

S. Parenting and Childcare

Intermediate

Knows where to obtain pre-natal care	PPCC-30; PPCC-31; PPCC-53
Knows not to leave child without supervision and can provide appropriate supervision for a child	PPCC-44; PPCC-7 through 12; PPCC-14; PPCC-35
Knows how to care for a child when alone	PPCC-12; PPCC-14
Knows how to bathe a child and change diapers	PPCC-7; PPCC-16; NP-129; NP-119
Knows how to engage a child in appropriate play (reading, singing, drawing, building, etc.)	PPCC-9
Knows the available options for regular childcare	PPCC-3 through 6
Knows how to select appropriate people to periodically babysit with child	PPCC-25; PPCC-37
Knows where to go for help if child is sick	PPCC-17 through 18; PPCC-49 through 50; PPCC-55

What do we need to do to promote a healthy pregnancy during this trimester?

1. HAVE A REGULAR PRENATAL CARE

To assure a healthy start for the mother as well as the baby, it is very important that you set up an appointment with your gynecologist or clinic as soon as you find out that you are pregnant. The doctor will perform tests to rule out any early complications. He/she will most likely prescribe vitamins and talk to you about all issues related to pregnancy.

It is also very important to have your doctor's name, address, and telephone number with you at all times in case of complication or later on, when labor begins. You may also want to give his/her name to the father-to-be.

Note to fathers: While the mother carries the baby, fathers assume responsibility during pregnancy as well. Every doctor will be happy to answer any questions you may have. Most mothers-to-be welcome fathers to accompany them to prenatal appointments and to be part of the decision-making process regarding labor and birth. Fathers can also assist mothers by reminding them to take their vitamins and helping with transportation to appointments, etc.

Parenting and Childcare PCC-31

Independent Living Skills Module V

Doctor's/Clinic's Name
Street
City/Town
Telephone #
Emergency

ACTIVITY

If you haven't already done so, set up an appointment with your doctor or clinic.

My appointment is on:

Date _____

Time _____

Your doctor will schedule regular appointments. It is important that you post them and keep track of them.

Prenatal Care



Growth & Development - Pregnancy & Childbirth

PRENATAL CARE

Congratulations, you are having a baby! It is important to start your prenatal care as soon as you suspect you are pregnant. Prenatal care monitors the health of both you and the fetus, catches potential health problems before they become serious, and allows you to follow the progress of your baby's development. You can receive prenatal care through a family physician, obstetrician or nurse-midwife. Your prenatal care provider will also be able to present you with information on nutrition, physical activity, labor expectations, counseling and support, and basic skills for caring for your newborn. The importance of prenatal care is significant. Compared to babies of mothers who receive prenatal care, babies of mothers who do *not* receive prenatal care are three times more likely to have low birth weight and five times more likely to die.

What to Expect

During routine prenatal care visits, your doctor or mid-wife will run blood tests, take urine samples and check your weight, blood pressure, the position of your fetus, and if you need any vaccinations. During your first visit your provider may be able to calculate your due date and your official countdown can begin! Your provider will perform many other tests as well. The most common ones are ultrasound and amniocentesis.

Ultrasound: You have most likely already heard the term "ultrasound" before, well in prenatal care ultrasounds are part of routine care and provide dimensional images of the fetus and its world inside the womb. At around 18-20 weeks into your pregnancy, ultrasounds can provide a detailed look at the fetus, identify multiple pregnancies, detect major birth defects and reveal your baby's gender. The procedure may be done at other times as needed. Your provider will perform the ultrasound by moving a handheld device, called a transducer, across your belly or by inserting a probe into your vagina; the transducer or probe will emit sound waves to show a picture of your baby on a screen.

Amniocentesis: The results from an amniocentesis test can identify down syndrome or genetic conditions. This test can also reveal if your baby's lungs are strong enough to breathe normally after birth. An amniocentesis test is usually performed between 15-20 weeks. For this test, your provider will remove cells from your uterus to be examined. The procedure is recommended for women over 35 years old, for those have a family history of genetic disorders, and/or have a previous child with a birth defect. After this test your provider will be more able to decide which method of delivery is best for you and your baby.

Other tests include:

- Chorionic villus sampling (CVS)
- Cystic Fibrosis Carrier Screening
- Glucose Screening
- Maternal Blood Screening
- Cordocentesis (PUBS)

Prenatal care schedule: Generally, if your doctor or midwife determines your pregnancy to be high risk, your prenatal care will probably be more frequent. However, it is standard to receive care:

- About once each month during your first six months of pregnancy
- Every two weeks during the seventh and eighth month of pregnancy
- Weekly in the ninth month of pregnancy

PPCC-53

Other aspects of prenatal care: Aside from running tests, your prenatal care provider will help make sure you and your baby stay healthy throughout the pregnancy by providing you with prenatal vitamins. He or she will also talk to you about a birthing plan and help you determine where you will give birth and what preparations you need to do, such as taking birthing classes. It's important that you trust your provider and see him or her as a source of support. You can never ask too many questions! Each practice and provider may have a slightly different way of doing things. It's important to follow whatever schedule and guidelines your provider suggests.

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Childproofing Your Home



Parenting Tips Sorted by Age - Babies

CHILDPROOFING YOUR HOME

Keep your child safe at home

We can better protect our children, particularly youngsters between the ages of one and four, by effectively childproofing our homes and the homes where our children spend time. Sadly, children between the ages of one and four are more likely to be killed by fire, burns, drowning, choking, poisoning, or falls than by any other means. We have the opportunity to prevent these tragedies by taking steps to create a safe haven for our youngest family members.

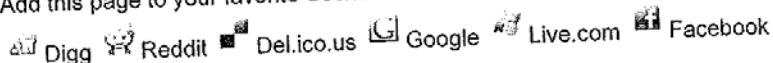
Tips on how to childproof your home

- **Scope out the territory.** Get down on your hands and knees when your child begins crawling, walking and climbing to determine which cupboards or drawers he might pull down, what spaces he might get stuck or injured in, and what furniture or appliances he might be able to pull down.
- **Use caution with furniture and fixtures.** Bookcases, dressers, and appliances can fall on children; bolt furniture to the wall if possible. Cover all sharp corners and edges of furniture with soft material like foam pieces or cloth to soften the impact if your child falls into them.
- **Install gates.** Look for child safety gates that your child can't dislodge, but that you can easily open and close. Install gates that screw to the wall rather than those that stay put by using pressure for added security.
- **Secure your windows.** Window blinds pose a particular hazard because a baby's neck could become trapped in the cords. Tie blind cords so they are out of reach. To prevent falls from windows, install window guards that screw into the side of a window frame, have bars no more than 4 inches apart, and can be adjusted to fit windows of many different sizes.
- **Prevent poisoning.** Keep all poisonous products out of your child's reach. Put safety locks on all cabinets and drawers that hold bug sprays, cleaning products, medications, and other poisons.
- **Prevent drowning.** Most in-home drowning deaths occur in bathtubs. Never leave your baby unattended in the tub for any amount of time.

Prevent fires. Experts say having a working smoke alarm can cut the chances of dying in a fire in half. Install smoke alarms in every room of the house. Check them monthly to be sure they're working, and change the batteries every year. You are also required to have at least one carbon monoxide detector in your home.

- **Prepare for an emergency.** Program emergency numbers into your home and cell phone and keep a list of these numbers in a visible area for you and others to easily access. Stock up on first-aid supplies.

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Your Child's Age:

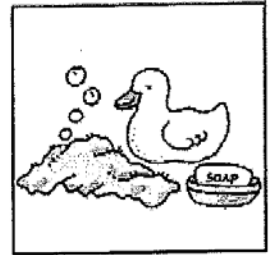
All About Babies - Newborn - Bathtime

Newborn **3-6 Months** **6-12 Months**

Articles About Your Baby
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Sleepytime
Growing and Changing
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On the Changing Table

Bathtime ~ Newborn

Check with your pediatrician about how often your baby should be bathed. Most new babies do not need a bath everyday. Instead of a bath you can "top and tail" her by gently washing her scalp with a washcloth and thoroughly cleaning her diaper area.



Plan when you give your baby a bath. Have everything you will need close at hand. Decide where you will place your baby for drying and dressing. Have everything ready before you begin, because first baths make many new parents nervous. Some parents are more confident, so find your own comfort level. Getting used to the feel of your baby takes a little time. Wait until you feel ready to hold her, when she's slippery with soap and water.

Babies are bathed in different settings--bathroom or kitchen sinks, baby bathtubs on the floor, a large pan of water on a table, or the family bathtub. Find the place that is most comfortable for you.

Always, always, always keep your hands on your baby during your bathtime. Let the phone and doorbell ring!



