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Texas Agricultural Extension Service

A Family Day Home Care Provider Program

In cooperation with
Texas Department of Human Services
and
Corporate Child Development Fund for Texas

Texas Agricultural Extension Service • Zerle L. Carpenter, Director • The Texas A&M University System • College Station, Texas

EDUCATIONAL ACTIVITIES FOR CHILD CARE PROVIDERS:

A PROGRAM DEVELOPMENT MANUAL

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Family Day Home Care Program

Instructions

GUIDE FOR USING THIS PROGRAM

WELCOME TO THE FAMILY DAY HOME CARE PROVIDERS PROGRAM!

People who care for children in their homes are special and have special learning needs. You're special because you help guide the development of children and provide an important service for families. If you are like most day care providers, you would also like to know more about child care, yet you may not have the extra time to go to classes or workshops. This program is designed to meet your special needs with videotapes and a manual for home study at your own pace.

THE PROGRAM HAS FOUR SECTIONS:

Child Development and Guidance
- I. Meeting Children's Needs
- II. Fostering Children's Growth
- III. Learning Through Play
- IV. Guiding Children's Behavior
- V. Communicating with Parents

Nutrition
- I. Nutrients Children Need
- II. Feeding Infants and Children
- III. Planning Menus and Buying Food
- IV. Food Handling and Storage

Health and Safety
- I. Preventing Accidents
- II. Basic First Aid
- III. Childhood Illnesses

Business and Management
- I. Family Day Care as a Business
- II. Keeping Records and Paying Taxes
- III. Managing Space and Time

HOW TO USE VIDEOTAPES

How do you like to learn? Do you like to see things as well as read about them? That's why we have videotapes as a part of this program.

The videotapes highlight the information in the manual. They give you a chance to see some real-life home day care providers in action and also show Extension specialists demonstrating how to do some of the things recommended in the manual.

There is one videotape lesson for each part of the program. Tape one contains a program on child development and a second program on nutrition. Tape two has a program on health and safety and a second program on home day care as a business. The programs range from 15-21 minutes in length.

You might want to watch each videotape program before you read that section of the manual. That way you would get the highlights of that section. Or, you can watch each videotape after you read that section of the manual so it will help you review the ideas and see how they can be put into action. Plan to review the tapes and return them to the county Extension office by the date they are due so another day home care provider can use them.

HOW TO USE THE MANUAL

The manual has lots of helpful information--much more than could be shown in the videotaped lessons. There are four sections of the manual: 1) child development, 2) nutrition, 3) health and safety and 4) business and management.

You may not have time to read an entire section of the manual at one sitting. So each section has smaller parts. For example, the nutrition section has different parts on nutrition, feeding children and menu planning.

At the end of each part is a list of "Things You Might Try" and some questions to answer. By trying several of the activities you will have a way of putting the ideas in that part of the manual to work. Answering the questions and checking them against the answer sheet will help you see how much you have learned.

Each section of the manual has an Appendix at the end that lists sources for obtaining additional information about the various topics. You may wish to order other materials directly from their source.

HELP US LEARN FROM YOU

County Extension agents want to know what you gained from the program. Please complete the Provider Record and return it to the county Extension office when you have finished your independent study. A program completion certificate will be provided for you following receipt of your Provider Record.

CONTINUING EDUCATION UNITS

Three Continuing Education Units (denoting 30 hours of instruction) from Texas A&M University are available to participants who score 70 percent or more on post-test following program study. A $5.00 processing fee is involved. Interested individuals should secure information from the county Extension agent coordinating the program in each county.

IF YOU HAVE QUESTIONS OR PROBLEMS

If you have any questions, contact your county Extension agent, home economics (listed under county government in the telephone directory). She can help you with questions about the manual, the videotapes or the "Provider Record".

We hope you have gained valuable information and useful ideas through participation in the project.

CREDITS

THE FAMILY DAY HOME CARE PROVIDER PROGRAM

The Texas Agricultural Extension Service provides a unique system of educational linkage between Texas A&M University and each county. Through this system, research finds practical application in the lives of Texans.

This program, developed by a team of Extension specialists working together, will be delivered to providers in the counties and communities across the state by county Extension agents, who serve as professional educators.

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The program content received careful scrutiny from a team of family child care providers geographically located throughout the state and from two staff members of The Texas Department of Human Services. Their critique and fundamental suggestions provided the basis for reality-based instruction.

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The program was tested in 29 pilot counties across Texas. Over 500 child care providers were enrolled and provided evaluation data supporting the validity of the program.

The Pilot Counties

Aransas	Kerr	Runnels
Baylor	Lamar	San Patricio
Brazoria	Lavaca	Scurry
El Paso	Midland	Tom Green
Harris	McLennan	Travis
Harrison	Nacogdoches	Val Verde
Hidalgo	Panola	Wichita
Hill	Parmer	Williamson
Hunt	Potter	Young
Kaufman	Randall	

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SECTION 1

Child Development and Guidance
Part I
Meeting Children's Needs

Meeting Children's Needs

Objectives

In the child development and guidance section, you will learn:

1. how to foster growth and development in children,
2. how to guide and discipline children in positive ways,
3. how to provide play activities appropriate for various ages of children, and
4. how to communicate with parents about their children.

Meeting Children's Needs

When you care for other people's children in your home, you become part of the children's extended families--and they become extensions of yours. You feed children when they are hungry, comfort them when they cry, and get excited when they learn something new. You are like another parent or grandparent, and you come to care for them almost like your own. In fact, many family day care providers keep in touch with "their children" long after they move or start school.

People used to believe that it didn't matter much what happened to children in their first years of life. After all, babies do little more than sleep and eat, and toddlers can hardly walk or talk. But we know now that these first months and years profoundly affect the kinds of people they will grow up to be. In particular, the image children develop of themselves--whether they are lovable or unlovable, good or bad, capable or bungling--has a lot to do with the success they have in school and later life.

Because children may spend most of their waking hours in your home, you have a big influence on their growth and development. It's essential, then, to know how to meet their needs so they can grow strong and feel good about themselves. If you have children of your own--and most family day care providers do--you probably know a great deal already. But all of us can benefit from brushing up on our knowledge and looking at things in a different way. The more we know about child growth and development, the more confidence we have in ourselves and the more sensitive we can be to individual children.

When you finish Part I, you should be able to:

What To Look For

1. explain why children show both similarities and differences in their growth and development,

2. identify major stages of development in infants, toddlers, preschoolers, and school-age children, and

3. identify children with special needs.

Different and Alike

Every child is different. Two children born on the same day will probably grow at different speeds and in different ways. They differ for two main reasons. The first is heredity. Children are born with certain characteristics inherited from their parents--green eyes, brown hair, long fingers.

The second is their environment--the food they eat, the health care they receive, the kind of attention they get from their parents, the experiences they have. In fact, from the time children are conceived in their mothers' bodies, they are affected by their mother's diet, use of drugs and alcohol, exercise, emotional well-being, and other factors. No one knows which is more important--heredity or environment--but both play a part in making each child an individual.

As a result, children have different personalities and interests. They have different strengths and weaknesses. They need to be accepted as they are--as boys or girls, as members of different kinds of families, as part of ethnic or cultural groups, and as children with their own places in the world.

At the same time, however, children have much in common. They have similar needs and follow certain patterns of growth.

1. Development occurs in four areas--

   a) physical (body)
   b) intellectual (thinking and language)
   c) social (getting along with others) and
   d) emotional (feelings).

   Development in one area usually brings development in another area, but development in one area may be faster than in another (for example, physical development may be faster than intellectual or social development).

2. Development is gradual and continuous. Children do not learn how to talk overnight, for example. They have to hear sounds, try making their own sounds, match sounds to names of things, and so forth. Although it may look as though children are growing in spurts, their growth is actually on-going.

3. Children develop in a sequence: first the head, then the trunk, arms, legs, hands, and finally feet. Babies learn to use their mouths, eyes, and ears before they can grasp objects. They learn how to use their hands before their feet.

4. Development goes from general to specific responses. For example, babies learn to move their whole bodies before they can control their arms or legs.

Normal Growth and Development

The information in this section describes normal development in children and gives activities that encourage development. Keep in mind that few children follow the stages exactly as described. Some will develop faster and others slower. Too, one stage overlaps the next, so you may see a child learning a new behavior while continuing an old behavior.

INFANTS

Babies usually triple their birth weight and double their length by the time they reach their first birthday. At no other time do they grow so much so fast. Helpless at first, they learn to feed themselves, move around, and begin to communicate.

Babies are born with certain tendencies in personality and development. Some are quiet and want to sleep all the time. Others are demanding and physically active. Rather than push babies into doing things, parents and caregivers can recognize a baby's individual style and try to adapt to it.

Birth to 8 Months

Baby lifts head, reaches for and grasps objects, rolls over, sits first with support and then alone, begins to adjust to regular eating and sleeping times, begins to cut teeth.

Physical Development

Activities:
Keep babies well-fed and comfortable; hold and rock them often; place babies on their stomachs to lift their heads and roll over; place babies on their back and encourage hand clasping and kicking.

Baby focuses eyes and follows moving objects, looks around at sound of a noise, coos and gurgles, babbles using vocal sounds, studies hands and feet, explores things by tasting or chewing them.

Intellectual Development

Activities:
Talk to baby while diapering, bathing, and feeding; sing lullabies and play touching games; provide interesting things to look at, listen to, and play with (crib mobile, rattle, wind chime, music box, crib gym); imitate sounds baby makes; point out baby's nose, mouth, fingers, etc.; place baby in crib or infant seat with toy.

Baby cries at first to any distress, and later cries in different ways for different reasons; tires easily; becomes easily excited or upset; cannot distinguish between self and other people; craves physical contact; smiles; laughs aloud; looks directly into your eyes during feeding; learns to recognize faces and voices of parents and caregiver; begins to develop trust.

Social and Emotional Development

Activities:
Respond promptly to baby's cries when hungry or distressed; soothe baby by holding, rocking, and walking; smile and talk gently to baby while diapering and feeding; protect baby from too much stimulation (only one toy at a time).

6 to 12 Months

Baby eats three meals a day in addition to bottles, begins using cup and spoon to feed self, takes morning and afternoon nap, sits alone, crawls with stomach touching floor and then creeps on hands and knees, pulls up to standing, stands holding on to

Physical Development

furniture, walks when led, picks up objects with thumb and forefinger, lets objects go, and throws things down.

Activities:
Allow babies a safe part of the room to practice sitting, crawling, creeping, and pulling up (protect other children's games because babies may try to join in); roll a ball and let babies crawl to it; give babies a teether and gumming toys, squeaky toys, and soft blocks; feed babies with second spoon as they try to feed themselves; offer milk in a cup.

Intellectual Development

Baby makes two-syllable sounds like dada and mama, imitates sounds, waves bye-bye and plays pat-a-cake, responds to simple commands such as "Give me the ball"; looks for things out of sight, tries to make things happen (turns light switch off and on).

Activities:
Play hiding games like "Peekaboo"; say names of things as you handle them; read picture books; allow baby to fill containers with objects and dump them out; provide toys that make something happen such as a jack-in-the-box; give baby toys with different textures (fuzzy, soft, hard) and talk about how they feel; replace toys often as baby gets bored.

Social and Emotional Development

Baby tries to talk to self in mirror, responds to name, begins to learn what he may not do (can drink from cup but may not pull tablecloth), tries to join in other children's activities, gets angry and frustrated easily, begins to develop sense of self as a separate person, forms special attachment to parents and regular caregivers, begins to react to strangers with shyness and fear.

Activities:
Include baby in meals, afternoon naps, outdoor play and other regular activities as much as possible; begin teaching baby what is allowed and what is not; accept baby's shyness and fear calmly without forcing baby to interact with neighbors and other strangers; let baby know she's a wonderful person ("You're our dear baby," or "I really like your eyes"); respond promptly to baby's pleas for help; rock and hold baby when he's upset.

TODDLERS

As soon as infants learn to walk, they become toddlers. This is a landmark in children's lives. Now that they can get around on two legs, they are off to explore the world. Suddenly their hands are free, and they can see all around without craning their necks. Because toddlers are curious and into everything, you have to keep the room free of hazards and watch toddlers at all times.

Another big change at this age is language. Toddlers can understand and respond to many words, and they begin to say a few words of their own. Quite often, they say no. By about 14 months, if children have learned to trust their parents, caregivers and surroundings, they begin to develop independence. For the next year or two, toddlers show this freedom by saying no or reacting independently or somewhat negatively (dawdling, running away to hide, throwing temper tantrums).

This is often a trying time for the family day care provider. Besides worrying about how toddlers might hurt themselves, you have to deal with their independent and often negative behavior and unrealistic demands. You can cope by understanding that it's normal for toddlers to be this way. The challenge is to balance the need for independence with the need for discipline.

12 TO 18 Months

Physical Development

Toddler walks alone with feet wide apart, runs stiffly on toes, climbs, tries to go up and down stairs while holding rail, has smaller appetite, eats three small meals with healthful snacks in between, drinks from cup with help.

Activities:
Give toddler oversized blocks of foam or cardboard to stack and knock down, provide large cardboard boxes for climbing in and out or using as tunnels, help toddler learn to climb up and down steps, provide small wagon and wheeled toys without pedals; make sure room is free from hazards.

Intellectual Development

Toddler points out objects she wants, imitates animal sounds, jabbers expressively, names familiar people and objects, has short attention span, can hold pencil and scribble, begins to imitate tasks such as sweeping or dusting, learns by trying things out, cannot tell difference between reality and fantasy.

Activities:
Provide stacking towers, sturdy wooden blocks, jumbo pegs and other floor toys (to encourage eye-hand coordination); give toddlers paper shopping bags to fill with objects and empty; encourage toddlers to classify objects by color or size; read picture books and short stories (avoid fairy tales with witches or other monsters); place large sheets of paper on floor and encourage toddlers to scribble; ask toddlers to identify their body parts (eyes, nose, hands, etc.).

Toddler plays alone or beside other children, recognizes other children and tries to get attention, tries to copy the behavior of other children, responds to adults more than to children, cannot remember rules.

Social Development

Activities:
Arrange play spaces and toys for toddlers to play separately; provide toys alike or similar because toddlers do not share; give toddlers old hats and purses to try on in front of a mirror; talk with toddlers about their reflections in mirror; provide a toy telephone.

Toddler views self as center of the world, may continuously ask for parents (cannot hold image of parents in mind as a comfort), sometimes goes back to babyish behavior, shows increasing fears (water rushing down a drain, Halloween masks).

Emotional Development

Activities:
Display photographs of each child in a book or on a bulletin board, talk positively with the children about their lives, give toddlers a reminder of parents as a comfort, hold and rock toddlers as needed.

18 Months to 3 Years

Toddler throws objects, pulls or drags toys around, climbs onto everything, digs, runs, jumps with two feet together, kicks ball, stands on tiptoes, walks alone up and down stairs, takes things apart and puts them back together, screws and unscrews lids, feeds self, gives up bottle and morning nap, begins feeling discomfort with wet or soiled diapers.

Physical Development

Activities:
Take toddler on short walks outdoors; encourage toddler to run, jump and climb; encourage toddler to pull small wagon or ride wheeled toy without pedals;

take toddler to park for swinging and sliding; provide push and pull toys, sturdy wooden blocks, clothes basket filled with different sizes of soft balls, hammering toys, and plastic jar with screw lid; encourage toddler to move rhythmically to phonograph or radio music; begin toilet training; begin teaching hand washing and tooth brushing.

Intellectual Development

Toddler may show preference for right or left hand, begins to form simple concepts (big and little, hard and soft), remembers things from yesterday, expands vocabulary from 15 to 500 words, puts 2 or 3 words together in simple sentences, refers to self by name, memorizes short rhymes, joins in simple songs, turns pages, makes circular scribble, begins to think in words and symbols, begins to think about something before doing it (rather than doing something to see what happens).

Activities:
Provide pop-apart toys and large spools for stringing; provide sandbox and water in a shallow pan and encourage toddler to pour and measure; provide simple puzzles; read and recite nursery rhymes; let toddler tell you stories about a picture; play finger games; provide crayons, chalk, fingerpaint, and paper for scribbling and experimenting; provide playdough for kneading and shaping; talk about cause and effect ("If you turn over the cup, the milk will spill"); hang a bird feeder or flowering basket and talk about it.

Social Development

Toddler behaves in independent and somewhat negative ways (says no, dawdles, runs away to hide, does the opposite of what you ask), claims things as "mine," may insist on having the same toy or doing things the same way every time, cannot sit still for long, wants to help with household tasks, imitates behavior of adults, begins simple pretend games such as mother-baby.

Activities:
Provide freedom in activities both indoors and outdoors (such as placing toys on low shelves so toddlers can choose what they want to play with); make a game out of routines such as washing hands or cleaning up; give toddler little chores such as holding the dustpan, fetching a spoon, or watering plants in the garden.

Emotional Development

Toddler tries to assert self by saying no, becomes frustrated easily, may insist that "Me do it" and then cry when he can't, refuses help, noisily expresses feelings and wishes, and still needs security.

Activities:
Make tasks easy to do (lowering a peg for coat, providing a stool for washing hands), give toddler plenty of time to finish tasks, praise toddler for trying, provide doll or teddy for cuddling, comfort toddler by holding and rocking.

PRESCHOOLERS

Somewhere between 2 1/2 and 3 years, children no longer can be called toddlers. From about age 3 to 5, they are preschoolers, whether they go to a preschool or not. If children have been well cared for in their first three years, this age can be delightful. Preschoolers can talk well enough to say what they need, they are affectionate most of the time, and they are eager to learn.

3 to 5 Years

Many parents think the preschool years should be spent preparing for school--learning the alphabet and numbers, for example. While this kind of learning is helpful, it's much more important for children to feel good about themselves and their abilities. In particular, they have to know how to ask for help, get along with other children, stick with an activity, and abide by rules. You can provide many opportunities in your home to help children learn these things. If children feel confident and secure, they will be ready for school and do well.

Physical Developments

Child runs easily and smoothly, turns somersaults, rides tricycle, stands on one foot, skips on one foot, hops, pumps self in swinging, dresses and feeds self, catches a ball, paints or draws in vertical, horizontal and circular motions.

Activities:
Allow vigorous free play indoors and outdoors; play follow-the-leader with exaggerated body movements; encourage child to ride wheeled toys with pedals; play catch with balls and beanbags; provide blocks and other floor toys; provide materials for lacing, zipping, snapping and other small-muscle skills.

Intellectual Development

Child develops longer attention span that allows finishing of many activities; expands vocabulary to roughly 2,000 words; begins to recognize letters and numbers, especially outdoor signs for gas stations and fast-food restaurants; understands 1, 2, 3 and starts to count; can sort by color, size, and texture; learns through senses about such concepts as high and low, loud and soft, sweet and sour; begins cutting with scissors; draws recognizable pictures of things; wonders how and why things happen; pretends things are something else (a box is a car); begins thinking about what is real and not real, and what she has not seen or done (going to the moon).

Activities:
Read stories and encourage child to tell stories; count napkins, cups and other things as you handle them in daily routines; ask questions to stimulate thinking (why we wear coats on cold day, where rain goes); conduct simple science experiments (pick up things with magnet, plant seeds, freeze water); encourage free expression with paints, crayons, chalk, clay, playdough; sing songs and have children beat rhythms; have children sort things (by size, weight, color, etc.); provide lotto games for matching; play "I Spy" and "I Went to the Grocery Store."

Social Development

Child gradually begins playing with other children; understands taking turns; has one or two friends the same age; likes to help; begins to compete; enjoys pretend play and will assign roles ("You drive the truck and I'll fix the tire"); becomes interested in adults other than parents and caregiver; asks questions and likes to talk; begins to understand reasons for rules and can take some responsibility.

Activities:
Provide variety of dress-up clothes and props (doctor's bag, typewriter, tool kit, play cookstove and sink, cash register and empty food cartons, etc.); encourage children to act out familiar stories or events; drape sheet over two chairs for a "fort"; encourage children to wash hands, set table, serve food, water plants; talk about people in the community and their work (mail carrier, doctor, firefighter); encourage children to play games like "Go Fishing".

Emotional Development

Child handles separation from parents more easily because of realization that they will return, says yes more often and reduces negative behavior, may go back to occasional babyish behavior (wetting pants, thumb sucking, baby talk), begins to develop sense of humor, needs and seeks approval from parents and caregivers, needs to feel important.

Activities:
Talk with children about their feelings and how to express anger or sadness without hurting anyone; encourage children to express feelings in art materials ("Paint how you felt when Tommy took your toy away") and dramatic play ("Pretend you're this truck and show me how you feel today"); accept their feelings and respect them; praise children when they do something well; recognize each child for individual strengths.

SCHOOL-AGE CHILDREN

When children enter kindergarten and first grade, they begin spending most of their days in structured activity in a large group. What they need in the family day home is a change of pace.

When children first come home from school, they often need a snack to satisfy hunger and provide an energy boost. Snack provides a chance for them to talk to you about what happened during the day and what will happen tomorrow. Some kindergarten children may need a short nap. After nap or snack, children need exercise--playing ball, riding a bike, jumping rope. If there is still time, children can work on a hobby or craft project. Older children may need to do their homework. Some school-age children may enjoy playing with the younger children in your day home. Whatever the change of pace, they need to feel special and cared about in your home.

5- to 8-Year Olds

Physical Development

Child grows slowly and steadily, skips with both feet, makes running and standing jumps, may try tumbling or standing on head, learns to ride a bicycle, dances to music, uses knife and fork, has a good sense of balance, begins losing baby teeth.

Activities:
Provide plenty of opportunities for running, jumping, skipping, climbing; encourage children to ride a bicycle, roller skate, jump rope, and bounce a ball; provide a mat for tumbling; encourage children to skip or dance to music; provide healthy snacks; explain and enforce safety rules.

Child gradually improves speech and language, expands vocabulary to more than 2,500 words, knows right from left, learns to read and write, plays with words (riddles, jokes, silly rhymes, dirty words), begins to understand time (clock time and calendar time), learns to count, begins to solve simple problems, may collect things.

Intellectual Development

Activities
Provide board games such as checkers and Monopoly; encourage children to collect things (stamps, coins, postcards, rocks, leaves, shells) and classify them by kind, size or color; provide art and craft projects using paint, clay, wood, fabric, yarn, collage materials such as old magazines and Christmas cards; demonstrate simple sewing and weaving; encourage their help in simple cooking projects; provide tapes or records with children's songs and stories.

Child prefers playmates of the same sex, begins to make friends and may have a best friend, plays easily in groups, enjoys some time for playing alone, continues to be self-centered until age 7 or 8, can be quite helpful (taking phone messages, playing with younger children).

Social Development

Activities:
Establish and enforce house rules for play and cleaning up; provide playing cards and board games for cooperative play; provide dress-up clothes and props for playing make-believe; provide a dollhouse (make a simple one from a cardboard box), small plastic toys (people, animals, cars, soldiers), blocks and other materials for pretend games.

Child becomes hurt and upset when school work or behavior is criticized or ignored; begins to measure self against standards set by friends (clothes, toys, athletic skills); hates to lose; shows more sensitivity to the needs and feelings of others; shows less fear and anger; shows less family jealousy; begins to develop moral standards such as honesty.

Emotional Development

Activities:
Show genuine interest in the child's school work and crafts projects and provide opportunities for success; encourage child to talk about feelings while working on a project together; share your memories of school and childhood with child; set an example for positive values and behavior (being honest yourself, for example).

9- to 11- Year Olds

Physical Development

Child grows slowly and steadily; may begin to spurt in growth by 10 or 11 (especially girls); enjoys ball games, bike riding, swimming, running, and climbing.

Activities:
Encourage children to ride a bike, run, roller skate, dance to music, climb, kick a soccer ball, toss a basketball through a hoop (girls may need special encouragement as they get older); assure children worried about growing too slowly or too fast that nothing is wrong.

Intellectual Development

Child has long attention span; discovers that skills learned at school can be used elsewhere (uses arithmetic, for example, to buy or measure things); continues to increase vocabulary; becomes aware of national and international events through school and television; develops hobbies such as electric trains, woodworking, sewing, stamp collecting.

Activities:
Talk with child about things learned in school, praising improvement and effort; provide materials for crafts and hobbies; demonstrate new skills in sewing, woodworking, and photography, for example; provide books to read for fun; provide quiet games such as chess; provide time and quiet for homework.

Social Development

Child considers friends extremely important; likes to join clubs and sports teams or forms own group; wants to dress and act like friends; often shows interest in TV star or other hero; becomes more aware of racial and ethnic differences; shows sensitivity to any unfairness and often questions rules.

Activities:
Show interest in children's activities; set limits and let children know what is expected of them; explain

reasons behind rules and how you enforce them; stress the individual abilities of each child and discourage comparisons.

Emotional Development

Child shows more self-confidence although occasionally has moods of anger and sadness; has few fears; bases self-esteem on accomplishments in school and games; respects authority figures such as teachers and police; seldom lies but may give excuses to make something look better.

Activities:
Encourage activities that make child feel successful; praise child for effort and improvement; talk about feelings; show understanding and sense of humor; show affection by quick hug, hand squeeze or stroking the back.

CHILDREN WITH SPECIAL NEEDS

Most children grow and develop within a broad range of time that is considered normal. However, you should become concerned if a child lags significantly behind other children.

You're in a good position to notice any sign of developmental delay because you are with children most of the day. The earlier problems are identified, the earlier children can receive help. Children with a hearing loss, for example, stand a much better chance of starting to school on time if they get training as infants instead of waiting until they are 4 or 5.

Signs of Visual Handicaps

Children who can't see well don't know they are handicapped because they have no idea what good vision is like. You should suspect a sight problem if a child shows some of these signs:

- has crossed eyes or eyes that don't focus,
- has eyelids that are droopy, red, swollen, or crusty,
- avoids bright lights,
- stumbles or falls in unfamiliar places,
- blinks or rubs eyes a lot,

- covers one eye or tilts head to side or to front,
- squints or frowns when looking at something, or
- complains of dizziness, headaches or nausea after doing close work.

Signs of Hearing Loss

Some hearing losses are caused by diseases (such as rubella) that mothers have in pregnancy. Many others are caused by diseases (measles, scarlet fever, meningitis) or ear infections the child has during the first years of life. Hearing loss is important because it can slow down a child's language development. You may notice that an infant:

- does not turn toward parents until seeing them,
- does not seem startled at loud noises, or
- does not wake up in response to sound.

With older children, you may notice that a child:

- coos and gurgles but does not progress to saying words,
- does not talk at all,
- talks but is impossible to understand,
- leaves out many sounds when talking or talks in a monotone with no ups and downs in pattern,
- often misunderstands or does not obey instructions,
- frequently says "Huh?" or "What?" and cannot seem to pay attention while listening, or
- does not understand when someone speaks from the side or behind him (watches your mouth closely or moves in front of your face to understand).

Signs of Speech and Language Disabilities

Speech is the pronunciation of sounds, while language is the general meaning and flow of words. Children learn language before they learn to pronounce every sound correctly. One example of a speech problem is a 3-year-old child who says, "ith cweem" for "ice cream." As the child gets older, this problem will probably disappear. Often it's hard to tell the difference between immature speech and a real problem.

Children imitate the speech they hear from others. If a child's parents speak a different language or speak with an accent, the child will imitate those sounds. This is not a speech or language problem, and the child should not be criticized for speaking a language other than English.

You should be concerned about a speech or language problem if a child:

- has to be shown or told something several times,
- repeats or echoes what people say as if words are stored in a tape recorder and played back (responds to "how old are you?" with something like "old are you," for example),
- uses far fewer words than other children the same age,
- puts sentences together poorly or misuses words, compared to other children the same age (says "go town daddy" instead of "daddy goes to town," or says "two ball" instead of "two balls")
- is hard to understand even though sounds are correctly pronounced, or
- has trouble remembering things he or she knows well.

Emotional Problems

Many children have brief emotional problems that may result from sudden changes such as a death in the family or a divorce. As soon as the problem is worked out, children return to normal.

Children with true emotional problems show unusual behavior strongly, often, and over a long period. These problems can be caused by many factors.

You should suspect emotional problems if a child:

- fights, pushes and uses other aggressive ways to deal with most situations,
- withdraws or stays quiet and passive most of the time,
- shows excessive activity, restlessness, or inability to stick with something, compared to other children the same age,
- goes back to babyish behavior whenever stress occurs,
- cries most of the time, seems depressed and unhappy, cannot seem to laugh,
- shows extreme fear and anxiety, and
- doesn't know whether he is feeling happy, sad, angry, or scared and always reacts the same way (by crying or hitting, for example).

Signs of Learning Problems

Children who are mentally retarded lag behind other children in all areas of development: physical, intellectual, social and emotional. Children with severe problems will show signs at birth and during the first year of life. These children may have distinctive physical features (Down's Syndrome), have difficulty sucking, or show little alertness and movement.

Children with mild retardation can learn to talk and do things for themselves but much more slowly than other children. A child who is mildly retarded may:

- prefer playing only with younger children,
- show little curiosity or be afraid of trying new things,
- not be able to transfer learning to new situations (may learn that a wagon is red but not recognize other red things),
- not be able to solve problems (may work one puzzle several times and never be able to complete it without help),
- not remember things well,

- speak and use language like a much younger child,
- not be able to follow two or more directions such as "Shut the door and take off your shoes,"
- stumble and fall a lot because of poor body control,
- get distracted easily,
- repeat same movement over and over (drawing a circle, scooping sand with a shovel, rocking), or
- have trouble seeing differences between two objects or distinguishing between two sounds.

Some children with normal or above-average intelligence may have learning disabilities-- behaviors that interfere with learning. These are not usually diagnosed until after a child starts school and shows difficulty in learning to read or write.

However, you may notice some signs of learning disabilities in a preschool child. You should be concerned if a child consistently shows one or more of the following signs:

- has a poor self-concept and is afraid of trying new things,
- repeats words without understanding what they mean,
- cannot follow two or more directions that other children can follow,
- cannot hop, skip or do other large-muscle activity like other children, and may appear clumsy or walk in an unusual way,
- has difficulty cutting, pasting, coloring and working puzzles, and may not understand right or left when other children do,
- seems overactive and gets easily distracted, or
- may not want to be touched and may be particular about textures of clothing and foods.

OBSERVING BEHAVIOR

If You Suspect a Problem

If you notice signs of a developmental delay, observe the child over a long period. Be sure that you are observing the child's usual or typical behavior. Consider the child's cultural background and experience. If a child has not been exposed to much English, for example, the child cannot be expected to have a large English vocabulary or speak English distinctly.

Write down what the child says or does. Be specific about what you see and hear, and don't let your opinions influence your observations. Instead of writing, "Joni acts deaf," it's better to write, "Joni did not wake up when a loud noise (a siren) occurred. When her mother called her name, she didn't look up until her mother stood in front of her high chair." Write the date on your notes, because it's hard to remember such details when you care for several children.

You also can make a checklist and observe all children of a certain age for a particular problem. If you have three 2-year-olds, for example, you can write their names across the top of a page and write down typical signs of a handicap down the left-hand side of the page. Then watch the children and mark the signs you observe. After a day or two, you may realize that one child shows more signs than other children.

Discuss your observations with parents at a time convenient for both of you. Show them your notes or checklist and ask if they have observed similar things. Suggest they take the child to a doctor or clinic for a formal assessment--hearing or vision tests, for example. Keep your observations confidential. Refrain from discussing a child or his family with other parents or friends.

Parents may become alarmed, upset or frustrated if you suggest their child is not developing normally. They may not want to deal with a problem because they're afraid it will reflect on them or they may worry about paying for special treatment. Stress that you are not diagnosing a problem--only a doctor or specialist can do that--but rather that you care about the child. Explain how important it is to identify problems early so a child can be helped. Help parents locate resources for assessment and help such as the public schools, the local health department, a local mental health and mental retardation office, and rehabilitation centers.

After a child has been assessed, ask parents to talk with you about the results. If a child does have a problem, the parents may need to find special therapy or training. Or they may ask you to conduct special learning activities in your home. If the child does not have a problem, the parents can provide information that may be helpful in observing other children.

Caring for Children with Special Needs

Handicapped children are more like other children than they are different from them. They need to feel loved, accepted and successful. They learn through the same kinds of experiences other children learn from, except that you may need to go more slowly, rearrange things slightly, and learn to help them with special exercises. Most of all, handicapped children need to learn to help themselves as much as possible.

Here are some tips for caring for children with special needs.

Physical Problems

- Learn how to operate any special equipment such as braces and wheelchair.
- Arrange your home with lots of space between furniture so that children can move through easily in wheelchairs or crutches. You may need to have special rails or ramps installed where you have steps.
- Give the child extra time in regular activities and in play to learn skills. You may need to help the child in dressing, eating, bathing, and toileting.
- Encourage regular exercise and movement of all body parts and give the child special exercises if necessary.

Vision Problems

- Arrange the house for safe and free movement. Don't leave doors and cabinets open. If you rearrange furniture, show child where you have moved things.
- Make sure the room is well lighted to help the child use any remaining vision the child has.
- Talk with the child as you do things. Explain things carefully. Let the child feel or smell things as you talk about them.

- Place noise-making objects (clocks, wind chimes) in different parts of the house to help the child learn his way around. Or carefully string a rope between rooms and to the outdoors to give the child a path to hold on to.

- Help the child find and sense different textures in a room--carpet, tile, wood, nylon, paper. Encourage the child to find lost things by himself.

- Help the child learn to go down a slide, swing, ride a tricycle, kick a ball, and move to music.

Hearing Problems

- Learn how to adjust the hearing aid and replace batteries. Check it each morning to see that it is working.

- Talk to the child even though the child may not hear you clearly. Be sure the child can see your face and mouth, and talk slowly. You may need to touch the child to get her attention. Learn how to say "I love you" and other simple phrases in sign language.

- Cut down on background noise from the radio and other children when you are doing something. Use rugs on the floor and drapes at the windows to absorb excess sound.

- Show the child how to do things as well as telling him how. Use pictures, photographs, and other visual aids.

Speech and Language Problems

- Speak correctly. Avoid using baby talk.

- When children say something incorrectly, repeat the words correctly but don't make children say them again.

- Use everyday occurrences to teach words--juice, bed, tricycle. Names of things are easier to teach than notions like "pretty," "smart," or "helpful."

- Use pictures, objects, and gestures in giving instructions.

- Repeat things often. Say something, show the child what you mean, say it again.

- Read simple stories, sing songs, and play cassette tapes to stimulate the child's listening skills.

- Encourage the child to tell well-known stories in the child's own words, make up stories, and describe pictures and events.

- Let the child know he is loved and wanted no matter what he does.

- Help the child label feelings and express them in outdoor play or art activities.

- Help the child learn to finish tasks by giving her a simple one (stacking blocks) and praising her each step of the way.

- Explain the house rules and enforce them consistently. Plan and explain activities carefully so the child knows exactly what to do.

- Supervise the child closely and keep the child near you at all times.

- Choose enjoyable activities and lead the child gently through them. Try to play alone with the child a few times every day. But don't push the child into any activity.

Emotional Problems

- Break each activity into small steps. Give only one instruction at a time.

- Show the child what you want her to learn, or guide the child's hands and body through the motions.

- Practice activities over and over again.

- Select activities that match the child's mental age and abilities. Give lots of rewards and positive attention while the child is learning.

Learning Problems

1. Plan an activity with children in which you measure their height and weight. Hang a piece of butcher paper against the wall and mark each child's height and name. Or you might have children lay on butcher paper on the floor and draw around each child's body shape. Talk about how each child is an individual. Ask the children to think about their

Things You Might Try

parents' size, hair and eye color, and other features. What do children have in common with their parents?

2. For each child in your care, review the family and health information in the child's folder. On a sheet of paper, write down the child's age, sex, height, weight, and general physical appearance. List new physical skills the child has learned recently, and do the same for intellectual, social, and emotional skills. Compare your observations to the normal developmental levels presented in this section. List activities you can do to promote children's development in each area.

3. Begin making a notebook for each infant in your care. Each day, record on a sheet of paper the baby's new behavior such as rolling over, sitting alone, pulling up to stand. When the baby is a year old, decorate a cover for the notebook and give it to the parents as a present.

4. On a sheet of paper, write down two strengths and two weaknesses you have. Think about things that have happened within the last week that have made you feel especially good about yourself (a special accomplishment, a compliment, a hug from a friend). Now write down two strengths and two weaknesses of each child in your care. List things you can do with children to help them feel good about themselves.

5. Read "Early Childhood Intervention: Special Care for Special Children" in the Texas Child Care Quarterly, Summer 1983. Think how you might help parents recognize a child with developmental problems. Ask your county Extension agent to help you find resources in your community where parents could take their children for assessment or testing for developmental delays.

MEETING CHILDREN'S NEEDS

1. Which of the following traits can be explained by heredity, environment, or both?

   a) black hair _____
   b) brain damage _____
   c) talking Spanish _____
   d) secure feeling _____
   e) allergies _____
   f) type "A" blood _____
   g) freckles _____
   h) whining _____
   i) weight _____
   j) intelligence _____

2. It's important to provide interesting things to look at, hear, touch and chew for babies because: ____

   a) they won't cry so much,
   b) they learn through their senses,
   c) they will stay safely in their cribs, or
   d) they learn by chewing on things.

3. What is the most important thing you can do to help preschoolers be ready for school? ____

   a) recognize letters of the alphabet and numbers,
   b) finish things on time,
   c) make friends, or
   d) feel good about themselves.

4. Lisa, 3, seems normal in every way except she is shy, quiet, and reluctant to try new things. How would you help her improve her self-concept? ____

   a) talk to her mother about getting Lisa assessed for emotional disturbance,
   b) praise her for how well she does ordinary things like putting away her plate and washing her hands,
   c) bring out a new toy and ask Lisa to be the first to try it,
   d) encourage another 3-year-old who's not shy to play with Lisa.

5. Which of the following is a sign of hearing loss? ____

   a) coos and babbles but does not progress to saying words,
   b) stumbles in unfamiliar places,
   c) fights or pushes to get his way most of the time,
   d) rarely cries or shows emotions,
   e) can never finish a puzzle without help, or
   f) repeats what you say as if he is playing back a tape.

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   b) brain damage environment
   c) talking Spanish environment
   d) secure feeling environment
   e) allergies both
   f) type "A" blood heredity
   g) freckles heredity
   h) whining environment
   i) weight both
   j) intelligence both

2. It's important to provide interesting things to look at, hear, touch and chew for babies because: B

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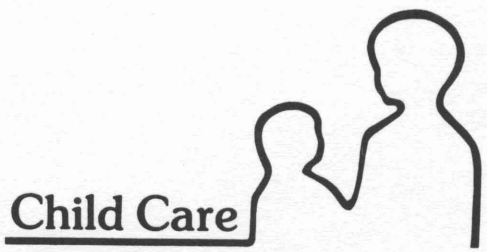
Child Development and Guidance
Part II
Fostering Children's Growth



Fostering Children's Growth

Children can be safe, well-fed, and kept in clean diapers, and still not have the kind of care that will help them develop as they should. Children need warmth and affection, learning experiences, and activities that make them feel good about themselves. These are the things that make family day care more than babysitting.

Fostering Children's Growth

How do you provide these experiences? You don't need a large home or school-type equipment. You can use common household items and simple toys. You can turn something as ordinary as a meal or a diaper change into a rich learning experience. You can provide time to play and do art projects.

The single most important factor in quality care is you. Your knowledge of how children grow helps you provide the experiences they need. To children, you are a special person. You hold and rock them, talk with them and listen to what they say, give them interesting things to do and play with, encourage and praise them, and much more.

What To Look For

When you finish Part II, you should be able to:

1. define self-concept and explain how to foster it in children,
2. describe how to help children develop self-care skills such as dressing and using the toilet, and
3. identify learning opportunities in routines, household tasks, and special activities.

Self-Concept

Of all the things you do in caring for children, one of the most important is nurturing a healthy self-concept. Self-concept is the feeling people have about themselves. People who like themselves and think they have good ideas generally learn more and do better in life than people who feel they are bad or not worth very much.

Children are not born with a self-concept. They learn it. They learn it from their parents, friends, teachers, and other important people in their lives. They learn it from **you**.

Infants get some idea about themselves from the way they are treated. They feel good when they are warm, fed, and comfortable. They feel loved when they are held and rocked. They feel happy when they are talked to and played with.

Toddlers learn a great deal more about themselves because they are beginning to understand words and explore their world. If you tell a child, "You're bad," the child thinks this is true. If a child is constantly told, "No, no," or gets frustrated by toys he can't work, he is apt to feel that he can't do anything and may give up trying.

The growth of self-concept continues through the preschool years and is influenced by various factors through grade school and adolescence. But the foundation is set during the first years of life.

Tips for Fostering Self-Concept

- Help children feel they are loved and wanted. Besides feeding and holding them, take time to talk to children and tell them you care. "I want you to hold the rail when you walk up the stairs because I care about you and I don't want you to fall."

- Stress each child's individual qualities. "You have beautiful eyes." "You can work puzzles really fast." Plan activities to let children know they are special--celebrating their birthdays, providing a place for their belongings.

- Accept and respect each child's family and culture. Avoid any hint that a single-parent family is not as good as a two-parent family, for example. Find out from parents about ethnic foods, music, and holidays and plan activities around them.

- Believe in children and expect them to do well. Children tend to live up to the expectations grown-ups have for them. "I know it's hard using a knife and fork, but you'll get the hang of it."

- Remember that children don't learn something all at once. It takes time and involves mistakes. Sometimes children forget and you have to teach them again. Instead of laughing at a child for falling down, it's better to help the child stand up and say, "Let's try that again." When a child mispronounces a word, repeat what the child has said and say the word correctly.

- As children are developmentally ready, help them learn to do things for themselves--feeding, dressing, washing hands. Take time to explain things and encourage children to solve their own problems. When two 4-year-olds fight over a tricycle, for example, ask them to think of ways they can both ride (taking turns, finding another wheeled toy).

- Encourage children to take responsibility for small tasks--hanging up their jackets, putting away toys, feeding the goldfish. Help them feel they belong in your home.

- Give children practice in making choices--which toy to play with, which story to read.

- Provide experiences that allow children to succeed and feel good about themselves. When something has only one right way to do it, children can find it discouraging. But playing with sand, water, paints, clay and similar materials gives children opportunities to express their own ideas and feel like "I can do it."

- Give children praise when they have tried hard or done well. "I like the way you shared your toy, Jennifer." It's easy to overlook children who are making progress and only give attention to misbehavior. At the same time, it's important to be sincere and avoid meaningless compliments.

Self-Care

About the time babies take their first steps and get around on their own, they want to do things by themselves--feeding, dressing, opening doors, climbing in the highchair. Even though they cannot do much safely or without help, these attempts are the first experiences with independence. They are signs that children can learn to care for themselves.

Walking

Some people think that when babies sit up and stand, it's time to put them in a walker. The reasoning is that a baby learns to walk faster and seems pleased to be getting around.

Actually, studies have shown that walkers can slow down the onset of walking. They interfere with a child's learning to balance and walk flat-footed. As a result, some children walk on their tip-toes and may require foot correction later on. Too, walkers can be unsafe. The U.S. Consumer Product Safety

Commission estimates that 10,000 children are hospitalized each year because of walker accidents.

Child development experts have long believed in allowing babies to crawl and creep as part of their normal development. They discourage the frequent use of playpens because they are overly confining. You can encourage babies to learn how to stand by reaching your hands down and helping them pull up. Then you can encourage them to toddle around a sofa by placing a toy a few inches away and asking the child to get it. As babies gain more strength and skill, you can hold the baby's hands and take slow steps. Gradually children will take one or two faltering steps on their own, and before you know it, they are staying up longer than they are falling down.

Self-Feeding

Children begin learning to feed themselves at about 6 months when they can sit alone and pick up finger foods. Later they learn to hold a cup and drink from it. Usually after their first birthday, they are ready to give up the bottle. (See Nutrition section for more information on helping children learn to feed themselves.)

While toddlers learn to feed themselves, they also can learn health habits associated with eating such as washing their hands and brushing their teeth. (See Health and Safety section for suggestions on hand washing.)

When children are about a year old, ask parents to send a soft-bristle, child-size toothbrush in a plastic storage container. Label both the toothbrush and the container with the child's name. Toddlers will enjoy having their own toothbrushes and will want to imitate older children who brush their teeth every day.

At first, you will have to brush toddlers' teeth for them to give them an idea how it should feel in their mouths when teeth are brushed properly. Start on one side of the mouth and brush down on the upper teeth and brush up on the lower teeth. Then do the other side, talking about what you're doing all the while. Brush their teeth the same way each time, and gradually encourage them to do it themselves. Toddlers can begin brushing their teeth themselves, with some help from you, when they are about 15 months old.

Check toddlers as well as preschoolers from time to time to make sure they are brushing their teeth thoroughly. As part of the routine, encourage them to put away brushes and the toothpaste after use.

Tips for Encouraging Dental Care

- Give children plenty of time and avoid hurrying them in brushing their teeth. Remember that brushing inside the mouth requires a great deal of hand and wrist coordination, so expect to spend more time when children are first learning how.
- Store toothbrushes and toothpaste in the bathroom. Provide disposable paper cups for rinsing the mouth.
- Provide a safe, sturdy footstool so children can reach the sink.
- Hang a simple chart in the bathroom so children can check when they have brushed their teeth. Draw a chart on cardboard, list the children's names down one side and the weekdays across the top, cover the chart with clear adhesive, and have children use a grease pencil for marking their checks.
- Set a good example by brushing your own teeth after meals.
- Encourage parents to take their children for their first visit to the dentist when they are between 2 and 3 years old. These first visits should be pleasant and get children acquainted with dental examinations before they need to have any painful dental work done.

Self-Dressing

Toddlers often do not like to sit still long enough for you to change a diaper or put on a jacket, but they do begin to take an interest in dressing. They usually are not able to put clothes on by themselves, but they can "give you an arm" to put into a sleeve or "give you a foot" to put into a pants leg.

Between ages 2 and 4, children gradually gain enough muscular coordination to take off and put on most of their own clothes. By providing old clothes with zippers, snaps, and buttons, you can encourage children to practice these skills and help them develop their small muscles.

About age 5 1/2, children are ready to learn to tie their shoe laces. In teaching this skill, have the child sit on your lap rather than sit opposite you. Take the child's fingers and help the child loop and wrap the laces to make two "rabbit ears." With practice, children learn to tie their shoes and take great pride in it.

Toilet Training

No one thinks of toilet training as fun, and many parents make it much harder then it is. The truth is that children could easily train themselves to use the toilet if given enough time and a little help.

Many young parents think that children can be toilet trained by 12 months. You can help educate them by explaining, when you first accept their children for care, that most children are not physically or mentally ready to be toilet trained until they are between 18 and 24 months old. When a child shows some sign of being ready--such as expressing discomfort at having a bowel movement in diapers, pointing to the toilet, or using words indicating a desire to use the toilet--you know it's time to start. It's also a good idea if the toddler knows how to take off pants by himself.

The first step is to discuss the matter with parents. You should both agree on when to start training, what kind of potty to use, and which words to use. As the training continues, you can give each other progress reports.

As you prepare for toilet training, make sure the child understands the words you will use, if other than "bowel movement" and "urinate" ("poo-poo," "tee-tee," for example).

Introduce the child to the potty chair by explaining that you want the child to have bowel movements and urinate in the potty chair rather than in diapers. A potty chair is better than a seat on the toilet because it allows the toddler to get on and off by himself and sit with both feet on the floor. The chair needs a guard in front for boy babies learning to urinate. Keep the potty chair in the bathroom and let children know it's not to play with.

Dress the toddler in training pants during the day and diapers during naptime and at night. Avoid coveralls with snaps and buckles, tights, and other clothing that are hard to take off and put on.

Usually it's easier to work on bowel movements first and urination later. Sometimes you may know about when a child is ready to have a bowel movement. The child may get quiet, grunt, strain or turn red in the face. You can quickly remove the child's pants and place the child on the potty chair. Talk to the child quietly and gently about having the bowel movement in the potty. Not all children have daily bowel movements, but if yours do, you might notice the time of day and place the child on the potty at the expected time, such as after lunch.

Chances are you won't be successful the first few times. The child may fret or struggle to get off and have a movement immediately afterward. You may need to sing softly or give the child something to hold to distract the child's thoughts about getting up. Or the child may sit for several minutes and do nothing. Sooner or later, however, the child will have a bowel movement in the potty. When the child does, give praise. "That's good. It's great that you're learning to use the potty."

You can train children for urination when their bladders have grown larger. If children have gained control of bowel movements, they may come to you when their pants are wet. You also can watch the intake of water and juices and after a couple of hours ask the child, "Do you need to urinate?" Give toddlers regular opportunities for using the potty such as before lunch, before nap, before playing outdoors. Have boys sit on the potty chair to urinate. Usually they don't stand to urinate until they are 3 or 4, and then only after they have seen their fathers or other boys do so.

Expect the training to proceed slowly. Although some children seem to learn quickly, most children need time to learn how to control their bodies and remember to use the bathroom. They will forget often and have many accidents. If they get sick and emotionally upset because of a big change in their lives, toilet training will take longer.

By about age 3, children will be able to go on their own and have few accidents. Even though they may be toilet trained during the day, they may still wet their pants during naptime or at night. Help children get in the habit of going to the toilet before going to sleep. When children are large enough, they will begin using the regular toilet.

Tips for Toilet Training

Here are some other suggestions for making toilet training successful:

- Stay with toddlers while they are first learning to use the potty. Otherwise, they will get up and leave or begin playing in the toilet.

- Avoid referring to the bowel movement and urine as nasty or shameful. Treat these as natural body processes that everyone has. If children want to touch it, say something like, "Yes, you did well, but we need to flush it away."

- Remember that some children are scared of the regular toilet and may be afraid of going down the drain with the rushing water. Avoid flushing the toilet with the child on it or nearby.

- Praise children each time they are successful. When they have an accident, say nothing or treat it in a matter-of-fact way: "Maybe you can do it in the potty next time." Never punish, scold or criticize children for having an accident.

- It sometimes helps a child to see other children and his family using the toilet. It gives the child an example to follow. Although children and parents may find it embarrassing, encourage them to tell the child what they are doing.

- If a child strongly resists sitting on the potty chair, the child may not understand what is expected. Wait a month or two and try again.

The Home as a Learning Center

The ordinary home is full of rich learning experiences. It offers opportunities for children to learn to care for themselves, work with others, and get along in the world. Many child-care centers and kindergarten classrooms try to offer a home-like atmosphere by adding rocking chairs and soft pillows, helping children learn chores such as sweeping and polishing shoes, and doing cooking projects. But they rarely match the "family feel" of a real home.

Learning During Routines

Routines are those necessary care activities that all children require--diapering, dressing, feeding, napping, toileting, and washing hands. Some people view these times as too commonplace for any learning to occur. But in fact, children learn from everything and they are learning all the time. Because routines are a part of living, they are natural times for learning.

What do children learn in routines? In most cases, they learn language by talking about what they're doing and listening to directions. They learn about orderliness and personal responsibility. When they gain new skills and do things themselves, they learn about success. Most of all, they learn they are cared about. Here are some examples of the learning that occurs during routines:

Routine	Learning
Setting the table	Space, numbers, colors, textures, left and right
Eating	Feeding and serving self, pouring, talking and listening, foods and other topics of interest to the children, taking turns, manners, getting along with others
Clearing the table	Personal responsibility, eye-hand coordination
Preparing snacks and foods	Helping, eye-hand coordination, numbers, cause and effect
Diapering	Listening, talking, feeling of self-worth
Toileting and washing hands	Health habits, clean and dirty
Napping	Dressing, and undressing, listening, relaxing, feeling of security
Greeting upon arrival and saying good-bye at day's end	Feeling of value and worth, taking care of personal belongings

Learning During Household Tasks

In addition to caring for children, you have the job of managing and cleaning the house. If you do these chores during the day, you can involve children and provide real-life learning experiences for them. You may find that you have to explain things often, slow down, and give children more time. As a result, household tasks often take longer when children are helping. But it's worth the effort and children feel good about the tasks they learn. Here are some examples of learning that occurs during household tasks:

Task	Learning
Washing dishes	Sorting, small muscle skills, breakable and unbreakable, pouring, hot and cold, wet and dry
Making beds	Folding, smoothing, spreading, textures, colors
Dusting	Names of furniture and objects, parts of things, small muscle skills
Sweeping	Large muscle skills, cause and effect
Sorting and folding laundry	Textures, colors, shapes, names of clothing and objects
Raking leaves	Colors, large muscle skills, changes and seasons
Gardening	Seeds and growth, living and dead, textures, colors, watering, digging, weeding

Learning During Special Activities

You will leave large blocks of time during the day for special activities--indoor play, outdoor play, art activities, stories. (See Part III, "Learning Through Play.") With a little planning, you can provide special activities that will give children a rich variety of learning experiences.

Cooking Activities

Children often take food for granted. Usually they have only a vague idea about how it is prepared and know nothing about where it comes from other than the supermarket.

Because cooking is a part of the home, it offers a natural learning experience. You can involve children in making a snack or cooking a dish for a meal, or you can schedule a special activity in the morning or afternoon for making things like cookies or bread.

Here are suggestions for planning cooking activities with children:

Suggestions for Planning Cooking Activities

- Plan activities that are appropriate for the ages of children involved.

- Observe safety precautions when using electrical appliances, hot stoves, knives, and similar items around children. (See Health and Safety section.)

- Establish ground rules such as washing hands before starting and not putting a spoon back into a food after using it for tasting.

- Plan the activity carefully in advance. Make sure you have the necessary ingredients and equipment on hand. Decide which parts you must do and which parts children can help with.

- Give children plenty of chances to be involved, and give them tasks that match their abilities. Children can do such things as scoop and measure flour, stir batter, and grease pans. They can knead and roll out dough, cut out biscuits or cookies, and brush melted butter on pastries. They can spread peanut butter on bread and wash vegetables.

- Take time to involve children's senses. Have them smell the vinegar, taste the cheese, feel the prunes, and listen to the whirr of the eggbeater.

- Stress math concepts. "When we cut an apple in half, we have two halves. Two halves make a whole apple." "We need seven tablespoons of cooking oil. Jenny, will you help me count them?" "How many muffins should we make if we want everyone to have one for lunch?"

- Observe and talk about the changes that take place when you cook foods. For example, bread dough rises in a warm place, biscuits turn brown in the oven, eggs become solid when cooked, fresh spinach turns limp and shrinks, sugar dissolves in water, vinegar bubbles when mixed with soda, water turns solid when it freezes. What you're really doing is teaching science.

- Introduce children to new foods such as figs and kumquats. Have them compare and taste different kinds of one food--fresh apricots, canned apricots, dried apricots, for example, or Rome apples, golden delicious apples, and Granny Smith apples.

