KA2 partnership adult education - **PARENTS SCHOOL partnership project**
Nr. of reference: 2015-1-RO01-KA204-015105

Curriculum

for the training of adults regarding in-home caregiving of ante preschool children

Product of Erasmus+ project: *„Nonformal and informal strategies and methods for improve the competencies of home caregivers for ante preschool children"*

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June -August 2016

This project was been founded with support of the European Union

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Introduction

From 1st October 2016 till 31st September 2017, 5 European countries (Italy, Turkey, Romania, Spain and Poland) develop the project ***„Nonformal and informal strategies and methods for improve the competencies of home caregivers for ante preschool children"*** founded by the Erasmus+ Programme of the European Commission. The partner institutions in the project are: EU-RO-IN Association,Iasi, Romania (coordinating institution), Ahi Evran University, Turkey, SYNTEA S. A. Lublin, Poland, the Municipality of Alzira, Spain, Polaris s.a.r.l. Vasto, Italy, and AILE VE SOSYAL POLITIKALAR ANKARA IL MÜDÜRLÜGÜ, Turkey .

The motivation of this partnership was to gain experience and information on practices used to develop our own education system in education and training for in-home caregivers of ante preschool children at home by creating opportunities for training and support for them. Thus, this project help the participants to recognize new opportunities in Europe, to integrate the "best practices" in the national adult education and training, to compare the contents ,the methods and the techniques in this area with other national partners, to spread experiences and working methods in Europe and to provide a better understanding of necessary skills and standards of the area to promote acceptance of differences and to encourage experts to share their knowledge internationally.

Project addresses to following target groups:

1) families that have at home ante preschool children to care give them and which, from different reasons, can't take appeal for specialized institutions in the area (for ex., nursery) due to isolation (countryside, the location in remote areas) or socio-economic (immigrants, poor families, unemployed, etc.). In this regard, the project wants to help families dealing with child care to grant them a fair and quality care at home, answering their needs for education and training in the care of small children at home;

2) trainers from institutions for adult education (associations, foundations, centres for adults, etc.) that concern training for ante preschool care givers at home.

Because one of the objectives of the project is to create material that could be used to teach some basic elements in the formation of home caregivers of ante preschool children, to publish them and to can be used at the European level by all interested in the area (parents, trainers, institutions of adults trainings, centres of social work/assistance, etc.) the project team conceived this curricula for the education of adults regarding in-home care giving of ante pre-school children. The curricula is focused to the learning/teaching objectives, skills, competencies, contents, methods and techniques that must be accomplished for the education and the training for ante preschool care givers at home.

1. *Fundamental values and principles in curriculum's elaboration*

Child Care is a new, immensely difficult and responsible occupation. It requires good preparation and responsible choice of skills, such as basic skills relating to knowledge of international and national laws relating child care; technical and professional skills relating to, among the other, activities of home management aimed at the care and food for children and transversal skills like use efficient communication in relationships. It is very important for child development, especially for adults providing care for ante pre-school children at home (parents, grandparents, relatives and others).The aim of Parents School Project is to provide help those family members who take care of ante pre-school children (1-3 years old), to give them a fair and quality home care, answering their help and education/training needs in this field.Due to this fact, this training content is in line with international certification frameworks for child care profession and was created as a result of cooperation of experts in psychology and pedagogy.While choosing content-related aspects, such issues as counselling, carrying out hygienic and nursing treatments for children as well as creating the right development and child security were taken into account. The values and attitudes that we want to form by following this curricula are: love, care and unconditioned attention for kids; pursuit the superior interest of child, abnegation for child, too; an education that must be adapted to all individual needs and age particularities of the child; responsibility face to him, but also face to the situation and

education and training of caregivers for ante preschool children; collaboration between family and community in the process of education and care of ante preschool children.

2. Learning objectives

Learning objectives have to cover the project's objectives, as they are proposed:

- to improve competencies of staff that provide education & training for in-home caregivers of ante pre-school children;

- to improve skills (for care children, linguistic, learning to learn, emotional, ICT, intercultural, civic, social, so on) and to provide support to the in-home caregivers of ante pre-school children by creating possibilities for training and therapy for them;

- to create assessment material to test the quality of life and the difficulties of in-home caregivers for ante pre-school children;

- to test the quality of life of in-home caregivers in order to identify the need for possible support for the caregiver;

- to create material that could be used for teaching some basic elements in educating in-home caregivers of ante pre-school children, to publish them and to disseminate them in order to be used at European level by those interested (adult education institutions, social care centers, so on);

- to experiment innovative strategies of education/training for caregivers within pilot courses;

- to provide a social network for informal in-home caregivers;

- to ensure research/dissemination of the best practices in this field at European level in the education of in-home caregivers of ante pre-school children.

The aim of the session is to provide and develop theoretical and practical education was based on such elements as:

- Planning care, nursing and educational counseling work based on own observation and conversations with parents.
- Playing with children while simultaneously taking the proper child development into account (games involving usage of manipulating, movement and constructing skills as well as music, art and speech development classes).
- Preparing selected educational resources for specific games and educational activities.
- Supervising a child proper development and its security, including providing the right equipment, meeting the deadlines of visits to the doctor.
- Providing a child with hygienic and nursing treatments, e.g. washing and bathing
- Preparing meals according to the principles of healthy eating.
- Feeding a child and preparing it for independence; making baby bedding, developing child's hygiene habits.
- Giving medicines according to the doctor's orders, carrying out simple medicinal treatments such as disinfection and dressing as well as performing first aid in emergencies.
- Taking care of decor and hygiene of interiors where children stay.
- Providing appropriate in home care for the developmentally and physically disabled children who need the babysitter to have particular interpersonal and psychological skills.

3. Sessions

Number of training hours

40 hours of theory

30 hours of practice

10 hours of IT

The final number of training sessions should be adopted to the level of professional level of knowledge of participants.

4. *Content of the curriculum*

There is a huge amount of people who taking care of ante preschool children at home. Many times there is a someone who is children relative or other people who want to do theirs task best they can but not always with the skills required to do so.

The course is intended for child relatives and other informal child caregivers aiming to improve their skills in order to provide a better assistance to children.

The content of the curriculum follows the objectives of the project, in according with the competences and skills that the learners will develop during training courses. Also, content of the curriculum could be used by all those interested in the field, during the development of the project but after its deadline. This curriculum constitutes a final important product of the project, as an important reference point for all those interested in taking care and educating ante preschool children.

4.1 General group of competences:

General group of competencies	Content
Health competences	1.1. Biological basis of the development 1.2. Baby care 1.3. Health promotion and prevention
Educational competencies	2.1 Basics of developmental and educational psychology 2.2 Supporting development of the child 2.3 Methods of work with small children 2.4 Games and activities in the creative development of the child 2.5 Literature for children and multimedia 2.6 Basis of speech therapy
Artistic competencies	3.1 Musical expression with methodology 3.2 Plastic expression with methodology 3.3 Theatrical expression with methodology

	3.4 Kinesthetic and motor expression with methodology
Vocational competences	4.1 Giving first aid 4.2 Health and safety in work with child 4.3 Planning care and educational work 4.4 Vocational development of child carer
Legal basis of working with a small child	5.1 Basic legal terms 5.2 Supportive organizations and institutions 5.3 Selected issues of labour law
Informatics competencies	6.1 Web browser 6.2 E-mail 6.3 Communication via Internet

4.2 Detailed training contents of competencies

1. Health competences

All health competences should be developed to cover child-centered care of ante preschool children and work with them as in an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and also informatics.

To this end, the curricula proposes a set of simple, core competencies, that all health competences should prove, regardless of their discipline, to meet the needs of children of our society as in a health care system:

- ***Provide child-centered care*** — identify, respect, and care about kids' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate kids; share decision making and management; and continuously advocate disease or problems prevention, wellness, and promotion of healthy lifestyles, including a focus on children's health.
- ***Work as in interdisciplinary teams*** — cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.

- ***Employ evidence-based practice*** — integrate best research with trainers' expertise and children's age values for optimum care, and participate in learning and research activities to the extent feasible.
- ***Apply quality improvement*** — identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to child and his family needs; design and test interventions to change processes and systems of care, with the objective of improving quality.
- ***Utilize informatics*** — communicate, manage knowledge, mitigate error, and support decision making using information technology.

The competencies are meant to be core and span to the caregivers but are not intended as an exhaustive list.

Very important in this context are:

- Share power and responsibility with kids and caregivers.
    - Engage in an ongoing dialogue with children that bring about understanding, acceptance, cooperation, and identification of common goals and related care plans.
    - Guide and support those providing care to children (e.g., family members, friends) by involving them as appropriate in decision making, supporting them as caregivers, making them welcome and comfortable in the care delivery setting, and recognizing their needs and contributions.
    - Understand and respect children' self-management activities.
    - Provide physical comfort and emotional support.
    - Provide timely, tailored, and expert management of activities.
    - Relieve fear and anxiety.
- Communicate with children in a shared and fully open manner.
    - Allow children to have unfettered access to the information contained in their records – from parents, doctors if it needs.
    - Communicate accurately in a language that children understand.

- Take into account kids' individuality, emotional needs, values, and life issues.
- Provide care for kids in the context of the age, health status, and health needs of the group/family of which each is a member.
- Provide care that reflects the whole person.

- Implement strategies for reaching those who do not present for care on their own, including care strategies that support the broader family/community.
- Enhance prevention and health promotion.
  - Apply strategies to identify and reduce risk factors and to improve kids' use of and access to appropriate services and providers.
  - Define and describe children by health status.
  - Deliver health care services intended to prevent health problems or maintain health.
  - Understand and apply principles of disease prevention and behavioral change appropriate for specific groups/families with which kids may identify.

- Learn about other team members' expertise, background, knowledge, and values.
- Learn individual roles and processes required to work collaboratively.
- Demonstrate basic group skills, including communication, negotiation, delegation, time management, and assessment of group dynamics.
- Ensure that accurate and timely information reaches those who need it at the appropriate time.
- Customize care and manage smooth transitions across settings and over time.
- Coordinate and integrate care processes to ensure excellence, continuity, and reliability of the care provided.
- Resolve conflicts.
- Know where and how to find the best possible sources of evidence.
- Formulate clear questions.

Continually understand and measure quality of care in terms of s*tructure*, or the inputs into the system, such as learners, staff, and children caregivers; *process*, or the interactions between

caregivers and children; and *outcomes*, or evidence about changes in children' health status in relation to child and family needs.

- Assess current practices and compare them with relevant better practices elsewhere as a means of identifying opportunities for improvement.
- Design and test interventions to change the process of care, with the objective of improving quality.

Communicating in terms of understanding is a very important key in taking care of children.

1. 1 Biological basis of the development

Theoretical and applied aspects of the concept of the developmental tasks are discussed in terms of the nature of the task, its biological, psychological and cultural bases, as well as the educational implications for the individual. One part deals with the period of infancy and early childhood. Other parts consider the developmental task as objectives of education, and present behavioral descriptions of success and failure in the developmental tasks of future middle childhood and adolescence. Other part describes an empirical test of some of the hypotheses about developmental tasks, including a set of rating scales for estimating the achievement of developmental tasks at different early ages.

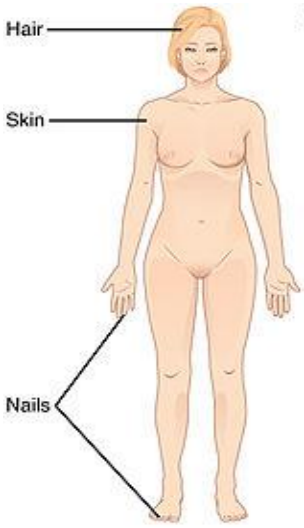
1.1.1. The structure and functioning of the human body

The study of the human body involves anatomy and physiology. The human body can show anatomical non-pathological anomalies known as variations which need to be able to be recognized. Physiology focuses on the systems and their organs of the human body and their functions.

Many systems and mechanisms interact in order to maintain homeostasis. The **human body** is the entire structure of a human being and comprises a head, neck, trunk (which includes the thorax and abdomen), arms and hands, legs and feet. Every part of the body is composed of various types of cells, the fundamental unit of life.

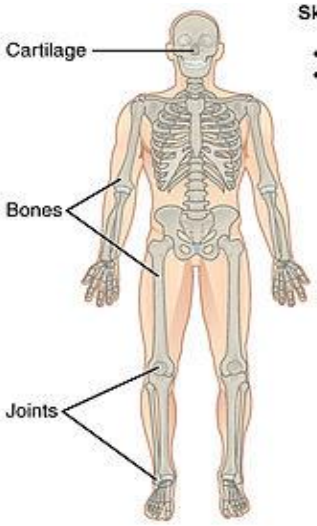
How do we learn about the world? Through our senses. Through our sense of vision, we can see the world. We see the family, colors, look at the grass, trees and animals. Through our sense of smell, we can smell yummy food or dangerous substances like smoke. Our ears allow us to hear

music or mom calling us for dinner. Our sense of taste lets us taste that delicious chocolate birthday cake. Finally, our sense of touch lets us pet a soft kitten or decide if the bathwater is warm enough. The human body consists of many interacting systems. Each system contributes to the maintenance of homeostasis, of itself, other systems, and the entire body. A system consists of two or more organs, which are functional collections of tissue. Systems do not work in isolation, and the well-being of the person depends upon the well-being of all the interacting body systems. Some combining systems are referred to by their joint names such as the nervous system and the endocrine system known together as the neuroendocrine system.



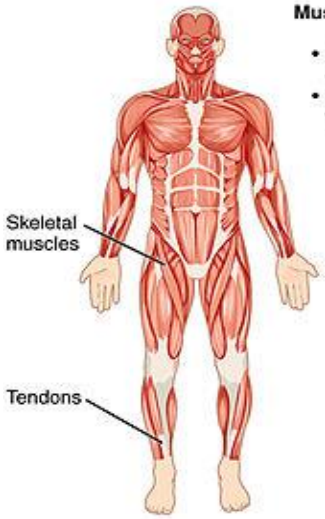
Integumentary System

- Encloses internal body structures
- Site of many sensory receptors



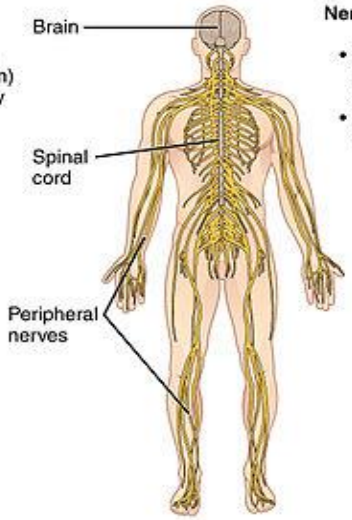
Skeletal System

- Supports the body
- Enables movement (with muscular system)



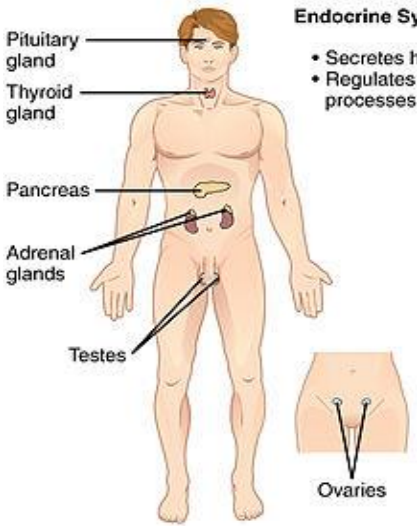
Muscular System

- Enables movement (with skeletal system)
- Helps maintain body temperature



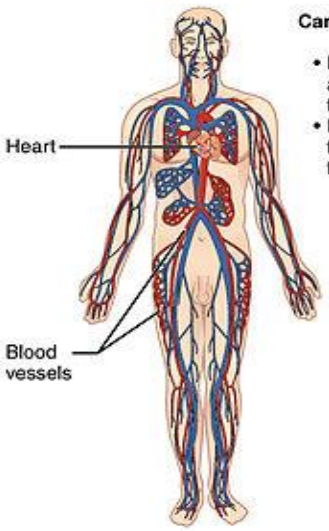
Nervous System

- Detects and processes sensory information
- Activates bodily responses



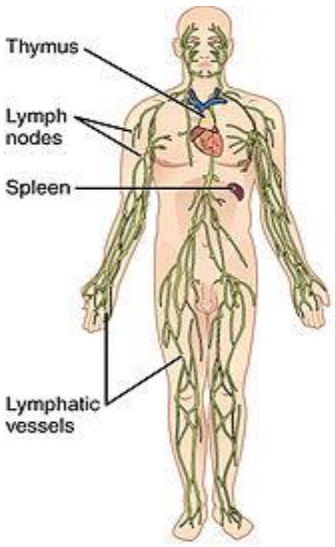
Endocrine System

- Secretes hormones
- Regulates bodily processes



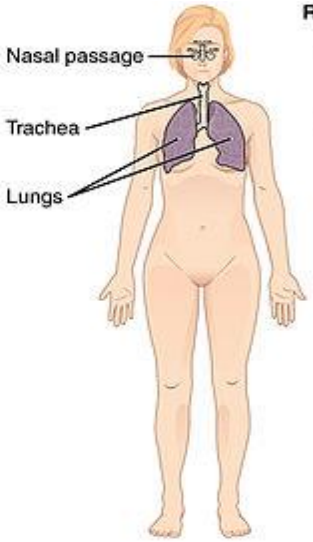
Cardiovascular System

- Delivers oxygen and nutrients to tissues
- Equalizes temperature in the body



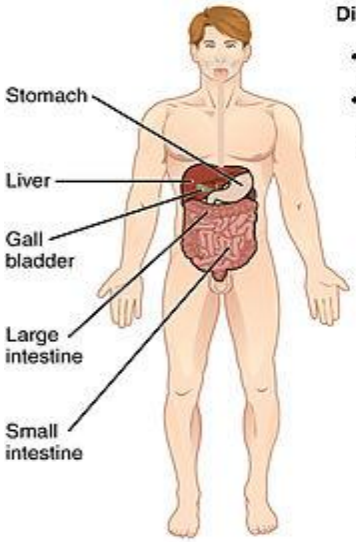
Lymphatic System

- Returns fluid to blood
- Defends against pathogens



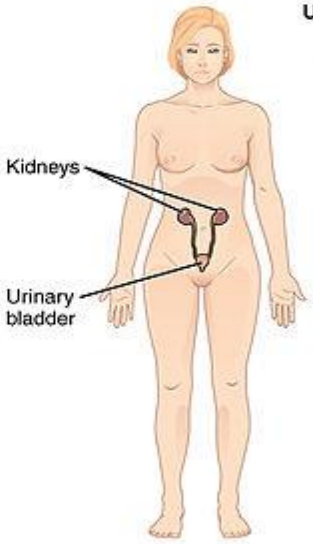
Respiratory System

- Removes carbon dioxide from the body
- Delivers oxygen to blood



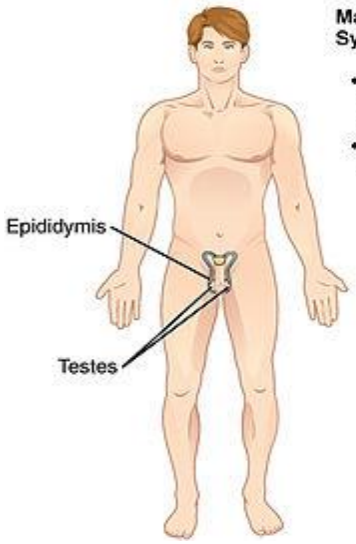
Digestive System

- Processes food for use by the body
- Removes wastes from undigested food



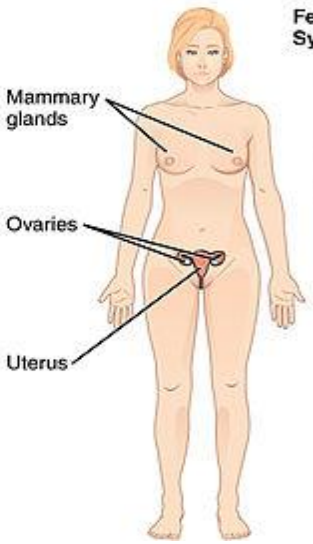
Urinary System

- Controls water balance in the body
- Removes wastes from blood and excretes them



