

The Effectiveness of A Training Program To Develop Health and Safety Skills for Kindergarten

Asmaa Abduljabbar Salman

Diyala University /Childhood and Motherhood Research Center

da979695asma@gmail.com

Abstract

The present study aims to identify the effectiveness of a training program to develop health and safety skills for kindergarten children.

To achieve this goal, a number of null hypotheses were developed, which are:

1 -There is no statistically significant difference at the level (0.05) in health and safety skills between the children of the experimental group and the children of the control group in the pre-test.

2 -There is no statistically significant difference at the level (0.05) in health and safety skills between the children of the experimental group and the children of the control group in the post test.

3 -There is no statistically significant difference at the level (0.05) in health and safety skills between the children of the experimental group and the children of the control group in the first post-test and the second post-test.

The program was applied to preschool children in Diyala Governorate / Baquba District. The result of the research indicated the effectiveness of the training program that was applied to the children of kindergarten and for the benefit of the experimental group.

Keywords: Training program, Health and safety, Kindergarten

Section One: Introduction

Research problem:

The person in the childhood stage has many needs, including health and safety necessary for his growth in all aspects, and the child in this stage has a great ability to acquire various behaviors and has many free time that he needs to fill. (Bukhari, 1992: 218) If the family is the first incubator, and the first center in which the child receives his health values, then Kindergarten has a practical and applied role in this aspect, and

since the health and safety of the child is one of the axes of preventive education, many conferences and studies recommended the necessity of To include the concept of education, education and awareness of prevalent health problems, proper nutrition, and planning health care programs (WHO, 1978: PM 2-3).

Despite the effort made by the Kindergarten administrations, doubts about their role exist in light of what the researcher requested, during her work in a joint committee with the Diyala Governorate Health Department, and as a kindergarten specialization, she conducts continuous field and applied studies for Kindergarten in the governorate, and by observing health behaviors and trends And health awareness among children, and this is reinforced by what was revealed by the Diyala Health Department, as it showed the spread of many diseases among children, the most important of which are (mumps, chickenpox, obesity, lice, malnutrition, poor eyesight, addiction to the use of electronic games), which indicates an imbalance in the level of awareness. The health of people, including parents, teachers and educators in general, and children in particular.

Research importance:

Health is the wealth of peoples, and the responsibility to maintain health rests with every individual. From health care to ward off poverty and disease and to try to reduce the possibilities of disease (Arafat, 1990: 215), because health and safety is a dear demand for every member of society. Progress and stability, and societies have been interested in developing various health programs to preserve the health and safety of their members, as they are the ones who are dependent upon adversity, and through education, the community can achieve its goals that it set because it bears the greatest burden in raising generations and preparing them to be good for their nation and society, which provides the individual with life. sound health (Lal: 1412: 15).

In addition, health is an important aspect of human life, and if the child does not learn how to maintain his health and safety, he will not be able to enjoy a happy life or learn well, because health and safety is an issue that concerns everyone and does not concern doctors alone, it falls on parents, teachers and supervisors Kindergarten and the media, health does not mean just physical health, but also means enjoying an active intelligent mind and a healthy happy life, and this depends on many things, the most important of which is proper nutrition and appropriate for the stage of growth and commitment to healthy healthy habits .. Good health depends on sound health

knowledge of the facts of the disease and how it spreads Methods of treatment and method of prevention (Al-Jammal, 2004: 31).

Among the continuing interests of scientists, researchers, educators and those interested in childhood affairs and its issues in various directions, is what is related to the health and safety of the child, health and physical, and saving him from various diseases, injuries, groans, effects and obstacles that face and impede his general growth in society and work to make the child grow in a healthy and sound atmosphere (Jabouri) , 2004: 204).