- Talk about where food comes from--milk from a cow, eggs from a chicken, oranges from trees, and flour from wheat, for example. Find pictures in books and magazines to help children understand.

- Teach children not to waste or destroy food.

Nature

Whether you realize it or not, your patio or yard is an excellent science laboratory for children. At your fingertips are opportunities for teaching about plants, insects, birds, water, rocks, weather, and seasons.

Of course, you can also help children learn about nature and science indoors. For example, children can watch seeds sprout in glass containers, water indoor plants, care for a goldfish or hamster, and compare leaves or shells.

Suggestions for Planning Nature Experiences

Here are some suggestions for planning nature experiences with children:

- Check your yard to make sure you have no poisonous plants or other safety hazards. (See Health and Safety section.)

- Choose activities that involve children's senses. Have them feel different textures of rocks and leaves, smell flowers and crushed leaves, and listen to crickets and birds.

- Provide activities that children can do themselves such as finding certain kinds of rocks, watering plants, and comparing shapes of leaves. Give them plenty of time to examine and explore the items.

- Talk with children about what they see and experience. Ask questions to stimulate their thinking, Have them make predictions. "What will happen if we put this plant inside the house?" "What will happen to this water puddle if it gets really cold tonight?"

- If children ask you things you don't know or are unsure of, tell them that and try to find the answer by looking in a book or calling the library. Avoid giving incorrect information or keeping myths alive. For example, don't tell children that frogs make warts.

- Help children learn to protect natural resources. For example, discourage them from picking wildflowers so they will grow again next year, and have children turn off the water hose when they are not using it.

- If children seem especially interested in something, provide additional activities on the same topic. For example, you may find magazine pictures of flowers or mount leaves between sheets of waxed paper. You may read a book or watch a television program about insects.

Television

Television is a mixed blessing. On the one hand, it opens a window to the world and exposes children to people and places they might never see. On the other hand, it tends to make children passive observers and often exposes them to violence and coarse language.

In some homes, television is a mindless habit. The set is turned on in the morning when the family wakes up and is not turned off until the family goes to bed. The family watches TV while they eat instead of talking to each other, and they often forego other leisure activities such as exercising, reading, gardening, and visiting with friends. Children in your care probably watch TV at night and on Saturdays in their own homes.

If children watch too much television, they can develop some unrealistic ideas. For example, they may get notions that fighting is okay, that grown-ups spend a lot of time in bed having sex, that dirty words are fine, that crooks are heroes, that police are bad guys, that all problems are solved in 30 minutes. What's worse, children get used to sitting and watching instead of doing things themselves. They get fed information instead of thinking about it and trying it out.

In the family day home, it's best to leave the TV set OFF most of the day. You can select one or two programs made especially for children, such as those on educational channels, but that's enough. After the program, turn the set off.

Here are some suggestions about using television:

Suggestions for Using Television

- Establish a rule that the TV set stays off unless you all sit down together to watch a program. If children protest, explain, "This is a rule in my house. You may have another rule in your house, but this is what we do here."

- Select the program in advance. Some days you may choose a documentary about animals or Africa, a news special such as a space shuttle launch, a puppet show, or a children's movie.

- When you watch a program, be sure children sit several feet away from the set because TV sets give off small amounts of radiation.

- If possible, sit down and watch the program with the children. This way you can explain things they don't understand.

- After the program, talk with children about what they have seen and how they feel about it. If they are interested, involve them in related activities. For example, after watching a program segment on the number nine, ask children to take nine steps, look for nine things through a window, or assemble nine toy cars.

- Avoid using TV as a way to keep children quiet and out of the way.

- Avoid using TV as a reward for finishing an activity, picking up toys, or "being good."

- Explain your TV policy to parents and encourage their support.

Learning from Unexpected Events

In addition to the day-to-day activities in your family day home, unexpected things will come your way. You may hear a siren outside or have a mail carrier come to your door. You may notice flocks of geese flying overhead or a road crew repairing the street. A child may be excited about going to Grandma's house, or parents may have a new baby.

With a little thought and imagination, you can turn these surprises into learning experiences. When you hear a siren, for example, you might have children go to the window to see if they can identify a fire truck, police car, or ambulance. Spend time talking about what the siren means, what we might use if we didn't have sirens, and how firefighters (or police or emergency medical personnel) help us. Extend

the learning with pictures, stories, and dress-up play.

The Neighborhood

Depending on where you live, your neighborhood can be a source of learning experiences for children. You may have a neighbor who makes quilts or raises tomatoes. Your block may have a number of unusual trees or houses. Or you may live near a church, a school, a park, a restaurant, a library, a post office, or a grocery store. By walking with children to visit one of these places, you expand children's horizons.

A visit away from home for the purpose of learning is a field trip. Field trips often require more planning and preparation than other activities. It also may require more adult supervision, depending on the number of children and their ages.

Regardless of whether you walk or drive, field trips require signed permission from parents. Many family day care providers get parents' permission for field trips when they first accept children for care. You may require parents to fill out an enrollment form which contains a space for them to give their permission for field trips.

Tips for Planning Short Field Trips

Here are some tips for planning short field trips in the neighborhood:

- In selecting a site, think about the possibilities it offers for learning. Would the trip really be a new experience for children? Can the children get close enough to see and feel things? Is the site safe for children?

- Consider whether you can take all the children. Will you need a friend to go along or stay home with the youngest children? Are children secure enough to leave your home and go to a strange place?

- If you choose to walk to the site, think about the route you will take. How can you avoid hazards? How can you keep children from getting overheated, wet, or cold? Will you need a stroller?

- If you choose to drive, be sure you have enough car safety seats or seat belts for all the children. Check with your insurance agent to make sure your car liability insurance is up to date. (For

more information about insurance, see the section entitled, "Family Day Care As A Business.")

- Choose a time when the site will not be crowded. Depending on where you go, you should plan to stay only about 20 or 30 minutes without hurrying children. You may be able to stay an hour or so at a park.

- If necessary, call in advance to get permission from the owner or proprietor. Explain which day you want to come, the time you will arrive and leave, how old the children are, and what you expect them to learn. Find out about restrooms and water fountains.

- A day or two in advance, inform parents about the trip (where you are going, when, who is going, and whether you will go on foot or by car or bus). While you are gone, post a note on the door in case parents drop by unexpectedly.

- Prepare an emergency bag with diapers, extra panties, milk bottles, tissues, washcloth, water canteen, bandages, money (for telephone calls or drinks), umbrella, and similar items. Be sure to take folders containing parents' permission for you to get emergency medical treatment for the children. (The enrollment form parents signed giving permission for field trips also contains space for them to authorize emergency medical care.)

- Assemble any supplies you will need on the trip. For example, you can take a plastic bag to carry leaves and other treasures. You take a notepad, camera or tape recorder to record your observations. You may need a picnic lunch or snack.

- On the day of the trip, review safety rules with children. To help them understand, you might role play a situation such as crossing the street, walking instead of running, staying together in a group.

- Right before leaving, take children to the bathroom.

- During the trip, talk with children about what is happening. Ask questions and point out things of interest. Count the children frequently to make sure all are with you.

- After the trip, encourage children to talk about what they saw and did. Let them play with things they collected on the trip. Plan activities related to the trip. For example, if you visited a beauty parlor, give children props for dress-up play such as empty shampoo bottles, comb and brush, old hair dryer (with cord and plug removed), towels, and magazines.

- Write a thank-you note to the owner or proprietor and your neighbor for helping care for the children. Have children write their names or stamp their fingerprints on the card.

<u>Things You Might Try</u>

1. For the next day or two, observe and write down the things children can do in caring for themselves--eating, washing hands, brushing teeth, dressing, undressing, toileting. Think how you might improve your room arrangement or your schedule to make it easier for children to learn these skills.

2. Assume that one of the children in your care is ready to be toilet trained. Jot down things to discuss with parents, including signs you have observed in the child, what you can do in your home, and what parents can do. Review your list with a parent or a neighbor. How can you improve your way of toilet training children?

3. Plan a cooking activity with children such as cracking nuts, popping corn, preparing vegetables for soup, making lemonade, or making biscuits. Assemble the ingredients and equipment you will need. Think about things to talk about and questions to ask. Decide which tasks children will do. Try the activity, noting the things the children seem most interested in.

4. Plan a nature activity with children such as planting seeds, collecting rocks, gathering bark from trees, comparing leaves, or identifying insects. Ask your county Extension agent for help in finding background information about the topic. After doing the activity, bring the items indoors if possible and allow children to play with them during play time. If children are interested, find magazine pictures or books on the topic and discuss them with children.

Make a list of ways you can improve future nature activities.

5. Make a list of sites in your neighborhood that would make good field trips for the children. Select one and plan a walking field trip to that site. Think through the field trip in detail, planning such things as when you will go, what route you will take, what emergency items you might need, how you will get parents' permission, and what you expect children to learn. Take the field trip and follow up with other activities at home. What did children learn? How can you improve future field trips?

FOSTERING CHILDREN'S GROWTH

1. As children are putting on their jackets to play outside, Jeffery, 3, starts crying because he can't work the zipper. To nurture his self-concept, you say _____

   a) "That's okay, Jeffery. Let me do it for you."
   b) "The tip of the zipper always has to go inside this square thing at the bottom. Now you do the rest because I believe you can."
   c) "You're always crying about things, Jeffery. You're never going to learn how to do anything that way."
   d) "Well, you don't really need to have it zipped today. Just run along and play."

2. You can tell it's time to begin toilet training when _____

   a) a child can pull off his pants by himself, knows words for bowel movement and urine, and shows discomfort in a soiled diaper.
   b) parents tell you they began toilet training their older child at this age, the child stays dry at night, and the child shows interest in other children using the potty,
   c) you and parents agree that it's time to start, or
   d) the weather is warm, the child can take off her pants by herself, and she is no longer scared of the big toilet.

3. Name five routines children do every day that can be good times for learning.

   1. _____ 4. _____
   2. _____ 5. _____
   3. _____

4. Name five housekeeping tasks that children can help with and learn from.

   1. _____ 4. _____
   2. _____ 5. _____
   3. _____

5. Taking children to visit a neighbor, walk around the block, or play at a nearby park _____

   a) is a field trip that requires written permission from parents,
   b) can be an interesting and fun activity you can do for three or four hours,
   c) offers little in the way of learning but is a good way to get children away from the TV set, or
   d) is something that most family day care providers cannot handle alone.

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3. Name five routines children do every day that can be good times for learning.

   1. Mealtime & snacks
   2. Diapering
   3. Napping
   4. Greeting upon arrival & goodbye at departure
   5. Toileting & washing hands

   Also setting and clearing the table

4. Name five housekeeping tasks that children can help with and learn from.

   1. Washing dishes
   2. Making beds
   3. Dusting
   4. Sweeping & vacuuming
   5. Folding laundry

   Also raking leaves and gardening

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Child Development and Guidance
Part III
Learning Through Play

Learning Through Play

Children play with everything from sticks to erector sets, from fat-cheeked dolls to armor-clad knights, and from creepy caterpillars to frisky puppies. They love to dig in sand, splash water, and pound clay. They often put aside a brand new toy to play with the box it came in. They delight in playing with things in the wastebasket or Mom's purse.

To some people, play is something to keep children amused and out of mischief. It is what children do until they are big enough for the serious work of school. But in fact, play is more than a diversion. It is how children learn.

Learning Through Play

What do children learn from play? Many things. They learn about objects, events, and concepts (softness and hardness, for example). They gain various skills such as coordinating finger muscles. They learn how to group and classify objects and make sense of things. They learn about cause and effect and how to solve simple problems. They learn how to express feelings and get along with others. They gain confidence in themselves and their abilities. They begin to think about their world in new ways (by pretending to be someone else, for example).

Your job is to guide children's learning through play. You do that by giving children time and space to play, providing play materials that match their ages and development, and talking with them about their play.

What To Look For

When you finish Part III, you should be able to:

1. explain the value of play,
2. describe how to arrange play areas inside the home and in the yard, and
3. identify appropriate toys and materials for children of different ages.

Value of Play

Many parents have mixed feelings about play. They think it is okay for children to spend part of their time playing, but they worry that children are supposed to be "working" at learning. That is why many parents look for child care that will teach their 3 and 4 year olds beginning skills in reading, math,

and even computers. Their attitude seems to be: "My kids can play at home. I want them to learn something."

One reason play is often underrated is that public schools across the nation have been under pressure to bring up declining achievement test scores. Parents have been led to believe that their children need more homework, fewer sports and clubs, and more basic instruction in reading, writing, and arithmetic. This may be true for public school students, but it is not true for preschoolers.

Play is children's work. Play is how children learn. This fact has been recognized by many great educators of the past including Maria Montessori, who developed the Montessori Method, and Friedrich Froebel, who originated kindergarten. According to the ideas of Jean Piaget, a psychologist who became famous for describing children's thought processes, preschool children think and learn in ways much different from older children.

Between birth and 24 months, babies learn through their senses and physical movements. Between 2 and 7 years, children learn by playing with things in first-hand experiences (learning that cotton is absorbent by dipping it in water rather than by being told about it, for example). Most children cannot think abstractly until they are about 7 or 8. That is why preschool children cannot learn well from doing workbook exercises, listening to someone talk for long periods, or having to memorize or repeat facts.

Kinds of Play

Children need time and space to play on their own with little direction from anyone. This free play allows children to choose things that are meaningful and interesting to them. It allows them to learn in a casual, incidental way. An example is placing a child in the living room with blocks. You watch the child, respond to his babblings, and keep him from throwing blocks, but essentially you leave the child free to do what he wants.

While free play is important, at times you will want to extend children's learning through directed play. You are the one who chooses an activity, and you do it with the children. One morning, for example, you have your toddlers try fingerpainting with shaving cream. You spread paper on the floor, spray a mound of shaving cream for each child, and encourage children to touch it and move it around on the paper. You talk about what you are doing and ask children how it feels.

As another example, you give children a magnet and an assortment of simple metal and non-metal objects (large enough so they cannot be swallowed). You demonstrate how the magnet picks up something and then encourage children to experiment with the other objects. You ask questions and try to stimulate children's thinking.

Directed play an be done with a group of children or with an individual child. Usually you plan the activity to emphasize a certain concept or skill. You match the activity to the children's attention span and stage of development.

Tips for Encouraging Play

- Give children plenty of time to play. Avoid offering play as a reward for finishing work or hurrying children to finish.

- Give children plenty of room to play. Arrange definite play spaces inside the home and in the yard.

- Provide a variety of interesting materials--household items, toys, art materials, books, puzzles, games. These do not have to be elaborate, but they should be appropriate to the children's ages and abilities.

- Toddlers often need help in getting involved in play. Sit down with them and begin playing with a toy, ask them to play with it, praise their efforts, check back every few minutes, and offer suggestions to keep the play interesting.

- Provide playmates according to children's social development. Toddlers, for example, play not with other children but alongside them. Five-year-olds, on the other hand, play cooperatively with each other, often in pretend roles.

- Give children clear limits. This can be done not only by what you say but also by how you arrange the room and which materials you set out.

- Encourage children to put away one set of things before getting out another. This is especially important with puzzles and other games that require certain pieces before it can be used properly.

- Watch children as they play to learn about their likes, dislikes, and interests. Encourage children to talk about what they are doing and how they feel. Use new words to expand their vocabulary.

- Respond to what children are doing. Give children a pat on the back, a smile, an approving look, a word of praise, a suggestion ("How about turning the block on its side to make a bridge?"), or a question ("What would you do if you were this teddy bear?").

- Join in children's play occasionally. Get down on the floor and build a block house, or turn lunch into a pretend restaurant with you and children playing waiters, cooks, and customers.

- Encourage parents to dress children in washable play clothes and sturdy tennis shoes. When children paint or do other messy activities, have them wear smocks (men's old shirts with sleeves cut out and buttoned in the back).

Play Areas In The Home

The first step in arranging play areas is to consider the ages of the children in your care. Infants can spend time in their cribs looking at mobiles or playing with a crib gym, or they can lie on a blanket or pad on the floor where they can watch other children. Crawling and toddling infants need a safe corner, away from older children, where they can practice crawling, pulling up, and walking. They often enjoy playing in the open space of a hallway where they can pull toys behind them.

Space For Playing--Indoors

In most family day homes, the living room or den is the main indoor play area. This room should be child-proofed and arranged so that you can see children at all times. (See Health and Safety section).

You can divide the room into three or four basic play areas--blocks, pretend play, quiet play, and messy play, for example. Each area should have storage space. Toys should not be dumped in a toy box. Instead use low shelves, baskets, and boxes labeled with words and pictures (so children will know what is inside) to allow children to choose what they will play with and encourage them to put away toys after playing.

Block area. Of all toys, blocks can be used by the widest age of children. At first, children use blocks for stacking and knocking down. Later they make patterns, and then they build structures that represent cars, buildings, or towns. Blocks should be made of wood and cut in various shapes (squares, rectangles, triangles, oblong bars,

semicircles). This area should also have toy cars, trucks, planes, trains, people, animals, and tiny furniture. Place a rug or carpet on the floor to cut down the noise from banging and falling blocks.

Pretend Area. This area should have a small table and chairs, doll bed, dolls, and dress-up clothes. Children will use these props for make-believe--playing mother and baby, grocery store, space pilots, restaurant, office. You can change props to suit the children's interests. One day you might provide keys, play money, wrenches, and oil cans for playing filling station, and the next day you can provide doctor's bag, bandages, nurse's cap, and empty plastic bottles (from spices or cake decorations) for playing hospital.

Quiet Area. Children need space to play quietly with puzzles, lotto games, and books. This area should be away from noisier activities. The floor should be covered with carpet or a rug and have soft pillows and maybe a teddy bear for hugging. You might want to add a child-size rocker or a big box for children to crawl in. You can also drape a sheet or blanket over two chairs to make a tent over the area to give children privacy.

Although the living room will be the main room for play, you will also use other rooms. The kitchen, in particular, will probably be the center of many activities. Infants can sit securely buckled in infant seats while you prepare food, and toddlers can play on the floor banging pots and pans. Preschool children can help prepare simple foods such as salads and snacks, help wash dishes (with a stool or sturdy chair to stand on at the sink), or take part in a special cooking activity such as kneading bread or cutting out cookies.

Messy Play. Children need space for messy activities--painting, playing with clay or playdough, cutting and pasting. The floor in the kitchen (if large enough) or a room near the kitchen is a good spot, although 4 and 5 year olds can use the kitchen table. The floor or table should be easy to wash or covered with old plastic shower curtains or newspapers. Stock nearby shelves in low cabinets with paint, brushes, small dishes or cans (to pour paint into), crayons, paper, blunt-edged scissors, paste, clay in covered pots, playdough in covered plastic containers, and collage materials.

School-age children need space to do homework, play board games, or do art projects. Usually, the

kitchen or dining room table is a good place. Depending on their interests, provide simple sewing equipment, hobby materials, paper dolls, puzzles, plastic or wood building blocks, and a variety of games such as card games and checkers. These should be labeled properly and stored on higher shelves.

Space For Playing--Outdoors

Ideally children need a fenced yard or one bounded with shrubbery so they will not wander away. If the yard is not fenced, children should have a clear idea of how far they can go ("only to the tree"). (See Health and Safety section for tips on making the yard safe for children to play.)

Children should play outdoors every day unless the weather is too harsh. Because weather is such an overriding factor, look at your yard to see if you have a shady place for children to play on hot spring and summer days, and a sunny place, out of the wind, for them to play on cold winter days. Arrange play equipment so that you can watch children closely, giving a hand when needed, and so that younger children stay out of traffic patterns of older children.

Infants can lie on a blanket on the grass and watch other children. They also can sit up in an infant seat or be pushed along in a carriage or stroller.

Toddlers need grassy open space for creeping, walking, running, and falling down safely. They love sand and water play and are just beginning to learn about swings and slides. Equally important, they need space just for exploring--picking up leaves and sticks, pulling up grass and weeds, touching tree trunks and fences.

Preschool children need space for a variety of physical activities outdoors. They need hard surfaces for riding wheeled toys, open space for throwing balls, paths for running, and dirt for making mud pies. Often, many activities you do indoors can be done just as well outdoors--snack or picnic lunch, reading a story, playing with toys. The outdoors is perfect for noisy activities such as rhythm band and messy activities such as painting and playing with clay.

The best outdoor equipment is simple and sturdy. You need not invest in expensive swing sets and jungle gyms. All equipment should have soft, flexible surfaces such as grass, dirt, or wood chips

underneath. Some equipment and outdoor materials will last longer if they are stored in a garage or covered area when not in use.

Here are some sample pieces of outdoor play equipment:

Tire swing. Knot a strong rope around an old tire (drill a hole in bottom to let water drain out) and hang it from a sturdy tree branch.

Sandbox. First cover the ground with plastic sheeting. Fill two or three old tires (or one tractor tire) with sand. Cover overnight with plywood or vinyl to keep out cats and dogs and water.

Water play. Pour two or three inches of water in a small basin or plastic containers. Allow children to play with plastic cups, pitchers and other items, and show how to mix water with sand or mud to make mud pies. Store plastic toys in a mesh bag and hang in the sun so they dry out.

NOTE: If you have water activities such as wading or swiming, state regulations require that the children be supervised at all times by someone certified in water safety. Empty the pool after each use, turn it on its side, and store it where children cannot reach it.

Obstacle course. Place old tires in a row (or other pattern) with sides almost touching and have children walk or jump from one to another.

Balance beam. Place a strong plank across two pieces of wood that are staked so the plank cannot slip. Have children learn to balance as they walk across the plank.

Climbing and building. Collect cardboard or wooden boxes that children can climb in or put together. Boards or boxes can be placed on the ground to represent a boat or a space shuttle, and a string of boxes can become a train.

Houses and tents. Large refrigerator-size cartons can become small houses with cut-out windows and doors that children decorate. Pitch a camping tent

for a playhouse, or hang a sheet from a clothesline and secure the bottom with stones.

Ball toss. Nail an old basketball hoop or basket without a bottom to a tree, fence or wall. Have children toss a basketball or other ball through the hoop.

Wheeled toys. Provide riding toys without pedals for toddlers, tricycles and wagons for preschoolers, and a bicycle for school-age children.

Selecting Play Materials

In setting up play areas each week, choose toys based on the ages and abilities of the children. It is best not to put out all toys at once but rather to rotate toys every week or so. When children have too many things to play with at one time, they have trouble choosing a toy and concentrating on it.

Choose a variety of materials to promote each area of children's development--physical, intellectual, emotional, and social. (See Part 1 of this section for ideas.) For toddlers, for example, you may set out a pounding bench to develop muscular coordination, a picture book of animals to develop language, and playdough for emotional and creative expression.

Commercial Toys

Many of the play materials you have for children may be store-bought toys. You may have used these with your own children, bought them at garage sales, received them from friends, or bought them new for your family day care business.

Whenever you buy or collect a toy, ask yourself these questions:

- Is it appropriate for the age of the children?
- Is it safe and durable? (See Health and Safety section for toy safety.)
- Is it easy to wash or keep clean?
- Can children use it in a variety of ways? A battery-operated train just goes round and round, but a set of blocks can be used in a thousand different ways.
- How much will I have to supervise their play with it?

- Do I have room for children to play with it and room to store it?

Homemade Toys

Many toys and play materials can be made easily at home. Homemade materials have two advantages: 1) they can be made to match a child's development and interests, and 2) they can be designed around a certain theme or topic. For example, if Johnny gets bored with the lotto game you have, you can make a new lotto game using magazine pictures of trucks, which Johnny likes because of his father's pickup. As another example, if you are trying to help children learn about vegetables, you can make simple puzzles by cutting pictures of vegetables out of magazines, pasting cardboard on the back, and cutting each into simple shapes (or cutting each in half and asking children to find the missing half).

Homemade toys and games have another advantage in low cost. Before you decide to make something, however, consider whether you can easily find the right materials, whether you can afford to spend the time it will take to make them, and how long the item will last. For example, you could probably make a cardboard puzzle for less than $1 but if you want it to last more than a few weeks, it might be better to buy a sturdy wooden puzzle for $6. On the other hand, you could buy a wooden doll house for $100 but children might have more fun with one you make from a cardboard box using wooden spools and fabric scraps for furnishings.

Toys To Make

Many toys can be made from throwaways. Here are some examples:

- Drum--glue plastic lid to coffee can and wrap with contact paper or fabric. Use a wooden spoon to beat the drum.

- Rattle--drop crushed eggshells (washed thoroughly and dried) or rocks in plastic detergent bottle and glue lid on the bottle.

- Dump toy--cut off top of a plastic soft drink bottle or milk jug (sand cut edges or wrap with cloth tape). Have children drop small objects in and dump them out.

- Pull toy--string spools or large wooden beads on cord and knot at both ends.

- Mobile--tie shiny lids, bits of bright yarn, small toys or other objects to coat hangar and hang above crib well out of baby's reach.

- Checkers--paint or color squares on cardboard to make playing board, and use plastic milk jug lids for playing pieces.

- Blocks--flatten top of half-pint milk carton and cover with contact paper.

- Language cube--glue pictures of animals (flowers, children playing, other scenes) on small, cubed boxes and cover with clear contact paper. Have children talk about the pictures.

- Number cards--cut out numbers one through ten from an old calendar and pictures of corresponding numbers of objects. Glue number one and a picture of one object to an index card, number two and a picture of two objects on another card, and so on. Have children talk about the numbered objects.

- Books--have child tell you about a trip to Grandma's, a picnic at the park, or another event. Write down the child's words on construction paper and illustrate with the child's drawings, photographs, or pictures cut from magazines. Tie pages together with yarn. Read the book at storytime.

Art Activities

Art activities are valuable for children in many ways. Scribbling and controlling marks on paper is a foundation for later writing. Drawing objects, naming them, and thinking about images beforehand give children experience in language and thinking. Working with paint, clay, and other materials also gives children an emotional release.

Children go through definite stages in their art work that can give you clues to their development. Between ages two and four, children are in a scribbling stage. They are learning to handle the crayon or discovering what clay feels like. They are concerned with up and down motions and later circular motions. They have no mental image of what they are making, and color is not important. Later they may name their scribbling, although you may not be able to see anything.

Between ages four and seven, children begin to have an idea of what they want to draw or make. They

discover they can draw real things, especially those that have some emotional meaning for them. At first children will draw simple faces with circles for eyes and a line for a mouth. Later their drawings of faces will have more details--eyelashes, earrings, mustache. Children at this stage have little understanding of how things are spaced. After going to the circus, a child may draw an elephant above a clown, because he is more interested in the elephant's wrinkly skin and the clown's funny clothes than in the position the two objects should have on paper. Children may exaggerate a certain part of a drawing that is most important to them (a pet dog may appear larger than a house, for example). Later children use color in a more realistic way (yellow sun, green grass, for example).

Between ages seven and ten, children begin drawing and creating things more like they really appear. Many children draw all objects (house, car, tree, dog) on a line at the bottom of the page, which shows their understanding that all things stand or rest on something. They may turn the paper sideways or upside down to draw things they see on the right or left or on the opposite side of the street. They frequently draw objects the same way every time--the sky always has a sun, a house always has a chimney.

Here are some suggestions for encouraging children's art:

Creative Art

- Remember the process of creating is more important than the finished product. It is not the picture or sculpture but rather the experience of moving the crayon, stroking the brush, mashing the clay, cutting with scissors, spreading the glue.

- Allow children to experiment with the paint, crayons, clay and other materials on their own. Avoid showing them "how to paint" or "how to make a flower out of clay." Your products will only make them dissatisfied with their own.

- Show children you are interested in what they are doing, but let them make decisions about which colors to use, details to add, and so forth. Let them decide when their art work is finished.

- Instead of asking, "What is that?", say "Tell me about your picture" or "How did you feel when you were doing that?"

- Accept the child's art work as it is, and avoid correcting things that seem wrong to you. Also avoid comparing the work of different children. Show you are proud of what each child has done, and make sure your praise is honest.

- Study children's art work for what it can tell you about a child's development, personality, and feelings.

- Provide a rich variety of art materials.

- Avoid giving small children coloring books and patterns to color. These dull children's sensitivity to things around them and dampen creativity. Use plain paper instead.

- Ask children for permission to display their art work on the refrigerator, a bulletin board, wall, or door. Give parents selected pieces and encourage them to display the work at home.

Music Activities

Most babies become aware of music in infancy. They hear lively commercials on television and country western ballads on the car radio. Some children learn music early as part of their cultural or ethnic backgrounds. Many preschoolers know the names of pop and rock stars and sing or dance to their music.

Besides being fun, music can help children learn language, develop physical skills, and release emotions. You do not need to have special talent or know how to play a musical instrument to make music part of your home. The important thing is that you enjoy it yourself.

Music

Here are some suggestions for providing music experiences for children:

- Make music a part of daily activities. Sing lullabies at naptime to help children relax. Sing "This is the way we wash our hand" (to the tune of "Here we go round the mulberry bush") during routines such as washing hands or setting the table.

- Encourage toddlers to clap their hands, tap their feet, hit pots and pans, shake bells, dance, or do other physical activities to strengthen their muscles and develop coordination.

- Stick to simple songs with words and ideas children can understand and that have a range of only about five notes. These include "Twinkle, Twinkle, Little Star," "Old McDonald Had a Farm," and "Mary Had a Little Lamb." Expect to sing the same song over and over again because children love to repeat familiar words.

- Have children form a rhythm band using such items as wooden blocks, bells, sticks, and pots with lids. Encourage children to beat the instrument in time with the music.

- Try substituting children's names in songs and chants ("pat-a-cake .... and put it in the oven for _____ and me"). Encourage children to make up their own words and melodies.

- Play a variety of fast and slow music on the radio or phonograph and encourage children to move their bodies to the music. Encourage children to pretend they are different things (water, a chair, a leaf blowing in the wind, a turtle, an ant) and move in that shape.

Dramatic Play

Before age 3 1/2 or 4, children do little pretending. They use items for their sole intended purpose--a ball for throwing, a scarf for tying around one's neck. But around age four, children leap into the world of make-believe. They begin to pretend they are other people--a mommy, a firefighter, a superhero. They use toys and other items creatively--a ball can be a boulder or a monster, a scarf can be a dish rag or a picnic blanket.

When children realize they can let one thing stand for something else or they can pretend to be someone else, they have reached a milestone in their intellectual development. Pretending helps children learn about themselves and the world of grownups. It is especially important in helping children learn to play and get along with each other.

Here are some suggestions for providing dramatic play experiences for children four years and older:

- Start with props for situations that children have first hand experience with--shopping at the grocery store, eating at a fast-food restaurant, filling up a car with gas. Later you can expand children's dramatic play and their view of the world.

- After reading a story, encourage children to dress up and pretend they are the characters in the story. They can follow the story line or make changes as they wish.

- Make space flexible and allow children to arrange it as they wish. You can set off a corner or carpet area and children can add a table, boxes and other items.

- Keep furnishings simple and adaptable for various kinds of dramatic play. A table and chairs are more adaptable than a child-size kitchen with play stove, sink and refrigerator.

- Group certain props and dress-up clothes together and store them in separate boxes (labeled with pictures and words such as "Grocery store" or "Kings and Queens"). Rotate these boxes to encourage children to try different roles. However, some general items (tote bags, pieces of cloth, paper, dolls, telephone) should always be out and ready to play with.

- Allow children at least an hour or an hour-and-a-half to play with any one set of props. They need time to get started and experiment with different roles.

- Give help in getting started and stay nearby to give suggestions but in general allow the children to follow their own ideas. If children cannot agree on who plays Cinderella, suggest they take turns.

Things You Might Try

1. Look at the play areas in your home. Observe children playing. Can they choose materials easily? Do they play well or are they always squabbling for toys and space? Do they return toys to their proper places? Draw a rough floor plan of the rooms you use for care and think how you might improve the play areas. Make one improvement and try it for a couple of weeks. What did you learn?

2. Write an inventory of your indoor toys and play materials. Group the materials according to ages for which they are intended: infants, toddlers, preschoolers, school-age children. Consider the children in your care and which items they like best. Do you have enough materials for each age group? Do you have materials that promote each area of

development--physical, intellectual, emotional, and social? Make a wish list of materials that would enrich the children's play experiences. Think how you might use household items or homemade materials in place of items on the wish list.

3. Observe children playing in your yard. Do they have a protected place to play in cold weather and a shady place in hot weather? Do they have a variety of equipment that encourages both large and small muscle development? Draw a plan of your yard and consider how you could improve it. Make one improvement and try it for a week. What did you learn?

4. Plan a music activity for each age of children in your care. For example, play a music box for infants. Teach toddlers how to play "Ring Around the Rosy." Give preschoolers scarves or streamers and have them move to soft music you play on the radio. List things children learn in music activities.

5. Plan an art activity for each age of children in your care. For example, give toddlers playdough to roll and pat. Give preschoolers playdough, rolling pin, cookie cutters, and plastic knives. Show preschoolers how to pinch a hole in a ball of playdough to make a cup, bowl, or similar object. Make a list of things children learned.

LEARNING THROUGH PLAY

1. Outdoor play equipment that would provide a variety of play experiences for toddlers and preschoolers would include: _____

   a) swing set and slide,
   b) tire swing, sandbox, wash basin, and cardboard boxes,
   c) playhouse, swings, and tricycles, or
   d) sandbox, seesaw, jungle gym, and swings.

2. The advantage homemade toys have over commercial toys is: _____

   a) homemade toys always cost less,
   b) homemade toys always last longer,
   c) homemade toys can always be made from throwaway items around the house, or
   d) homemade toys can be made for a specific purpose and for an individual child's needs.

3. Daphne, 3, has just finished scribbling with a purple crayon in the lower right-hand corner of a sheet of paper and shows it to you. A good response is: _____

   a) "That's beautiful, Daphne. What is it?"
   b) "You have really been working hard on that, Daphne. Tell me about it."
   c) "That is great, Daphne, but you can use the whole sheet for coloring, you know."
   d) "You colored so much better than Jessica. Let's hand your picture on the door so we can see it better."

4. An example of a good beginning music experience for children is: _____

   a) playing Beethoven's "Moonlight Sonata" as children get ready for nap and encouraging them to hum along,
   b) setting aside a special time each afternoon to learn a new song,
   c) encouraging children to clap hands or move their bodies to the music, or
   d) having children recite the words first to improve their language skills.

5. When planning for dramatic or pretend play, you should: _____

   a) encourage preschoolers to let toddlers join in,
   b) assign roles for children to play and step in when children quarrel,
   c) rotate props and dress-up clothes so children do not get bored, or
   d) limit play time to 30 minutes because children have such short attention spans.

LEARNING THROUGH PLAY

1. Outdoor play equipment that would provide a variety of play experiences for toddlers and preschoolers would include: B

   a) swing set and slide,
   b) tire swing, sandbox, wash basin, and cardboard boxes,
   c) playhouse, swings, and tricycles, or
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   c) "That is great, Daphne, but you can use the whole sheet for coloring, you know."
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Child Development and Guidance
Part IV
Guiding Children's Behavior

Guiding Children's Behavior

Whenever parents or caregivers get together, they usually talk about discipline. They talk about their problems in getting children to do what they are supposed to do.

A good way to think about discipline is guidelines--guidelines for helping children protect their safety and get along with others. We want children to learn to make choices, share, take turns, and be considerate. This kind of guideline training takes time and occurs gradually throughout childhood. The goal of discipline is to help children manage their own behavior.

Guiding Children's Behavior

For any discipline to be successful, it must be based on an understanding of children. It must be consistent, and it must give children a balance between control and freedom.

When you finish Part IV, you should be able to:

What to Look For

1. identify at least four ways to prevent discipline problems,

2. explain how to guide children's behavior through what you say, what you do, and how you give emotional support, and

3. describe three positive ways to change undesirable behavior to desirable behavior.

Consider this situation:

Preventing Discipline Problems

Andrea, 5, flaunts a red truck in front of David, 5, jeering, "You can't drive this like I can. I do it better than you." After several taunts, David gets angry and grabs the truck. They push and shove each other, and the truck gets swung against Andrea's cheek. She screams and comes running to you. David cries, too, yelling, "She made me do it."

Situations like this are common whenever two or more children get in the same room. But they don't have to happen so often or go on so long. Many problems like this can be prevented.

Preparing the Environment

The first step in preventing discipline problems is to prepare the children's environment--the home, the yard, the play materials, the schedule. Both the home and the yard should be child-proofed (See Health and Safety section). By moving your crystal vase to a high shelf instead of waiting for a child to knock it over, for example, you are avoiding the need to say "No, No," and scold a child.

Children should have enough and the right kind of play materials to suit their abilities and interests. A 3-year-old, for example, can easily get frustrated trying to put together a 60-piece puzzle and may throw the pieces on the floor. Children need a well-organized room with storage so they can choose materials they want to play with and put things away after they have finished. (Review Part III, "Learning Through Play.") If you notice constant squabbling in the block area, for example, you might try rearranging the space or the toys so children can play better.

The daily schedule should follow a certain order so that children know what to expect. They need the security of routines--snacks, toileting, washing hands, lunch, nap. If you have to change the schedule for some reason, let children know beforehand. "We're not going to play outside today because the plumber is working on the drain pipe. but we will do some jumping jack exercises inside during that time."

Plan activities carefully. Children need a balance between indoor and outdoor play, quiet and noisy play, physical exercise and mental challenge. Children who are overly tired or excited are more apt to present discipline problems. The schedule should be flexible to adapt to children's changing needs. With babies and toddlers, for example, it's easier to feed them when they are hungry, put them to bed when they are tired, and play with them when they are feeling sociable rather than to force them into a rigid schedule.

Setting Realistic Expectations

The second step in preventing discipline problems is making sure children are able to do what you want them to do. It is unreasonable, for example, to expect a child to be toilet trained at 12 months or to have perfect table manners at 4 years. Expecting children to learn things that are way above them makes children feel inadequate and causes misery for grownups.

At every age, children should be given only what they can handle. A 10-month-old baby, for example, should be given a half rather than a full cup of milk. A toddler with crayons should not be left alone but rather encouraged to scribble on a large sheet of paper--and only on the paper.

Usually we begin teaching children discipline when they start crawling and getting into things. Babies don't understand that things can hurt them or that they can spoil a game of older children. They are simply curious and want to explore. Instead of spanking a baby's hand when he pulls up to get an ashtray, you can give the baby pots and pans to play with. Instead of scolding a baby for knocking down an older child's blocks, you can move the baby to a different area.

Children begin to realize they can do some things but not others when they are toddlers. Toddlers are learning to walk, run, and climb, but they have no self-control. When they are told to do something or stop doing it, they are often too young to obey. When you tell an 18-month-old to use a spoon to eat pudding, for example, he will probably eat it with his fingers. What's more, toddlers cannot remember what to do the next time. You will have to repeat instructions time and time again. Even when toddlers begin to develop some memory, you will have to keep instructions short and simple. A 3-year-old can handle only about three units of information at a time: "Use the potty, wash your hands, and come to the table for snack."

Toddlers are learning to talk but often do not know the words for what they want. Instead of asking for something, they grab it. Toddlers do not understand many things we take for granted such as time and space. Instead of saying "You can get up from your nap in about 15 minutes," you can say, "You can get up when I turn on the music." When asking a toddler to put away something <u>under</u> the table or <u>behind</u> the door, you may have to show the child what those words mean.

Toddlers view themselves as the center of the world. They believe everything--toys, food, you--belong to them. They cannot share or play with another child. You can often avoid problems by making sure you have duplicates of certain toys so two toddlers won't fight over the same one.

By the time children are 3, they can begin to learn some simple rules. They can talk well enough to say

what they need and they can understand what you say to them. They are beginning to develop memory and learning to stop themselves from doing what is not allowed. But they need lots of help. When a 3-year-old hits someone with a block, you can get down on your knee so you can look the child in the eye, hold the child's hand, and say, "I cannot let you hurt Jimmy. I know you're angry. It may help for you to hit this pillow."

Later, children can begin to understand the reasons behind rules. You can explain, for example, that the children cannot go to into your teenager's room because she has arranged it a special way and wants it private. But avoid giving long explanations because children won't be able to follow them.

Most preschool children also have short attention spans and are easily distracted. They find it hard to finish their spinach and carrots, for example, when you are icing the cupcakes. It's better to wait until everyone has finished.

Rules Offer Security

Children need to know how far they can go. They need to know they will be kept safe and their things will be protected. One way to satisfy this need is to have rules.

Many rules are based on safety. (See Health and Safety section, Part I.) Rules such as "only grown-ups handle matches" keep children from getting hurt. If carried out right, rules help children develop a healthy respect for danger, without making them too fearful or withdrawn.

Other rules are based on what we need to do to live happily and get along with other people. These include being honest, not taking things that don't belong to us, and being courteous. It's impossible to sit down with children and list these rules one by one, because the list would be too long. Children learn rules of behavior and courtesy day by day in the natural course of living.

In the family day home, however, it's a good idea to have a few simple house rules. Here are some examples:

- We are kind and do not hurt each other.
- We ask first before taking someone's things.
- We run outside and walk inside.

You can add one or two other rules about staying within the yard, playing quietly during baby's nap, or respecting the needs of other family members, but use only the rules that are necessary. Keep the list short, and use words children can understand. Inform parents of your rules (perhaps include them in a policy statement.

When a new child joins your day home, sit down as a group and discuss the rules. Explain that you believe the children are good and want to learn the rules. Ask children to think about why you have each rule, and how they feel about it. Children 3 and older may have ideas for other rules, and if they are within reason, you might consider adding them to the list.

The younger children are, the harder it is for them to remember rules. When someone breaks a rule, you can say, "I think you forgot about our rule. I'll remind you so you can remember next time."

Be consistent. It does no good to have rules if you let children slip by them sometimes. Make sure everyone abides by the rules, except infants and toddlers who are too young to understand. Praise children when you see them following the rules. "Juan, I like the way you asked Benito if you could play with his car."

Setting a Good Example

Children are great imitators. They imitate what their parents do, what you do, what other children do, and what they see on television. Because children are imitators, you can teach children good behavior and prevent discipline problems by setting a good example. If you are pleasant and friendly most of the time, children will try to be that way, too.

Setting a good example means that rules apply to grown-ups as well as children. If you tell children not to hit each other and then you spank one of them, they get the idea that it's okay to hit someone when you're a grown-up.

Taking Time for Each Child

When caring for several children, it's easy to overlook the needs of individual children. Some children are more demanding than others, and all children are more demanding at certain stages of growth. Babies can be especially demanding because they cry often and take lots of time for diapering and feeding. A

newborn often can be comforted by wrapping him in a lightweight blanket and keeping him in a small space to give him the close, snug feeling of the womb. Whenever babies cry, they need something--bottle, clean diaper, affection. Babies whose cries are answered cry much less than those whose cries are ignored. Secure babies learn that someone will come to help them when needed.

As children grow, they develop their own sets of strengths and weaknesses. If Stephanie shows an interest in using a spoon before any of your other children did, let her have a spoon and experiment with feeding herself. If Mark has trouble zipping his jacket, be patient and give him more time to do it.

All children feel small and helpless from time to time. They need individual attention from their parents and from you. You can help by listening to what children say and talking about how they feel. Although children's problems seem trivial to us, they are really big to children. By giving children encouragement and affection and responding promptly to their needs, you reduce the need for them to get your attention by whining or misbehaving.

Guidance Techniques

What you do to prevent discipline problems is an indirect way of training children to manage their behavior. But you can also train children directly through what you say, what you do, and how you give emotional support.

What You Say

Children learn a great deal about what they may and may not do from what you say to them. And it's not just what you say, but how you say it. Here are some tips for using clear, positive language in guiding children's behavior:

- Speak in a calm, kind voice.
- Go close to the child instead of calling across a room. Kneel down, if necessary, so that you are at the child's eye level and can look directly into the child's face.
- Make sure you have the child's attention before speaking to her. "Emily." (Wait until she stops stacking blocks and looks at you.) "Please move those blue blocks back on the carpet."

- Give children advance warning when it's time to change an activity so they can finish what they are doing. "It's almost time to wash your hands for lunch, so try to finish the puzzle." It's unreasonable to expect children to do something immediately after you make a request.

- When possible, explain why you are asking a child to do something. Children can begin to make sense of proper behavior if they know the reasons for requests. Instead of saying, "Move the game off the table," say, "We're going to have lunch in a few minutes, so please put the game on the shelf."

- Give only one or two directions at a time. Instead of saying, "Go to the table and get the crayons but first pick up those blocks and put them back in the box," say, "Pick up those blocks and put them back in the box."

- Be specific in making requests. Instead of saying, "Put those toys away," say, "Put those trucks back on the bottom shelf."

- Make important requests firmly. When you want Johnny to stop jumping on the coffee table, speak as if you mean it. When you talk in a tired or wishy-washy way, the child may think you don't really care whether he does it or not.

- Give choices only when the child has a choice. When you ask a toddler, "Do you want to put your coat on to go outside?", chances are the child will say no. It's better to say, "I want you to wear your coat outside."

- Translate don't's into do's so that children know exactly what they are supposed to do. Instead of saying, "Don't dump the puzzle on the floor," say, "Keep the puzzle on the table."

- Avoid making threats. Making vague threats like "If you do that one more time, you're going to get it" teaches children to hate and fear you. Instead state what will happen if they do or don't do something. Assume, for example, that a child bangs a toy on a table and you say you will take the toy away if the child doesn't stop. If the child refuses to stop banging, then say, "If you cannot put the toy away, I'll put it away for you." Then do it.

- Avoid asking children to promise not to do something again. Children live in the present, not in the future.

- Give children encouragement rather than belittling them, making fun of them, or making them feel guilty when they do something wrong. Instead of saying, "You never do anything right," say, "That's hard to do. Next time, try it this way."

What You Do

In some situations, words are not enough. This is especially true with toddlers. When children are too young to understand or obey, you may need to guide them physically. Here are some suggestions:

- Help toddlers get started in the behavior you expect. If you want Jenny to put away animal figures after playing, for example, say, "I'll hold the barn, and you put the animals in it." Sometimes older children feel overwhelmed at the prospect of doing a task, and you have to break it down into smaller parts that seem more do-able. When a school-age child complains about "tons of homework," for example, suggest that he do math first, take a break, and then study his spelling words.

- Show children how to do the behavior you want them to learn. Toddlers have to be shown many times how to do such things as washing their hands and brushing their teeth. Other children also benefit from an occasional demonstration. When you ask children to be quiet, for example, talk in a whisper and walk on tiptoes. Instead of just saying, "Sit down," sit down with children and say, "Let's sit down."

- Be courteous with children. Say "please," "thank you," and "you're welcome." Don't interrupt them when they are telling you something. Set the example you want them to follow.

- Occasionally make routines and chores into a game. "Who can be the first to get his coat on?" "Pick up all the toys that are yellow" (then red, blue, etc.). Or use a puppet to ask the children to do something such as wash their hands or use the toilet.

- Hold or restrain children who are in danger of hurting themselves or someone else. When

Annie gets angry and starts kicking another child, for example, you should hold her firmly until she stops. Then you can say, "I won't let you hurt anyone in my house, and I won't let anyone hurt you."

How You Give Emotional Support

Adults sometimes guide children's behavior through facial expressions and gestures. Some examples of these expressions are smiles, hugs, kisses, pats, nodding the head, and winking as well as frowns, shaking the head no, and looking away. Here are some suggestions for giving emotional support:

- Try to start each day with a cheerful attitude. Your attitude affects the way children behave.

- Be sincere and honest with children.

- Listen attentively to children when they talk to you. You may need to stop peeling the potatoes so you can pay close attention to what the child is saying.

- If you can't stop what you're doing when a child tells you something, explain why you can't stop and then take time to listen to the child.

- Use "you" messages to label the children's feelings. When you see a child crying or getting angry, for example, you can say, "You are upset because you didn't win the game." Children need help in identifying and expressing their feelings. When children are allowed to talk about their negative feelings, they feel better. Hiding such feelings can lead the child to hit, bite, kick and act in other aggressive ways.

- Use "I" messages to make requests and tell children how you feel. Instead of saying, "You're going to fall if you climb up there," say, "I'm afraid you'll fall if you climb up there." Instead of saying, "You're talking too loud," say, "I can't hear anything when you talk that loud."

- Share your feelings and show children you believe they can do better. For example, you can say, "I feel angry sometimes, too, but I get over it by hitting a pillow. I know you can get over being angry, too."

- Offer sympathy and console children when they feel sad or disappointed, but avoid trying to "fix it" every time. Children need to learn to give in sometimes and accept the fact that things won't always go their way.

- Remember that no two children are alike. All that one child may need is a frown, while another may have to be moved bodily from a situation.

- Avoid embarrassing children in front of other children or their parents. Take them aside and discuss their misbehavior in private.

- Keep your sense of humor. Laugh instead of getting angry when you burn the grilled cheese sandwiches. By laughing at your own mistakes, you help children learn that we are all human.

Changing Undesirable Behavior

Even though you may be a skillful caregiver and do everything you can to prevent discipline problems, you will still have them. All children misbehave at one time or another. Toddlers often do what they are not supposed to do just to test you. Some children pose a special challenge because they always seem to be hitting, biting, or screaming.

In these trying situations, you will want to help children change their behavior. To do this, some caregivers use negative control and others use positive control.

Negative Control

Negative control usually means some form of punishment. Some punish their children by spanking them or depriving them of something they want (dessert, allowance, watching TV). Some people punish their children emotionally by staying angry and not talking to them for a whole day, teasing them, threatening to abandon them ("If you don't come here, I'm going to leave without you"), or withholding their love ("I don't love you when you're mean").

Punishment is not always helpful. Spanking, for example, may get the child's attention and stop him from doing something for a time, but it does not

help a child learn a better way to behave. Emotional punishment, such as withholding love, can do lasting damage to a child.

Positive Control

Positive control gets better results. Positive control stresses desirable behavior over undesirable behavior. Children are rewarded for what they do right rather than punished for what they do wrong. The techniques below are some examples of positive control.

Distraction and Substitution

Because children have short attention spans, you can often change their behavior by getting them interested in something. When a baby wiggles too much when you are changing his diapers, for example, whistle or make faces so the child gets interested in what you are doing. This is distraction, and it works best with babies and toddlers.

As children get older, however, you also have to give them a substitute for the unacceptable activity. When Jennifer plays in the toilet, for example, move her into the kitchen and let her splash in a dishpan of water. When the children make too much noise, take them outside for a walk. This is substitution. It's a way of trading one activity for another.

Rewarding the Good and Ignoring the Bad

Children thrive on attention. They want to please their parents and you, but they often settle for any reaction they can get. For example, when a 3-year-old says a curse word, he may continue saying it because he delights in watching your shocked reaction.

In some situations, it's best to ignore the undesirable behavior and reward desirable behavior. When a 3-year-old gets no attention for saying curse words but receives praise for saying other words, he probably will stop using foul language. Sometimes, especially when other children are around, it's not enough to simply ignore the behavior. Children may get the idea that it's okay to use curse words. In that case, you should say matter-of-factly, "I don't like hearing those words and I don't want them used in my house." Or give children an acceptable substitute: "We don't say that, Lizzie. We say "ouch" or an acceptable word appropriate to the situation."

It's important to reward children for every small effort toward a goal and not wait until they do it exactly right. For example, if you are toilet training a 2-year-old who uses the potty but leaves

pieces of toilet paper on the floor and forgets to wash his hands, praise him first for what he does right. "You went in the potty and pulled up your pants by yourself. That's great, Todd. Now let's put the toilet paper in the potty and wash your hands."

Sometimes it's hard to find something to reward children for. But if you observe them often and closely enough, you can usually find something. One family day care provider had a bossy 4-year-old girl who talked loudly, told other children what to do, took things away from other children without asking and often pushed them off the tricycle. At naptime one day, after an active morning of running everything, she seemed a little tired and climbed on a bed with a book. The provider immediately said, "Lori, you're one of the best nappers in the group. I like the way you're lying quietly with a book." The next day Lori laid quietly at nap again. When children are rewarded for what they do right, they tend to continue doing what's right and gradually lessen their undesirable behavior.

Rewarding Versus Bribing

As a rule of thumb, a reward is what you give children after they have behaved well. A bribe is what you give or offer children before they do what you want. Saying things like "If you're good, I'll give you a cookie," is a bribe. Of course, some situations are not so clear-cut and it may be hard to tell whether a reward is more of a bribe.

Rewards are best when they are spontaneous and given right after the child behaves well. Social rewards such as kind words or hugs are better than material rewards such as food or gifts. When food is used as a reward, it can lead to teeth and weight problems. When toys or gifts are used as rewards, children may get used to getting something and may not behave well unless you give them something first. When you give gifts, you also run the risk that children will argue that someone else got something "prettier than mine" or "bigger than mine." However, you can often use token gifts--stickers, pencils, trinkets, party favors--to reinforce behavior you want children to learn.

Bribery should be avoided. Bribing teaches children to expect to get something on the outside rather than to satisfy their inner selves. Too, children quickly learn they can begin bargaining for bigger and better gifts.

Suffering the Consequences

One of the most powerful ways to help children change their behavior is to suffer the consequences of their actions. Assume that a child sits at the lunch table, plays with the fork, pokes at the ice in her glass, and does everything but eat. Instead of getting angry and forcing her to eat, you can caution her that the table will soon be cleared and the food put away. When lunch is over, remove the plates and go on to the next activity. The child will probably get hungry and want something to eat. If so, you can say, "We've already had lunch, so you will have to wait for snack." Feeling hungry is a natural consequence of not eating lunch. That feeling will probably do more to encourage the child to eat than any scolding or coaxing from you.

It's important to use common sense with this method. For example, you would not allow a child to ride a tricycle in the street because the child might get hurt. When the consequence of an action is not harmful but merely unpleasant, it can motivate a child to change his behavior.

Sometimes a behavior has no natural consequence that a child can learn from. In that case, you have to create one. For example, when a child rams her tricycle into a group of children, take the tricycle away and say, "We're going to let other children ride it for a while. When you know how to ride it better, you can have it again."

When you create consequences for children's misbehavior, they are more effective if you follow these suggestions:

- Put the consequence into effect immediately. Don't wait until later in the day or the next day. The child has to feel the discomfort right away.

- Make the consequence as closely related to the misbehavior as possible. If a child misbehaves with a tricycle, the consequence should involve the tricycle. If a child scribbles on the wall with crayons, have the child clean up the wall.

- Make the consequence last a reasonable time. For preschoolers, a few minutes is usually enough. A day or week is too long to be meaningful.

- Choose a consequence that is unpleasant but not harsh. For example, you would not deprive a child of his birthday cake, take away his

security blanket, or refuse to let him talk to his mother on the telephone. A consequence like that would only make the child hostile and try to get back at you.

Time Out

In some situations, especially when children between 3 and 12 years old are involved, the best thing to do is remove a child from the group, or to have all children go to a separate place and sit quietly for a few minutes. This technique is time out.