Male Reproductive System

- Produces sex hormones and gametes
- Delivers gametes to female



Female Reproductive System

- Produces sex hormones and gametes
- Supports embryo/ fetus until birth
- Produces milk for infant

System	Clinical study	Physiology
The **circulatory system** or **cardiovascular system** comprises the heart and blood vessels(arteries, veins, and capillaries). The heart propels the circulation of the blood, which serves as a "transportation system" to transfer oxygen, fuel, nutrients, waste products, immune cells, and signaling molecules (i.e., hormones) from one part of the body to another. The **blood** consists of fluid that carries cells in the circulation, including some that move from tissue to blood vessels and back, as well as the spleen and bone marrow.	cardiology (heart), hematology (blood)	cardiovascular physiology[10][11] The heart itself is divided into three layers called theendocardium, myocardiumand, epicardium, which vary in thickness and function.[12]
The **digestive system / Excretory system** consists of the mouth including the tongue and teeth, esophagus, stomach, (gastrointestinal tract, small and large intestines, and rectum), as well as the liver, pancreas, gallbladder, and salivary glands. It converts food into small, nutritional, non-toxic molecules for distribution by the circulation to all tissues of the body, and excretes the unused residue.	gastroenterology	gastrointestinal physiology
The **endocrine system** consists of the principal endocrine glands: the pituitary, thyroid, adrenals, pancreas, parathyroid, and gonads, but nearly all organs and tissues produce specific endocrine hormones as well. The endocrine hormones serve as signals from one body system to another regarding an enormous array of conditions, and resulting in variety of changes of function. There is also the exocrine system.	endocrinology	endocrinology
The **immune system** consists of the white blood cells, the thymus, lymph nodes and lymph-channels, which are also part of the lymphatic system. The immune system provides a mechanism for the body to distinguish its own cells and tissues from alien cells and substances and to neutralize or	immunology	immunology

destroy the latter by using specialized proteins such asanti-bodies, cytokines, and toll-like receptors, among many others.		
The **integumentary system** consists of the covering of the body (the skin), including hair and nails as well as other functionally important structures such as the sweat glands and sebaceous glands. The skin provides containment, structure, and protection for other organs, but it also serves as a major sensory interface with the outside world.	dermatology	cell physiology, skin physiology
The main function of the **lymphatic system / Immune system** is to extract, transport and metabolize lymph, the fluid found in between cells. The lymphatic system is very similar to the circulatory system in terms of both its structure and its most basic function (to carry a body fluid).	oncology, immunology	oncology, immunology
The **musculoskeletal system** consists of the human skeleton (which includes bones, ligaments, tendons, and cartilage) and attached muscles. It gives the body basic structure and the ability for movement. In addition to their structural role, the larger bones in the body contain bone marrow, the site of production of blood cells. Also, all bones are major storage sites for calcium and phosphate. This system can be split up into the muscular system and the skeletal system.	orthopedics (bone and muscle disorders and injuries)	cell physiology, musculoskeletal physiology, osteology (skeleton), arthrology (articular system), myology (muscular system)
The **nervous system** consists of the central nervous system (the brain and spinal cord) and the peripheral nervous system consists of the nerves and ganglia outside of the brain and spinal cord. The brain is the organ of thought, emotion, memory, and sensory processing, and serves many aspects of communication and controls various systems and functions. The **special senses** consist of vision, hearing, taste, and smell.	neuroscience,neurology (disease),psychiatry(behavioral),ophthalmology(vision),otolaryngology(hearing, taste, smell)	neurophysiology

The eyes, ears, tongue, and nose gather information about the body's environment.		
The **renal system / urinary system** consists of the kidneys, ureters, bladder, and urethra. It removes water from the blood to produce urine, which carries a variety of waste molecules and excess ions and water out of the body.	nephrology(function), urology(structural disease)	renal physiology
The **reproductive system** consists of the gonads and the internal and external sex organs. The reproductive system produces gametes in each sex, a mechanism for their combination, and a nurturing environment for the first 9 months of development of the infant.	gynecology (women), andrology (men), sexology (behavioral aspects) embryology(developmental aspects), obstetrics(partition)	reproductive physiology
The **respiratory system** consists of the nose, nasopharynx, trachea, and lungs. It brings oxygen from the air and excretes carbon dioxide and water back into the air.	pulmonology	respiratory physiology

Cf. *Wikipedia, the free encyclopedia*

1.1.2. Conditions and threats of child development

There are some important conditions and threats of child development. They are mentioned briefly here.

Child development (cf. *Wikipedia*) refers to the biological, psychological and emotional changes that occur in human beings between birth and the end of adolescence, as the individual progresses from dependency to increasing autonomy. It is a continuous process with a predictable sequence yet having a unique course for every child. It does not progress at the same rate and each stage is affected by the preceding types of development. Because these developmental changes may be strongly influenced by genetic factors and events during prenatal life, genetics and prenatal development are usually included as part of the study of

child development. Related terms include developmental psychology, referring to development throughout the lifespan, and pediatrics, the branch of medicine relating to the care of children. There are various definitions of periods in a child's development, since each period is a continuum with individual differences regarding start and ending. Some age-related development periods and examples of defined intervals are: newborn (ages 0–4 weeks); infant (ages 4 weeks – 1 year); toddler (ages 1–3 years); preschooler (ages 4–6 years); school-aged child (ages 6–13 years); adolescent (ages 13–19). Parents and caregivers play a large role in a child's life, socialization, and development. Having multiple parents can add stability to the child's life and therefore encourage healthy development. Another influential factor in a child's development is the quality of their care. Child care programs present a critical opportunity for the promotion of child development.

The optimal development of children is considered vital to society and so it is important to understand the social, cognitive, emotional, and educational development of children. Increased research and interest in this field has resulted in new theories and strategies, with specific regard to practice that promotes development within the future school system.

But there are some threats that have to be mentioned and had in attention.

Socioeconomic status (SES) is one of the most widely studied constructs in the social sciences. Several ways of measuring SES have been proposed, but most include some quantification of family income, parental education, and occupational status. Research shows that SES is associated with a wide array of health, cognitive, and socio-emotional outcomes in children, with effects beginning prior to birth and continuing into adulthood. A variety of mechanisms linking SES to child well-being have been proposed, with most involving differences in access to material and social resources or reactions to stress-inducing conditions by both the children themselves and their parents. For children, SES impacts well-being at multiple levels, including both family and neighborhood. Its effects are moderated by children's own characteristics, family characteristics, and external support systems.

Although the “habits” of parents or caregivers using corporal punishment to discipline children have been argued for decades, a thorough understanding of whether and how corporal punishment affects children has not been reached. Parental corporal punishment was

associated with all child constructs, including higher levels of immediate compliance and aggression and lower levels of moral internalization and mental health. The author then presents a process-context model to explain how parental corporal punishment might cause particular child outcomes and considers alternative explanations. Also, the style of being all the time in a relaxing exaggerated the child and that of being always at his beck and call, ever reject him or say NO. There are two dangerous habits in caring kids.

Early child development needs to be a priority issue in policy and practice. Poverty is the factor creating most stress within families and undermines healthy child development. Some population groups face considerable inability to access services related to: language barriers, transportation issues, availability of programs and services, stigma, costs. And it is important to have as warnings few aspects:

- There is lack of coordination of services.
- There are not enough human resources allocated to programs and services for early child development.
- Home visiting programs have demonstrated good results, but lack scientific evidence.
- Children enter school demonstrating various levels of school readiness.

In this context, there are also several needs and threats related to all elements that contribute to child's development and growth – food, environment, community, family, so on.

1.1.3. Biological needs of the child

Factor or condition	Child-level determinants	Family-level determinants	Community-level determinants	Society-level determinants
Gender	Is the child a boy or a girl? Boys and girls tend to develop and learn differently (e.g. currently boys have lower	Is there evidence of gender stereotyping, or abuse in the family?	Are women and men from various cultures and backgrounds evident as community	Are women's rights, women's equality and children's rights protected?

	levels of school readiness).		leaders?	
General health	Was the child born with a healthy birth weight? Being born small or large for gestational age is linked to obesity and chronic disease.	How was the mother's preconception and prenatal health? Folic acid intake for 3 months prior to conception significantly reduces neural tube defects.	Is there access to health services in the community (e.g. medical, dental, vision, hearing, speech and language)?	Is there universal access to quality health and specialty services for children?
	Does the child have a medical condition?	Do family members have chronic conditions? Parents with disabilities or chronic disease may require added supports.	Is there community support for people with disabilities?	Is there adequate financial and program support for families with disabilities?
Mental Health	Does the child have a warm and nurturing environment?	How is the mother's perinatal mental health? 1 in 5 mothers will suffer from depression, anxiety or another mood disorder during pregnancy or the first year after birth.	Are there programs to support mothers' mental health during pregnancy and postpartum?	Is there societal support to reduce social stigma of mental illness and provide perinatal mental health services?

	Does the child have consistent and responsive care-givers?	Do family members experience trauma, abuse or poor mental health?	Are there community supports such as shelters, respite care, programs and services that promote coping skills?	Is there societal support to reduce social stigma of abuse and provide services for victims of trauma and abuse and those experiencing mental illness?
Health practices	Does the child have a pattern for eating, sleeping and playing?	Does the family attend to nutrition, set consistent times for sleep and engage in active play?	Are there parenting classes that offer information on nutrition, sleeping and activity?	
	Is the child breastfed or receiving breast milk?	Does the family have information and support to make an informed choice to breastfeed?	Is there public, peer and professional support for breastfeeding women?	Is the practice of exclusive breastfeeding to 6 months and continued breastfeeding with complementary foods accepted and encouraged?
	Does the child take part in structured and unstructured physical activities for at	Are physical activity practices encouraged by family members?	Are community programs and spaces available to encourage physical activity year round?	Is free, active play and physical activity encouraged in pre-school and kindergarten

	least 60 minutes and up to several hours per day?			curriculum?
	Are children introduced to consistent oral hygiene practices?	Are oral hygiene and dental health practices encouraged?	Are low cost dental programs available?	

Cf. http://www.beststart.org/OnTrack_English/2-factors.html, *Factors Affecting Child Development* (accessed 14.08.2016)

1.1.4. Childhood diseases or disorders

A list of diseases – presented and discussed during training courses – with examples: videos, web sites, medical sites, etc. Trainer suggests some documentary and medical movies, too.

Diseases from birth to one-year-old: ex. Gonococcal ophthalmia neonatorum

Neonate infections:

- Candida albicans infection
- Candida parapsilosis infection
- Cytomegalovirus infection
- diphtheria
- human coronavirus infection
- respiratory distress syndrome
- measles
- meconium aspiration syndrome
- metapneumovirus (hMPV) infection
- Necrotizing enterocolitis
- Gonorrhea infection of the newborn
- parainfluenza (PIV) infection
- pertussis
- poliomyelitis
- prenatal Listeria
- Group B streptococcus infection
- tetanus
- Ureaplasma urealyticum infection
- respiratory Syncytial Virusinfection

- rhinovirus; common cold

Diseases of older children

- Cold
- AIDS
- Anemia
- Asthma
- Bronchiolitis
- Cancer
- Candidiasis ("Thrush")
- Chagas disease
- Chickenpox
- Croup
- Cystic Fibrosis
- Cytomegalovirus (the virus most frequently transmitted before birth)
- dental caries
- Diabetes (Type 1)
- Diphtheria
- Duchene muscular dystrophy
- Fifth disease
- Congenital Heart Disease
- Infectious mononucleosis
- Influenza
- Intussusception (medical disorder)
- Juvenile idiopathic arthritis
- Leukemia
- Measles
- Meningitis
- Molluscum contagiosum
- Mumps
- Nephrotic syndrome
- Osgood-Schlatter disease
- Osteogenesis Imperfecta(OI)
- Pneumonia
- Polio
- Rheumatic fever
- Rickets
- Roseola
- Rubella
- Sever's disease
- Tetanus
- Tuberculosis
- Volvulus

- Whooping cough
- Hepatitis A
- Fever
- Scarlet fever (Scarletina)
- Lyme Disease
- Xerophthalmia
- Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections

Cf. *Wikipedia, the free encyclopedia* – site accessed

1.1.5. Disabilities

Disabilities are kids diagnosed with in today's world:

Autism: Most kids are diagnosed with autism between 2 and 6 months old, studies have found, and it tends to impact boys more than girls. But some potential signs of autism are sometimes hidden in plain sight.

Attention deficit hyperactivity disorder: Kids who are unfocused and lack undivided attention skills are sometimes diagnosed with ADHD, according to the National Institute of Mental Health. Symptoms include failing to pay attention and becoming bored in tasks.

Cerebral palsy: Cerebral palsy occurs when the brain's development is slowed or damaged and one person can no longer function well physically. It usually develops in kids when they are 2 or 3 years old, and affects more than 10,000 infants every year, WebMD reported.

Down syndrome: It occurs when parents pass on an extra copy of chromosome 21, leading to extra material in the brain, according to the society. Down syndrome usually leads to some physical issues, like having a smaller stature and slanted eyes. But what happens to Down syndrome kids from a mental syndrome differs from kid to kid.

Epilepsy: It is a brain development disability that causes people to have seizures. A common way to spot epilepsy is if someone has two or more seizures within a 24-hour period.

Spina bifida: This requires kids to use wheelchairs, crutches or even braces to move around.

Dyslexia: Dyslexia is an issue that causes kids and adults to have trouble processing language. About 15 percent of kids have trouble with reading, which may be associated with the disability. The disease can impact how a kid speaks, thus making it a major issue for parents and caregivers.

Intellectual disability: This is a broad term to describe those who may have some mental limitations in what they can learn and understand. Intellectual disabilities can impact the way kids think, talk and walk. Someone with intellectual disabilities can eventually learn things like other kids, but it takes more time and effort to try to understand everything they learn.

Depression: Depression is something that impacts more than 50 percent of adults, and it can also have an impact on kids. Kids can be in depression after they are parting their parents or somebody well-known, and must stay with some new person/s.

1.2. Child care

It is traditional in our society for children to be taken care of by their parents or their legal guardians, or by in-home caregivers. In families where children live with one or both of their parents, the childcare role may also be taken on by the child's extended family. If a parent or extended family is unable to care for the children, orphanages and foster homes are a way of providing for children's care, housing, and schooling.

The two main types of child care options for employed parents needing childcare are center-based care (including crèches, daycare, and preschools) and home-based care (also known as nanny or family daycare). As well as these licensed option's parents may also choose to find their own caregiver or arrange childcare exchanges/swaps with another family.

Licensed or unlicensed home day care is also referred to as family child care, or in home care. It refers to the care provided to a group of children in the home of a caregiver.

Home-based providers can give more individualized care and therefore better meet the needs of working families. Family care (depending upon the relative levels of state subsidy for center-based care) is generally the most affordable childcare option, and offers often greater flexibility in hours available for care. In addition, family care generally has a small ratio of children in care, allowing for more interaction between child and provider than would be had at a commercial care center. Family child care helps foster emotionally secure interpersonal relationships for everyone involved. Some family child care providers may offer parents more flexibility with hours of operation such as evening, weekend, overnight, and before and after school care.

In home care is typically is provided by nannies, au pairs, or friends and family. The child is watched inside their own home or the caregiver's home, reducing exposure to outside children and illnesses. Depending on the number of children in the home, the children utilizing in-home care enjoy the greatest amount of interaction with their caregiver, forming a close bond. At the same time, a nanny or au pair is not always the best methods of childcare. Nanny care is the most expensive form of childcare.

Pre-school is often the term used to refer to child care centers that care primarily for 3 and 4-year old children. Preschool can be based in a center, family child care home or a public school. Infants may also be cared for in infant and child care centers.

Informal care

Informal childcare is a variation of childcare that utilizes family members as a childcare system, for example grandparents and siblings. Parents may need to utilize informal care for a variety of reasons. Typically informal childcare is necessary for families who do not have enough funds to finance placing their children in a more expensive child care facility.

A parent fears for the safety and security of his/her child. They need to be able trust the person or facility they choose as a provider for childcare. Whether this person is family, friend, live in, center based, young, old, well educated, or barely trained, the parents want to feel comfortable leaving their children with them. To have trust in the caregiver, the parent wants to know what kind of effects the type of service they provide will have on the development of their child. The development of a child has many factors, but it is most directly influenced by the type and quality of care that is most regularly provided to the child.

Child development researcher, Lian Tong: "Parent responsiveness also facilitates cognitive, social, and emotional development and reduces negative emotions in infants."

There are links between the income, education, and importance of consistency and the well-being of the child, to the parents, and the development of their child.

1.2.1. Basis of care of healthy child

All kids need the basics of life - food, warmth, shelter and clothing. But they also need to feel loved and secure. By giving to the children all the things they need, we can help them be safe, strong and thrive.

A list with 10 elements could help caregivers.

- Meeting their everyday needs
- Feel safe and secure
- Love and hugs
- Plenty of praise
- Smiles
- Talking
- Listening
- Learn new things
- Take care of their feelings
- Rewards and special treats

1. *Meeting their everyday needs*

Babies and children need to know there is someone who loves them and that their needs will be met as soon as possible. This means:

- feeding them when they're hungry
- keeping them warm, dry and safe from danger
- helping them if they are in pain, scared or upset
- providing family routines
- make sure there is always someone you trust to look after them.

A few minutes is a long time for a baby who is feeling hungry or upset. The sooner they are comforted the safer they will feel. Older children might be able to wait a little longer, but they still need to know that you will feed them when they are hungry, and help them when they are sad or in pain.

2. *Feel safe and secure*

When children feel safe and secure, they learn to trust other people. Children who don't feel safe can be anxious and unhappy. This can affect their health and learning. But when they learn that they can trust the adults around them, it helps them grow up happy, healthy and to enjoy the world around them. Firstly, we make children feel safe by meeting their basic needs. But we also make them feel safe by showing them that we love them.

3. *Love and hugs*

Hugs and cuddles help children to feel safe and comforts them. Holding your children, picking them up, sitting them on your lap, kissing and cuddling, are all good ways to show that you care.

Babies and toddlers usually love games like bouncing them on your knee, gently tickling, and games that involve wiggling their fingers or toes can be lots of fun.

4. *Plenty of praise*

Child wants to please you. If you praise them when they do well at something or are trying hard, it will make them want to do it again. Praising your child for being good will make them want to be good, and it will help them feel good about themselves. Children who feel good about themselves tend to:

- learn more easily and make more effort to achieve
- get into less trouble
- get on well with others
- make friends more easily
- feel happier and more secure.

5. *Smiles*

Give a new baby lots of smiles, and smiling will be one of the first things they learn to do for you.

Smiling is one of the simplest ways of helping children feel happy and safe. When you smile at children you are telling them that:

- you love them
- you enjoy their company
- you are pleased with them

- you are taking notice of them
- you are happy
- you are good fun to be with.

Smiles work even better when you are looking into your child's eyes. Good eye contact when smiling, listening or talking to your child helps to get their attention.

6. Talking

It's good to talk and sing to babies from the time they are born. A gentle voice helps child to feel relaxed and secure. It helps them to get to know you, and to know that you are there to look after them. When you talk to children they soon start learning words themselves. The more you talk to them, the more they will learn.

They will also learn more if you use proper adult words most of the time. Learning words helps them to communicate and to understand more about the world. As they get older, words will become one of their most important tools. Children with a good use of words find it easier to express themselves, to make friends, and to learn at school and at home.

Some ideas for talking to children:

Take a sit and talk few minutes.

A quiet time together before bed: This can just be a few minutes of talking about your day together – as a remember of a day spent with the kid, and it will make it a special time.

Name games: When kids are learning words, play games like: "Where's your tummy?"/ "Where's the cat?"/ "What's that?"

Bedtime stories: Or just read books at any time. Even if kids are young, they like looking at the pictures.

Sing: Songs and clap hands are a great way to learn words.

Talk topic: Ask them to pick a topic, and you can tell them a story about it from your own childhood.