The kindergarten has an important role in maintaining the safety of children's bodies, and their practice of sound and good health habits, and the kindergarten administration has the responsibility to constantly monitor children's behavior and spread health awareness among them, and provide various preventive, curative and educational services, and develop their mental abilities, and psychological compatibility, which is reflected on them In building the future of their lives (Al-Ahmad, 1406 AH, :40) Kindergarten is also seen as one of the best channels available to promote health and safety for children. Especially with the increase in the costs of treatment services for chronic diseases related to the lifestyle, which led to serious attention to the prevention of these problems at an early age, and caring for the health of the child while he is in kindergarten is very important in his life, due to his habits outside the home and ease of influence, especially in his stages The first, including acquiring and correcting healthy healthy habits (Al-Ansari 1423 AH,: 9).

The importance of the study can be summarized in the following points:

- 1 -This study is necessary and of particular importance, as it is expected to serve the children of Kindergarten, who constitute a significant proportion
- 2 -The School Health Department in the Ministry of Health may benefit from this study to improve their performance and activate it for follow-up and planning processes and for the benefit of the Iraqi citizen.
- 3 -This study benefits the School Health Department in the Ministry of Education in guiding and guiding supervisors or those charged with health service programs provided to students, principals and teachers.
- 4 -This study works to raise the health level of teachers and students in a way that will benefit the Iraqi society
- 5- This is the first study, according to the researcher's knowledge, concerned with the health and safety of children of the age of Kindergarten.

Search objective:

The current research aims at:

Recognizing the effectiveness of a training program for developing health and safety skills for kindergarten.

To achieve the goal of the research, the researcher derived the following null hypotheses:

- 1 -There is no statistically significant difference at the level (0.05) in health and safety skills between the children of the experimental group and the children of the control group in the pre-test.
- 2 -There is no statistically significant difference at the level (0.05) in health and safety skills between the children of the experimental group and the children of the control group in the post test.
- 3 -There is no statistically significant difference at the level (0.05) in health and safety skills between the children of the experimental group and the children of the control group in the first post-test and the second post-test.

Search limits:

The current search is determined by Pre-school children (females, males) who are in government kindergartens in the district of Baquba, the General Directorate of Education in Diyala Governorate for the 2014-2015 academic year.

Search terms:

-Effectiveness

Al-Diwani (1997) defined it as the ability to do something or bring about change (Diwani, 1997: 24). Qatami and Nayef (1998) defined it as the level of achievement of students according to any aspect of educational outcomes, whether they are cognitive, psychomotor, emotional or emotional) (Qatami and Naif, 1998: 17).

-Training Program

Qatami(2010) defined a set of activities, attitudes and tasks designed to develop social intelligence with its four components (sympathy with others, effective communication with others, cooperation with others, and maintaining relationships with others(Qatami, 2010: 25).

-Health

The scientist Perkins defined it as a state of relative balance for the functions of the body, and that this state of equilibrium results from the body's adaptation to the harmful factors to which it is exposed, and that the body's adaptation is a positive process carried out by the body's forces to maintain its balance known by the World Health Organization.

It is a state of complete physical, mental and social safety and sufficiency, and not merely the absence of disease or infirmity. This definition was considered as a goal rather than a definition, as it confirmed the link between the physical, psychological and social aspects of the human being and these elements in relation to health are like the elements of the light spectrum in relation to white light. One of these elements results in a lack of integrity.

-World Health Organization 1978

It is defined as a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity, as defined by the World Health Organization in 1978 in a Declaration of Principles of Primary Health Care.

-Safety

The Arab International Encyclopedia defined it as the science that is concerned with preserving human safety and health by providing a safe environment free from the causes of accidents, injuries and diseases.

What the researcher knows is to protect oneself from accidents, pollution and diseases by following safety rules.

-Children of kindergarten according to the definition of the Ministry of Education 2005

They are pre-primary children who have completed four years of age and do not exceed six years of age. The kindergarten aims to enable children to grow properly and develop their personalities in their physical and mental aspects, including emotional and moral aspects, according to their needs and characteristics of their society (Ministry of Education, 2005: 3-5).