Assume, for example, that two children are fighting. Separate them and calmly say they need a time out. Have one child sit on a sofa and the other at the kitchen table. Tell them they can get up in three minutes, and show them what the time will be on a clock. Ask them to spend the time thinking of how they could have solved their problem another way.

When the time is up, announce it and ask the children for their ideas about how they could have behaved better. If they don't have any ideas, suggest something such as taking turns, playing a different game, talking instead of hitting, or whatever seems fitting. Then allow them to go back to their playing.

In some child-care centers and schools, a "time out chair" is reserved for just such occasions and children are made to sit in it after they misbehave. This technique is often misused, however, or used so often it doesn't work anymore. Some children discover they can get more attention by sitting in the "time out chair" and so they misbehave more often. A "time out chair' is really out of place in a family day home, and children will become well acquainted with it anyway when they start to school.

If you choose to use time out, follow these suggestions:

- Use it only for children 3 and older.
- Announce it in a calm, matter-of-fact way. Don't shout or threaten to put children in time out. Otherwise, they will view it as a punishment.
- Use it only for stopping behaviors that hurt children or destroy property.
- Use it for one behavior at a time. Avoid using it for vague things such as "being mean" but

rather for specific things such as "hitting" or "kicking."

- Use it no longer than five minutes for preschool children. Anything longer will be meaningless.

- Don't expect it to work with all children. Some may not understand what time out is, or they may use it to get attention.

- Use it only as a last resort. Observe the problem carefully to see if it could be corrected some other way. The less time out is used, the better it works.

Hurting Behavior

Whenever any child hurts another--by hitting, biting, kicking, pushing, shoving--it usually means the child feels angry or frustrated and does not know a better way to express feelings. In some situations, it can mean something else. When a toddler bites another child, for example, it may mean the toddler is teething and needs something to chew on, or the toddler is using biting to get attention, not knowing how much it hurts.

Whatever the reason, the first step is to stop the hurting behavior. Sometimes a stern word is all that is necessary, but at other times you may have to hold the misbehaving child or take the child bodily from the room.

When the behavior has stopped, begin immediately to give most of your attention to the victim. Don't lecture the misbehaving child or listen to excuses. You can simply say, "We don't hurt other people." Spend several minutes comforting and consoling the hurt child--holding, rocking, putting ice or a bandage on the hurt. If possible, involve the misbehaving child in comforting the hurt child. This helps the misbehaving child learn how much it hurts and take responsibility for his actions.

When the children have calmed down, ask them to tell you about it. It's not necessary to decide whose fault it is or who started it. Ask for their ideas about other ways they could have handled the problem. Don't force children to say they are sorry because they are probably not. Then say, "When you feel you are ready, you can go back to playing."

In some situations, you may have to redirect the children into another activity. If Michelle continues

hitting someone, for example, you can move her out of the group and give her a pounding bench and hammer, saying, "You can hit this but not people."

If you are having trouble with one particular child, observe the child more closely and try to figure out the reason for the hurting behavior. When does the behavior occur? If it occurs shortly after the child arrives in the morning, for example, it could mean he is angry at his mother about something. Who is the victim? If the victim is always the same, you may need to keep the children separated. If it's not the same one, you will have to watch the child closely and be ready to step in to protect other children. Does the child have a way to express angry feelings? You may need to provide clay or playdough for pounding and rolling, or crayons and paints for scribbling and painting. Discuss the problem with the child's parents and ask if anything has changed at home (new baby or a divorce, for example). Emphasize that you are dealing with the problem when it happens and parents should not punish the child again for what the child does while in your home. Remember that the most difficult children are often the ones who need love and guidance the most.

If nothing works, suggest to parents that they find a guidance counselor or psychiatrist to help the child. In some cases, you will have to ask parents to make other care arrangements for their child. Since it's your job to ensure the safety of all children in your care, you cannot allow an overly aggressive child to constantly hurt other children.

Caution about biting: Some caregivers believe that the way to stop biting is to bite the child back. They are misinformed. Biting is wrong whether it's done by a biting child, the child who gets bitten, or the adult who cares for them. Besides that, a caregiver who bites (or spanks) a child can be prosecuted for child abuse.

Everybody Has Bad Days

No matter how well you have planned and tried to deal with problems, you will have days when nothing seems to go right. You will get angry at the children, feel sorry for yourself, or feel like crying. It's natural to feel this way. Anyone who cares for children all day long has one of the hardest jobs in the world.

Tips for Bad Days

At times like these, it helps to shift gears a bit. Here are some suggestions:

- Do something physical. Have everyone run in place for a few minutes or do jumping jack exercises until you are all breathing hard. Then drop to the floor and rest.

- Do something quiet. Have everyone lie on the floor with his head on his hands for a few minutes. Ask the children to be still and listen for the sound of the refrigerator running, the clock ticking, or the wind blowing outside.

- Laugh together. Lie on the floor with children, have each child place his head on someone else's tummy, and start giggling.

- Drop everything and do something different. Spread a bedsheet on the floor, have children hold it around the sides, and ask them to slide under the sheet while holding it. Or give each child a bucket of water and a rag to wash the back fence.

Things You Might Try

1. Write down three or four rules for good behavior that you want children to follow while in your day home. Did you state the rules in a positive way? Did you use simple words children can understand? Discuss the rules as a group with the children. Ask them how they feel about the rules and why you need them. Discuss the rules with parents and find out if they have similar rules at home.

2. During the next week, praise children who follow the house rules. Give a reminder to children who forget the rules or break them. At the end of the week, think about how you can improve the ways you explain and enforce rules.

3. For one day keep a record of the times you give emotional support--hugs, pats, kisses, smiles, listening--to children. Does every child receive some affection from you? How do they know you really care?

4. Select one child who has a specific behavior that needs to be changed. During the next two weeks, concentrate on helping the child change

the behavior by: a) substituting another activity, b) rewarding every sign of improvement, c) letting the child suffer the consequences, or d) using time out. When the time is up, evaluate what happened. Did the child make any progress? How did other children react? How did you feel about using this method of changing behavior? What would you do differently next time?

5. Read pamphlets on discipline and guidance provided through your county Extension office. Read also "Tips for handling common situations with children" in the Appendix. If you have any questions or would like to read books and other materials on the subject, talk to your county Extension agent.

GUIDING CHILDREN'S BEHAVIOR

1. List four ways you can prevent discipline problems.

   1) _____

   2) _____

   3) _____

   4) _____

2. Change these don't statements into do's so that children know what they should do:

   a) Don't talk with your mouth full.

   _____

   b) Don't jump on the couch.

   _____

3. Change these discouraging comments into encouraging ones.

   a) Kevin, 2, knocks over a glass of milk at lunch. "Why are you so clumsy?"

   _____

   b) Ginny, 4, gets the buttons in the wrong holes when she buttons her sweater. "That's not the way to do that."

   _____

4. Change these "you" messages into "I" messages so children know how you feel and learn how their behavior affects others.

   a) While you're preparing lunch, a child asks you to read a book. "You're bothering me."

   _____

   b) Cindy, 3, wets her pants while playing outside. "You are such a baby."

   _____

5. How would you reword the sentences below to let children know they really don't have a choice, or that they have a limited choice?

   a) Bobby is holding his crotch and obviously has to go to the toilet. "Do you need to go to the potty?"

   _____

   b) It's raining outside and you have to find something for the children to do indoors. "What do you want to do today?"

   _____

6. List three positive ways to change an undesirable behavior.

   1) _____

   2) _____

   3) _____

GUIDING CHILDREN'S BEHAVIOR

1. List four ways you can prevent discipline problems.

   1) Preparing the environment also taking time for each child

   2) Setting realistic expectations

   3) Setting and enforcing house rules

   4) Setting a good example

2. Change these don't statements into do's so that children know what they should do:

   a) Don't talk with your mouth full.

   Talk after you have finished chewing your food.

   b) Don't jump on the couch.

   Jump on the floor and sit on the couch.

3. Change these discouraging comments into encouraging ones.

   a) Kevin, 2, knocks over a glass of milk at lunch. "Why are you so clumsy?"

   If we move the glass a bit, it won't be so easy to spill.

   b) Ginny, 4, gets the buttons in the wrong holes when she buttons her sweater. "That's not the way to do that."

   You got the buttons in the holes just fine, but you need to make sure the top and bottom of the sweater are even.

4. Change these "you" messages into "I" messages so children know how you feel and learn how their behavior affects others.

   a) While you're preparing lunch, a child asks you to read a book. "You're bothering me."

   I can't right now because I have to finish cooking this soup. Put the book on the table and we'll read it after lunch.

   b) Cindy, 3, wets her pants while playing outside. "You are such a baby."

   I think you forgot to use the potty because you were too busy playing. Maybe you can remember next time.

5. How would you reword the sentences below to let children know they really don't have a choice, or that they have a limited choice?

   a) Bobby is holding his crotch and obviously has to go to the toilet. "Do you need to go to the potty?"

   Bobby, please go and use the potty.

   b) It's raining outside and you have to find something for the children to do indoors. "What do you want to do today?"

   We can play playdough or make a fort inside (or some other logical choice). Which do you want to do?

6. List three positive ways to change an undesirable behavior.

   1) Distraction and substitution Also time out

   2) Rewarding the good and ignoring the bad.

   3) Suffering the consequences.

Child Development and Guidance
Part V
Communicating with Parents

Communicating With Parents

When parents choose family day care, they are saying something about what they want for their children. Basically, they want a home environment with a loving person who can give their children individual attention. Whether they know it or not, they are asking you to become a partner in rearing their children.

Even though parents have decided on family day care, they may still feel uneasy. They may feel guilty about leaving their children with someone else. They may worry about whether the children will be safe and happy. They may be afraid the children will become more attached to you than to them.

Communicating With Parents

Once a child is settled in your care, parents may have questions about the child's development: When should we start potty training? Why does the child cry so much when it is time to go home? How can we get the child ready for school? At some point, the family may undergo a stressful change: loss of a job, separation or divorce, death of a loved one, birth of a new child. Such a change will affect the children and your relations with their parents.

How you communicate with parents goes a long way toward overcoming problems. When you and parents understand each other, and work together, the children are happier and learn better.

Things To Look For

When you finish Part 5, you should be able to:

1. explain how to handle the first interview with parents and the daily exchanges of information,
2. list five ways to help children deal with being separated from their parents,
3. describe how to handle a disagreement between you and parents, and
4. list five ways to help children deal with a family crisis such as death or divorce.

Families Have Different Needs

If you were to knock on the doors of a hundred homes in any city in the United States, you would probably be surprised at how few are made up of father, mother, and children. In many homes, there

is only one parent. More often than not, this parent probably feels overworked and lonely. In some homes, a grandmother or other people live with the family. These people may share in the care of the child. In other homes, children may have a step-parent and step-brothers and step-sisters. You may hear children talking about "my other daddy" or "my mommy's boyfriend."

Families vary widely in their backgrounds. Some parents are teen-agers and some are in their 40s. Some have never graduated from high school and some have Ph.D.'s. They have different religions and eat different foods. They have different ideas about rearing children.

The reasons parents need child care are different, too. In some homes, parents have no choice but to work. In other homes, parents work so they can provide more things for their children. In still other homes, parents want to work because it makes them feel more fulfilled.

In accepting a child for care, you have to deal with the special needs of the child and the family. You have to decide how a child will fit into your family and whether you can work with the parents.

The First Interview

When parents telephone about needing care, invite them to come to your home for a visit and bring their child. The visit should be at a time when you can give your full attention to the parents, such as nap time, the evening, or a weekend. If parents want to observe you caring for children, invite them to come another time perhaps during the morning, but make it clear that you must give your undivided attention to the children.

When parents arrive, help the child find something to play with. Start the conversation by asking the parents about themselves, their jobs, and where they live. Ask about the child's health, previous care, and interests. As you talk, observe how the child gets along with the parents.

Tell parents about yourself and your family. Take parents and the child on a tour of your home and yard and describe the activities you have for the children. Show where the child will sleep and some sample menus. Explain the house rules that children must follow and how to teach discipline.

If at any point you realize that the child and parents will NOT fit into your day care family, tell parents you cannot take the child and suggest other places the parents might try.

If you think you can accept the child, give parents a contract and a copy of your policy statement. Ask them to take the forms home, fill them out, and sign the contract. If possible, set another time for them to come for a short visit to help the child get acquainted with the group.

During the second visit, the parents can return the contract and forms and ask any questions they might have. Make sure you know the parents' and child's names and pronounce them correctly. You can help the child feel he belongs by showing where he will eat and nap, writing his name on a placemat, and making room for his coat and other belongings. If a child has shown special interest in a toy or game, make that available during this visit and on the first full day of care. Whether or not a second visit is possible, ask parents if they can arrange to stay with their child for a few minutes every day during the first few days.

Separation

Infants up to about six months old show little signs of being upset by being separated from their parents. They are usually content to be held, fed, and rocked by anyone who speaks kindly and smiles. Between six and nine months, however, they begin to form a special relationship with their parents. They may cry and fuss when parents leave and then seem to forget that parents are not there. When parents return, all the sad feelings come back. A baby may feel so overwhelmed that he turns away from the parent.

Children who suffer the most from separation are those between 10 months and 2 1/2 years old. They feel closely attached to their parents but are not yet old enough to remember that mommy or daddy is coming back. For toddlers, the idea of parents leaving is terribly frightening. They struggle to hold on to parents, scream when they leave, pound on the door, and try to follow them. They have little understanding of time and space. A few hours seem like forever, and they have no idea of the distance between their parents and your home.

Children between two and five years old handle separation more easily, depending on their experience with separation in the past. They know that parents will come back for them at the end of the day. Sometimes, however, children get the idea that they are brought to you because they are being punished. They may be worried about making their parents angry or losing their parents' love. They may go back to babyish behavior--sucking a thumb, wetting their pants, trying to get attention. Or they may seem fine the first week and throw tantrums the second.

Separation is serious for children, so it should not be treated lightly. Some parents try to sneak away, or they say they are coming right back. This is not honest, and it does nothing to build trust. Some caregivers try to district children and avoid talking about parents. This, in effect, tells children their feelings of fear and sadness do not matter. It is better to bring a child's feelings into the open and try to build trust.

Tips For Helping Children With Separation

- Invite parents to come early and stay with the child for a few minutes the first few days. This gives the child more time to get used to you and the new surroundings in the security of the parents' presence. It also helps if parents show a positive attitude.

- Encourage parents to share their feelings with their children. Parents can say they will miss their children but that work is important to the family. Sometimes it helps to let children know that adults feel scared about meeting people or doing something new, but they do it anyway and learn how to overcome their fear.

- Have the child tell the parents when to leave. The parent can say, "I have to go in a few minutes. You tell me when to leave." This lets parents know when a child feels comfortable and gives the child a chance to show some independence. If it does not work, you may have to step in and tell the child it is time for the parent to go.

- When you step in, be firm but comforting. Say, "Your mommy (or daddy) needs to go now. Tell her goodbye and ask her to bring you a big kiss when she comes back."

- Offer comfort when the child cries. Hold or rock the child and say over and over, "Yes, I know

you miss Mommy (or Daddy). It's okay to cry when you are sad."

- Offer reassurance in terms the child can understand: "Your mommy will be back after we have lunch, take a nap, and play outside." It may help for the child to talk to parents on the telephone.

- Talk about where the parents have gone and what they are doing. "Mommy's at her office now working on the computer. Let's make sounds like the computer makes--buzz, blip, beep."

- Ask parents to leave something of theirs--a glove, scarf, photograph--to remind the child they will be back.

- Have parents bring a special toy or blanket from home that children can use as a comfort.

- Praise children when they are coping well. You can say, "I know you feel sad now, but you ate a good lunch. I think you are doing great." Repeat the praise when parents come at the end of the day.

- Have interesting activities that will help the time pass quickly. Most children like to build with blocks, play with sand or water, and fingerpaint.

- If children go back to babyish behavior, be kind and patient. As children feel more secure, they will be better able to control their actions.

- Help other children accept the new child. By your example, encourage them to include the new child in play. Praise children for making the child feel welcome.

- If children cry or put up a fuss when parents arrive to take them home, help parents and children understand their mixed feelings about being back together again. Rather than telling parents their baby has not cried all day until now, it is better to say, "Josie is crying now because she remembers how much she misses you." You can tell a 3-year-old who screams and kicks, "Your mother knows you missed her today. It is okay to tell her you are still angry. She loves you even when you are angry."

- For the first week or so, have parents spend a few minutes at the end of the day seeing the toys

and things the child played with, talking about what the child ate and where he napped, and meeting the other children. This helps the child feel more secure and gives a chance to show independence.

Daily Communication

Make a habit of talking with parents every day about their children. This can usually be done in short chats every morning when parents bring their children and every afternoon when they take their children home. With infants, you may want to jot down notes on a sheet of paper and stick these in the diaper bag. If children are picked up by bus or a car pool, telephone the parents once or twice a week.

In the morning, show parents your sincere interest in them. Ask also how children slept through the night and how they ate breakfast. Do a quick check (see Health and Safety section) to make sure children are not sick. Parents are often rushed, but you need to ask about anything that has made children moody, upset, or unlike their normal selves.

In the evening, talk to parents about what the children did during the day, especially the new things learned, the funny sayings, and the good times. This is especially important with infants and toddlers who are growing rapidly and the most apt to become ill. Although children are often tired and excited about seeing parents, encourage children to tell their parents about a favorite activity. Children may have drawn a picture or made something out of playdough that they can bring home.

Keep in mind that children and their parents are not the only ones who will sometimes feel tired or stressed. You, too, may have a bad morning when one of your own children misses the school bus or when you realize you forgot to bake a cake for the church bake sale. Be sensitive to your own temperament, relax, and give yourself credit for already doing the best job you can. Think how your behavior sets an example for the children to follow. When you get angry, for example, you might try mopping the kitchen vigorously or digging a hole in the flower bed. When you settle down, you can explain to the children, "I got angry when I broke the car window, and I have been doing this to get my angry feelings out."

Keep parents informed about the activities you have planned for the children. Give parents advance notice when you plan a special outing such as taking

children to the park. Encourage parents to keep you informed about any changes in their schedules. They may need to pick up their child early for a doctor's appointment, for example, or they may have a holiday on Veteran's Day and keep their children at home. If they are going directly to Grandma's house after picking up their children, they may want you to have the child cleaned up and wearing a change of clothes.

As you get to know parents better, find ways to show you respect their knowledge and ideas. You might say, for example, "You know Juan better than I do. How do you get him to lie down to sleep?" Make sure they understand that you believe the parents come first in the children's lives and you are there to support--not replace--them. What you do from day to day to gain parents' confidence helps prevent problems later on, and makes it easier to deal with problems when they do occur.

Encouraging Parent Involvement

Establish a policy of allowing parents to drop in unexpectedly at any time. These spontaneous visits can not only be fun for children but also reassure parents that their child is in safe, capable hands. You might feel self-conscious about having a messy house or feel that parents are interfering in your activities, but parents do have a right to know what is happening to their children at all times.

Some family day care providers and many child-care centers set up yearly conferences with parents to discuss their children's progress. This is a good time to update enrollment and health forms, get parents' ideas about handling various situations, and discuss the new things the child is learning. Have a sign-up sheet for parents to schedule their conferences. The conference can be short--15 to 20 minutes--and you can offer parents coffee or fruit juice.

In addition, some family day care providers try to visit the children's homes once or twice a year. This can give you a better idea of the child's home life and may be more convenient for busy parents. Some family day care providers also plan special get-togethers such as a summer picnic or a Halloween party for all the children and their parents. These occasions give parents a chance to become acquainted and support each other--by swapping toys and books, giving hand-me-down clothes, or sharing information about doctors, scouting, and community activities.

Families also can be a resource to your day home. A parent who plays the guitar, for example, may leave work an hour early to talk with the children about guitars and play a couple of tunes. A grandmother who makes tortillas may be able to spend an afternoon showing children how to mix and pat the dough. Every family has special skills and interests which they may be willing to share if they get a little encouragement.

When You and Parents Disagree

It's normal for you and parents to have disagreements from time to time. Parents may complain that their child got upset when you took a toy away, for example, or ask why you can't keep Billy from getting his tennis shoes dirty. On the other hand, you may object to the doughnuts the parents feed the child for breakfast, or to their being late to pick up their child.

Disagreements cannot be resolved by ignoring them. Sometimes parents hesitate to say anything because they are afraid you may take it out on their child. They may arrange for someone else to take care of their child and give you an excuse for the change. You may not want to make a complaint to parents because you fear hurting their feelings or losing their business.

The best approach in handling disagreements is to let parents know you welcome their complaints and suggestions. Explain this in your first interview, put it in writing, and encourage parents to express their concerns when they pick up their children.

When Parents Complain

- Congratulate yourself for being the kind of person whom parents feel comfortable in approaching.

- Listen carefully to what parents say. In listening carefully, look the parent in the eyes, nod when you agree, smile, and wait until the parent has finished talking. When the parent has finished, repeat the complaint or ask questions to make sure you understand it.

- Listen to feelings as well as words. A complaint about dirty tennis shoes could really be a fear about getting laid off at work or not having enough money to make ends meet. You might say, "I believe that getting dirty is what happens when children play hard and have a good time. If you like, bring some of Billy's old shoes or find some at a garage sale that he can wear to play in."

- Hear parents out. They have a right to make suggestions about the care their children receive, and they often have good ideas about what their children need. A parent who has trouble getting her child to go to sleep at 10 p.m. may ask you to shorten the child's nap, which can easily be done by putting the child down last and waking him first.

- Try not to get angry or emotionally upset yourself. Explain your point of view, starting every sentence with "I." When parents complain, for example, that their child got upset when you took a toy away, say, "I saw Susie try to grab for the toy in his hand, and Michael hit her with it. I took it away from both of them because I do not allow children to hurt each other. I will let Michael play with it again, but I will take it away again if he uses it for hitting."

- If you made a mistake or overlooked something, apologize and do what you can to correct the situation. You might say, for example, "I am sorry Tony felt that way. I did not realize he was not through playing with the toy. I had asked the children to put away the toys so we could go outside. Maybe I should have explained that to him."

- If parents ask you to do something that is not good child development practice, such as forcing the child to clean his plate or spanking the child for wetting his pants, be sympathetic without making any promises. You might ask parents, "Is that what your parents did when you were growing up?" and "Why do you think this is important?" When parents have explained, you might say, "I can understand why you feel that way. Let me think about this and we can talk more later."

Begin thinking of some real-life examples from your personal experience that back up your ideas and share these with the parents occasionally. You might say, "I have been thinking about Joey cleaning his plate and I remembered that a childhood friend of mine had to clean her plate at every meal and she got used to eating too much. Now she is overweight." Some parents may be more inclined to change their minds by hearing what an "expert" says. You might say, for example, "I visited with my pediatrician (county Extension agent, school counselor, etc.) about children's eating habits, and she said it is important for children to let their

appetite guide them in eating." Or you might show them an article on the topic in a magazine or book.

When You Have A Complaint For Parents

- Choose an appropriate time to discuss the problem. You might mention your objection to bringing candy to your home, for example, when parents bring candy with a child. However, sometimes it is better to wait until you and parents have the time, energy and privacy to think about the problem and discuss it calmly. You might schedule a phone conversation while the children are napping or a personal meeting after all the children have gone.

- Make it clear that you have the child's best interest in mind. It does no good to blame or criticize parents. Instead of saying, "You are ruining Sean's health by letting him eat sweets," try this: "I can see you are rushed in the morning and I know Sean is hungry. How about bringing him in his pajamas and letting me fix him a hot breakfast? I can do that for _____ dollars more a week."

- Talk in a polite, matter-of-fact way. Point out the facts without trying to make them feel sorry for you or hurting their feelings. Instead of saying, "When you are late, my family has to sit here hungry until you come," try this: "We agreed at the beginning that I would care for Shelley only until 6. Isn't that right? I know it is hard to get here on time some evenings, but if you cannot, then we will have to make a new agreement." Sometimes a gentle reminder is all that is needed.

If not, schedule a time to discuss the problem fully. You might listen to the parent's reasons and then say, "If you cannot get here until 6:30, we can make a new agreement and I will charge you _____ dollars more a week for the extra half hour. Or if you think you might be late only one or two days a week, I can charge you _____dollars every five minutes past 6 on those days. Which would you prefer?"

- Try to find something positive to say to boost parents' confidence. All parents, regardless of their knowledge and skills, are doing the best they can. If they believe you think they are doing a good job, they will be more open to your suggestions. You might say, for example, "Kristina told me you read 'The Three Little Pigs'

last night. I think it is wonderful that you read to her."

In some cases, you may find that you cannot resolve a disagreement. The parent may continue picking up the child later than the agreed-upon time or refuse to pay more for the extra care, for example. Or you and parents may have different ideas about rearing children or different values about what is important. It does not mean that you have failed or that parents are wrong. It simply means that you disagree. The best thing might be to suggest that parents make other child-care arrangements.

Family Crises

Few children make it through their preschool years without some sort of crisis in the family. This may include the separation or divorce of their parents, illness of a family member, death of a grandfather or a pet, moving to a new house, or a parent's loss of a job. Sometimes what might seem like a happy event to you and parents--a new baby sister or a job promotion--can seem like a crisis to a child because of the unexpected change or stress it brings.

When a crisis occurs, you may notice a change in the child's behavior--fighting or biting, withdrawing or being extremely quiet, excessive crying, temper tantrums--or a change in physical health--headaches, vomiting, diarrhea, or difficult breathing. A child may tell you what is wrong, or you may learn by overhearing children talk. Parents may mention the problem to you and ask for your support. In some cases, parents may say nothing and you will have to ask them if anything is wrong at home.

Tips For Helping Children Cope With Stress

- Talk first with parents to stay informed about what is going on and to decide how to handle the children's reactions. What did parents tell the child about the divorce? What are their views about death and God? What did they tell the child about where the new baby came from?

- Accept children's feelings for what they are and offer comfort. You might say, "I know you feel sad about your dad not living at home anymore. Come and sit in my lap so I can hug you." Ignoring feelings or denying they exist is not healthy.

- Be honest about the problem. Telling a child his parents may get back together again may only build false hopes and set the stage for more heartbreak later on.

- Recognize that children have a limited capacity for understanding what has happened. With death, for example, preschool children cannot understand that it is final. A three year old may say, "Grandpap lives in the cemetery." Children between ages five and nine realize death is final but often think you can avoid it somehow by running away or hiding.

- Recognize that children may worry that the crisis will somehow be extended to themselves. They may think, for example, "If Mommy can divorce Daddy, she can divorce me." Similarly, if a grandparent dies, children may worry about losing Mommy and Daddy or dying themselves. Children need reassurance that they will not be abandoned. Explain that children cannot be divorced from their parents. Reassure children that most people live to be grandpas and grandmas and that their parents are taking good care of themselves so they can be around a long time.

- Help children understand they are not to blame for what has happened. Sometimes children get the idea that they did something to cause their parents' divorce, for example. Explain that mommies and daddies sometimes stop loving each other, but that both parents still love the child.

- If children are reluctant to talk about what is troubling them, encourage them to express their feelings with art materials such as paint and clay. Children three to five years old may be willing to act out their feelings with dress-up clothes and dolls.

- If children seem tense and nervous, play soothing music and stroke the child's back, arms and legs. Or ask the child to tighten various body parts and then relax them, starting with toes and feet and ending with shoulders and eyes.

- Encourage children to take part in vigorous physical activity--run as fast as they can down a path, race a tricycle down a sidewalk, punch a pillow with both fists--and then rest.

- Ask your librarian for children's books on the topic, and read to the troubled child individually or in a small group. The child may identify with a character in a book--a child who has a new baby sister, for example--and find comfort in knowing that he is not alone.

- Avoid criticizing parents in the child's presence. Hearing negative comments about one parent or the other, no matter how well deserved, can be extremely upsetting and confusing to a child.

- When parents confide in you, keep the information to yourself. If Mrs. Smith discovers that you have talked to your neighbors or other parents about her difficulties, you will lose her trust and possibly damage your reputation.

Your Support Is Often Limited

Some family problems will be beyond the scope of your responsibilities as a family day care provider or even as a human being. A child who continues to be overly quiet and shy long after his parents' divorce, for example, may need professional help.

Sometimes the problems themselves may be too serious for you to handle: child abuse, wife beating, alcoholism, drug abuse. If you suspect a problem like this, it is important to think it through carefully. What exactly has made you suspicious? Could it be due to something else? What if it is more serious or less serious than you think? If you notice belt marks on a child's bottom, for example, you might first talk to parents and ask why they punish the child so harshly. (See the information on child abuse in the Health and Safety section.)

If the problem is wife beating, you can talk with the mother about finding help. Most large cities in Texas have centers for battered women or agencies that can help them. Many battered women have low opinions of themselves and continue to cling to their husbands because they desperately depend on men to fulfill emotional and financial needs. They can often be persuaded to seek help when they see caring behavior between husbands and wives or when the beating gets worse.

If the problem is alcohol or drug abuse, the best thing you can do is talk to the non-abusing spouse. Emphasize that alcohol and drug abuse is a disease and that it can have a disastrous effect on children. Suggest that the spouse call Al-Anon (the self-help organization for families and friends of alcoholics) and go to their meetings. Usually you can find out about Al-Anon meetings by looking in the phone book under Al-Anon and Alcoholics Anonymous, or by calling a local psychologist, psychiatric hospital, or social service agency. Talking to the alcoholic or drug abuser does no good, unless he or she is ready to quit. One characteristic of the disease in both the abuser and non-abusing spouse is denying that the problem exists.

Things You Might Try

1. Review your records for the information on the children and their families. Write a paragraph describing the family of each child. Notice especially whether parents are married or divorced, the number of other children or family members living at home, the parents' jobs, their education, religion, and interests. Now consider each family individually and what its special needs are. Write a sentence on each family explaining how you help meet that family's needs.

2. Recall the first interviews you had with parents of children now in your care. Did they visit your home before bringing their children for care? What questions did they ask? Did you give them a tour of your home and yard? List things you would like to change when you have interviews with other parents in the future.

3. Read "Helping children master separation" in the fall 1985 issue of the Texas Child Care Quarterly and "Soothing Separation In Infants" in the Summer 1984 issue. Consider how children in your care are handling separation from parents. With parents' help, find or make something that will help children think of their parents while they are at work. Some suggestions: a large photograph of a parent's face, a sleeve from the parent's old bathrobe, a tape recording of the parent singing a lullaby.

4. Ask a friend or neighbor to help you role play a discussion of a disagreement with parents. First, have the friend play a parent who complains that their toddler has diaper rash because you do not change the child's diapers often enough. Role play your response as the family day care provider. Afterward, ask your friend how she felt while you responded. Second, you play the family day care provider who is upset because a parent does not bring enough milk and diapers for the baby. After your friend has role played the parent's response, discuss how you both felt. Write down two ideas for improving your discussion with parents about disagreements.

5. Ask your local librarian to recommend children's books at the local library that discuss such topics as divorce, death, a new baby in the family, illness and other family crises. Choose one or two appropriate to your children and read them in a small group. Notice the ideas and questions children have. Inform parents about your readings and encourage them to discuss the topic with their children.

COMMUNICATING WITH PARENTS

1. At which age do children show the most anxiety about being separated from their parents? _____

   a) 2 to 12 months,
   b) 10 to 30 months,
   c) 2 to 3 years, or
   d) 3 to 4 years.

2. On the first day that a 2-year-old comes into your home, the child stands by the door screaming for his mommy. The best thing for you to do is: ___

   a) let the child cry it out and get used to Mommy being gone,
   b) say, "Shame on you. Big boys don't cry,"
   c) tell the child his mommy will be gone only for a little while and give him a teddy bear to play with,
   d) try to hold and comfort the child, saying, "It is okay to be sad when you miss your Mommy," or
   e) remember to tell the parent to sneak out next time.

3. When a parent does not bring enough diapers, even after you have reminded her that it was her responsibility, you should: _____

   a) say nothing and furnish the diapers yourself because the parent obviously does not care enough about the child,
   b) leave the child in dirty diapers and tell the parent that is what happens when she does not bring enough,
   c) tell the parent you are concerned about the child staying clean and happy and that you would like to make an appointment to talk about bringing more diapers, or
   d) suggest that the parent find someone else to care for the child.

4. When a child's parents are going through a divorce and the child stays cranky and pushy most of the time, you should: _____

   a) accept the child's feelings and offer comfort, giving reassurance that both parents still love him dearly,
   b) distract the child with other activities and offer hope that mommy will find a new daddy soon,
   c) tell the child firmly that you do not allow crankiness and breaking the rules and he has to make the best of it, or
   d) ignore the child's behavior and wait until he has had time to adjust to the break-up.

5. A 3-year-old whose grandmother has died starts asking you questions about cemeteries and heaven. You should: _____

   a) protect the child as much as possible because she is too young to understand what has happened,
   b) tell the child her grandmother has gone to heaven even though you know the parents do not believe in God,
   c) answer questions as simply as possible, being alert to any sign of anxiety or fear, or
   d) explain that every living thing--flowers, pets, people--dies at one time or another and the child will, too.

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CHILD DEVELOPMENT AND GUIDANCE

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Child Development and Guidance
Appendix

1. Extension Publications

2. Tips For Handling Common Situations With Children

EXTENSION PUBLICATIONS
(The following publications may be obtained through your county office--Texas Agricultural Extension Service
or from
The Department of Agriculture Communications
Texas Agricultural Extension Service
Texas A&M University (2112)
College Station, Texas 77843

1. Child Guidance Techniques (B-1314)
2. A Glance at Child Growth and Development (L-1402)
3. Play and Your Child's World (L-1522-PV)
4. Learning Every Day (L-1544-PV)
5. Learning To Get Along With Others (L-1545-PV)

Tips For Handling Common Situations with Children*

Some situations, frustrating though they may seem, may take on a new light when considered from a child's point of view. The tips might help keep you from climbing the walls.

When The Child Becomes Angry, It May Mean The Child: — ANGER

- Is not successful in doing something.
- Has been told stop, no, and don't too many times.
- Is being made to do something he or she doesn't want to do.
- Feels frustrated from too many demands by adults.

So Do Not:

- Become angry.
- Allow a tantrum to become extreme.

Try Instead:

- Remembering anger is normal and may be expected.
- Observing when the child gets angry and at whom the anger is targeted.
- Observing if the child is able to express anger in acceptable ways.
- Providing a safe outlet for the child's feelings such as vigorous play, punching bag, or finger painting.

When The Child Steals, It May Mean The Child: — STEALING

- Wants something.
- Is ignorant of property rights.
- Is imitating someone.
- Has unsatisfied needs.
- Has hostile feelings.

So Do Not:

- Scold or shame the child.
- Punish or reject the child.
- Humiliate the child.

*Adapted with permission from Texas Child Care Quarterly, Winter, 1983.

Try Instead:

- Being kind and understanding.
- Observing the frequency of stealing, the objects taken, from whom the child steals, and the reaction when caught.
- Showing respect for the child's possessions.
- Helping fill the child's needs and discussing why a person cannot have or do some things.
- Letting the child own things to get a sense of mine and yours.

FIBBING

When The Child Lies Or Fibs, It May Mean The Child:

- Has a vivid imagination.
- Is imitating someone.
- Wants to please.
- Fears punishment.
- Likes to exaggerate.
- Is seeking attention.

So Do Not:

- Show how upset you are.
- Punish, shame, or reject the child.
- Preach or predict the child will come to a bad end.
- Make the child apologize.

Try Instead:

- Relaxing and trying to look for the reason.
- Telling the child the truth yourself.
- Giving attention to who the child is and what he or she does well.
- Providing the child with opportunities for enriching the imagination.
- Helping the child discover the difference between fact and fancy.

NOT EATING

When The Child Refuses To Eat, It May Mean The Child:

- Is showing the normal decrease in appetite that occurs about age 2 1/2 when growth slows down.
- Is not hungry.
- Does not feel well.
- Dislikes a particular flavor or texture. (Children's tastes are stronger that adults.)

So Do Not:

- Make a scene.
- Reward or bribe the child to eat.
- Threaten the child.
- Punish the child for not eating.
- Force the child to eat.

Try Instead:

- Being casual and calm.
- Making food interesting and attractive.
- Enjoying food with the child.
- Introducing new foods a bit at a time and only along with favored foods.
- Helping the child learn to feed and serve himself/herself.
- Serving small portions.
- Serving rejected food in a new way.
- Involving the child in preparation of food.

If The Child Won't Share, It May Mean The Child: NOT SHARING

- Is too young (under 3 years of age).
- Needs experience in owning and sharing.

So Do Not:

- Snatch from the child.
- Scold the child.
- Tell the child you do not like him or her.
- Shame or threaten the child.
- Make the child go toward the thing that is feared.

Try Instead:

- Loving the child and helping the child feel secure.
- Being a fair umpire in children's squabbles.
- Observing the situations in which the child has difficulty sharing.
- Being sure the child has things that are just his or hers--allowing children to experience ownership.
- Having enough materials for each child.

If The Child Has Fears, It May Mean The Child: FEARS

- Has a feeling of strangeness, such as encountering something for the first time.
- Needs the closeness of an important adult and wants to know where the person is.

- Has had a previous painful experience.
- Has some feelings of guilt or lack of love.

So Do Not:

- Shame or threaten the child.
- Make the child go toward the thing that is feared.

Try Instead:

- Reassuring and comforting the child.
- Telling or showing the child where the important adult is.
- Observing the situations that frighten the child.
- Preparing the child for new situations.
- Spending extra time with the child.
- Teaching the child caution for real danger.

DEMANDING

If The Child Demands Attention, It May Mean The Child:

- Has been directed by adults or entertained by TV and is therefore inexperienced in independent creative play.
- Has an interest in you.
- Is tired, not feeling well, or hungry.
- Feels left out, insecure, or unloved.

So Do Not:

- Ignore or isolate the child.
- Shame the child.
- Scold the child.

Try Instead:

- Attending to the child's physical needs.
- Showing interest in the child as a person.
- Observing when the child demands attention.
- Providing interesting things for the child to do.
- Praising the child for effort and success.
- Sharing yourself with the child.

RUNNING AWAY

If The Child Runs Away It May Mean The Child:

- Wants to be independent or to explore.
- Feels bored.
- Is afraid and wants to return to own family.
- Needs privacy and time to be alone.

- Is rebelling.
- Feels unwanted and is trying to punish for you not showing love.

So Do Not:

- Make a scene.
- Cry or make a fuss over the child.
- Punish or tie the child up.
- Remove the child's privileges.
- Unduly restrict the child.

Try Instead:

- Letting the child know you love him or her, and that the child was missed.
- Determining that your program is interesting and satisfying so children won't want to run away.
- Taking safety precautions with the environment so the child sees a controlled environment rather than you as a jailer or partner in a runaway game.
- Reassuring the child.
- Setting up safe ways and places for the child to get away and be alone.

FOUL LANGUAGE

If The Child Uses Foul Language, It May Mean The Child:

- Doesn't know any better.
- Is imitating someone.
- Is trying something new, or making a joke.
- Is trying to get attention.
- Is letting off steam.

So Do Not:

- Show embarrassment or shock.
- Get excited.
- Scold or punish the child.
- Overemphasize the incidents.

Try Instead:

- Ignoring the child.
- Observing when foul language is used.
- Offering a substitute for the word.
- Teaching the child new, extra long and appropriate words.
- Suggesting another, healthy outlet.

JEALOUSY

If The Child Is Jealous, It May Mean The Child:

- Feels replaced by a new person in the family--baby, stepparent, or live-in adult.
- Has been unfairly compared to other children.
- Has been given unfair treatment or favoritism.

So Do Not:

- Shame the child.
- Ignore the child.

Try Instead:

- Giving warmth, love, and understanding.
- Discussing the child's feelings one-to-one.
- Observing how the child copes with jealousy.
- Promoting good feelings about who the child is and what he or she can do.

HURTING OTHERS

If The Child Hurts Other Children Or You, It May Mean The Child:

- Is too young to understand.
- Is inexperienced.
- Is angry.
- Has troubled feelings.

So Do Not:

- Get angry.
- Punish or hurt the child.
- Force the child to say, "I'm sorry."
- Make the child feel badly by shaming or ignoring the child or withdrawing love.

Try Instead:

- Attending to the hurt child first and involving the child who did the hurt in the comforting.
- Observing when it happens, how often it happens, who is hurt, and what happened before the hurting.
- Helping the child feel loved.
- Quietly separating the children.
- Diverting their attention.
- Taking the hurting objects away, calmly and firmly.
- Begin teaching the child that hurting is not something to do.

DESTRUCTIVENESS

If The Child Destroys Things, It May Mean The Child:

- Is curious.
- Does not understand what to do.
- Has had an accident.
- Finds the materials are not sturdy enough.
- Feels excited or angry.
- Feels jealous, helpless, or bored.

So Do Not:

- Scold, yell, or shout.
- Tell the child that he or she is bad.
- Punish the child.

Try Instead:

- Providing guidance in the use and care of things.
- Examining fragile items together to satisfy the child's curiosity.
- Removing destructible and broken things from the play area.
- Providing a different place for play or reorganizing the environment to discourage destruction.
- Teaching the child the difference between expendable items and valued items.
- Giving the child an opportunity to pound, mess up, and tear the expendable items.
- Involving the child in determining the need for repair or in repairing.

THUMB SUCKING

If The Child Sucks Thumb Or Fingers, It May Mean The Child:

- Enjoys the physical sensation.
- Uses thumb sucking to relax.
- Has troubled feelings.

So Do Not:

- Force or restrain the thumb or finger with mitts, guards, or ties.
- Use bad tasting lotions.
- Threaten or punish the child.
- Make fun of or shame the child.
- Coax or bribe the child.

Try Instead:

- Relaxing and realizing that it rarely lasts and is not serious.

- Giving the child more love and attention.
- Observing when the child sucks the thumb or finger.
- Discovering what the child wants or needs and supplying it.
- Explaining to a school-age child the possible damage to teeth and mouth.
- Helping a school-age child break the habit by saying gently, "Show me your pretty smile," or by using an agreed upon reminder (child's name, hand on shoulder, or word such as "smile").

BITING

If The Child Bites, It May Mean The Child:

- Is still trying to put everything in the mouth (toddler).
- Is teething and needs objects or harder foods to chew on (toddler).
- Is using biting instead of words to communicate (toddler).
- Does not understand that biting hurts (toddler).
- Feels frustrated and has not developed other, more positive coping skills (preschooler).

So Do Not:

- Bite the child back.
- Encourage another child to bite the child.
- Make the child bite soap.
- Force the child to say, "I'm sorry."

Try Instead:

- Providing close supervision of the biter and being ready to step in to protect other children.
- Comforting the victim first. Tell the biter that biting hurts. Involve the biter in comforting the victim by bringing a cool, wet towel to put on bite.
- Providing an object to bite, such as a pillow or chewy toy.
- Observing when the child bites, who the victim is, and the child's reaction after biting.
- Helping children use words to cope with frustration.
- Thinking about your time schedule, equipment, activities, and guidance techniques. Are they creating or reducing stress for the children?

- Informing parents of the problem, stressing how typical biting is, and describing your plan to handle the problem.

SLEEPLESSNESS

If The Child Can't Fall Asleep, It May Mean The Child:

- Is learning a new routine.
- Does not feel sleepy.
- Feels afraid.
- Does not feel comfortable.
- Wants attention.
- Is interested in other things.

So Do Not:

- Completely darken the room.
- Reward or bribe the child.
- Threaten the child.
- Scold or punish the child.
- Put the child to bed as punishment.
- Tie or restrain the child.
- Disrupt the entire nap time.

Try Instead:

- Planning a napping chart that carefully places children in the room.
- Avoiding over-stimulation near nap time.
- Reading, singing, or playing with the child before putting the children to bed.
- Playing soft background music.
- Seeing the child's needs are met before going to bed.
- Tucking the child in cot or mat with true affection.
- Allowing the child to look at books or play with quiet toys.
- Offering assurance that you will wake the child up (before snack, when the others wake, first, or whatever is important).
- Putting the child back to bed kindly but firmly.
- Planning quiet activities for children as they wake up so they don't just lie on the cot.

SECTION 2

Nutrition
Part I
Nutrients Children Need

Nutrients Children Need

In the nutrition section, you will learn:

Objectives

1. what nutrients children need,
2. how to plan menus and buy food, and
3. how to handle and store food properly.

Nutrients Children Need

Children need food for growth, for energy, staying healthy, and repairing cells. If children don't get the right nourishment during their early years, they can never make up for the growth they missed.

Children may get about half their food every day in your home, so the food you serve is critical to their growth and health.

But food is important in other ways. When babies and children get hungry and are fed, they feel satisfied and learn to trust the world. As toddlers learn to feed themselves, they develop confidence that comes with knowing "I can." And because children are fed by an adult or with other children, eating is a time for learning how to talk and get along with other people.

Things To Look For

When you finish Part I, you should be able to:

1. name the 10 leader or key nutrients, what they are needed for in the body, and good sources of each,

2. name the five food groups and give examples of foods in each group, and

3. identify four common nutritional problems in infants and preschool children and how to prevent them.

Leader Nutrients

Altogether, the body needs 50 or more nutrients for good health. But scientists have found that people usually get the nutrients they need if they get enough of certain key nutrients. These nutrients are:

1. protein
2. carbohydrate
3. fat
4. vitamin A
5. vitamin C
6. thiamin
7. riboflavin
8. niacin
9. calcium
10. iron

(See the Leader Nutrients chart in the Appendix for more information about each nutrient.)

Energy

Three of the leader nutrients supply energy--carbohydrates, fats, and proteins. Normally the body breaks down carbohydrates and fats for energy, but if these are used up, the body uses protein. The body needs energy constantly to do its work--pumping blood by the heart, repairing body tissues, walking and running. The amount of energy a food supplies is measured in calories. Fat gives more than twice as much energy as the same amount of carbohydrate or protein. One gram of carbohydrate, for example, gives you four calories, but a gram of fat gives you nine. That is why it is not the bread and potatoes that make you fat, but rather the butter you put on them.

There are two types of carbohydrates: starches and sugars. Sugars come from fruits, table sugar, honey, syrups, and milk. Starches come from grains (wheat, rice, corn), dry beans and peas, and certain vegetables such as lima beans, green peas, potatoes, sweet potatoes, pumpkin and winter squash. During digestion, all carbohydrates--both sugars and starches--are broken down into glucose, the form of sugar circulating in the blood.

Aside from supplying energy, carbohydrates also furnish fiber. This is the tough, "woody" part of plants the body cannot digest. Fiber has been called "nature's broom," because it sweeps waste from the large intestine.

Protein

Building and repairing body tissue is the most important function of protein. The greatest need for protein is during periods when cells are growing rapidly, such as during infancy, childhood, adolescence and pregnancy.

Protein is made up of 22 amino acids. Eight of these must come from foods eaten each day and are called the essential amino acids. The rest are manufactured by the body. Many foods contain some amino acids. Foods that contain all eight such as meat, milk and eggs are called complete or "high quality" proteins.

Proteins from plant foods are incomplete. One or more of the eight essential amino acids is always missing. However, these foods can be combined to also make the complete "high quality" proteins and save you money too. Here are some examples:

BEANS AND GRAINS
beans and tortillas
pea soup and cornbread
beans and whole wheat
bisquits

BEANS AND SEEDS
garbanzos and sesame seeds
soynuts and sunflower seeds

BEANS AND CHEESE, EGGS
pintos and cheese (tacos)
beans and eggs

CHEESE, EGGS AND DARK GREEN VEGETABLES
broccoli and cheese
spinach souffle

EGGS, CHEESE, MILK AND GRAINS
macaroni and cheese
oatmeal and milk
toast and eggs
rice pudding

SEEDS AND DARK GREEN VEGETABLES
sesame seeds and Swiss chard
sunflower seeds and broccoli

Vitamins and Minerals

The body stores many nutrients to be used as needed. But the body does not store certain vitamins such as vitamin C, thiamin, riboflavin, niacin, and other B vitamins. So, children need to eat foods containing these vitamins every day.

Vitamin A is also very important for growing children. It is needed for building body cells, bone growth, healthy teeth, vision in dim light, healthy mucous membranes in digestive tract, nose and mouth. Vitamin A rich food should be served daily.

Children need calcium because their bones and teeth are forming. Children who don't like milk should be encouraged to eat foods made with milk such as creamed soup as well as other dairy products such as yogurt and cheese. To increase the amount of calcium the body absorbs, make sure children get plenty of vitamin D. Serve milk fortified with vitamin D or foods rich in vitamin D such as liver and eggs.

Water

One important and often ignored nutrient is water. It accounts for more than half the body's weight.

Water serves as a lubricant in the body, helps remove waste, and regulates body temperature. Children need above five or six glasses of liquids a day, which includes milk, fruit juices, and soups as well as water.

Nutrients From The Five Food Groups

Children can get the nutrients they need if they eat foods every day from the five food groups. They are:

1) milk and milk products
2) vegetables and fruits
3) meats, fish, poultry, and meat substitutes
4) breads and cereals, and
5) sweets and fats.

For additional information, refer to Extension publication The Hassle-Free Guide to a Better Diet (L-1831).

No one food contains every nutrient. Children need to eat a variety of foods within each group. A child who favors bananas, for example, should be encouraged to eat apples, oranges, and other fruits as well.

Variety is important, too, because nutrients need each other to do their work. For example, adding tomatoes, which are rich in vitamin C, to salad helps you get more iron from the vegetables.

Most Americans eat too much of the fifth group--fats and sweets. We should recognize, however, that fats are naturally present in some foods such as fatty meat, nuts, whole milk, cheeses, etc. In others, we add fats and oils in cooking as in fried foods, pastries, gravies and salad dressings. Sugars and most sweets don't offer you much more than calories. So go easy on candy, pies, cakes, pastries and most cookies.

Keeping Children Healthy

Some experts are beginning to think that many serious health problems like heart disease and cancer are related to what we eat. Because we develop our eating habits in childhood, it makes sense to start children out right.

Iron Deficiency Anemia

The single most common nutritional problem in babies and preschoolers is a lack of iron. Sometimes it's hard to pinpoint anemia without a lab test, but anemic children are often pale, listless, irritable, and have little energy or appetite.

You can help prevent anemia by feeding children iron-rich foods such as red meats, fish, poultry, leafy green vegetables like spinach and mustard greens, raisins and prunes, iron-enriched breads and cereals, dry beans and peas, and egg yolks.

You can increase the iron the body absorbs from non-meat foods by eating food rich in vitamin C. For example, drinking orange juice helps the body absorb the iron in eggs. On the other hand, you can decrease iron absorption by drinking tea, coffee, or a soft drink containing caffeine during the meal or up to an hour afterward.

Obesity

We used to think that fat babies were healthy babies. Now we know that fat babies are likely to grow up to be fat adults with high risk for heart disease, high blood pressure or diabetes.

Obesity is often caused by overeating. Children can learn to overeat by watching their parents or other adults. They may learn that food is a reward for good behavior. For example, adults may say:

"Here's a piece of candy for being such a good girl or boy."

Or they may learn that food can fill needs other than hunger, such as sucking on a bottle or eating a cookie when they miss Mommy.

The best guide for feeding children is their appetite. In feeding infants, learn to recognize the first sign of fullness--even if the bottle still has formula in it. (See Feeding Infants, Part II.)

Toddlers often have poor and unpredictable appetites because they are not growing as fast as before. You may be tempted to coax a toddler to eat more. But it is best to offer small servings and allow children to serve themselves when they are able. This way, children learn to respond to their hunger and not someone's praise.

Preschool children have small stomachs. It is hard for them to get all the nutrients they need in three meals, so nutritious snacks are essential. Encourage children to taste all foods served--at least one bite--but never force them to eat or punish them for not eating. Avoid praising children for "cleaning their plates," and do not withhold dessert if a child does not eat everything.

Prepare meals and snacks that are nutritious. Do not skimp on carbohydrates, because these contain essential nutrients. Between meals, encourage children to run, jump, dance, ride tricycles, and play outdoors to get lots of exercise.

Tooth Decay

About half of all American children have at least one cavity by the time they are three years old. Baby teeth are important, even though they are shed later. They guide the growth of permanent teeth, allow proper chewing, and play a role in developing speech.

Teeth become decayed when they have long and repeated contact with sugar. White and brown sugar are the most common kinds, but honey, molasses, and corn syrup also contain sugar. Many other foods contain forms of sugar: dextrose and fructose in fruits and vegetables, maltose in cereal products, and lactose in milk.

To prevent decay, avoid sweetened fruit drinks, presweetened cereals, cookies, cakes, pastries, candy, and sugared chewing gum. What about nutritious high-sugar food such as bran muffins, oatmeal cookies, yogurt with fruit, and dried fruits? Serve them with meals because at mealtime the mouth produces more saliva that can help rinse the teeth.

Encourage children to drink water or unsweetened fruit juice when they are thirsty. Do not let babies sleep with a bottle of milk or fruit juice. Encourage children to brush their teeth after meals. Ask parents to send a soft-bristle, child-size toothbrush and a storage container with the child's name on it.

Food Allergies

You may find that some children are allergic to certain foods. Babies, for example, may develop eczema--patches of rough, red rash--on their faces, necks, or other parts of the body. Eczema can be caused by an allergy to a certain food, contact with some material such as wool or powder, or both. Fat babies are more likely to have eczema than thin babies.

If the eczema is severe, encourage parents to ask their doctor about experimenting to see which food is the irritant. The doctor may recommend shifting from cow's milk to evaporated milk or a soy milk. Sometimes it helps to stop feeding orange juice or egg yolks or to limit the amount of sugar and cereal.

Do not cut out several foods at the same time because it often takes two weeks or more to show improvement. Even with the same diet, eczema can change from week to week with changes in weather and clothing. Usually eczema clears up completely by the time a child is one or two years old.

Other food allergies may show up such as runny noses, congestion, wheezing, hives, and in some cases vomiting. If you notice these symptoms after a meal, check with parents to see if they have observed the same thing. Ask whether any family member has trouble with allergies. Depending on how severe the reaction is, you may want to eliminate the suspected food and substitute with one that provides the same nutrients. As children get older, they are usually able to tolerate a troublesome food if they eat a small amount at intervals of a week or more.

A number of things can influence or cause allergic reactions. Foods are one of the most frequent causes of allergic reactions in children.

Because babies often lack the enzymes necessary to digest food properly, they should not be given solid food before they are four to six months old. Protein is especially likely to cause a reaction and even a minute amount may be enough to cause difficulty. The most common food allergens--that is, food which cause allergic reactions--are wheat, milk, eggs, fish (including shellfish), strawberries, citrus fruits, tomatoes, chocolate, nuts, cereals, berries and legumes (including peanuts). Allergies may also result from consuming several of these foods together. Some children may react to the residues of pesticides or chemical additives such as coloring in foods. When you care for a child with allergic tendencies, work together with parents to see that the child's diet follows the doctor's instructions.

