - Denial and feelings of shock
 - Anger - Blame someone or something for what they did to cause this
 - Guilt - Blame oneself for something they did in the last few months to cause this

- Bargaining - With other people or with God to not let it happen
- Acceptance - Coming to terms, move on, adjusting to change
- Challenging financial, illness, and moving situations
 - Children sense the change in actions and the tension associated with the situation
 - Tell the children about the situation so they have time to adjust to the events it will bring
- Divorce
 - Reassure the child that they are still loved by both parents
 - The child should not be blamed for the divorce
 - Maintain as much stability in the child's life as possible. (same school, same home, same routine, etc.)
 - Provide continuity in the child's daily schedule and situation
 - Children often believe that their parents will get back together again
 - Parents should never belittle/bad mouth one another in front of the kids
 - Specific effects of divorce on ages:
 - Preschoolers (2-5 years)
 - Major theme: Fear of abandonment
 - Symptoms: sleep disturbances
 - What to do: Explain that custodial parent will always return
 - Young childhood (5-9 years)
 - Major theme: Fear of being displaced
 - Symptoms: School & social Grief
 - What to do: Discuss fears
- Death
 - Children dealing with death feel grief and need to express it
 - Help Children understand that they will not die just because someone else has
 - Reassure children by being specific about when you will return whenever you leave
 - Under the age of 3, children usually think of death as if the person has gone on a short vacation and that they will be back. Death does not seem permanent to them
 - Teach a child about death before the child is confronted with the death of a loved one
 - Specific effects of death on ages:
 - Early Childhood (2-5)
 - Think it's reversible and that the person comes back (video game mentality), think little kids can't die, egocentric (they caused it), don't understand forever, fear of abandonment
 - Discuss childhood fears and strategies to deal with fears
 - Respect the fears of the child and do not belittle the child over them
 - Children tend to be most fearful between the ages of 2-7 years because they have an active imagination and cannot yet discriminate between real and unreal dangers
 - Help the child overcome the fears; be understanding and comforting
 - Using make-believe play to discuss and act out the fearful situations is a

technique for dealing with and overcoming fears. Drawing pictures of the fear can also allow a child to deal with and talk about the fear

- List and define the types of abuse
 - Child abuse is anything that intentionally is aimed to hurt or harm a child
 - Most child abuse is done by people the child knows and trusts
 - Abuse may occur because the adult was abused as a child and so they are just repeating what was done to them, the adult does not know of any other methods for discipline or having a knowledge of appropriate child expectations, the adult is stressed and has reached their coping threshold so they take this out on the child, children with physical and mental disabilities are at risk for abuse, teens parents, immature parents, single parents, parents involved in alcohol and drugs, and parents living in poverty are more likely to be abusers, etc.
 - Emotional and verbal abuse – rejecting children, belittling them, humiliating them, blaming them or constantly scolding them, particularly for problems beyond their control, etc.
 - Physical abuse- intentionally causing injury to a child such as hitting, shaking, burning, biting, etc.
 - 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.
 - 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.
- Discuss reporting procedures for abuse
 - Utah is a mandated reporting state. It is required by law to report any known or suspected maltreatment
 - All reports are kept anonymous
 - Identify local resources available for parent and/or child assistance
 - To report contact child protective services or the local law enforcement

Performance Skill 6

Evaluate positive guidance techniques to resolve behavior challenges for each stage of development (infants, toddlers, and preschoolers)

STRAND 7

Students will examine issues related to the health and wellness of children. (Standards may be integrated into each developmental age under Strands 4 and 5.)

Standard 1

Identify health and wellness considerations for infants through preschoolers.

- Identify signs and symptoms of childhood illnesses

- 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
- Summarize basic information about childhood immunizations
 - Communicable diseases are diseases that can be passed from one person to another i.e.: chicken pox
 - Immunizations can prevent and protect from communicable diseases
 - 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
- Identify basic first aid practices for bumps, bruises, burns, and bleeding
 - Bumps and bruises – apply cold for about 10 minutes and then elevate, if possible
 - Minor burns – when the burned area is pink or red (1st degree burn), place the burned area under cold water or apply cold to it. Keep it dry and clean and do not apply ointment or lotion to the burn
 - If the burned area is red and has formed blisters (2nd degree burn), place the burned area under cold water or apply cold to it. Keep it dry, clean and do not apply ointment or lotion to the burn and never pop the blisters
 - Minor Bleeding – apply direct pressure to the wound to stop the bleeding. Dry the wound, apply a medicated ointment to prevent growth of germs, and cover the area with a bandage
 - Nosebleeds Sit or stand leaning slightly forward over the sink. Apply pressure to the lower part of the nose by squeezing for about 10 minutes. Release your fingers to see if the bleeding, and if it has not, repeat for another 10 minutes
 - Choking- If the child is coughing, encourage them to cough. This should help to dislodge what they are choking on. Never smack a coughing person on the back, unless you've been trained in first aid and you're giving back blows. This could cause the item that is making them cough to become lodged which could cause choking. If the person is not making any noises, they are struggling to breath, making high pitched noises or gurgling sounds, then they might be choking. If this occurs, apply age appropriate rescue techniques
 - Head Injury- If the child has injured their head, watch for signs of a concussion and follow approved protocols.