Section Two: Theoretical framework

History of health care

The interest in health goes back to the Romans from the Greek era through (Dioscorides and Pyranius), who accompanied the Greek conquest of Rome in the first era AD. The Middle Ages: The spread of wars led to the collapse of civilizations,

and a decline in the standard of living for many Greek and Roman families. They considered diseases to be nothing but wrath from God, and the patient had to bear her pain until he inherited eternal life, which means that taking care of the health condition contradicts the religious life in the light of attention. The soul is more concerned with the body, which led to the deterioration of the individual's condition, and the spread of a large number of diseases in Europe during the so-called dark ages. As for the Arab world, the concern for health after the advent of Islam was clear, and the Almighty said in his dear book: "And if you get sick, he will heal" (Surah Surah). The poets) and the many hadiths of the Messenger, may God's prayers and peace be upon him, whose number reached about three hundred hadiths, were collected after the death of the Prophet, may God bless him and grant him peace, and gave them the name of the noble Prophetic Medicine, which included the principles of public health and the rules of public health.

Maintaining it and resisting diseases, as it indicated the necessity of bathing and not excessive food, drink, and other variables (Ismail 2001: AD 40).

The seventeenth centuries until the middle of the nineteenth century can be considered the era of renaissance, and the flourishing of health science. Where the homes that included these numbers of people in that era were described as a source of diseases, and when the labor movement increased, the demand for the need to pay attention to the health of individuals and to increase production began. Social in light of the concept of social health in both Germany and Belgium. Max established modern health and began research and empirical studies on the subject, as German Grotihan wrote in the early twentieth century on the concept of social health. It is worth mentioning that what was written about medical sciences during the era of the Prophet Muhammad, may God bless him and grant him peace. And peace based on the teachings of the orthodox religion, (Al-Jerjawi, 2011: 112).

Reasons for caring for health in Kindergarten and schools

1 -Kindergarten children and students of different school stages in most countries of the world constitute a large proportion of the population, ranging from 16-18 percent of the total population.

2 -Many children in these age groups are exposed to many social, economic, health and environmental problems, which require their countries to provide care for them in all the mentioned areas of their suffering.

3 -Providing children with health gives them vitality that helps them to remain alert and lively throughout the day.

4- The healthy culture of children earns them some important behaviors such as maintaining cleanliness, rationalizing water spending, maintaining non-pollution, getting rid of harmful excreta, placing waste in its places, maintaining cleanliness, and eating food after washing it.

Objectives of health programs

1 -Contributing to the physical, mental and social development of the individual “as a healthy mind resides in a healthy body”.

2 -Raising the level of health education for children in order to familiarize them with proper health behavior

3 -Providing health assistance and providing appropriate conditions for disabled children to benefit from health programs

-4Prevention of diseases before they occur (Al-Jerjawi and Al-Mashrawi, 2007: AD 52).

School health education goals

The goals of school health education do not differ much from the goals of the general health programs of the community. Public health education is for the children of the community in general, and school health education is for school students in particular, where the school administration and its teachers undertake to educate, guide and train students to maintain their health and the health of others.

In short, these goals are:

1 -Providing students with simple information that helps them maintain their health and protect them from diseases and accidents.

2 -Develop students' positive tendencies towards health, sound habits, and inculcate healthy values in them.

3 -Teaching students some health skills such as first aid, and training them on it. There is no doubt that linking goals to their Islamic values helps in achieving them. There is no doubt that deepening students' sense of a healthy goal is an Islamic necessity that will make them more popular.

Factors for children to acquire healthy habits

1 -Understand the situation in which the child practices health and safety behaviour

2- Training on health and safety behavior appropriate to the child's abilities.

(Fisher.Bobbi.1998.p155)

Ways to train children to follow healthy practices and healthy habits:

The goal of Kindergarten is to provide healthy environments, healthy classrooms, and good nutrition for children free from disease factors. This is done through training children to follow healthy practices and healthy eating habits.

The large and small motorized devices and games must be provided, allowing the children the opportunity to move their large muscles, and time should be allocated for running inside the gymnasium or outside in the squares. If not, the teacher can make the children jump or run inside the classroom and while singing songs.

-Comforts

Children are as if they are constantly moving machines, they do not stop to catch their breath, while they must practice a certain amount of quiet activities, and teachers and supervisors must allocate time for calm and rest, which is part of the daily program, and this should not be done by forcing the children, but rather by telling a quiet story for the children.