Preventing Illness

The healthier children are, the less likely they are to get sick. By feeding children nutritious meals and snacks, you are helping their bodies produce the defenses to fight infection. Too, by helping children form good eating habits, you can help your children become healthy adults.

Things You Might Try

1. On a scrap of paper, write the menus and snacks you fed the children yesterday. Identify each food according to which of the five food groups it comes from. Did you serve foods from all five

groups? Should you consider reducing the amount of foods from the fifth group? Identify foods containing one or more of the 10 leader nutrients.

2. Read the ingredients on your cereal boxes. Ingredients are listed in order by weight. The most nutritious cereals list whole wheat, oats, corn or another grain first. Then read the nutrition information and identify the leader nutrients. How do the nutrients change if whole milk is considered part of the serving? Compare the cost per serving of oatmeal (or another cooked cereal) and a dry cereal.

3. Ask you county Extension agent for information and publications that show how to combine non-meat proteins in main dishes. Try three recipes you think children will like. How do these dishes compare in nutrition and cost to baked chicken or T-bone steak?

4. On a sheet of paper, write the names of the children in your care. During the coming week, observe their eating habits. What are their food likes and dislikes? Do they eat a variety of foods? Do they eat too fast or too slow? How do they show they've had enough to eat? Do they expect to be praised when they have cleaned their plates? Do they always want dessert? Consider how the foods you serve and your behavior influence their eating habits. For example, do you force your food preferences for one or two foods? Are mealtimes pleasant occasions? Are snacks being eaten too close to mealtimes?

   If you suspect a problem such as anemia, obesity, tooth decay, or an allergy, express your concern to the child's parents. Together discuss what can be done about it.

5. Plan or review your menus for the coming week. Think of ways to cut back on fats, sugar, and salt. Add more fresh vegetables, fruits, and whole grains. How can you make these changes part of your regular cooking and eating habits?

6. Look in your pantry and refrigerator and make three lists:

   1. foods you find that are rich in vitamin A

   2. foods rich in vitamin C, and

3. foods rich in iron.

Which foods could you buy to enhance your supply of these foods? Which foods are rich in both vitamins? Select one food from each list to serve tomorrow.

1. Besides protein and carbohydrates, the 10 leader nutrients are: _____

   a) vitamin A, vitamin C, vitamin D, thiamin, riboflavin, niacin, calcium, and iron;
   b) vitamin A, vitamin C, vitamin B_{12}, thiamin, riboflavin, niacin, calcium, and iron;
   c) vitamin A, vitamin C, fat, thiamin, riboflavin, niacin, calcium, and iron; or
   d) vitamin A, vitamin C, thiamin, riboflavin, niacin, calcium, phosphorus, and iron.

2. Match the nutrients with what they do in the body:

a) protein	____ form bones and teeth
b) carbohydrates and fat	____ release energy from food
c) riboflavin, thiamin, niacin	____ repair cells
d) vitamin C	____ build body tissue
e) calcium	____ supply energy
f) iron	____ ensure healthy membranes
g) vitamin A	____ form blood hemoglobin

3. Which food group is the best source
   of calcium? _____
   of protein? _____
   of vitamins A and C? _____

   a) fruit and vegetable group,
   b) bread and cereal group,
   c) meat, fish, poultry group,
   d) milk and cheese group, or
   e) fat group.

4. Foods such as bread, rice, corn, red beans, yams, and potatoes are: _____

   a) starches, which are fattening, and should be avoided,
   b) good sources of carbohydrates and other nutrients,
   c) high in protein, thiamin, niacin, and riboflavin, or
   d) excellent sources of calcium, phosphorus, and potassium.

5. The following foods are excellent sources of <u>both</u> vitamins A and C: _____

   a) broccoli, spinach, cantaloupe, sweet potatoes;
   b) beets, squash, green peas, carrots;
   c) spinach, turnip greens, oranges, apricots; or
   d) tomatoes, carrots, spinach, grapefruit.

6. A low-cost, high-protein substitute for meat is: _____

   a) green pea soup,
   b) cheese omelet,
   c) tomato and eggplant casserole, or
   d) pinto beans and cheese tacos.

7. Michele, 3, is allergic to milk and dairy products. Which foods can you encourage her to eat to get calcium? _____

   a) eggs, whole wheat bread, peanuts;
   b) tuna, chicken, margarine;
   c) potatoes, rice, cauliflower, or;
   d) spinach and mustard greens.

8. The most common nutritional problem in infants and preschool children is: _____

   a) iron-deficiency anemia,
   b) lack of vitamin C,
   c) eating foods with too many additives and artificial coloring, or
   d) colic.

9. The following foods are rich in iron: _____

   a) beets, pinto beans, prunes, liver;
   b) broccoli, spinach, strawberries, peanut butter;
   c) carrots, cherries, liver, whole wheat bread; or
   d) beets, grapefruit, whole wheat bread, liver.

10. Darin, 3, is overweight. Which of the following would NOT be very helpful in helping him lose weight? _____

    a) serving more meat and less bread and potatoes,
    b) encouraging him to ride a three-wheeler,
    c) allowing all the children to serve themselves, or
    d) letting him leave the table even though he has not finished his vegetables.

11. The best way to help children avoid tooth decay is to: _____

    a) have them drink fluoridated water,
    b) take them to a dentist for regular checkups,
    c) encourage them to brush their teeth often,
    d) avoid serving sugary foods and encourage them to brush their teeth after eating, or
    e) make sure they get plenty of milk and other foods rich in calcium.

12. Which child below is most likely to have eczema? _____

    a) Jennifer, 8 months, has a dry, pink rash on her cheeks, the back of her neck, elbows, and knees;
    b) Sam, 3, has a pink rash around the neck and on his forearms;
    c) Karen, 12 months, has a red rash on her stomach and a temperature of 101 degrees; or
    d) Mikey, 2, had patches of flaking skin on the soles of his feet, the palms of his hands, and his scalp.

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Nutrition
Part II
Feeding Infants and Children

Feeding Infants and Children

Mealtimes have been important social events throughout history. Seated at a table and sharing food, families have talked about their activities and interests, made plans, and exchanged news. Today it is hard for busy families to find time to eat together and to have a relaxed and pleasant mealtime.

Feeding Infants and Children

Family day homes can give children this valuable experience. By eating family-style, children can learn how to feed themselves and behave appropriately at the table. Children learn more by watching you than from what you tell them.

Things To Look For

When you finish Part II, you should be able to:

1. describe how to bottle-feed infants and how to introduce solid foods,
2. explain how to help babies and toddlers learn to feed themselves,
3. explain how to make mealtime pleasant for toddlers and preschool children, and
4. suggest things you can do to help handicapped children feed themselves more easily.

Feeding Infants

Nursing is probably the best time of all for babies. As they suck warm milk in the arms of a caring adult, babies feel happy and secure. When you accept a baby for care, ask parents these questions:

1. Will parents bring bottles already prepared? If not, how do you mix the formula or prepare the milk?
2. How often should the baby be fed, and how much do you give the baby each time?
3. Does the baby like the bottle warmed or cold?
4. What instructions has the doctor given for the baby's diet? When should solid foods be started?
5. If the baby is eating solid foods, what are the foods and how much of each should be given?
6. Is the baby allergic to any foods?

Bottle Feeding

Babies tend to like frequent feedings at first, and then settle down to a schedule with three or four hours between feedings. When babies are hungry,

they cry, suck their fingers, or make sucking movements with their mouths. Babies are not hungry every time they cry. Check first to see if the baby needs a clean diaper, is comfortable, or just wants to be held. Sometimes babies are satisfied with water or a pacifier. As babies grow, their needs change. A baby who takes a bottle every three hours today may need a bottle every four hours tomorrow.

Store bottles in the refrigerator and label them with the baby's name. At feeding time, warm the bottle in a bottle warmer or pan of warm water. Hold the bottle upside down and shake a few drops on your wrists or inner forearm. Be sure the milk is lukewarm and drops slowly. Checking the warmth of milk heated in a microwave oven is also critical. A bottle warm to the touch may contain milk hot enough to burn an infant's mouth.

In feeding, tilt the bottle in the baby's mouth so the nipple and neck are full of milk. Otherwise the baby will suck air. Partway through the feeding, burp the baby. Babies usually burp air and spit up a little formula. Burp the baby again after feeding. If the baby does not finish the bottle, return it immediately to the refrigerator or throw the rest away.

Watch for signs of fullness. Urging infants to finish bottles when they are no longer hungry teaches them to overeat. Infants are full when they:

- play with the bottle, letting milk dribble down the side of the mouth,
- fall asleep while nursing,
- cry, or
- turn away or refuse the bottle.

Always hold the baby while feeding and try to be relaxed. NEVER PROP THE BOTTLE. Propping can cause choking or ear problems and deprives the baby of emotional closeness. Talk softly to the baby, responding to the baby's gurgles and eye movements.

Other pointers:

- During hot weather, offer babies cooled boiled water at least twice a day in addition to formula.
- Never put sugar in the baby's water or milk.
- Wait until babies are at least two years old before giving skim milk or non-fat milk.

Starting Solid Foods

When babies are about six months old, you can begin introducing solid foods. Starting solid foods before this age may cause allergies and weight problems.

Doctors recommend introducing cereal first. Start with one or two tablespoons mixed with formula until soupy. As the baby becomes used to it, gradually make the cereal thicker.

Babies are born knowing how to suck but they have to learn how to swallow. Using a small spoon, place a little cereal (about a quarter of a teaspoon) on baby's upper gum in a wiping motion. The cereal will fall on baby's tongue where it can be explored before going down. Or place it farther back on the baby's tongue so baby can try to swallow it.

Babies often spit out unfamiliar food. This does not mean they do not like it. Aside from having trouble swallowing, the food may be too warm or they may want milk first. Some parents put cereal in bottles or infant feeders. This is not a good idea because it keeps baby from learning to swallow and chew and leads to overeating.

Give babies the same food for about three days before trying a different kind. Watch for any reaction such as gas, diarrhea, skin rash, or vomiting. If babies have such a reaction, stop feeding the food. When babies are over the upset, try a different new food. Be sure to tell parents about any food that does not agree with the baby.

You can prepare nutritious foods for babies by running fruits and vegetables through a blender and freezing them. Freeze small servings in ice cube trays and break out one or two cubes for each feeding. Or store frozen cubes in plastic baggies. Warm the cubes to room temperature for feeding. Do not return unfinished food to the refrigerator because the baby's saliva and germs can make it unsafe.

As you prepare baby foods, be especially careful about washing your hands and following other sanitary practices (See Part IV). Because of problems with germs, avoid accepting opened jars of baby food or home-prepared foods from parents.

If babies do not like a food, do not force them to eat it. Wait a few weeks and try it again.

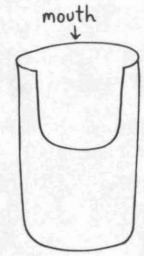
Watch for signs that the baby has had enough to eat. Full babies:

- play with food,
- spit out food or throw it on the floor,
- turn away,
- refuse to open the mouth,
- cry, or
- try to get down.

Every baby is different. How you start one baby on solid foods may be different from how you start another. See "Infant Feeding Guide" in the Appendix for a general idea.

Babies Learn To Feed Themselves

When babies can sit by themselves in a high chair, give them finger foods such as small pieces of banana or dry cereal that is easily dissolved. These get babies used to the idea of feeding themselves. Enriched bread and crackers are also good for stimulating gums when babies are teething.



After babies are eating finger foods, give them an empty cup to play with. Later pour a little juice or milk in it and offer them a drink. Gradually babies will place their hands on the cup and hold it just as they do the bottle. To avoid spills, use a special cup, which is lipped at the top and weighted at the bottom.

Some babies are ready to give up the bottle by 8 or 9 months and others are not ready until 15 months. Watch for these signs: playing with the bottle, looking around while sucking, or avoiding the bottle when given other foods. In weaning, offer milk for one feeding from a cup. If babies do not finish the milk, give the rest from a bottle. Continue offering milk from a cup when babies are hungry. Many babies can be weaned completely when they are about a year old. Some will want a bottle at bedtime until they are two. But do not give babies a bottle every time they cry.

At eight to ten months, babies may reach for their spoons and try to feed themselves. They may also drop their spoons on the floor and show delight at their accomplishment. This is a time when babies are learning many new things. At first they will not get much food in their mouths. They may get frustrated and cry. Feed them with a second spoon until they can get enough on their own. By 24 months, most babies have enough wrist and elbow coordination to feed themselves with a spoon.

Be patient and do not worry about the mess babies make while eating. Dress babies in bibs or old shirts and place newspaper or an old plastic shower curtain on the floor. That way it will not matter if babies spill milk and drop food. Praise babies as they try to feed themselves.

Most important, remember that when babies start feeding themselves, they give up some of the closeness they felt in being nursed. Try to find other times to hold babies and give them lots of affection throughout the day.

Feeding Toddlers

When children are about one year old, their growth rate slows and so does their appetite. They may nibble at their food or refuse to eat. They cannot get all their nutrients in three meals so they need nutritious snacks in mid-morning and mid-afternoon.

Aside from not being hungry, children between one and three years old often go through a stage of saying no to show their independence. Respect this independence and do not coax or bribe toddlers into eating. Too, toddlers who are overly tired or excited may not be interested in eating.

Eating is a big task for toddlers. They are still learning how to use spoons and forks, bring food to their mouths, and chew. Usually by 30 months when all the baby teeth are in, toddlers can chew better. Although we take eating for granted, toddlers may find it overwhelming.

It will not hurt toddlers if they do not eat much at mealtime as long as they get enough nutritious snacks. On the other hand, children should know that they cannot snack whenever the mood strikes them. Try to guide toddlers in eating at regular times while allowing them to feel independent and important.

Some toddlers will demand a certain food every day. Others will insist on using a particular cup or bringing a special toy to the table. These food jags and rituals give toddlers a feeling of security. Go along with them as best you can until the children forget about them.

General Tips For Feeding Toddlers

DO:

1. Give toddlers finger foods such as orange slices, peeled apple slices, and meat sticks. As toddlers begin cutting molars (14 to 18 months), offer coarser foods such as raw vegetables.

2. Occasionally offer toddlers a choice of foods. For example, do they want apple or grape juice?

3. Cut up vegetables and meats in bite-size pieces until toddlers want to do this themselves. They may fuss when they find they cannot do it and cry when you offer to help. Be patient and encourage their efforts. Try to serve foods they can cut up easily.

4. Give milk at the end of a meal because milk can fill small stomachs before children have finished eating.

5. Use small spoons and forks that fit toddlers' mouths. Use plates with rims, bowls with raised edges, and weighted cups and glasses to avoid spills. Fill glasses and cups only halfway.

6. Seat toddlers in high chairs or booster chairs so they can reach their food easily and see everything.

DON'T:

1. Don't give toddlers nuts, popcorn, potato chips, fibrous fruits and vegetables such as celery, or stringy pieces of meat. These foods are too hard for toddlers to chew and can cause choking.

2. Toddlers have sensitive mouths, so avoid foods with bitter or sharp tastes. Serve food warm, not too hot or too cold. Toddlers may balk at strange textures--gummy mashed potatoes, slimy okra, or scum on soup.

3. It is important to prepare foods simply without rich (high-fat or high-sugar) sauces, gravies and spices, but do not confuse simplicity with sameness. Children get bored eating the same foods just as adults do.

Feeding Preschoolers

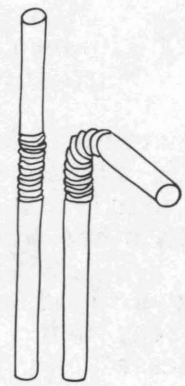
Children three to five years old are more independent, sociable and expressive than toddlers. They can speak well enough to say when they are hungry, what they want to eat, when they are full, and when their tummies hurt. They are becoming more aware of the outside world and show an eagerness to learn.

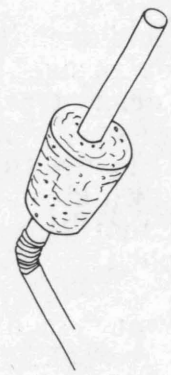
As children become more adept in using spoons and forks, they can begin learning basic table manners. During meals and snacks, children can gain practice in talking, listening, and taking turns. They also

can learn to do more for themselves. Generally they start with tasks that require the whole arm (wiping the table, scrubbing vegetables) and progress to jobs that demand more eye-hand coordination (pouring milk, spreading butter on rolls).

Tips For Feeding Preschoolers

- Encourage children to wash their hands before eating, help set the table, and bring their plates to the sink after eating.
- Set the table with rounded dinner knives to allow children to learn how to cut up their food and spread butter on bread. Stand by to help if needed and do not worry if children get tired and eat with their fingers.
- Serve milk and juice in creamers or small pitchers so children can practice pouring.
- When children tip over their milk glasses or some other accident happens, let children help clean it up without scolding them.
- Allow children to help in the kitchen--counting plates needed for the table, measuring cups of water, mixing batter for muffins, cutting bananas or cheese with a table knife, kneading dough, and cutting out biscuits. Talk about what you're doing so children learn about size, quantity, shape, color, and texture.





(Note: Never leave children alone in the kitchen. If you have to leave to answer the phone or tend to a crying infant, take precautions such as putting away knives, disconnecting mixers, or taking the children with you.)

Feeding School-Aged Children

If you care for children 5 to 12 years old, the only food you may prepare is an after-school snack. This snack is important after hours of concentrated study and active games at school.

School-agers often like to choose their own snack, so offer them nutritious choices. Sometimes they will want to prepare it themselves. If the timing is right, they may help you prepare snacks for the other children.

If you serve breakfast, encourage them to eat a nutritious meal, even if it is only a cheese or peanut butter sandwich, or toast and apple with milk. On school holidays and in the summer, you may prepare

lunch for school-agers. As a rule of thumb, try to include one serving from each of the five food groups. School-agers are getting their permanent teeth and building bones, so they still need plenty of milk or milk products.

Helping Children Enjoy Food

- Make mealtimes as relaxed and pleasant as possible. A quiet time before meals can help children settle down.
- Seat children in the same place at every meal. This helps them feel more secure.
- Encourage pleasant conversation and give each child a chance to talk. Children should not talk so much that they forget to eat or try to outdo each other by yelling.
- Set a good example in eating with your mouth closed, using a napkin, passing food, and saying "please" and "thank you."
- Serve small portions and let children decide if they want second helpings.
- Allow children to eat according to their appetites. Do not praise them for cleaning their plates, or offer dessert as a reward.
- Serve foods that are colorful and easily identified. Children may turn up their noses at potatoes that are yellow instead of white, for example.
- Serve new foods one at a time and no more than once a week. Try to interest children in the color and taste, and encourage them to take at least one bite.
- If children do not like a certain food, do not insist that they eat it. (You probably do not like certain foods either.) Try serving it a different way--fresh spinach salad instead of cooked spinach, for example--or find a substitute.
- Give children choices sometimes and let them suggest menus. Macaroni and cheese, peanut butter sandwiches, and spaghetti and meatballs are nutritious favorites.
- Occasionally make food fun. Make faces on oatmeal cookies with raisins for eyes, nose and mouth. Cut sandwiches into circles or triangles.

Spread peanut butter on celery sticks and dot with raisins to make "ants climbing up a tree."

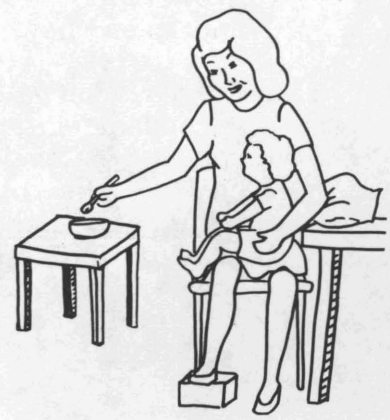
Tips For Handling 'Problem' Eaters

- Encourage fast eaters to stay at the table by engaging them in conversation. If they get too fidgety, have them help a toddler or leave the table to read a book or play a quiet game.
- Allow slow eaters to finish at their own pace, while you and the other children slowly begin clearing the table.
- If a child plays with food, throws it, or says "I do not like it," take the food away matter-of-factly. Offer to substitute with another if the child is still hungry.
- Seat poor eaters next to good eaters to give them a model to follow. Do not compare one child to another, but do praise children when they do something well.
- If you are especially concerned about a problem eater, discuss your concern with the child's parents. Start keeping a record of everything the child eats or drinks for about a week. Note the quantity of food or drink and the time of day. You may notice that the child is snacking too much, filling up on milk, or being too tired at mealtime. Together with parents, decide what the problem is and how to solve it. It may be wise for parents to show the eating record to the child's pediatrician.

Feeding Handicapped Children

Handicapped children have the same basic needs of all children. They need to feel loved, to feel they belong, and to feel free from fear. Every child also needs to feel independent and successful. So it is important to encourage handicapped children to do as much as possible for themselves. Here are some tips for feeding handicapped children:

- In feeding a handicapped baby, place a pillow against the table and have the child lay against the pillow facing you with his legs around your waist.
- In feeding a handicapped toddler, rest your elbow on a small pillow to help you hold the child. Rest your foot on a block to keep the child from falling forward.



- Give the child a larger spoon, which is easier to use in scooping up food.

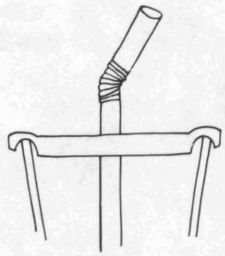
- Make the handle of a spoon or fork easier to grip by bending the handle or slipping a spool, cork or Styrofoam ball on the handle.

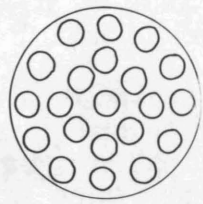
- Have children drink from a cup with a handle or through a straw kept in place with a lid.

- Use suction soap holders under plates or glasses to keep them from sliding off the table.

- With blind children, name the foods and talk about how each food smells, tastes, and feels.

- To teach mentally retarded children how to feed themselves, break down each task into smaller activities. First teach them how to hold the spoon. When they can do that, show them how to bring the spoon to the mouth. Then show them how to fill the spoon and bring it to the mouth.





Things You Might Try

1. The next time you bottle-feed an infant, observe how you create a warm, trusting environment. Consider the room you are in, the sounds baby hears, the kind of chair or rocker you sit in, how you hold the baby, how you talk or look at the baby, how you burp the baby, and how you know when baby is finished. Try playing soft, soothing music or making other changes to make baby feel loved and secure.

2. On a sheet of paper, write a feeding schedule for the infants in your care. Jot down times infants usually eat, how much they eat, and types of foods. Plan what you would do if two infants became hungry at the same time and wanted to be fed. Consider how the schedule will change in the coming months as the infants grow older. Discuss the schedule with parents and plan how solid foods will be introduced.

3. As you serve lunch, observe what you do to encourage infants and toddlers to feed themselves. Consider the room, the table and chairs, the plastic or newspapers under the table, the dishes, the foods, the cues children give to indicate they are ready to feed themselves, and how to respond to their efforts. Try giving children a variety of finger foods.

4. Plan a tasting party to have at snacktime with your children. You might select different kinds of bread or crackers (whole wheat, rye, oatmeal, cornbread), dried fruit (prunes, raisins, apricots), or cheese (Swiss, Cheddar, mozzarella). Gather children around the table and have them watch as you cut the food into small pieces. Name the food and talk about the color and how it feels. Ask if anyone knows where it comes from. Pass the food around on a plate and have children taste each one. (Do not force them.) Set a good example by tasting each one yourself. Talk about how each food tastes and feels in the mouth. Later when you serve the food as part of a meal or snack, remind the children about the tasting party.

5. Set up regular routines for preschoolers to wash their hands, help set their own places, and return dishes to the sink. You might make a chart on paper or chalkboard listing each child's name and the task. As each child completes a task, mark a check or attach a star.

6. Ask your county Extension agent for the pamphlet, "Nutrition For Toddlers and Preschoolers" (ENP-2157-E). After reading it, discuss it with another family day care provider. Choose an easy recipe such as scrambled eggs or salad and involve children in preparing it. What safety rules do you need to follow? How do children feel about themselves and the meal? What do the children learn about nutrition?

7. To help children learn more about foods, allow them to help you plant some vegetables or herbs, water and care for them, and then prepare them to eat. Or visit a neighbor's garden and talk about how things grow.

8. If you care for handicapped children, ask your county Extension agent for names of local agencies and organizations concerned with different types of handicaps--mental retardation, cerebral palsy, blindness, deafness. Call the agencies and ask for materials to help you learn more about the handicaps and how you can best help the children in your care.

1. Babies should always be held during bottle feeding primarily because: _____

   a) parents prefer that caregivers give their babies special attention,
   b) propping can cause choking and does not give babies the human contact they need,
   c) sitting in a rocker gives the caregiver a much-needed break, or
   d) babies tend to fall asleep before finishing all their milk if the bottle is propped.

2. Taking solid foods too soon may make infants more prone to allergies, so it is better to feed: _____

   a) rice cereal mixed with formula in an infant feeder,
   b) orange juice to assure they get vitamin C,
   c) infant cereal so they will sleep better at night, or
   d) only formula and water or milk.

3. Tomasita, 8 months, has two lower front teeth, can sit up by herself, and is learning to hold a cup. Her daily feeding might include: _____

   a) formula, crackers, orange juice, infant oatmeal;
   b) skim milk, infant oatmeal, apple juice, mashed carrots;
   c) formula, infant oatmeal, banana slices, mashed carrots, apple juice;
   d) formula, infant oatmeal, orange juice, mashed green peas, bacon, cheese.

4. Match the behavior to the feeding change.

a) plays with the bottle	_____ start crackers and finger foods
b) sits in high chair	
c) feeds self crackers	_____ give child a spoon
d) reaches for spoon	_____ offer milk in a cup
e) holds a cup	_____ give juice in a cup
	_____ give child a cup

5. Josh, 18 months, has recently stopped taking a bottle. At lunch, he refuses to eat. The wisest thing to do is: _____

   a) suspect an illness and call his parents,
   b) recognize that he is not growing as fast as before and later offer him a nutritious snack,
   c) recognize that he is going through a no stage and keep offering his lunch later in the afternoon until he finishes it, or
   d) say, "If you want to grow big like your daddy, you have to clean your plate."

6. Tamara, 2½, turns up her nose at the broccoli and cheese and says she does not want to try it. What would be an effective response? _____

   a) "Tamara, when you finish your broccoli, you will get a nice dessert."
   b) "Look how Casey and Chris have eaten theirs. They like broccoli, don't you, boys?"
   c) "Are you sure? Broccoli looks kind of like trees to me. Let's see how a little tree tastes."
   d) I am going to tell your Mommy you did not eat your broccoli."

7. Jana, 3, tries pouring juice from the big pitcher and spills it all over the counter. What is the most effective response? _____

   a) "Look at the mess you made. Now I will have to clean it up."
   b) "You are sweet to help but you are too little to do that. Let me do it."
   c) "It is all right, but next time ask me first."
   d) "Help me clean this up, and we will get a pitcher that is more your size."

8 Which of the following suggestions would NOT be a good way to help children enjoy meals? _____

   a) Have children run and play outside right before meals to work up a good appetite.
   b) Sit down with children and serve meals family-style.
   c) Show them by example how to use a napkin, pass food, and say "please" and "thank you."
   d) Serve nutritious food that children like such as peanut butter sandwiches, macaroni and cheese, spaghetti and meatballs, and bean and cheese tacos.

9. To help physically handicapped children learn how to feed themselves and feel successful, you can: _____

   a) have them use a drinking straw and a spoon with a cork on the handle,
   b) feed them alone and before the other children,
   c) spread newspapers under their chairs, guide their hands in bringing food to the mouth, and encourage them to try harder, or
   d) talk to parents about hiring a therapist to help you at mealtime.

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Nutrition
Part III
Planning Menus and Buying Food

Planning Menus and Buying Food

Aside from meeting nutritional needs of children with the meals and snacks you prepare, you want to save time and money. You can do that by learning basic principles of meal planning and food buying.

Planning Menus and Buying Food

When you finish Part III, you should be able to:

Things To Look For

1. Write a cycle menu to use in planning meals and snacks,
2. List at least 10 non-sugar, nutritious snacks for preschool children,
3. Calculate food quantities needed for a complete menu cycle, and
4. List at least five ways to save money in meal planning and food buying.

What To Cook?

It is best to plan menus a week or month in advance. In fact, once you have planned a month's menus, you can simply repeat them the next month. This is a cycle menu. To avoid having the same meals fall on the same days, plan 19 or 21 menus (or another number not divisible by five) in one cycle. You can vary the menus slightly during each cycle to take advantage of fruits and vegetables in season, include hot or cold dishes according to the weather, and make something special for holiday meals.

Set aside a quiet time--perhaps when the children are napping--to plan menus. Think about your own family's meals while planning for the children. Consider the ages of children in your care and the meals and snacks you are responsible for. For example, you may need to plan breakfasts for one toddler, morning snacks and lunches for four preschoolers, and afternoon snacks for those children plus two school-age children. The following menu pattern is a quick guide to planning individual meals and snacks to assure that children get the nutrients they need.

MENU PATTERN

Foods	1-3 years	3-6 years	6-12 years
Breakfast			
Milk	1/2 cup	3/4 cup	1 cup
Juice or fruit or vegetable	1/4 cup	1/2 cup	1/2 cup
Bread or	1/2 slice	1/2 slice	1 slice
cold dry cereal	1/4 cup	1/3 cup	3/4 cup
or hot cooked cereal	1/4 cup	1/4 cup	1/2 cup
Snack (Choose 2 of 4)			
Milk or alternate	1/2 cup	1/2 cup	1 cup
Fruit or vegetable	1/2 cup	1/2 cup	3/4 cup
Bread or cereal	1/2 slice	1/2 slice	1 slice
Meat or alternate	1/2 ounce	1/2 ounce	1 ounce
Lunch (or supper)			
Milk or alternate	1/2 cup	3/4 cup	1 cup
Meat or cheese	1 ounce	1 1/2 ounces	2 ounces
or egg	1	1	1
or cooked dry beans	1/4 cup	3/8 cup	1/2 cup
or peanut butter	2 tbsp.	3 tbsp.	4 tbsp.
Vegetables and fruits (2) totaling	1/4 cup	1/2 cup	3/4 cup
Bread	1/2 slice	1/2 slice	1 slice
or alternate	1/4 cup	1/4 cup	1/2 cup

Taken from: Meal Requirements for Children, Child Care Food Program, U.S. Department of Agriculture.

MENU PATTERN

USEFUL EQUIVALENTS

1 tablespoon	=	3 teaspoons
1 fluid ounce	=	2 tablespoons
1/4 cup	=	4 tablespoons
1/3 cup	=	5 1/3 tablespoons
1/2 cup	=	8 tablespoons
3/4 cup	=	12 tablespoons
1 cup	=	16 tablespoons
2 cups	=	1 pint
2 pints	=	1 quart
4 quarts	=	1 gallon

STEPS IN PLANNING

1. Select the meat or meat alternate for meals in each day of the cycle

Meat or Meat Alternate

- Use a menu planning form similar to the one in the Appendix.

- Jot a list of meat dishes that children like to eat and you like to prepare. Favorites are spaghetti with meat sauce, baked chicken, meat loaf, tacos, sloppy joes, tuna salad, macaroni and cheese, scrambled eggs, baked beans, and peanut butter sandwiches.

- Children generally like simple and lightly seasoned foods. They also like to identify every food. In planning casseroles and stews, use recipes that will allow you to separate the meats and vegetables before serving them to toddlers.

- It is okay to repeat a meat during a cycle but change the way you prepare it--baked turkey and turkey salad, for example.

- Some casseroles and soups do not contain the amount of meat each child needs, as specified in the menu plan. Or a child may have to eat an overly large serving of a meat alternate to get enough. To overcome this problem, combine meats and meat alternates in one dish (frankfurter and beans, for example). Or serve another meat or meat alternate in the same meal (egg salad sandwich and cheese cube, for example). Or serve a meat or meat alternate in a snack the same day.

2. Select vegetables and fruits to go with each meat and to use as snacks.

Vegetables and Fruit

- Serve a fruit or vegetable rich in Vitamin C at least once a day. See "Foods Containing Vitamin A, Vitamin C, and Iron" in the Appendix.

- Serve a Vitamin-A rich food daily or at least three times a week.

- Plan for one to three servings of other fruits and vegetables every day, especially those containing iron.

- Plan foods that can be adapted easily for the different ages of children you care for. For example, peaches can be washed and served whole to 5-year-olds, peeled and cut up for toddlers, and mashed for 8-month-olds.

- Plan for at least one serving of a vegetable or fruit to be served raw each day. For children under age two, plan raw foods that can be chewed easily--bananas, peeled apples, peeled peaches, ripe avocado.

- Plan to introduce a new vegetable or fruit occasionally, but no more than once a week.

3. Choose a bread or cereal to go with meat and vegetables.

Bread or Cereal

- Include whole grain foods as much as possible--whole wheat rolls and bran muffins, for example.

- Try to use a different kind of bread or bread alternate each day--cornbread, tortillas, sandwich buns, bagels, graham crackers, for example.

- Include a variety of enriched egg noodles, macaroni, brown rice, and other pastas.

- For breakfasts, choose cereals that list a whole or enriched grain first. Avoid sugar-coated cereals.

4. Serve milk as a beverage with each meal.

Milk or Milk Products

- Do not serve children low-fat milk until they are at least two years old.

- If children do not like milk, substitute with milk products they like--cheese cubes, fruit-flavored yogurt, for example--or disguise milk in other foods--cottage cheese in jello, milk in pudding, for example.

5. Round out each meal or snack with other foods that add nutrients, especially iron.

Snacks

- Do not serve desserts with every meal. If children have a taste for something sweet,

plan a fruit, custard, or nutritious oatmeal or peanut butter cookie.

- In writing menus, jot down butter for muffins, mustard and mayonnaise for hamburgers, Parmesan cheese for spaghetti, and other toppings and condiments so you can include these on your shopping list.

6. Evaluate the menus.

Evaluate

- Check menus against the menu planner. Have you included the right kinds and amounts of food for each meal and snack?

- Are sugars and sweets kept to a minimum?

- Have you avoided serving any one meat or meat alternate more than three times a week? (For example, it is okay to serve hamburgers on Monday, meat loaf on Wednesday, and sloppy joes on Friday, but no other dishes with ground beef the same week.)

- Have you avoided preparing foods the same way in the same meal--chicken a la king and creamed corn, for example?

- Have you included fresh fruits and vegetables in season? Have you planned foods suitable to the weather (cold salads for summer and hot soups for winter, for example)?

- Visualize the colors of each plate of food. If the plate has several white or cream colors, vary vegetables or add garnishes to include a touch of green, red, orange, or brown.

- Mentally cut up and chew the foods in each meal. Have you balanced soft foods with crisp ones? mild flavors with strong flavors? hot foods with cold ones? Have you varied the shapes and sizes of foods--avoiding same shapes such as meatballs, green peas, and grapes in the same meal, for example? Have you included finger foods?

- Can each meal or snack be prepared without a lot of trouble?

- Have you considered children's cultural and religious food customs--that is, what the children normally eat at home? Have you

planned special foods for holidays and birthdays?

- Are the meals reasonable in cost?

Improve Menus

As you use the menus, watch for ways to improve them. You may note foods that children really enjoyed, foods that took too long to prepare, and leftover foods that could have been planned for another meal. You will also see that you have some flexibility in meals--switching Tuesday and Friday lunches, having an impromptu "tea party" at snacktime, or taking a picnic outdoors.

Post Menus for Parents

7. Post the menus so parents can see them.

By posting menus, you relieve some anxiety parents may feel about their children "going hungry" or "getting the right kinds of foods" while away from home. By informing parents of what children eat in your home, you help prevent parents from serving the same things on the same days. You also serve as a model of how parents can plan nutritious meals and snacks for their children.

Using a cycle menu helps you plan ahead so you can buy in large quantities and take advantage of advertised specials. It also saves you time in shopping.

Weekly Menu

1. Make a separate shopping list for each week of the menu cycle.

   - Use a weekly worksheet such as the one shown in the Appendix.
   - Separate the foods for each meal and snack into categories: meats, fruits, vegetables, breads, cereals, milk products, butter and oils, and other foods.
   - Include ingredients needed for main dishes such as onion, eggs, and cheese.

Portion Size

2. Calculate the amount of each food needed by multiplying the portion size by the number of children to be served.

   - The portion size will vary according to the children's ages. Refer to the menu planner. If you care for children of different ages, it may help to break all portions down to the

smallest size--such as figuring one 1/2 cup serving as two 1/4 cup servings.

- A meat serving is considered to be cooked lean meat without bones. In figuring chicken, count a drumstick as a 1-ounce serving, a thigh as a 2-ounce serving, and a breast half as a 4-ounce serving. Ground beef shrinks by about 30 percent in cooking, so buy about one-third more than the calculated need (One pound yields about 12 ounces, or eight servings for children 3 to 6 years old.) Depending on fat content and other factors, meats will shrink in cooking, so allow for shrinkage when considering servings.

- To calculate dried beans, pastas, cereals, and other foods that expand during cooking read the package label or recipe to find the number of servings yielded.

- Knowing the amount needed helps you decide which size of an item to buy. See the chart for servings from common can sizes.

- Be sure to figure extra amounts of certain foods needed for infants who are starting solid foods.

3. Check your refrigerator and pantry for foods you have on hand.

Food Inventory

- Consider buying staples--such as flour, sugar, salt, noodles, and cereals--in bulk. Buying in quantity can help you save money on these items.

- Consider the size of your refrigerator, freezer, and pantry in deciding what quantities to buy.

4. Write down the foods and quantities you need to buy for the first week's menus.

First Week's Menu

- Check the list against the foods needed in the second, third and fourth weeks to see if you can buy some foods in quantity, provided you have adequate storage.

- Check the food section of the newspaper for specials on foods on your list or foods you buy regularly. Do not buy something just

because it is on sale. Be sure you can store it properly, it is nutritious, and children will eat it.

- Check prices at more than one store.

COMMON CAN SIZES AND APPROXIMATE SERVINGS

Can Size	Number of 1/4 cup servings
8 ounces	4
10 1/2 to 12 ounces (No. 1)	5
14 to 16 ounces (No. 300)	7
15 to 17 ounces (No. 303)	8
20 ounces or 18 fluid ounces (No. 2)	10
27 to 29 ounces (No. 2 1/2)	14
26 ounces	23
6 1/2 pounds to 7 pounds 5 ounces (No. 10)	48 to 50

Saving Money By Shopping Smart

With shopping list in hand, follow these tips for getting the best buy for your money.

- Eat before you go to avoid buying food that looks good because you are hungry.
- Try to stick to the shopping list, making exceptions for unadvertised specials or fresh foods in season.
- Remember that convenience may add to the cost of an item. Precooked and prepackaged foods are generally more expensive. Are you willing to pay more for the time and work it saves?
- Consider making your own breads. It costs only about 30 cents a pound, depending upon the ingredients you use, and children can help in mixing and kneading.
- Buy instant non-fat dry milk to mix one-to-one with fresh milk. Or mix dry milk as directed and use in cooking.
- Fruits and vegetables in season often cost less than processed fruits and vegetables or those not in season.
- Store-brand items usually cost less than nationally advertised items. Some stores also sell foods with no brand names but rather a black

and white label that simply says "Rice" or "Peanuts," and these are even cheaper.

- Look for unit pricing on grocery shelves to compare prices of items. The shelf with peanut butter, for example, will have stickers showing that the 12-ounce size costs 10.5 cents per ounce while the 28-ounce size costs 8.6 cents per ounce. Unit prices will vary by brand, too. Often it is cheaper to buy the largest size.

- Read the labels. Ingredients are listed in order by weight. The first ingredient in juice should be juice. The first ingredient in tomatoes should be tomatoes. If water or sugar appears first, it is better to buy a different brand listing the main food first, even if it costs more.

- Avoid buying foods with too many additives, especially salt, sugar (sucrose or another form ending in -ose), artificial flavors and colors, sodium nitrite, and MSG (monosodium glutamate).

- Look for expiration dates. Milk products are often stamped with a date, such as "Oct 15" or "1015," which means they should not be sold after that date. Some meat packages say "Sell by Nov 9" or "Better if used by Nov 9." If a package says "Exp Nov 9" or "Do Not Use After Nov 9," that means the quality goes down after that date.

- Avoid highly processed foods such as bologna, bacon, cheese spreads, fruit drinks, and unenriched white bread as well as junk foods such as chips, cupcakes, doughnuts, fried pies, and soda pop.

- Ask the checker to call out the prices and watch the electronic price monitor to make sure you are being charged accurately.

Saving Time

By planning menus and shopping lists in advance, you save more than money. You save time. By shopping once a week (except for bread and milk perhaps), you avoid extra trips to the store. Here are some other time-saving tips:

- Prepare food ahead of time whenever possible. While washing the supper dishes, for example,

bake a batch of muffins or make a gelatin salad to use the next day. Or thaw out extra ground beef so that while preparing meat loaf for your family, you can also make hamburger patties for the children for tomorrow's lunch. Or double every recipe and freeze half for later use.

- Use one-serving leftovers to make homemade TV dinners. If you have a piece of leftover turkey one day and a little broccoli the next, place these in compartments on aluminum trays and freeze. Continue adding small leftovers until you have several trays that you can serve as a pot-luck meal.

- Do not waste time thawing out food. Remember (or make yourself a note) to take meat out the day before to let it thaw in the refrigerator.

- Use a basic biscuit mix for muffins, rolls, pancakes, and other bread items. Ask your county Extension agent for a large batch recipe that you mix up ahead of time and use as needed.

- Choose foods that can be cooked, served and even stored in the same container to save on clean-up time.

- Sort through recipes for those that require four or fewer ingredients or that take 30 minutes or less from refrigerator to table.

- Keep a variety of tuna, canned soup, pork and beans, and other quick-fix foods on hand for those days when nothing goes right and the children need to be fed fast.

- Consider buying a microwave oven, blender, food processor or other time-saving equipment.

Things You Might Try

1. Using your favorite recipes or those from magazines, cookbooks, and other sources, collect three recipes for easy-to-prepare, lightly seasoned main dishes using each of the following: chicken, turkey, ground beef, liver, ham, and fish. How would you find time to prepare these while caring for children? How might you fit the preparation of these dishes into those you prepare for your family?

2. Contact the local unit of the Texas Department of Human Services for information regarding financial and other supports related to nutritional services of family day homes. Family day homes, regardless of the income level of children they care for, can take part in the United States Department of Agriculture's Child Care Food Program. To take part, you must be registered with the state and have a sponsor (a family day care association, church, child-care center, or other non-profit organization). You will be asked to follow the menu planner included here and keep attendance records. You may also receive more nutrition information and sample menus.

3. At your next meal, measure servings of foods as directed by the menu planner. Can your toddlers eat 2 tablespoons each of two vegetables (or fruits) to equal 1/4 cup at one sitting? Can your 4-year-olds eat 4 tablespoons of each to equal 1/2 cup? What about the meat, milk, and bread servings? If any servings are overly large for some children, look at other foods children are eating the rest of the day. Think how you might work in the kinds and amounts of foods suggested in the menu planner.

4. Plan a menu cycle according to the steps outlined. Evaluate the menus for their nutritional value, appeal to children, and affordability. See the sample menus in the Appendix.

5. Using the same cycle, think how you might vary it for fall, winter, spring and summer. Include seasonal fruits and vegetables, warm and cold dishes, and special foods for holidays.

6. Serve a sugar-free snack to the children every day for the coming week. Vary the snacks to include fruits, juices, vegetables, breads, and milk products. Encourage children to help you prepare these by pouring juice or washing fruit.

7. Using your cycle menu, prepare a separate shopping list for each week. Try using the first list for your next shopping trip and prepare the meals as planned. What changes do you need to make in the second week's shopping list before going to the store?

8. Check the newspaper for grocery store advertisements. Some newspapers run special food sections on Thursdays. Compare prices at different stores. Is any store running a sale on items on your list? If so, would the money saved be worth a trip to that store?

9. On your next shopping trip, look for unit pricing on peanut butter, applesauce, milk, or any other three items you buy often. Would you save money by buying a larger size or a different brand?

10. Save your grocery and food receipts for a month, including one-item trips and take-out orders for pizza and hamburgers. Think of ways to cut $5 off each week's food bills.

1. A cycle menu is: _____

   a) a formula specifying the amount of meats, vegetables, fruits, milk, and bread needed in each menu,
   b) a month's list of menus that are repeated the next month,
   c) a sequence of steps to use in planning menus,
   d) a way of rotating main dishes to make efficient use of leftovers.

2. List 10 non-sugar, nutritious snacks for preschool children, and note which snacks are suitable for infants and toddlers.

   1) 6)
   2) 7)
   3) 8)
   4) 9)
   5) 10)

3. To plan meal and snack menus, in what order would you do the following steps?

   ____ select vegetables and fruits, especially those rich in vitamins A and C,
   ____ evaluate the menus,
   ____ select breads and cereals,
   ____ select meat or main dishes,
   ____ select beverages,
   ____ post menus for parents to see,
   ____ select food rich in vitamins and minerals, especially iron.

4. It is a good idea to post menus for parents to see primarily because: ____

   a) the state health department requires it,
   b) parents want to know they are getting their money's worth,
   c) parents tend to worry less about what their children are eating and can learn about good nutrition from your example, or
   d) it forces you to get better organized in grocery shopping and cooking.

5. Change the menus below to make them more nutritious and appealing.

   Peanut butter-jelly sandwich
   Carrot sticks
   Milk
   Chocolate cupcake

   Fried pork chops
   Black-eye peas
   Fried okra
   Milk

   Red beans and rice
   Green peas
   Whole kernel corn
   Milk

   Tuna and noodles
   Baked potato
   Cauliflower
   Milk

6. Assume that you care for one 1-year-old, two 2-year-olds, two 3-year-olds, and one 4-year-old Monday through Friday. Calculate the least amount of fresh milk you would need to buy to meet their nutritional

needs for their lunches only, not counting snacks or extra milk to allow for spillage. _____

a) 12 to 16 cups (about 3 quarts)
b) 16 to 19 cups (about 1 gallon)
c) 20 to 25 cups (about 1 1/2 gallons)
d) 28 to 32 cups (about 2 gallons)

7. For the same group of children, you plan to serve meat loaf on Monday and hamburgers on Friday. Calculate the least amount of ground meat you would need to buy to meet their nutritional needs. _____

a) 1 pound
b) 1 1/4 pounds
c) 1 1/2 pounds
d) 2 pounds

8. A 32-ounce jar of dill pickles that normally costs $1.39 is advertised at a reduced price of $1.12. A 24-ounce jar of the supermarket's house brand of dill pickles is 72 cents. Which would be the best buy and why? _____

a) The advertised special because you save 27 cents.
b) The advertised special because larger quantities are always cheaper per ounce.
c) The house brand because you save 40 cents over the other jar.
d) The house brand because it costs 3 cents an ounce compared to other at 3 1/2 cents an ounce.

1. A cycle menu is: B

   a) a formula specifying the amount of meats, vegetables, fruits, milk, and bread needed in each menu,
   b) a month's list of menus that are repeated the next month,
   c) a sequence of steps to use in planning menus,
   d) a way of rotating main dishes to make efficient use of leftovers.

2. List 10 non-sugar, nutritious snacks for preschool children, and note which snacks are suitable for infants and toddlers.

1)	Banana slices *	6)	Orange slices	Many other possibilities
2)	Crackers *	7)	Carrot sticks	
3)	Yogurt *	8)	Dry cereal	
4)	Cheese strips *	9)	Hard-cooked eggs *	
5)	Apple juice *	10)	Peanut butter on bread	

3. To plan meal and snack menus, in what order would you do the following steps?

   2 select vegetables and fruits, especially those rich in vitamins A and C,
   6 evaluate the menus,
   3 select breads and cereals,
   1 select meat or main dishes,
   4 select beverages,
   7 post menus for parents to see,
   5 select food rich in vitamins and minerals, especially iron.

4. It is a good idea to post menus for parents to see primarily because: C

   a) the state health department requires it,
   b) parents want to know they are getting their money's worth,
   c) parents tend to worry less about what their children are eating and can learn about good nutrition from your example, or
   d) it forces you to get better organized in grocery shopping and cooking.

5. Change the menus below to make them more nutritious and appealing.

Peanut butter-jelly sandwich	Fried pork chops
Carrot sticks	Black-eye peas
Milk	~~Fried okra~~ Cooked okra
~~Chocolate cupcake~~ Oatmeal cookie	Milk
Red beans and rice	Tuna and noodles
~~Green peas~~ Spinach	~~Baked potato~~ Beets
~~Whole kernel corn~~ Pineapple slices	~~Cauliflower~~ Green salad
Milk	Milk

(Other possibilities)

6. Assume that you care for one 1-year-old, two 2-year-olds, two 3-year-olds, and one 4-year-old Monday through Friday. Calculate the least

amount of fresh milk you would need to buy to meet their nutritional needs for their lunches only, not counting snacks or extra milk to allow for spillage. B

a) 12 to 16 cups (about 3 quarts)
b) 16 to 19 cups (about 1 gallon)
c) 20 to 25 cups (about 1 1/2 gallons)
d) 28 to 32 cups (about 2 gallons)

7. For the same group of children, you plan to serve meat loaf on Monday and hamburgers on Friday. Calculate the least amount of ground meat you would need to buy to meet their nutritional needs. B

a) 1 pound
b) 1 1/4 pounds
c) 1 1/2 pounds
d) 2 pounds

8. A 32-ounce jar of dill pickles that normally costs $1.39 is advertised at a reduced price of $1.12. A 24-ounce jar of the supermarket's house brand of dill pickles is 72 cents. Which would be the best buy and why? D

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Nutrition
Part IV
Food Handling and Storage

Food Handling and Storage

As a family day home provider, you need to know basic principles of food handling. By practicing cleanliness, you can prevent food poisoning. What is more, by storing and cooking foods properly, you will assure that food keeps as many nutrients as possible.

Food Handling and Storage

When you finish Part IV, you should be able to:

Things To Look For

1. explain how to prevent food poisoning,
2. describe proper storage and shelf life of different foods, and
3. explain how to cook vegetables so they keep as many nutrients as possible.

Unless you take care in cleaning and handling foods, children may suffer from food poisoning. One kind of food poisoning is caused by bacteria--tiny organisms that live in the air, the water, soil, our bodies, and food. Some bacteria are helpful. They are used in making cheese, in pickling foods, and in making antibiotics to fight disease. Other bacteria are harmful. Salmonella, streptococcus, and other bacteria can cause vomiting, diarrhea, headache, fever, and in some cases death.

Cleanliness In The Kitchen

Just like us, bacteria need warmth, food, and water to live and grow. The ideal temperature for bacteria is anywhere between 45 and 140 degrees Fahrenheit. An ideal place for bacteria is food--especially moist, low-acid, high-protein food, such as cream-filled pies, meat, gravy, milk, eggs and any dishes containing eggs like potato salad. In fact, most foods already contain bacteria and can pick up more in storage and handling.

A second kind of food poisoning is caused by harmful chemicals and metals. Fresh foods may be covered with residues of insect killer or come in contact with cleansers, lead, and other chemicals in your home. Sometimes food can pick up chemicals from certain kinds of cooking utensils. Chemical food poisoning can result in vomiting and diarrhea as well as convulsions, loss of muscle control, and disturbed sight, hearing, and speech.

To prevent food poisoning and illness, follow these rules:

1. Keep hands and cooking tools clean. Cleanliness

Wash your hands before handling food, after using the toilet, and after changing diapers. Make sure children wash their hands before eating and after using the toilet.

Avoid handling food if you have a sore throat or diarrhea. Cover cuts and burns with plastic bandages. Cough and sneeze into tissues, dispose of tissues in the trash, and wash hands before touching food.

Wipe off can tops before opening.

Use a spoon rather than your hands for mixing or serving foods. Use a spoon to taste foods while cooking and use a clean spoon for each taste. Wear a clean apron or clothing every day.

Wash counter tops, tables, chopping blocks, knives, pans and other equipment with soap and water after each use. To kill bacteria, clean work surfaces and utensils with a chlorine bleach solution (1 tablespoon bleach to 1 gallon of water) and let them air dry. Cutting boards, can openers, blenders, and meat grinders especially need this treatment. Another way to sanitize dishes is to wash them in a dishwasher with water temperature at 180 degrees Fahrenheit.

Do not handle raw food and cooked food in the same area or with the same utensils unless you clean them between uses. It is best to have two cutting boards: one for raw meat and one for vegetables and fruits.

Wipe up spills with paper towels. Keep trash in covered containers away from the food preparation area. Take trash out often and clean garbage cans with soap, water and disinfectant between uses.

2. Keep hot foods hot and cold foods cold. Temperature

Serve food immediately after cooking. Do not hold food at room temperature or in an oven below 125 degrees. Food that has been out for more than three or four hours may be unsafe.

Thaw frozen meat in cold water, the refrigerator, or the microwave. Do not let it sit on the counter at room temperature for several hours.

3. Refrigerate food immediately. Refrigeration

Refrigeration does not kill bacteria, it simply keeps bacteria from growing. When storing large leftovers such as a ham, remember that it takes longer for the center of the food to cool down. So it is better to dip the container in a cold water bath first, or divide up the food in small containers.

Leftover canned foods and juices should be covered and stored immediately in the refrigerator. If you plan to store something longer than one day, take it out of the can and place it in a covered plastic container.

When reheating leftovers, be sure to heat them thoroughly to at least 165 degrees in the center.

Most leftovers should be used within three or four days. When in doubt about whether a food is safe, throw it out.

4. Do not store or handle food near harmful chemicals or metals. Food Safety

Insect killers, cleansers and other household chemicals should be stored in a place separate from foods.

If you have trouble with roaches or other insects, clean out all storage areas, throw away all opened cartons, seal all cracks and crevices, use insect spray or strips as directed, and restock shelves. Even the cleanest homes have insect problems, so you may need to call a professional exterminator.

Do not use galvanized iron containers or those made with lead, zinc, antimony or cadmium for preparing or cooking foods. Using unglazed or improperly glazed pottery can result in lead poisoning.

Use only the containers intended for preparation and storage of food. Dark green or black trash can liners, for example, should not come in direct contact with food or ice to be eaten. To store food, use plastic bags labeled for food storage.

Storing Food Safely

Different foods are stored in different ways. In general, try to keep storage areas clean. Control temperature and moisture in both the pantry and the refrigerator.

Dry Storage

The pantry or cupboard should be dry--away from the water heater, water pipes, or sink. Do not place food containers on the floor. Shelves should be far enough off the floor to allow cleaning.