7. Listening the kid

As they get older and more able to use words, children begin to ask lots of questions. By listening carefully and doing your best to answer their questions, you will show them that learning is fun. Listening is another way of showing that you are interested and care about

them. Even when kids are asking for something they can't have, they need an answer and a simple explanation.

A scrapbook for child: Children love stories about themselves - it helps them feel loved and important. You could make a scrapbook or album/video that's all about the child from the time he was born. Put all sorts of things in it: a handprint, photos, things he has said, a favorite birthday toy.

Read it with child as a special reward or treat, or to comfort them.

8. Learning new things

You don't need fancy toys or equipment to give child new experiences. You can use everyday things around you, go for walks or explore the beach or park. Why not start a shell collection - or look for special stones? Or what about joining a toy library? It makes learning fun and teaches them about the world.

They need other people too - other children to play with and relationships with people of all ages.

It can be used simple things: a story from your childhood, play a game - a board game if they're older, peek-a-boo if they're younger, or naming games like 'I spy…', sing a song, explore the house and garden, read a book (even if babies like the pictures), teach your kids shapes and colors, take your kids to a friend's place to visit, praise your children for something new they did or something they did well, take your child for a walk to the park, beach or anywhere near by, do some drawing, painting or coloring, pick up stones, look at flowers - new experiences are everywhere for kids.

9. Take care of their feelings

Babies and small children can be frightened by anything new and different, when there is no real danger. A stranger, a clown, or a loud noise, can all be very scary for a toddler who is not used to them. Sometimes you might feel tempted to laugh, to tease them or tell them 'not to be silly'. What they really need is for you to comfort them and give them a simple explanation. This will help them feel good about themselves, and feel OK about talking to you if they have a serious problem.

10. Rewards and special treats

All parents want their children to behave. If you give kids attention when they are good, it will make them want to be good more often. If you only notice them when they are naughty, it might make them want to be naughty more often.

The best reward for being good is getting your time and attention. Taking time to play and have fun together doesn't have to cost money. A picnic, a walk in the park or a trip to the beach can be lots of fun.

1.2.2. Child care sick and disabled child

Parents' expectations of themselves often become one of their biggest stressors when they discover their child has a chronic illness or disability. They feel as though their child's success or failure depends exclusively on them. The parent may believe that the only way for the child to function is for the parent to give up on her own life and take responsibility for every aspect of the child's life. By refusing to accept help from others, and by not letting the child take on some responsibilities themselves, parents subject themselves to additional stress and pressure: worry about the future - "What does the future hold for my child? Will he be a productive and independent individual?" These questions can haunt all parents, but they may seem especially pressing to those whose children are sick or disabled. Also, self-blame: parents may feel guilt associated with the disability or chronic illness, especially when it is caused by genetic predisposition or when present at birth. They wonder to what degree they are to blame for this illness and often shoulder blame and feelings of failure. When behavioral issues occur that parents do not approve of, they may be unable to discipline without feeling even more guilt.

Some illnesses and disabilities are not conducive to warmth and closeness, and parents want so much to have this kind of relationship with their child. Depending on what condition the child has, it may be necessary to adjust parents' expectations of how this relationship will be framed.

This is really another expression of the self-blame previously mentioned. Some parents, either consciously or subconsciously, come to the belief that other people hold them responsible for their child's illness. This is very rarely true, but parents may harbor these feelings. But there are also external stressors for the parent:

- *Sibling resentment:* Brothers and sisters of the child with chronic disability or illness may feel neglected and angry that mom and dad spend more time with their ill sibling. They may later feel shame for having these feelings.
- *Difficult behavior***:** Certain types of illness or disability are characterized by behavior that is not always what parents would want to see in their child. When parents are unable to effectively discipline or correct this behavior, it may exacerbate and become chronic in nature.
- *Financial burden***:** Medical bills can quickly become too much to handle. Additional care and services for the child, doctor visits, and hospitalizations all add to what may be an already overburdened household budget.
- *Conflict between parents on how to care for the child*: Some parents have differing ideas on how to handle and nurture the child in all aspects of his life. Some may even deny that a problem exists. It is a struggle for both as they try to understand and accept how their relationship is evolving because of the stresses of caregiving.
- *Trying to find and obtain professional services appropriate for the child*: Who will be best suited to help with a child's particular illness? By understanding their own abilities and limitations, parents will be much better able to determine when they need support.
- *School placement*: Where will the child have the best chance of becoming educated and independent? What services are offered in these schools for development and growth? Finding a school with appropriate facilities and staff can be a difficult process.
- *Educating other family members and outsiders – caregivers, too, about the child's disability***:** This education is crucial for others who may not understand exactly what the child is experiencing, or how to deal with the situation.

Physiological Stressors for parent/ caregivers: The physical demands of caring for a child can be tremendous, and this applies even more to those with sick or disabled children. Large amounts of energy are required on a day-to-day basis to care for a child with additional needs. Care providers need to take of themselves too. Specifically, parents/caregivers should remember to:

- Get a refreshing and restorative sleep each night
- Take care to eat nutritive foods
- Get daily exercise
- Schedule time for relaxation, and a break from the demands of the household and children.

Physical Signs of Stress

- Headaches
- Feelings of fatigue or low energy
- Muscle aches and pains, tense muscles
- Chest pain
- Sleep difficulties
- Frequent colds or infections
- Drop in sex drive
- Upset stomach, diarrhea, or constipation
- Teeth grinding

Mind and Mood

- Becoming irritated or angered easily
- Anxiety, worry
- Feelings of low self-esteem, worthlessness, inappropriate guilt
- Feeling overwhelmed
- Lack of motivation
- Sadness or depression
- Difficulty relaxing
- Inability to focus, indecisiveness
- Being pessimistic

Behavioral Signs of Stress

- Changes in appetite (over or under-eating)
- Tobacco use
- Increased use of alcohol or drugs

- Increased nail biting, fidgeting (nervousness)
- Avoiding responsibilities
- Social withdrawal

Strategies For Managing Stress

Parents/caregivers can easily become overwhelmed by all of the responsibilities they shoulder, especially when they also work outside the home. They have job-related deadlines and stresses, along with the child-raising responsibilities and daily household obligations that must be accomplished. With the added accountability of caring for a child with a chronic illness, they are at an increased risk of parenting stress.

With these responsibilities comes a wide array of emotional responses. Some days parents may feel like running away because everything is working against them. Other days will turn out to be quiet and rewarding with feelings of accomplishment. All emotions are natural and normal. Having realistic expectations will go a long way toward helping to cope with whatever life holds. Learning effective coping techniques will be beneficial to both the parents and the child.

1. Education

2. Get social support

The best social support starts with those closest to the parents and their child. Family and friends are the ones most likely to offer support. By confiding in them, parents will have an outlet, and these family members will feel a part of the living-giving process. They will help to bring “normal” back to the upheaval parents have felt in their life throughout these recent events.

Parents should check in their community for support groups. Church groups or community education classes may provide invaluable resources. There are specific networks of families throughout the country who have experienced similar situations. Many have regular meetings which may be close to the family home.

There are even blog groups and online support groups to offer assistance with day-to-day difficulties and share the types of feelings that all parents in these situations experience.

These days, parents don't need to get dressed up or leave the house to find a group that can share the pain or frustration and show a new perspective.

3. Dealing with other people

To lighten the emotional load, parents can start by making a specific list of problems that are stressing them out, including school placement, homework, educating those outside the immediate family about the child's problems, transportation to and from school and other related activities. Then, they can determine which things they have control over and what their ultimate goals would be. Even having them down in writing will give a sense of control and time to analyze future actions. They should determine what can realistically be accomplished, and learn how to say "no" when the item is not a priority on their list. With short-term and long-term priorities, they will know how to make more suitable plans.

4. Financial support

Chronic illnesses and disabilities tend to pull families apart for emotional reasons. They are also very draining on family budgets and resources because of the additional medical services, medications, counseling, and other money constraints that progressively grow over the lifetime of the disability. When researching the available financial help, parents can feel overwhelmed and worried. However, no matter where they live, there are government programs and private programs available to help families. There are also other disabled children's charities and even volunteer caregiver programs. Physicians or counselors in the community may be able to suggest what help is available.

5. Caregiver support

Last, but certainly not least, the caregiver must give the child the gift of a healthy and confident parent. The only way for parents to do that is to take care of themselves. Parents can begin by making a schedule for themselves; that is, what they will eat today, what kind of exercise they will accomplish, and how many hours of stress-free sleep they will carve out for themselves. It helps to know their high and low energy times and work around those. Parents are a child's most important advocate. They need to make sure they are ready for the job.

Parents also need to find a small piece of time to call their own each day. Whether it is a 10-minute walk around the block or a phone call to an aunt, they need to have some “me time.” It is important to clear the mind or occasionally just fill it with something that requires little to no mental work. By being a little selfish with regard to this time alone, parents will regain some energy and emotional perspective. It is also very important to have a list of respite service providers in the area that parents can call to relieve them for a couple hours or a few days while they get away. This time away can make an individual a much better caregiver.

Parents should make recreation and exercise a priority. The added endorphins will give extra energy to deal with everyday problems and perhaps view them in a different light.

6. Recruit others in the family to help

Parents who have a child with a chronic disability know that time is a rare and special gift. They should use it wisely, for example by sharing household tasks with everyone in the household. Parents, especially moms, don’t have to do it all! They should ask for help with cleaning, cooking, even shopping.

It is important to set rules and boundaries in the household. The child with the disability needs to know his boundaries and limits as well. Without clearly defined expectations, children become dependent on others for everything. This tends to lower their self-esteem and encourage inappropriate social skills and poor behavior. Give them age-appropriate tasks, and they will develop a sense of accomplishment and pride. Siblings can often have feelings of jealousy or anger, but their understanding of the illness and their coping strategies will change as they grow older. If they are involved as a family in caring for the chronically ill child, and also are able to savor the sweet kindness experienced in helping that brother or sister, they may be more forgiving and understanding of his needs. By addressing any fears they may have whether spoken or unspoken, parents may bring them closer together as siblings.

There is immense stress involved in parenting a chronically ill child. Spouses may also feel the effects of time constraints with constant caregiving. Parents’ time together is important, but it often comes down to a matter of priorities. The child needs its

parents to be available for certain acute illnesses or hospitalizations, but they need to get away together occasionally too. The child deserves both parents to be healthy and happy. If they are able to tolerate changes, share feelings honestly, and live with imperfection, parents will be able to cope with whatever comes their way. Understanding anger and trying to see the positive side of stress will go a long way in helping those around them do the same.

Good family communication and flexibility will help all family members to see every challenge as an opportunity to grow. The entire family needs to learn how to cope together, and find ways to accept the world as it is now. Families should try to enjoy life, focus on one thing at a time, and not take on more than they can handle. Each family member will find their own coping strategies and share them with the others. Parents and children should revel in the glorious gifts of nature, enjoy changing seasons and holidays with friends and family, laugh, have fun, and make time for joy in their lives.

Useful resources (accessed 15th August 2016):

http://www.family-friendly-fun.com/disabilities/coping-stress.htm

http://www.kidshealth.org.nz/coping-when-your-child-has-diagnosis-chronic-illness-or-disability

http://www.psychologytoday.com/blog/the-race-good-health/201306/4-tips-managing-parenting-stress

http://www.iancommunity.org/cs/articles/parental_depression

1.2.3. The orphan disease

Because of definitions that include reference to treatment availability, a lack of resources, and severity of the disease, the term orphan disease is used as a synonym for rare disease. But in the European Union, "orphan diseases" have a distinct legal meaning.

It includes both rare diseases and any non-rare diseases "for which there is no reasonable expectation that the cost of developing and making available a drug for such disease or condition will [be] recovered from sales in the United States of such drug" as orphan diseases.

The European Organization for Rare Diseases (EURORDIS) also includes both rare diseases and neglected diseases into a larger category of "orphan diseases".

To see European documents on this topic. – few sites

- *"Rare Diseases". Siope.Eu. 2009-06-09. Archived from the original on 3 December 2012. Retrieved 2012-09-24.*
- *"RARE List". Global Genes. April 15, 2016. Retrieved April 15, 2016.*
- http:// Rare diseases: what are we talking about? - *"Useful Information on Rare Diseases from an EU Perspective" (PDF). European Commission* & *"Rare Diseases: Understanding This Public Health Priority" (PDF). European Organisation for Rare Diseases (EURORDIS). November 2005. Retrieved 16 May 2009.*

1.2.4. Feeding young children

Infant feeding is a challenging and intricate process. Food intake is shaped by prior experience of flavors derived from the maternal diet *in utero* and via human milk, by ongoing experience of foods eaten during the first years of life including the variety, types and frequency of foods offered. The ways in which parents interact with their children including the way foods are presented, the emotional context they cultivate and the feeding practices they use can influence their children's eating habits, either positively or negatively. There is a mismatch between what government guidelines advise parents in relation to the “when, what and how” to feed children including during the weaning period and what parents actually do. Acquisition of food preferences and the establishment of eating habits in the early years form part of an ongoing, complex developmental process, however there is a gap between experimental evidence on best practice in infant feeding and what parents receive as advice about feeding. It is timely, therefore, to translate these findings into solutions for parents. Practical support for infant feeding should be evidence based, parent-focused and contingent on the needs of the developing child since infant feeding sets the foundation of healthy eating habits for life.

1.3. Health promotion and prevention

Staying healthy is very important in the lives of families, children, and communities. There are a number of ways to stay healthy—washing hands, good oral health, regular physical activity,

getting children immunized, and eating healthy foods—that parents and caregivers can help themselves and the children they care for stay in good health and free of disease.

Childhood disease impacts the lives of children and families throughout our world. In the European countries, asthma, tooth decay, and obesity are three of the leading diseases among children. This section offers parents and caregivers resources and information about keeping children healthy and ready to succeed. Illnesses and diseases may also include ring-worm, head lice, and hand, feet, mouth disease. It is uncertain how these diseases spread, but hand washing reduces some risk of transmission and increasing hygiene in other ways also reduces risk of infection.

DEBATE ON THIS TOPIC

1.3.1. Health and hygienic requirements

http://nationalsafetyboard.com/health_hygiene.html

WATCHING A MOVIE & DEBATE AFTER

1.3.2. Aseptic and antiseptic rules

Bacteria are everywhere, and some are good for us while others are harmful. That's why minimizing our exposure to harmful bacteria when undergoing medical procedures is so important. Healthcare providers regularly use aseptic techniques to achieve this. Aseptic technique is a method designed to prevent contamination from microorganisms. It involves applying the strictest rules and utilizing what is known about infection prevention to minimize the risks that you'll experience an infection. Common settings where the aseptic technique is used include surgery rooms, clinics, and outpatient care centers. Aseptic technique is used in various clinical settings to prevent the spread of pathogens. The primary goal of the aseptic technique is to prevent harmful organisms from spreading and causing infection.

Aseptic technique is commonly used in the following situations:

- handling surgery equipment
- accessing dialysis catheters
- performing dialysis
- inserting a chest tube
- inserting a urinary catheter
- inserting central intravenous (IV) or arterial lines
- inserting other draining devices
- performing various surgical techniques

Useful septic objects:

- sterile gloves
- sterile gowns
- sterile drapes
- masks

Sterile materials are those that have not touched a contaminated surface. They're specially packaged and cleaned items that are put on in a way that minimizes exposure to germs. Not only do healthcare providers use sterile barriers, but they also use sterile equipment. This

includes sterile instruments and equipment. Cleansing and bacteria-killing preparations are also applied to the skin before a procedure. Maintaining a sterile environment requires keeping doors closed during an operation. Only necessary health personnel should be at the procedure. The more people present, the more opportunities for harmful bacteria to cause contamination. Keeping the environment as clean as possible is always important in preventing infections. However, some situations call for aseptic technique while others call for clean techniques. Clean techniques are important for all healthcare providers and their patients because they prevent infections on a daily basis.

Examples of clean techniques include washing hands and applying clean gloves when needed. A person's surroundings are kept as clean as possible, but "sterile" items or techniques aren't being used.

Clean techniques are commonly used in the following situations:

- administering an injection
- emptying a urinary catheter drainage bag
- giving a bed bath
- inserting a peripheral IV (an IV in a smaller vein)
- removing a peripheral IV line
- removing an indwelling urinary catheter

Aseptic technique at home:

While your home isn't likely a surgery center, there may be a time when you or a loved one may require aseptic technique. An example of this could be a sterile dressing change for a wound. It's recommended that wounds with a high risk of infection be dressed with sterile materials. To change a sterile dressing, a person needs sterile gloves and a special dressing change kit or supplies. It's important to note that proper aseptic techniques require training. If you or a loved one requires a sterile dressing change, a healthcare specialist should demonstrate the techniques and have you practice them before doing them at home.

It is very important also for kids, but for family members too, or caregivers that are working in home.

1.3.3. The role of child career in the proper defining the health condition and preventing of diseases

The role of child career in the proper defining the health condition and preventing of diseases is very important because is the person that is following all day life of the kid, and knows all details about his activities. Also, he/she is following all states, all moments that can offer a real image of the health of the child.

All hygiene rules, all objects and the environment are surveyed by the caregiver during their staying together. Caregivers are those that assure a safety place for each activity of the kid.

It is very important to see that a kid has proper and safety conditions for growth and developing.

DEBATE with examples from each own experiences

1.3.4. Prevention in educational and care institutions

Prevention and treatment constitute some priorities for each institution, and each country has its own rules and laws that are previewing all details related to.

Child protection includes some rules and methods for be used in prevention in educational and care institutions – preschool institutions, kinder gardens, schools, etc.

TO PREVENT is a priority for our entire society.

2. Educational competencies

2.1. Basics of developmental and educational psychology

Educational psychology is the branch of psychology concerned with the scientific study of human learning. The study of learning processes, from both cognitive and behavioral perspectives, allows researchers to understand individual differences in intelligence, cognitive development, affect, motivation, self-regulation, and self-concept, as well as their role in learning. The field of educational psychology relies heavily on quantitative methods, including testing and measurement, to enhance educational activities related to instructional design, classroom management, assessment, which serve to facilitate learning processes in various educational settings across the lifespan.

Educational psychology can in part be understood through its relationship with other disciplines. It is informed primarily by psychology, bearing a relationship to that discipline analogous to the relationship between medicine and biology. It is also informed by neuroscience. Educational psychology in turn informs a wide range of specialties within educational studies, including instructional design, educational technology, curriculum development, organizational learning, special education and classroom management. Educational psychology both draws from and contributes to cognitive science and the learning sciences. In universities, departments of educational psychology are usually housed within faculties of education, possibly accounting for the lack of representation of educational psychology content in introductory psychology textbooks. The field of educational psychology involves the study of memory, conceptual processes, and individual differences (via cognitive psychology) in conceptualizing new strategies for learning processes in humans. Educational psychology has been built upon theories of Operant conditioning, functionalism, structuralism, constructivism, humanistic psychology, Gestalt psychology, and information processing.

Educational psychology has seen rapid growth and development as a profession in the last twenty years. School psychology began with the concept of intelligence testing leading to provisions for special education students, who could not follow the regular classroom curriculum in the early part of the 20th century. However, "School Psychology" itself has built a fairly new profession based upon the practices and theories of several psychologists among many different fields. Educational Psychologists are working side by side with psychiatrists, social workers, teachers, speech and language therapists, and counselors in attempt to understand the questions being raised when combining behavioral, cognitive, and social psychology in the classroom setting. Within this frame it can be formed also a caregiver, an in home caregiver for ante preschool children because this person has to know much information about growth of a kid, his needs, also his personality, maybe if his age is so younger.

2.1.1. Child development

Child development refers to the biological, psychological and emotional changes that occur in human beings between birth and the end of adolescence, as the individual progresses from dependency to increasing autonomy. It is a continuous process with a predictable sequence yet having a unique course for every child. It does not progress at the same rate and each stage is affected by the preceding types of development. Because these developmental changes may be strongly influenced by genetic factors and events during prenatal life, genetics and prenatal development are usually included as part of the study of child development. Related terms include developmental psychology, referring to development throughout the lifespan, and pediatrics, the branch of medicine relating to the care of children. Developmental change may occur as a result of genetically-controlled processes known as maturation, or as a result of environmental factors and learning, but most commonly involves an interaction between the two. It may also occur as a result of human nature and our ability to learn from our environment.