Be sure to check the water temperature carefully. Test the temperature by dipping your elbow into the water. If it's OK for you, then it's OK for your baby. New babies have sensitive skin and can't tolerate water that is too warm. Water that is too cold is shocking and uncomfortable for them as well.

Many babies love bathtime from the beginning. Don't be discouraged if your baby doesn't. It may take some time for her to get used to this new experience. She'll be unwrapped and exposed, and water is a new sensation. Be patient and help her grow into the experience.

New babies don't need bath toys; there is time ahead for rubber ducks and boats. A warm, loving, comfortable introduction to the pleasures of water and bathtime is all they need. Your loving smile, supportive hands, and gentle voice are the "bath toys" for now.

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Your Child's Age:

All About Babies - 6-12 Month Old - Bathtime

Newborn **3-6 Months** **6-12 Months**

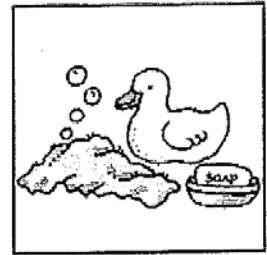
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Bathtime ~ 6-12 Months

For your baby, bathtime is more than just getting clean. It can be great fun for some babies. They love the water, some bathtime play, gentle splashing, and your enthusiastic pleasure.

After a busy day, a warm bath can be a relaxing beginning to a bedtime routine. Your baby will know that day is drawing to a close when bathtime comes at the same time of the day.

Your baby may enjoy a few toys at bathtime now. Ducks and boats are a great way to begin. Pour water for her to "catch" and show her how to splash!



Some babies still don't like bathtime and are uneasy in the water. Respect your baby's feelings and continue to make bathing as comfortable, pleasant, and short as possible. She may need more experience before she likes bathtime.

Continue to keep bathtime safe by having everything ready before you begin. Always stay with your hands by your baby. Ignore the phone and doorbell and any other household distractions. Rubber bath mats and infant bath seats add safety and security to bathtime. Use what works best for your situation to reduce slips and slides.

Keep your bath toys in an open container or mesh bag and dry them after each use to prevent mold and mildew. Bath toys do need to be replaced from time to time.

Some parents enjoy taking a bath with their baby, some do not. When both of you feel so inclined, give it a try!



Your Child's Age:

All About Babies - Newborn - Mealtime

Newborn 3-6 Months 6-12 Months

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Mealtime ~ Newborn

You will spend a time and energy feeding your new baby. Whether you bottle or breast feed, your baby needs to eat frequently to sustain her rapid growth during these early months.

You and your baby are new partners, and it will take a little time to learn your baby's style--how much, how fast, how often to burp, and how to have a comfortable feeding position for both of you. You'll learn this fairly quickly. A hungry new baby gives you lots of practice! The decision to bottle or breast feed is personal. Whatever you decide, try to involve both parents in this part of your baby's life. For nursing babies, a relief or water bottle can be given by Dad or other family member.

Most babies don't have solid food during this time. Rely on your pediatrician to keep track of your baby's growth and help you plan when to introduce solids. Some days babies are more hungry than usual and some days less. They may be having a growth spurt or simply want less food. Food needs tend to vary during this time. Respond to your baby as needed.

Regular and gentle burping helps your baby expel air that can make her uncomfortable after feeding. Be sure to help her!



A baby's digestive system is new and needs some time to get going smoothly. Be prepared for gastric upsets that may make your baby uncomfortable. Help her through the discomfort. Gradually she will settle into a mealtime routine, schedule, and position that works for her. As she gets older and her digestive system matures, these upsets will diminish.

As your baby grows she will be able to go longer between feedings. This process takes awhile, but eventually that tiny tummy will be able to hold enough nourishment to enable her to sleep a longer time at night.

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Mealtime ~ 6-12 Months



By now your baby is eating solid food and is learning what to do with food and how to actually swallow it. Pureed foods will be followed by chunkier ones and small pieces of finger food. Eventually your baby will be sharing most items in your family's diet. Your pediatrician will supervise the introduction of each type and amount of food depending on your baby's growth and nutritional needs.

Your baby will begin to feed himself. Have two spoons ready at mealtime--one for your baby to enjoy eating with and one for you to actually get the food to his mouth. A large supply of sponges and a sense of humor also come in handy!

As soon your pediatrician gives you the go ahead, feel free to introduce finger foods--small pieces of food that he can pick up and get into his mouth on his own. This gives him a wonderful experience developing his coordination and a great triumph of independence and success. Your baby has his own appetite and stomach. It's impossible to know how hungry another person is. Respect his decision to stop eating, when he is ready. If you have concerns about the amount he eats, talk with your pediatrician.

Continue to introduce foods one at a time to assess any allergic reactions and to give your baby an opportunity to get used to a new flavor and texture. Wait a while and then try foods your baby rejected another time. He may come to like them the second time around.



As your baby becomes stable sitting up and can sustain an upright position, you will be ready to move him to a high chair. Always, always, always use the seat belt provided on your high chair to keep him safe.

Your baby's high chair can help him gradually become part of the family dinner hour. You might feed him first and then give him some finger foods on his tray to occupy him while you have your dinner.

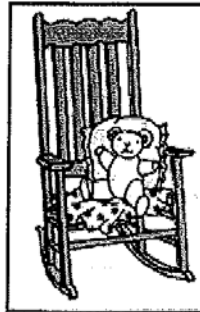
Don't forget to include your baby in the dinnertime conversation! Mealtimes are wonderful for talking about what's happening, and helping your baby learn the names of his food and utensils. Your time in the kitchen together helps his language development.

Your Child's Age:

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Playtime ~ Newborn

You are your baby's first and best "toy". Being with you is pleasurable-- looking at your face, feeling your warmth and comfort, hearing your voice, and recognizing your scent are all opportunities for your baby to get to know you. So play lots together and enjoy getting acquainted.

A few simple toys are all you need during these first months as your baby begins to focus and notice the world around her. A rattle, some plastic rings, a hanging mobile--all begin to attract her attention.

After a few months, you'll be able to play more actively with your baby. Try dancing in a circle to your favorite music. Or move her gently through the air like an airplane. Find ways of moving together that you both enjoy.



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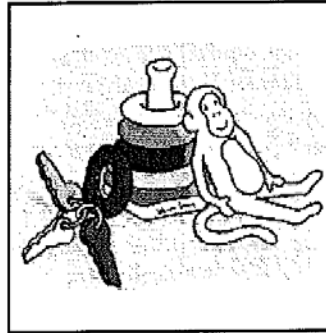
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Playtime ~ 6-12 Months

It's true that play is baby's work. Playtime is everyday, all day, everywhere, and anywhere! Your baby is ready, full of energy, and acquiring new skills all the time. Play helps him learn about the world and make sense of what's going on around him. At the same time, your baby is developing his motor and language skills.

Your baby can now play on his own with you close by. Place a few toys he enjoys within easy reach and watch him go! Your presence and encouragement will go a long way!

Your baby also needs you to play with him to show him how things work, to describe what is happening, and to deepen his involvement with the activity. When you play together with your baby, he will get more involved and play longer. So join in the fun!

Your baby's eagerness to play can be a part of your everyday care of him. Be playful with him. Your repertoire of songs, nursery rhymes, finger plays, silly faces and noises, as well as a few toys in your diaper bag come in handy when he is upset and in need of distraction.

Your baby is fascinated that objects disappear and reappear. After all, he is trying to figure out where you are when you are not with him and whether or not you will be back! This is prime time for peek-a-boo games of all sorts. Use your hands, a scarf, a stuffed toy. Cover your face. Cover your baby's face if he's comfortable. You'll have a great time playing peek-a-boo wherever you are!

Your baby needs toys that he can hold on his own, toys that demonstrate cause and effect, and toys that he can begin to stack and manipulate. Soft cuddly toys are wonderful to hold and play with as well.

A few toys at one time are all your baby needs. If he seems to lose interest in a toy, put it in the closet, and let some time go by. When you bring it out again, your baby may find it exciting to explore with his new skills.

Look around you for wonderful everyday items for your baby to play with. Pots, pans, plastic containers, wooden spoons, or an old pocketbook make great playthings. Also check for rough or sharp edges. Show him how to put things in the purse or bang on pots and he is on his way! Keep a few different-sized, colorful balls in your toy collection. Roll one to your baby and encourage him to "catch" it. At first, this might be simply touching the ball. Eventually his hands will find it. Before long he will even roll it back! Encourage your crawling baby by rolling the ball slightly beyond him. He'll be on the move to get it!