-washing up

Children must learn the skill of washing and cleaning themselves before eating, after playing, after playing with animals, after returning from kindergarten, and after using the bathrooms, and this is not done through words only, but the teacher and supervisor must be the role model in this behavior because children at this age stage learn More by observing the model, and the teacher and supervisor can explain this in practical application as well, by taking the children with a practical application of how to wash, and the skill can be applied through the blood theater and through the representation of the children with each other.

-Nutrition

Children cannot learn what kind of food is important to them through explanation and indoctrination. Rather, they can acquire sound food skills if the teacher or supervisor prepares some types of food in front of the children, such as colorful and beautiful fruits and vegetables that are important for building the body and providing it with

energy and through making cake with Children or by preparing a bowl of salad for all children to eat, and children can be taught the skills of peeling foods such as bananas and oranges, and explain the importance of drinking milk and eating dairy so that the body is healthy and able to resist diseases.

-Medical examinations

The teacher or the supervisor of raising children must train in the skills of medical examination, such as examining eyes and teeth and taking medical vaccinations. This is done through playing that one of the children is a doctor and another child represents the role of the patient. The patient and the children are the hospital staff, and the children must be trained in the skill of taking treatment and accepting drinking medicines because of their role in achieving the health of the body and explaining the importance of taking vaccinations and refraining from taking them causes disabilities that continue with the person throughout life, such as polio.

Other healthy habits that children should be trained in, including arranging the classroom, organizing tables and arranging games in their correct places, as well as training children on ways to wear clothes according to our needs and ways to choose the right type for them, how to clean the nose and use tissue paper, and they must be trained on how to use utensils Clean dishes and avoid unclean utensils and dishes (Ibrahim, 1997: 49-56).

Previous Studies

Fahmy's study (2002)

The effectiveness of suggested enrichment activities in developing some health concepts and behaviors for kindergarten children.

The aim of the research is to identify a list of appropriate health concepts and behaviors for the kindergarten child and to prepare enrichment activities to develop healthy concepts and behaviors for the kindergarten child.

The sample consisted of (70) children, boys and girls, aged between (5-6) years. The health concepts test and a health behaviors card for children were used. The results showed that there are statistically significant differences between the average scores of the experimental group children on the scale of gaining sound health concepts and

the children of the same group before and after the experiment in favor of the experimental group.

Section Three: Search procedures

This chapter includes a presentation of the procedures followed in this research in terms of choosing the experimental design, the research sample, the tools adopted in data collection, the steps for preparing them and the method of their application, as well as identifying the statistical methods adopted in analyzing the results, as follows:

First, the experimental design

Since the objective of the current research is to identify (the effectiveness of a training program for developing health and safety skills for children in Kindergarten), the researcher has adopted the experimental approach and table (1) illustrates this.

Table (1) The experimental design used in the research

The research sample	The experimental group	Pretest	The training program	Post test	Second post test
	The control group	Pretest	-	Post test	Second post test

Second, the research community

The current research community consisted of all children of Kindergarten (introductory grade) (5-6) years in the city of Baqubah, the center of Diyala Governorate, which numbered (1392) boys and girls for the academic year 2015-2016 AD distributed over (31) kindergartens *

According to the statistics of the Directorate of Education for Diyala Governorate, the Educational Statistics Division for the 2015-2016 academic year.

Third: the research sample

The researcher randomly chose one of the kindergartens to represent the research sample, and it was from Al-Raheeq Kindergarten. Then she also chose one of the classrooms to represent the experimental group, which is Al-Zuhurand the number of children in it was (33) boys and girls, while the other row represented the control

group, which is Al-Rayaheen's row, and the number of children in it was (30) boys and girls, and thus the research sample is (63) boys and girls from the preparatory class (Table 2) shows that.

Table (2)

Distribution of children (the research sample) to the two experimental and control groups, according to gender

Sections	Groups	Independent variable	Children No.\ girls	Children No.\ boys	Total children No.
Al-Zuhur	The experimental group	Training program to develop health and safety skills for Kindergarten	14	19	33
Al-Rayaheen's	The control group	The usual way of education	17	13	30

Honesty

The validity of the scale is one of the most important means in judging its validity, and it is one of the important characteristics that must be taken care of in constructing psychological scales. The researcher verified the validity of the scale through apparent validity.