There are various definitions of periods in a child's development, since each period is a continuum with individual differences regarding start and ending. Some age-related development periods and examples of defined intervals are: newborn (ages 0–4 weeks); infant (ages 4 weeks – 1 year); toddler (ages 1–3 years); preschooler (ages 4–6 years); school-aged child (ages 6–13 years); adolescent (ages 13–19).

Promoting child development through parental training, among other factors, promotes excellent rates of child development.[Parents play a large role in a child's life, socialization, and development. Having multiple parents can add stability to the child's life and therefore encourage healthy development. Another influential factor in a child's development is the quality of their care. Child care programs present a critical opportunity for the promotion of child development.

The optimal development of children is considered vital to society and so it is important to understand the social, cognitive, emotional, and educational development of children. Increased research and interest in this field has resulted in new theories and strategies, with specific regard to practice that promotes development within the school system. In addition

there are also some theories that seek to describe a sequence of states that compose child development.

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2.1.2. Shaping activity of the child

"You are what you think." This saying has become extremely important to me since becoming a parent/caregiver as I have realized the huge impact I have on shaping my children's/children I am staying or working perspectives on their own selves, and life in general.

The words I say to them, the confidence I help them develop, and the opportunities I offer to practice resilience can make a big difference to their long-term development. Helping my children develop a positive attitude will contribute greatly to their emotional well-being. Most importantly, they will learn through the behavior I model. If I can look at any given situation with hope and respect, they will likely take on the same attitude and therefore be able to work through their challenges with forbearance and grace.

In what other ways can we teach our kids to think positively? One simple way to start is discussing the topic of positive thinking through fun activities. Kids love to learn through games and crafts, so it is natural that they will gain insights through discovering positive attitude through play.

Here are some activities that can spark the discussion of having a positive attitude with kids:

Make a Wall of Love and talk about seeing the best in each other – from *Coffee Cups and Crayons*.

Create an Attitude Box and think about what makes you "shine" – from *House of Shine*.

Help kids see kindness as fun by giving Kindness Coupons – from Play activities.

Start an Awe Journal to appreciate the amazing moments in everyday life – from *The House of Hendrix*.

Experience this hands-on lesson to show the kids just how big a difference kindness can make– from *Pennies of Time*.

Offer your children a chance to explore the concept of self-control through these Bubble Games – from *Not Just Cute*.

Write your own Life List to share your dreams and goals with each other – from *Thinking IQ*.

Help your kids work through anxiety by creating Worry Dolls together – from *My Little Bookcase*.

Guide your children through an activity to learn about interacting with others and Personal Space – from *A Mom With A Lesson Plan*.

How are you encouraging your children develop a positive attitude?

There are a lot of games – individual, in group or outdoor that each of us as parents or caregivers can play with kids.

individual game

outdoor game

2.1.3. Identifying and satisfy needs of the child

Maslow's eight basic needs and the eight stage developmental model

Most of us are familiar with the Maslow's hierarchy of needs. Though we tend to think of them as five basic needs, Maslow had modified the hierarchy later to include three other needs at the top taking the total to eight. The modified diagram is given below.

Out of these the first four needs, Maslow identified as deficit needs: i.e if the needs are not met, they make us uncomfortable and we are motivated or driven by these needs in as much as we are able to sufficiently fulfill these needs.

The last four needs, he identifies as growth needs: i.e. we never get enough of these. We are constantly motivated by these needs as they pertain to our growth and development. He also arranged them in a hierarchy such that we are motivated primarily by a need only if lower level needs have been met. Thus, before one is motivated by cognitive or self actualization needs, one should have taken care of basic deficit needs like physiological, security, belonging and esteem.

The eight Maslow needs and explain it using analogies form other eight stage models.

1. Physiological needs: These are the basic animal needs for such things as food, warmth, shelter, sex, water, and other body needs. If a person is hungry or thirsty or his body is chemically unbalanced, all of his energies turn toward remedying these deficiencies, and other needs remain inactive. If one's basic biological needs are not met, one would never be able to trust the environment and would be stuck with high neuroticism and anxiety.
2. Safety needs: With his physical needs relatively satisfied, the individual's safety needs take over and dominate his behavior. These needs have to do with man's yearning for a predictable, orderly world in which injustice and inconsistency are under control, the familiar frequent, and the unfamiliar rare. This need for consistency, if not satisfied leads to feelings of doubt and shame (as opposed to feelings of autonomy or being in control) and lead to high conscientiousness or need for discipline and orderliness.
3. Belonging needs: After physiological and safety needs are fulfilled, the third layer of human needs is social. This psychological aspect of Maslow's hierarchy involves emotionally-based relationships in general, such as friendship, sexual intimacy and having a supportive and communicative family. If one finds failure in having such close relationships, one is bedeviled with such negative social emotions like guilt (vis a vis initiative) and has low extraversion values.
4. Self-esteem needs: All humans have a need to be respected, to have self-esteem, self-respect, and to respect others. People need to engage themselves to gain recognition and have an activity or activities that give the person a sense of contribution, to feel accepted and self-valued, be it in a profession or hobby. This need if not satisfied leads

to feelings of inferiority vis-a-vis feelings of industry. Feelings of inferiority in turn may lead to low agreeableness.

5. Cognitive needs: Maslow believed that humans have the need to increase their intelligence and thereby chase knowledge. Cognitive needs is the expression of the natural human need to learn, explore, discover and create to get a better understanding of the world around them. This growth need for self-actualization and learning, when not fulfilled leads to confusion and identity crisis. Also, this is directly related to need to explore or the openness to experience.
6. Aesthetic needs: Based on Maslow's beliefs, it is stated in the hierarchy that humans need beautiful imagery or something new and aesthetically pleasing to continue up towards Self-Actualization. Humans need to refresh themselves in the presence and beauty of nature while carefully absorbing and observing their surroundings to extract the beauty that the world has to offer. This need is a higher level need to relate in a beautiful way with the environment and leads to the beautiful feeling of intimacy with nature and everything beautiful.
7. Self-actualization needs: Self-actualization is the instinctual need of humans to make the most of their abilities and to strive to be the best they can. This need when fulfilled leads to feeling of generality.
8. Self-transcendence needs: Maslow later divided the top of the triangle to add self-transcendence which is also sometimes referred to as spiritual needs. Spiritual Needs are a little different from other needs, accessible from many levels. This need when fulfilled, leads to feelings of integrity and take things to another level of being.

   I, as usual am quite excited by these parallels and implore my readers to explore this further. In my next post I will be taking about core social motives theory, which like Maslow's is a needs theory, and how that maps to the five initial stages of development.

Basic Human Emotional Needs – prioritary for kids

Here are some of the basic human emotional needs expressed as feelings. While all humans share these needs, each differs in the strength of the need, just as some of us need more water, more food or more sleep. One person may need more freedom and independence, another may need more security and social connections. When a person's natural emotional needs are met, healthy behavior naturally follows. In various degrees, each according to his or her own unique nature, we each have a natural emotional need to feel:

accepted	free	private
acknowledged	fulfilled	productive / useful
admired	heard	reassured
appreciated	helped	recognized
approved of	helpful	respected
believed in	important	safe / secure
capable	in control	supported
cared about	included	treated fairly
challenged	listened to	trusted
clear (not confused)	loved	understanding
competent	needed	understood
confident	noticed	valued
forgiven	powerful	worthy
forgiving		

2.2. Supporting development of the child

From birth to 3 years old there are a lot of documents and information – studies that can be followed and studied online. We have consulted the following: Healthy Beginnings: Supporting Development and Learning from Birth through Three Years of Age www.marylandhealthybeginnings.org

Examples of proceeding with kids: 1. Express comfort and discomfort, enjoyment and unhappiness in her environment 2. Calm herself 3. Show interest in familiar adults 4. Show

awareness of other children 5. Demonstrate attachment to individuals • Cry, smile, wiggle, gurgle, fuss and use facial expressions to let people know how she feels • Enjoy soothing, tactile stimulation • Learn to close her eyes, suck on fist, or turn head away from distractions • Begin to follow regular patterns of eating and sleeping • Quiet when you intervene with rocking, talking, singing, or dimming lights • Indicate when she needs rest by closing her eyes or turning away from distractions • Fuss, cry, or coo to initiate interactions with adults • Turn to voices of familiar adults • Smile when seeing or hearing them • Develop a sense of trust • Begin to show recognition of familiar children with facial expressions, noises or body language and facial expressions • See and enjoy older children • Turn her head toward a familiar caregiver • Look in the direction of your voice • Imitate your smile …

SEE: http://cte.jhu.edu/onlinecourses/HealthyBeginnings/HBFINAL.pdf

2.2.1. Methods of supporting child development

Child development is a process every child goes through. This process involves learning and mastering skills like sitting, walking, talking, skipping, and tying shoes. Children learn these skills, called developmental milestones, during predictable time periods.

Children develop skills in five main areas of development:

1. **Cognitive Development**

   This is the child's ability to learn and solve problems. For example, this includes a two-month-old baby learning to explore the environment with hands or eyes or a five-year-old learning how to do simple math problems.

2. **Social and Emotional Development**

   This is the child's ability to interact with others, including helping themselves and self-control. Examples of this type of development would include: a six-week-old baby smiling, a ten-month-old baby waving bye-bye, or a five-year-old boy knowing how to take turns in games at school.

3. **Speech and Language Development**

   This is the child's ability to both understand and use language. For example, this

includes a 12-month-old baby saying his first words, a two-year-old naming parts of her body, or a five-year-old learning to say "feet" instead of "foots".

4. **Fine Motor Skill Development**

   This is the child's ability to use small muscles, specifically their hands and fingers, to pick up small objects, hold a spoon, turn pages in a book, or use a crayon to draw.

5. **Gross Motor Skill Development**

   This is the child's ability to use large muscles. For example, a six-month-old baby learns how to sit up with some support, a 12-month-old baby learns to pull up to a stand holding onto furniture, and a five-year-old learns to skip.

SEE: http://www.cdc.gov/ncbddd/autism/actearly/.

2.2.2. Disorders of the proper child development

Emotional and Behavioral Development/ Disorders

Emotion and behavior are based on the child's developmental stage and temperament. Every child has an individual temperament, or mood. Some children may be cheerful and adaptable and easily develop regular routines of sleeping, waking, eating, and other daily activities. These children tend to respond positively to new situations. Other children are not very adaptable and may have great irregularities in their routine. These children tend to respond negatively to new situations. Still other children are in between these two ends of the spectrum.

Infants: Crying is an infant's primary means of communication. Infants cry because they are hungry, uncomfortable, distressed, and for many other reasons that may not be obvious. Infants cry most—typically 3 hours a day—at 6 weeks of age, usually decreasing to an hour a day by 3 months of age. Parents typically offer crying infants food, change their diaper, and look for a source of pain or discomfort. If this does not work, holding or walking with the infant sometimes helps. Occasionally nothing works. Parents should not force food on crying infants, who will readily eat if hunger is the cause of their distress. At about 9 months of age, infants normally become more anxious about being separated from their parents. Separations at bedtime and at places like child care centers may be difficult and can be marked by temper tantrums. This behavior can last for many months. For many older children, a special blanket or

stuffed animal serves at this time as a transitional object that acts as a symbol for the absent parent.

Children: At 2 to 3 years of age, children begin to test their limits and do what they have been forbidden to do, simply to see what will happen. The frequent "nos" that children hear from parents reflect the struggle for independence at this age. Although distressing to parents and children, tantrums are normal because they help children express their frustration during a time when they cannot verbalize their feelings well. Parents can help decrease the number of tantrums by not letting their children become overtired or unduly frustrated and by knowing their children's behavior patterns and avoiding situations that are likely to induce tantrums. Rarely, temper tantrums need to be evaluated by a doctor. Some young children have particular difficulty controlling their impulses and need their parents to set stricter limits around which there can be some safety and regularity in their world.

At age 18 months to 2 years, children typically begin to establish gender identity. During the preschool years, children also acquire a notion of gender role, of what boys and girls typically do. Exploration of the genitals is expected at this age and signals that children are beginning to make a connection between gender and body image.

Between 2 and 3 years of age, children begin to play more interactively with other children. Although they may still be possessive about toys, they may begin to share and even take turns in play. Asserting ownership of toys by saying, "That is mine!" helps establish the sense of self. Although children at this age strive for independence, they still need their parents nearby for security and support. For example, they may walk away from their parents when they feel curious only to later hide behind their parents when they are fearful.

Childhood disorders, often labeled as **developmental disorders** or **learning disorders**, most often occur and are diagnosed when the child is of school-age. Although some adults may also relate to some of the symptoms of these disorders, typically the disorder's symptoms need to have first appeared at some point in the person's childhood.

Symptoms & Treatments of Childhood and Developmental Disorders:

- Autism Spectrum Disorders (Formerly Asperger’s, Autistic Disorder, & Rett’s)
- Attachment Disorder

- Attention Deficit/Hyperactivity Disorder (ADHD/ADD)
- Autism
- Conduct Disorder
- Disorder of Written Expression
- Disruptive Mood Dysregulation Disorder
- Encopresis
- Enuresis
- Expressive Language Disorder
- Mathematics Disorder
- Mental Retardation, see Intellectual Disability
- Oppositional Defiant Disorder
- Reading Disorder

2.2.3. Prevention of child development disorders

Facts about Developmental Disabilities: Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.

Developmental Milestones: Skills such as taking a first step, smiling for the first time, and waving "bye-bye" are called developmental milestones. Children reach milestones in how they play, learn, speak, behave, and move (for example, crawling and walking).

Children develop at their own pace, so it's impossible to tell exactly when a child will learn a given skill. However, the developmental milestones give a general idea of the changes to expect as a child gets older.

If the child is not meeting the milestones for his or her age, or you are concerned about child's development, talk with your child's doctor and share your concerns. Don't wait!

What to do if you're concerned? - Developmental Monitoring and Screening: A child's growth and development are followed through a partnership between parents and health care

professionals. At each well-child visit, the doctor looks for developmental delays or problems and talks with the parents about any concerns the parents might have. This is called *developmental monitoring*.

Any problems noticed during developmental monitoring should be followed up with *developmental screening.* Developmental screening is a short test to tell if a child is learning basic skills when he or she should, or if there are delays. If a child has a developmental delay, it is important to get help as soon as possible. Early identification and intervention can have a significant impact on a child's ability to learn new skills, as well as reduce the need for costly interventions over time.

Causes and Risk Factors - Developmental disabilities begin anytime during the developmental period and usually last throughout a person's lifetime. Most developmental disabilities begin before a baby is born, but some can happen after birth because of injury, infection, or other factors.

Most developmental disabilities are thought to be caused by a complex mix of factors. These factors include genetics; parental health and behaviors (such as smoking and drinking) during pregnancy; complications during birth; infections the mother might have during pregnancy or the baby might have very early in life; and exposure of the mother or child to high levels of environmental toxins, such as lead. For some developmental disabilities, such as fetal alcohol syndrome, which is caused by drinking alcohol during pregnancy, we know the cause. But for most, we don't.

Following are some examples of what we know about specific developmental disabilities:

- At least 25% of hearing loss among babies is due to maternal infections during pregnancy, such as cytomegalovirus (CMV) infection; complications after birth; and head trauma.
- Some of the most common known causes of intellectual disability include fetal alcohol syndrome; genetic and chromosomal conditions, such as Down syndrome and fragile X syndrome; and certain infections during pregnancy, such as toxoplasmosis.
- Children who have a sibling are at a higher risk of also having an autism spectrum disorder.

- Low birth weight, premature birth, multiple birth, and infections during pregnancy are associated with an increased risk for many developmental disabilities.
- Untreated newborn jaundice (high levels of bilirubin in the blood during the first few days after birth) can cause a type of brain damage known as kernicterus. Children with kernicterus are more likely to have cerebral palsy, hearing and vision problems, and problems with their teeth. Early detection and treatment of newborn jaundice can prevent kernicterus.

Children with disabilities need health care and health programs for the same reasons anyone else does - to stay well, active, and a part of the community. Having a disability does not mean a person is not healthy or that he or she cannot be healthy. Being healthy means the same thing for all of us - getting and staying well so we can lead full, active lives. That includes having the tools and information to make healthy choices and knowing how to prevent illness. Some health conditions, such as asthma, gastrointestinal symptoms, eczema and skin allergies, and migraine headaches, have been found to be more common among children with developmental disabilities. Thus, it is especially important for children with developmental disabilities to see a health care provider regularly.

For all involved is important to learn more about healthy living.

SEE: works/studies from **References & Bibliography**

2.2.4. Children with special educational needs

Special educational needs and disabilities (SEND) can affect a child or young person's ability to learn. They can affect their:

- behaviour or ability to socialise, eg. they struggle to make friends
- reading and writing, eg. because they have dyslexia
- ability to understand things
- concentration levels, eg. because they have ADHD
- physical ability

Who to talk to:

- If you think your child may have special educational needs, contact the SENco-ordinator, or ‘SENCO’ in your child’s school or nursery.
- Contact your local council if your child isn’t in a school or nursery.
- Your local Information, Advice and Support (IAS) Service can give you advice about SEND.
- Support your child can receive

Your child may be eligible for:

- SEN support - support given in school, eg. speech therapy
- an education, health and care (EHC) plan - a plan of care for children and young people aged up to 25 who have more complex needs.

2.3. Methods of work with small children

How can you provide discipline to the child so that he or she can function well at home and in public? Every parent or caregiver wants children to be happy, respectful, respected by others, and able to find their place in the world as well-behaved adults. Nobody wants to be accused of raising a spoiled brat.

But sometimes it seems that these goals are miles away from your child's current behavior. Read on for barriers to good behavior, effective discipline techniques, and when to get help for dangerous behavior patterns.

What Is Discipline?

Discipline is the process of teaching the child what type of behavior is acceptable and what type is not acceptable. In other words, discipline teaches a child to follow rules. Effective discipline uses many different tools, like positive reinforcement, modeling, and a loving and supportive family. Sometimes, punishments are also an effective tool-but that doesn’t mean that good discipline is mostly about punishments. It sounds so straightforward, yet every parent becomes frustrated at one time or another with issues surrounding children and discipline.

Establish Your Role: as Parent or as Caregiver

Parents run up against barriers when trying to teach good behavior, like children who:

- Are disrespectful and don't listen: "I must have told you a thousand times!"

- Do listen, but defy or deliberately disobey your request for good behavior.

Your responsibility as a parent is to help your child become self-reliant, respectful, and self-controlled. Relatives, schools, churches, therapists, health care professionals, and others can help. But the primary responsibility for discipline rests with parents.

The American Mental Health Association describes three styles of parenting

An authoritative parent has clear expectations and consequences and is affectionate toward his or her child. The authoritative parent allows for flexibility and collaborative problem solving with the child when dealing with behavioral challenges. This is the most effective form of parenting.

An authoritarian parent has clear expectations and consequences, but shows little affection toward his or her child. The parent may say things like, "because I'm the Mommy, that's why." This is a less effective form of parenting.

A permissive parent shows lots of affection toward his or her child but provides little discipline. This is a less effective form of parenting.

SOME MOVIES FOR EXAMPLIFY

2.3.1. Activating methods

Parents and teachers can do a lot to encourage higher order thinking, even when they are answering children's questions. According to Robert Sternberg, answers to children's questions can be categorized into seven levels, from low to high, in terms of encouraging higher levels of thinking. While we wouldn't want to answer every question on level seven, we wouldn't want to answer every question on levels one and two, either. Here are the different levels and examples of each.

Level 1: Reject the question

Example:

"Why do I have to eat my vegetables?"

"Don't ask me any more questions." "Because I said so."

Level 2: Restate or almost restate the question as a response

Example:

"Why do I have to eat my vegetables?" - "Because you have to eat your vegetables."

"Why is it so cold?" - "Because it's 15° outside."

Level 3: Admit ignorance or present information

Example:

"I don't know, but that's a good question." - Or, give a factual answer to the question.

Level 4: Voice encouragement to seek response through authority

Example:

"Let's look that up on the internet."

"Let's look that up in the encyclopedia."

"Who do we know that might know the answer to that?"