A large inflatable beach ball offers lots of fun. Roll it to your baby, and he will reach out to its bright colors and appealing shape and size. Use it as a drum to tap on. Toss it up and watch him crawl to get it! Place your baby, tummy down, on the ball and roll him gently back and forth. Be

Your Child's Age:

All About Babies - Newborn - Sleepytime

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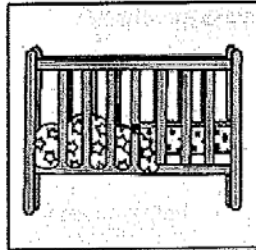
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Sleepytime ~ Newborn

New babies sleep many hours every day although the number of hours varies for each baby. Get to know your baby and begin to pay attention to when and how long he sleeps. Gradually a pattern emerges and life becomes more predictable.

Babies should be put on their backs with no pillows or bedding around them. Some like to be swaddled when they are very young to feel more safe and secure. New babies don't know the difference between night and day. You will be helping your baby learn the difference. Begin now by keeping nights dark and quiet. Very slowly and gradually babies learn this important distinction. Meanwhile, expect to be up frequently with your days and nights merged together.

Pick up or let cry? Always pick up a new baby who is distressed, so you can comfort her and figure out what she needs. You want her to know that you are there for her!



JUST FOR YOU! Parents need sleep, too! If you are worn out and exhausted, it will be harder to care for your baby during your many hours together. If you can, sleep or nap when she does. Have other family members or a friend care for her so you can rest. Find ways to relax--a hot bath, a magazine, a cup of tea, or your favorite TV show. Although you can expect to be tired as you adjust to parenthood, try to stay as rested and relaxed as you can.

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Try to put your baby in her crib when she is still slightly awake. Sometimes she may fall asleep while eating or being rocked. But, if you do frequently put her to bed when she is still slightly awake, she will gradually learn to go to sleep on her own.

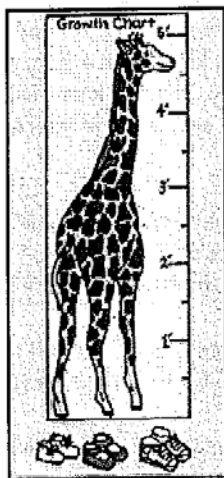
Put your baby to sleep on her back or side. But don't be surprised if she wakes up on her stomach in another part of her crib!

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All About Babies - Newborn - Changing and Growing

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Changing and Growing ~ Newborn

Your new baby is here, and it is time to get to know each other. Babies differ greatly in temperament, and you learn who your baby is as the days go on. Your baby's temperament will influence your first days as a parent. An easy-going baby who sleeps a lot is different from a sensitive, hard-to-settle baby who seems to hardly sleep at all. Enjoy the baby you have!

Your baby grows and changes dramatically during these first months. Your pediatrician, who knows your baby's physical development best, will monitor weight gain and feeding schedules. Before you know it, you baby will be eating larger amounts and become a more filled out, rounded version of his newborn self!

Some babies begin to sleep for longer periods of time by the end of these first few months. Others need more time and help from you. Your baby's potential for longer periods of sleep at one stretch is increasing, and a more predictable routine is on its way.



Your baby begins to know you and to respond to faces, voices, and outside stimulation. However, he will still be able to sleep through almost anything and can nap wherever he is. It takes time for your new baby's digestive system to settle in. Discomfort diminishes, and mealtimes will become easier and more pleasurable for both of you.

Your baby's first smile! Here's the best change of all, and it happens in these early months. One day he will look at you and smile. You will know that you are well on your way as a new parent.

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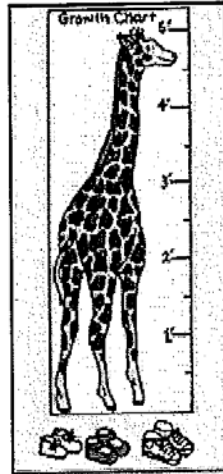
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Growing and Changing ~ 6-12 Months

Your baby is in love with the world! Everything is new and exciting, and there is so much to explore and discover. As part of your daily routine, enjoy going out every day for fresh air, a change of scene, and an introduction to all the world has to offer.

Babies don't need fancy places. The "everyday" is fascinating! Look at the bright colors of fruit in the supermarket. Stop by a local garden or park. Watch children playing. Visit the pet store. Rediscover what's around you by sharing it with your baby.

Your baby feels safe and secure, if he's with you. However, he may be uneasy if a stranger, even a well-meaning one, approaches. Talk with your baby to let him know you are there. Be a buffer between him and anyone new.

Find a balance between time at home and time outside. Babies need both. Too much time away from home can be more stimulating than your baby can handle. Time in his comfortable, familiar surroundings may be what he needs.



Keep your equipment--stroller, carrier, or car seat--in good repair and packed with what you need for your day's excursion. Be prepared for a spontaneous decision to stay out longer, visit a friend, or stop for a "picnic."

When your baby wakes at night, make sure she is OK. Then help her back to sleep by doing as little as possible--rub her back or sit quietly. Keep the room dark and quiet, settle her down and gently communicate that nighttime is for everyone to sleep.

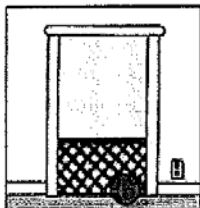
Try to keep your child's crib as her place for sleeping. Use other parts of your home for play areas.

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Keep it Safe ~ Newborn

Think safety from the beginning! Keeping your baby healthy and safe is a major part of being a parent. Check with your pediatrician for what warrants a call to the doctor. Find out what your doctor wants you to have in your home for medical emergencies and learn which emergency room you would use in case you need one.

Now is a good time to prepare emergency information for anyone who stays with your baby-- even if it's a family member. Include your pediatrician's name, address, phone number, and all other emergency locations. Leave money and directions for someone to get there.

Always, always, always--use a car seat for your baby when you travel. Be sure it is the correct type for a young infant and that it is properly installed. Be an educated consumer when buying or renting a car seat.

Even though your baby is not yet moving, get into the habit of always having a hand on her when she is on the changing table. Be especially careful around water including her bath. Your baby's skin should not be overexposed to the sun. Use carriage hoods, hats, stroller umbrellas and whatever you need to keep your baby protected. Check with your pediatrician for other suggestions.



Keep your baby away from the edge of the bed. If you bring your baby into your bed, be cautious about blankets, quilts, and pillows. Never leave her unattended.

Consider taking an Infant-Toddler CPR course to be prepared for emergencies. You will be spending a lot of time during the coming years with young children. It may give you peace of mind to know that you are prepared.!

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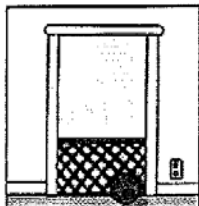
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Your Child's Age: **Baby** ▾

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 - [Crying and Comforting On the Changing Table](#)



Keep It Safe ~ 6-12 Months

Your baby is on the move and needs you to watch her at all times. Now is the time to child-proof your home totally! Look at the world from your baby's point of view. Remove anything within her reach that could become a problem. Remember that many things will end up in her mouth. Be especially vigilant of tiny items on the floor. As she pulls herself up, remove anything not strong enough to support her. Check with your pediatrician's

office for a full baby-proof guide.

Your baby will be learning to stand during this time. Be sure to lower her crib mattress as far as it goes!

If the doorbell rings, or you must do something that takes you away from your baby, you will need a safe spot to put her down. A playpen or gates to keep her in a safe room will help. In a pinch, you can always use her crib.



Always, always, always use a car seat, protection from the sun, and seat belts in strollers and high chairs. No matter how much she protests, safety can never be compromised. Use blanket sleepers rather than pillows and covers.

Babies put many things in their mouths including their toys. Wash their toys regularly without becoming too worried about dirt and germs. Again, your pediatrician can guide you. Update your emergency information regularly so that anyone who cares for your child has it available.

In addition to addressing medical needs, you also have to learn how to take care of your baby's physical needs.

Changing Diapers

It is important to change a baby regularly for his/her comfort, health, and to avoid diaper rash. A baby's skin is very delicate and needs to be clean and dry. Therefore, you should change your baby as soon as he/she wets or soils the diaper. A newborn baby needs to be changed approximately 10 to 12 times a day. After the baby is born, his/her first bowel movement will consist of a black-green substance called Meconium. After that it will change to regular bowel movements that are yellow/brown. Most caregivers use wipes to clean the baby and ointment, such as Desitin or Balmex, to prevent diaper rash.

Note to fathers: Changing a baby's diaper is as much your responsibility as it is the mother's. By helping to change the baby, you contribute to your child's health and well being. It is a misconception that changing a baby is a woman's task. Most fathers these days share that responsibility.

Choosing the Right Kind of Diaper

There are two kinds of diapers available: cloth and disposable. Let's look at the pros and cons of both so you can decide which kind best meets your preferences and needs.

	Cloth	Disposable
+	They are reusable, therefore, cheaper and good for the environment.	They are easy to use, practical, and great for travel.
-	They need to be washed and are not as practical, particularly when you travel.	They are expensive and not good for the environment.