The pantry or cupboard should be cool--between 50 and 70 degrees Fahrenheit. It should be away from the oven and other heat sources, and doors should be kept closed to keep out sunlight.

The pantry or cupboard should be well-ventilated to keep out moisture, keep temperatures down, and prevent odors. Do not stack food cartons tightly against the wall so that air can circulate. It is a good idea to store heavier items on lower shelves and lighter items on higher shelves.

Remove all leaking and bulging cans from your shelves. Date cans and packages as you buy them or note expiration dates so you can use them while they are still good. Rotate your stock so that you use the older products first.

Do not store foods under the sink. Moisture from pipes can cause rust on cans or molds on foods. Openings around pipes should be repaired to keep out insects and mice.

Cold Storage

Perishable foods should be stored in a refrigerator at temperatures of 38 to 40 degrees Fahrenheit. It is a good idea to buy a refrigerator thermometer and check it often to be sure foods are kept at this level.

Frozen foods should be placed in the freezer as soon as you bring them home from the store. Store them at 0 degrees Fahrenheit. Although food remains frozen up to 32 degrees, food begins to lose its quality as temperature rises above 0 degrees. Open the freezer door only when necessary. Take out the whole container of ice instead of standing at the open freezer taking out individual cubes.

Store frozen foods in their original containers or use materials that are tight fitting or moisture-proof. Use freezer tape to label containers with name of food, amount, and date so you will know what you are storing.

If food gets thawed by accident, cook and use it as soon as possible. Do not refreeze thawed food.

STORAGE OF DIFFERENT FOODS

METHOD	FOODS
Store in original wrapper in breadbox and use within a week.	Breads
Store in refrigerator, especially in hot, humid weather. Bread can be frozen for two to three months without any loss of quality.	Whole Wheat Bread Without Preservatives
Store in tightly closed containers at room temperature.	Cereals, Flour, Sugar, Spices
Store in refrigerator and use within a week or two. If eggs are cracked, use them only in foods that will be thoroughly cooked.	Eggs
Store in covered containers and use within two to four days.	Leftover Yolks and White
Store in the coldest part of the refrigerator. Use ground meat, poultry, fish and liver within one or two days. Use roast, steaks, chops within three to five days. Use ham within a week.	Raw Meats
Refrigerate and use within a week after opening from vacuum-sealed packages.	Cold Cuts
Some need to be refrigerated.	Canned Meats
Store covered in the refrigerator to avoid absorbing odors, and use it within a week.	Fresh Milk
Store at room temperature until opened and then refrigerate like fresh milk.	Canned Milk
Store in tightly wrapped containers in refrigerator. Use cottage cheese within five days and other soft cheese within two weeks. Avoid using cheese with mold.	Cheese
Store in a cool, dry, well-ventilated place. Potatoes keep better in darkness.	Potatoes, Yams, Onions
Store in the refrigerator. Most, except for tomatoes and unhusked corn, should be stored in plastic bags or plastic containers to retain moisture.	Other Fresh Vegetables
Store at cool room temperature (60 to 70 degrees Fahrenheit). Citrus fruits should be eaten within two weeks, but apples may be good for a month.	Apples, Citrus Fruits

METHOD	FOODS
These may need to be held at room temperature until they ripen, then refrigerated.	Bananas, Pears, Peaches, Melons
Refrigerate and use within five days.	Grapes, Berries, Pineapples, Plums
Store in tightly closed containers in a cool place. Use within six months. In hot, humid weather, store in refrigerator.	Dried Fruits
Store in tightly covered containers in the refrigerator and use within two weeks.	Butter, Margarine
Store at room temperature.	Cooking Oil, Shortening
Refrigerate after opening.	Mayonnaise, Salad Dressing
Store in refrigerator after opening.	Peanut Butter
Store at room temperature and use within six months.	Unshelled Nuts
Store in airtight containers in refrigerator or freezer and use within six months.	Shelled Nuts
Store at room temperature until opened. Then refrigerate. If crystals form on honey or syrup, place container in hot water before serving.	Jellies, Jams, Honey, Syrup

Cooking To Save Nutrients

Foods may start out packed with nutrition when they leave the farm, but whether they are still nutritious when they get to your table depends to a great extent on storage and cooking. As a general rule, the fresher foods are, the more nutrients they contain.

Water soluble vitamins, such as vitamin C, thiamin, riboflavin, niacin and other B vitamins, are sensitive to heat, light and air. For example, green vegetables stored at room temperature lose nearly all their vitamin C after a few days. Similarly, milk sitting out in a glass pitcher in daylight loses half its riboflavin in two hours.

It is not practical to eat all foods fresh, so some compromise has to be made between saving vitamins and preventing spoilage. Frozen and canned foods have had some vitamins destroyed during processing, buy they can still provide necessary nutrients. It

is wise to use a variety of fresh, frozen and canned fruits and vegetables in meals and snacks.

Cooking can be especially destructive. Generally, vitamins can be washed out by soaking or washing vegetables in too much water, cutting them into small pieces, and cooking them too long. Proteins in meats are not lost in cooking, but some thiamin is destroyed simply by the heat and other B vitamins can be lost in water.

To save as many nutrients as possible, follow these rules:

Vegetables

1. Peel vegetables thinly or not at all.

   - Avoid peeling root vegetables such as carrots and potatoes. Scrub them to remove dirt and then cook in skins.

   - Keep trimming to a minimum and leave vegetables in the largest possible pieces for cooking.

   - If you must peel, mash, shred, or chop food, do it just before cooking or serving.

2. Use water sparingly in washing and cooking.

   - Wash lettuce, spinach, mustard greens, and other dark, leafy vegetables before storing. Wash other fresh vegetables just before using. In washing, try to remove soil, chemical residues, and insects.

   - Avoid soaking peeled and cut vegetables in water before cooking.

   - Steam vegetables rather than boiling them. Or use a minimal amount of water.

   - Heat the water to boiling first and then add the vegetables.

3. Cook vegetables quickly.

   - Cook fresh vegetables until they are slightly crisp, rather than soft and mushy.

   - Do not thaw frozen vegetables (except for corn-on-the-cob) before cooking. Use a small amount of water, bring to a boil, and simmer until tender. Frozen vegetables are already partially cooked, so do not overcook.

- In using canned vegetables (except for canned tomatoes or creamed corn), drain off some of the liquid and cook only until heated.

4. Save water drained from cooked or canned vegetables and use in soups and sauces. It is rich in nutrients.

Fruits

- Choose firm or underripe fruits for cooking. Cook at a low temperature for a short time.

- Soak dried fruit in warm water for 20 to 30 minutes and then cook until tender. Add as little sugar as possible after cooking.

Meats

- For tender cuts such as roasts, cook in dry heat--an uncovered pan without added water. Roast with fat side up and use a meat thermometer to check doneness.

- For less tender cuts, use moist heat--in covered pan with water--and simmer.

- Fish are easily overcooked. Cook only until it becomes flaky and white.

- In scrambling eggs, cook only until the white solidifies. Cool hard-cooked eggs quickly to avoid greenish color around yolk.

- Soak dry beans and peas in hot water for an hour or at room temperature overnight before cooking. Use the same water for cooking and cook only until tender.

Cereals and Pasta

- Offer hot cereal often because it is generally more nutritious than cold cereal. Make hot cereal even more nutritious by cooking it in milk rather than water, or add 1/3 cup dry milk to every cup of water.

- Do not rinse rice, spaghetti or other pasta after cooking. These should be tender but firm when cooked.

Things You Might Try

1. Make a chlorine bleach solution (1 tablespoon chlorine bleach added to 1 gallon of water) and use it to rinse cutting boards, can opener, refrigerator shelves, sink, counter tops, and garbage pails. Discard any unused solution, or label it and keep it out of reach of children.

2. Plan an afternoon for cleaning out your cupboard and pantry. Check for spoiled or outdated foods, insects, spills, and general cleanliness. Should some items be transferred to tightly covered containers, stored in the refrigerator, or discarded? Do you need to find different storage areas for some items, such as household cleansers?

3. Plan another afternoon or evening for cleaning out your refrigerator and freezer. Do some items need to be used quickly or discarded, transferred to plastic bags, placed on a different shelf? What changes do you need to make in shopping, cooking, and storing patterns?

4. Call your county Extension agent for pamphlets about food storage and handling. Ask for specific information about problems you have encountered--creating more storage space, getting rid of insects or rodents, for example.

5. Review your menu cycle for cooked vegetables. Think how you can change the way you normally cook these vegetables to save more nutrients. Try cooking a couple of dishes to save nutrients and note the preparation time and children's reactions. Plan how you could make nutritious cooking part of your regular routine.

6. Find a recipe for homemade vegetable soup and make it, using water drained from other cooked vegetables. Find three other ways to use this drained water in cooking, rather than pouring it down the sink.

1. Which are two good ways to sanitize dishes and cooking utensils--that is, kill bacteria on them? _____

   a) rinse them with a mild chlorine bleach solution or wash them in the dishwasher with water at 180 degrees Fahrenheit,
   b) rinse them with a commercial disinfectant or place them in the freezer at 32 degrees Fahrenheit for a couple of hours,
   c) rinse them with rubbing alcohol or let them dry in the sun, or
   d) wash them in the dishwasher with water at 180 degrees or place them in the freezer at 32 degrees for a couple of hours.

2. To keep down the growth of bacteria, frozen raw meat should be thawed by: _____

   a) moving it to the refrigerator section about four days before it will be used,
   b) setting it in a covered bowl on the counter overnight,
   c) moving it to the refrigerator the day before or placing it in cold water,
   d) placing it in a warm (100-125 degrees) oven for three or four hours.

3. Leftover food from a meal should be: _____

   a) refrigerated immediately and used within three or four days,
   b) allowed to sit on the stove until cool,
   c) used within a week and reheated to at least 125 degrees,
   d) used later the same day or thrown out.

4. Besides bacteria, food poisoning can result from: _____

   a) being around people with salmonella and streptococcus germs,
   b) contact with household chemicals and unglazed pottery,
   c) concentrated food colorings and additives such as MSG, or
   d) contact with flies and roaches.

5. For storing dry foods, the pantry or cupboard should be: _____

   a) cool (50 to 70 degrees), dark, and tightly packed to keep down air flow;
   b) dark, warm (70 to 80 degrees), and slightly humid;
   c) cool 50 to 70 degrees), dry, and well-ventilated; or
   d) room temperature, dry, dark, and well-ventilated.

6. After a trip to the grocery store on Saturday, Mrs. Hunter placed the potatoes in a bin by the hot water heater, the chicken in the refrigerator meat drawer to use Thursday, a small ham in the same drawer to use Friday, and apples in a large bowl on the kitchen table. How could she have improved the storage of these foods? _____

   a) placed the potatoes on the lowest shelf of the pantry closet and the chicken in the freezer,
   b) placed the potatoes and apples in the refrigerator,
   c) placed the potatoes and apples in a hanging wire basket by the window, or
   d) placed the ham in the freezer and the applies in the refrigerator.

7. While cooking supper for her family one night, Mrs. Heeton also prepared some foods to use the next day. She sliced three oranges for the children's snack, washed the fresh spinach and left it on the counter for a couple of hours to dry, cooked green beans until they were soft and tender, and saved the water from the green beans to use in soup. Which things, if any, could she have done to save more nutrients? _____

   a) Nothing
   b) Sliced the oranges right before eating the next day.
   c) Refrigerated the spinach right after washing.
   d) Cooked the green beans only until slightly crisp.

1. Which are two good ways to sanitize dishes and cooking utensils--that is, kill bacteria on them? A

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   d) wash them in the dishwasher with water at 180 degrees or place them in the freezer at 32 degrees for a couple of hours.

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   c) used within a week and reheated to at least 125 degrees,
   d) used later the same day or thrown out.

4. Besides bacteria, food poisoning can result from: B

   a) being around people with salmonella and streptococcus germs,
   b) contact with household chemicals and unglazed pottery,
   c) concentrated food colorings and additives such as MSG, or
   d) contact with flies and roaches.

5. For storing dry foods, the pantry or cupboard should be: C

   a) cool (50 to 70 degrees), dark, and tightly packed to keep down air flow;
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   d) Cooked the green beans only until slightly crisp.

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Nutrition
Appendix

1. Leader Nutrients (Appendix 1)
2. Infant Feeding Guide (Appendix 2)
3. Foods Containing Vitamin A, Vitamin C, and Iron (Appendix 3)
4. Cycle Menu Planning Form (Appendix 4)
5. Snack Ideas (Appendix 5-6)
6. Luncheon Menus (Appendix 7)
7. Shopping List (Appendix 8)
8. Temperature Guide (Appendix 9)
9. Storing Leftovers (Appendix 10)

EXTENSION PUBLICATIONS

The following publications may be obtained through your local county Extension office:

1. The Hassle-Free Guide to a Better Diet (L-1831)

2. Nutrition for Toddlers and Preschoolers (ENP-2157-E)

LEADER NUTRIENTS

Nutrient	Needed for.....	Sources
Protein	Building new tissue, maintaining healthy body cells, part of enzymes, hormones, hemoglobin, antibodies	Meat, poultry, fish dried beans and peas, eggs, cheese, milk
Carbohydrate	Energy and fiber	Cereal, bread, potatoes, dried beans, corn, sugar
Fat	Energy, cell structure, to carry fat-soluble vitamins, for essential fatty acids	Shortening, oils, butter, margarine, salad dressings
Vitamin A	Building body cells, bone growth, healthy teeth, vision in dim light, healthy mucous membranes in digestive tract, nose and mouth	Dark green and deep yellow fruits and vegetables, butter, fortified margarine, milk
Vitamin C	Healing wounds, bone repair, growth of body cells, healthy gums and blood vessels, protection against infection	Citrus fruits, green leafy vegetables, broccoli, cantaloupe, strawberries, cabbage
Thiamin	Releasing energy from carbohydrates, promotion of good digestion and appetite, growth, muscle tone, healthy nerves	Bread and cereal products, meats
Riboflavin	Releasing energy from food, healthy skin, tongue, mouth and lips, good vision	Milk, meats, green leafy vegetables, bread and cereal products
Niacin	Releasing energy from carbohydrates, healthy digestive system, skin, mouth and tongue, healthy nervous system	Meat, fish, poultry, eggs, bread and cereal products
Calcium	Bone and teeth formation, blood clotting, regular heartbeat	Milk, cheese, dark green leafy vegetables
Iron	Hemoglobin which carries oxygen from the lungs to the body cells, prevention of anemia	Meats, liver, dry beans, oatmeal, enriched bread and cereal products

INFANT FEEDING GUIDE

Age and Development	Foods To Try	Amount Each Day
6 months, may have two lower front teeth, has some head and neck control, can sit with support, can reach for things	Iron-enriched infant cereal--rice first and then barley, oat, wheat, and finally mixed cereal. Also fruit juice--apple, grape	1 tablespoon at two feedings, gradually increased to 2 or 3 tablespoons at each feeding 2 to 4 ounces juice
7 to 9 months, begins up-and-down chewing movements, can sit unsupported, begins to develop finger control, accepts juice and water from a cup	Fruits--start with apple-sauce or mashed bananas and then try pureed peaches, apricots, plums, and pears (no sugar added). Vegetables--start with carrots and potatoes and then try pureed green beans, squash, green peas, and beets (no salt, butter or salt pork added).	1 tablespoon at one feeding, gradually increased to 2 or 3 tablespoons at noon and evening feedings
9 to 12 months, begins to cut upper front teeth, may begin round-and-round chewing movements, develops more controlled hand-to-mouth movements, may try eating with a spoon	Protein-rich food--start with mashed hard-cooked egg yolk, yogurt, and cheese, and then try mashed beans, soft-cooked chicken and other lean meats. Juices--offer orange, pine-apple, grapefruit, tomato.	1 tablespoon at one feeding, gradually increased to 2 or 3 tablespoons at one or two feedings

FOODS CONTAINING VITAMIN A, VITAMIN C AND IRON*

Vitamin A

- Asparagus
- Broccoli
- Carrots
- Kale
- Mixed vegetables
- Peas and carrots
- Pumpkin
- Spinach
- Winter squash
- Sweet potatoes
- Tomatoes
- Tomato juice, paste or puree
- Turnip greens
- Vegetable juices
- Apricots
- Cantaloupe
- Cherries, red, sour
- Fresh peaches
- Purple plums
- Prunes

Vitamin C

- Asparagus
- Broccoli
- Brussel sprouts
- Cabbage
- Cauliflower
- Collards
- Kale
- Okra
- Sweet peppers
- Potatoes
- Spinach
- Sweet potatoes
- Tomatoes
- Tomato juice, paste or puree
- Turnip greens
- Cantaloupe
- Grapefruit
- Grapefruit juice
- Oranges
- Orange juice
- Raspberries
- Strawberries
- Tangerines

Iron

- Asparagus
- Beans (green, wax, lima)
- Bean sprouts
- Beets
- Broccoli
- Brussel sprouts
- Leaf greens
- Green peas
- Winter squash
- Tomato juice paste, puree; or sauce
- Tomatoes
- Vegetable juice
- Apricots
- Dried fruits
- Dried beans & peas
- Meats, especially liver
- Peanut butter
- Shellfish
- Turkey
- All enriched or whole grain breads and cereals

*Adapted from: A Planning Guide for Food Service in Child Care Centers, USDA FNS-64, January 1981.

Cycle Menu Planning Form

	Morning Snacks		Lunches*					Afternoon Snacks	
	milk/juice	fruit/vegie or bread/meat	meat	f. or v. #1	f. or v. #2	bread	other	milk/juice	fruit/vegie or bread/meat
Day 1									
Day 2									
Day 3									
Day 4									
Day 5									
Day 6									
Day 7									
Day 8									
Day 9									
Day 10									
Day 11									
Day 12									
Day 13									
Day 14									
Day 15									
Day 16									

* Milk is the preferred beverage with lunch.

SNACK IDEAS

Children 10 Months to 2 Years

Juices:
apple, grape, orange, cranberry, pineapple, tomato

Fruits:
peeled pieces of raw apple, pear, or peach; banana slices; small pieces of cantaloupe or watermelon

Vegetables:
small pieces of soft-cooked carrots, squash, potato, broccoli

Breads:
Crackers, toast pieces, bread sticks, dry cereal (not sugar-coated), small pieces of bread

Meats:
cubes of soft-cooked chicken or beef, smooth peanut butter on crackers or toast

Milk:
milk, yogurt, ice cream, strips of processed American cheese

Children 2 Years and Older

Juices:
apple, cranberry, grape, orange, grapefruit, pineapple, and tomato juice; frozen fruitsickles; mixed vegetable juice; smoothies made by running one or more fresh fruits in the blender

Fruits (raw, canned, or dried):
apple wedges, applesauce, orange slices, grapefruit slices, tangerine slices, cantaloupe or watermelon chunks, seedless grapes, sliced peaches, pineapple chunks, sliced pears, strawberries, blueberries, banana, pitted plums and cherries, raisins, prunes

Vegetables (raw):
Cucumber slices, celery sticks, carrot sticks, tomato pieces, green pepper rings, turnip slices, cauliflower pieces, broccoli pieces, radishes, squash slices, avocado slices or dip, cabbage wedges

Breads and cereals:
whole-wheat crackers, graham crackers, bread sticks, toast, unsweetened French toast, dry cereal pieces (not sugar-coated), bran muffins, corn muffins, granola

Milk:
milk; milk flavored with prune juice or grape juice; milk shakes made with peanut butter, mashed banana, or orange juice and egg; yogurt; cheese cubes or dips; cream cheese spread on raw vegetables or crackers; jello made with cottage cheese or yogurt; egg custard

Meat:
cubes of canned or cooked chicken, ham, or beef; tuna salad, chicken salad, ham salad, egg salad or cheese in small sandwiches; cheese cubes; peanut butter spread on bread, crackers or celery or served with apples or bananas; bean dips for raw vegetables or crackers; hard-cooked eggs; tortilla filled with bean dip; shelled nuts

Sample Lunch Menus

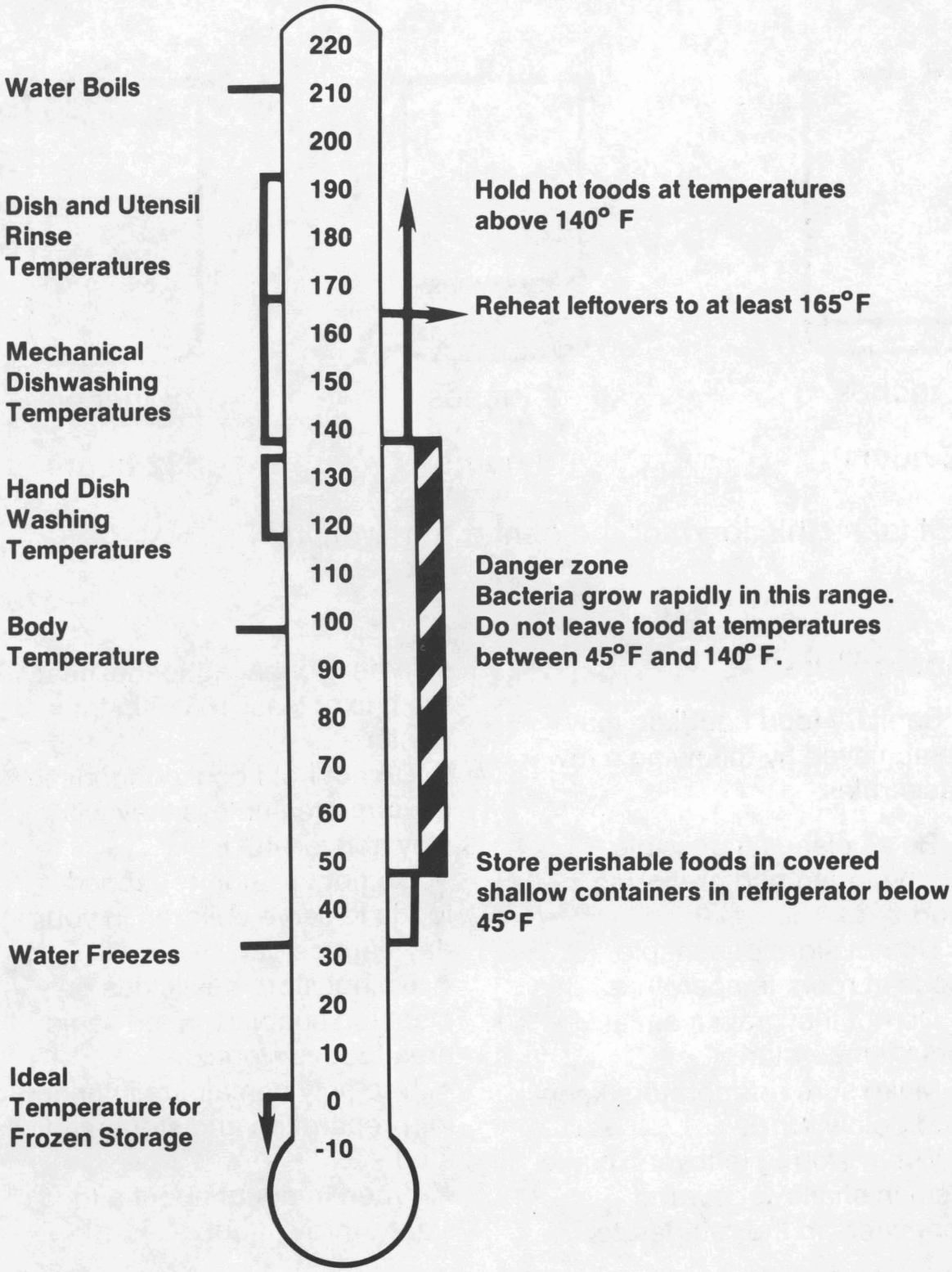
Day	Week 1	Week 2	Week 3	Week 4
Monday	Cheese & Rice Casserole Green Beans Celery Stuffed with Peanut Butter Enriched Toast, Butter Apple Crisp Milk	Hamburger Stew (with Potato) Celery Sticks, Carrot Sticks Green Beans Whole-Wheat Toast Oatmeal Cookies Milk	Cheese & Ground Beef Pizza Buttered Corn Fresh Fruit Salad Ice Cream Milk	Frankfurters Stuffed with Cheese Buttered Rice Spinach Ice Cream & Bananas Milk
Tuesday	Porcupine Meat Balls Corn Fresh Fruit Enriched Toast, Butter Chocolate Pudding Milk	Spanish Rice with Bacon Chips Broccoli Deviled Egg Whole-Wheat Toast Angel Food Cake Milk	Swedish Meat Balls Mashed Potato, Milk Gravy Broccoli Garlic Bread Fresh Green Grapes Milk	Tuna Salad Vegetable Relish Plate, Lima Beans Cottage Cheese & Pineapple Salad Rolled Wheat Muffins Butterscotch Pudding & Bananas Milk
Wednesday	Spaghetti & Meat Sauce Buttered Broccoli Carrot Sticks Enriched Toast, Butter Pears Milk	Liver Strips Saute Parsley Potatoes Buttered Carrots Fresh Fruit Rolled Wheat Cookies Milk	Oven Fried Chicken Creamed Rice, Green Beans Raw Cabbage Wedges Corn Bread Melon Milk	Roast Turkey Southern Spoon Bread Carrot Sticks, Brussels Sprouts Whole-Wheat Toast Sticks Watermelon Milk
Thursday	Beef Stew Noodles Sweet-Sour Green Beans Fresh Fruit Salad Oatmeal Cookies Milk	Ham Rice Pilaf Buttered Peas, Tomato Wedges Whole-Wheat Toast Fruit Jello Milk	Split Pea Soup with Ham Fresh Fruit Salad Rolled Wheat Muffins Baked Custard Brownies Milk	Beef Loaf Mashed Potato with Milk Gravy Buttered Peas Stuffed Celery Fresh Green Grapes Milk
Friday	Scrambled Eggs Oven-Browned Potatoes Brussels Sprouts, Stewed Apricots Whole-Wheat Toast Gingerbread Milk	Beef and Cheese Echilada Spinach Tomato Wedges Whole-Wheat Toast Ice Cream, Ginger Cookies Milk	Fish Sticks Stir-Fried Cabbage Jellied Carrot & Pineapple Salad Toast Triangles Rolled Wheat Spice Bars Milk	Baked Halibut Noodles au Gratin Green Beans Carrot & Raisin Salad Whole-Wheat Sticks Fresh Fruit Milk

SHOPPING LIST

Week of _____

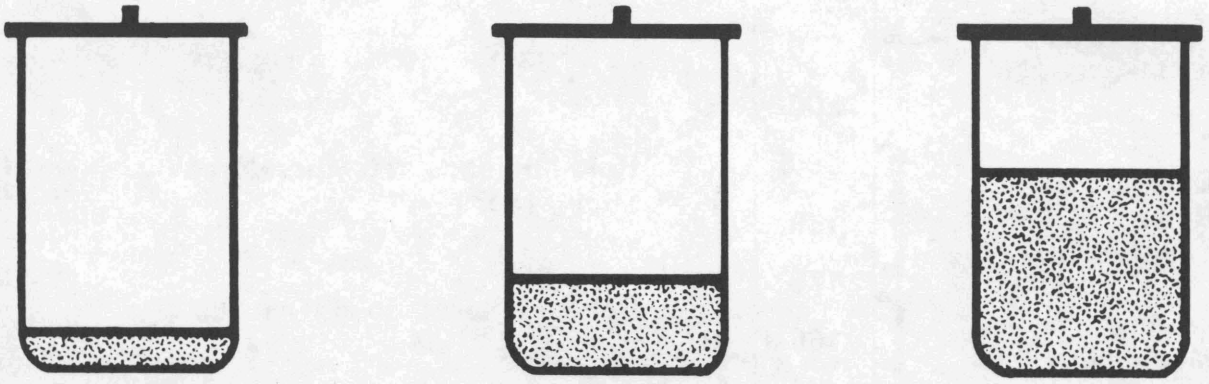
Item	Amount Needed	Amount On Hand	Difference	Amount To Order
Meats				
chicken drumsticks				
peanut butter				
etc.				
Vegetables/Fruits				
fresh—carrots				
potatoes				
canned—green beans				
apple juice				
frozen—				
dried—				
etc.				
Milk/Dairy				
whole milk				
etc.				
Bread/Cereal				
whole wheat				
dinner rolls				
flour, plain				
etc.				
Fats/Oils				
vegetable oil				
margarine				
etc.				
Sugar/Sweets				
white sugar				
etc.				
Miscellaneous				
cinnamon				
salt				
pepper				
etc.				

Temperature Guide For Handling Foods Safely



Storing Leftovers

When food is this many inches deep...



2 inches

2 hours

4 inches

8 hours

8 inches

32 hours

... it takes this long for the center to reach 45° F!

Basic Rules

Sanitary food handling may be achieved by following a few basic rules:

- Be as clean as possible when storing and preparing food.
- Do not store perishable foods at room temperature.
- Do not thaw raw meat at room temperature.
- Make sure refrigerators keep food below 45° F.
- When storing leftovers, place them in shallow, covered containers in the refrigerator.
- When reheating foods, heat them to at least 165° F in the center.
- Do not hold cooked foods in a warm area unless they will stay above 140° F.
- Do not use home-canned foods to serve children in your day care center.
- Do not store pesticides or cleaning supplies in the same area food is stored.
- Use only containers intended for preparation and storage of food.
- When in doubt about a food's safety, throw it out.

SECTION 3

Health and Safety
Part I
Preventing Accidents

Preventing Accidents

Objectives

In the Health and Safety section, you will learn:

1. how to prevent accidents by lessening indoor and outdoor hazards,

2. how to handle emergencies and treat common injuries with basic first aid, and

3. how to recognize signs of common childhood illnesses and ways to control their spread.

Preventing Accidents

If you look back at your childhood, you can probably remember lots of times when you had scraped knees, a bad cut, or a mashed finger. Children and accidents somehow seem to go together.

Children have accidents because they don't know how to recognize hazards. They have to be protected by adults. Parents and caregivers can protect children and prevent accidents in three ways:

a) child-proofing the home,
b) closely supervising children, and
c) being a safety-conscious role model.

What To Look For

When you finish Part I, you should be able to:

1. identify and remove possible safety hazards inside your home and in your yard,

2. set simple safety rules and supervise children in observing them, and

3. write a fire escape plan and a disaster plan to protect children in case of a tornado or other emergency.

Causes of Accidental Death in Children

Car Accidents

More children die from accidental injury than from disease. Of all types of accidents, the major killer is car crashes. If you pick up children from school or take an occasional field trip, have <u>everyone</u> buckle up. Texas law requires that infants and toddlers under age 2 be restrained in a safety seat, but it's a good idea to use a safety seat for any child weighing less than 40 pounds. Other children and adults should use regular seat belts.

Drowning

The second leading cause of accidental death in children is drowning. If you bathe children, make sure you never leave them alone in the tub. During the summer you may set up a wading pool or take children to the park. Watch children closely because drowning can occur in a few inches of water. One-third of all childhood drownings occur in the pools of neighbors. If you live near a swimming pool, pond, creek, well, or other body of water, make sure children cannot wander off to it. Swimming pools should be enclosed by a fence at least 4 feet high and gates to the pool area should be locked. If you use a wading pool, drain and clean it after each use and store it where children cannot reach it. If you have swimming or wading as part of your day home activities, children should be supervised at all times by someone certified in water safety.

Fire

Of all accidents inside the home, fire is the leading cause of death among children. Teach children that matches are for grown-ups. Make sure matches, cigarette lighters, and lighted candles are out of children's reach. Children are sometimes needlessly burned because they don't know how to react to fire. Teach children what to do if their clothes catch fire: Stop, drop, and roll. This means that children should stop what they're doing--not run--drop to the floor, and roll over and over until the flames go out. You can also smother flames by wrapping the child in a blanket or overcoat.

Other Accidental Causes

Other causes of children's accidental injury and death are suffocation, falls, electrocution, and poisoning. Poisoning usually occurs when children eat medicines or vitamins thinking they are candy, or when children eat or drink common household products like oven cleaner and paint thinner.

Child-Proofing Your Home

You can prevent accidental injuries by child-proofing your home. Child-proofing means making your home safe for children to crawl, play, and explore. No one wants to constantly say, "No, No," "Don't touch," and "Watch out." Although you may not like rearranging furnishings and putting things out of reach, child-proofing makes your job easier.

Think about your home from a child's point of view:

- What needs do children have?
- Which rooms will they use?
- What will they be doing?

Use the "Health and Safety Checklist" in the Appendix to child-proof your home and yard.

To be registered by the state, your family day home must meet certain health and safety standards. See "Fire Prevention, Sanitation, and Safety Requirements for Registered Family Homes" in the Appendix. If you have a swimming pool or other body of water at or near your home, the licensing staff of the Texas Department of Human Services may come to check whether you have provided adequately for children's safety.

Planning Activities In Advance

Aside from child-proofing the home, you can prevent accidents by thinking through each activity in which children will be involved. Such advanced planning may seem like a bother, but it can greatly reduce the risk of an accident.

Planning By Ages And Levels

For example, if you are planning an activity with playdough, consider the ages and developmental levels of the children. Infants will probably try eating the playdough, so you should plan this activity when infants are sleeping or involved in something else. Will the children be able to sit at the table or should you place the playdough on the floor? Plan what equipment you will need, collect it in advance, and check it to make sure it's safe. With playdough, you may need a rolling pin, cookie cutters, plastic (old shower curtain... never plastic garment bags) or newspapers to cover the floor, and the playdough. Think what will happen in the activity as the children play. Anytime you forget supplies or don't know what to do next, you increase the risk of an accident. Planning in advance helps you foresee things that might pose a hazard and allows you to substitute with something safer.

Selecting Toys

Such careful planning is also important in selecting toys, learning materials, and equipment such as cribs and high chairs. Whether you are using hand-me-downs or buying new equipment, look carefully at each item for possible hazards. You also need to think about the skills each child has. One child might be able to ride a tricycle safely, but another child, who's the same age, might not. Generally, you want to choose activities and equipment that encourage curiosity, exploration and independence without placing children in danger.

Safety Rules And Supervision

As children live and play in your home, they need to learn basic safety rules--things like staying out of the street and not touching a hot stove. Children learn rules in their home, such as "Don't throw balls in the house." Rules are guidelines that people accept so everyone can live together comfortably.

Children best learn about safety by being well cared for. When they are cautioned gently about such things as looking both ways before crossing a street, they begin to develop a sense of safety and taking care of themselves. As they grow older, they will know not to stand too close to the fireplace or climb too high in a tree.

Learning By Doing

Children learn better by doing than by being told. Instead of just telling children the safe thing to do, show them what you mean and talk about it. Show them how to carry art scissors and pencils so they won't poke someone's eye. Help them understand the reasons behind rules. With 2-and 3-year-olds, for example, you can explain why we don't throw sand or play with sharp knives. By the time children are 5, they know what rules are and even make up their own in their play. At this age, you can encourage children to talk about rules and think about why they are needed. "What should you do if you find a match?", you might ask. Regardless of what the children say, you could ask, "Why would you do that?"

Learning Day By Day

It would be hard to sit down and make a list of all the safety rules children need to know. Even if you could, children would not be able to remember them. Safety is something children learn gradually day by day. You teach safety in the normal course of caring for children and usually explain rules as you go. However, one general rule for your house might be: We don't hurt each other. This applies to pushing, shoving, slapping, biting, and similar behavior.

Stating Safety Rules Clearly

In setting safety rules, try to state them clearly so children know exactly what is expected of them. Instead of saying, "Cathy, put up your doll," you might say: "Cathy, get your doll off the stairs and put it on the couch." Try to state rules in a positive way so children will know what safe behavior is. For example, instead of saying, "Don't run in the house," it's better to say, "We walk inside and run outside."

Enforcing Safety Rules

If rules are going to work, they have to be enforced. If the rule is to stay in the yard during outdoor play, then you can remind the child who wanders across the boundary, "We stay in the yard to play." Rules are of no use unless everyone keeps them. If you tell children not to leave their toys and clothes lying around on the floor, and you don't bother to pick up your newspapers and shoes, you can hardly expect children to respect the rules.

As children learn safety, they begin to respect themselves, other people, and property. Rules help children gain control of themselves and get along with other people. As such, safety rules are the beginning of discipline. (For more information about setting and enforcing rules, see "Guiding Children's Behavior" in the Child Development and Guidance section.)

Rules For Outdoor Play

If you have swings and other playground equipment in your yard or if you take children to a nearby park, it's good to set general ground rules for using the equipment. Here are a few sample rules:

1. Take turns. No pushing or shoving.
2. Sit on swings. Do not kneel or stand on the seat.
3. Get off the swing when it has stopped, not while it is still moving.
4. Get off the seesaw when the other person is ready.
5. One child slides down the slide at a time.
6. Use the ladder or stairs to climb the slide. Do not crawl back up the slide.
7. Before sliding back down, make sure no child or toy is at the bottom.
8. When climbing on the jungle gym, use both hands.

Safety Around Dogs

If you have a dog or the neighbors have one, children need to learn how to act when the dog is nearby. Some preschoolers are afraid of dogs, while others grab a dog's tail or delight in throwing a puppy down. Teach children to move quietly and slowly around dogs. Explain that a child's squeal

can hurt a dog's sensitive ears and terrify him. Sudden moves can make a dog think he's about to be attacked. Running may encourage a dog to get in a game of running and nipping.

Teach children to approach a dog slowly, allow a dog to sniff the child's hand while talking calmly, and then pet the dog gently.

Supervision

Attention is Constant

Rules can never take the place of supervision. When children are left to themselves for a few moments, lots of things can happen. Babies wriggle while their diapers are being changed and can roll off the bed or changing table. Toddlers can find bottle caps on the floor and put them in their mouths. Three-year-olds can reach through the fence to pat a dog and get bitten. Four-year-olds can climb on the kitchen counter to get cookies and get burned by the tea kettle.

Pace Your Day

Your first task is to pay attention to what children are doing at all times. If you have to answer the telephone or take the cake out of the oven, take proper precautions. You are most likely to forget to keep your eyes on children when you are tired or harried. Pace your day so you are not rushed in preparing lunch or getting children ready to go home. Take time to relax with the children in the afternoon. Children also are more apt to have accidents when they are tired and cranky.

How much supervision you give depends on the ages and skills of children and the type of activity. Toddlers need more supervision than other children because they are so curious and get into everything. Children playing with dolls need less supervision than those hammering pegs. You can supervise a game of "Duck, Duck, Goose" by yourself, but you need other adults if you take children swimming.

Children's Personal Safety

Just as you can help children learn how to prevent accidents, you can help them learn to protect themselves against abuse or kidnapping. Preschool children are especially vulnerable because they trust adults and depend on them for everything. In teaching personal safety, talk about it in the same matter-of-fact, non-threatening way you talk about other safety topics.

Basic Concepts

Children as young as 3 years old can understand some basic concepts:

1. Your body belongs to you. Some parts of your body are private.

2. Some touches are good and some are bad. Some touches really hurt.

3. No one--not even a grown-up--should touch you if you don't want to be touched. No one should hurt you.

4. If someone tries to hurt you or touch you in a bad way, you can say no and try to get away.

5. It's okay to tell about hurts and bad touching, even if it's a secret.

Child Abuse

Child abuse can take several forms. Physical abuse is serious injury caused by beating, burning, or strangling a child. Sexual abuse is everything from fondling to intercourse and includes using a child in making pornographic pictures. Neglect is failure to give a child enough food, clothes, shelter, or medical care. Children also can suffer emotional abuse and neglect when they are made to feel unloved and worthless through torturous teasing, constant scolding, or lack of love and affection.

The abusers may be the children's parents, relatives, or neighbors. Many abusers really love their children, but they don't know how to cope with children's needs. They may have been abused themselves as children and don't know any other way. Abuse is not just one outburst but a pattern that goes on for some time. The longer it continues, the worse it can get.

Children who are being abused may show their suffering in physical signs such as bruises or abnormal behavior such as flinching whenever an adult comes close to a child. (See "Signs of Child Abuse and Neglect") A child may tell you about abuse, such as how a mother's boyfriend puts his hand inside the child's panties.

If you suspect that a child in your care has been abused or neglected, you are required by law to report it to the Texas Department of Human Services (DHS) and the police. Call the state's 24-hour, toll-free hotline, 1-800-252-5400, or contact the local DHS office. When you make a report in good faith,

your identity is kept confidential and you are protected by law from being sued. If you don't report, you can be punished by a fine, jail, or both. Reports are investigated by protective services workers, who will take steps to protect the child and get treatment for the family.

Kidnapping

As the family day care provider, you should know about kidnapping for two reasons. One is that children can be kidnapped from your home or while walking to your home from school. Another reason is that you can have a kidnapped child placed in your day home by a kidnapper.

Precautions

You can take several precautions to guard against the disappearance of children in your care:

1. Inform parents that they must bring children inside the day home and leave them with you or someone else in your family whom the parents and children know. Don't allow parents to drop their children off at the corner or outside the front door.

2. Find out from parents who is allowed to pick up their children. Parents usually do this when they fill out an enrollment form (see Appendix). This is especially important if parents are separated or divorced. If one parent tells you not to release a child to the other parent, and the other parent disagrees, explain that you cannot be responsible for the child until the parents check with their lawyers and reach an agreement.

3. Do not release a child to anyone you have not seen before, even if the person uses the name authorized by the parents. Ask the person for an identification card or a note from the parents. Or ask the person to wait while you call the parents.

4. Work out an arrangement with parents for how school-aged children will get to your home from school. If a child walks to your home from school or a bus stop, ask parents when the child is expected to arrive and what to do if the child does not show up on time. Have parents notify you in advance if a child will not ride the bus or walk to your home on a particular day.

5. Talk to children about the danger of being picked up by someone besides their family. Discuss who strangers are and explain that they should not accept a ride from someone, whether they know the person or not, unless their parents have said it's okay. Explain that a grown-up may try to trick children into going somewhere. The person may offer them something (candy, money, toys), try to show them something, or ask for help (like helping them look for a lost dog). If someone grabs them, children should yell, "This is not my mother (or father). Help!"

Recognizing Kidnapped Children

As a family day care provider, you are in a good position to spot missing children and reunite them with their families. Texas is a good place for kidnappers to come because it is big and growing fast. Here are tips for recognizing kidnapped children:

1. When enrolling a child, look for anything that might appear suspicious. Can the parent produce health records? Is the parent vague about custody arrangements and previous day care or schooling?

2. Observe children's behavior and listen carefully to what they say. Does a child act confused about parents or living arrangements? Does a child use a different first name than the one the parent uses?

3. Watch for parents who jump from one family day home or center to another. A parent may withdraw a child if a caregiver starts asking questions. This is one reason to stay in touch with other day homes.

4. If you suspect that a missing child is in your care, call the local police or sheriff or call the local protective services office of the Texas Department of Human Services.

Planning for Emergencies

Aside from child-proofing your home, you need to think of what might happen to your home that could endanger the children in your care. Depending on where you live, you could be in danger of fire, tornado, hurricane, chemical explosion, flooding, or other disaster. What would you do with the children if such a disaster occurred?

You need to have a plan so that you can act quickly. Otherwise you can lose time fumbling through the telephone book or looking for something to put out a fire.

Fire Escape Plan

Plan what you will do if a fire breaks out in your house. More fires begin in the living room and kitchen than any other room.

- Plan two exits from every room, such as a door and window. If one exit is a window, make sure you can open it and children can get through it quickly and safely. Keep exits free from clutter. If you have a second story, consider installing a fire ladder.
- Choose a spot outside some distance from the house where you will take the children. You may arrange with a neighbor to shelter the children and let you use the telephone to call for help.
- Find the nearest fire alarm box outside your home. It may be faster to call for help this way than with a telephone.
- Practice with the children. Explain to children how serious a fire is and lead them step-by-step in a fire drill. Even though toddlers may not understand what you are doing, they will cooperate better in a real fire if they have had practice.
- Inform parents about what you are doing. Encourage them to make fire escape plans, too.

In Case Of Fire

Your first duty is to get the children to safety. Don't stop to get anything. Their lives and your life are more important than anything else.

- Feel a door before opening. If it's warm or you hear crackling on the other side, don't open it.
- If you are caught in smoke and heat, stay low because heat rises. (Plastic and other synthetic floor covering produces harmful fumes when it burns, so you may need to walk.) Crawl or walk in a bent-over position, cover faces with cloth if possible, take short breaths, and move quickly but calmly.

- Close the door between you and the fire and leave by the safest exit.

- Take the children to the designated spot and count to be sure all are with you. Stay with the children unless another dependable adult can replace you.

- Have someone call the fire department. If you call, speak slowly and clearly. Say, "I'm reporting a fire at _____ (address and location). My name is _____." Keep listening on the phone to make sure there are no questions.

Other Disasters

Consider other kinds of disasters that could happen at or near your home. For example:

- What kind of storms does the area have--tornados, hurricanes, ice storms, snow storms?

- Is the house near a railroad track, highway, river prone to flooding, airport?

- What is the potential for fire, natural gas leak, chemical explosion, power failure?

Tornado, Hurricane, and Flooding Plans

Have a plan for other disasters. Usually one written plan can be adapted to several possible disasters. A good plan outlines steps for what to do, beginning with how you find out about a disaster.

For example, the threat of a tornado, hurricane or flooding is usually announced on the radio or TV, first as a watch and later as a warning. A watch means a dangerous situation could develop, and you should get ready for it. Warning means the situation has developed, and you should find shelter.

Plan For Emergencies

A good plan ensures the well-being of the children at each step.

1. The simplest step may be to call parents and make arrangements for them to pick up the children.

2. If they are delayed or you have to act quickly, you should select a place of shelter in the home

or somewhere in the community. In case of a tornado, for example, the safest place is a basement, a downstairs closet or hallway, or a small room with no windows in the middle of the house.

3. It's a good idea to open a few windows, but stay away from them. If you are outside and see a funnel cloud coming, you and the children should lie flat in a dry ditch or the lowest part of the yard.

Emergency Information

An important part of every plan is having emergency information on hand. This should be posted by the telephone or other handy spot. It should include:

a. A chart listing such numbers as ambulance, hospital, fire department, poison control center, and police.

b. A card for each child with numbers for the child's mother, father, and doctor.

c. A poster or chart describing basic first aid.

Things You Might Try

1. Ask your county Extension agent for information about "Mr. Yuk" stickers. Check your kitchen, bathroom, and other rooms for poisonous home products. Place "Mr. Yuk" stickers on harmful products and place them out of children's reach. Teach children that "Mr. Yuk" means danger.

2. Ask your county Extension agent for a list of poisonous plants. Note which parts (leaves, berries, stalks) are poisonous. Check to see whether you have any of these plants in your home or yard. Remove these plants or make sure they are out of children's reach.

3. Using the "Health and Safety Checklist" in the Appendix, tour each room that children use in your house. Remove any hazards you find or make a note of things you need repaired or installed. If you have infants and toddlers, it helps to get on the floor and try to view the room as a crawling child might see it. Ask your county Extension agent for more information on child safety.

4. Using the same checklist, take a tour of your yard or play area. Identify and remove any hazards you find. If you have swings and similar equipment or if you use a nearby public park or playground, read "Preventing Playground Injuries," Texas Child Care Quarterly, Spring 1983.

5. Having child-proofed your home, consider what safety rules are needed. What things in your home require special precautions (stairs, unfenced yard, creek). Write down three or four safety rules for children to follow inside your home and in your yard. Did you use simple words children can understand? Explain the rules to the children and talk about why they are needed. During the next week, observe children and praise those who follow the rules. Did you observe the rules yourself? At the end of the week, think how you might change the rules to make them better.

6. Find out more about car safety seats and child passenger safety by calling your county Extension agent or the toll-free hotline at the Texas Department of Health, 1-800-252-8255. If you ever have children riding with you in the car, make sure you have the proper restraint for each child and know how to use it. Talk with parents about their use of car restraints. Discuss how adults can make car trips pleasant for restrained children. A good resource is "Traveling Toys," Texas Child Care Quarterly, Winter 1985.

7. Read "Ideas for Teaching Personal Safety" in the Spring 1985 issue of Texas Child Care Quarterly and "Missing Children" in the Winter 1983 issue. Think of ways you can work a talk about personal safety into daily routines (toileting, bathing, dressing in swim suits to play in the wading pool). Talk to parents beforehand to get their ideas and assure them that you are trying to teach personal safety and not sex education. After talking with the children, ask them questions to see how well they have understood. Discuss the children's responses with parents.

8. Practice "stop, drop, and roll" with children. Diagram a fire escape route and practice it with the children. Arrange with a neighbor to shelter the children and let you use the telephone to call for help if a fire occurs. In some

cities, the fire department provides free inspections of homes. Check about having your house inspected for fire hazards.

9. Think about possible disasters that might occur at or near your home. Write a disaster plan outlining what you would do if a tornado or other disaster occurred. Ask your county Extension agent for help. Make a chart of emergency telephone numbers and post it by the telephone. Make an emergency card for each child and place it by the telephone.

1. Match the items at left with the correct safety precautions at right.

_____ electrical outlet	a) keep out of reach
_____ furniture polish	b) enclose with safety gates
_____ stairs	c) check for loose buttons that can be swallowed
_____ car	d) install safety plugs
_____ vitamins	e) set emergency brake and keep locked
_____ steak knife	f) discard in garbage can outdoors
_____ used razor blades	
_____ hair dryer	
_____ hot coffee pot	
_____ used plastic clothes bag	
_____ stuffed teddy bear	
_____ matches	

2. Mrs. Kanade has taken the children outdoors to play in the wading pool. After the children are in the water, she realizes she has forgotten to bring the eye dropper she promised Matthew he could play with. She is tempted to run back inside and get it but knows she cannot leave the children alone in the water. This situation could have been prevented by: _____

   a. not making promises to children,
   b. planning ahead,
   c. child-proofing the home, or
   d. staying indoors.

3. A child stands close to a gas heater for warmth. While sitting in a rocker, Mrs. Buel says, "Move away from that heater." The child moves an inch or so forward. Mrs. Buel should: _____

   a. say in a louder voice, "What did I tell you? Move away from that heater";
   b. give the child a long talk about the possibility of getting burned;
   c. ignore the child because he obviously wants attention for mischief; or
   d. get up and physically move the child away, saying, "When you stand too close, you could get burned. Let's play a jumping game to get warm."

4. Of the activities below, the one needing the most supervision is: _____

   a. Two school-agers and three preschoolers roll and cut out Christmas cookies while the caregiver places the baking pans in the oven.
   b. Two toddlers and two 4-year-olds play in a wading pool filled with 6 inches of water.
   c. An infant lying stomach down watches several preschool children playing with wooden blocks.
   d. Five children between 2 and 4 years old eat a lunch of soup, crackers, and cheese.

5. You discover several cigarette burns on a 4-year-old's back. When you ask about them, the child withdraws and becomes frightened. You should: _____

   a. try to find out who did it,
   b. report the child to the local protective services office of the Texas Department of Human Services,
   c. treat the wounds with ointment, or
   d. wait and see if it happens again.

6. A well-dressed man and woman in their 50's knock at your door and introduce themselves as Stacy's grandparents. They say Stacy's mother asked them to pick up the little girl. The best thing for you to do is: _____

   a. ask them to wait outside while you call Stacy's parent,
   b. ask Stacy if she knows the couple,
   c. write down the car license plate number and check it with police, or
   d. tell Stacy to hurry and get her things.

7. You hear on the radio that a tornado has been sighted about three miles away and is coming your way. The best thing for you to do is: _____

   a. get in the car and drive the children to a community shelter,
   b. gather all the children in a downstairs closet with a flashlight, books, and a blanket,
   c. have children lie down under beds in the upstairs bedroom, or
   d. open the windows in the south side of the house and have children get under the kitchen table.

8. If a fire breaks out in your home, the first thing you should do is: _____

   a. call the fire department
   b. try to put out the fire,
   c. find out how it started, or
   d. get the children to safety.

1. Match the items at left with the correct safety precautions at right.

D	electrical outlet	a) keep out of reach
A	furniture polish	b) enclose with safety gates
B	stairs	c) check for loose buttons that can be swallowed
E	car	d) install safety plugs
A	vitamins	e) set emergency brake and keep locked
A	steak knife	f) discard in garbage can outdoors
F	used razor blades	
A	hair dryer	
A	hot coffee pot	
F	used plastic clothes bag	
C	stuffed teddy bear	
A	matches	

2. Mrs. Kanade has taken the children outdoors to play in the wading pool. After the children are in the water, she realizes she has forgotten to bring the eye dropper she promised Matthew he could play with. She is tempted to run back inside and get it but knows she cannot leave the children alone in the water. This situation could have been prevented by: B

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c. find out how it started, or
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Health and Safety
Part II
Basic First Aid

Basic First Aid

Even in the safest and most well organized homes, accidents happen. It is important to be prepared for an accident or injury so you can act quickly.

When you act, you have to know the right thing to do. Otherwise, an injury could become much worse. If a child is hit by a car, for example, picking up the child and moving him could hurt the child's back or cause more bleeding inside.

It is a good idea to take a first-aid class through your local Red Cross. What you learn could help you save a life--not just a child's life but also the life of a family member or friend. At the least, you should know how to revive a child who has stopped breathing and how to stop bleeding.

When you finish Part II, you should be able to:

Things To Look For

1. assemble a first-aid kit,
2. identify signs that a child has stopped breathing and take steps to revive the child until medical help arrives,
3. give first aid for minor injuries such as cuts, burns, bites and stings, and
4. keep a written record of accidents.

You can buy a first-aid kit or gather the necessary items yourself. Store smaller items in a shoe box and keep other supplies in a handy place. Here are the items you need:

First-Aid Kit

- adhesive tape, 1/2 to 1 inch wide
- plastic strip bandages, assorted sizes
- sterile cotton
- sterile roller gauze, 1 and 2 inches wide
- sterile gauze pads, 2 inches or 4 inch square
- blanket
- ice pack
- blunt-tipped scissors
- liquid soap
- hydrogen peroxide
- syrup of ipecac
- rectal and mouth thermometers
- tweezers
- petroleum jelly
- aspirin or acetaminophen (Tylenol, Tempra, etc.)
- zinc oxide ointment

Keeping Parents Informed

As part of your planning for accidents and emergencies, you should have parents fill out an enrollment form when you first accept their children for care. (See "Enrollment Information" in the Appendix.) This form contains space for parents to list a child's allergies, injuries, or other health problems that you should be aware of. It also contains space for parents to list their telephone numbers or that of a relative in case of an emergency.

Accidents and Emergencies

In case of an accident, your first concern is the child. You may first have to try to revive a child or call an ambulance, but you should contact the parents as soon as possible.

If a child needs a doctor's care, the parents may want to take the child to the doctor or meet you at the hospital. If parents cannot be reached, you should call the relative or friend whose name the parents gave you on the enrollment form.