Level 5: Encourage brainstorming, or consideration of alternative explanations

Example:

"Why are all the people in Holland so tall?" - "Let's brainstorm some possible answers."

"Maybe it's genetics, or maybe it's diet, or maybe everybody in Holland wears elevator shoes, or…" etc.

When brainstorming, it is important to remember all ideas are put out on the table. Which ones are "keepers" and which ones are tossed in the trashcan is decided later.

Level 6: Encourage consideration of alternative explanations and a means of evaluating them

Example:

"Now how are we going to evaluate the possible answer of genetics? Where would we find that information? Information on diet? The number of elevator shoes sold in Holland?"

Level 7: Encourage consideration of alternative explanations plus a means of evaluating them, and follow-through on evaluations

Example:

"Ok, let's go find the information for a few days — we'll search through the encyclopedia and the Internet, make telephone calls, conduct interviews, and other things. Then we will get back together next week and evaluate our findings."

This method can be equally effective with schoolwork and with everyday matters such as how late an adolescent can stay out on Saturday night or who is getting to go to a concert. For example, polling several families that are randomly or mutually chosen may produce more objective results than either parent or child "skewing" the results by picking persons whose answers will support their way of thinking.

Strategies for enhancing higher order thinking: These following strategies are offered for enhancing higher order thinking skills. This listing should not be seen as exhaustive, but rather as a place to begin.

Take the mystery away: Teach learners about higher order thinking and higher order thinking strategies. Help learners understand their own higher order thinking strengths and challenges.

Teach the concept of concepts: Explicitly teach the concept of concepts. Concepts in particular content areas should be identified and taught. Trainers should make sure learners understand the critical features that define a particular concept and distinguish it from other concepts.

Name key concepts: In any subject area, learners should be alerted when a key concept is being introduced. Learners may need help and practice in highlighting key concepts. Further, students should be guided to identify which type(s) of concept each one is — concrete, abstract, verbal, nonverbal or process.

Categorize concepts: Learners should be guided to identify important concepts and decide which type of concept each one is (concrete, abstract, verbal, nonverbal, or process).

Tell and show: Learners who performed poorly in math have difficulty with nonverbal concepts. When these learners have adequate ability to form verbal concepts, particular attention should be given to providing them with verbal explanations of the math problems and procedures. Simply working problems again and again with no verbal explanation of the problem will do little to help these students.

Move from concrete to abstract and back with kids. It can be helpful to move from concrete to abstract and back to concrete. When teaching abstract concepts, the use of concrete materials can reinforce learning for both young and old alike.

Teach steps for learning concepts: A multi-step process for teaching and learning concepts may include (a) name the critical (main) features of the concept, (b) name some additional features

of the concept, (c) name some false features of the concept, (d) give the best examples or prototypes of the concept (what it is), (e) give some non-examples or non-prototypes (what the concept isn't), and (f) identify other similar or connected concepts.

Go from basic to sophisticated: Caregivers should be sure that kids have mastered basic concepts before proceeding to more sophisticated concepts. If students have not mastered basic concepts, they may attempt to memorize rather than understand. This can lead to difficulty in content areas such as math and physics. A tenuous grasp of basic concepts can be the reason for misunderstanding and the inability to apply knowledge flexibly.

Expand discussions at home: Parents and caregivers may include discussions based on concepts in everyday life at home. The subject matter need not relate directly to what she is studying at school. Ideas from reading or issues in local or national news can provide conceptual material.

Encourage questioning: Divergent questions asked by kids should not be discounted.

Use collaborative strategic reading is another way to engage kids in being attentive.

Think with analogies, similes, and metaphors: Start by modeling ("I do"), then by doing several as a whole class ("We do") before finally asking the students to try one on their own ("You do"). Model both verbal and nonverbal metaphors.

Reward creative thinking: Most learners will benefit from ample opportunity to develop their creative tendencies and divergent thinking skills. They should be rewarded for original, even "out of the box" thinking.

Include analytical, practical, and creative thinking

Psychologist Robert Sternberg has developed a framework of higher order thinking called "Successful Intelligence." After analyzing successful adults from many different occupations, Sternberg discovered that successful adults utilize three kinds of higher order thinking: (1) analytical (for example, compare and contrast, evaluate, analyze, critique), (2) practical (for example, show how to use something, demonstrate how in the real world, utilize, apply, implement), and (3) creative (for example, invent, imagine, design, show how, what would happen if).

Actively teach metacognition to facilitate acquisition of skills and knowledge. It is important for learners to know how they think and learn. In his book entitled *Successful Intelligence*, Sternberg lists six components of successful intelligence:

1. Know your strengths and weaknesses
2. Capitalize on your strengths and compensate for your weaknesses
3. Defy negative expectations
4. Believe in yourself. This is called self-efficacy
5. Seek out role models — people from whom you can learn
6. Seek out an environment where you can make a difference

Consider individual kid evaluation.

A comprehensive neurodevelopmental evaluation performed by a licensed psychologist should serve as the roadmap for parents and caregivers.

Several resource books by Robert Sternberg are available on higher order thinking. The following books should be helpful and are available at local bookstores or online.

- *Successful Intelligence b*y Robert J. Sternberg
- *Teaching for Successful Intelligence* by Robert J. Sternberg and Elena L. Grigorenko
- *Teaching for Thinking* by Robert J. Sternberg and Louise Spear-Swerling

2.3.2. Rules of education in European Union

The European Union's interest in Education policy (as opposed to Education programmes) developed after the Lisbon summit in March 2000, at which the EU's Heads of State and Government asked the Education Ministers of the EU to reflect on the "concrete objectives" of education systems with a view to improving them. The European Commission and the European Union's Member States worked together on a report for the Spring 2001 European Council, and in 2002 the Spring Summit approved their joint work programme showing how

they proposed to take the report's recommendations forward. Since then they have published a series of "Joint Reports" every other year.

The Commission seeks to encourage Member States to improve the quality of their education and training systems in two main ways: through a process of setting targets and publishing the position of Member States in achieving them and by stimulating debate on subjects of common interest. This is done using the process known as the Open Method of Coordination.

Target setting

As regards target setting, the Member States agreed in the Council on 5 May 2003 on five benchmarks on : early school leavers; number of graduates and decrease of gender imbalance in maths, science and technology; upper secondary education completion; low achievers in reading literacy; lifelong learning.

Under the current policy framework in Education and Policy (ET2020), the seven benchmarks require that by 2020:

1 - *Early School Leavers*: less than 10% of school pupils should leave school before the end of compulsory schooling

2 - *Tertiary education attainment* : at least 40% of the population aged 30–34 years should have completed tertiary education

3 - *Early childhood education and care*: 95% of children aged 4 to the age when primary education starts should participate in early education

4 - *Low achievement in Reading, Maths and Science* : no more than 15% of 15-year-olds should be low-achievers in reading, maths and science as measured at level 2 in the OECD's Programme for International Student Assessment

5 - *Employment rate of recent graduates* : 82% of the population aged 20–34, who are no longer in education or training and have successfully completed upper secondary or tertiary education, should be employed

6 - *Adult participation in life-long learning* : participation of the 25-64 age group in lifelong learning (i.e. formal or non-formal continuing education or training including in-company skills development) should be not less than 15% per annum

7 - *Mobility between countries* : at least 20% of higher education graduates and 6% of 18- to 34-year-olds with an initial vocational qualification should have spent some time studying or training abroad

Since 2012, progress against benchmarks and core indicators is yearly assessed in the *Education and Training Monitor*, published every autumn by the Directorate-General for Education and Culture in replacement of the *Progress Report*. The benchmark on *Early school leavers* and the benchmark on *Tertiary education attainment* are also Europe 2020 targets.

Rules of education are previewed in each country's legislation, from all 5 partner countries in the project.

SEE: Education laws in each country & DISCUSS on common topics interest – ante preschool age/children

2.4. Games and activities in the creative development of the child

Interactive activities among all participants in depending of each experience & exchange of games.

Individual, peer games, group games, international games.

MOVIES

Applied activity in a kinder garden or coordinated by teachers in kinder gardens.

2.4.1. Game as a basic form of child activity

Some fun and simple games to cure that cabin fever:

1. Pencil-and-paper games. Gather some pencils and paper and check out our best of pencil-and-paper games.

2. Building

You don't need a fancy building set for this. Popsicle stick cities, card towers, even buildings out of blocks, or forts out of boxes or pillows, will do just fine. If you want to get competitive, whoever builds the highest tower wins.

3. Magical Mama (or Papa)

Be your kids' very own Harry Houdini—without the locks, chains and water tanks, of course.

Simply place a coin under one of three cups and shuffle the cups around. Then ask your children to guess which cup holds the coin. Sneaky parents can place the cups near the edge of a table and secretly drop the coin. Watch your tots' eyes light up in amazement when they learn the coin is gone!

4. Card games

Card games are great for challenging young minds and creating hours of indoor fun. Grab a box of cards and check out our favourite traditional card games.

5. Puzzles

Exercise those creative, cognitive and problem-solving muscles with a good puzzle. You can use a store-bought variety or have the kids make their own. Have your children draw a picture on a sturdy piece of cardboard or Bristol board. Then use a pencil to outline puzzle pieces directly on their drawing. Cut out the pieces with a good pair of scissors, mix them up and get solving.

6. Freeze!

Choose some of your kids' favourite tunes and turn up the volume. Ask them to dance until the music stops. When it does, they have to freeze in whatever position they find themselves in – even if they have one leg up. To make the game more challenging, ask the kids to freeze in specific poses: animals, shapes, letters. The winner gets her very own gold medal! Make your own ribbons with this easy craft:

SEE A MOVIE ONLINE

7. Board and family games: chalk/ makers and board – all imagine passing in brain.

8. Paper-bag skits

This game is ideal for larger groups — a sleepover favorite. Divide the kids up into groups. Give each group a bag filled with props, such as a spoon, toy jewelry, a sock, ball or ribbon. Then give them 15 minutes to construct a skit around the props. This game is so much fun that it doesn't have to be competitive. If the kids want, though, they can all vote on a winning skit.

9. Indoor hopscotch

This schoolyard favorite is sure to be an indoor hit, too. Set up your hopscotch game on any floor surface. Masking tape will do perfectly to form the nine connecting squares. Boxes 1-3 will

be placed in a single line, one on top of the other. The next two boxes (4, 5) will be placed side-by-side, followed by a single box (6), two more boxes (7, 8) and the final half-circle “home” base (9). Next, choose a marker, such as a coin, stone or beanbag. The first player will throw the marker into square 1 without letting it bounce or touch the lines. If successful, the player will then hop — one foot on single squares and two feet on side-by-side squares — avoiding square #1. The player may rest on “home” before hopping back. On the way back, he or she picks up the marker on square #1 and, if successful (lands within the lines, hops or jumps with proper footing, doesn’t fall), takes another turn and throws it into square #2. When the player is unsuccessful, the next player takes a turn. Players resume their turns by throwing the marker on the last box played. The winner is the first player to throw the marker home (#9), and smoothly complete the whole course.

10. DIY balance beam

While you have your masking tape out, why not make your own balance beam? We all know how much kids love walking in straight lines every chance they get. Put on some music, and one at a time the kids can take their turn walking one-foot-over-the-other across the straight line of tape. Make the game more challenging by having the kids walk backwards or balance with one foot on the line.

11. Hide and Seek

No list of indoor games would be complete without Hide and Seek, now would it? In this classic game, one person (“It”) covers his or her eyes and counts aloud while the other players hide. When “It” is finished counting, he or she begins looking for the hiders. The last hider to be found is the next “It.” Warning: this game is often a source of giggle fits. Families with older children might want to take things up a notch and play Hide and Seek in the dark. Just to be safe, make sure there are no loose items on the floor. If you want, allow “It” to carry a flashlight or turn the lights on once “It” finishes counting.

12. Treasure hunt

Kids love finding hidden objects — especially when there’s a prize at the end. Simply write your clues on some slips of paper — get creative. Place the first clue somewhere easy to find, like inside your child’s snack or cereal bowl. Then leave as many clues as you like around the house,

making a trail to the final clue. Instead of a prize, the treasure hunt can lead to various coins around the house. This way the kids get to collect all the coins and put them in their piggy banks in the end.

13. Indoor bowling

A great way to reuse water bottles (or you can purchase an indoor bowling set). Line six-10 water bottles up at the end of your hall or living room. Place a line of duct tape at the starting line. Grab a medium-sized indoor ball and start bowling! If you want, keep score and give out trophies at the end. (Note: if you need to stabilize the water bottles or make the game more difficult, simply fill them up with some water. Don't forget to screw the tops on tightly!)

14. Hot Potato

This game will have everyone giggling. Ask the kids to sit on the floor in a circle. Turn on some tunes and have them pass the potato (a bean bag or soft ball) around the circle as fast as they can. When the music stops, the player holding the potato leaves the circle. Keep going until only one player is left and wins the game.

15. Picnic memory game

Former preschool director and grandmother of three, Marsha Colla, has some innovative games up her sleeve, including this fun and simple verbal memory game, which, Colla says, "challenges the children and makes them giggle." To play, everyone sits in a circle. The first player says, "In my basket for the picnic, I packed…," and then says what item he or she packed. The next player then says, "In my basket for the picnic, I packed…," and then recites what the first player packed and adds his or her own item to the basket, and so forth.

16. The listening game

One of Colla's go-to games for her preschoolers and grandchildren, this game is sure to both educate and delight little ones. Take out several miscellaneous items. Have the children look at all the items, and then take them away. Next, ask one child to hide his or her eyes and listen as you pick up an item and make sounds with it. Ask the child to guess which item made the sound. Examples of items might be a comb (run your fingers along it), a glass (gently tap it), cymbals, shakers, sandpaper, blocks rubbed together, a pot and spoon. Be creative and have fun!

17. Bubbles

You don't have to go outside to enjoy bubbles. For this game, you need a plate and straw for each player, some dishwashing soap and water. Place a dime-size drop of dish soap at the centre of each plate. Pour a little water onto the plate and gently mix with the dish soap until some suds start to form. Have the kids place the straw in the suds and blow very gently. Watch as massive bubbles start to form. To make this competitive, see who blows the biggest, or longest-lasting, bubble.

18. Simon Says

This traditional favorite will never get old. To start, choose one player (probably a parent for the first round) to be Simon. The rest of the players will gather in a circle or line in front of Simon as he calls out actions starting with the phrase "Simon says": "Simon says…touch your toes." The players then have to copy Simon's action, touching their toes. If Simon calls out an action without uttering the phrase "Simon says," the kids must not do the action. If a child touches his toes when Simon didn't say…, he or she is out of the game. There are lots of great ways Simon can trick players into doing actions when Simon didn't say: Simon can perform an action without uttering a command, for example, or he can perform an action that doesn't correspond with the command. Fun! The last player left in the game wins and becomes the next Simon.

19. Touch-and-feel box

Most preschoolers flock to the classroom sensory table as soon as the teachers pull it out. So there is little doubt they will love this entertaining challenge. Find a shoe box or any box that has a lid on it. Cut a hole in one of the sides of the box —large enough for your child to fit her hand in. If you want, get creative and decorate the box with glitter and question marks. When you're ready to play, put an item inside the box and have your children guess what it is. They can ask questions about the item if they need to, or you can offer clues. Get as ooey-gooey as you wish (fresh pumpkin seeds or slimy spaghetti are great choices for a party), or use such simple objects as a brush, a toy, a piece of fruit. To make it competitive, you can give a point to the first child to name the object.

20. Indoor basketball

You can't be too little for this version of basketball. All you need is a bucket and a rolled up sock (or a small, light ball). Each player takes a turn at throwing the sock-ball into the bucket. When a player scores a bucket, he or she takes a step back and throws again until missing. The player who shoots the ball in the bucket from the farthest distance wins.

SEE: http://www.pbs.org/parents/fun-and-games/activities-and-crafts/

2.4.2. Creative games and activities

SEE THE LIST ABOVE & COMPLETE IT WITH OWN EXPERIENCE

2.4.3. Toys stimulating a development of child

Some parents operate under the misconception that toys are just a frivolous means to divert a child's mind when the parents are busy. Research, however, has shown that playing with toys is crucial for the development of children's cognitive, social, physical, and emotional well-being. Toys stimulate a baby's sense of touch, sight and hearing while also developing their imagination and dexterity. They boost a baby's attention span and curiosity level, and help its memory and nervous system develop faster. Therefore, babies who have been encouraged to play with the right toys have better muscle coordination, develop fine and gross motor skills faster, and hit their developmental milestones faster!

Understand how different toys stimulate your child's development and learning below:

Toys Stimulate the Sense of Touch: *Texture*

Encourage your baby to play with toys of different textures. Play with soft toys or larger toys with a younger baby, as these are easier for your baby to reach out for. Let your baby feel the various fabrics like cotton, velvet, furry textures and so on. Focus on letting your baby realise how different materials feel different against his skin.

You can also encourage them to play with sand or clay. Not only will it help develop their strength and coordination, but will teach them how to grip and hold different objects. Allowing

your child's touch receptors to be stimulated develops their spatial relationships and tactile experiences, and helps them recognise patterns and shapes.

Toys stimulate the Sense of Sight: *Colours*

The reason why all children's toys are vibrantly colourful is that colours are a great stimulus for their brains. Colourful toys hanging from a mobile help stimulate your baby's sense of sight. Certain colours help your child get excited about play and some colours help teach your child to associate that colour with real objects surrounding him.

Parents are advised to provide their babies with toys that have strong contrasting colours and patterns to stimulate their baby's developing vision. Once their sense of sight improves, it will serve to motivate your baby to interact more and more with their surroundings.

Toys stimulate Motor Skills Development: *Movement*

Parents often wonder whether their babies are following their movements, and if not, when they will start doing so. Stimulation helps a great deal at this age and a gadget like a rotating mobile will help teach your baby to follow a moving object with his eyes. Once a baby starts reaching for the toys, he will develop hand to eye coordination. Parents are advised to then introduce their child to toys that require some level of coordination between limbs and build their strength and balance, thereby developing their large motor skills.

Toys stimulate Sense of Hearing: *Sounds*

Parents are advised to provide their babies with toys such as music boxes, rattles, or toys that squeak or play music when pressed. The sense of sound helps your baby develop his language skills and thought processes.

When your baby observes that his toy makes a sound, when pressed or shook in a certain manner, he will be able to deduce patterns of cause and effect. It will help him understand that when a particular action is taken, it brings about a particular reaction. In any case, once your baby is a few months old, he would also be able to understand that his cries bring about a certain reaction from you.

SEE: http://www.indiaparenting.com/child-development/25_167/how-toys-stimulate-learning.html

https://childdevelopmentinfo.com/.../educational-benefits-to

2.5. Literature for children and multimedia

Each participant has a literature list for kids – international and national books. Everybody knows Andersen, Grimm, Dickens & national authors for kids.

Multimedia is easy to access & there are a lot of movies for kids. Also some TV channels/net sites with films for kids after books texts – Minimax, etc.

2.5.1. Literature for children in educational work

Each teacher from kinder garden has a list with authors and books for kids, adapted for each age category. There are official documents, scholar/preschool programmes or curricula adapted for each category of kids, in relating with the specificities.

Aesop

- *Fables*

Andersen, Hans Christian

- *Fairy tales*

Atwater, Richard and Florence

- Mr. Popper's Penguins*

Barrie, J.M.

- *Peter Pan*

Baum, L. Frank

- T*he Wonderful Wizard of Oz*

Bond, Michael

- *A Bear Called Paddington*

Boston, L.M.

- *The Children of Green Knowe*

Butterworth, Oliver

- *The Enormous Egg*

Dalgliesh, Alice

- *The Bears on Hemlock Mountain*

Du Bois, William Pene

- *The Twenty-One Balloons*

Grimm, Jacob and Wilhelm

- *Grimm's Fairy Tales*

Kelly, Eric

- *The Trumpeter of Krakow*

Kipling, Rudyard

- *Captains Courageous*
- *Just So Stories for Little Children*
- *The Jungle Books*

Lamb, Charles and Mary

- *Tales from Shakespeare*

Lawson, Robert

- *Ben & Me*
- *Rabbit Hill*

Lofting, Hugh

- *Doctor Doolittle series*

Minarik, Else Holmelund

- *Little Bear*

Perrault, Charles

- *Cinderella*

Pyle, Howard

- *The Merry Adventures of Robin Hood*

Sewell, Anna

- *Black Beauty*

Spyri, Johanna

- *Heidi*

Steinbeck, John

- *The Red Pony*

Travers, Pamela L.