Virtual validity

The apparent validity indicates the general appearance of the scale as a means of measurement, that is, it indicates the suitability of the scale to students and the clarity of its instructions (Abu Libdeh, 1985: 239). The researcher relies on the expert arbitrators, and this validity was achieved by presenting the scale to four experts specialized in the field of psychological and educational sciences.

constancy

The stability of the concept of scale is related to its level of accuracy in measuring the quality measured by the scale, whatever this quality is (Al-Imam, 2000: 59), and that

one of the conditions for a good scale is that it has a high stability ratio (Anastasia.1976:103). Indicators of scale stability have been found as follows:

Test and retest method

The stability by retesting indicates that it is the coefficient of stability over time (Dawas.1997:4), and the stability that is meant here is the amount of correlation between the scores obtained by the respondent when applying the test the first time and when it is re-applied the second time, provided that an appropriate time passes, i.e. It is not a short time so that the respondent is affected by the lap and rehearsal of the test, and it is not long so that the distance between the laboratory and the process of stopping the test (Al-Nabhan, 2004: 443) The researcher applied the scale for the first time to a sample of children in Buhrz Kindergarten on 10/15/14 2016, then it applied the scale to the same sample after ten days, and it was on 10/25/2016, and the number of this sample is (20) boys and girls. The correlation coefficient between the two tests was calculated and the result was (0.83), which is a good stability coefficient.

A model of the activities of the training program to develop health and safety skills for children in Kindergarten

First, the directed activity

behavioral goals

- 1- That the children mention the types of vegetables and fruits that are important to the health of the child and that are present in his environment.
- 2- Describe healthy food
- 3- Mention ways to maintain physical hygiene
- 4- Describe the benefits of clean food for the health and safety of bodies.

emotional goals

- 1- To listen carefully to the teacher (attention)
- 2- That his colleagues participate in the activity (response)

Cognitive goals

- 1- To innovate in the performance of the activity (innovate)
- 2- To answer the questions posed by the teacher (assessment)

educational technologies

Strategy, style of stories, drama, dialogue and discussion.

How to present the activity

The teacher provokes the children until the content of the activity is displayed, by saying to the children: Do you know who visited me yesterday? So the chicken answers, but she was sick, and the doctor prescribed for her a set of medicine and healthy food, so that she would not be weak and sick.

Section Four: Search results and discussion

This chapter includes a comprehensive presentation of the results of the current research after applying the health and safety scale for kindergarten children and discussing them according to the research objective and hypotheses and the extent of their agreement with previous studies and the theoretical framework. The results will be presented according to each hypothesis and as follows:

What about the first hypothesis?

- There is no statistically significant difference at the level (0.05) in health and safety skills between the children of the experimental group and the children of the control group in the pre-test.

Table (3)

It shows the arithmetic mean, standard deviation, and the calculated and tabular t-value for the pre-test for the two research groups in the health and safety skills test for Kindergarten

Groups	No.	Arithmetic mean	Standard deviation	Degree of freedom	Indication level	Calculated t value	tabular t value
Experimental	33	59.09	8.97	61	0.05	0.207	1.99
Control	30	58.7	5.41				

Since the calculated (t) value of (0.207) is less than the tabular value of (1.99) at the degree of freedom (61) and the level of significance (0.05), so there is no difference between the two groups, experimental and control in the pre-test of the health and safety skills scale for Kindergarten children, Therefore, the first null hypothesis is accepted.

What about the second hypothesis?

There is no statistically significant difference at the level (0.05) in health and safety skills between the children of the experimental group and the children of the control group in the post test.