ACTIVITY

Evaluate the information above and choose which kind of diaper will best meet your needs.

My choice is _____ diapers because _____

_____.

ACTIVITY

Independent Living Skills Module V

4

Practice giving a sponge bath to a doll. Also, make sure to ask the nurses in the hospital to show you how to wash your baby.

THE TUB BATH

You can give your older baby a bath in a regular tub, a baby tub or the kitchen sink. Parents usually prefer a smaller tub because it is easier. Whatever type of bath, remember to be prepared ahead of time.

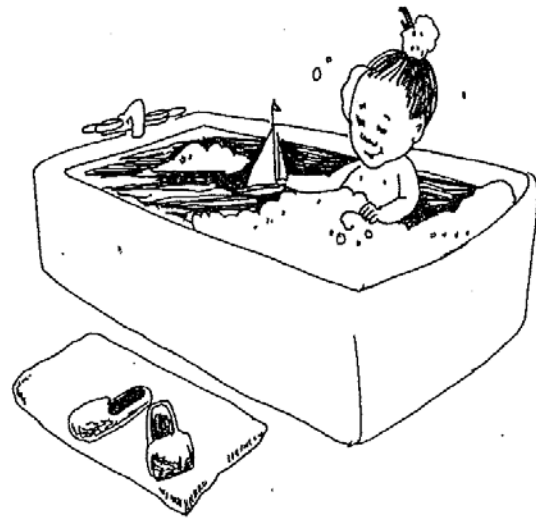
You will need:

- Towel
- Washcloth
- Soap
- Shampoo
- Pajamas
- Diaper
- Ointment

Never leave your baby unattended in any kind of tub, not even for a few seconds!

Chapter 30

Nurturing Bath Time Routine



Goal: *To increase parents' ability to implement a nurturing bath time routine.*

For many young children, getting into a bathtub of warm water is not one of their favorite things to do. But, almost all children love to walk in puddles, splash water on others, and run through open sprinklers. So why is bath time a time of frustration, tears, and stress for the children and their parents? Let's examine why.

There are several reasons why your son or daughter may experience bath time as a bad time.

- **Most bath times come at the end of the day.** Not only may young children be overtired, but parents may be feeling the stress of their day and communicate this stress by being a bit more demanding that their children cooperate. Children easily pick up on the parent's stress and become stressed themselves.
- **Because taking a bath comes at the end of the day, bath time is usually followed by bed time.** Children soon learn that taking a bath means soon they will have to go to bed. If a child wishes to stay up longer, the obvious is to resist taking a bath.
- **Many parents treat bath time as a chore rather than a time for fun, relaxation, and enjoyment.** An attitude of "having to take a bath" is established rather than an attitude of "wanting to take a bath."
- **The experience of taking a bath may be a very unpleasant and frightening one for many children.** Soap in eyes, hot water burns, accidental falls, pouring water on a child's head to rinse hair shampoo, etc. are all things that can make bath time a bad time.
- **Bath time for children in some families is often an "on again-off again" occurrence.** Sometimes children have to take baths, sometimes they don't. Although parents may have good rationale for excluding bathtime, children, especially young children, don't understand why on some days they have to take a bath and on other days they don't.



What they experience is inconsistency. This leads to feelings of anxiety, which is then exhibited as resistance.

How to Make Bath Time Fun Time for Toddlers and Preschoolers

For children to want to take a bath more often than not, bath time has to be a fun time. The following suggestions are offered for developing a positive, nurturing routine for children's bath times.

1. **Make bath time sound like a fun time.** Young children like to pretend; give the bathtub a name or refer to it as "tubby time" with a sound of happiness. Pretend the tubby can talk and call the child's name, "Julia, I'm waiting for you" and answer back, "We're coming tubby." It's quite a bit better than saying, "Julia, I want you to take your bath now!"



2. **With parental supervision, let your child turn the water on and fill the tub.** Giving the child more responsibility in keeping himself clean is the ultimate goal. Start early by allowing him to put the bubble bath in, set the water temperature, and fill the tub to the desired depth. Once again, parental supervision is required to ensure the temperature of the water is appropriate.
3. **Encourage your child to play in the tub.** Bring in "tubby toys" for the child to play with; they don't have to be anything fancy. Use plastic cups, bowls, empty plastic dish detergent containers, or plastic syrup containers with the plastic pour spouts, etc. Anything that floats, squirts water, holds, or pours water will work. Do not let your child have anything that can injure him if it is dropped or if it breaks. Heavy objects or sharp objects are clearly no-no's for children to play with. So is any glass product. If it's not made of foam or soft plastic - it's not an appropriate tubby toy.
4. **Encourage your child to get to know his/her body.** Tubby time is a great time for body exploration and recognition of body parts. Give your child's body parts names and use the names when washing your child: "Look I see Adam's hands. Oh, Boy! Adam's hands need a washing."
5. **Take a bath with your child(ren).** Children think it's great fun taking a bath with their mom or dad. Singing, playing with toys, and washing all help the child feel more comfortable when mom or dad are also in the tub.
6. **Make the experience of tubby time enjoyable.** Several things you can do to help make the experience of taking a bath more enjoyable:
 - Use mild soaps and shampoos to avoid eye sting.
 - Place a mat on the bottom of the tub to prevent accidental slipping.
 - Protect against accidents by placing foam rubber guards over the water spout.
 - Get each of your children their own towel to dry themselves and their own robe to wear after taking a bath.
7. **Make tubby time a routine of the day.** Depending on the age and activity, children may have to take a tubby everyday. Proper hygiene is an important value for children to learn. Washing does reduce the chance of germs being transmitted and infections spreading.
8. **Help children step out of the tub onto a dry towel or rug.** Floors with water on them can be as slippery as ice. The risk of falling on a slippery floor is much too high to chance. Have a dry towel or rug for your child to step on.
9. **Help your child dry off and use the time to have fun.** Be creative.
10. **Finish the bath time by rubbing lotion on your child.** Or, use the time to offer your child a massage. It's a special time between parent and child that only lasts a few years. Before you know it, your child places a high value on privacy and modesty and these fun tubby times are a memory.

Words of Caution

Notes and Comments:

- Never, ever, leave a very young child alone in the bathtub. Accidental drowning and other injuries can occur in a matter of minutes and seconds. Infants and toddlers should never, ever be left alone.
- Keep all electrical appliances unplugged and away from the grasp of children. Water and electricity are deadly together. For the sake of your family's welfare, keep all electrical appliances safely stored in a locked cabinet or closet.
- Standing in a tub is an accident waiting to happen. Make it a family rule: No standing in the tub during tubby time. Sitting or kneeling is okay.
- Check the temperature of the hot water heater to ensure a safe level of heat to prevent burning.

Family Home Practice Assignment

1. Practice implementing the nurturing bath time routine with each of your children.
2. Continue to practice other nurturing routines for feeding, diapering and dressing.
3. Spend a minimum of 30-45 minutes each day playing, reading, and/or massaging your child(ren).

Chapter 27

Nurturing Diapering and Dressing Routines



Goal: *To increase parents' ability to implement a nurturing parenting diapering and dressing routine.*

Diapering and dressing children are excellent times to use nurturing routines. During these times, parents can be encouraging enormous growth in the child's sense of independence and cooperation, as well as in positive nurturing touch. Let's take a closer look at how parents can establish nurturing diapering and dressing routines.

Autonomy and Cooperation

Children like to do things for themselves as quickly as they can. You can see it very early when infants repeatedly try to stand and walk only to fall flat on their bottoms. You can also see it when they attempt to feed themselves by smearing food all over their faces with the hope that some of it will get in their mouths.

Little successes in these and other tasks result in great joy because children are finally learning to do things for themselves. These accomplishments have great value in that they help foster in children their feelings of personal power and positive self worth. These accomplishments also foster feelings of autonomy and cooperation. After all, in order to smear the food all over your face, someone has to bring it to you.

Cooperation is established very early in the parent-child relationship. Just as in eating, dressing and diapering children is a partnership between the parent and the child. As a partnership, you and your children work together as a team in getting clothes on and off your child. The following steps are offered to foster this partnership.

1. **Let your children have input into what they will wear for the day.** You might do this by selecting two tops and two bottoms and having your child make a choice of which top and bottom to wear. In this way, your child is taking an active role in getting dressed.



Also, in a partnership your child needs to take an active role in getting dressed and undressed rather than the passive role most children experience. Too many parents dress and undress their child without the child's active assistance. The active partnership role builds autonomy and cooperation.

2. **Allow your children to do the things they can do by themselves without any help from you.** If they can put their socks on, fine, let them do it by themselves. If it's pulling up their pants, good, don't do it for them. Let them pull their own pants up. Allow them extra time to complete the task.
3. **Assist your children in getting dressed but when necessary, allow them to still have the lead.** In this step, you're only assisting your children in doing things they can't quite do alone yet. Infants need a lot of assistance; toddlers need some; preschoolers hardly need any help.