- *Mary Poppins series*

SEE: https://www.nypl.org/childrens100

http://time.com/100-best-childrens-books/

https://www.goodreads.com/list/tag/childrens

2.5.2. Review of literature for children

SEE: http://www.thechildrensbookreview.com/

The newest information found the 18th of August 2016 in following the site above:

Category: Ages 0-3
Five Family Favorites with Ellen Potter, Author of Piper Green and the Fairy Tree Series
Janice Greene: Ellen Potter was never one who fantasized about her wedding day. Instead, she daydreamed about the bookshelves of her yet-to-be-born children.

Mike Wohnoutka illustrated the book *This is NOT a Cat*. He has previously teamed up with David LaRochelle on the book Moo! (Bloomsbury), which was awarded ALA Notable Book, a Junior Library Guild Selection, a CBC Blue Ribbon Book, and several state awards.

Inside the Studio with Gareth Lucas, Illustrator of Peekaboo Pals: Gareth Lucas studied illustration at Brighton and has been published internationally, often collaborating with his wife, who is also an illustrator.

Best Selling Picture Books | August 2016: The best selling picture book from our affiliate store is Hop! Plop!, a playful picture book about friendship.

Inside the Studio with Amy Young, Creator of A Unicorn Named Sparkle: Go inside the art studio of Amy Young, author and illustrator of A Unicorn Named Sparkle.

Tammi Sauer, Author of Mary Had a Little Glam | Selfie and a Shelfie
Tammi Sauer is a full-time picture book author who has visited hundreds of schools and spoken at various conferences across the nation.

Try! Try! Try!, by Lindsey Craig | Book Review recommended by Bianca Schulze | July 25, 2016:
Try! Try! Try! is an entertaining board book that encourages young readers to try new things.

2.5.3. Triggering verbal expression

There are many different theories about the nature of emotion and the way that it is represented in the brain and body. Of the elements that distinguish between the theories of emotion, perhaps the most salient is differing perspectives on emotional expression. Some theories about emotion consider emotions to be biologically basic and stable across people and cultures. These are often called "basic emotion" perspectives because they view emotion as biologically basic. From this perspective, an individual's emotional expressions are sufficient to determine a person's internal, emotional state. If a person is smiling, he or she is happy. If a person is crying, he or she is sad. Each emotion has a consistent and specific pattern of expressions, and that pattern of responses is only expressed during that emotion and not during other emotions. Facial emotional expressions are particularly salient stimuli for transferring important nonverbal signals to others. For that reason, emotional expressions are the best direct indicators of affective attitudes and dispositions. There is growing evidence that brain regions generally engaged in the processing of emotional information are also activated during the processing of facial emotions. Some theories of emotion take the stance that emotional expression is more flexible, and that there is a cognitive component to emotion. These theories account for the malleability in emotion by proposing that humans appraise situations and, depending on the result of their appraisal, different emotions and the corresponding expressions of emotion are triggered. The tendency to appraise certain situations as one emotion or another can vary by person and culture; however, appraisal models still maintain that there are basic responses that are specific and consistent to each emotion that humans feel. Other theories of emotion propose that emotions are constructed based upon the person, situation, culture, and past experiences, and that there are no preset emotional responses that are consistent and specific to one emotion or another.

Appraisal models of emotion state that emotions are triggered by mental states that are truly unique in both form and function. Appraisal models are similar to the basic model of emotion in that both views consider that, once an emotion is triggered, emotional expressions are biologically predetermined and are displayed only in one emotion and every time that emotion is expressed. The main difference between basic emotion models and appraisal models is that appraisal models assume that there is a cognitive antecedent that determines which emotion is

triggered. Traditional appraisal theories consider appraisals to be universal and like a set of switches that can be turned on by biological and environmental triggers. When a person makes an appraisal, an individual will react with an appropriate, emotional response that can include an external, emotional expression. More recent appraisal models account for variation in emotional expression by suggesting that cognitive appraisals are more like themes that can be triggered by a number of different actions and situations. Emotional expressions arise from these appraisals, which essentially describe the context of the situation. One appraisal model has developed the law of situational meaning, which states that emotions tend to be evoked by certain kinds of events. For example, grief is elicited by personal loss. In this case, personal loss would be the appraisal and one can express grief through emotional expressions.

2.5.4. Fable therapy

Marisol Blanco wrote the book, *Healing Hearts of Nature: Five Therapeutic Fables for Children*, with the intention of assisting children in discussing some of their most commonly experienced problems. The fables have characters that go through experiences with which children can easily identify. Although children can read the fables on their own, the book will be the most helpful if adults such as parents, teachers, or other persons, who interact with children, can make the reading and discussion a playful and entertaining activity.

Fable therapy is what would be the most effective in establishing an open communication with children and assisting them with their concerns. As such, the spontaneity and creativity of adults is an essential part in this process.

SEE: https://www.amazon.com/Healing-Hearts-Nature-Therapeutic-Children/dp/1449015298

2.5.5. Multimedia for children

Today's children and those of the future will grow up immersed in the multimedia environment. It has to see how these children will integrate the various media into their environments, creating and expanding their cognitive, social, physical, and creative capacities. The "wall" of information and technology that divided adults and children in the past is now not so thick, as children are now able to access all types of information easily using these technologies. They

are also able to engage themselves in many types of virtual experiences which will allow them to broaden their skills and imagination. However, the question of how these children should best utilize, to their fullest potential, multimedia technologies and how adults who guide these children should scaffold them still remains unclear.

The networks represented have formed the beginning of a consortium of websites focused on children's needs worldwide.

So, adults have to guide and determine kids to choose and to find what they really need from whole this offer, and to assure their proper development without a lot of multimedia.

DEBATES

SEE:

http://education.jhu.edu/PD/newhorizons/Transforming%20Education/international/dickinson_tokyo.htm

2.6. Basis of Speech Therapy

It is widely agreed that 5-10% of children have speech and/or language disorders. Speech and language are often incorrectly thought of as synonyms when in fact they are not. Language is being able to understand what is being said (receptive language) and being able to put words together into cohesive thoughts and the ability to express ones ideas (expressive language). Speech is the actual sounds we make. Expressive language may be intact but a speech disorder may impact ones ability to be understood. Speech and language disorders often coexist however they also occur on their own frequently.

Roughly 3 out of 5 speech and language disorders are related to articulation problems. When looking at articulation many speech language pathologists will differentiate between “delay” and “disorder”. Many children exhibit “normal” developmental errors in their speech. Some children will have many of these errors while others will have very few. Most of these developmental errors will correct without intervention; however, this is not always the case. Some children will be “delayed” in eliminating developmental errors and will require speech therapy for a short period of time.

An articulation “disorder” consists of sounds that are produced “differently” than what would be expected for any age. The cause of the disorder may be functional (Incorrect production of a

sound with no known anatomical, physiological or neurological basis) or it may be organic (due to anatomical, physiological, or neurological causes). Articulation disorders almost always require speech therapy in order to correct.

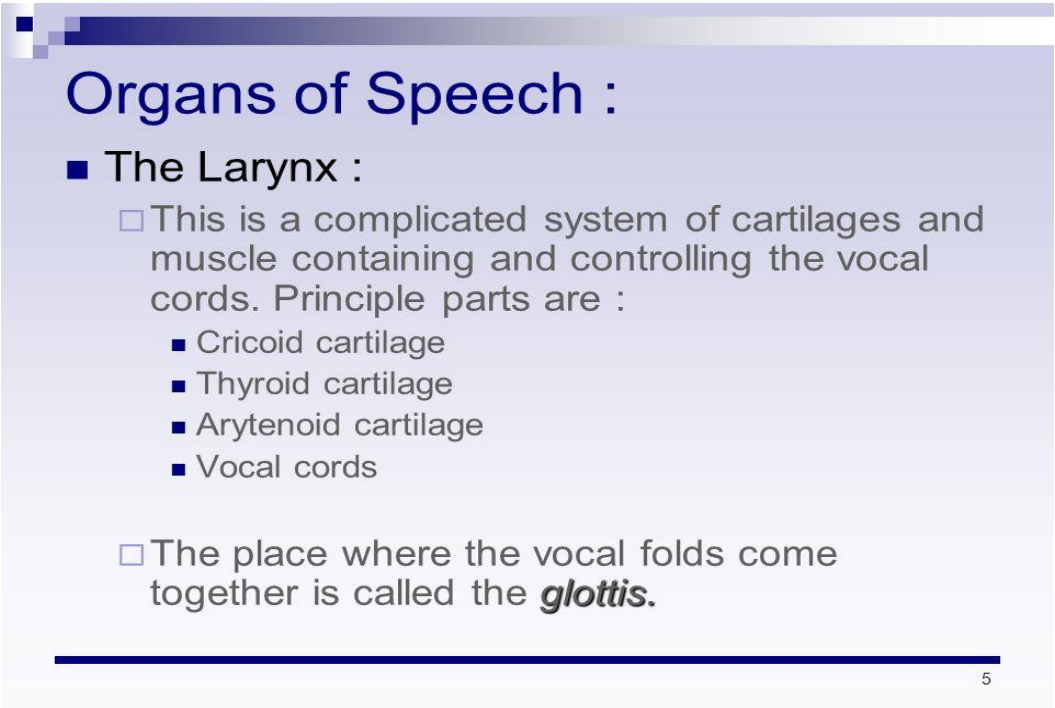
When looking for speech therapy services for your child there are several options depending on your child's age and needs. Private therapy is also available for any age group. Qualified, experienced therapists are available in each of these options; however, due to numerous factors such as setting, therapist expertise and group size, the rate of progress varies greatly.

Speech language pathologists in schools often need to see children in groups due to the large number of children requiring services. These groups may or may not include children with the same type of speech/language disorder. When several children with numerous goals are in a group it decreases the amount of time in each session for an individual child.

Having children with speech and/or language disorders can be a long complicated road of questions, choices, and misinformation. While many will say to you "He will grow out of it", this may or may not be the case. Early detection is the key to success when it comes to an articulation disorder. The less time an incorrect sound or sounds has to become ingrained and habitual the faster therapy will go. The less time a child is self-conscious or teased the better their self-esteem will be. The way we sound is a big part of who we are and how others see us. Quality speech and language services provided by a licensed speech language pathologist could make all the difference in the world.

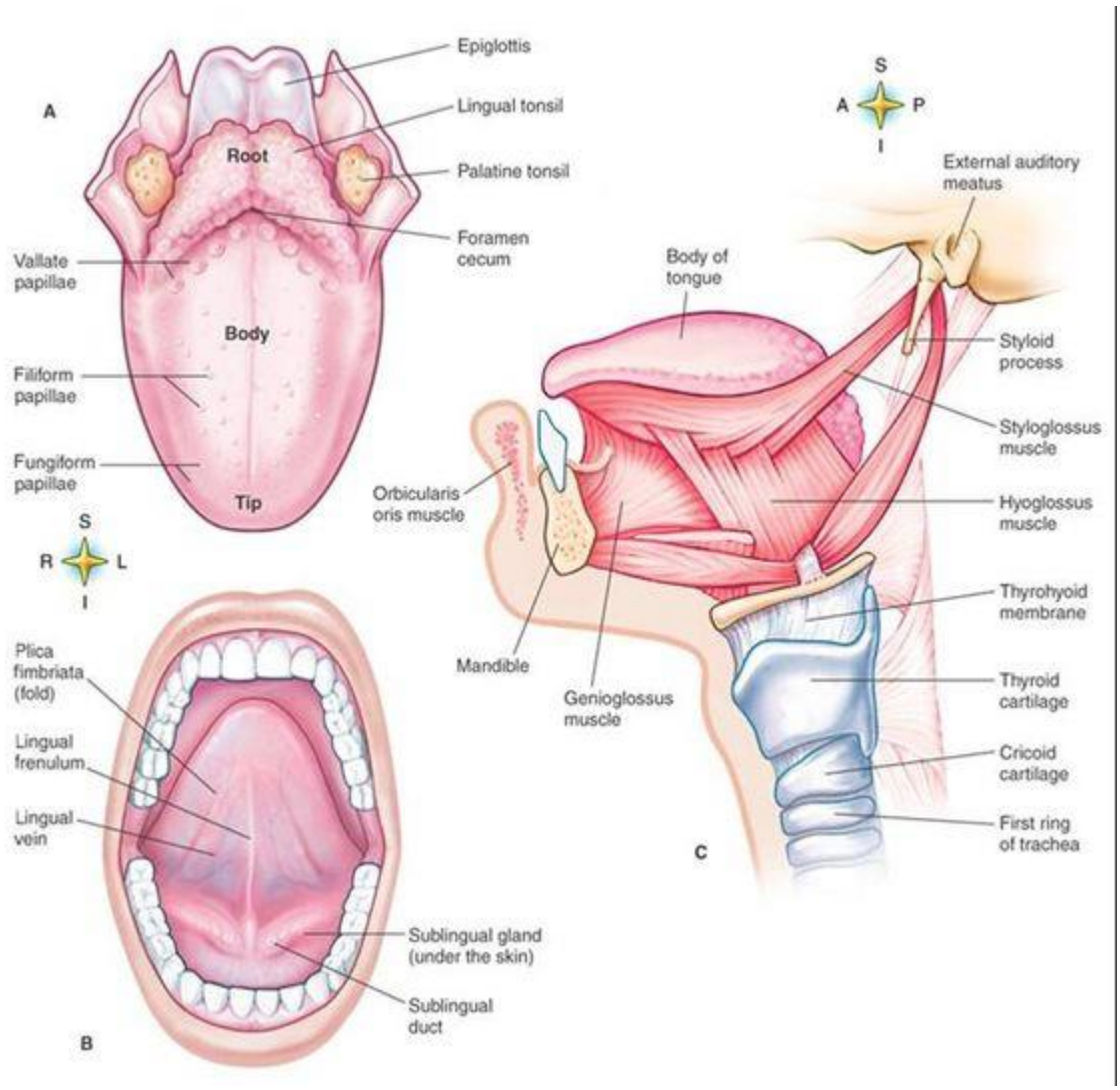
SEE: Isa Marrs, *The Resource for parents and professionals*, Originally Published: Inside Westchester, October 2003, Vol. 2 No. 10, pg 25, Inside Speech and Language Services

2.6.1. Anatomy and physiology of the organs of speech and hearing



Organs of Speech : The Larynx : ♦ This is a complicated system of cartilages.

https://www.google.ro/search?q=Anatomy+and+physiology+of+the+organs+of+speech+and+hearing.&biw=1280&bih=899&tbm=isch&imgil=Qa39qiX2qfAxAM%253A%253B-XEG4NIzAFQs9M%253Bhttps%25253A%25252F%25252Fwww.pinterest.com



www.pinterest.com - BaileyBio.com: Anatomy & Physiology

2.6.2. Stages of speech development

Receptive Language: Learning to Listen, and to Understand Language

Birth: Language learning starts at birth. Even new babies are aware of the sounds in the environment. They listen to the speech of those close to them, and startle or cry if there is an unexpected noise. Loud noises wake them, and they become "still" in response to new sounds.

0-3 months: Astoundingly, between 0-3 months babies learn to turn to you when you speak, and smile when they hear your voice. In fact, they seem to *recognise* your familiar voice, and will quiet at the sound of it if they are crying. Tiny babies under three months will also stop their activity and attend closely to the sound of an unfamiliar voice. They will often respond to comforting tones whether the voice is familiar or not.

4-6 months: Then, some times between 4 to 6 months babies respond to the word "no". They are also responsive to changes in your tone of voice, and to sounds other than speech. For example, they can be fascinated by toys and other objects that make sounds, enjoy music and rhythm, and look in an interested or apprehensive way for the source of all sorts of new sounds such as the toaster, birdsong, the clip-clop of horses' hooves or the whirr of machines.

7-12 months: The 7 to 12 months timeframe is exciting and fun as the baby now obviously listens when spoken to, turns and looks at your face when called by name, and discovers the fun of games like: "round and round the garden", "peep-oh", "I see" and "pat-a-cake" (These simple games and finger plays have regional names and variants). It is in this period that you realise that he or she recognises the names of familiar objects ("Daddy", "car", "eyes", "phone", "key") and begins to respond to requests ("Give it to Granny") and questions ("More juice?").

1-2 years: Now your child points to pictures in a book when you name them, and can point to a few body parts when asked (nose, eyes, tummy). He or she can also follow simple commands ("Push the bus!", "Don't touch; it's hot!") and understand simple questions ("Where's the bunny?", "Who likes Miffy?", "What's in your purse?"). Your toddler now likes listening to simple stories and enjoys it when you sing songs or say rhymes. This is a stage in which he or she will want the same story, rhyme or game repeated many times.

2-3 years: By now your toddler will understand two stage commands ("Get your socks and put them in the basket") and understand contrasting concepts or meanings like hot / cold, stop / go, in / on and nice. He or she notices sounds like the telephone or doorbell ringing and may point or become excited, get you to answer, or attempt to answer themselves.

3-4 years: Your three or four year old understands simple "Who?", "What?" and "Where?" questions, and can hear you when you call from another room. This is an age where hearing

difficulties may become evident. If you are in doubt about your child's hearing, see a clinical audiologist.

Children in this age range enjoy stories and can answer simple questions about them. He or she hears and understands nearly everything that is said (within reason) at home or at pre-school or day care. Your child's ability to hear properly all the time should not be in doubt. If you *are* in doubt about your child's hearing, see a clinical audiologist. If you are in doubt about language comprehension, see a speech-language pathologist / speech and language therapist.

Expressive Language: Learning to Speak and Use Language

Birth: Newborn babies make sounds that let others know that they are experiencing pleasure or pain.

0-3 months: Your baby smiles at you when you come into view. He or she repeats the same sound a lot and "coos and goos" when content. Cries "differentiate". That means, the baby uses a different cry for different situations. For example, one cry says "I'm hungry" and another says "I have a pain".

4-6 months: Gurgling sounds or "vocal play" occur while you are playing with your baby or when they are occupying themselves happily.

Babbling really gets going in this age range, and your baby will sometimes sound as though he or she is "talking".

This "speech-like" babbling includes many sounds including the bilabial (two lip) sounds "p", "b", "w" and "m".

Your baby can tell you, using sounds or gestures that they want something, or want you to do something. He or she can make very "urgent" noises to spur you into action.

7-12 months: The sound of your baby's babbling changes. This is because it now includes more consonants, as well as long and short vowels. He or she uses speech or other sounds (i.e., other than crying) in order to get your attention and hold on to it. *And* your baby's first words (probably not spoken very clearly) have appeared! ("MaMa", "Doggie", "Night Night", "Bye Bye", "No")

1-2 years: Now your baby is accumulating more words as each month passes. He or she will even ask 2-word questions like "Where ball?" "What's that?" "More chippies?" "What that?",

and combine two words in other ways to make the Stage 1 Sentence Types ("Birdie go", "No doggie", "More push"). Words are becoming clearer as more initial consonants are used.

2-3 years: Your two or three year old's vocabulary is exploding! He or she seems to have a word for almost everything. Utterances are usually one, two or three words long and family members can usually understand them. Your toddler may ask for, or draw your attention to something by naming it ("Elephant") or one of its attributes ("Big!") or by commenting ("Wow!").

3-4 years: Sentences are becoming longer as your child can combine four or more words. He or she talks about things that have happened away from home, and is interested in talking about pre-school, friends, outings and interesting experiences. Speech is usually fluent and clear and "other people" can understand what your child is saying most of the time. In fact, sometimes "other people" hear things you wish they had not!