Emergency Medical Authorization

If you cannot reach parents or a relative or friend, you may have to take a child to the doctor or hospital yourself. Because of this possibility, you should have an Emergency Medical Authorization for each child. When parents fill out the enrollment form, ask them to call their doctor and hospital and find out exactly what forms would be needed for you to get treatment for their child in an emergency. The doctor or hospital may say that a simple statement (such as that contained in the enrollment form) signed by parents is all you would need.

Consent To Treat

However, some doctors and hospitals require that you use their own Consent to Treat forms. If so, parents should obtain one of these forms in advance, sign it and perhaps have it notarized, and give it to you to keep in your files. Then if an accident occurred and you could not reach the parents or a relative, you could grab the child's folder and take the child to a doctor or hospital for treatment. Usually, these Consent to Treat forms also contain space for parents to write the name of their health insurance company and a group policy number.

Reporting Accidents To Parents

Even if an accident is not serious, you should inform parents about it. Children often do not remember how they got hurt, and parents will feel more comfortable if you tell them how the accident happened. You can call parents at work or talk to parents when they pick up their children at the end of the day. If children ride a bus, you can send a note home and telephone the parents. You should also fill out

an accident record (described later in this section) to keep in your files.

If a child is hurt, the first task is to decide whether the child's life is in danger.

What To Do First

1. Check for breathing. Watch for the child's chest to go up and down. Place your ear close to the child's mouth and nose to feel or hear any air coming from the lungs. Make sure the airway is clear by supporting the child's neck with one hand and clearing the mouth with the other. Open the airway by tilting the chin back (not the neck). In this position, the tongue can't block the throat so as to shut off the flow of air.

Breathing (See Appendix for diagram)

2. Check for pulse. Place your fingers against the large artery in the child's neck and feel for a pulse. With infants, place your fingers on the inside of the child's upper arm (brachial artery) to feel the heartbeat.

Pulse (See Appendix for diagram)

3. Check the child quickly for shock (described later in this section), serious bleeding, or mouth stains or burns to indicate poisoning.

Bleeding (See Appendix for diagram)

If the child is not breathing or has no pulse, give mouth-to-mouth resuscitation or, if qualified, cardiopulmanary resuscitation. Stay calm. Call for an ambulance right away.

Mouth-to-Mouth Resuscitation

If the child is not breathing, place the child on his or her back on a hard surface. Open the airway by tilting the chin back. Clear the mouth of any mucus or vomit by quickly running your fingers inside the mouth. Do this only if you see something - no blind finger sweeps.

Gently pinch the child's nose closed and place your mouth over the child's open mouth, forming a tight seal. With infants, place your mouth over the child's mouth and nose, forming a tight seal. Blow two slow, full gentle breaths lasting 1 to 1 1/2 seconds each into the child's mouth pausing between breaths to let chest deflate. Then give a breath every four seconds for a large child, or every two to three seconds for infants and small children. Remove your mouth between breaths and watch for air coming back out of the child's lungs.

(See Appendix for diagram)

If you are doing it right, the child's chest will expand or rise every time you give a breath and air will come out after each breath. If the chest does not rise or if air does not escape afterward, check to see whether something is caught in the airway. If something is blocking the airway, you should try to remove it, either with your fingers or with the choking treatment described bellow. Remember that an infant or small child does not have lungs as large as an adult's, so don't blow in too much air, but do make sure it is enough.

Continue mouth-to-mouth breathing until the child breathes alone or the ambulance comes. Do not give up.

When the child starts to breath again, keep the child lying down and covered with a light blanket if shock is suspected. Raise the child's chest slightly, and watch the child closely for continued breathing.

Mouth-to-mouth resuscitation (also called artificial respiration) is often necessary when rescuing children from drowning. In the process, a child is likely to vomit because he or she has probably swallowed lots of water. In that case turn the child's head to one side to avoid choking (if a neck injury is suspected perform a log roll of the body instead). Watch closely for signs of shock and get the child to the doctor as soon as possible.

(See Appendix for diagram)

Choking

If a child cannot breathe, speak, cry or cough, the child may have something caught in the throat. It may be a piece of food too large to go down smoothly or not chewed well enough. The child turns pale, then becomes blue, and collapses.

First try to remove the object with your index finger, sweeping from inside one cheek, across the throat, and the other cheek. Don't push straight into the mouth because this may push the object further into the airway.

If you can't get the object out, hold the child against your body, with the child's back to your

chest. Wrap your arms around the child's middle and place one fist inside your other hand. Place your fist at the navel on the child's stomach, under the ribs. Thrust your fist in sharply, an inward and upward motion. The air in the child's lungs should force out the object. Repeat several times until the object comes out. This is the Heimlich maneuver.

(See Appendix for diagram)

If the child vomits, place the child on his or her side and wipe out the mouth. Whenever the Heimlich maneuver is used, the child should be seen by a doctor as a precaution against other complications such as lung or rib injury.

When practicing this maneuver, find the proper hand position but don't push in with full thrust.

Severe Bleeding

Sometimes a large gash or cut can result in severe bleeding. A child who loses blood too quickly may go into shock or lose consciousness. The loss of too much blood can result in death.

To stop bleeding, place a sterile gauze pad or clean cloth directly over the wound. Press firmly, using the flat parts of the fingers. Keep pressing for 5 to 10 minutes without stopping. If the cut is on the hand, arm, leg, or neck, raise the wounded body part above the level of the child's heart, if possible, while you continue to apply pressure. If the blood soaks through the pad, place another one over the first. Do not disturb the first pad.

If you can control the bleeding by pressing directly against the wound, continue applying pressure as you make arrangements to take the child to the hospital. Take all blood soaked dressings with you so the doctor can estimate the amount of blood loss.

If a child's finger, toe or other body part is cut off, wrap it in wet sterile gauze, place it. in a plastic bag with ice, and take it with you to the hospital.

Poisoning

If a child has swallowed some kind of poison in the form of chemicals, drugs, or plants, you may see one or more of these symptoms: vomiting, stomach cramps, mouth burns, cold and clammy skin, convulsions, confusion, and loss of consciousness.

First try to find out what the child swallowed and how much. Then call the nearest hospital or poison control center. If you can't quickly identify what the child swallowed, call anyway. The poison center will tell you what to do.

For strong acids and alkalis (drain cleaners, dishwasher soaps, insecticides) and petroleum products (kerosene, turpentine), you may be told to give the child one or two glasses of milk to weaken the poison. Do not make the child vomit.

For medicines and plants, you will be told to make the child vomit if he is conscious. Make the child gag by placing your finger toward the back of the child's throat. Or, if the child is older than 12 months, give the child a tablespoon of syrup of ipecac by mouth, followed by a glass of juice or soda

pop. If the child has not vomited after 15 or 20 minutes, give another tablespoon of syrup of ipecac. Never give more than two tablespoons. Have the child vomit into a pan (you should save a sample to show the doctor), and hold the child's head lower than his or her hips so the vomited poison does not reenter the throat or lungs.

After following the instructions of the poison control center, rush the child to the nearest hospital. Bring the container that held the poison and/or a sample of the vomit so the poison can be identified. Watch the child's breathing and do mouth-to-mouth resuscitation if necessary. If the child is unconscious, do not give anything to drink. If an unconscious child starts to vomit, turn the child's head to one side to keep the child from breathing or swallowing the vomit.

Shock

Children can go into shock whenever they are injured seriously. Shock is a condition in which the blood flow slows down and body functions seem at a near standstill. Shock can result in death if not treated. Signs of shock include pale color, cold and clammy skin, rapid and shallow breathing, nausea and vomiting, and overall weakness.

Have the child lie down and cover him with a blanket. Try to find out what is causing shock (bleeding, poisoning, burn, broken bone) and treat that if possible. Call an ambulance.

While waiting for medical help to arrive, raise the child's feet 8 to 10 inches with a pillow, unless the child has head or back injuries. If the child complains of thirst, moisten a clean cloth and wet the child's lips and mouth. Do not give the child anything to drink. Watch the child's breathing and give mouth-to-mouth resuscitation if necessary.

Electrocution

Most electrocutions occur when someone touches an electrical appliance that has somehow gotten wet or fallen into water. Severe electric shock can make the heart stop beating, cause breathing to stop, make the person go into shock, and cause serious burns.

The first step is to disconnect the electricity. You can do this by unplugging the cord or turning off the main breaker switch. Never touch a child until the electricity is off. In some cases, you may have to use a piece of wood or a folded newspaper to

push or pull the child away from the electric current. Be sure to stand on something dry while you rescue the child.

Check the child's pulse and breathing and call an ambulance. If necessary, start mouth-to-mouth resuscitation or, if qualified, cardiopulmonary resuscitation. Treat shock and burns.

Minor Wounds and Accidents

Most children's accidents are not life threatening, but they do need to be treated. Proper first aid can lessen the chance for infection and help children feel more comfortable.

Cuts and Scrapes

If a child suffers a cut or scrape:

- Wash your hands with soap and water before treating a minor skin wound.
- If the wound is bleeding, press a sterile pad against it.
- When the bleeding stops, clean the wound with soap and water or hydrogen peroxide. Do not use rubbing alcohol because it damages cells and slows healing.
- Flush the wound with clean, running water.
- Cover the wound with a sterile bandage and tape in place.

Nosebleeds

If a child has a nosebleed:

- Have the child sit upright. Do not push the child's head back.
- Gently squeeze the child's nostrils together with your fingers, and hold for at least five minutes.
- Apply an ice pack to the nose to slow down bleeding.
- If bleeding does not stop after 30 minutes, call a doctor.

Bites

If a child is bitten by another child:

- If the skin is broken, cleanse the bite thoroughly, cover it with a bandage, and call a doctor. Human bites can cause infections because the mouth contains lots of bacteria.

If a child is bitten by an animal:

- If the wound is on the face or neck, get the child to a doctor right away.
- Let the wound bleed a bit to get rid of the animal's saliva.
- Wash the wound thoroughly with soap and water or hydrogen peroxide.
- Cover the wound with a bandage.
- Confine the animal and have it checked for rabies. If the animal is rabid, the child will be given a vaccine.

Stings

If the child is stung by an insect:

- If the child has severe reactions to insect bites (difficulty breathing, cramps, vomiting, shock), get the child to a doctor right away. In the meantime, keep the child quiet, place an ice pack on the bite, and lower the bitten body part so that it is below the heart.
- For minor stings, apply an ice pack to keep down swelling. Apply a paste of baking soda and water or calamine lotion.
- If a stinger remains in the skin after a bite by a bee or wasp, use tweezers to remove it.
- To remove a tick, cover it with oil (salad oil or machine oil) to clog its breathing pores. The tick may come out at once, or you may need to wait 20 to 30 minutes before pulling it out with tweezers. Gently scrub the area with soap and water to remove bacteria.

Burns

The seriousness of a burn depends on how deeply the skin is burned. In a first degree burn, the skin surface is red. In a second degree burn, the skin surface is red and blistered. In a third degree burn, the skin and underlying tissues are brown or white and charred.

- For first and second degree burns, place the burned part in cold water for 15 to 30 minutes. Or soak cloths in ice water and place on the burn. Cold water removes the heat and thus helps lessen the seriousness of the burn and the pain.

- Raise the burned part to ease pain.
- Cover the burn with loose sterile gauze and tape in place. Do not apply butter or use greasy ointments because they keep the heat in and collect bacteria.
- For chemical burns, rinse the skin under cold running water for 10 to 15 minutes. Check the label on the container for any instructions. Cover the burns with cold cloths and get the child to a doctor.
- For sunburn, apply cloths dipped in cold water, perhaps mixed with baking soda. If a child develops fever and chills, call a doctor immediately.

Heat Exhaustion

When children play hard outdoors on a hot day, they can develop heat exhaustion. They will look pale, act weak or faint, be thirsty, have cramps, and complain of a headache. You treat heat exhaustion much like you treat shock.

- Have the child lie down in an air conditioned room or cool location.
- Raise the child's feet 8 to 10 inches.
- Sponge the child's face and body with cool water.
- Offer sips of water to drink.

Heat Stroke

A severe reaction to heat is heat stroke or sunstroke. These symptoms include a high body temperature (102 to 106 degrees Fahrenheit), dry and flushed skin, headache, convulsions, cramps and vomiting, and loss of consciousness. To treat heat stroke:

- Call a doctor and ambulance right away.
- Take off the child's outer clothing.
- Sponge the child's body with cold water.
- Raise the child's legs to prevent shock.
- If the child is conscious, offer sips of water.

Broken Bones

The most common causes of broken bones are accidents related to falls and recreational or sports activities.

- If you are not sure a bone is broken, assume it is. Broken bones will be extremely painful, become swollen, and turn reddish blue. If an arm or leg is cold, blue, or numb, see a doctor right away.
- Keep the injured limb still until you get the child to the doctor. You may need to roll a magazine or newspaper around the limb and tie with a handkerchief or strip of cloth.
- If you suspect a neck or back injury, do not move the child. Have someone call an ambulance. While you are waiting for help, hold or brace the child's head the way you found it.
- If a bone is sticking out and causing bleeding, apply gentle pressure to keep the bleeding down.
- Keep the child warm and watch closely for shock.
- Apply an ice pack to reduce swelling and pain.

Head Injuries

- Head injuries may be more severe than they seem. Vomiting (more than once), sleepiness, unsteady walking and uncoordinated eye movements are all symptoms of serious head injury requiring a doctor's immediate attention. Even a simple headache due to banging the head should be closely watched.
- Have the child lie down or play quietly. Apply an ice pack to reduce swelling and pain.
- For the next few hours, observe the child for loss of memory about the accident, being unusually sleepy or tired, having trouble talking or moving, seizure, vomiting, or fluid draining from the nose or ears. If any of these signs develop, get the child to a doctor.
- If a child blacks out or loses consciousness, take the child to the doctor right away.
- For scalp wounds--which tend to bleed a lot even if they are not serious--apply pressure directly to the cut to stop the bleeding. Do

not apply pressure if you suspect a skull fracture.

Eye Injuries

- All eye injuries should be taken seriously. If there is any question about severity, call a doctor.
- When a child is hit in the eye, apply an ice pack for 15 minutes and keep the child quiet.
- To stop bleeding around the eye, apply pressure with a gauze pad.
- If sand or other particles get into eyes, discourage children from rubbing their eyes. Tears will usually wash out the particles, or you can rinse the eye with warm water. If a tiny cut or scratch remains, you can place a gauze pad over the eye, secure it with tape, and leave it in place overnight.
- If you cannot remove the particles easily or if something lodges in the eyeball, place gauze pads over both eyes and secure them in place by wrapping a bandage gently around the head. Keep the child lying down and seek medical attention right away.
- If the child has trouble seeing or sees spots, get the child to a doctor.

Convulsions

During a convulsion or seizure, a child will become stiff and parts of the body will jerk rapidly. The child may bite the tongue, vomit, or have a bladder or bowel movement. Convulsions occur as the result of high fever, severe illness, head injury, or poison, which has somehow disrupted the electrical impulses of the brain. Most convulsions last only a few minutes.

- Keep the child from hurting himself. Carefully place the child on the floor and move everything out of the way.
- Do NOT hold the child down or put anything in his mouth to keep him from biting.
- Give mouth-to-mouth resuscitation if the child is not breathing.
- Call a doctor or ambulance.

- When the child becomes still, make sure the child's airway is clear. If the child is vomiting, turn the head to one side to prevent choking. Encourage the child to rest.

- If the child has a fever, sponge the child with a wet cloth. Do not give any medicine by mouth. Do not bundle the child up in a blanket.

Fainting

Fainting is a partial or complete loss of consciousness caused when the brain does not get enough blood. Before fainting, the child may turn pale, sweat, have cold skin, feel dizzy, or be sick at the stomach.

- Leave the child lying down. Loosen any tight clothing and keep everyone away so the child can breathe.

- If the child vomits, turn the child to one side and make sure the throat is clear.

- Sponge the child's face with a wet towel.

- If the child does not recover quickly, call a doctor or ambulance.

Teeth Injuries

Injuries to the teeth are common. In mild injuries, the tooth may be merely chipped or loosened. In more severe injuries, the tooth may be broken, driven up into the gum, or knocked completely out of its socket.

- If a tooth is loosened, apply cold towels or ice to reduce pain. Loose teeth often tighten themselves up after a few days.

- If a tooth is knocked out, have parents take the child to a dentist. If it is a permanent tooth, immediately wrap it in a wet cloth and take the tooth and the child to the dentist or hospital emergency room if a dentist is not available. The dentist may be able to re-implant it if the child gets there within an hour. If it is a baby tooth, the dentist usually will not try to re-implant it.

What To Do With Other Children

Children can become upset if someone is hurt or they do not know what is happening. You should remain calm and say what is happening in a matter-of-fact way. For example, if a child has fallen and stopped breathing, you can say, "Juan is hurt and I have to help him start breathing again.

You can help by sitting down and looking at your books." Or if a child is having a convulsion, you can say, "It looks scary, but this is what happens sometimes if a person gets sick."

If you are indoors, have the children look at books, work puzzles, or do some other quiet activity. If you are outside, have them dig in the sand box or something else they do normally.

Calling for Help

It is a good idea to teach children in advance how to call for help, in case you cannot leave an injured child or you get hurt yourself. Here is what to do:

1. Make a bright orange or yellow card with the word HELP on it. Place it by the telephone or a spot where children can reach it.

2. Show children how to grab the card and run to a neighbor or another adult.

3. If the neighbor is gone, children will have to use the telephone. Paint bright red nail polish on the "0" (Operator) on your telephone.

4. Show children how to dial or press the "0." (Children over age 5 can learn how to dial the 911 emergency number if your locality uses that system.)

5. Give children something simple to say such as "Help, Juan hurt" or "Help, Ms. Smith (your name) hurt."

6. Find out from the telephone company whether the receiver should be left off the hook. In some areas, the receiver has to be left off the hook for the telephone company to trace the call. That is not necessary in places with automatic tracers. In some emergencies, you want the phone hung up so doctors or medical technicians can phone you with instructions.

7. Show children where to place the telephone receiver and where to wait until help arrives.

Accident Records

After an accident, no matter how small it seems, keep a written record of what happened. A bump on the head may not seem serious, but the child might develop signs of a concussion or other complications later.

You can record accidents by filling out a form or writing a simple account of what happens on a card. Basically, the record should state:

- the child's name,
- the date of the accident and approximate hour,
- what happened (what the child was doing, how the child reacted after being hurt, how the wound looked),
- what kind of first aid or care you gave,
- what happened after you gave the care and how the child responded, and
- how and when you notified the parents.

Accident records are important for your own protection. If parents have any question about how the accident happened or whether you responded properly, the records will back you up. But you have to fill out records promptly after the accident and keep them for all kinds of accidents for records to be of benefit.

Records are also important for the health of the children. Reviewing records of past accidents can help you think through safety measure and make your home safer. Too, records give parents and doctors information that can help diagnose or treat a child.

Things You Might Try

1. Sign up for a first-aid class (8 hours) and a CPR class (8 hours) given by the local Red Cross, American Heart Association, or another health agency. First-aid classes include instruction in mouth-to-mouth resuscitation. Classes are usually offered on Saturdays and evenings and cost about $20 each. Call your local Red Cross or ask your county Extension agent for more information.

2. While children are sleeping, observe their breathing and note how many breaths they inhale a minute. Compare their breathing rate with your own. When children are awake, practice feeling their heartbeats and count the beats per minute. Compare with your own. (Children usually have a faster heartbeat and breathing rate.) It is good to know what normal breathing rates and heartbeats are so that you can be more alert to anything abnormal.

3. Assemble a first-aid kit, using materials you have at home and buying other things as needed. Read again the instructions for giving first aid

and think how you might have to use each item in an emergency. Which items are for accidents and which might be for illnesses?

4. Study the "Enrollment Form" in the Appendix, noting especially the "Authorization for Emergency Medical Attention." Call the nearest hospital emergency room, one you might use in an emergency, and find out exactly what you would need to have a child treated if you could not reach the parents. Talk to parents about the authorization form, and make sure you have one for each child in your care.

5. Study the accident report form in the Appendix and decide whether you will use the form or simply write about accidents on index cards. Write up a sample accident report, using a real or imaginary accident. When would such records be useful?

6. Read the labels of household cleaners and other products that you keep locked or out of children's reach. Note which ones give instructions in case the contents are swallowed or get into the eyes. Think through the steps for making a child vomit or diluting a poison. If you have any questions, call your county Extension agent, health department, or poison control center.

7. Teach children what to do in case of an emergency. Have a practice session, in which one child pretends to be hurt. Arrange for your neighbor to take part in the practice. Show children how to get the HELP card, walk to the neighbor's house, knock or ring the doorbell, ask for help, and come back. Run through the practice a few more times, one time pretending you are hurt and another time pretending Mrs. Jones is not at home. Show children what to do while one child goes for help. Praise children who do it right. If a child has a problem, take him or her by the hand and walk through it.

HEALTH AND SAFETY
PART II
Questions

1. Which of the following first-aid items might be needed in a life-endangering emergency? _____

   a) blanket
   b) rubbing alcohol
   c) sterile gauze pads
   d) ice pack
   e) syrup of ipecac
   f) splints

2. You need an emergency medical authorization form for each child because: _____

   a) the health department requires it,
   b) it informs doctors of a child's allergies or special health problems,
   c) you will be able to get medical treatment for a child if you cannot reach the parents
   d) it specifies who will pay for emergency medical care.

3. If you believed a child's heart had stopped beating, which would you do first? _____

   a) call parents
   b) call a doctor
   c) call an ambulance
   d) start CPR, if qualified

4. Mouth-to-mouth resuscitation is needed when a child is not breathing. Put the steps bellow in order, beginning with what should be done first.

   _____Check to see if something is caught in the airway and if there is, then quickly run fingers inside child's mouth.
   _____Give a breath every two to four seconds depending on the size of the child, and watch for air coming back out of the child's lungs.
   _____Place the child on his or her back on a hard surface.
   _____Blow two slow, full breaths of air into the child's mouth, pausing between breaths to let the chest deflate.
   _____Open the airway by tilting the chin back.

5. If a child started choking, which would you do first? _____

   a) call an ambulance
   b) clear the object out of the throat with your index finger
   c) try the Heimlich maneuver
   d) hit the child on the back

6. Match what to do first (at right) with the situation described (at left):

_____Child gets a gash in arm and begins losing a lot of blood	a) Apply aloe cream
_____Child gets a first or second degree burn	b) Move the child to a bed
_____Child goes into convulsion or seizure	c) Place gauze pad against wound and press firmly
_____Child falls out of tree into the street	d) Have someone call ambulance and leave child still
	e) Apply cold, wet cloth
	f) Take child to hospital
	g) Move things out of the way until child is still

7. What would you do differently for a child who swallowed a bottle of aspirin and a child who drank turpentine? _____

a) Nothing.
b) Give syrup of ipecac to the child who swallowed aspirin and milk to the child who drank turpentine.
c) Give milk to the child who swallowed aspirin and syrup of ipecac to the child who drank turpentine.
d) Give coffee to the child who swallowed aspirin and make the child who drank turpentine vomit.

8. Rapid breathing, white face, sweating, and weakness best describe which emergency? _____

a) poisoning
b) electrocution
c) drowning
d) shock

9. Name two ways children can help you call for help if you need to stay with an injured child or you get hurt yourself.

1)_____

2)_____

10. You should keep timely records on all kinds of accidents and illnesses because: _____

a) records give doctors information that could be important in diagnosing an illness or injury,
b) records provide proof that you provided reasonable care and could be useful in preventing parents from suing you,
c) records can help you spot hazards in your home and take steps to remove them, or
d) all of the above.

PART II
Questions and Answers

1. Which of the following first-aid items might be needed in a life-endangering emergency? A, C, D, E

   a) blanket
   b) rubbing alcohol
   c) sterile gauze pads
   d) ice pack
   e) syrup of ipecac
   f) splints

2. You need an emergency medical authorization form for each child because: C

   a) the health department requires it,
   b) it informs doctors of a child's allergies or special health problems,
   c) you will be able to get medical treatment for a child if you cannot reach the parents
   d) it specifies who will pay for emergency medical care.

3. If you believed a child's heart had stopped beating, which would you do first? D

   a) call parents
   b) call a doctor
   c) call an ambulance
   d) start CPR, if qualified

4. Mouth-to-mouth resuscitation is needed when a child is not breathing Put the steps bellow in order, beginning with what should be done first

   3 Check to see if something is caught in the airway and if there i then quickly run fingers inside child's mouth.
   5 Give a breath every two to four seconds depending on the size of t child, and watch for air coming back out of the child's lungs.
   1 Place the child on his or her back on a hard surface.
   4 Blow two slow, full breaths of air into the child's mouth, pause between breaths to let the chest deflate.
   2 Open the airway by tilting the chin back.

5. If a child started choking, which would you do first? B

   a) call an ambulance
   b) clear the object out of the throat with your index finger
   c) try the Heimlich maneuver
   d) hit the child on the back

6. Match what to do first (at right) with the situation described (at left):

C	Child gets a gash in arm and begins losing a lot of blood	a)	Apply aloe cream
E	Child gets a first or second degree burn	b)	Move the child to a bed
G	Child goes into convulsion or seizure	c)	Place gauze pad against wound and press firmly
D	Child falls out of tree into the street	d)	Have someone call ambulance and leave child still
		e)	Apply cold, wet cloth
		f)	Take child to hospital
		g)	Move things out of the way until child is still

7. What would you do differently for a child who swallowed a bottle of aspirin and a child who drank turpentine? B

a) Nothing.
b) Give syrup of ipecac to the child who swallowed aspirin and milk to the child who drank turpentine.
c) Give milk to the child who swallowed aspirin and syrup of ipecac to the child who drank turpentine.
d) Give coffee to the child who swallowed aspirin and make the child who drank turpentine vomit.

8. Rapid breathing, white face, sweating, and weakness best describe which emergency? D

a) poisoning
b) electrocution
c) drowning
d) shock

9. Name two ways children can help you call for help if you need to stay with an injured child or you get hurt yourself.

1) Make a "HELP" card that a child can take to a neighbor.

_____

2) Show children how to dial the operator or the 911.

_____

10. You should keep timely records on all kinds of accidents and illnesses because: D

a) records give doctors information that could be important in diagnosing an illness or injury,
b) records provide proof that you provided reasonable care and could be useful in preventing parents from suing you,
c) records can help you spot hazards in your home and take steps to remove them, or
d) all of the above.

Health and Safety
Part III
Childhood Illness

Childhood Illnesses

Among all ages of people, children are the most prone to get sick with communicable illnesses. That's because their bodies are just beginning to build up defenses against disease. Although babies are born with immunities of their mothers, these wear off at about 6 months. So infants and toddlers are at the greatest risk for catching colds and other infections.

Child Health And Sickness

Children are more likely to get sick if they are in a group of 5 or 6 children rather than 2 or 3. In a larger group, a child comes in contact with more children and, hence, more germs. Furthermore, infants and toddlers cannot tell their parents they're beginning to feel bad, so they may come to your home already sick. When they do, they can infect other children.

Your job is to reduce the risks of children getting sick and help control the spread of illness when it occurs.

Things To Look For

When you finish Part III, you should be able to:

1. wash your hands properly and identify critical times when hands should be washed,
2. check immunization records on children,
3. take a child's temperature,
4. recognize signs of common childhood illnesses, and
5. care for a sick child until parents arrive.

How Illness Spreads

An illness that can be spread from one person to another is a communicable illness. It is caused by germs such as bacteria, viruses, and parasites. Communicable illness spreads in two ways. One is through the air from sneezes or coughs. When children sneeze or cough, they spray droplets containing the virus or bacteria. Other children come along and breathe these droplets.

Illness is also spread when children touch someone who has the germs or touches tables, toys, and other things an infected person has handled. Then with their hands covered with germs, children put their fingers in their mouths, eyes, and noses.

The hands are a more important factor in spreading disease than many people think. New studies have shown that certain viruses can live on surfaces such as plastic and metal for up to three hours. As a caregiver, you unknowingly pick up germs when you handle toys or feeding trays children have touched or drooled on. You pick up even more germs by wiping children's noses and changing diapers. Unless you wash your hands, you can spread germs when you feed children, touch them, or simply give them something with your hands.

An important rule for preventing illness, then, is: Wash hands often, especially after toileting and before eating. This goes for children as well as caregivers.

Preventing Disease Spread

To keep children from ever getting sick, you would have to place each one in a room alone and keep them from any contact with people. Aside from being impossible, this is inhumane.

But you can do several things to keep children from getting sick so often and developing serious complications.

Proper Hand Washing

You and the children should wash your hands after toileting and before meals. It's also a good idea for children to wash their hands after crawling around on the floor and playing outdoors. As a caregiver, you should also wash your hands before preparing food, before and after changing a diaper, and when helping toddlers use the potty.

1. Use warm running water and soap. Any soap is good, but a mild soap will help prevent dryness and chapping.

2. Rub the hands vigorously for at least 15 seconds. This is important! Soap does not kill germs but rather collects germs in lather so they can be rinsed down the drain. Rubbing helps scrub the germs away.

3. Rinse hands in warm running water.

4. Dry with a clean towel or paper towel.

Teach children to wash their hands as a habit. Children 3 to 5 years old will be more likely to wash their hands if they can stand on a stool to reach the sink and if soap and towels are within easy reach.

Although they can go to the bathroom by themselves, they need occasional supervision in hand washing.

You will have to help toddlers wash their hands and wash infants' hands for them. An easy way is to wet a towel with liquid soap, rub the towel thoroughly over the infant's hands, rinse with a wet towel, and wipe with a dry towel.

Diapering

People who care for children should be especially alert to diarrhea and hepatitis A. These diseases are spread when children come in contact with tiny traces of feces left on your hands or the diapering table.

Infants and toddlers with wet or soiled diapers should be changed right away. It not only makes children more comfortable but also cuts down the chances that the diaper will leak on the floor or other surfaces. Check infants and toddlers at least every hour when they are awake and before they eat, nap, go outdoors, and go home.

Sanitary Steps In Diaper Changing

Follow these sanitation steps in changing a diaper:

1. Do not change diapers in the food preparation area.

2. Wash your hands.

3. Use a washable diapering table, or cover the diapering table with paper that can be thrown away. Almost any kind of paper will do--rolls of butcher paper, waxed paper, grocery bags, newspaper (sometimes leaves ink on the child's bottom, which is harmless).

4. Take off the wet or soiled diaper and set it aside well out of the child's reach. Clean the child's bottom with a wet washcloth (a separate one for each child) or a disposable towelette. Apply ointment or powder as parents have asked.

5. When the child goes back to play, swish the diaper in the toilet to get rid of any bowel movement.

6. Throw away the disposable diaper, disposable towelette and changing paper in an airtight container lined with a plastic bag. If cloth diapers are used, place the diaper inside a plastic bag (such as an old bread sack) and place the

bag in the child's diaper bag. Place the wet washcloth in a tight-fitting diaper pail.

7. If you don't use paper as a changing mat, wash the diapering table after each use. Scrub it vigorously with warm water and detergent, and wipe or spray with a disinfectant. A simple disinfectant is 1/4 to 1/2 cup chlorine bleach to 1 gallon of water. Be sure to keep this solution out of children's reach.

8. Wash your hands.

9. At the end of the day, place the plastic bag containing soiled diapers in a covered garbage can outside. Clean the diaper pail with detergent and water and spray with disinfectant.

Keeping Your Home Clean

Crib Sheets and Linens

Wash crib sheets and other linens at least once a week and certainly after any diaper leak. Use hot water (140 degrees Fahrenheit) and chlorine bleach. Dry in the clothes dryer or in the sun.

Children's Furniture

Clean plastic crib mattresses, playpens, strollers, high chair trays, tables and other surfaces children touch, especially with their hands and mouths. At least once a week, wash these with warm water and detergent, spray with a disinfectant, and let them air dry.

Toilets And Potties

Clean toilets and potties daily. Rinse potties with disinfectant. Scrub sinks and tubs at least once a week with cleanser. Remove mold from shower curtains by spraying with chlorine bleach.

Toys

Wash toys every day. Rinse first in cold water to remove saliva, and then rub with a towel dipped in warm water and detergent. Spray with a disinfectant and air dry. Some plastic items such as rattles can be washed in the dishwasher, while cloth toys can be tossed in the clothes washer. Encourage children to help you wash toys at the end of the day. Toddlers and preschoolers love playing in water and will delight in "giving dolly a bath."

Floors

It's also a good idea to mop and disinfect kitchen and bathroom floors once a week.

Your Own Health

Caring for children takes lots of energy. To do a good job, you have to stay healthy. Eat a balanced diet and get plenty of sleep every night. Unless you run and jump every day with the children, you probably need to exercise. Try taking a brisk walk

Exercise

for 30 minutes before breakfast or after supper two or three times a week. Bathe regularly, brush your teeth after every meal, and wear fresh, durable clothes, including shoes that will allow you to stay on your feet most of the day.

Medical Check-up

Every year have a medical check-up and keep a record of your tuberculosis skin test on file. If you are not feeling well, call a doctor. Think about illnesses in your own family and how you can avoid spreading them to the children in your care.

Smoking

If anyone smokes in your home, encourage them to refrain from smoking while children are present. Medical research has shown that children run a greater risk of respiratory infection when they are in the care of someone who smokes.

Visitors

It's important to think about other people who may be in your home or visit while you are caring for children. Anyone showing signs of a communicable disease, having a physical or mental condition that might be harmful to children, or appearing drunk or drugged should not be allowed in your home while children are in your care.

Health Records

Aside from using good sanitary practices, keeping health records can help prevent disease in your home. Generally when you accept a child for care, parents should fill out an enrollment form which contains health information on the back. (See "Health Requirements" in the Appendix.) This information includes:

1. Immunization chart, which shows the vaccines and doses a child has received,

2. Results of a tuberculosis test given by a doctor or the health department, and

3. Child's health status indicating the child is physically able to participate in day care activities. This may be a) a doctor's statement saying the child has had an examination recently, b) a statement from a clinic or screening program, or c) a statement from parents indicating the child has been examined by a doctor within the last year or has an appointment for an examination.

If a child takes any medicines while in your care, you should have parents sign a form giving you permission to give the medicine. (See "Dispensing Medication" in the Appendix.) Get a separate form for each medicine, such as an antihistamine a child

may take for allergies or an antibiotic a child may continue taking after returning from an illness. The form should also allow you to keep track of doses you give, time, and amount.

Immunization

Thirty or 40 years ago, people expected all children to have measles, mumps, and other communicable illnesses as part of their growing up. Today children can be spared these illnesses--and their sometimes harmful effects such as deafness--because they can be immunized with vaccines. In fact, widespread vaccination has so lowered the incidence of these illnesses that many parents don't know how harmful they can be or have become lax about having their children immunized.

Texas law requires that all children entering child care facilities and public schools be kept up to date on immunizations. (See "Child-Care Facility Immunization Requirements") The reason is that it protects the whole population. When children--who are the most likely to get these illnesses--are kept safe, the germs cannot grow and spread and will eventually die off. That's what happened to smallpox, at least in the United States.

Children should be immunized against:

- diptheria, tetanus and pertussis (DTP);
- measles (rubeola);
- mumps;
- rubella; and
- polio.

Each child also should have a tuberculosis (TB) test.

If children have already had measles or mumps as an illness, they can bring a statement signed by a doctor instead of getting the vaccines. Parents of school-agers need only give you a signed statement that the child's health records are at school. If parents choose not to have their children immunized for medical or religious reasons, they should bring you a signed statement explaining their choice. If parents cannot afford to pay for immunizations, they can usually get them from the local health department or public clinic.

Make sure your own children's immunizations are up to date and written down, just like those of other children.

Checking Children For Illness

Parents have a responsibility to keep sick children home. However, many parents either do not know or tend to downplay the risks involved in bringing a sick child to your home. Too, some parents may think they cannot take time off from their jobs or may not be able to find anyone to care for a sick child.

On the other hand, you have a responsibility to all the children in your care as well as to your own family. When parents bring a child who looks sick or seems feverish, you should take the child's temperature before the parents leave. If the temperature taken under the armpit is 100 or higher, inform parents that you cannot keep the child. If a child is crying or appears more fussy than normal, ask parents whether the child is upset or stayed up late the night before.

Fever

You should take a child's temperature if a child feels hot to the touch or you think the child is not feeling well. You may notice reddened cheeks or ears, glassy eyes, tiredness, crankiness, or shivering and other signs of chills.

1. Shake the mercury down to at least 96 degrees. Use a sharp, snapping motion.

2. With the child sitting in your lap, raise the child's sleeve or shirt and place the bulb of the thermometer under the child's armpit and press the arm against it.

3. Hold it in place for five minutes or longer. You may need to keep the child occupied by reading a story or playing with a toy.

4. Hold the thermometer at eye level and roll it until you can read the mercury. A reading of 97.6 is normal (one degree lower than taken by mouth).

5. Wash the thermometer with soap and warm water. (Hot water can break it.) Rinse and dry thoroughly with a clean towel.

6. Let it soak in rubbing alcohol for about 20 minutes. Rinse, dry, and store in a clean container.

Normal Body Temperature

Normal body temperature varies from one person to another. We consider 98.6 degrees Fahrenheit (taken by mouth) and 97.6 degrees Fahrenheit (taken in the armpit) normal for most people, but a degree higher or lower would not be unusual.

Children tend to have a slightly higher temperature than adults, and, depending on how late in the day or how much exercise children have had, it may be even higher.

When a child's temperature is 100 degrees Fahrenheit (taken under the armpit) or higher, you should consider that a fever and call the child's parents.

The body produces fever to help fight an infection. A fever tells you the child is sick but not how sick the child is. That is, you should be more worried about a child with a 101 degree fever who is hard to waken than about a child with a 103 degree fever who is jumping up and down.

Fever Convulsions

The biggest danger of a high fever is that it may cause a convulsion. Fever convulsions are rare, but they are more common in children (especially those between 6 months and 4 years) than adults. Sudden high fever in an infant may be a sign of roseola. If an infant under 4 months has a fever, you should call parents or a doctor right away.

If the child is feeling fairly well with a fever, you can simply isolate the child until the parents come. However, if the child is uncomfortable, you can sponge the child with lukewarm water. Do not give aspirin or acetaminophen (Tylenol, Tempra, etc.) unless you have written permission from parents. You should not give aspirin or other medications containing salicylates to children with chicken pox or influenza-like illnesses. Aspirin use has been linked to Reye Syndrome, a rare but life threatening illness which primarily affects children. If the child has a temperature of 104 degrees or higher, sponging is necessary to prevent a convulsion. Sponge with lukewarm water, either using a cloth and basin or having the child sit in a tub. Encourage the child to drink water or clear liquids.

Reye Syndrome

Common Problems

Children can become sick quickly without giving much advance warning. As you care for children during the day, you should be alert to any signs of illness.

Colds

The younger children are, the more often they are likely to have colds. Children between 2 and 6 years old have twice as many colds as 9-year-olds. Colds are caused by viruses--not by getting one's feet wet, getting too chilled, or getting overheated.

The first sign of a cold may be a runny nose. Along with it, children may sneeze, cough, complain of a sore throat, and be cranky. Usually children have little or no fever.

Keeping children home or away from other children is not practical. One reason is the virus has probably already been spread to other children by the time a child shows symptoms. Another is that parents can hide symptoms with over-the-counter cold remedies. Finally, what looks like a cold may actually be an allergy. In fact, if a runny nose continues for 10 days or more, it probably is an allergy. As long as children look normal and play well, they can stay in your home.

Give children lots of juice and other liquids to help thin the mucus and lessen the chance of ear infections. Running a vaporizer or humidifier while children nap helps put moisture in the air, which can become dry in heated homes. Giving decongestant, cough syrup, and nose drops may help a child feel more comfortable, but check with parents before you do.

Steps To Control Illnesses

You can do several things to help keep colds and other respiratory illnesses from infecting too many children and getting worse.

1. Use a separate tissue to wipe each child's runny nose. Throw it away immediately in a covered wastebasket.

2. Encourage children to blow gently through both nostrils. Children under 4 may not be able to blow, so just wipe the nose as best you can. Blowing too hard can force mucus into the ear tube and cause an infection.

3. Teach children to cough into a tissue. Coughing into their hands is probably better than nothing, but their hands get covered with virus and spread it through touch.

4. Wash your hands after wiping noses, and teach children to wash their hands often, too.

5. Have children use separate cups and glasses for drinking. Discourage them from sharing bites of food and eating off another person's plate.

6. Encourage children, especially those older than toddlers, to keep their fingers out of their mouths. Discourage mouth-to-mouth kissing.

When To Call Parents or the Doctor

If cold symptoms get worse, a child may have a more serious infection. It could be an ear infection, pneumonia, a sinus infection, flu, bronchitis, tonsilitis, strep throat, measles or meningitis. Call parents or the doctor if the child:

- has a temperature of 100 degrees Fahrenheit (taken under the armpit) or greater,
- holds ears, pulls at them, or has ear drainage,
- coughs heavily,
- breathes hard and fast,
- breaks out into a rash,
- has a swollen neck,
- has a stomach ache or vomits,
- has diarrhea, or
- feels weak or extremely drowsy.

Allergies

Many children have runny noses because they are allergic to something. It may be dust, molds, feathers, wool, pollen, cat and dog hairs, or something else in the air or around them. You should suspect an allergy if a child has a runny nose for more than 10 days at a time, if the child has a runny nose several times a year, and if parents have a history of allergies.

Usually the fluid from a runny nose is thin and clear, and the child may have itchy eyes and sneezing. When the fluid turns yellow, the child may have developed a cold or sinus infection. A child also may develop a throat or ear infection.

Children prone to allergies should drink plenty of liquids to keep the mucus thin. Unless they have trouble breathing or sleeping, you should avoid giving them antihistamines or decongestants because these medicines can have side effects. Of course, a doctor may prescribe a medicine to be given regularly because of frequent ear or other infections resulting from allergies.

Tips For Reducing Allergic Reactions

Here are some tips for reducing the chance that children will have allergic reactions in your home.

1. Use washable cotton or synthetic crib sheets and blankets. Use dacron-filled pillows (no feathers). Cover mattresses and box springs with allergy-proof casings.

2. Wash stuffed animals and toys made of fabric often to avoid collecting dust.

3. Using a wet rag, dust the rooms where children play and sleep at least once a day. Avoid furnishings that collect dust such as rugs, blinds, draperies, decorative objects, dried plants.

4. Vacuum carpets and upholstered furniture at least once a week to remove dust.

5. Damp mop wood or tile floors with a solution containing disinfectant to prevent molds. Remove any houseplants.

6. Keep doors and windows closed, especially during seasons when pollen from ragweed and other plants are in the air. Change air filters in the air conditioning vents at least once a month.

7. Keep closet and cabinet doors closed to keep down dust and lint.

Ear Infections

Children have ear infections when mucus fills the sinuses and blocks the ear tubes. Children will have fever and severe pain. Infants and toddlers may seem unusually fussy, refuse to eat, or scream when you touch their heads or lay them on one side. Some children also may have a yellow or bloody drainage from the ear.

Call parents so they can take the child to a doctor. Ear infections are usually treated with antibiotics. When children become playful again and have not had fever for 24 hours, they can return to the day home.

Ear infections are serious because they can cause hearing loss. If children have too many earaches, the doctor may place a tiny plastic tube in the child's ear.

Throat Infections

Sore throats can be caused by viruses or bacteria. Those caused by viruses, like colds and other viral

infections, cannot be treated with antibiotics and must run their course. Children with viral sore throats can stay in a day home as long as they feel well enough to play or have not had throat pain for more than three or four days. The child may feel more comfortable by drinking a little water mixed with honey or taking aspirin or another pain reliever. School-age children can gargle with a mild solution of salt and water.

A sore throat caused by bacteria, usually "strep throat," is treated with an antibiotic. Strep throat is easily spread to others. It is sometimes associated with other diseases such as rheumatic fever (swollen joints, skin rash, heart damage) and scarlet fever (skin rash). In some cases, strep throat can be suspected if the fever won't go away with aspirin, the neck is swollen, or the back of the throat is bloodshot. Unfortunately, the only sure way to tell is to have the doctor make a throat culture.

Children with strep infections cannot stay in your day home until after they have been taking antibiotics and feel well enough to play. If you suspect strep infection or strep throat has been going around the neighborhood, have parents take the child to the doctor to avoid infecting the other children.

Diarrhea

Diarrhea has many causes--bacteria, viruses, and parasites. The intestines try to get rid of these germs by moving more often and discharging a watery stool. Some children have diarrhea when taking antibiotics because the medicine disturbs the helpful bacteria that normally live in the intestines.

Diarrhea is not serious unless the child is losing a lot of fluid. If the child vomits and cannot hold fluids for more than six hours, parents should contact a doctor. Some streaks of blood or mucus may be seen in the stool, which comes from the irritation of the intestines. But if the child passes large amounts of blood, parents should call a doctor. High fever with diarrhea may mean the child has a more serious illness.

Children with diarrhea should be given juices, clear soups, soft drinks, or popsicles to keep up the fluids in their bodies. As children have fewer stools, they can be given bananas, rice, applesauce, and toast (the first letters of those four foods spell "brat"). Milk and fried foods should be avoided until stools are normal again.

Diaper Rash

Infants often can have reddened skin on their buttocks and genital area. This is caused by too much contact with urine or stools, which contain ammonia and acids, or sensitivity to laundry detergent, powder, soap, or some other substance that comes in contact with the child's skin.

The best way to prevent diaper rash is to change wet or soiled diapers promptly. Once a child has diaper rash, the child should wear cloth diapers with no plastic pants (plastic and disposable diapers tend to keep the moisture in). After each diapering, clean the child's buttocks gently with a wet washcloth (no soap) and apply zinc oxide ointment.

Heat Rash

Heat rash is the irritation around the neck, chest, or waist that looks like fine, red bumps. This rash is common in hot weather and occurs because the child's sweat glands have become blocked. Usually the child has been dressed too warmly.

Heat rash can be treated by dressing the child in light, cotton clothing (no synthetics). You can wash the skin with cool water, dry thoroughly, and apply baby powder or corn starch.

Pinworm

Many children, regardless of their family background, get pinworms. These are tiny white worms about one-quarter inch long that look like thick threads. You can probably see them best by looking at a child's rectum with a flashlight while the child is sleeping.

Children with pinworms will have itchy rectums and will try to scratch often. If pinworm eggs get on their fingers, diapers or underwear, the pinworms can be spread to others. If any child you care for gets pinworms, have parents call a doctor for a prescription medication that should be taken by the entire family. Assure parents that pinworm is a common condition and they should not feel guilty nor suspect your home of being unclean. Wash all underwear, pajamas and bed linens used recently in your home in hot water, and have parents do the same. Be especially careful about washing your hands and the children's hands before cooking, before eating and after toileting.

Head Lice

Another common childhood problem that seems to horrify parents is head lice. Lice are quite small and cannot be seen unless they move. You can see

their eggs, which often cluster in "nits" on hair strands and the scalp. These nits cannot be shaken off like dandruff.

Have parents buy an over-the-counter lice shampoo and wash the heads of every family member. Explain that everyone should use the shampoo the same night, or you will not allow a child to come back to the day home. At the same time, the family should wash combs, caps, towels and bed linens that might have been infected. It's a good idea to do the same in your own family and alert other parents to look for signs of lice in their children.

Pink Eye

Pink eye is an irritation causing the white part of the eye to become pink or red, often with a crust on the eyelids. If pink eye is caused by a virus or some irritant and occurs with a cold or allergy, you can do little except sponge off the child's eyelids with a cotton ball dipped in lukewarm water.

In many cases, however, pink eye is caused by bacteria and is highly contagious. You should suspect a bacterial infection if the pink eye has lasted for more than 24 hours. Parents should call the doctor and get a prescription for antibiotic eye drops. The child should be kept home until the eyes have begun to improve, or when the doctor says the child is no longer contagious.

Chicken Pox

Chicken pox is not a serious illness, but it can leave scars if the pox become infected. Once children have chicken pox, they rarely ever get it again.

Chicken pox first appears as flat red splotches and within a few hours develops into small blisters. Over the next 2 to 6 days, new crops of blisters form. The blisters itch terribly and break easily. As they break, they form a crust which lasts from 8 to 10 days.

The disease spreads quite easily. It is spread not by dry scabs but by droplets from the mouth or throat which can be passed by hands or clothing. When you first suspect a child of having chicken pox, you should isolate the child and call parents to come for the child right away. Do not give aspirin (refer to Reye Syndrom, page 206). Parents need not take the child to the doctor, unless a complication develops. Children can return to your day home when all the blisters have crusted over, or about a week after the rash first appears.

Impetigo

Impetigo is a skin infection that can begin by an irritation of the skin--such as a mosquito bite or diaper rash. It looks like whiteheads or pimples that open and get crusted over. Because this infection is spread easily, children should be kept home until after beginning treatment. Usually parents can buy an over-the-counter antibiotic cream that will cure the sores. If the sores do not heal quickly and the infection spreads, the child may have to be given antibiotics by mouth or in a shot. Impetigo sores are often itchy, so children should have their nails trimmed short.

Roseola

Roseola is a mild disease that is more common in infants and toddlers than older children. It begins as a sudden high fever, which can trigger a convulsion. After several days of fever, the child breaks into a pink rash, which appears first on the buttocks. The rash usually lasts less than 24 hours.

Although it's a mild disease, roseola is easily spread. Because the first symptom is fever, you should send the child home when you first detect the high temperature. The child can return to the day home when the fever has passed.

Hepatitis A

Infectious hepatitis often looks like a cold in preschool children. It begins with a slight fever and tired feeling. Gradually children may develop diarrhea, stomachache and vomiting, sometimes with a slight yellowing of the skin. It is caused by a virus that is spread through poor cleaning after diapering or using the toilet. Although it is often a mild disease in children, it is spread easily to adults whose symptoms are more severe.

Hepatitis A is diagnosed by a lab test. No treatment is available, except rest. If a child in your day home gets Hepatitis A, a doctor may recommend that gamma globulin shots be given to everyone in your family as well as the other children and their family members.

Caring For A Sick Child

How sick is sick? Some people think a child with a drippy nose should be put to bed, while others think the child with a fever should be up and playing to "build up resistance." Because everyone has different ideas about handling illness, you should talk to parents about your sickness policy before accepting their children for care.

Written Policy

It's best to have your sickness policy written down. It should list the symptoms you use to decide whether a child should be sent home. Most day care providers would not care for children with these symptoms:

- temperature of 100 degrees Fahrenheit (taken under the armpit) or above,
- vomiting,
- diarrhea that lasts for more than 6 hours,
- an unexplained skin rash, or
- unusual tiredness, crankiness, or loss of appetite.

Making The Child Comfortable

When a child becomes ill, you should call the parents and describe the symptoms. Be sure to give parents the child's temperature reading, noting whether it was taken under the armpit. Although you may have a good idea of what the illness is, it's not your job to make the diagnosis and tell parents how to treat it. Rather, you should advise parents to contact their doctor.

While you are waiting for parents to come, you should find a quiet place for the sick child away from the other children. This can be a cot or couch with blanket and pillow. It can be in the next room as long as you can see the sick child as well as the other children.

Try to make the child as comfortable as possible. If you have parents' permission, you might give the child something for fever. If the parents get delayed and the fever continues, sponge the child with a wet cloth. Check the diaper or help the child go to the bathroom. If the child has vomited, rinse the child's face with water and offer a sip of a soft drink. Some children will curl up and go to sleep, so you may need to pull down the shades and keep the noise low.

Children often become upset or feel guilty for vomiting on the rug or having a bowel movement in their shoes. Or they become frightened if this is the first time. Reassure the child that the mess can be cleaned up, and that vomiting is natural in illness. Some children feel punished or unhappy when separated from the other children. If they do, try to make the quiet place special in some way. Give the

child a special book or toy. Serve water or juice in a special cup. The important thing is to help the child feel secure and loved.

When parents arrive, describe the symptoms the child has and what you have done, including whether you have given any medicine. Ask parents to call you later to tell you how the child is doing and what the doctor said. This follow-up is important because you may need to take preventive steps with the other children and your own family.

When a child catches a communicable disease, inform the parents of all the other children in your care. They may need to watch their children for symptoms or take steps to guard the health of their families.

Things You Might Try

1. Plan a learning activity about hand washing for children 2 years and older. Use the bathroom sink so children will associate hand washing with toileting. Demonstrate proper use of soap, scrubbing, rinsing with water, and drying with a towel. Have each child wash hands individually, making sure each can reach the soap, towel, and water. Talk about why we must wash our hands after toileting and before eating. During the next few days, observe children carefully and praise their efforts. Explain the importance of hand washing to parents and ask them to reinforce the hand washing habit at home.

2. Study the "Child-Care Facility Immunization Requirements." Check the records of immunization on all the children in your care. If any children are due for an immunization, remind parents about it.

3. Study the "Communicable Disease Chart For Schools and Child-Care Centers." Note the symptoms for each disease. For which diseases should a child stay home? When can a child come back to the day home? Post the chart or keep it in a handy place to use as a reference.

4. Ask the county health or public school nurse in your school district about how to recognize and treat head lice. Ask your local pharmacist about special shampoos for treating head lice--the cost of each, whether a prescription is needed, any side effects, and any special equipment (such as a fine-toothed comb). Check your children for

head lice. If you have any questions, ask the county health or school nurse.

5. Write down your policy regarding sick children. For which symptoms will you send a child home? Check your records to make sure you have the parents' phone numbers at work, the phone number of each child's doctor or clinic, and the phone number of a relative or another person whom the parents have authorized to care for each child if parents cannot be reached. Study the "Dispensing Medication" form in the Appendix. Consider using this form and keeping track of doses of any medication you give. Give parents a copy of your sickness policy and discuss it with them.

6. Arrange a space in your house where you can isolate a child who becomes ill. Consider its location in relation to the other children, bathroom, noise, and other members of your family. Assemble a few toys, books, and other materials that could keep the child occupied until the parents arrive. Check the children's health records to see whether parents have authorized you to give children any medication, including aspirin.

1. Name the two ways in which communicable illness can be spread.

   1. _____

   2. _____

2. Hand washing helps prevent the spread of communicable illness by: _____

   a) removing germs,
   b) killing germs,
   c) keeping germs from growing bigger and multiplying, or
   d) stimulating antibodies to fight infection.

3. The critical times during the day for you and the children to wash your hands are: _____

   a) after playing and before eating,
   b) before napping, cooking, and eating,
   c) after toileting and diapering, and before cooking and eating, or
   d) after toileting and playing.

4. The biggest danger of a high fever is: _____

   a) convulsion,
   b) pneumonia,
   c) brain damage, or
   d) death.