4. **Take the lead in assisting your children in getting dressed by doing the things they are incapable of doing.** In the last step, you do the things your children are incapable of doing. It might be putting on and tying shoes, zipping zippers, buttoning buttons, etc. In step four, the child has yet to develop the skills to finish getting dressed that one day he will have. As your child develops more skills, the need for step four is less and less.

To assist you in knowing what steps to use and when to use them, here are some suggestions.

- Observe your child and make it a point to know what your child is capable of doing independently. The younger the child, the more quickly these skills will change on a daily and weekly basis.
- When you are pretty sure of the tasks your child can do by himself, break the tasks he can't do into smaller steps. The smaller steps will allow him to continue to gain further feelings of confidence. Let's take the activity of putting on a pair of pants. First, have him sit in a chair without you placing him there if he can do it by himself. Second, gather the pant legs and make doughnuts and lay them on the floor just in front of his feet. Third, tell him to step into the holes and ease the pants around his ankles. Fourth, have him take hold of one or both sides and "pull up." If he is very young, he probably doesn't have strength to pull the pants up all the way so you will have to help. Fifth, you do the snapping of the pants if it's something he can't do by himself.

Babies participate in the partnership method of getting dressed and many parents aren't even aware of it. When babies are getting their diapers changed, many children participate in the partnership method by lying still while mom or dad is putting a clean diaper on the child. Although this level of partnership may seem slight for the developmental level of the child, it is indeed very active.

Young children also are active participants in getting themselves dressed by holding their

arms and legs up, and by putting their arms through the sleeve openings. If you keep a sharp eye open, you'll notice all the things your young infant can do with a little assistance.



There you have it, the partnership method of helping your child get dressed. It takes a lot more time than getting your child dressed while they stand passively waiting for you to finish. However, the time you spend in establishing a nurturing dressing routine when your child is young will pay off later when your child is more capable, cooperative, and independent.

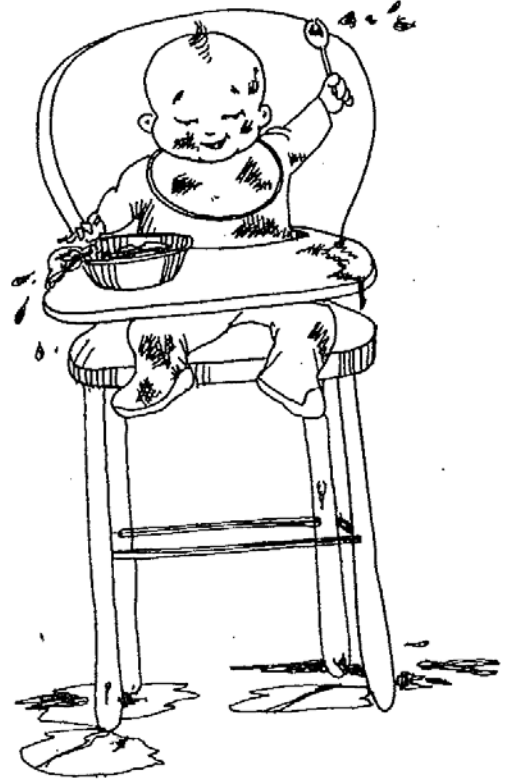
Family Home Practice Assignment

1. Practice implementing the nurturing diapering and dressing routine with your children each day.
2. Spend a minimum of 30-45 minutes each day playing, reading, and/or massaging your child(ren).

Notes and Comments:

Chapter 28

Nurturing Feeding Time Routine



Goal: *To increase parents' ability to implement a nurturing feeding time routine.*

Eating is one of the most pleasurable times during infancy and childhood. Babies love to eat. In fact, most babies double their birth weight in the first three to five months of life. That's a lot of eating! If they could talk, babies would probably tell us that nothing in this world is as good as sucking on a nipple and getting milk or juice. Watch them when they are eating: they relax, begin to coo, close their eyes and fall asleep. Just like adults, only we have recliners. Parents are pleased when babies eat because the child quiets down and is more pleasant to be with later when they wake up.

As children begin to grow older, something happens that changes all this pure pleasure into frustration, dissatisfaction, and stress for both the children and the parents.

Children refuse to eat certain foods, snack between meals and begin to hate the very foods the parents feel are the best for them.



The Importance of Feeding Times

To begin to understand how feeding and eating begin to go sour, let's first discuss some common facts about children's eating habits.

- Despite some popular beliefs, babies know how many calories they need and what their stomachs can handle. If babies are not getting enough, they'll want more. If they get too much, they will stop sucking and eating. A child who turns his head away is telling his parents "I'm full!"
- Feeding is one of the earliest experiences babies have. As such, they begin to learn a lot about themselves and the world they live in. Good experiences in feeding lead to good feelings of themselves and their world. Bad experiences lead to bad feelings about themselves and their world.
- Babies will normally lose weight immediately after birth, but gradually begin to gain back lost weight in two or three days. Such losses in weight are to be expected.



- Somewhere around a year old, babies begin to change their feelings about food. They become more choosy and less hungry. What might look good to eat today won't look good tomorrow. Their choice of certain foods is the beginning of exerting autonomy and control of their lives.
- Teething often takes away children's appetites, especially when the first molars are beginning to come in.
- As children become more mobile (around one year), they may lose interest in eating because they often feel too busy exploring the environment and practicing new motor skills to sit still and eat.

Establishing a Nurturing Feeding Time Routine

The following steps are offered to make feeding your child a more pleasant experience.

1. **Provide your child with a comfortable eating environment.** Putting young babies in infant seats and older children in high chairs securely stationed on a table or the floor, helps provide the child with feelings of security. Padded cushions and straps to keep your child snug in the seat are essential.
2. **Allow your child the opportunity to reject food.** When you honor their actions, you are reinforcing feelings of personal power. Remember, children know when they are not hungry, or when they don't like something just like you and I do. When you force your child to take



“one more bite” of food he doesn’t want, you’re actually setting up a conflict situation in which the child will end up the loser.

3. **Reinforce personal choice in eating.** Get in the habit of giving small portions. If the child wants more, he’ll let you know. Making children sit at the table until they clean their plates does not build healthy attitudes toward eating.

4. **Try to get children to think of food as something they want, not something they need to reject.** One way to encourage positive attitudes toward food is to allow your child to eat larger than usual amounts of one wholesome food than others. Remember, the older the child gets, the more his attitudes and tastes are changing. Continue to offer servings of your child’s less preferred foods but don’t expect your child to enjoy these foods as his favorites.



5. **Encourage your child to begin to feed himself around nine to ten months.** Practice with finger foods, bread crusts, and other foods. Children will want to pick up the food with their fingers. Let them. Expect a lot of accidental messes. If you’re worried about the rug, put some plastic under the highchair.

6. **Encourage your child to use a spoon.** Give him reason to use it. At the beginning of the meal when he’s the hungriest, let him try to get food on the spoon and into his mouth.

Assist your child in feeding himself with a spoon. Praise his efforts; tell him how proud you are he is trying to feed himself.



7. **Don’t worry about table manners.** Touching, smashing, squeezing, and smearing food is an early form of child’s play. Don’t punish your child or take his food away. Remember, building positive attitudes toward food and eating is nearly as important as the actual eating of the food.
8. **Praise your child.** There are many behaviors you can praise: feeding himself, eating a wholesome meal, sitting patiently waiting for food, using a fork or spoon, wiping his face, etc. Remember, praise the behavior you want.

Take some time to remember the eating experiences you had as a child. There is a tendency for parents to repeat these practices whether we liked them or not. Developing an nurturing parenting routine around feeding will make the experience of eating a positive one for you and your child.

Home Practice Assignment

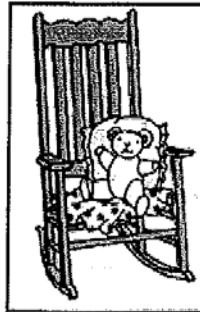
1. Practice implementing the nurturing feeding routine with each of your children.
2. Continue implementing the nurturing routine for diapering and dressing.
3. Spend a minimum of 30-45 minutes each day playing, reading, and/or massaging your child(ren).

Your Child's Age:

All About Babies - Newborn - Playtime

Newborn 3-6 Months 6-12 Months

- Articles About Your Baby**
- [Bathtime](#)
 - [Mealtime](#)
 - [Playtime](#)
 - [Sleepytime](#)
 - [Growing and Changing Out in the World](#)
 - [Keep It Safe](#)
 - [Crying and Comforting On the Changing Table](#)



Playtime ~ Newborn

You are your baby's first and best "toy". Being with you is pleasurable-- looking at your face, feeling your warmth and comfort, hearing your voice, and recognizing your scent are all opportunities for your baby to get to know you. So play lots together and enjoy getting acquainted.