SEE: Bowen, C. (1998). *Ages and Stages Summary: Language Development 0-5 years*. Retrieved from http://www.speech-language-therapy.com/
http://www.speech-language-therapy.com/index.php?option=com_content&view=article&id=34:ages&catid

2.6.3. Prevention of speech disorders

Language disorder prevention tips:

• In children talk and read with your child have your child's hearing checked regularly learn about speech and language development don't drink or use drugs while you are pregnant be sure that your child uses a helmet and seat belt to prevent accidents that cause brain injury

Language disorder prevention tips

• Language disorders in adults are often caused by brain injury or stroke.

• Reduce risk factors for stroke by:

- stopping smoking

- keeping your blood pressure down –

Use helmets and seat belts to prevent brain injury.

Prevention quiz for children and adults:

1. Do you try not to scream or shout a lot? 2. Do you drink water during the day? 3. Do you exercise regularly and watch your diet? 4. Do you have your blood pressure checked every year? 5. Have you stopped smoking (or never smoked)? 6. Do you always wear a seatbelt when you are in the car and a helmet when you are biking, rollerblading, or skateboarding? Prevention quiz for caregivers:

1. Do you spend time talking and reading with your child every day? 2. Do you take your child to the doctor and dentist for regular checkups? 3. Do you know about speech and language development and what to expect? 4. Do you make sure your child always wears a seat belt in the car and a helmet when biking, rollerblading, or skateboarding? 5. Do you have your child's hearing checked every year?

Note: If you answered "NO" to any questions, you can make simple changes to prevent speech and language disorder.

SEE: http://www.asha.org/uploadedFiles/PreventingSpeechandLanguageDisorders.pdf

3. Artistic competencies

Art is important for children especially during their early development. Research shows that art activities develop brain capacity in early childhood. Art engages children's senses in open-ended play and supports the development of cognitive, social-emotional and multisensory skills. As children progress into elementary school and beyond, art continues to provide opportunities for brain development, mastery, self-esteem and creativity.

Encourage creativity: Creativity is expressing one's own idea, trying new things, and experimenting with changing materials. The best way to develop creativity is to provide a variety of materials, and give children time to create on their own. Another way to support children's creativity is to simply observe while they work, to provide additional supplies when needed, and to allow the child to decide when the work is complete.

Encourage children to try a new art experience. Asking open-ended questions, such as "What do you think you can do with the yarn?" can help children think about what process or creation might be possible.

Art activities for children also introduce them to new tools and materials, and possible ways to use them. Then the children can decide what to create and how they want to do it.

Art helps to develop cognitive skills: As children draw, paint, and make collages, they are learning about the world (color, shape and size of objects). When they use paints, glue, and markers, children are planning, experimenting, and problem solving. As children mix paint, they learn to understand cause and effect. Art gives children chances to make decisions, and to learn from the experience of making choices about their art work.

Art offers opportunities for self-expression: Children express how they feel and think about the world through their art, which gives them a way to express the feelings and ideas that they don't have the words to talk about. This way of expressing themselves helps children to cope with the natural stresses of growing up. Art helps children to develop a sense of their own individuality, a sense of self-respect, and an appreciation for others' work.

Art develops physical skills: As children use scissors to cut, fingers to finger paint, or weave yarn with fingers, they are improving control of the small muscles in their hands. Along with drawing with crayons or markers, this helps children develop fine motor control that they need later for writing.

Art is a process not a product: Where art is concerned, it is the process of creating – exploring, discovering, and experimenting – that has the greatest value for young children. The process is what's most important, not the thing they actually create. Learning takes place even when children do not make a finished product to take home at the end of the day. Sometimes when children are asked to focus on an end result, or to finish something, it can limit the type of learning that can take place. Through self-expression and creativity, children's skills will develop naturally.

Talk with children about their art work

Talking about art is a great way for children to develop their language skills, as they talk about color, shape, and size while describing their work to friends, caregivers, and parents. Adults can:

- Ask children open-ended questions – “Tell me about your picture!” Write down what the child says about her work. Read the words back to the child to give her a chance to add more detail. Putting children’s words into writing shows respect for the child’s thinking and help others to understand her work.
- Give children art vocabulary – Talk about lines (straight, curvy, rounded, wavy, etc.) and colors (traffic light red, sky blue, grass green).
- Describe what the art looks like, and then let the child tell you about his work – “You made long lines on your picture.” This is a good way to get a child to talk about his work.
- Ask children about the process – “How did you get the tissue paper to look like that?” or “How did you mix the paint to make that color?” Encourage the child to talk about the process.

“Every child is an artist. The problem is how to remain an artist once he grows up.” – Pablo Picasso

For the following topics, it will be developed applied activities and simulate each type of art that can help in developing children skills in each area of art.

3.1. Musical expression with the methodology

3.1.1. The role of music in child development

3.1.2. Simple musical instruments

3.1.3. Song and its use in working with children

3.2. Plastic expression with methodology

3.2.1. Role of plastic activity in child development

3.2.2. Plastic techniques in work with children with methodology

3.2.3. Elements of art therapy in work of child carer

3.3. Theatrical expression with methodology

3.3.1. Role of theatrical expression in child development

3.3.2. Creating simple performances

3.3.3. Designing puppets and decorations

3.4. Kinesthetic and motor expression with methodology

3.4.1. Role of kinesthetic and motor expression in child development

3.4.2. Designing choreographies to the music

3.4.3. Stimulating motor activities of child

SEE: http://extension.psu.edu/youth/betterkidcare/news/2014/art-an-opportunity-to-develop-childrens-skills

www.unicef.org/.../early**child**hood/.../GuidelineforECDKit**cart**

https://www.naeyc.org/files/yc/file/.../Planning&Reflection

www.nap.edu/read/19401/chapter/13

www.early**child**hoodnews.com/early**child**hood/**art**icle_view

4. Vocational competences

SEE AFTER & ABOVE – there are information related to all these topics.

APPLIED TRAINING COURSES involving all learners in such activities in using simulate activities for explain and exemplify each point.

In addition to the training and assessment competencies specified above, training courses and assessment must be delivered only by persons who have:

a. vocational competencies at least to the level of those Units of Competency being delivered and assessed, and

b. current industry skills directly relevant to the training and assessment being provided.

Important note: Where a teacher does not hold formal vocational qualifications, a mapping document is required to demonstrate competence against the units being taught.

4.1. Giving first aid

4.1.1. Injuries

4.1.2. Burns

4.1.3. Dressing wounds

4.1.4. Respiratory arrest

4.1.5. Choking

4.1.6. Fainting

4.2. Health and safety in work with child

4.2.1. Health and safety in work with child

4.2.2. Fire protection

4.2.3. Organizing workplace according to the requirements of ergonomics and safety rules

4.3. Planning care and educational work

4.3.1. Creating work programs

4.3.2. Writing course syllabuses

4.4. Cooperation with parents

4.4.1. Supporting educational activities of parents

Supporting educational activities supposes learning. And there some areas that every parent or caregiver has to know.

The areas of learning are:

- communication and language
- physical development
- personal, social and emotional development
- literacy
- mathematics
- understanding the world
- expressive arts and design

DISCUSS in using the information above.

4.4.2. Integration of educational and care treatments

ONLY DOCTORS OR QUALIFIED PERSONS HAVE TO TREAT OR INDICATE TREATMENTS. So, parents or caregivers must know the doctors – pediatrics proper for kids (just in case).

4.4.3. Communicating information about the child

FOR ANTE PRESCHOOL CHILDREN THE PARENTS OR TUTORS ARE THE LEGAL REPRESENTATIVES THAT CAN COMMUNICATE INFORMATION ABOUT KIDS.

4.5. Vocational development of child care

Child Care is a new, immensely difficult and responsible occupation. It requires good preparation and responsible choice of skills. Due to this fact, certification frameworks for this profession were created as a result of cooperation of experts in psychology and pedagogy. While choosing content-related aspects, such issues as counselling, carrying out hygienic and nursing treatments for children as well as creating the right development and child security were taken into account.

Developing theoretical and practical education was based on such elements as:

- Planning care, nursing and educational counselling work based on own observation and conversations with parents
- Playing with children while simultaneously taking the proper child development into account (games involving usage of manipulating, movement and constructing skills as well as music, art and speech development classes)
- Preparing selected educational resources for specific games and educational activities
- Supervising a child proper development and its security, including providing the right equipment, meeting the deadlines of visits to the doctor
- Providing a child with hygienic and nursing treatments, e.g. washing and bathing
- Preparing meals according to the principles of healthy eating
- Feeding a child and preparing it for independence; making baby bedding, changing nappies, developing child's hygiene habits
- Giving medicines according to the doctor's orders, carrying out simple medicinal treatments such as disinfection and dressing as well as performing first aid in emergencies.
- Taking care of decor and hygiene of interiors where children stay.

  The described profession includes such skills as providing appropriate nursing care for the developmentally and physically disabled children who need the babysitter to have particular interpersonal and psychological skills.

Candidates who would like to verify their knowledge by taking the certificate examination will also acquire computer and foreign language skills. The latter will especially include vocabulary involving the professional jargon.

Profession included in the International Standard Classification of Occupations ISCO-88 classification structure (number 5311)

SEE: http://vccsystem.eu/en/certification-system/new-competences/the-list-of-new-competences/child-carer/

4.5.1 Elements of interpersonal communication

Interpersonal communication is the process by which people exchange information, feelings, and meaning through verbal and non-verbal messages: it is face-to-face communication.

Interpersonal communication is not just about what is actually said - the language used - but *how* it is said and the non-verbal messages sent through tone of voice, facial expressions, gestures and body language.

The interpersonal communication model includes five important elements (components):

Much research has been done to try to break down interpersonal communication into a number of elements in order that it can be more easily understood. Commonly these elements include:

1. sender,
2. message,
3. receiver,
4. Feedback
5. barriers.

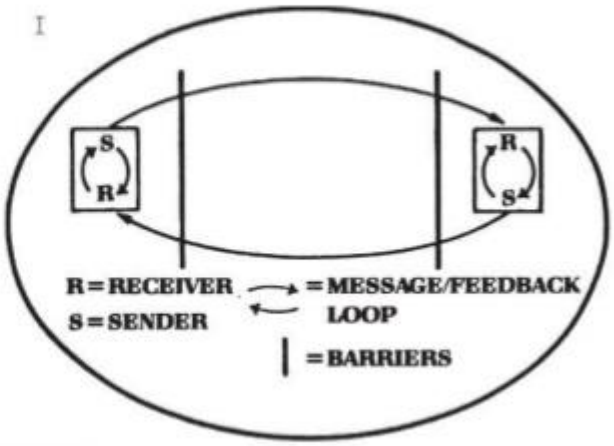


FIGURE 2-1. The interpersonal communication model.

6/28/2014

[Communication skills in practice](#) - [www.slideshare.net](#)

The interpersonal communication model includes five important elements as in schema above .

When you have the opportunity to observe some interpersonal communication, make a mental note of the behaviours used, both verbal and non-verbal.

Observe and think about the following factors:

- Who are the communicators?
- What messages were exchanged?
- What (if any) noise distorts the message?
- How is feedback given?
- What is the context of the communication?

By observing others - making a conscious effort to understand how communication occurs - you will think about how *you* communicate and be more aware of the messages you send.

SEE: http://www.skillsyouneed.com/ips/interpersonal-communication.html

http://www.skillsyouneed.com/ips/interpersonal-communication.html#ixzz4HltwIZzl

Find more on: http://www.skillsyouneed.com/ips/interpersonal-communication.html#ixzz4HltUKToq

4.5.2. Dealing in a difficult situation

The most important need/quality during a difficult situation in working with small kids is to rest PACIENT/CALM, 7 after EVALUATE THIS SITUATION.

ROLE GAMES

4.5.3. Ethics of the profession

Some professional organizations may define their ethical approach in terms of a number of discrete components. Typically these include:

- Honesty
- Integrity
- Transparency
- Accountability
- Confidentiality
- Objectivity
- Respectfulness
- Obedience to the law
- Loyalty

5. Legal basis of working with a small child

The basic work you'll be doing--caring for someone else's children - bears a tremendous amount of responsibility and requires a serious commitment. When the children are in your custody, you are responsible for their safety and well-being. You will also play a key role in their overall development and may well be someone they'll remember their entire lives.

Licensed or unlicensed home day care is also referred to as family child care, or in home care. It refers to the care provided to a group of children in the home of a caregiver. State laws differ regarding rules for licensed versus unlicensed care.

SEE legislation of each country

5.1 Basic legal terms

SEE legislation of work and of family in each country where you're interested in

5.1.1. Children's rights

Children's rights are the human rights of children with particular attention to the rights of special protection and care afforded to minors. The Convention on the Rights of the Child (CRC) of 1989 defines a child as any human person who has not reached the age of eighteen years. Children's rights includes their right to association with both parents, human identity as well as the basic needs for physical protection, food, universal state-paid education, health care, and criminal laws appropriate for the age and development of the child, equal protection of the child's civil rights, and freedom from discrimination on the basis of the child's race, gender, sexual orientation, gender identity, national origin, religion, disability, color, ethnicity, or other characteristics. Interpretations of children's rights range from allowing children the capacity for autonomous action to the enforcement of children being physically, mentally and emotionally free from abuse, though what constitutes "abuse" is a matter of debate. Other definitions include the rights to care and nurturing. "A child is any human being below the age of eighteen years, unless under the law applicable to the child, majority is attained earlier." There are no definitions of other terms used to describe young people such as "adolescents", "teenagers," or "youth" in international law, but the children's rights movement is considered distinct from the youth rights movement. The field of children's rights spans the fields of law, politics, religion, and morality.

SEE: *Convention on the Rights of the Child*, G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), entered into force Sept. 2 1990.

- *European Convention on Human Rights*

- *Child Marriage (film)*
- *Child Poverty Action Group*
- *Children Youth and Environments Journal*
- *Children's Rights Education*
- *International Children's Peace Prize*
- *National Action Plan for Children*
- *Red Hand Day*
- *Save the Children*
- *UNICEF*
- *World's Children's Prize for the Rights of the Child*

5.1.2. Rights and obligation of the parent

Parent are given sufficient powers to fulfill their duties to the child. Parents affect the lives of children in a unique way, and as such their role in children's rights has to be distinguished in a particular way. Particular issues in the child-parent relationship include child neglect, child abuse, freedom of choice, corporal punishment and child custody. There have been theories offered that provide parents with rights-based practices that resolve the tension between "commonsense parenting" and children's rights. The issue is particularly relevant in legal proceedings that affect the potential emancipation of minors and in cases where children sue their parents.

A child's rights to a relationship with both their parents is increasingly recognized as an important factor for determining the best interests of the child in divorce and child custody proceedings. Some governments have enacted laws creating a rebuttable presumption that shared parenting is in the best interests of children.

Limitations of parental powers

Parents do not have absolute power over their children. Parents are subject to criminal laws against abandonment, abuse, and neglect of children. International human rights law provides that manifestation of one's religion may be limited in the interests of public safety, for the

protection of public order, health or morals, or for the protection of the rights and freedoms of others.

SEE: *Children's Aid Society of Metropolitan Toronto*:

"While children undeniably benefit from the Charter, most notably in its protection of their rights to life and to the security of their person, they are unable to assert these rights, and our society accordingly presumes that parents will exercise their freedom of choice in a manner that does not offend the rights of their children."

Adler (2013) argues that parents are not empowered to grant surrogate consent for non-therapeutic circumcision of children.

5.1.3. Rights and obligation of the child carer

SEE above & after

5.1.4. Creating documentation

Applied activities in centers of documentation or accessing data bases on the topics.

5.2. Supportive organizations and institutions

There are many organizations, also for special needs, that are dedicated to serving those children who require assistance for medical, mental or psychological disabilities. Many of these groups work with children all the way through adulthood, allowing them to receive the extra help they need to flourish and become happy, healthy members of society.

While many organizations often operate on the local level or focus on a specific disorder or disease, there are also many national organizations that can assist families with a special needs child -- with education, advocacy, advice, etc. Additionally, there are some great organizations that support parents who have children with special needs. Here are some of the most notable:

1. There are groups matche parents with a buddy parent who has a child with the same disability, allowing each parent or family to have a contact to share information with and receive emotional support from. By matching parents one-on-one with another mom or dad going through the same issues, the parents of children with special needs can receive the emotional support they need, all while creating a new friendship.

2. Organisations for Children with Special Needs

   By allowing these families to more fully participate in community life, special needs children are able to grow to their full potential.
3. Centers for Children with Disabilities
4. Parents Assistance Center that are able to encourage families to work with local professionals to find the best quality of care for their children. The group also works with schools and other educators to improve the education of special needs children.
5. Sport for disabled children – ex. Special Olympics

SEE: https://www.care.com/a/10-helpful-special-needs-organizations

5.2.1. Foundations and associations working on behalf of children

Each European or non-European country has its own law of associations and foundations where there are previewed all details about child care or behalf of children from these organisations. Each person interested in can apply or contact such a type of organization with which can collaborate, receiving help/support, councelling etc.

SEE: http://www.ala.org/alsc/externalrelationships/organizations

5.2.2. Educational and care institutions

An **education institution** is a place where people of different ages gain an education, including preschools, childcare, elementary schools, and universities. They provide a variety of learning environments and learning spaces.

- Types of educational institutions
  - Early childhood
  - Primary
  - Secondary
  - Further and higher education

Early childhood: Preschool, Kindergarten, Nursery

Primary: Elementary school (grade school), primary school, Middle school (partly), Comprehensive school

Secondary: Secondary school, Comprehensive school, High school, Middle school (partly), Upper school, Independent school (UK), Academy (English school), University-preparatory school, Boarding school, Gymnasium, Hauptschule, Realschule

Further and higher education:

- College
    - Career college
    - Management college
    - Community college
    - Junior college
    - Liberal arts college
    - Madrasah
    - Residential college
    - Sixth form college
    - Technical college or Institute of Technology
    - University college
- Graduation School
- Institute of technology (Polytechnic)
- University
    - Corporate university
    - International university
    - Local university
    - Private university
    - Public university

Care institutions:

An institution, or orphanage, can be defined as any residential facility with overall capacity for more children.

Institutions are part of a reactive childcare system, providing care for children from very different backgrounds, with very different needs. They replace parental care without supporting families, without preventing family crises, and without attempting to resolve the situations that result in the placement of a child in an institution.

Institutions represent a blanket approach to childcare. They are expensive, inadequate and centralised. Even the very best institutions are ill-equipped to cater for children's needs or to support the observance of their rights. They can never replace the one-to-one care needed by children for their development and the full expression of their potential.

Institutions are a reactive solution to a deeper problem and thus fail to address the real problems faced by children and families. Institutions represent the major reason for the irrevocable severing of family ties.

There are two main reasons why these damaging childcare systems continue to exist:

1. Difficulty in providing timely and effective services at community and family level in order to prevent separation of children from their families.

2. Inadequate provision of family placements (placement in an extended family, local adoption, fostering) for children without parental care.

Institutions provide a safety net for social workers in this situation. Unfortunately, this is usually treated as a long-term option with children rarely moving on to a permanent, family-based placement. For the majority of children in institutions the next placement is represented by moving into another institution or by reaching the age limit for childcare.

We do not believe that any institutions are necessary. We do not seek to transform or remodel them. We do not seek to reduce the number of children who live within them.

Replacing institutions with a whole range of alternative services demands a different approach to childcare, a radically different attitude towards parents and carers.

What is Deinstitutionalisation? Why is it necessary? Find out more about our pioneering work to transform the lives of children.

We desire to stop children being separated from their families in the first place by supporting families to get back on their feet.

5.3. Selected issues of labor law

Labor laws in each country.

DEBATES

5.3.1. Basic issues of labour law

This is to follow labor laws in each countries and European union, too.

Applied course, with reading and consulting the articles of law concerning in home caregivers.

6. Informatics competences

Competencies:

Over the past thirty or so years, various theorists, educators and groups have proposed essential competencies and literacy skills for nurses in practice, research, education and administration. Since the mid 1980's, some theorists have stressed the need for caring informatics specialists, now known as informaticians or informatists. Specialists develop higher end technological skills and expertise and are most often employed as system coordinators, project managers, agency educators and analysts in all areas of nursing practice. "The need to adopt a culture in … that promotes acceptance and use of information technology has been identified as an important parallel initiative to establishing … competencies and educational strategies" (Hebert, 1999, p. 6). Strategies for achieving NI competencies in the workplace include inservice training, intranet ready modules, access to online resources, and opportunities for continuing education. "Barriers to achieving informatics competencies in the workplace include restricted access to training and training systems for nurses and nursing students, few leaders and educators with NI skills, and limited empirical support for the contributions ICT can or will realistically make to nursing and patient outcomes" (p. 6) – see ***References & Bibliography***.