5. A skin rash that appears with fever might be: _____

   a) measles or chicken pox,
   b) hepatitis A,
   c) measles, rubella, chicken pox, scarlet fever, impetigo, or scabies,
   d) measles, rubella, chicken pox, scarlet fever, roseola, rheumatic fever, or Rocky Mountain spotted fever.

6. If a 3-year-old developed a fever of 101 degrees, you would NOT: _____

   a) place the child in a playpen in the next room,
   b) give the child water or juice to drink,
   c) sponge the child with a wet cloth, or
   d) ask another child to give the sick child a book or toy to help the sick child feel better,
   e) help the sick child go to the bathroom.

1. Name the two ways in which communicable illness can be spread.

   1. By air from coughs and sneezes

   2. By touch--touching an infected person or things he or she has touched.

2. Hand washing helps prevent the spread of communicable illness by: A

   a) removing germs,
   b) killing germs,
   c) keeping germs from growing bigger and multiplying, or
   d) stimulating antibodies to fight infection.

3. The critical times during the day for you and the children to wash your hands are: C

   a) after playing and before eating,
   b) before napping, cooking, and eating,
   c) after toileting and diapering, and before cooking and eating, or
   d) after toileting and playing.

4. The biggest danger of a high fever is: A

   a) convulsion,
   b) pneumonia,
   c) brain damage, or
   d) death.

5. A skin rash that appears with fever might be: D

   a) measles or chicken pox,
   b) hepatitis A,
   c) measles, rubella, chicken pox, scarlet fever, impetigo, or scabies,
   d) measles, rubella, chicken pox, scarlet fever, roseola, rheumatic fever, or Rocky Mountain spotted fever.

6. If a 3-year-old developed a fever of 101 degrees, you would NOT: D

   a) place the child in a playpen in the next room,
   b) give the child water or juice to drink,
   c) sponge the child with a wet cloth, or
   d) ask another child to give the sick child a book or toy to help the sick child feel better,
   e) help the sick child go to the bathroom.

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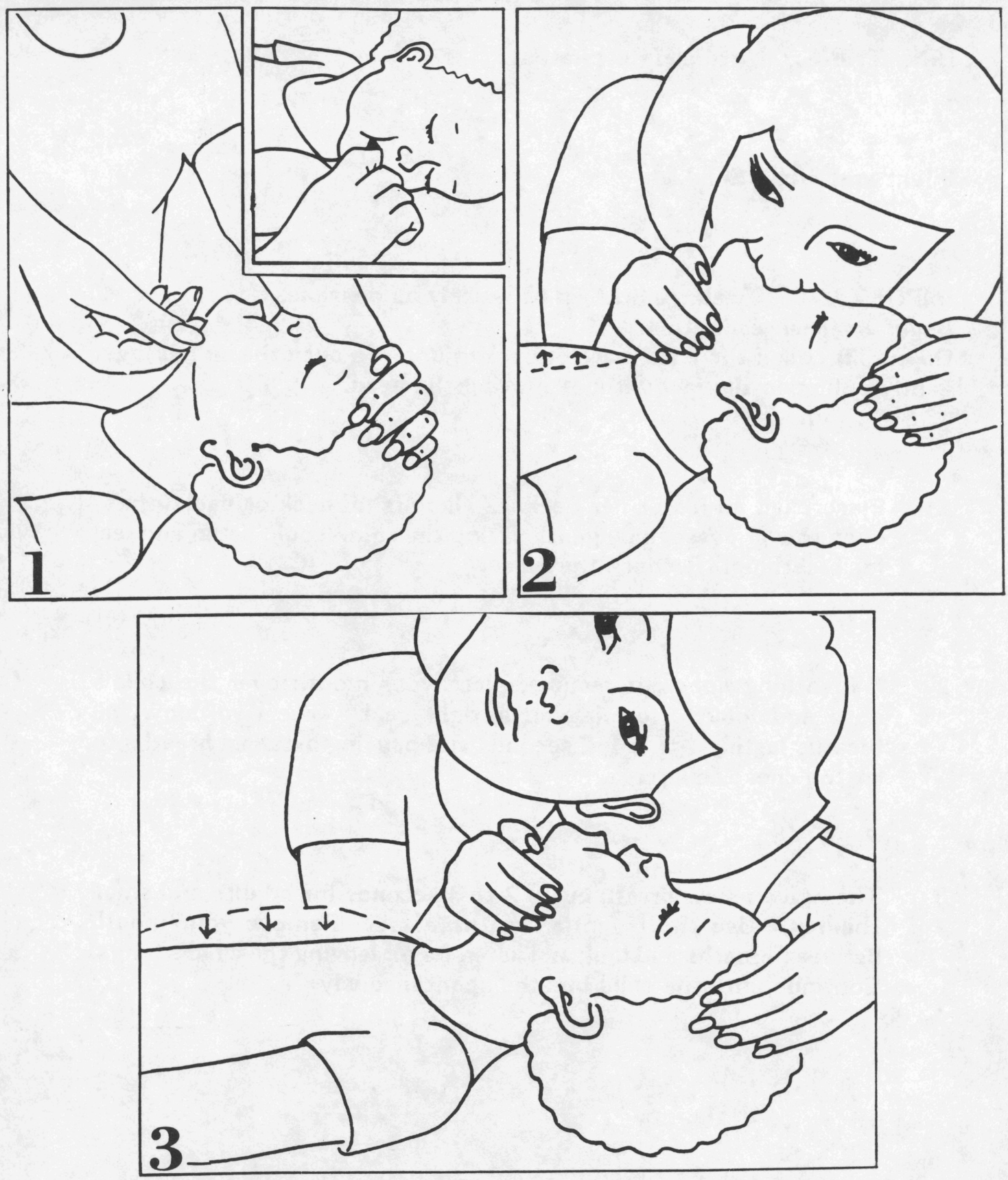
BREATHING: ARTIFICIAL RESPIRATION — Infant and Small Child



BREATHING: Artificial Respiration

Infant and Small Child

IMPORTANT: Seek medical aid as quickly as possible.
Begin artificial respiration.
Do not lift chin if there is a neck or back injury. To open the air passage, gently pull open the jaw without moving the head.

1 Place child on his or her back. If there is no neck or back injury, open the air passage by gently lifting the chin. Look, listen and feel for breathing. Recheck the pulse.

2 If breathing does not resume, place your mouth over the child's nose and mouth, forming an airtight seal. Give two, slow full breaths lasting 1 to 1 1/2 seconds and pausing between breaths to let the chest deflate.

3 Then give a new breath every 2 to 3 seconds for infants and small children. Use short gentle breaths of air. Remove your mouth between breaths and look and listen for air leaving the child's lungs. Continue until the child breaths spontaneously.

BREATHING: ARTIFICIAL RESPIRATION Older Child

BREATHING: Artificial Respiration

Older Child

IMPORTANT: Seek medical aid as quickly as possible.
Begin artificial insemination.
Do not lift the chin if there is a neck or back injury. To open the air passage, gently pull the jaw open without moving the head.

1 Place the child on his or her back. If there is no neck or back injury, open the air passage by gently lifting the chin. Listen and feel for breathing. Recheck the pulse.

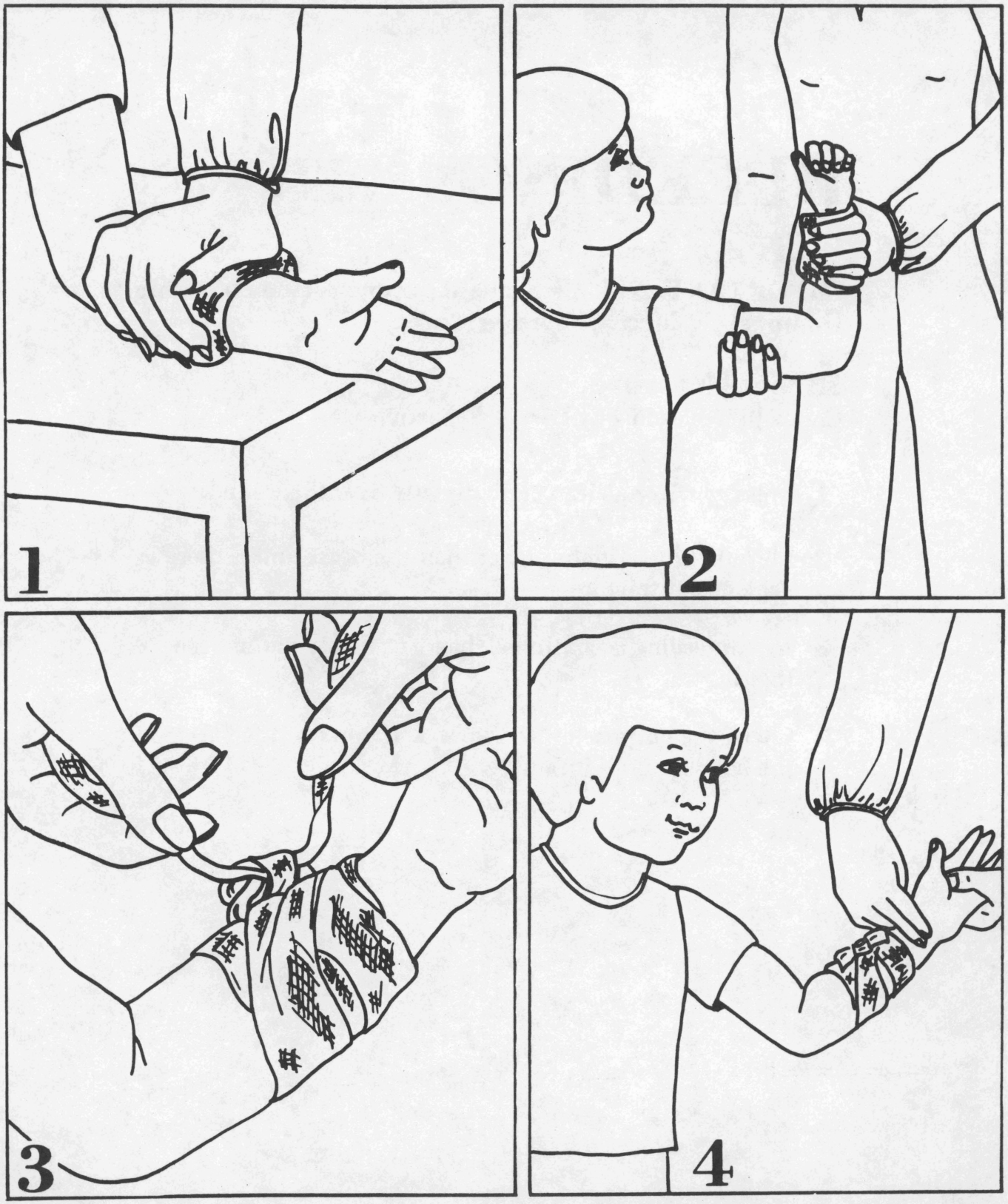
2 If breathing does not resume, open his or her jaws and pinch the nose closed. Place your mouth over their mouth, forming an airtight seal. Give two slow, full breaths lasting 1 to 1 1/2 seconds and pausing between breaths to let the chest deflate.

3 Then give the child a new breath every four seconds, 15 per minute. Remove your mouth between breaths and look and listen for air leaving the lungs. Continue until child breaths spontaneously.

BLEEDING:

CUTS & WOUNDS

Direct Pressure



BLEEDING: CUTS & WOUNDS

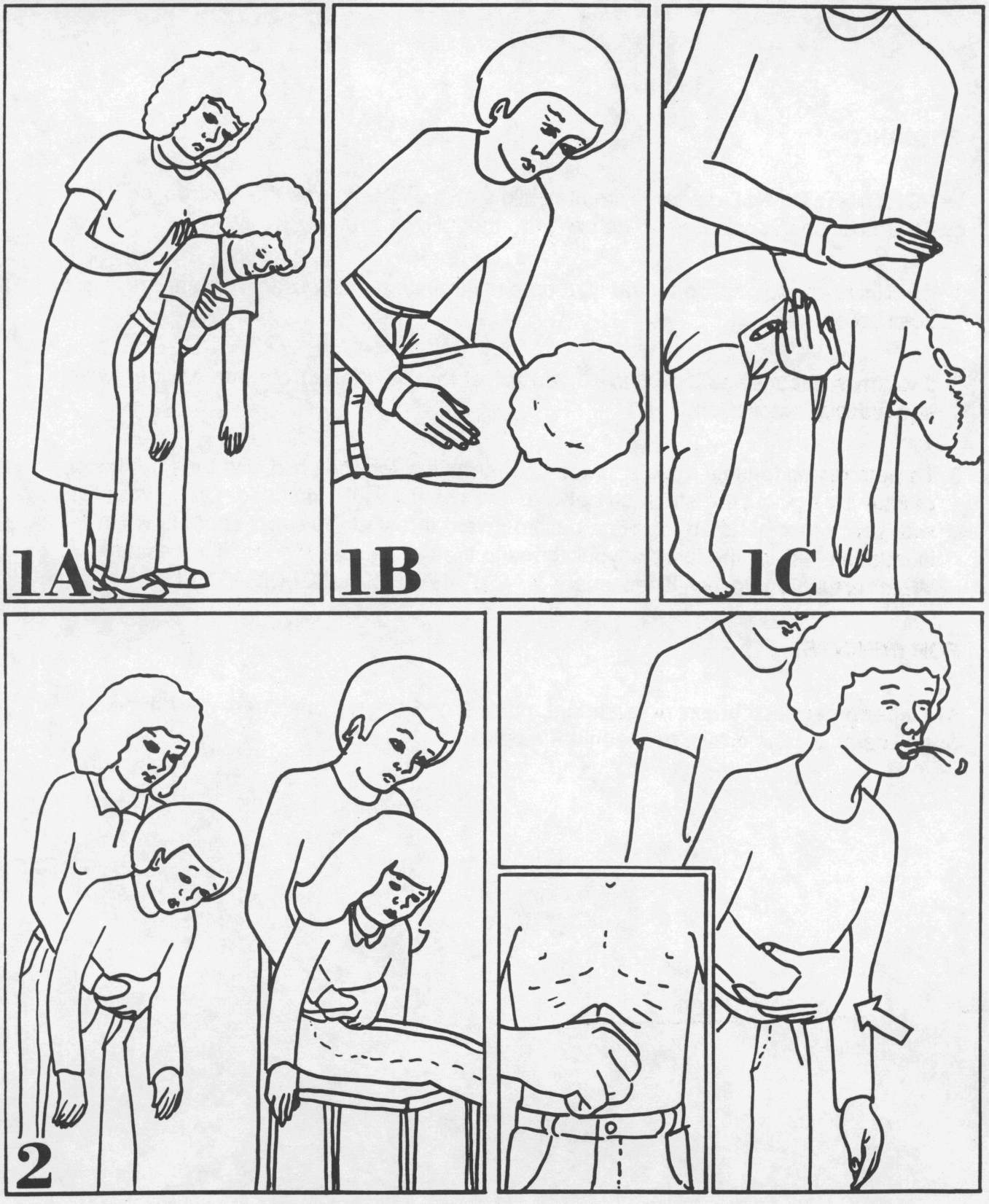
IMPORTANT: Seek medical aid for any serious bleeding.
Do not apply direct pressure on breaks.

Direct Pressure

Control the bleeding by **Direct Pressure.**

1. Press gauze or a clean cloth directly over the wound.
2. Elevate injured limbs higher than the heart unless there is evidence of fracture.
3. After bleeding is controlled, bandage firmly but not too tightly.
4. Check the pulse below the wound. If you can't feel it, loosen the bandage until it returns.

CHOKING



CHOKING

IMPORTANT: Do Not interfere with the child's own efforts to free the obstruction if he can breathe, speak or cough. If he can't, do the following:

1. If victim is conscious, do as many abdominal thrusts as necessary to clear the obstruction.

2. If victim is unconscious, do 6 to 10 abdominal thrusts, then follow with a finger sweep and artificial respiration.

3. To perform abdominal thrusts, place your arms around the child,with the thumb side of your fist against the stomach between the navel and the rib cage. Grasp your fist with your other hand and make a quick upward thrust at the exact spot shown in the illustration. Adjust the force of your thrust to the child's size. Repeat if necessary. Watch breathing closely. If necessary, START ARTIFICIAL RESPIRATION.

FOR INFANTS:

4. To perform chest thrusts on an infant, place 2 or 3 fingers one finger's width below an imaginary line drawn between the nipples.

Health and Safety Appendix

1. Health and Safety Checklist (Appendix 1-5)
2. Fire Prevention, Sanitation and Safety Requirements for Registered Family Homes (also in Minimum Standards, Registered Family Homes, April 1982, p. 9) (Appendix 6-8)
3. Emergency Telephone Numbers Card/Information (Appendix 9)
4. Measures for Poisoning (Appendix 10-11)
5. Enrollment Information Form (Appendix 12)
6. Health Requirements Form (Appendix 13)
7. Accident Report Form (Appendix 14)
8. Dispensing Medication Form (Appendix 15)

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EXTENSION PUBLICATIONS

POISON PERILS CHECKLIST, L-2039; TEXAS POISON CONTROL CENTERS, L-2087, EMERGENCY TELEPHONE STICKERS, D-1073; WAKE UP, GET OUT, AND LIVE!, L-2127, and PARENTS: DON'T LET YOUR CHILDREN BURN, L-4495 available through the local Texas Agricultural Extension Office.

HEALTH AND SAFETY CHECKLIST

Kitchen and Dining Area

___ Look through all cabinets within children's reach and remove any breakable dishes and sharp items. Leave only plastic containers, paper goods, and metal pots and pans that children can play with to their heart's content.

___ Remove all dishwashing soap, cleansing powder, drain cleaner, laundry detergent, bleach, paint, turpentine, bug spray, and similar products from under the sink and store them out of children's reach.

___ Lock the door to the water heater and any kitchen closet where supplies are stored.

___ Place knives, ice picks, meat-turning forks, and other sharp utensils in top cabinets.

___ Unplug toasters, coffee makers and other electrical equipment when not in use.

___ Cover electric outlets or install safety plugs to keep children from trying to stick things in them. (Safety covers can be bought at most hardware or dime stores.)

___ Don't overload outlets, and replace frayed electric cords.

___ Keep matches out of sight and reach at all times.

___ Keep linoleum and tile floors from getting slippery by wiping up spills promptly, and not waxing them too much.

___ Make sure chairs and high chairs are sturdy and not easily turned over. Place toddlers in high chairs with a strap or harness.

___ Install a smoke detector in the kitchen (away from the stove or oven so that it won't go off while you are cooking). Check the batteries every six or eight months.

___ Keep a fire extinguisher in the kitchen (a 2.5 pound chemical type) and learn how to operate it. Have it checked and serviced once a year.

___ If you have pets, keep them clean. Make sure pets have all vaccinations, including distemper and rabies. Empty kitty litter boxes daily. (Don't keep turtles or birds as pets because they can transmit illnesses to children.)

___ Have a transistor radio and flashlight--and fresh batteries--on hand in case of a storm or power failure.

Bathroom

___ Lock medicine cabinets, or place medicine, razors and glass bottles well out of reach of climbing, curious children.

___ Check under the sink and remove cleanser, shampoo, lotion, toilet bowl cleaner, alcohol, and similar products.

___ Remove or adjust the door lock so children can't lock themselves in the bathroom.

___ Adjust the water heater so children won't be scalded when they wash their hands.

___ Check wastebaskets for hazards. Empty old medicines down the drain and rinse containers before disposing. Wrap used razor blades in a paper bag and place them outside in the garbage can.

___ Unplug appliances like shavers and hair dryers when not in use and place out of children's reach.

Living Room or Indoor Play Area

___ Remove furniture that has sharp corners or turns over easily.

___ Push the TV against the wall so children can't get to the cord or the back of the set.

___ Push furniture in front of electric outlets or install safety plugs.

___ Move cords from lamps, radios and other electrical appliances so they don't lie where people walk or children can reach. If cords are too long, roll and tie them up.

___ Install safety gates across stairs. (Use sturdy, straight-edged gates. Children can get their necks caught in the expandable type with V-shaped openings at the top.)

___ Keep stairways free of toys or other objects. Don't use scatter rugs at top landing or bottom. Make sure railings are strong.

___ Place a high latch on doors leading to rooms you don't want children to use, or to any outdoor area not protected by a fence.

___ Place a screen or other protective device around space heaters and fireplace. It's better to clothe children in extra sweaters and socks than to use portable heaters.

___ Mount electric fans where children cannot reach them, and use guards that keep children from touching the fan blades.

___ Remove any peeling paint and repaint with lead-free paint. (If children eat paint that contains lead, they can be seriously poisoned.)

___ Remove scatter rugs to prevent falls, or use non-skid type.

___ Repair any loose nails and splinters on wooden floors and exposed nails or loose threads in carpet.

___ Place ash trays, lamps, knick-knacks, and other breakables out of children's reach. Check for tablecloths that can be pulled off and houseplants that can be overturned.

___ Avoid using walkers for infants. Aside from causing numerous accidents, they can pose problems with normal foot development and walking.

___ Check playpens and other equipment to make sure sides are secure and all edges and bolts are smooth.

Bedroom or Sleeping Area

___ For infants and toddlers, use cribs or beds with secure sides to prevent children from rolling out onto the floor.

___ Make sure cribs have no more than 2 1/2 inches between slats so baby's head cannot become wedged between them.

___ Make sure crib mattresses fit snugly and bumper pads are tied securely so baby's head cannot get caught between them and the crib frame.

___ Place cribs away from windows unless the windows have guards or sturdy screens to keep children from falling out.

___ Tie up cords of window blinds so children won't wrap them around their necks and get strangled.

___ If children use the same beds as family members, have a separate sheet and blanket for each child.

___ Water-proof beds with fitted plastic sheets, rubber sheets, or crib pads. Don't use thin plastic cleaning bags.

___ Place vitamins, medicines, cosmetics, perfumes, shoe polish, and similar products out of children's reach.

___ Tie extra or used plastic clothes bags into knots and throw them away.

___ Lock up shotguns, rifles and other firearms.

___ Install a smoke detector in the bedroom or hallway. Check batteries every six to eight months.

Toys and Learning Materials

___ Choose toys that are easy to wash and keep clean. Wash infant and toddler toys daily. Try to give each infant and toddler separate crib toys that won't be used by another child the same day.

___ Choose fabric toys that are labeled flame-retardant or nonflammable.

___ Check stuffed toys to be sure eyes and other parts are stitched on securely. Squeakers should be secured in place.

___ Remove any toys with sharp points or rough edges. Some plastic toys become brittle with age.

___ Make sure toys are sturdy so they won't splinter or break with normal use.

___ Give infants and toddlers only toys that are too large to be swallowed.

___ Read the labels on crayons, paints, clay and other materials to be sure they are not poisonous if put in the mouth.

___ Don't let children play with shooting toys such as BB guns and darts as well as caps or anything that explodes.

___ Avoid toys with electrical parts unless children are school-age and know how to handle them safely.

___ Store toys and learning materials on low shelves where children can reach them. Place heavy toys near the floor.

Outdoor Play Area

___ Have a fenced area outdoors where children can play daily. Check the fence for wires that stick out or loose nails. If you have no fence, walk the children around the boundary to show them where they are allowed to play.

___ Put away lawn mowers, fertilizers, and gardening tools so children cannot get to them.

___ Enclose the air-conditioning unit.

___ Remove doors on old refrigerators and freezers. Children like to hide in these and can smother.

___ Remove poisonous plants such as oleander, azaleas, and castor bean.

___ If a car has to be in the yard, shift the gears to park and set the emergency brake. Close the windows, lock the doors, and keep the keys in the house out of reach.

___ Make sure the yard is free of rusty nails, broken glass, and similar objects.

___ Fill in holes that children can fall in and twist their ankles.

___ Get rid of stinging ant hills and wasp nests, and drain puddles that can breed mosquitoes.

___ Place trash cans outside the yard or behind a barrier.

___ Make sure all swings and other play equipment are sturdy and firmly anchored to the ground. The best equipment is simple and adaptable to many uses--a tree swing made from a rope and tire or an old tire filled with sand.

___ Keep the sand box covered at night to keep out dogs and cats.

___ Check porches, railings and steps for splinters, loose nails, and slippery surfaces.

___ Mark glass doors with decals or tape at children's eye level.

___ If your home is near a wading pool, swimming pool, creek, pond or other body of water, make sure children cannot wander off to it by themselves and fall in. Swimming pools must be enclosed by a fence at least 4 feet high and gates must be locked at all times.

___ If you use a wading or splashing pool, drain and clean it after each use and store it where children cannot reach it. It should be no more than 2 feet deep.

___ Check tricycles for sharp edges and missing pieces. Low-slung tricycles with seats close to the ground are safest.

___ Swings and slides should have grass or sand beneath them. Check swings and slides to make sure they have smooth edges, no parts are broken or missing, and they are anchored firmly.

Car Safety

___ Use car safety seats, especially for infants and children under age 2. Children weighing more than 40 pounds can buckle up in regular seat belts.

___ For children shorter than 4 1/2 feet, place the shoulder strap behind the child to avoid neck injury.

___ Never leave small children alone in a car.

Daily Home Check

Before the children arrive each day, it's a good idea to take a quick walk around your house and yard to make sure you have a safe environment for children.

___ Vacuum or sweep the floors to make sure there are no bobby pins, buttons, pennies, paper clips and similar items lying around.

___ Put away the iron and sewing materials that you may have used the night before.

___ Put away cleaning fluids, bug spray, cosmetics and other poisonous products that someone in your family may have taken out.

___ Turn pot handles to the back of the stove, and put the hot coffeepot out of reach.

___ Check the yard for limbs, dirty papers, or other things that might have blown in overnight. Clean up any animal feces.

___ Put up the gate to the stairs, and latch any doors that you don't want children going through.

FIRE PREVENTION, SANITATION, AND SAFETY REQUIREMENTS FOR REGISTERED FAMILY HOMES

FIRE PREVENTION, SANITATION, AND SAFETY

Fire Prevention

1. In case of danger from fire, the first responsibility of the caregiver is to get the children to safety.
2. There must be a 2½ pound dry chemical fire extinguisher in good working condition available for use in the kitchen.
3. When children are in care, there must be an adult present who is familiar with the operation of the fire extinguisher.
4. The fire extinguisher must be serviced after each use, checked for proper weight at least once a year, and serviced if needed.
5. There must be at least two unblocked exits to the outside of the home. A window may be counted as an exit if children can get through it to the ground outside of the house quickly and safely.
6. The electrical wiring system must be in good repair.
7. Fuses or circuit breakers in the fuse box must be in good operating condition.
8. Cords for electrical appliances and lighting fixtures must be in good working condition.
9. Extension cords must not be overloaded. They may not be run under rugs or hooked over nails.
10. Central heating units must be inspected by a qualified technician as often as recommended by the manufacturer.
11. Wood-burning or gas-log fireplaces and open flame heaters must be protected with a spark screen or guard.
12. Space heaters designed to be vented must be vented properly to the outside.
13. All gas appliances (heaters, water heaters, stoves) must have metal tubing and pipe connections.
14. If trash is burned, it must be in an area away from the children.
15. Lighters and matches must be kept where children cannot reach them.

Source: Minimum Standards - Registered Family Homes. Austin, Texas: Texas Department of Human Resources, 1982, page 9, Stock Code 20320-0000.

FIRE PREVENTION, SANITATION AND SAFETY (continued)

16. Flammable liquids must be stored in safety cans and kept where children cannot reach them.

17. The home and yard, particularly attics, basements, garages, and storage sheds must be kept free of rubbish.

18. Rags, paper, and other flammable materials must be kept away from heat.

Sanitation

1. The home and grounds must be kept clean.

2. The kitchen and all food preparation, storage, and serving areas and utensils must be kept clean.

3. Perishable food must be refrigerated or safely stored in other ways.

4. The home must either use a public water supply or a private well that is approved by local health authorities or the Texas Department of Health.

5. The home must either use a public sewage disposal system or a private system that is approved by local health authorities or the Texas Department of Health.

6. Plumbing must be kept in good working condition.

7. The home must have running water.

8. There must be at least one toilet, lavatory, and bathtub or shower inside the home.

9. Bathrooms must be kept clean.

10. Soap and toilet paper must be available at all times.

11. Each child must have a clean towel available, or paper towels must be available.

12. Garbage must be removed at least once a week.

13. Garbage must be kept in metal or plastic containers with tight fitting lids in an area away from the children.

14. The home must be kept free of insects, mice, and rats.

15. The yard must be well drained, with no standing water. The yard must be kept free of garbage and trash.

16. The house must be adequately ventilated and free from bad odors.

17. Windows and outside doors that are kept open must be screened.

FIRE PREVENTION, SANITATION AND SAFETY (continued)

Safety

1. The home and the outdoor play area must be kept free of hazards to children.

2. Cleaning supplies, bug sprays, medicines, and other materials that would harm children must be kept where children cannot reach them.

3. Electric outlets in rooms used by children must be safety outlets or have child-proof covers.

4. Electric fans must be securely mounted where children cannot reach them, or have guards which keep children from touching the fan blades.

5. Outdoor steps must not have a slippery surface. Porches, railing, playhouses, and other wooden structures must not have splinters.

6. Indoor floors and steps must not be slippery, and must be dry when children are using them. Wood surfaces and objects must not have splinters.

7. Glass doors must be marked at a child's eye level to prevent accidents.

8. If there is a swimming pool, wading pool, pond, creek, or other body of water on or near the premises of the home, children must be protected from unsupervised access to the water.

EMERGENCY INFORMATION

When emergencies occur quick access to needed information is a must. The sample form below is designed so that it may be slipped into an envelope labeled "Emergency Numbers" and hung near the telephone. It shows where helpers can be located during child care hours. At least one helper should be very near, such as a neighbor living on the same block.

DAY MOTHER'S EMERGENCY INFORMATION

Fire _____ Police _____

Hospital _____ Ambulance _____

Poison Control Center _____

DAY HOME HELPERS IN EMERGENCY

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Source: When You Care For Children: Guide to Caring For Children in Small Groups. Austin, Texas: Texas Department of Human Resources, 1981, Stock Code 0950-2.

MEASURES FOR POISONING

Use these procedures when you cannot immediately get specific directions from a doctor or Poison Control Center or other emergency service. If you don't know the ingredients of a substance, read the label; don't guess. Keep the patient warm, and do not try to force an infant or a person who is unconscious or having fits to vomit, or to swallow anything. Be sure to read specific instructions at the left on how to induce vomiting and how to dilute.

Acid	dilute
Alcohol	induce vomiting
Alkali, alkaline substances	dilute
Ammonia (alkaline)	dilute
Arsenic	dilute, then induce vomiting
Aspirin	dilute, then induce vomiting
Barbiturates	dilute, then induce vomiting
Camphor	induce vomiting
Chlorine bleach (alkaline)	dilute
Codeine	dilute, then induce vomiting
DDT	induce vomiting
Detergents (alkaline)	dilute
Drain cleaner (alkaline)	dilute
Food poisoning	induce vomiting
Furniture polish (petroleum distillate)	dilute
Gasoline (petroleum distillate)	dilute
Insecticides	see specific poison
Iodine tincture	dilute as for acid
Iron compounds	induce vomiting
Kerosene (petroleum distillate)	dilute
Laxatives	induce vomiting
Lighter fluid (petroleum distillate)	dilute
Lye (alkaline)	dilute

Morphine, opium	dilute,then induce vomiting; keep patient awake
Mushrooms	induce vomiting
Nitric acid	dilute
Oxalic acid	dilute
Pep pills	dilute, then induce vomiting (but not with syrup of ipecac)
Pesticides	See specific poisons--arsenic, DDT, phosphorus, sodium fluoride, strychnine
Petroleum distillates	dilute. (Do not induce vomiting except for pesticides. Even when they are dissolved in a petroleum distillate, pesticides contain such deadly poisons that the stomach should be emptied. See specific pesticide.)
Phosphorus	induce vomiting, then give 1/4 cup of mineral oil (not vegetable or animal oil)
Pine oil (petroleum distillate)	dilute
Rust remover (hydrofluoric acid)	dilute
Sleeping medicine	dilute, then induce vomiting
Sodium fluoride	dilute, then induce vomiting
Strychnine	dilute, then induce vomiting
Sulfuric acid	dilute
Toilet bowl cleaners (sodium acid sulfate)	dilute
Tranquilizers	dilute, then induce vomiting
Turpentine (petroleum distillate)	dilute
Vitamin compounds	induce vomiting
Washing soda (alkaline)	dilute

* Protecting Your Family from Accidental Poisoning, Public Affairs Pamphlet No. 459. Copyright © 1971 by Public Affairs Committee, 381 Park Avenue South, New York 10016.

Health and Safety
Appendix 12

Texas Department
of Human Services

REGISTERED FAMILY HOME ENROLLMENT INFORMATION

RFH Sample Form No. 1
May 1990

Caregiver's Name	Address	
Child's Name	Date of Birth	Child's Home Telephone No.
Child's Address		
Date of Admission	Hours and days child will be in care	
Parents' or Guardian's Name	Address (if different from child's address)	
List telephone numbers where parents may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No. / Guardian's Telephone No.
Give name of person to call in case of an emergency if parents/guardian cannot be reached:	Telephone No.	Relationship
I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons:		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:

_____

_____

_____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the caregiver or person in charge to take my child to

Name of Licensed Physician	Address	Telephone No.
Or to (name of hospital or clinic)	Address	Telephone No.

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

_____ _____
Signature—Parent or Legal Guardian Date

1. TRANSPORTATION: I hereby ☐ give ☐ do not give my consent for my child to be transported by caregiver:

☐ **On Field Trips** ☐ **To and From Home** ☐ **To and From School**

2. WATER ACTIVITIES: I hereby ☐ give ☐ do not give my consent for my child to participate in water activities:

☐ **Splashing Pools** ☐ **Wading Pools** ☐ **Swimming Pools** ☐ **Other bodies of water provided by the facility**

Parent's Comment: _____

_____

3. SCHOOL-AGE CHILDREN: My child attends:

Name of School	School's Telephone No.

_____ _____
Signature—Parent or Legal Guardian Date

Texas Department
of Human Services

RFH Sample Form No. 2
May 1990

REGISTERED FAMILY HOME HEALTH REQUIREMENTS FOR CHILDREN

Child's Name	Date of Birth

IMMUNIZATIONS	DATE 1st Dose	DATE 2nd Dose	DATE 3rd Dose	DATE 1st Booster	DATE 2nd Booster
DPT/Td					
Polio					
Measles: Vaccine—Rubeola					
Mumps: Vaccine					
Rubella: Vaccine					

NOTE: You may submit a machine copy of an immunization record signed or stamped by a physician or health personnel.

PHYSICIAN'S VERIFICATION MUST BE SUBMITTED	
Measles: Date of Illness	**Mumps:** Date of Illness

Tuberculosis Test: To be completed if recommended for the area by the Texas Department of Health. (Caregiver will inform parents of these requirements.) .....

Results	Date
☐ **Positive** ☐ **Negative**	

Signature (or stamp)—Physician or Health Personnel _____ Date _____

Signature—Person Making Handwritten Copy of Record _____ Date _____

If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form.

SCHOOL-AGE CHILDREN (Immunizations)

My Child Attends (Name of School)

My child's immunization record is on file at the school and all immunizations are current.

Signature—Parent or Legal Guardian _____ Date _____

Note: It is wise to keep a record of all accidents in case questions arise.

ACCIDENT REPORT

Child's full name _____

1. What happened?

Date _____ Time _____

2. How was the parent notified?

Date _____ Time _____

3. What kind of care was provided?

4. Results of care:

5. Was a doctor consulted?

Date _____ Time _____

Name of doctor _____

Signed _____
day mother

Date _____

Source: When You Care For Children: Guide to Caring For Children in Small Groups. Austin, Texas: Texas Department of Human Resources, 1981, Stock Code 0950-2.

Texas Department
of Human Services

AUTHORIZATION FOR DISPENSING MEDICATION

RFH Sample Form No. 3
May 1990

PARENT'S AUTHORIZATION

Name of Caregiver Authorized to Give Medicine		Name of Child to Receive Medicine
Prescribing Physician	Prescription No.	Name of Medication
Dosage	When to Give	Continue Medication Until (date)

NOTE: Medicine must be in its original container with child's name clearly written on the container.

_____ _____
Signature—Parent or Guardian Date

CAREGIVER'S RECORD—Use this to check dosages given and as a reference for sharing this information with the child's parent.

DATE	TIME	AMOUNT

DATE	TIME	AMOUNT

Disposition of Left-over Medication
☐ Returned to Child's Parent/Guardian ☐ Thrown Away

Date Returned or Thrown Away

7238/5-90

SECTION 4

Business and Management
Part I
Family Day Care as a Business

Family Day Care As A Business

Objectives

In the business and management section, you will learn:

1. how to operate as a business, including the legal, financial, marketing, and professional aspects,

2. how to keep records on children and financial matters, and

3. how to manage time and physical space.

Family Day Care As A Business

As a family day care provider, you are one of millions of Americans who work at home. People such as artists, writers, consultants of various kinds, investors, and some salespersons find they like working at home for several reasons. You are not locked into an 8-to-5 schedule. You avoid the hassles of rush hour traffic. You save money on clothes, lunches and other expenses. You combine work and family responsibilities. You stay home with your own children during what is probably the most important period of their lives.

Parents like family day care, too. They want their babies and toddlers cared for in a home environment with a warm, loving person who enjoys children. They have the flexibility of choosing a day home in the neighborhood where they live or near the office. If they work night shifts or weekends, they can arrange care more easily. If they live in rural areas, family day care may be the only kind of care available. Also, family day care can be less expensive than center care.

More and more parents are looking for child-care services. As little as 10 years ago, most women stayed home with their babies. But today more than half of all women with children under three are in the work force. This is a first in history. This means there is a great demand for child-care services, especially for infants and toddlers because most centers and preschools don't take children that young. What's more, this demand will continue to grow.

You provide an important service. For most of the children's waking hours, you are their parent. You know how to care for them and you enjoy doing it. But knowing about children is not enough. You also

have to know how to run a small business and make it successful.

When you finish Part 1, you should be able to:

What To Look For

1. list four advantages for registering as a family day home with the State of Texas,

2. explain why a family day home provider needs liability insurance,

3. set a reasonable fee and make a contract with parents, and

4. explain the most effective marketing technique for family day home providers.

Your Business Plan

If you have never operated a family day home, it will be helpful for you to prepare a written business plan. A business plan is a total picture of your ideas and plans for operating your family day home. The plan should spell out details such as:

- the equipment and supplies you will need,
- how much money you will need to start up and operate for the first few months,
- how much you think your profit will be after covering costs,
- how much space you will need to operate the day home, and
- how you will find customers for your service.

Effect On Your Family

A family day care home involves your family. From the beginning, it's a good idea to talk honestly with your family and encourage them to share their feelings about having a business in your home.

- How does your family feel about sharing the home and losing some privacy?

- How do they feel about having to adjust their schedule so that you cannot make a shopping trip, go to the doctor, visit friends, or take a vacation whenever you like?

Family Involvement

- How do the children feel about sharing their bedrooms, toys, and other belongings? How do they feel about sharing their mother (or father)?

- Do your school-age children find it hard to study or invite their friends to visit?

- Does your family mind the rearrangement of the furniture and having cribs and diapers around?

- Does your family enjoy the day home children?

Remind your family that your business brings in needed money. Explain the advantages of your working in the home instead of taking an outside job. At the same time, explain that your business requires trade-offs.

You do not have time to do everything, so family members need to share in doing housework. Sometimes you need their help in caring for the day home children. If your children are school-age, they can play with younger children, read to them, think of art projects, help with homework. Your spouse can help rock a fretful infant or build a sandbox. If other family members such as a grandparent, aunt or uncle live with you or near you, these people also can help. When everyone contributes, it's a real family business.

Consider Your Family's Needs

At the same time, consider your family's needs and wishes. If your spouse wants quiet evenings at home, avoid accepting children for night care. If your own children are the same ages as the other children, avoid forcing them to make friends or to share their bedrooms and toys. Let friendships develop naturally.

Explain that your business will not change your love and special relationship with your family. As a family, talk about the problems and figure out how to make adjustments. Plan your weekly schedule to allow enough time and energy to devote to your family. Take time to talk individually with each of your own children every day, perhaps after school or before bedtime. Make the time you spend with them count more, perhaps by turning off the TV in the evening and playing a game you all enjoy.

Checking The Market

The number one rule for starting any business--and staying in it--is to make sure you have enough customers--that is, a market for your services. How do you find out? The best way is to talk with other family day care providers in your community. You can get a list of their names and telephone numbers by calling the local child-care licensing office of the Texas Department of Human Services. Call or visit a few providers and ask how well they are doing and what problems they have. Ask how much they

charge and how they get new customers. Ask whether they think more family day care providers are needed. Ask if you can work in a provider's day home for a few days or weeks to gain first-hand experience.

Next, check with the directors of child-care centers or nursery schools in your neighborhood. Ask about the ages of children they care for, their hours of care, fees, and services. Ask how many parents have asked for services that centers or schools cannot provide--infant care, weekend care, after-school care.

Neighborhood Child Care Centers

In many communities, public or nonprofit organizations help arrange family day care for the people they serve, such as employees of businesses. The Texas Department of Human Services buys family day care for abused children and for children of low-income families. Some organizations do nothing but refer parents to family day care providers. Others pay some or all of the provider's fee, furnish equipment such as cribs and strollers, offer training, or provide other services. You can find out about these opportunities by calling the local licensing office. Ask how the agency or organization works with providers. Ask what kind of service parents want and whether more providers are needed.

Besides talking to people in the child-care business, you can check with people who deal with children and families in your community. For example, you can check with the county Extension agent's office, the local elementary school, the Parent-Teacher Association, United Way, the personnel directors of nearby large businesses, and the city's health and human services office.

Other Sources Of Information

Your neighbors also will be a good source of information about possible customers. They may need child care themselves or know of families who do. If your neighbors are working parents, they can tell you about the child-care arrangements they have and what they like or do not like about them.

As you talk to people, you will get an idea about how many customers you will find and how to attract them. You also will hear first-hand about problems you want to avoid.

If you find a great need for your services, you can be selective in the hours you offer care and the children you accept. On the other hand, you may find that your neighborhood already has a lot of family day care providers. In this case, you might decide to offer a special service that few others provide--healthful foods, music or gymnastic lessons (or other activities based on your interests and skills), night care, care for handicapped children, care for sick children.

Many family day care providers stumble into the business. Some start by agreeing to care for a neighbor's baby and end up caring for several. Others get laid off from a job and open a day home to tide them over. In some cases, they do quite well, and a few have gone to agency jobs where they supervise other family day care providers. Others do not turn out so well. In fact, the Texas Department of Human Services estimates that half the people who are in the family day care business this year will not be there next year. Many move, some find regular jobs, and others simply become discouraged and quit.

In any business, the most successful people tend to be those who like what they are doing, do their homework, and change with the times.

Back-Up Help

It's unrealistic to think that you will be able to care for children every day without a hitch. Someone in your family may get sick, or you may need to keep a doctor's or dentist's appointment. You also need to plan for emergencies. If a fire breaks out or a child in care breaks an arm, you need back-up help while you handle the emergency.

Prepare For Emergencies

Before you have an emergency, find a neighbor, relative, or friend willing to take over for you. The person should live nearby, be at least 18 years old, and have some experience in looking after children. Invite the friend to visit occasionally so the children can become acquainted. Try to introduce the person to parents in advance. Show the friend where you post emergency telephone numbers, where you file the children's records, where you store diapers and supplies, and what the daily routines are.

If you pay someone to substitute for you or if you hire someone on a regular basis, you are considered the person's employer. You have to obtain a federal identification number, give the person an Internal

Revenue Service Form W-4, and withhold social security and income tax from their wages. If you think this applies to you, call your nearest IRS district office for more information. (See Part II for more information about taxes and IRS telephone numbers.)

One of the best ways to find back-up help is to join a local association of family day home providers. (See Part III for more information about associations.) As a member of an association, you can call on other providers who have vacancies to care for your children when you have to be gone. And you can be a back-up to other members when they need help.

Registration

By Texas law, if you care for unrelated children in your home on a regular basis, you must be registered with the Texas Department of Human Services. Registration is simpler than licensing, which is required of child-care centers. When you register, you fill out a form and agree to abide by certain standards. Your home is not inspected unless the department gets a complaint from parents. You pay a registration fee every year.

If you do not register and are discovered, the Texas Department of Human Services can ask for a court order to keep you from providing care. If you disregard the order, you can be held in contempt of court and fined or jailed. A copy of the Registration Request form is in the Appendix.

Abiding By The Standards

The standards, or rules, you agree to abide by are spelled out in a pamphlet available from The Texas Department of Human Services, Minimum Standards for Registered Family Homes. These standards specify:

- the number and ages of children in your care,
- the health records to keep on each child,
- fire prevention, sanitation and safety requirements, and
- bans on abuse, neglect, and harsh punishment.

The standards are designed to protect the children's health and well-being. But they also are based on common sense. For example, if you care for two infants, the standards allow you to care for up to four preschoolers and two school-age children. (Your own children are included in the total.) But if you care for four infants, you can take in only two more preschoolers (or two school-age children).

In other words, the younger the children are, the fewer you can care for. Experienced family day care providers know that children's ages affect how many children they can care for comfortably.

Registration Records and Forms

When you register, you fill out the "Registration Request." (See copy in the Appendix.) This form asks about conditions that might affect children's safety--whether you have a swimming pool or large body of water near your home, whether you or anyone in your home has ever abused or neglected children, whether you or anyone in your home has been convicted of a felony, and whether you have any physical or mental problems.

You also fill out the "Child Care Criminal History Check," a sheet that asks for basic information such as your name and birthdate. The department uses this information to check against police records for any crimes of child or sexual abuse.

When you accept children for care, you must ask parents for certain information on the children. This includes: authorization for emergency medical care, immunization record, emergency telephone numbers, parents' signed permission for transportation or trips, and parents' signed permission for water activities. All of this information can be filled out on one form, entitled "Enrollment Information" on one side and "Health Requirements" on the other side. (See copy in the Appendix.) This form is furnished by the department. You must keep this information in your file.

Your own children must be immunized and their records must be filed along with those of the other children. You and anyone else in the home when children are in care must have a record of a tuberculosis examination. You usually can obtain a TB record from your family doctor or the local health department.

Finally, you must give each parent a copy of Parents' Guide to Registered Family Homes, a pamphlet furnished free by the Texas Department of Human Services. This is a sheet of information for parents with a copy of the minimum standards. Parents are expected to read this guide and observe whether your home meets the standards. Since the department does not inspect family day homes, parents and you are jointly responsible for ensuring the children's safety.

What If Parents File A Complaint?

It's important for you to have good communication with parents so that you can answer their questions and concerns about their children's care. (See Child Development and Guidance section, Part V, "Communicating with Parents".) However, if parents observe a violation of the standards in your home, they should report it to the local licensing office of the Texas Department of Human Services. Often parents simply have a question and call the department to get more information.

When a parent makes a report, the department tries to gather more information. If the report indicates the provider may be violating a standard, the department sends a worker on an unannounced visit to the day home. The worker identifies himself, informs the provider that someone has made a report, and investigates to see whether the report is true. In most complaints, parents report that the provider is caring for too many children or is not giving enough supervision. The worker observes the home and perhaps talks to the children, neighbors, or other parents. Within a few days, the department informs the provider in writing about its decision and keeps a copy on file. The file is available to parents and the public to view on request.

The department cannot legally tell the provider who made the report. Even if parents don't care whether the provider knows who they are, the complainant's identity must remain confidential. Much depends on what the alleged violation is and its importance. If parents report a serious accident or child abuse, the licensing worker may get a statement from a doctor and bring a protective services worker to see whether children are in danger. The worker may look for violations of other standards or visit the day home again. If the worker finds the report is true, the department will ask the provider to correct the situation. If the violation is serious, the department may withdraw the provider's registration and prohibit the day home from caring for children.

If a parent makes a complaint against you, it's best to cooperate fully with the worker investigating the complaint. Continue what you are doing with the children and keep things as normal as possible. Remember, your first responsibility is to the children. Find time to take a break (when children are safely involved in an activity) to answer the worker's questions, explain your policies, or show your records on children. Don't hesitate to suggest names of persons who might be witnesses or affirm

your good character. The deparment will conduct a full investigation, and you may ask for an explanation of anything you don't understand. If the department revokes your registration, you can ask for an appeal. An appeal is a hearing conducted before five other registered day-home providers.

Although a complaint can make you nervous, handling it may prove to be a worthwhile experience. You and parents have the opportunity to learn more about the safety and protection of children and to find ways to communicate better with each other. If you cannot resolve a complaint or one parent continues to make frivolous complaints about your care, it may be best to encourage the parent to make other child-care arrangements.

Advantages of Registration

By registering, you become an officially recognized family day care provider. This offers certain advantages:

Legal status. You receive a letter of registration which you can show to parents and others as proof that you are complying with the law. In some cases, you may not be able to get liability insurance coverage on your business unless you are registered.

Listing. Your name and address are added to a list of other registered family day homes in your area. The department mails the list to parents who call and ask for names of family day care providers. This is good advertising because it shows you are concerned about children's safety and are in compliance with the law. Parents will know you provide reliable care.

Publications. You receive free leaflets on health and safety and can request others on various topics from the department's catalog. You also receive the free booklet, When You Care for Children, a guide to setting up a safe and educational environment for children, and a free subscription to the Texas Child Care Quarterly, a magazine that comes four times a year with articles on child development and learning activities. These materials will help keep you up to date.

Program participation. If you choose to provide care through an agency or organization in your community, often the first requirement is that you be registered.

Likewise, if you take part in the Child Care Food Program, which pays providers for serving nutritious meals to children, you have to be registered. (See Nutrition section for more information on how to become involved in this program.)

Professionalism. Providers who live in small towns or who have cared for children for many years often feel they do not need to be registered because they are so loved and trusted by their neighbors. This trust is important, But often these providers are considered little more than babysitters.

Many professionals--doctors, nurses, teachers, lawyers, public accountants, surveyors--have to be licensed or certified before they can operate. They provide important services, and so do you. If you want more status and respect, you will find that registration is a necessary first step.

How To Register

To register, call the local office of the Texas Department of Human Services. The office will mail you the necessary forms, and you can mail them back. If you have questions or need help, ask your county Extension agent.

Zoning and Other Local Requirements

In addition to registering with the state, you may need to abide by local ordinances and regulations. In some Texas cities, family day care providers have to obtain a home occupation permit. In other cities, providers have to get yearly fire and health inspections. To find out what the local requirements are in your area, call your city planning office or zoning commission.

If you rent or lease your home, check with the owner or manager to make sure that you are allowed to care for children as a business in your home.

Insurance

Children can have accidents and get hurt even when you watch them closely. Furthermore, parents can sue you if they think you were negligent in providing care. For that reason, every family day home should carry liability insurance.

Liability Insurance

You need liability insurance to protect you if something happens to a child while at your home or on a field trip with you. Parents are more likely to sue if they can prove that you were negligent, that you were not taking precautions or giving the kind of

care a reasonable person would have given in the same situation. You could be sued, for example, if you leave a hot iron plugged in at the ironing board and a child gets burned, if one child pokes another child in the ear while you are talking on the telephone, if a child wanders off to a barrel filled with rainwater and nearly drowns, if you serve contaminated tuna salad, if a child is burned by poisonous household cleaners stored under the sink, or any of a number of similar situations.

Medical Expenses and Damages

When parents sue, they can ask for medical expenses and damages. Medical expenses are the hospital and doctor bills as well as costs of medicines and medical equipment such as crutches involved in treatment of the injury. Damages would be a lump sum of money, usually amounting to thousands of dollars, that you would pay to the child's family to make up for the pain, suffering and loss (such as loss of eyesight or hearing) resulting from the injury.

Liability insurance usually covers medical expenses and damages. If an accident occurs and parents threaten to sue, you can turn the matter over to your insurance company. The company will try to work out a settlement with the parents or have its lawyers respond to the suit in court. If the court awards the parents a judgment, the company will pay the money, up to the limit of the policy.

In considering liability policies, look closely at:

- professional liability--necessary to protect against claims arising from negligent supervision,
- occurrence--for claims occurring during the policy period, regardless of when the claim is filed,
- field trips--covering lawyer fees in defending the provider in lawsuits,
- legal defense--covering lawyer fees in defending the provider in lawsuits,
- substitute providers--covering helpers or back-up persons who care for children while the provider is gone,
- personal injury--covering libel, slander, false arrest, and similar things, and

- incidental malpractice--protecting the provider against claims for failure to give medication or attend to a child's special needs.

Car Insurance

If you pick up children from school or do other driving as part of your day care business, you should have coverage to protect yourself in case of car accidents. First, you may have to change to a business class of car insurance. If you deduct mileage expenses for your daycare business on your income tax, your car is considered part of your business. Business class insurance costs more than the personal type, depending on where you live and other factors.

Business Class

Second, it is wise to increase the liability limits of your car insurance coverage. State law requires that car owners carry a minimum amount of coverage: a policy that would pay $20,000 for bodily injury of one person, $40,000 for bodily injury for the whole accident, and $15,000 for property damage. However, you may want to increase these limits, depending on the number of children you transport and how often you use the car. Ask your insurance agent for more details.

Property Insurance

If you own your home, you may already have homeowner's insurance. This protects the house and its contents from fire, storms (not floods), theft, and vandalism. If you rent your home, you can buy renter's insurance (tenant homeowner's) which offers similar coverage for your furniture and belongings.

Homeowner's insurance usually includes some liability and medical coverage in case of accidents that happen to the mail carrier, friends, or other persons coming to your home. However, this liability does not cover children in care because this is your business.

Accident Insurance

When children get hurt and you call their parents, the parents usually take the children to the doctor and pay for medical expenses. However, some parents may not have insurance or they cannot afford to pay for medical expenses, and you may feel uncomfortable if the injury is serious. In that case, you may wonder whether you should carry special accident insurance on the children.

When you get liability insurance on your business, it usually includes medical expenses for accidents,

regardless of who is at fault. In other words, even if parents do not plan to sue, your liability insurance may pay medical expenses for a child's injury up to a certain amount.

Some family day care providers also carry a special accident coverage similar to that offered by schools. For more information, ask your insurance agent.

Disability Insurance

Anyone who is self-employed--especially when this is the only income for the family--should consider buying disability insurance. This insurance pays you a certain amount of money every month if you are unable to work because you have a serious illness or injury. (Any medical expenses would be covered by your health insurance.)

The amount of money you receive in disability payments is based on a percentage of your monthly income, usually 50 percent. For example, if you earn $800 a month, your disability payment would be $400.