A few simple toys are all you need during these first months as your baby begins to focus and notice the world around her. A rattle, some plastic rings, a hanging mobile--all begin to attract her attention.

After a few months, you'll be able to play more actively with your baby. Try dancing in a circle to your favorite music. Or move her gently through the air like an airplane. Find ways of moving together that you both enjoy.



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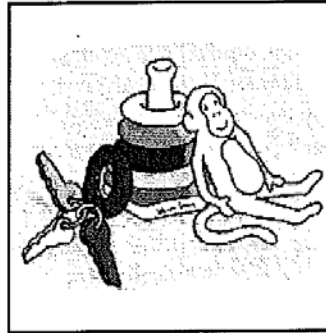
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Your Child's Age:

All About Babies - 6-12 Month Old - Playtime

Newborn 3-6 Months 6-12 Months

Articles About Your Baby
Bathtime
Mealtime
Playtime
Sleepytime
Growing and Changing Out in the World
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Crying and Comforting On the Changing Table



Playtime ~ 6-12 Months

It's true that play is baby's work. Playtime is everyday, all day, everywhere, and anywhere! Your baby is ready, full of energy, and acquiring new skills all the time. Play helps him learn about the world and make sense of what's going on around him. At the same time, your baby is developing his motor and language skills.

Your baby can now play on his own with you close by. Place a few toys he enjoys within easy reach and watch him go! Your presence and encouragement will go a long way!

Your baby also needs you to play with him to show him how things work, to describe what is happening, and to deepen his involvement with the activity. When you play together with your baby, he will get more involved and play longer. So join in the fun!

Your baby's eagerness to play can be a part of your everyday care of him. Be playful with him. Your repertoire of songs, nursery rhymes, finger plays, silly faces and noises, as well as a few toys in your diaper bag come in handy when he is upset and in need of distraction.

Your baby is fascinated that objects disappear and reappear. After all, he is trying to figure out where you are when you are not with him and whether or not you will be back! This is prime time for peek-a-boo games of all sorts. Use your hands, a scarf, a stuffed toy. Cover your face. Cover your baby's face if he's comfortable. You'll have a great time playing peek-a-boo wherever you are!

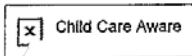
Your baby needs toys that he can hold on his own, toys that demonstrate cause and effect, and toys that he can begin to stack and manipulate. Soft cuddly toys are wonderful to hold and play with as well.

A few toys at one time are all your baby needs. If he seems to lose interest in a toy, put it in the closet, and let some time go by. When you bring it out again, your baby may find it exciting to explore with his new skills.

Look around you for wonderful everyday items for your baby to play with. Pots, pans, plastic containers, wooden spoons, or an old pocketbook make great playthings. Also check for rough or sharp edges. Show him how to put things in the purse or bang on pots and he is on his way! Keep a few different-sized, colorful balls in your toy collection. Roll one to your baby and encourage him to "catch" it. At first, this might be simply touching the ball. Eventually his hands will find it. Before long he will even roll it back! Encourage your crawling baby by rolling the ball slightly beyond him. He'll be on the move to get it!



A large inflatable beach ball offers lots of fun. Roll it to your baby, and he will reach out to its bright colors and appealing shape and size. Use it as a drum to tap on. Toss it up and watch him crawl to get it! Place your baby, tummy down, on the ball and roll him gently back and forth. Be



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[Home](#) > 5 Steps To Choosing Care

5 Steps To Choosing Care

Start Early

Start looking as far in advance as you can. No matter what type of care you are considering - a child care center or care in someone else's home - finding the right child care option can take some time.

Make a Call

Begin your search by calling your local experts - your Child Care Resource and Referral (CCR&R) agency. CCR&Rs can give you the facts about child care, and a list of child care options in your area that may meet your needs. In addition to what is in this brochure, make sure to ask your CCR&R:

- What are the licensing requirements in my area?
- How can I get information about complaints and licensing violations?
- Does my family qualify for any child care financial assistance programs?

Visit and Ask Questions

Visit the child care options you are considering. Find out about these key indicators of quality:

- **Adult to Child Ratio.** Ask how many children there are for each adult. The fewer the children for each adult, the better for your child. You want your child to get plenty of attention. The younger your child, the more important this is. Babies need an adult to child ratio of no more than 1:4 (one adult for four infants), while four-year-olds can do well with a ratio of 1:10 (one adult for 10 children).
- **Group Size.** Find out how many children are in the group. The smaller the group, the better. Imagine a group of 25 two-year olds with five adults, compared to a group of 10 with two adults. Both groups have the same adult to child ratio. Which would be calmer and safer? Which would be more like a family?
- **Caregiver Qualifications.** Ask about the caregivers' training and education. Caregivers with degrees and/or special training in working with children will be better able to help your child learn. Are the caregivers involved in activities to improve their skills? Do they attend classes and workshops?
- **Turnover.** Check how long caregivers have been at the center or providing care in their homes. It's best if children stay with the same caregiver at least a year. Caregivers who come and go make it hard on your child. Getting used to new caregivers takes time and energy that could be spent learning new things.
- **Accreditation.** Find out if the child care provider has been accredited by a national organization. Providers that are accredited have met voluntary standards for child care that are higher than most state licensing requirements. The National Association for the Education of Young Children (NAEYC) and The National Association for Family Child Care (NAFCC) are the two largest organizations that accredit child care programs.

Make a Choice

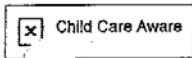
Think about what you saw at each visit, and make the best choice for your child and family.

Stay Involved

The work isn't over when you find good care for your child. You and your child's caregiver are partners now.

Here are some ways to be involved:

- Have parent-caregiver meetings regularly, and ask questions. Offer to volunteer time when needed, like participating in clean up days, fixing broken toys. Be there for your child's birthday party.
- Visit your child at child care and read a book aloud.



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Home > Choosing Child Care

Choosing Child Care

More and more, research tells us that our children's healthy development depends on safe and positive experiences during the first few years of life. If you are a parent who works during these early years, choosing good child care is one of the most important decisions you will ever make for your child.

To help you make the right choice for your child, researchers have identified 13 research-based guidelines to think about when choosing a child care program.

You might want to visit several different child care programs, either centers or family child care homes, before you decide which one is best for your family. Call each child care program and schedule an appointment for your visit. Once you are there, stay for at least an hour to watch activities, check the surroundings, and ask questions. The checklist below provides a place for you to note which guidelines are met. Research shows that if a program follows guidelines, it is more likely to be a safe and healthy place for your child. Your state or county may have other guidelines to help ensure health and safety in child care programs.

Considering these guidelines can help you find a place where you feel comfortable leaving your child.

Supervision

- Are children supervised at all times, even when they are sleeping?
- How do the caregivers discipline children? (Hint: Discipline should be positive, clear, consistent, and fair.)

Handwashing and Diapering

- Do all caregivers and children wash their hands often, especially before eating and after using the bathroom or changing diapers?
- Is the place where diapers are changed clean?
- Do caregivers always keep a hand on the child while diapering?
- Do caregivers remove the soiled diaper without dirtying any surface not already in contact with stool or urine?
- Do caregivers clean and sanitize the surface after finishing the changing process? (Hands should be scrubbed with soap and warm running water for at least 20 seconds and then rinsed and dried. The water faucet should be turned off with a paper towel.)

Director Qualifications

- Does the director of a child care center have a bachelor's degree in a child-related field?
- Has the director worked in child care for at least two years?
- Does the director understand what children need to grow and learn?

Lead Teacher Qualifications

- Does the lead teacher in a child care center have a bachelor's degree in a child-related field?
- Has the teacher worked in child care for at least one year?
- Does the teacher give children lessons and toys that are right for their ages?

- Is the playground regularly inspected for safety?
Is the playground surrounded by a fence?
If there is a sandbox, is it clean?
- Are the soil and playground surfaces checked often for dangerous substances and hazards?
- Is equipment the right size and type for the age of children who use it?

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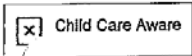
National Resource Center for Health and Safety in Child Care (1-800-598-5437)
University Of Colorado Health Sciences Center at Fitzsimons
Campus Mail Stop F541, PO Box 6508, Aurora, CO 80045 - 0508

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Home > Evaluating Providers

Evaluating Providers

The following points are good ways to measure the quality of a child care home or center.