Standard 2

Identify safety considerations for infants through preschoolers

- Discuss the importance of car seats
 - Know current state seatbelt and car seat laws concerning children of all ages
 - Children under 12 should not sit in a seat where there is an airbag, even if the car can manually turn off the airbag
 - The safest place for a car seat is in the center of the back seat of the car
 - Never leave a child alone in the car no matter what the age. Even children who are old enough to get themselves out of a car can panic and not be able to get out, especially with the new child safety locks
- List appropriate child-proofing strategies

- Childproof the house so that the child is protected from possible dangers and has the freedom to explore without risk of encountering hazardous objects and materials
- This is best done before the child learns to first move around. (roll, creep, and crawl)
- Keep children away from candles, fireplaces, stovetops, and anything that could cause burning
- Make sure the water temperature is set to 110-120 degrees Fahrenheit
- Place all poisonous substances and medications high on a shelf and locked up.
- Keep floors and stairs free of clutter to prevent falls. Use safety gates on stairs.
- Place caps over all electrical outlets or install safety outlets and place cords out of reach. Unplug appliances not in use
- Place screens and safety latches on all windows. Use window blinds with safety features and keep blind cords away from children
- Toys should be:
 - Age appropriate, appropriate for the level of development, engage as many senses as possible at one time, and have multiple open-ended uses
 - Use non-toxic paint, sturdy construction, working parts, throw away broken toys
 - Children under 3 should avoid toys that are small or have small parts that can be swallowed and cause choking. General rule: if it fits in a toilet paper tube, it is too small for them
 - Purchase washable toys and clean them regularly

Skill Certificate Test Points by Strand

Test Name	Test #	Number of Test Points by Strand							Total Points	Total Questions
		1	2	3	4	5	6	7		
Child Development	320	3	3	23	15	14	11	5	74	65

CHILD DEVELOPMENT VOCABULARY

abuse	effacement	midwife	reverse attention
accessory glands	egocentrism	miscarriage	Rh factor
afterbirth	embryo	modeling	rooting reflex
amniocentesis	emotional/verbal abuse	moral development	scrotum
amniotic fluid	emotional development	Moro (startle) reflex	self-concept
amniotic sac	endometrium	motor skills	self-help skills
anesthesia	environment	Muscular Dystrophy	seminal vesicle
attachment disorder	epididymis	natural childbirth	sensorimotor
Apgar test	epidural	natural consequence	separation anxiety
autonomy	episiotomy	natural curiosity	seriation
Babinski (reflex)	Erik Erickson	nature	sexual abuse
biological	expulsion	near-to-far	Shaken Baby Syndrome
birth defects	failure to thrive	negativism	shame
bloody show	fallopian tubes	neglect (abuse)	sibling rivalry

bonding breech C-section/cesarean cervix child development child-proofing chromosomes circumcision classifying cleft Palate/Lip cognitive Development communicable diseases conception conjoined conservation consistency continuous contractions cooperative play coping crawling creeping crowning cruising delivery development dilation discipline dominant genes Down's syndrome	fertilization Fetal Alcohol Syndrome fetus fine motor skills folic acid fontanel forceps fraternal genes genetics/heredity gestational diabetes grasping reflex gross motor skills growth guidance head-to-foot hereditary identical immunizations infant initiative Jean Piaget jostle lanugo lightening limited choices literacy logical consequence low birth weight menstruation	neonate nurture object permanence Obstetrician on-looker play ovary ovulation ovum parallel play penis perineum physical abuse physical development PKU placenta Placenta Previa positive reinforcement positive statements postpartum premature prenatal preoperational preschooler punishment Psychosocial Develop. quicken reality recessive genes redirection reflexes	simple-to-complex social development socialization solitary play sorting Spina Bifida sperm station STDs/STIs stillbirth stranger anxiety SIDS testicle time away toddler toxemia/pre-eclampsia trait transformation trimester ultrasound umbilical cord urethra uterus vagina vernix vas deferens womb zygote
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