Table (4)

It shows the value of the arithmetic mean, standard deviation, and the calculated and tabular t-value for the post-test for the two research groups in the health and safety skills test for Kindergarten

Groups	No.	Arithmetic mean	Standard deviation	Degree of freedom	Indication level	Calculated t value	tabular t value
Experimental	33	89.24	7.11	61	0.05	14.34	1.99
Control	30	57.83	10.14				

Since the calculated (t) value of (14.34) is greater than the tabular value of (1.99) at the degree of freedom (61) and the level of significance (0.05), so there is a difference between the two groups, in the post-test in favor of the experimental group, and this result is due to the effectiveness of the training program that The researcher presented it to the research sample, which had a positive impact on developing health and safety skills for Kindergarten children, so the second null hypothesis is rejected.

Regarding the third hypothesis

There is no statistically significant difference at the level (0.05) in health and safety skills between the children of the experimental group and the children of the control group in the first post-test and the second post-test.

Table (5)

It shows the value of the arithmetic mean, standard deviation, and the calculated and tabular t-value of the post-test for the experimental group in the first and second post-tests of health and safety skills for kindergarten children

Groups	No.	Arithmetic mean	Standard deviation	Degree of freedom	Indication level	Calculated t value	tabular t value
The first post-test	33	89.24	7.11	32	0.05	1.96	2.031
The second post-test		87.21	5.67				

Since the calculated (t) value of (1.96) is greater than the tabular value of (2,031) at the degree of freedom (32) and the level of significance (0.05), so there is no difference between the first and second post-tests.

Section Five

Conclusions

In light of the results of the research, the following was found:

1. The effectiveness of the program is statistically significant in developing health and safety skills for kindergarten children, and that this program has led to the development of these skills in all dimensions of the scale, meaning that the children have benefited from the lessons of the program that was presented to them.
2. The development of these skills in children contributes to the preparation of a healthy and healthy generation of diseases, capable of solving the simplest problems, which is eating and drinking healthy and sound foods.
3. The effectiveness of the training program between the children of the experimental group and the children of the control group in favor of the experimental group.
4. The interaction of the children of the experimental group with the training program.

Recommendations

Based on the findings of the research, the researcher recommends the following:

1. Applying the training program to larger samples of children.

2. Applying the training program to different study stages.
3. Preparing and organizing training courses for Kindergarten teachers to benefit from the program.

Suggestions

To complement this research, the researcher suggests conducting the following studies:

1. Conducting comparative studies between children enrolled and children not enrolled in kindergarten.
- 2 .Conducting a similar study in primary and secondary education and among university students.

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Appendix (1)

Questionnaire

Virtuous parameter 0000000000

The researcher is conducting a study to identify the health and safety skills of kindergarten children, and your familiar experience and information. The researcher requests advice and opinion on whether they apply to the child always, sometimes or not, and add or modify what you see fit to identify these skills

No.	The clause	Always	Sometimes	Not happened
A	Personal hygiene skills			
	washing his face			
	cleaning his teeth			
	brushing his hair			
	Use towels and napkins when using the bathroom			
	He keeps his shoes clean			
	Use a tissue when sneezing			
	He keeps his clothes clean			
	He washes his hands when he comes out of the bathroom			
	He is allowed to trim his nails			
	likes to take a shower			

B	Skills of Place keeping			
	Keeps the place clean			
	Playing in the designated areas			
	Put the toys back in their place after playing			
	Helps clean his table			
	Keeps school supplies notebook, (pens, bag)			
	He asks for his own utensils (towel, plate, mug)			
	He gets upset when there are things that are not clean			
	teacher, supervisor) reports) wrong hygiene behavior by another child			
	Washes his hands before eating			
	Sit quietly while eating			
	Names God before he starts eating			
	Eat with a right hand			
	Mixes food well			
	eat quietly			
	He gives his colleagues what he eats			
	Praise God after eating (say thank God)			
	Washes his hands after eating			
	Do not drink from another child's bottle or another child's cup			
	It is preferable to eat fresh food			
	Wash fruits before eating			
	Clean up after eating			

	He takes medication when needed			
	Prefer home food			
	Maintains trees and plants in the kindergarten			
	Keeps the street clean			
	Walking on one side of the road			
	Contributes to the cleanliness of the place (his class, room)			
	Puts leftovers in the trash			
	He puts his bag in its designated place			
	He rearranges his clothes after playing			