Caregivers/Teachers

- Do the caregivers/teachers seem to really like children?
- Do the caregivers/teachers get down on each child's level to speak with the child?
- Are children greeted when they arrive?
- Are children's needs quickly met even when things get busy?
- Are the caregivers/teachers trained in CPR, first aid, and early childhood education?
- Are the caregivers/teachers involved in continuing education programs?
- Does the program keep up with children's changing interests?
- Will the caregivers/teachers always be ready to answer your questions?
- Will the caregivers/teachers tell you what your child is doing every day?
- Are parents' ideas welcomed? Are there ways for you to get involved?
- Do the caregivers/teachers and children enjoy being together?
- Is there enough staff to serve the children? (Ask local experts about the best staff/child ratios for different age groups.)
- Are caregivers/teachers trained and experienced?
Have they participated in early childhood development classes?

Setting

- Is the atmosphere bright and pleasant?
- Is there a fenced-in outdoor play area with a variety of safe equipment? Can the caregivers/teachers see the entire playground at all times?
- Are there different areas for resting, quiet play and active play? Is there enough space for the children in all of these areas?

Activities

- Is there a daily balance of play time, story time, activity time and nap time?
- Are the activities right for each age group?
- Are there enough toys and learning materials for the number of children?
- Are toys clean, safe and within reach of the children?

In General

- Do you agree with the discipline practices?
- Do you hear the sounds of happy children?
- Are children comforted when needed?
- Is the program licensed or regulated?
- Are surprise visits by parents encouraged?
- Will your child be happy there?

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PPCC-5

Child Care Centers

Child Care Centers care for children in groups. All states require centers to be licensed. The definition of licensed child care varies by state or territory.

Licensing does not insure quality but it does set minimum health, safety and caregiver training standards which centers must maintain. All states inspect centers at least once a year.

Parents choose centers because they believe that larger groups, multiple caregivers and state inspections make programs safer for their children and make the arrangement more dependable. They respect the reputation of the child care program or the institution sponsoring the program.

PPCC-6

In-home Caregivers

In-home caregivers provide care for children in the child's home. They include live-in and live-out nannies and housekeepers. Most states do not regulate in-home caregivers, but some states regulate nanny-placement agencies. Many states do, however, require in-home caregivers receiving child care subsidy payments to be screened through a criminal history check and/or child abuse and neglect clearance. A few require minimal training in health and safety.

Why Do Parents Choose In-home Caregivers?

Parents choose in-home care because they believe their children will be safer and more secure in their own home. They believe that if they employ the caregiver to work in their home, they have more control over the care their children will receive.

Some parents find in-home care is a more convenient arrangement for the family and it may provide more flexibility. If there are several children involved, they may find that in-home care is not significantly more expensive than other forms of care.

PPCC-6

CHOOSING A CARETAKER FOR YOUR CHILD

Every parent needs some help and an occasional break from parenting. Many times parents will turn to family, friends and professionals for assistance with babysitting and

PPCC-25

Selecting a Babysitter for Your Child



School & Child Care - Out of School Time

SELECTING A BABYSITTER FOR YOUR CHILD

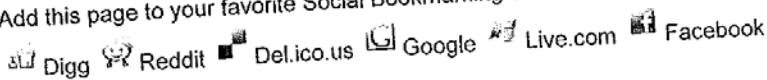
How to pick a babysitter that will take good care of your child

Leaving your child at home with a babysitter, particularly for the first time, can be difficult for both you and your child, but sometimes you simply need to go out whether it be to run errands, for a social occasion, or just to have some alone time to take care of yourself. Pick a babysitter that you have confidence in, and with whose child care approach you are comfortable. Start looking before you need a babysitter if you can so that you have time to find out all the information you need to make the right choice--you do not want to be rushed in this important decision!

Tips for Finding and Hiring A Babysitter

- **Check out bulletin boards** at neighborhood middle and high schools, colleges, community centers or libraries. You may be able to post a notice in these locations or even find existing notices for people looking to babysit. Your place of worship is another place you may be able to find a babysitter.
- **Look locally.** Advertise in a local newspaper or community newsletter. Check in your community or on-line for babysitting agencies
- **Ask your friends.** Talk to other parents that you trust about their babysitters. Ask if they've had any problems or if they've used babysitting services.
- **Do reference checks.** Screen a potential babysitter and ask for several references. Check each reference carefully.
- **Interview the babysitter .** Invite a potential babysitter to your home to interview him or her about their skills and experience. Create time for the candidate to interact with your child while you are in the room. Ask lots of questions!
- **Lay out the rules.** Tell your babysitter your expectations for conduct. Explain the family rules and the ways to enforce them. Leave emergency phone numbers handy so your babysitter can reach you if there are any problems.
- **Stay in contact.** Once you leave your child with a babysitter, plan to come home a little earlier than expected, just to see how things are going in your house. It is also a good idea to call while you are out and check-in. Always tell the babysitter that he or she can call you if they are feeling overwhelmed or need help.
- **Suggest activities.** Plan out one or two of your child's favorite activities with the babysitter. Leave easy to prepare meals for them to eat together.
- **Provide specific guidelines** for bedtime if you are going out in the evening, or for other activities they may do while you are gone.
- **If possible, talk to your child.** Be sure to ask if your child liked the babysitter and regardless of the answer, ask why your child feels that way.

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The symptoms of POLIO are:	Fever, headache, upset stomach, sore throat, muscle pain and stiffness
The symptoms of HIB are:	Fever, headache, stiff neck, convulsions, and severe sore throat.
The symptoms of MEASLES are:	Fever, red spots, chills; can lead to pneumonia and brain damage.
The symptoms of RUBELLA are: (German Measles)	Slight fever and rash.
The symptoms of PERTUSSIS are: (Whooping Cough)	Coughing fits; can lead to pneumonia.
The symptoms of TETANUS are: (Lockjaw)	Muscle aches, headaches, breathing and heart problems.
The symptoms of DIPHTHERIA are:	Sore throat, fever, chills and blocked windpipe.
The symptoms of HEPATITIS B are:	Acute fever, loss of appetite, nausea, and malaise (feeling awful), muscle aches, sometimes a rash in young children.
The symptoms of VARICELLA are: (Chicken Pox)	Generalized rash and mild fever.
*Ask your doctor for advice regarding the need for immunizations for flu, typhoid, yellow fever and other diseases.	

HEALTH CARE SCHEDULE

Regular medical appointments are very important to a child's health. Most doctors follow the Project Good Health Medical Protocol and Periodicity Schedule for regular check-ups.

DOCTOR'S VISITS

Preparing yourself and your child for a visit to the doctor can make the appointment more pleasant and productive. Consider the following preparations for regularly scheduled medical appointments.

- Explain to your child what the visit is for and what will happen so the child won't be frightened.
- Prepare questions for the doctor ahead of time.
- Provide information on the child's past illnesses, family history and behavior.

Wennel's daughter, 7-month-old Augusta, is teething. She is cranky and irritable. She is running a slight temperature and seems to be in pain. Her gums look slightly inflamed. What would you do?

What symptoms or conditions would prompt you to call the doctor?

You and your doctor will have a better relationship if you can talk things over and understand each other's concerns.

When you notice any of the following symptoms, you must call your doctor:

- Any severe fall
- Head injury
- Prolonged vomiting and/or diarrhea
- Rash in or around diaper area that doesn't clear up
- Blood in urine or stool
- Cold or flu symptoms (cough, runny nose, fever, rash)
- Fever
- Unexplained swelling of joints, glands, or in any other body areas
- Noticeable changes in eating or sleeping habits, skin color, body temperature or bowel/bladder routines
- Continual pulling on ears or rubbing eyes
- Rashes
- Sores in mouth or white coating on tongue
- Sudden or repeated episodes of crying, crankiness or moodiness.

Remember to be extra alert for these symptoms until a child is able to talk and tell you where it hurts!

YOUR MEDICINE CABINET

You must also have certain medical supplies in a safe place (a place that is out of reach by a child) to respond to first aid needs or to take care of a minor illness.

FEVER THERMOMETER

If your child has a temperature, you should always contact your doctor as it is an indication of illness and/or infection. Doctors often recommend that you give the child medication to lower the child's temperature. If you cannot reach your doctor, you still may want to give your child medication, carefully following the directions on the label to bring down his/her temperature. For babies under age two, your pediatrician will have to decide how much medication is appropriate.

Particularly high fevers can be very dangerous to babies and children as they can cause convulsions. If your child has a high fever, over 104 degrees, you must contact your doctor or hospital immediately. Also don't over dress your baby if he/she has a high temperature. Since the goal is to reduce his/her body temperature to normal, too many clothes will do the opposite and add warmth.

DO NOT PUT A BABY/CHILD WITH A FEVER IN A COLD/LUKE WARM BATHTUB AS HE/SHE MAY GO INTO SHOCK!

ACTIVITY

Visit your drugstore and obtain children's fever medication. Read the directions carefully and fill out the chart below.