Most theorists also emphasize the need for every nurse whether employed in the practice or education setting, to develop a minimum of a "user" level in computer literacy and informatics theory.

Several emerging taxonomies for describing caring informatics competencies have been discussed in the literature. Most focus on a three tiered system which equate to a:

a) beginner, entry or user level
b) intermediate or modifier level and
c) advanced or innovator level of competency.

With the advent of computer technology use in caring, the need for data to be analysed and interpreted to become usable information in practice escalates with each passing year. In order to work with data, process information and derive knowledge nurses must be able to apply synthesis and application to their practice. Therefore informatics competencies need to be developed in all three levels of expertise through basic and continuing caring education programs.

Each of the three competency levels includes both knowledge and skills required to (Hebert, 1999, p. 6).

★ use information & communication technologies to enter, retrieve and manipulate data;

★ interpret and organize data into information to affect nursing practice; and

★ combine information to contribute to knowledge development.

As well, competencies themselves are divided into various categories equivalent to the three used on this site: technical, utility and leadership competencies. Select competencies in each of these three areas are presented within the three levels of users described above.

LEVEL OF EXPERTISE	COMPETENCIES
Users	Technical
Modifiers	Utility
Innovators	Leadership

6.1 Web browser

A web browser (commonly referred to as a browser) is a software application for retrieving, presenting, and traversing information resources on the World Wide Web. An *information resource* is identified by a Uniform Resource Identifier(URI/URL) and may be a web page, image,

video or other piece of content. Hyperlinks present in resources enable users easily to navigate their browsers to related resources.

Although browsers are primarily intended to use the World Wide Web, they can also be used to access information provided by web servers in private networks or files in file systems.

The major web browsers are Firefox, Internet Explorer/Microsoft Edge,[2][3][4] Google Chrome, Opera, and Safari.

SEE: "European Commission – PRESS RELEASES – Press release – Antitrust: Commission confirms sending a Statement of Objections to Microsoft on the tying of Internet Explorer to Windows". Retrieved 2 May 2015.

6.1.1 Browsing websites

6.1.2. Playing multimedia contents

6.1.3 Searching contents in the Internet

6.1.4 Searching contents on the website

6.1.5 Searching contents in thematic directories

There are information that everybody knows, and only discussing and make some observations during training course, for remember or for clarify.

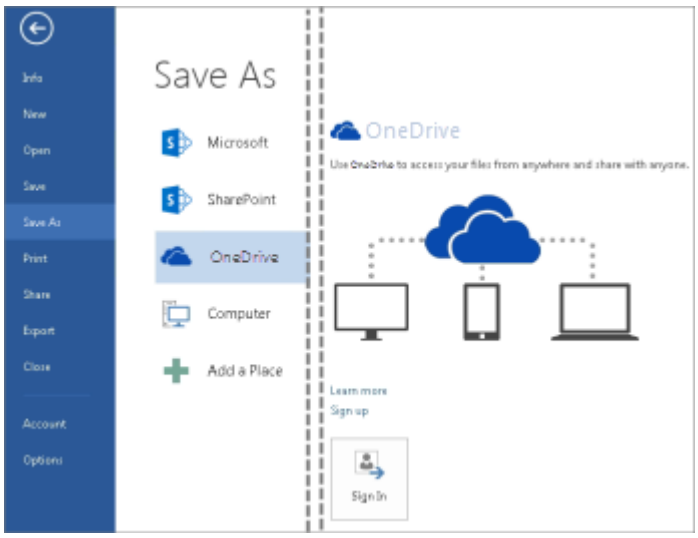
Applied activity on PCs.

6.1.6 Saving documents and websites

Your files are saved online at OneDrive.com and also to your OneDrive folder on your computer. Storing files in your OneDrive folder allows you to work offline, in addition to online, and your changes are synchronized when you reconnect to the Internet. To learn more about OneDrive, see OneDrive.com

To save a file to OneDrive

1. With a document open in an Office program, click File > Save As > OneDrive.



2. If you haven't signed in, do that now by clicking Sign In.

Or if you haven't signed up for a Microsoft account, click Sign up.

3. After you sign up or sign in, save your document to OneDrive.

SEE: https://support.office.com/en-us/article/Save-documents-online

6.1.7 Printing contents of websites

It needs to basically be able to "print" (to pdf) an entire website. The website uses a DotNetNuke Content Management system so the pages end in aspx.

6.1.8 Filling out forms

Forms are composed by placing input fields within paragraphs, preformatted/literal text, lists and tables. This gives considerable scope in designing the layout of forms. Each field is defined by an INPUT element and must have an NAME attribute which uniquely names the field in the document. Additional optional attributes can be used to specify the type of the field (defaults to free text), its size/precision, its initial value and whether the field is currently disabled or in error.

But we used also figures, colors, schemas, graphics, views and images.

ICT helps in doing all these.

Appling activities helps to understand and learn how to do.

6.2 E-mail

Electronic poste with all details that every participant knows and is using from primary school.

6.2.1 Handling e-mail using web browser

- Webmail - sending and receiving email with your web browser

- Accessing Webmail: Options, Autoload, Flash, Video

Webmail is a tool that allows you to send and receive email from your web browser.

Accessing webmail from your browser:

To access your webmail, you will need to do the following.

1. first visit http://example.com/webmail. Please be sure to replace example.com with your actual domain name.
2. When you access this page, it will then prompt you for a username and password.

Important! The username will be the FULL email address of the account you want to log into, and the password is the password you created for that email account when it was initially created within cPanel.

3. If you do not remember this password, you can reset it by logging into the Email Accounts section of your cPanel and clicking the Change Password link next to the email account in question.

For additional information, see our full guide on How to log in to Webmail.

Webmail program options: Once you have logged in successfully, you will see three options: Horde, SquirrelMail, RoundCube

These three webmail applications allow you to send and receive email. They all show you the same email, but several different webmail applications are provided as a convenience.

All three webmail applications have a different look and feel to the way they work, and some users prefer one over the other. SquirrelMail is the more basic application of the three, while Horde and RoundCube give you more tools to work with.

Webmail AutoLoad: Webmail includes an AutoLoad option. If you find yourself using the same Webmail interface each time you check your email, such as SquirrelMail, you can enable that particular Webmail interface to load automatically the next time you log into Webmail.

To enable AutoLoad, click "*Enable AutoLoad*" under the Webmail interface of your choice (Horde, SquirrelMail, or RoundCube). You will then be asked to enter the number of seconds to wait until that Webmail interface is loaded the next time you log in.

Note: If you enter 3, for example, the initial Webmail page will show for 3 seconds until your chosen Webmail interface auto loads.

To cancel the AutoLoad, click the "*Stop*" button when you see the message that states your selected Webmail interface is about to load, and then click Disable AutoLoad.

6.2.2 Browsing messages, sending messages, receiving messages, addresses management

Modern ITC helps all involved in every type of communication – mobile phone, PC, tablets, etc.

6.2.3 Using e-mail program

Well-known and most used program till now. Everybody knows and uses it.

6.3 Communication via Internet

Just pointed because it is a part of our daily life!

6.3.1 Internet communicators

This topic is well-known by all trainers and learners, and it is used so is the most applied in such activities.

6.3.2 Connection by voice mode

Connection by voice mode is a useful method in communication that most of us are using sometimes. For example, it can be used Dual Transfer Mode or Viva Voice – well-known methods for our society.

Each learner can access it easy.

6.3.3 Connection by video conferencing mode

During training courses there are several video conferences moments for create an interactive activity between trainer and learners, but also to develop skills as there were proposed in the project.

Each learner received a set of materials that can used after finishing this training, and could have all the time its portofolios.

5. *Methodology: methods and techniques*

The correct implementation of the course will be based on a both theoretical and practical formation. To guarantee it, the methodology should be used:

- based on the word
  - story
  - lecture
  - talk
  - discussion
- based on observation
- debates
- heuristic conversation
- based on practical activity
  - methods of practical classes
  - workshops
  - individual and group exercises (e.g. role-playing)

Our methodology is based upon experiential training, group activities, cooperative learning, simulation and best practices' exchange and we make extensive use of real example and case studies. We put a special emphasis on the educative, social and cultural dimension of our courses. We comply to the 10 principles set in the European Quality Charter for Mobility:

- information and guidance: we provide every participant with access to clear and reliable sources of information and guidance on mobility and the conditions in which it can be taken up, including details of the charter and the roles of sending and hosting organisations

- learning plan: we draw up a learning plan describing the objectives and expected outcomes, the means of achieving them and the evaluation measures, taking account of reintegration issues

- personalisation: tailor the mobility based on participants' needs and we ensure that the training course fits in with personal learning pathways, skills and motivation of participants and develops or supplements them

- general preparation: before departure, we can provide participants with general preparation tailored to their specific needs and covering linguistic, pedagogical, legal, cultural and financial aspects

- linguistic aspects: we support the participants both before, during and after the course, we speak English in the project, but also 5 native languages – Polish, Italian, Romanian, Turkish, Spanish -, so we can fully support the participants form the linguistic point of view

- logistical support: our venues are easily accessible and based on our vast experience in mobility projects we provide detailed information and assistance concerning travel arrangements, insurance, and any other practical aspects

- mentoring: we provide continuous mentoring to advise and help participants before, throughout and after their stay

- recognition: we've vast experience in recognition of learning outcomes and we assist participants and sending organizations in the recognition and certification process including the issuing of the Europass Mobility Certificate

- reintegration and evaluation: during the training we run daily evaluations as well as a final evaluation to monitor and assess all aspects of the training courses and ensure its quality, when appropriate we run an ex-ante and ex-post evaluation to assess the learning outcomes and the competences acquired, after the training we support participants in order to enhance their reintegration

- commitments and responsibilities: we draw up and sign with the participant a learning agreement and quality commitment and we monitor that the training course comply with these standards.

In addition we follow the best practices:

- innovative, modern and practice-driven content

- practical, participative and hands-on methodology

- tailored programme based on actual professional needs

- knowledge applicable to the real contexts and/or in the classroom
- collaborative learning and best practices' exchange
- European added value and exchange of best practices between countries
- attention to personal growth and development
- needs assessment before the training
- distance learning support before and after the training
- continuous monitoring and evaluation after the training
- validation and certification of competences
- clear communication, practical information and guidance
- full support, commitment and responsibility
- easy accessibility
- flexibility
- cultural immersion and social activities

6. Evaluation methods

The VCC exam allows validate learning outcomes gained through non-formal and informal. According to the methodology VCC exam consists of both theoretical part and practical. The process of examination is carried out with participation of Partners Examination VCC, who obtained the right to conduct examinations of the module VCC. The system VCC is required and separation processes, providing training and validation.

There is also recommended to provide self-assessment test conducting pre and post training evaluation questionnaire where participant individually determines the level of knowledge and skills gained during the training.

If training session is providing as the one of the activities planned during implementation of international project co-financed from EU each participant should receive certificates of attendance and Europass Mobility certificate.

There are many different ways to assess and evaluate training and learning. **Evaluation is for the learner as for trainer, too** - evaluation is not just for the trainer or organization, but for all involved.

Feedback and test results help the learner know where they are, and directly affect the learner's confidence and their determination to continue with the development - in some cases with their own future personal development altogether. Central to improving training and learning is the question of **bringing more meaning and purpose to people's lives**, aside from merely focusing on skills and work-related development and training courses.

Learning and training enables positive change and improvement - for people and employers - when people's work is aligned with people's lives - their strengths, personal potential, goals and dreams - outside work as well as at work.

Evaluation of training can only effective if the training itself is effective and appropriate. Testing the wrong things in the wrong way will give you unhelpful data, and could be even more unhelpful for learners.

Consider people's learning styles when evaluating personal development. Learning styles are essentially a perspective of people's preferred working, thinking and communicating styles. Written tests do not enable all types of people to demonstrate their competences.

In this project we have a skilled and multilingual staff that must offer a flexible and personalized approach based on needs and on the required services (i.e. training course, work practical visits).

CERTIFICATION: At the end of the course, each participant will be awarded a certificate of attendance including a description of training content and as well as its starting and end date, together - if requested - with an Europass Mobility Certificate.

The trainer - training evaluation responsibilities

- provision of any necessary pre-programme work etc., and programme planning
- identification at the start of the programme of the knowledge and skills level of the trainees/learners
- provision of training and learning resources to enable the learners to learn within the objectives of the programme and the learners' own objectives

- monitoring the learning as the programme progresses
- at the end of the programme, assessment of and receipt of reports from the learners of the learning levels achieved
- ensuring the production by the learners of an action plan to reinforce, practice and implement learning.

The manager - training evaluation responsibilities

- management of the training department and agreeing the training needs and the programme application
- maintenance of interest and support in the planning and implementation of the programmes, including a practical involvement where required
- the introduction and maintenance of evaluation systems, and production of regular reports for senior management
- frequent, relevant contact with senior management
- liaison with the learners' line managers and arrangement of learning implementation responsibility learning programmes for the managers

The trainee or learner - training evaluation responsibilities

- involvement in the planning and design of the training programme where possible
- involvement in the planning and design of the evaluation process where possible
- obviously, to take interest and an active part in the training programme or activity
- to complete a personal action plan during and at the end of the training for implementation on return to work, and to put this into practice, with support from the line manager
- take interest and support the evaluation processes.

Note: Although the principal role of the trainee in the programme is to learn, the learner must be involved in the evaluation process. This is essential, since without their comments much of the evaluation could not occur. Neither would the new knowledge and skills be implemented. For trainees to neglect either responsibility the business wastes its investment in training. Trainees will assist more readily if the process avoids the look and feel of a paper-chase or

number-crunching exercise. Instead, make sure trainees understand the importance of their input - exactly what and why they are being asked to do.

Training evaluation and validation options

The following summarizes a spectrum of possibilities within these dependencies.

1 - do nothing - doing nothing to measure the effectiveness and result of any business activity is never a good option, but it is perhaps justifiable in the training area under the following circumstances:

2 - minimal action: The absolutely basic action for a start of some form of evaluation is as follows: at the end of every training programme, give the learners sufficient time and support in the form of programme information, and have the learners complete an action plan based on what they have learned on the programme and what they intend to implement on their return to work. This action plan should not only include a description of the action intended but comments on how they intend to implement it, a timescale for starting and completing it, and any resources required, etc. A fully detailed action plan always helps the learners to consolidate their thoughts. The action plan will have a secondary use in demonstrating to the trainers, and anyone else interested, the types and levels of learning that have been achieved. The learners should also be encouraged to show and discuss their action plans with their line managers on return to work, whether or not this type of follow-up has been initiated by the manager.

3 - minimal desirable action leading to evaluation: in returning to work to implement the action plan the learner should ideally be supported by their line manager, rather than have the onus for implementation rest entirely on the learner. At the initial meeting, objectives and support must be agreed, then arrangements made for interim reviews of implementation progress. After this when appropriate, a final review meeting needs to consider future action. This process requires minimal action by the line manager - it involves no more than the sort of observations being made as would be normal for a line manager monitoring the actions of his or her staff. This process of review meetings requires little extra effort and time from the manager, but does much to demonstrate at the very least to the staff that their manager takes training seriously.

4 - training programme basic validation approach: The action plan and implementation approach described above is placed as a responsibility on the learners and their line managers, and, apart from the provision of advice and time, do not require any resource involvement from the trainer. There are two further parts of an approach which also require only the provision of time for the learners to describe their feelings and information. The next evaluation instrument, like the action plan, should be used at the end of every course if possible.

5 - total evaluation process: If it becomes necessary the processes described in above can be combined and supplemented by other methods to produce a full evaluation process that covers all eventualities. Few occasions or environments allow this full process to be applied, particularly when there is no Quintet support, but it is the ultimate aim. The process is summarized below:

- Training needs identification and setting of objectives by the organization
- Planning, design and preparation of the training programmes against the objectives
- Pre-course identification of people with needs and completion of the preparation required by the training programme
- Provision of the agreed training programmes
- Pre-course briefing meeting between learner and trainers
- Completion of Action Plan
- Post-course debriefing meeting between learner and line manager
- Line manager observation of implementation progress
- Review meetings to discuss progress of implementation
- Final implementation review meeting

The trainer's overall responsibilities - aside from training evaluation

1. The basic role of a trainer (or however they may be designated) is to offer and provide efficient and effective training programmes aimed at enabling the participants to learn the knowledge, skills and attitudes required of them.

2. A trainer plans and designs the training programmes, or otherwise obtains them (for example, distance learning or e-technology programmes on the Internet or on CD/DVD), in accordance with the requirements identified from the results of a TNIA (Training Needs

Identification and Analysis - or simply TNA, Training Needs Analysis) for the relevant staff of an organizations or organizations.

3. The training programmes must be completely based on the TNIA which has been: (a) completed by the trainer on behalf of and at the request of the relevant organization (b) determined in some other way by the organization.

4. Following discussion with or direction by the organization management who will have taken into account costs and values (e.g. ROI - Return on Investment in the training), the trainer will agree with the organization management the most appropriate form and methods for the training.

5 . If the appropriate form for satisfying the training need is a direct training course or workshop, or an Intranet provided programme, the trainer will design this programme using the most effective approaches, techniques and methods, integrating face-to-face practices with various forms of e-technology wherever this is possible or desirable.

6. If the appropriate form for satisfying the training need is some form of open learning programme or e-technology programme, the trainer, with the support of the organization management obtain, plan the utilization and be prepared to support the learner in the use of the relevant materials.

7. The trainer, following contact with learners, to seek some pre-programme activity and/or initial evaluation activities, should provide the appropriate training programme(s) to the learners provided by their organization(s). During and at the end of the programme, the trainer should ensure that: (a) an effective form of training/learning validation is followed (b) the learners complete an action plan for implementation of their learning when they return to work.

8. Provide, as necessary, having reviewed the validation results, an analysis of the changes in the knowledge, skills and attitudes of the learners to the organization management with any recommendations deemed necessary. The review would include consideration of the effectiveness of the content of the programme and the effectiveness of the methods used to enable learning, that is whether the programme satisfied the objectives of the programme and those of the learners.

9. Continue to provide effective learning opportunities as required by the organization.

10. Enable their own CPD (Continuing Professional Development) by all possible developmental means - training programmes and self-development methods.

11. Arrange and run educative workshops for line managers on the subject of their fulfillment of their training and evaluation responsibilities.

The evaluator followed also:

- free learning and training resources - including diagrams, tests, skills assessments, training needs analysis, and learning evaluation tools
- motivation
- leadership
- teambuilding and learning activities
- workshops
- brainstorming
- multiple intelligence theory application during training course

7. Teaching staff

Teaching staff should be person who has knowledge, skills and experience in working with children, especially psychologist, pedagogue, qualified child care giver and teaching staff having IT knowledge

Teaching Staff must provide academic skills, and supports learners' development of self-management, language, learning and critical thinking skills as well as the development of academic literacy, numeracy and integrity. And also, teaching staff has to know more information in the field, and also to adopt methods and strategies proper with training adults learners.

We have an extended suite of strategies to support all internal and external award coursework study. These strategies include:

- learners consultations – answers to learners questions
- academic skills workshops
- quick guides

- numeracy
- academic integrity
- peer assisted training sessions (pass)
- studying in the education sciences & similarly
- assignment navigator
- academic language self-assessment

Academic Skills staff also works closely and collaboratively with learners from all partner institutions for heaving a common basic curriculum.

Training staff assures that each learner has its own portfolios for this training course, and all documents/materials are covering learners' needs of forming in the area.

8. Materials

The materials during the training should include:

- thematic vocabulary
- presentation in ppt prepared by teaching staff and developed during the training sessions
- practical activities
- support of training courses/ curriculum
- flipchart
- worksheets
- auxiliary materials - specific objects in hatches ante preschool children
- studies and reference works in the field
- plasticine
- toys

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