AGE	Dosage	How Often
0-6 months		
6 months-12 months		
12 months-24 months		
2-3 years		
3-4 years		

SYRUP OF IPECAC

Syrup of Ipecac is used in case of poisoning or accidental indigestion of harmful substances. It causes the child to vomit. (For more information refer to the poisoning/safety section). But, do not use Syrup of Ipecac unless you have contacted your pediatrician or the Poison Information Center and they instructed you to do so!

ACTIVITY

Visit your drugstore and obtain Syrup of Ipecac. Read the label and directions carefully and record your findings in the box below:

BANDAIDS-TWEEZERS-GAUZE PADS-TAPE-ANTISEPTIC LOTION OR CREAM

Minor cuts and scratches must be washed with soap and water. You may want to use an antiseptic cream prior to covering the cut/scratch with a Band-Aid. You must contact your doctor for larger cuts and wounds, or cuts on the face or close to the eyes.

Managing Your Child's Emotional Health



Health & Safety - Healthy Kids, Happy Kids

MANAGING YOUR CHILD'S EMOTIONAL HEALTH

What you should know

Causes of childhood stress

Although it may be hard to imagine, children can and do get affected by stress. Even infants can become distressed if, for example, they sense a parent's stress or anxiety. The causes of stress in children can be internal or external and range from separation anxiety to hearing about something scary in the news to academic and social pressures.

Signs of stress in children

It is important to be on the lookout for signs of stress in your child. These can range from behavior changes such as mood swings or clinginess, physical changes such as stomach aches and headaches, academic changes such as changes in performance or trouble concentrating, and many more. It can be hard to determine if your child is stressed, acting out, or just growing up. However, if you are concerned, go with your instinct and try to find out if something is bothering your child.

What you can do

Where to start

If you think your child is acting out of the ordinary, the first step is to talk to him. Sometimes children can easily verbalize what's on their mind. Next, talk to his teachers, coaches, or others he interacts with regularly, even friends if he is older, and find out if anyone else has noticed and changes in your child. Finally, talk to both your child's school counselor and pediatrician about your concern and what you should do.

Tips for minimizing stress in your family

- Look and listen to your child to see if he/she is stressed. If you think something is bothering her, ask her. Also talk to teachers, coaches, and others your child interacts with.
- Learn to set limits for both yourself and your child. There is only so much each of you can be expected to do. Life isn't always easy but try to stay positive. Ask for help if you need it and find ways to deal with your own stress so your child can't pick up on it.
- Spend time together regularly as a family. Try to find activities that all of you enjoy.
- Be realistic about your expectations. Remember that no child is perfect. Understand that winning isn't everything and making mistakes is perfectly normal.
- Look for well-organized activities for your child as well as coaches and teachers who will boost his self-confidence. If your child does not feel comfortable with a person or a situation, explore that feeling and talk to whoever is in charge.

Finding a therapist for your child

- Sometimes even children just need someone else to talk to. 10-20% of children and adolescents have an emotional psychological disorder warranting professional help.
- When searching for a therapist, ask for referrals from pediatricians, guidance counselors, and even other parents. Many therapists are specifically trained to work with children.

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Managing Your Child's Physical Health



Health & Safety - Healthy Kids, Happy Kids

MANAGING YOUR CHILD'S PHYSICAL HEALTH

What You Should Know and What You Can Do

Finding a doctor for your child

- **Should be done well before your baby is born.** Start looking about three months before you are due. Find out the limits of your health plan. Take recommendations from your own doctor's office, community health center, and/or other parents. Meet the doctor before your baby is born and make sure you feel comfortable with him or her.
- **Pediatricians** focus on the physical, emotional, and social health of children from birth through adolescence and are familiar with their preventative health care needs.
- **Family physicians** are trained in pediatrics and other areas and are qualified to care for patients of all ages. They can see your entire family and will know the medical history of the whole family as well as any social or emotional issues.
- **Pediatric nurse practitioners** are specially trained in obtaining medical histories, performing physical examinations on children, making medical diagnoses, and providing counseling and treatment. They may specialize in a particular area and work closely with doctors in hospitals, clinics, and private practices.

How to talk to your child's doctor

- **Make the most of your time together.** Keep in mind that doctors have a limited amount of time to spend with each patient, so be as specific about your concerns or your child's symptoms as possible.
- **Don't be afraid to ask.** In addition to performing routine check-ups and managing illnesses, your child's doctor is also someone you can consult on a variety of other issues, such as behavioral and emotional problems, learning disabilities, or problems at school. Often times the doctor might refer you to another specialist of tell you who to contact and how to go about addressing a problem.
- **Follow the doctor's orders.** Make sure your child follows through on the doctor's orders. If this means taking medication for a short term illness like an ear infection, stopping the prescribed medicine might make it come back. If this means following a treatment plan for a chronic condition such as asthma or ADHD, missing doses of medication can alter your child's health and make it difficult for both you, your child, and the doctor to manage your child's illness. If you feel that something is not working, talk to your doctor.
- **It's ok to take a second opinion.** You know your child best, and if you feel uncomfortable with the doctor's advice, it is ok to take a second opinion. Although your child's doctor is one of the best people to go to when you have a concern, there are many people concerned about and involved in the care of your child, including family, friends, teachers, counselors, and possibly others. You can draw upon each of their expertise in addressing your child's needs and keeping your child happy and healthy.

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ONLINE RESOURCES

1. General Medical Information: **Q & A's ?**

- www.emedicine.com
[eMedicine]
- www.webmd.com
[WebMD]
- www.medscape.com
[Medscape from WebMD]

2. Disability/Medical Specialty Societies:



- www.favorct.org
[Family Advocacy Organization for Children's Mental Health]
- www.tracheostomy.com
[Aaron's Tracheostomy Page]
- www.apria.com
[America's leading provider of integrated home healthcare products and services.]
- www.autism-aspergerinfo4u.com

[reference to a new resource and support for families living with Autism Spectrum Disorder].

3. Medical Library:



- www.medlineplus.gov
[Medline Plus]
- health.nih.gov [National Institute of Health]

4. Medical Centers & Cool Sites for Kids:



- www.ynhh.org
[Yale-New Haven Hospital]
- www.specialkids.yale.edu
[Yale Center for Children With Special Needs]

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- www.ccmckids.org
[CT Children's Medical Center]
- www.childrenshospital.org
[Children's Hospital Boston]
- www.norwalkhosp.org
[Norwalk Hospital]
- www.cnmcc.org
[Children's National Medical Center]
- www.chop.edu/consumer/index.jsp
[The Children's Hospital of Philadelphia]
- www.cincinnatichildrens.org
[Cincinnati Children's Hospital Medical Center]
- www.texaschildrenshospital.org
[Texas Children's Hospital]



5. State Sponsored Organizations:

- www.uconnuicedd.org
[A.J. Papanikou Center for Excellence in Developmental Disabilities]
- www.birth23.org
[CT's Early Intervention Program]
- www.ctserc.org
[Special Education Resource Center]
- www.ct-asrc.org
[CT Autism Spectrum Resource Center]
- www.autismsocietyofct.org
[Autism Society of CT]
- www.caclid.org
[CT Association for Children with Learning Disabilities]
- www.ct.gov/ctcd/site/
[CT Council on Developmental Disabilities]
- www.dmr.state.ct.us
[CT Department of Mental Retardation]
- www.speta-ct.org
[SEPTA - Special Education Parent Teacher Association]
- www.ct.gov/opapd/site/
[CT Office of Protection and Advocacy for Persons With Disabilities (P&A)]
- www.state.ct.us/sde/deps/special/
[CT State Dept of Education. Bureau of Special Education and Pupil Services]
- www.tsact.org
[CT Tourette Syndrome Association]
- www.epilepsyfoundation.org/connecticut/
[Epilepsy Foundation of CT]
- www.ctdownsyndrome.com
[CT Down Syndrome Congress]
- www.agbellct.org
[Alexander Graham Bell Association for the Deaf and Hard of Hearing, CT Chapter]

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6. Other Online Resources:

- www.iminthenicu.com
[The Christopher Joseph Concha Foundation - Raising awareness to the general public about the growing number of premature births.]
- www.learningstationmusic.com
[The Learning Station - A nationally recognized children's recording and performing company.]
- www.p2pusa.org
[Parent to Parent - USA]
- www.familyvoices.org
[Family Voices]
- www.spednet.org
[Special Education Network of New Canaan, Ltd.]
- www.wrightslaw.com
[Wrights Law - Information about special education law and advocacy for children with disabilities.]
- www.infoline.org
[Infoline 211]
- www.aap.org
[American Academy of Pediatrics]
- www.smiletrain.org
[The Smile Train - Cleft Lip & Palate Surgery]
- www.milfordphoto.com
[For The PATH Photo Project or contact Jesse Thompson below.]
jesse.thompson@milfordphoto.com