You have to decide whether disability insurance is practical. Does your family have another source of income or help if you become disabled? How much would the premiums cost compared to the amount of coverage you would receive? Assume you earn $500 a month. Disability insurance payments would be $250 a month. If the insurance cost $10 a month, it might be a good buy, but if it cost $50 a month, it might not.

Where To Get Insurance

Getting liability insurance may be difficult. Since early 1985, family day homes and child-care centers (as well as schools, doctors, midwives, and certain other businesses) have had policies cancelled or rates increased because of a crisis in the insurance industry. Insurance companies have suffered because of changes in the financial market as well as huge claims resulting from hurricanes and other disasters. A rash of publicity about sexual abuse in child-care facilities has not made things any easier.

If you belong to a local family day care association, the association may be able to get liability insurance coverage through a sponsoring organization, or it may know which companies write insurance for family day homes.

If you do not belong to an association, check with the insurance agent who sold you homeowner's and

car insurance. To get names of agents familiar with the child-care business, call another family day care provider or a child-care center. Your county Extension agent may also be of help.

The insurance agent may not be able to find any company to write liability coverage, except for surplus line companies. Be cautious about these companies because they are not regulated by the state and can charge extremely high premiums. Even worse, if a surplus line company goes broke (because it has to pay a huge claim, for example), you will be left in the cold. By contrast, standard companies belong to a guaranty fund, in which they agree to cover each other if one goes out of business. Some child-care centers and family day homes have chosen to buy coverage through surplus lines companies anyway, rather than go without insurance.

Family day mothers and other businesses having trouble getting liability coverage may be able to get insurance through a marketing assistance plan developed by the State Insurance Board. This plan requires that insurance companies take turns writing policies for businesses, similar to the assigned risk pools for automobile insurance. For more information, contact the state board's Research and Information Service at (512)463-6425.

Several national organizations are working with insurance companies to develop liability policies for child-care centers and family day homes. For more information, contact:

Child Care Action Campaign
99 Hudson Street, Room 1233
New York, New York 10013
(212) 334-9595

Ecumenical Child Care Network
475 Riverside Drive, Room 572
New York, New York 10115
(212)870-3342

National Association for the
Education of Young Children
1834 Connecticut Avenue, N.W.
Washington, D.C. 20009
1-800-424-2460 (toll free)

To get coverage, you may have to meet certain standards, such as being registered by the state, having a fenced yard, having no pets, having no nearby swimming pool, and so forth. The cost will

depend on the area of Texas you live in, the number of children you care for, and the kind of policy you have. A special liability policy may cost anywhere from $100 to $500 a year. Another possibility is a rider, or an amendment, to a homeowner's policy to cover liability, which may cost approximately $100 a year.

The high premiums and the difficulty in getting liability insurance are problems that have caught the attention of the Texas Legislature and the U.S. Congress. Change takes place slowly, however, so we can expect these problems to be with us for some time.

Other kinds of insurance--increased car liability, homeowner's, and disability--may not be as difficult to obtain. Talk with a good insurance agent or certified insurance counselor to find out what kinds of insurance you need and how much you can afford.

How To Set--and Collect--Your Fee

One of the most ticklish tasks in running a family day home--or any service, for that matter--is setting and collecting fees. You may not have to worry about this if you work with an agency that pays a set amount for each child.

If you set your own fee, you will want to consider several factors:

Ages of children. Generally you charge more for infant care because babies take more time and handling--more feedings, diaper changes, colic, more supervision when crawling and toddling, and so forth.

Children of the same family. If a parent has more than one child in your care, you might charge a lower rate for the second brother or sister. The reason is that you have one fewer set of parents to deal with, which saves you time and effort.

Hours of care. You can charge more for weekend and night care than weekday care. You also can charge for overtime, such as when a parent picks up a child later than the agreed time.

Special services. You charge more to provide special services requested by parents. These might include washing diapers, driving a child to physical therapy sessions or music lessons, feeding extra meals such as breakfast or supper, or providing special foods for an allergy-prone child.

Going rate in the community. The quickest way to decide your fee is to find out what other family day care providers in the community charge. It's a good idea to check these fees every year or so to make sure you are getting at least as much as they are.

Drop-in care. Some parents in your neighborhood may not need full-time care. They may work part-time or ask you to care for their children while they go shopping or keep a doctor's appointment. You can charge more for this drop-in care and specify a minimum amount. For example, you might charge $2 an hour with a three-hour minimum, earning you at least $6. If you accept drop-ins, you must ask parents to furnish the same information about their children as other parents furnish--emergency medical authorization, immunizations, and so forth.

As a general rule, the fee in a service business is based on a salary for the worker plus the costs (food, supplies) of providing the service.

Income and Expenses

In operating your business, your goal is to operate it at a profit. Successful managers estimate their income and expenses for a given period, usually a month or a year. This estimate is a budget. It serves as a yardstick for measuring your estimated income and expenses against what you actually earn and spend. You can quickly see if you need to adjust your fees or cut expenses. See "Projected Income and Expenses" in the Appendix.

Expenses

Equipment, Supplies and Furniture

What expenses will you have in starting your family day care business? First, you have to outfit your home with certain equipment and supplies such as cribs and high chairs. See "Checklist of Tax-Deductible Expenses in Family Day Care" in the Appendix.

If you have children of your own, you may already have most of this equipment. If not, you can check prices at discount stores, garage sales, and second-hand shops. Once you have estimated the start-up costs, you may feel that you cannot afford to buy all these things. If so, consider asking parents to provide certain things needed for their child. For example, parents of an infant may be required to furnish such things as a crib, stroller, and high chair. After the child reaches a certain age or if the family moves, you can give this equipment back to parents. If you handle things this

way, you should write this requirement into your contract and apply it equally to all parents.

Business Fees

Second, you pay certain basic fees every year to operate your business such as the state registration fee and liability insurance.

Miscellaneous Expenses

Third, you probably will pay more for the family's household expenses because of having extra children in the house. For example, you have more wear and tear on the furniture, carpet, and walls. You also spend more on utility bills (keeping a room cool enough for children to nap in the summer, or using more hot water for washing children's dishes and linens).

Finally, you will buy food for the children and supplies such as toothpaste, paints and crayons.

All of these expenses should be taken into consideration when figuring your fee. If you keep good records, you know exactly what your expenses are and have a better idea of what to charge parents.

Income

Many family day care providers are dismayed to learn that income is not always steady. The money you take in can vary from one month to another.

Families move, parents change jobs, children get older and start to school. After one child leaves, you may go for several weeks with no one in that child's place.

When you or family members are ill, you will lose income for as many days as the illness lasts. Even if you have a substitute, you will have to pay that person to fill in for you.

Because children are more vulnerable to illness, you can expect children in your care to have frequent one- or two-day absences. For this reason, many family day care providers require parents to pay a flat weekly or monthly rate in advance, whether the children come or not. However, if a child becomes seriously ill and is absent for more than a week, you might talk with parents about reducing the fee or working out some other arrangement. It is a good idea to spell out your policy on long absences in writing (see "Contracts with Parents" and "Policy Statement" later in this section).

Holidays

You should be able to take standard holidays such as Christmas, Thanksgiving, Labor Day, and so forth without losing income. Be sure to notify parents about your holidays in advance so they can make other child-care arrangements, if necessary.

Vacations

When parents do not bring children to your home because they have a holiday or are going on vacation, you should not lose income if you charge a flat rate and require payment in advance. However, when you go on vacation, you will not bring in any income for the time you are gone. You might try to coordinate vacation schedules with parents so that you and parents are on vacation at the same time. Ask parents to notify you one or two weeks in advance of their expected vacation.

How Much To Charge

One common mistake of home-based businesses is underpricing their services. As a family day care provider, you want to set your fee low enough so parents can afford it, yet high enough to provide you with a reasonable income. You already have some idea of how much to charge from checking with other family day care providers in your community.

Your goal should be to cover your expenses and pay yourself a salary of at least the minimum wage. Try this method for figuring your fee:

1. Estimate your average daily expenses. You should be able to do this if you have been in business for awhile and keep good records. Assume, for example, that you care for six preschoolers and have expenses of $15 a day.

2. Figure how many hours you work a day. If you begin taking children at 7 a.m. and keep them until 6 p.m., you work 11 hours a day.

3. Multiply the hours you work by the minimum wage of $3.35 an hour. If you work 11 hours, that is $36.85. This can be considered your salary.

Gross Income

4. Add your salary (step 3) to your expenses (step 1), which comes to $51.85. This is how much gross income you need to bring in each day.

5. Divide the gross income (step 4) by the number of full-day children do you care for. If you care for six preschoolers, this comes to $8.64 a

day you need to charge for each child. If you care for four infants, this comes to $12.96 a day you need to charge for each infant.

Net Income

Using this method, if you round off to $9 a day for each preschooler, you would charge about $45 a week or $180 a month per child. With six preschoolers, you would have a gross income of $1,080 a month. Your net income (gross income minus expenses) would be $780 a month.

6. For school-agers, you can figure what your hourly rate would be and increase it slightly. If you charge $9 a day for preschoolers and work 11 hours, your hourly rate is 82 cents. When you increase that rate slightly to 90 cents or $1 an hour, you might charge $3 a day (for three hours after school), which comes to $15 a week or $60 a month.

Compare these rates to the going rates in your community. You may want to adjust your fee up or down to bring it more in line. Don't be afraid to charge slightly more than the going rate if you have a reputation for providing quality care or if your community has a shortage of child care.

Annual Fee Review

Review your fee every year. The best time to do that is at income tax time. Adjust your fee to reflect the actual costs of operating your business. Be especially aware of the cost of liability insurance. If your premium goes up, you are justified in raising your fee to cover the increase. Explain to parents that the higher fee is necessary to cover the increase in insurance costs.

Other Fees

Once you know what your daily rate is, decide how much to charge for special services. For example, for every hour a child stays past the agreed pick-up time, you may decide to charge time and a half, or about $1.65 an hour. For each extra meal, you might charge 75 cents.

You may want to charge parents a $5 or $10 enrollment fee when you first accept their child for care. You can justify this as necessary for setting up the child's records. Most child-care centers charge a non-refundable fee of $20 to $25 for each school year or summer term, so this is not an unusual charge.

When To Get Paid

Flat Fee

Many family day care providers charge a flat monthly or weekly fee based on the number of days a week a child is in care. If you charge $9 a day and a child is enrolled for five days a week, you might charge $45 a week, for example. By charging a flat fee, you can keep the whole amount even though children miss days from illness or vacation. A flat fee also simplifies your recordkeeping.

Hourly Fee

Some family day care providers charge by the hour because they can avoid hassles with parents who consistently pick up their children after the agreed time. However, this method requires more elaborate attendance records and payment records.

Advance Payment

It's best to ask for payment in advance. Child-care centers always require payment in advance, so this is not an unusual request. Payment in advance means that you receive payment by a certain date, such as the fifth of the month, or by a certain day of the week, such as Monday. If parents do not pay by this date, you can charge a late penalty of 10 percent or whatever the going rate is in your community.

You may want all parents to pay you at the first of the month because that is when most of them get paid. Or you may want all parents to pay you at the first of each week so that you have money coming in to help you cover expenses. It's your business, so the decision is yours.

If you charge a flat monthly or weekly rate in advance, you can add any overtime charges to the next month or week. Or you can require parents to pay you the extra charge on the spot when they pick up their child.

Contracts With Parents

The best way to avoid collection problems is to have a written agreement with parents from the beginning. A written agreement shows parents you are a professional and serious about your business. The agreement can take the form of a letter, a pamphlet with a tear-off page for parents to sign, or a simple one-page contract.

The agreement specifies your fee, when it will be paid, and the hours of care. It can specify an overtime charge (for example, $1.65 for any part of an hour past the agreed time) and a penalty for late payment. The agreement should be dated and signed by you and parents. Give parents one copy

and keep the original in your file. (See sample contract in the Appendix.)

Contract Review

Once a year or so, review the agreement to make sure it is up to date. If parents get a new job or move to a different house, they may need to change the hours of care. If your costs go up, you will want to increase your fee.

Policy Statement

In addition to the contract, you should have a written policy statement. (See sample in the Appendix). This spells out what you are responsible for (meals and snacks) and what parents are responsible for (diapers, formula, change of clothing). It specifies whether you are to be paid in cash or by check, that you charge a fee for any bounced checks, and under what circumstances you give refunds. It asks parents to give advance notice if they are not bringing children because of vacations or holidays and to inform you if someone other than the parents will pick a child up at the end of the day. It explains the kind of discipline you use and your house rules.

If you accept cash, be sure to give parents a receipt. This will help prevent arguments later about whether you were paid, and parents can use the receipts to claim the child-care tax credit on their income tax returns. If you prefer checks, the parents can use their cancelled checks as receipts. If children are in a car pool, ride a bus, or walk, you may require parents to mail the payment to you.

What To Do If Parents Do Not Pay

Most parents will pay you promptly. But occasionally a parent will be late in paying or try to avoid paying altogether. Here are some suggestions for resolving this problem.

- Avoid waiting several days to see whether parents will pay or not. The day that payments are due, or the day after, give parents a gentle reminder. "My fee is due today. Did you forget?"

- Pull out the contract and show it to the parents. Explain that you must be paid according to the terms of the contract. "I know we all get into a money pinch now and then, but I cannot run my business unless everyone pays me on time." If the parent makes excuses, listen attentively but keep repeating, "I expect everyone to pay according to the contract."

- Make an appointment with the parent to talk about the amount owed. It should be a time when the child is not present. Review the contract and ask the parent when the payment will be made. You might offer to adjust the due date to make it easier for the parent to pay--right after each paycheck, for example--but only if this does not inconvenience you.

- Give parents a written bill for the amount owed plus a penalty for late payment. Write "Past Due" at the top and indicate that the bill should be paid in full immediately or by a certain date.

- If parents do not pay on time, inform them they cannot bring their children to your home and must seek child care elsewhere.

- If parents stop coming and owe you money, send a bill to the parents' home address, keeping a copy for your records. Indicate the date you expect to be paid and what will happen if you do not receive payment.

- If parents do not respond to your bill, send a one-page letter to the local credit reporting service or credit bureau explaining that the parent defaulted on payments for child-care services. Send a copy to the parents and keep a copy for your records.

- If the letter to the credit bureau does not work, contact the local justice of the peace about filing a claim with the small claims court. This is a special court for claims under $1,000. You do not hire a lawyer and you pay a minimal filing fee. On the day of your hearing, you show the judge your written contract (or explain your oral agreement), and the parents tell their side of the story. If the judge rules in your favor, the parents have to pay you. This judgment also can show up on the parents' credit report. Justices of the peace are listed in the telephone book under "County Government."

- Even though you get a judgment, the parents still may not be able to pay you. You can call the local sheriff or constable and ask for help in collecting the amount owed.

If parents give you a check that is returned for insufficient funds, place it in an envelope and give

it to parents in private. Include a bill of your own charging a handling fee ($10 or whatever local merchants charge in your area) for the bounced check. If you get two or three bad checks from a parent, ask for future payments in cash or money order. If parents do not make good on bad checks and stop bringing their children to your home, contact the county attorney's office and ask for information about prosecuting parents.

Marketing Your Service

Will Rogers once said that if advertisers would spend the same amount of money improving a product as they do advertising it, they would not have to advertise it. That is especially true in child care. The number one factor in influencing parents' choice of a child-care facility is a word-of-mouth recommendation from another parent.

Quality Care

Family day care providers who have a reputation of providing loving, quality care usually have no trouble finding customers. They often have to turn parents away.

If you are already in the family day care business, the best thing you can do to have a steady flow of customers is to keep your current customers happy. Look upon your parents as your sales force. Talk to them about what they like and don't like about your service. Make sure they know what you do to provide quality care--holding and rocking a baby during feedings, taking time for each child as an individual, for example. Invite parents to drop in individually for a few minutes at lunch, during a special learning activity, or when you celebrate a child's birthday. Let parents know you welcome their complaints so that you can do something about them. Make doing business with you a pleasant experience.

Keeping customers happy is an important way of marketing your service. Marketing is often confused with advertising. Marketing is everything you do to find customers and give them what they want. You are involved in marketing when you answer the telephone, show parents through your home, give them a contract or bill, greet them every morning and evening, change your hours, post a sign in your front yard, talk to your neighbors about your business, talk to other family day care providers, and do many other things. Advertising is just one form of marketing. You advertise when you actively promote your business, by doing such things as

placing an ad in your local newspaper: You may need to advertise to get your business going and to fill unexpected vacancies.

Advertising

The best way to advertise is to give your message to the people most likely to become your customers. Who are they? If you have checked out the market as described earlier, you should have a good idea of who your prospective customers are and how to reach them. Basically, they are young, working parents who live or work near your home.

In trying to reach potential customers, imagine yourself in their place. Where do parents in your community go to find out about child care? When would they think about finding child care? Here are some suggestions for free advertising:

Free Advertising

- Make sure you are registered with the local child-care licensing office of the Texas Department of Human Services. Your name will be placed on a list given to parents who call looking for family day home providers.

- Tell the parents of children in your care that you have a vacancy. Encourage them to give your name and telephone number to other working parents needing child care.

- Give your name and telephone number to other family day home providers and child-care centers. Or join a local association of family day care providers. If these child-care facilities are full, they can refer parents to you.

- Ask your friends and neighbors for names of working parents with small children. Contact these parents in person or by telephone, using the name of your friend or neighbor. Ask if they need child care or know of someone who does. Leave your name and telephone number with them. If each friend gives you two names, and each of those persons, in turn, gives you two names, you will soon have a huge network of possible customers.

- Call the local United Way or another social service agency to find out if your community has a child-care referral service. If so, ask how you can be listed so that your name will be given to parents looking for child care.

- Contact the personnel directors of large businesses near you and other businesses likely to employ large numbers of women (hospitals, dry cleaning shops, restaurants, grocery stores). Post a notice on the employees' bulletin board or leave a one-page flyer explaining your service and qualifications.

- Leave your name and telephone number with the secretary of the local elementary school. Parents often ask at the office about after-school care, and teachers frequently need child care.

- Place notices on bulletin boards in your neighborhood--grocery stores, churches, library, laundromats, shopping centers. Check with city officials before posting signs on trees or telephone poles because you may need a permit.

- Contact the local office of the Texas Employment Commission. When people find jobs, they often need child care.

- Contact the welcome service for newcomers. When new families move to town, one of their first concerns is finding schools and quality child care.

- Contact women's organizations or the women's center, if your city has one. These groups have grown more aware of the needs of working women and may be able to put you in touch with families needing child care.

- Think about seasonal work in your community and contact those employers. For example, you might contact large accounting firms or Internal Revenue Service offices three or four months before income taxes are due. You might contact farmworkers during harvests or department stores before Christmas.

Paid Advertising

Depending on how parents in your community find child care, you may find it worth while to pay for advertising. You can usually place an inexpensive ad in the classified section of your suburban or city newspaper. You might buy space in a church bulletin or local merchants' directory.

You may find it useful to pay a printer for running off copies of a one-page flyer to use as hand-outs or

to post on bulletin boards. This will save you time in writing these by hand and will look more professional. You also may consider having business cards printed to carry with you and hand out to parents and friends.

Wording Your Message

When you talk to people about your business or give them something in writing, you have to know what to say. Try to keep it simple. Avoid telling people everything about yourself and your home.

Instead, think about what parents want most and what special qualities or services you offer. Choose one or two of the best ones and emphasize these. These are your key selling points. Some examples:

- You are a warm and loving mother (or grandmother).
- You have 10 (or some number) years' experience rearing children or caring for them.
- You serve hot lunches and nutritious snacks.
- You have a large, fenced backyard with tricycles and a sandbox.
- You adore babies and love to rock them and play with them.
- You live within walking distance of the elementary school.

In writing your hand-outs or posters, answer questions parents are most likely to ask: ages of children you care for, hours of care, fees, your qualifications, your address, your telephone number.

Repeat your key selling points in your hand-outs. If you use a drawing or photograph, use the same one every time. This way you will have one image that parents will associate with you and distinguish from other family day care providers.

Things You Might Try

1. Make a list of the advantages and disadvantages of having a day care business in your home. Think about such things as housework, responsibilities to your own family, private time for yourself, and money earned and saved. At the dinner table or some other time when your family is together, encourage them to share their feelings about your day care business. Discuss the advantages and disadvantages of your working at home. Ask for their support and help with housework and other tasks. If you are having any problems, write down possible solutions. Share these with another family day care provider.

2. If you are not registered with the state, talk with your county Extension agent about getting registered. Review the forms and ask for any help you need. Ask your county agent about any local zoning ordinances, health permits, or other local legal requirements for operating a day home business in your community.

3. Talk with other family day care providers about liability insurance. Do they carry it? Where did they buy it? Review your insurance policies. Call your insurance agent or find an agent familiar with the day care business. Ask what kinds of insurance you need and how much you can afford.

4. Talk with other family day care providers about fees. Are you satisfied with how much you earn? Consider whether you could charge more for the kind of service you provide. Ask other providers how they save on expenses. How do they handle collection problems?

5. Review the sample contract and policy statement in the Appendix. If you do not use these items, consider doing so. What are the advantages and disadvantages of using a contract and policy statement? How would you change the samples to fit your situation?

6. Find out how the parents of children in your care heard about your service. What does this tell you about getting more customers? Talk with other providers about how they attract customers. If you suddenly had a vacancy, how would you try to fill it?

1. List four advantages of registering your family day home with the state.

   1) _____

   2) _____

   3) _____

   4) _____

2. Liability insurance should be carried on your business because: ____

   a) it is required by state law in Texas,
   b) you can be sued if a child is hurt under your care,
   c) it helps pay costs of medical care when parents do not have enough insurance on their children, or
   d) you are always responsible for paying for the child's medical treatment if he/she is hurt while in your care.

3. The fee you charge should be:____

   a) slightly less than the average rate in you community,
   b) the amount that parents can easily afford,
   c) enough to cover expenses and earn a salary of at least minimum wage, or
   d) about the same as child-care centers charge.

4. Three items--fee, payment due date, and hours of care--should be specified on the : _____

   a) customer account form,
   b) contract,
   c) registration agreement, or
   d) medical authorization form.

5. The most effective way to market your services is to: _____

   a) place an ad in the Yellow Pages,
   b) keep your present customers happy and encourage them to give your name and number to other working parents,
   c) give your name and telephone number to the secretary of the nearest public school, or
   d) post a notice at neighborhood laundromats and grocery stores.

6. List three ways to get free advertising for your service:

   1) _____

   2) _____

   3) _____

BUSINESS AND MANAGEMENT
PART I
Questions and Answers

1. List four advantages of registering your family day home with the state.

   1) Legal status

   2) Listing mailed to parents

   3) Free publications

   4) Participation in programs such as the Child Care Food Program

2. Liability insurance should be carried on your business because: B

   a) it is required by state law in Texas,
   b) you can be sued if a child is hurt under your care,
   c) it helps pay costs of medical care when parents do not have enough insurance on their children, or
   d) you are always responsible for paying for the child's medical treatment if he/she is hurt while in your care.

3. The fee you charge should be: C

   a) slightly less than the average rate in your community,
   b) the amount that parents can easily afford,
   c) enough to cover expenses and earn a salary of at least minimum wage, or
   d) about the same as child-care centers charge.

4. Three items--fee, payment due date, and hours of care--should be specified on the : B

   a) customer account form,
   b) contract,
   c) registration agreement, or
   d) medical authorization form.

5. The most effective way to market your services is to: B

   a) place an ad in the Yellow Pages,
   b) keep your present customers happy and encourage them to give your name and number to other working parents,
   c) give your name and telephone number to the secretary of the nearest public school, or
   d) post a notice at neighborhood laundromats and grocery stores.

6. List three ways to get free advertising for your service:

   1) Inform other family day care providers, parents and neighbors.

   2) Be listed with DHS or local referral service.

   3) Contact personnel directors of large businesses nearby.

   Also: Contact public school secretary.
   Place notices on neighborhood bulletin boards.
   Contact welcome service.
   Contact seasonal employers.

Business and Management
Part II
Keeping Records and Paying Taxes

Keeping Records and Paying Taxes

Fees ... bills ... insurance ... registration forms ... medical records ... menu plans ... grocery lists ... so much paper. You can easily get buried under all the papers involved in running a family day home. Is all this paperwork necessary? Why bother with it anyway?

Even though everyone complains about it, paperwork is important. That's true of any business--not just family day care. You are required by law to fill out certain forms and keep records. State law, for example, requires that you keep various health records on children. Federal tax law requires that you keep records of income and expenses. So you have a legal reason for doing paperwork.

You also have health reasons. By having immunization records on every child, for example, you help assure that children are immunized and keep from spreading diseases to your family and other children.

Equally important are business reasons. By saving food and toy receipts, you can make deductions on your income tax and save money. By keeping good records, you can better figure what your fee should be. Records tell you if you are spending too much money on one thing and not enough on another. Records help you in planning many things--shopping lists, weekly activities, purchase of new equipment. By reviewing old records, you can get ideas for meals and children's activities.

The way to keep from getting buried under all the paperwork is to set up a good recordkeeping system. By having a place for all your papers and receipts, you will be more likely to save them and will be able to find them quickly. By taking a few minutes every week to bring records up to date, you remember to record more things and record them more accurately. At the end of the year, you will be able to prepare your income tax return with little trouble. Having a good system makes your business run smoothly.

When you finish Part 2, you should be able to:

What To Look For

1. set up a simple filing system,

2. explain the difference between direct and indirect business expenses,

3. set up a method for recording income and expenses, and

4. explain how a family day care provider uses three Internal Revenue Service forms--the 1040, Schedule C, and Schedule SE.

Setting Up A Filing System

In organizing your business, a first step is to set up a filing system. A filing system gives you a place to store all your records and papers in one place. Try these steps in setting up a filing system.

1. Find something to hold your records. This should be about the size of a breadbox or larger and sturdy enough to handle lots of wear and tear. If you plan to carry it and move it around while working with it (during nap time, for example), it should also be portable. The container can be:

   - a cardboard box, perhaps covered with plastic contact paper to make it last longer,
   - a dresser drawer, or
   - a small filing cabinet.

   Write "Records" or attach a label to the front of the box. Store it out of children's reach.

2. Make dividers from stiff cardboard to separate the different records you will keep. Each divider should be the same height and width as the box so that it will stand upright. Label each divider by subject matter, such as "Children in Care," "My Family's Health Records," "Business Records," "Children's Activities," "Food," "Professional Materials," and "Supplies."

3. Make files to store your records. Files can be:

   - manila file folders, approximately 9 inches by 12 inches, which you can buy from school or office supply stores,
   - large brown envelopes, approximately 9 inches by 12 inches, which you can buy from office supply stores, or

- grocery bags trimmed at the top to fit in the box.

Sort your records in these file folders, and place them in the appropriate sections in the box. See "Sample Contents of Filing Box" in the Appendix for more ideas about setting up the system.

Keeping Records On Children

When you first accept a child for care, you will ask parents to fill out several forms about their children and the family. These will include:

- background information on the family--where parents can be reached during the day, marital status of parents, names of brothers and sisters (See "Information on Children" and "Family Information and Emergency Form" in the Appendix)--and

- health information--immunizations, emergency medical authorization, permission for field trips, permission for water activities. (See "Enrollment Form" and "Health Requirements" in the Appendix. See the Health and Safety section for more information on how to use them.)

While children are in your care, you will keep certain daily and weekly records.

Attendance records. If you are paid a flat fee in advance, you can use a form such as "Monthly Attendance Record" (sample in the Appendix). If you are paid by the hour or day after providing care, you may want to combine attendance and income records. (See "Sample Attendance Record for Recording Income" in the Appendix.)

Keeping track of children's attendance is important for several reasons. First, when a child gets sick, it is often helpful to know how long a child was absent. In the case of a communicable disease, you need to know which children were exposed. Second, attendance records help you answer legal questions about such things as your compliance with state standards and insurance coverage. Third, you can often avoid or resolve problems about expenses, taxes, and parent fees by keeping good attendance records.

Meals records. If you take part in the Child Care Food Program, you have to keep records to get reimbursed for food costs. Basically, you should keep attendance records and copies of your month's menus for meals and snacks.

Whether you take part in the Child Care Food Program or not, you should note when you serve a child an extra meal, which is not covered in your fee, so that you can charge parents for it.

Child development. You can chart a child's growth and development in several ways. The first is a checklist. (See "Developmental Record" in the Appendix.) When a child reaches a milestone, such as saying his first word, you can make note of it on the checklist. This checklist should be done at least twice a year.

A second kind of child development record is a modified diary. Every week or so, you can write a couple of paragraphs about what the child is doing. These can be about interesting things that happen, major milestones in development, behavior problems, new things learned. Write these paragraphs on a sheet of paper and add additional sheets as needed.

For infants, you may want to keep a record of feedings, naps, baths, bowel movements, and other activities. (See "Weekly Infant Care Record" in the Appendix.) Because babies grow and change rapidly, this form helps keep parents informed and gives clues about illnesses.

Regardless of which kind of record you use, date and sign the entry or the completed form.

These child development records can be quite valuable. You can use them to plan activities for the children every week, based on each child's abilities and needs. You can use them to spot lags or problems in a child's development and suggest that parents take the child to a specialist for testing. You can use them in conferences with parents when you are deciding when to start toilet training or how to handle a behavior problem. As you review these records, you may also discover things about yourself and your care. For example, you may find that you give less time to quiet, agreeable children and more time to noisy, demanding children. By keeping records, you become more aware of these things and can make changes.

Accident Reports. Whenever a child gets hurt in a fall or other accident, fill out an accident report (sample in the Appendix). Or you can write a paragraph describing what happened, what care you gave, how the parent was notified, and whether a doctor was consulted. (See Health and Safety section for more information.)

Medication Records. If you give any medicine to a child, you must have parents' signed permission. (See "Dispensing Medication" form in the Appendix.) This form should include space for recording doses and times given.

Keeping Records On Your Business

As a professional person running your own business, you want the same rights and privileges as other business people. You want to earn money, make a profit, pay taxes, and make your own decisions about how to spend your profit. In the past you may have depended on someone else to handle money matters. But if you can manage your home and care for children, you can learn how to manage your finances.

You need to keep accurate records of 1) income, the money your receive for caring for children, and 2) expenses, the costs of running your business. In figuring your income taxes, you substract your expenses from your income and pay taxes on only the remaining amount. So you want to keep good records on all your expenses to keep your taxes as low as possible.

Recordkeeping Tools

You can keep track of income and expenses in several ways. Choose the way that is best for you.

- Calendar. If you care for only four or five children, you can use a calendar with large blank spaces on the dates for writing notes. Whenever you have an expense, jot down the amount on the date, and file the receipt. Also jot down fees paid by parents. At the end of the month, tear off this page and file it.

- Loose-leaf notebook. If you care for more than four or five children, you may want to use a loose-leaf notebook with separate pages for income and expenses. See "Customer Account Sheet," "Direct Expenses," and "Indirect Expenses" in the Appendix. At the end of the month, transfer these pages to your file box. You can also use the notebook for items you use often, such as the attendance record, weekly child development records, the current month's menu cycle, weekly grocery list, and weekly activity schedule for the children.

- Ledger. Some family day care providers use a bookkeeping ledger, a book with vertical columns on a double page. You use one column to record income and the other columns for expenses.

Whenever you have money coming in or going out, write the date and description of the income or expense at the left. Then note the amount in the appropriate column on the right. At the end of the month, add up the amounts in each column.

Besides your recordkeeping system, it is helpful to have other tools.

- Separate checking account. Set up a separate checking account for your business in addition to your personal checking account. You will use checks from your business account to pay for food and other expenses involved in running your day home. Cancelled checks, backed up by receipts, provide automatic records of your business expenses. If you pay for any expenses in cash, be sure to get a receipt.

  You will use the deposit slips from your business account to deposit fees paid by parents and, if you take part in the Child Care Food Program, reimbursement for food costs. Having a separate business account avoids confusion and makes tax preparation easier.

- Receipt book. If parents pay you in cash, you should give them a written receipt. By using a receipt book, you automatically make carbon copies of receipts you give. This can prevent arguments about payments and also gives you a record of income received as cash.

- Calculator. This can come in handy when adding long columns of numbers and figuring percentages for deductions.

Income

Income is the money you receive for caring for children. You may be paid every week, every two weeks, or every month. If you also do occasional babysitting, you may be paid a special hourly rate after you have provided care. On some days you will have additional income when you charge for extra lunches and overtime care.

If you take part in the Child Care Food Program, you will be reimbursed for part or all of your food costs. Deposit this check in your account and note this reimbursement in your records as income. (Or you can note this reimbursement in brackets under food expenses and subtract it at the end of the month from total food costs, resulting in actual outlay for food.)

If you are paid in advance, you might use a customer account sheet (sample in the Appendix) for recording payments from parents. At the end of the year, you can give parents copies of this form for them to use in claiming the child-tax credit. If you are paid by the hour, you might use a combination attendance-and-income form (sample in the Appendix).

Expenses

During the year, you will incur a number of expenses in running your day home business. (See "Checklist of Tax-Deductible Expenses in Family Day Care" in the Appendix.) When it's time to figure your income taxes, these expenses become deductions. Expenses are a big reason you want to keep accurate records. You will want to take every expense, or deduction, you can legally to keep your taxes down.

You will have two kinds of expenses:

1) Direct Business Expenses and
2) Indirect Business Expenses.

Direct Business Expenses

Direct business expenses. These are expenses you incur in caring for the day home children (not your own) and in running your business. You deduct the full amount of these items in figuring your taxes. Record these costs on the form "Direct Business Expenses" (sample in the Appendix) or, if you use a ledger, under columns labeled "Direct Business Expenses."

The most frequent direct expenses are food and supplies. When shopping, try to separate the day home items from family items. Write a separate check for the day home items and get a separate receipt. Or circle the day home items on the store receipts, add them up, and file the receipts.

Expendable Expenses

Non-Expendable Expenses

Food and supplies are called expendable expenses because they must be replenished every so often. You will have other expenses, called non-expendable (or fixed asset) expenses. These are items used in your business that last more than one year such as cribs, high chairs, and strollers. Non-expendable items lose value over time and gradually wear out. Business people deal with this loss of value by depreciation. This means you subtract part of the item's value every year over a period of years until the total cost is deducted.

Depreciation

Mileage Records

If you use your car in your business--picking up children from school, taking children to scout meetings or piano lessons, taking children on field trips--keep track of the mileage. You can keep a notebook or notepad on your dashboard or in your glove box for this purpose. Write down the date, destination, purpose of the trip, and the odometer readings at the beginning and at the end of each trip. (See "Monthly Mileage Record" in the Appendix.)

At the end of the month, figure the number of miles traveled in your business and multiply by 21 cents a mile. For example, if you drove 50 miles in transporting children during November, you would have $10.50 (50 miles times 21 cents) in mileage expenses for the month. After 60,000 miles of business use, you may deduct only 11 cents a mile. The 21 cents is subject to change, so check with the Internal Revenue Service for the current allowance.

Indirect Business Expenses

Indirect business expenses. These expenses are shared between business and home, such as real estate taxes, mortgage interest, rent, utilities, insurance, repairs (including labor), and depreciation of your home and furniture. You can deduct only part of these expenses on your taxes. A method for determining what portion of these expenses to deduct is described below. Record these costs on the form "Indirect Business Expenses" (sample in the Appendix) or, if you use a ledger, under columns labeled "Indirect Business Expenses."

When To Work On Records

Recordkeeping takes time. You have a lot of records to keep, and you probably have little time during the day to get the paperwork done.

Some records have to be kept daily. Tack attendance and meals records on a bulletin board or keep them handy in a loose-leaf notebook so you can note these every day. Keep mileage records in your car and note the odometer readings before and after every trip.

Most of your other records need attention about once a week. The longer you wait, the harder it will be to remember everything. It's best to reserve a set time to work on records, such as during nap time every Monday. Write down fees paid by parents, costs of food, and costs of any other direct business expenses incurred during the week.

At the end of each month, or whenever you pay household and family bills, record indirect business expenses, such as electricity and telephone, and add up income and expenses for the month. This may require one night a month.

At the end of the year, add your income and expenses for the year and prepare your income tax return. If you have kept your records up to date every week and every month, this yearly chore should take only one or two nights. (See "Income Summary" and "Expense Summary" in the Appendix.)

Keep every set of a year's records for at least three years. Keep receipts on any depreciable item for as long as you depreciate it. Keep any records of land and home purchases or sales permanently. You will need these records if you are ever audited by IRS. People in business for themselves are more likely to get audited than wage earners. In an audit, if the IRS believes you have underestimated your income, you may be asked for records that go back many years, not just three.

Figuring Your Taxes

With good recordkeeping and a little practice, you can learn how to figure your taxes. You fill out forms that basically inform the Internal Revenue Service about: 1) all the money you received during the year (called gross income), 2) your expenses (called deductions) for the year, and 3) how much money you took in after expenses were taken out (called net income).

Any family day provider who nets $400 or more a year is required by law to report that as earned income to the Internal Revenue Service. A provider who does not report income could face charges of defrauding the federal government.

IRS Forms

You need several forms from the Internal Revenue Service. Make sure each has the correct year (the year for which you are reporting income) at the top. Copies are available from the Internal Revenue Service.

- Schedule C "Profit (or Loss) from Business or Profession": This form shows how much money you earned during the year from your day home business, what your expenses were, and what your net income was.

- Schedule SE "Social Security Self-Employment Tax": Because you do not have an employer who

takes out social security from your paycheck, you have to do this yourself, if your net earnings from your child-care business are $400 or more a year.

- Form 1040-ES "Estimated Tax for Individuals": If you think the total of your estimated income tax and self-employment tax for 1987 will exceed your total withholding and credits by $500 or more, you will need to fill out this form. You do not have to fill it out if you owe IRS less than $500 or if you generally get a refund. Because this form must be filed quarterly, it contains four payment vouchers for you to tear off and use.

- Form 4562 "Depreciation and Amortization": You will use this form to report depreciation of items lasting more than one year such as swing sets and strollers.

- Schedule A "Itemized Deductions": This form is used for your personal deductions such as the interest you pay on your home mortgage and your family's medical expenses.

- Form 1040 "Individual Income Tax Return" (long form): This form ties both your personal and business incomes and deductions together and determines the amount of taxes you owe or the amount of your refund. If you are married, you may wish to file a joint return, which usually means a lower tax, and figure your taxes with your spouse. However, with changes in tax law, you will want to obtain professional advice on tax matters.

When To Pay Your Taxes

As a self-employed person, you must estimate your taxes in advance and, if you expect them to be $500 or more, pay them in four installments as the year goes on. You must file the estimate and pay the first installment by April 15. The other installments are due June 15, September 15, and January 15 (of the next year). If you find it hard to estimate your expected income, you can use the amount of taxes you paid the previous year as your estimate.

The four payments do not have to be equal. If you can see by June or September that you are earning less (or more) than you expected, you may adjust your payments up or down. As long as you pay at least 80 percent of your total taxes by January 15, you will not be charged a penalty for underestimating.

Use Form 1040-ES, which describes how to estimate the amount owed and provides quarterly payment forms and envelopes.

At the end of the year, you fill out most or all of the forms mentioned above and mail them to IRS. The deadline is April 15 after the year for which you are reporting income. In other words, you report income for last year by April 15th of this year.

In one year, for example, you might file the following:

- Jan. 15 - Form 1040-ES, fourth estimated tax payment for previous year
- Jan. 31 - Form 941, fourth report of taxes withheld from employee's wages for previous year
- April 15 - 1) income tax return (From 1040, Schedule C, Schedule SE and possibly Schedule A and Form 4562) for previous year, and 2) Form 1040-ES, first estimated tax payment for current year
- April 30 - Form 941, first report of taxes withheld from employee's wages for current year
- June 15 - Form 1040-ES, second estimated tax payment for current year
- July 31 - Form 941, second report of taxes withheld from employee's wages for current year
- Sept. 15 - Form 1040-ES, third estimated tax payment for current year
- Oct. 31 - Form 941, third report of taxes withheld from employee's wages for current year

Deductions

In filling out Schedule C, which determines the profit you make in your business, you will find a section to list deductions. These deductions include your direct business expenses such as advertising, bank service charges, state registration fee, liability insurance on the day home children, food served the children, and day home supplies. You claim the entire amount you spend. In other words, if you spent $35 on the state registration fee, you claim $35.

For your indirect business expenses, such as electricity and telephone, you can claim only a portion

of this expense because you share these items between your business and your family. To figure these deductions, use this space-time formula:

Space-time Formula

1. Divide the square footage of the rooms the day home children use by the entire square footage of your home.

   For example, if your home has 2,000 square feet and the children use 1,500 square feet, you use 75 percent (1,500 divided by 2,000) of your home for your business.

2. Calculate what percentage of the week is taken up by your business. To do this, consider each day a 24-hour-day, which means that a week has 168 hours. If you care for children 10 hours a day five days a week, your business takes up 50 hours a week. Divide the hours you spend on your business, by the total hours in a week, which is 29.7 percent of the time.

3. Multiply the percentage of space used by the percentage of time used. In this case, it would be 75 percent times 29.7 percent, which is 22.3 percent.

4. Use this percentage (Step 3) to figure how much you can deduct from shared expenses such as utilities. For example, if your electricity bill is $100 for March, multiply that by 22.3 percent, which is $22.30, the amount you can deduct for that month as an indirect business expense.

Depreciation

While running your day home, you may buy several large items that can be depreciated. These are things that will last more than a year, such as a crib, high chair, or swing set.

You will use Form 4562 to calculate the amount you depreciate, and then transfer that figure to a special line for depreciation on Schedule C.

To figure depreciation, you have to know whether the IRS considers the item three-year, five-year, or ten-year property. Typically, items bought for a family day care business--swing set, crib, refrigerator--are considered ten-year property. Because of changes in the tax law, consult the IRS or your tax advisor for information about depreciation.

If you share an item with your family, you can claim only a portion of that depreciation every year. A refrigerator, for example, is something you use for

both your family and your business. Likewise, if you buy a swing set and have children of your own, you can claim only a portion of the cost of the swing set because your children also use it. On the other hand, if you can prove that you would not have bought the item, except that it was needed for your business or it was required as a condition for registration or safety, you can claim the entire amount of the yearly depreciation.

For items you share with your family, take the yearly depreciation and multiply it by the percentage you obtained from the time-space formula described above. For example, assume you bought a larger refrigerator to replace your present one because you needed the extra space to store food for children in care. Since you also use this refrigerator for your family, you can deduct only a portion of the depreciation. If the first year depreciation on a $1500 refrigerator is $120, the portion of the depreciation you can claim would be $120 times 22.3 percent (or whatever percentage you get using the space-time formula described earlier), or $26.76. In other words, you can deduct $26.76 as depreciation on your refrigerator the first year, which will help lower the tax you owe. The next year when you figure your taxes, you would multiply the second year's depreciation times 22.3 percent, to give you the correct deduction, and so on.

Social Security Tax

Most workers in the United States pay social security taxes. These taxes go into a huge government fund, which are later paid back in monthly checks to workers when they retire. A worker pays half the taxes, and the employer pays the other half. These are taken out of the worker's paycheck every month.

As a self-employed person, you also are required to pay social security tax. You pay it in the form of a self-employment tax, using a special form known as Schedule SE. For 1987, the net tax rate for self-employment was 12.3 percent. (The current rate appears on the Schedule SE.) To figure this tax, follow these steps:

1. Figure your net income for the year. To do this, subtract expenses (direct and indirect) from gross income. If, for example, your gross income was $17,000 and your expenses were $2,000, your net income would be $15,000.

2. Multiply the net income by the tax rate. If net income was $15,000 and the tax rate is

12.3 percent, the self-employment tax would be $1,845. This is the amount you owe.

3. Enter the amount owed in the last line on Schedule SE and on the appropriate line on Form 1040.

If you hire other people to help you care for the children or substitute for you, you are considered their employer. As such, you have to withhold half the social security tax from the person's wages and pay an equal amount yourself. You also have to withhold income from their wages based on the withholding allowances they claimed on their Form W-4. You can find the correct amounts to withhold from a chart contained in Circular E, Employer's Tax Guide, available from IRS.

Filing Your Return

You are required to pay federal income tax on your income as a day-home provider plus any other income you may have, using Form 1040. Every person's financial situation is different, but basically you follow these steps:

1. Add the net income from your family day home (which you figured on Schedule C) and other sources. This is your total income.

2. You may be able to adjust your total income if you had moving expenses, contributed to an IRA or Keogh retirement plan, paid alimony, or had to make other adjustments. Subtract any allowable amounts to get your adjusted gross income. Note that certain changes in tax law go into effect in 1987, so you may not be able to make the same adjustments as in previous years.

3. Subtract your personal deductions as figured on Schedule A from your adjusted gross income.

4. Count the number of dependents who live with you or depend on you for support, which includes yourself, your spouse, children, and possibly elderly persons. These are your exemptions. Multiply the number of dependents by the figure allowed for your exemption ($1,900 for 1987) and subtract this amount from that obtained in step 3. The result is your taxable income.

5. Using the tax table in Instructions for Preparing Form 1040, find the amount of tax that corresponds with your income.

6. You may have credits such as portions of contributions you made to political candidates. If so, subtract these from your tax.

7. Add your self-employment tax, which you figured on Schedule SE. This is the total amount of tax you owe.

8. If you have already paid the four installments of your estimated tax, subtract this amount (as well as any income tax withheld earlier, such as from your spouse's wages) from the total tax (step 7). If your payments are higher than the total tax, you are due a refund. If not, you have to pay the difference.

For Information And Help

If you are preparing your income tax return for the first time, get help from IRS or an accountant familiar with the family day home business. IRS will answer your questions and provide free forms and publications. You can order forms or get help by contacting your nearest IRS district office. The numbers to call are:

- Austin 472-1974
- Dallas 742-2440
- El Paso 532-6116
- Fort Worth 263-9229
- Houston 965-0440
- San Antonio 229-1700
- Other locations in Texas 1-800-424-1040 (toll-free)

Be sure to ask for the person's name who is giving you the information and write down the date and the time the information was given. You might also want to ask for the page number of the publication the person is quoting from to make sure the information is accurate.

IRS provides several free publications to help you fill out your income taxes. These are:

- Instructions for Preparing Form 1040
- Your Federal Income Tax, No. 17;
- Tax Guide for Small Business, No. 334;

- Self-Employment Tax, No. 533;
- Depreciation, No. 534;
- Investment Credit, No. 572;
- Information for Business Taxpayers, No. 583;
- Business Use of Your Home, No. 587; and
- Circular E, Employer's Tax Guide, No. 15.

Child Care Credit

As a professional family day care provider, you may want to inform parents about the child care tax credit. This is a way for some parents to use child-care expenses to lower the tax they pay. Depending upon their income, some parents may claim a credit of up to 30 percent of their child-care expenses. The most a parent can claim is $720 for one child or $1,440 for two or more children. For example, if Mrs. Jones paid you $1,200 in 1986 for caring for her child and her adjusted gross income was $16,000, she could subtract 26 percent of her child-care expenses, or $312, from the income tax she owes for that year. (Have parents contact IRS to find out what percentage of their child-care expenses they can use as a credit, based on their incomes.)

Parents wishing to claim this credit should use IRS Form 2441 "Credit for Child and Dependent Care Expenses" and keep records of child-care expenses. If parents ask you for some kind of record, you can give them a written receipt from your receipt book every time they pay, or you can give them a copy of their customer account sheet at the end of the year.

Things You Might Try

1. If you don't have a filing system, use the method described earlier to set up a file box. Before you begin, consider how you will use it. When will you work on your records? Will you need to move the file box from room to room? Where will you store it? After setting up the filing system and using it for a couple of weeks, evaluate its usefulness. Does it make paperwork easier? Does it help you save time? Does it encourage you to save more receipts and keep records in a more timely and accurate manner? Make improvements as needed.

2. Review the ways you keep records of income and expenses. Which tools do you use? When

do you take time to work on records? If you don't have a recordkeeping system, try setting up one of the methods described earlier (calendar, loose-leaf notebook, ledger). Review the recordkeeping forms in the Appendix and consider adapting them for your use. Decide how you can improve the ways you record income and expenses. Try making these improvements and evaluate them after two months.

3. Study the "Checklist of Tax-Deductible Expenses in Family Day Care" in the Appendix. Do you save receipts on all the expenses listed? Do you take advantage of all these deductions in preparing your income tax? Look at the expenses you incurred last month for your day home business and your general household. Which are direct business expenses, and which are indirect? Try using the space-time formula described earlier to figure your indirect business expenses for last month. If you have questions or need help, ask your county Extension agent.

4. Review the federal income tax you (and your spouse) paid last year. Did you use Schedule C and Schedule SE in reporting income from your day-home business? If not, consider asking IRS or a tax accountant familiar with the family day-care business for help in preparing the proper forms. You may want to enroll in a tax class offered by a local community college or organization. If you have any questions, call the nearest IRS district office or the toll-free number given earlier.

5. List any purchases of day home equipment as well as household furniture and appliances you have made within the last year. Use the straight-line method to figure depreciation on these items. Determine whether the yearly depreciation is fully deductible or partly deductible on your income tax. If partly deductible, use the time-space formula to figure the amount of depreciation you can deduct. Is it worthwhile to keep records on all household purchases and claim depreciation?

1. Assume that in your file box you have sections labeled "Children in Care" and "Business Records." Under which of the two would you file the following forms, and what would be the name of the file? The first one is done as an example.

   a) Registration letter

   "Business Records" in a file labeled "Registration"

   b) Jeremy Smith's immunization certification.

   _____

   c) Customer account sheet for Mrs. Adams (parent).

   _____

   d) Your last year's tax return.

   _____

   e) Monthly attendance record.

   _____

   f) Accident report on Timmy Davis' fall.

   _____

   g) Amy Walker's medication record.

   _____

   h) Liability insurance policy.

   _____

   i) Contract signed by Mr. Vogelheimer (parent).

   _____

2. Which of the following are direct business expenses and which are indirect?

   a) Rent of your home _____
   b) Soap and toothpaste used by day home children _____
   c) Mileage traveled in taking children on field trips _____
   d) Food for day home children _____
   e) Repair of window broken by day home children _____
   f) Telephone bill _____
   g) Photocopying of day home forms _____
   h) High chair _____
   i) Dues to local family day home association _____

3. A customer account form is used for: _____

   a) reconciling bank statements,
   b) summarizing income from all business sources,
   c) checking attendance of a child against payment made by parents, or
   d) recording advance monthly payments made by parents.

4. The main reason for recording direct and indirect expenses separately is: _____

   a indirect expenses are billed monthly and direct expenses are billed on an irregular basis,
   b) direct expenses are greater and indirect expenses are lower,
   c) direct expenses are fully deductible and indirect expenses are partly deductible for tax purposes, or
   d) direct expenses are subject to social security tax and indirect expenses are not.

5. Assume you care for children 45 hours a week and use the entire 1,200 square feet of your home for your day home business. Using the space-time formula, how much of your electricity bill can you deduct for June if your bill is $90? _____

   a) $26.80
   b) $12.06
   c) $90
   d) $24.12

6. Match the names of Internal Revenue Service forms to their correct functions.

   a) 1040 _____ determines how much money you made from your business, how much your expenses were, and what your net income was for the year

   b) Schedule C _____ determines your self-employment or social security tax

   c) Schedule SE _____ ties your business and personal incomes and deductions together to determine how much tax you pay or how much you will have refunded.

1. Assume that in your file box you have sections labeled "Children in Care" and "Business Records." Under which of the two would you file the following forms, and what would be the name of the file? The first one is done as an example.

a) Registration letter

"Business Records" in a file labeled "Registration"

b) Jeremy Smith's immunization certification.

"Children in Care" in a file labeled "Jeremy Smith

c) Customer account sheet for Mrs. Adams (parent).

"Business Records" in a file labeled "Payment Records"

d) Your last year's tax return.

"Business Records" in a file labeled "Income Tax"

e) Monthly attendance record.

"Business Records" in a file labeled "Attendance"

f) Accident report on Timmy Davis' fall.

"Children in Care" in a file labeled "Timmy Davis"

g) Amy Walker's medication record.

"Children in Care" in a file labeled "Amy Walker"

h) Liability insurance policy.

"Business Records" in a file labeled "Insurance"

i) Contract signed by Mr. Vogelheimer (parent).

"Business Records" in a file labeled "Contracts"

2. Which of the following are direct business expenses and which are indirect?

a) Rent of your home indirect
b) Soap and toothpaste used by day home children direct
c) Mileage traveled in taking children on field trips direct
d) Food for day home children direct
e) Repair of window broken by day home children direct
f) Telephone bill indirect
g) Photocopying of day home forms direct
h) High chair direct
i) Dues to local family day home association direct

3. A customer account form is used for: D

a) reconciling bank statements,
b) summarizing income from all business sources,
c) checking attendance of a child against payment made by parents, or
d) recording advance monthly payments made by parents.

4. The main reason for recording direct and indirect expenses separately is: C

a) indirect expenses are billed monthly and direct expenses are billed on an irregular basis,
b) direct expenses are greater and indirect expenses are lower,
c) direct expenses are fully deductible and indirect expenses are partly deductible for tax purposes, or
d) direct expenses are subject to social security tax and indirect expenses are not.

5. Assume you care for children 45 hours a week and use the entire 1,200 square feet of your home for your day home business. Using the space-time formula, how much of your electricity bill can you deduct for June if your bill is $90? D

a) $26.80
b) $12.06
c) $90
d) $24.12

6. Match the names of Internal Revenue Service forms to their correct functions.

a) 1040 — B — determines how much money you made from your business, how much your expenses were, and what your net income was for the year

b) Schedule C — C — determines your self-employment or social security tax

c) Schedule SE — A — ties your business and personal incomes and deductions together to determine how much tax you pay or how much you will have refunded.

Business and Management
Part III
Managing Space and Time

Managing Space and Time

To keep children happy and busy, you have to plan two things: space and time. Regardless of how large or small your house is, you have to arrange the space to meet the different needs of children.

You have to fit activities into a schedule, or you will not finish all that you have to do. It takes only a few minutes to plan, and it saves a great deal of time. By planning, you can gather all the materials in advance and do not have to waste time looking for them when you need them.

Plans can be changed. Many unexpected things can happen in caring for children. A child may get sick, or the weather may turn bad. In these situations, you can modify your plans or put them off for another day. If you have planned alternate activities, you can pull them out when needed. The more organized you are, the easier your job is.

What To Look For

When you finish Part 3, you should be able to:

1. describe how to arrange physical space for sleeping, toileting, feeding, and storage,
2. write a weekly schedule of activities for children,
3. list three ways to save time in doing household tasks and caring for children, and
4. explain three traits of a professional family day care provider.

Arranging Space In The Home

When you arrange your home to care for children, the first consideration is the ages and interests of the children. If you care for infants and toddlers, you will arrange your space differently than if you care only for school-age children. As children grow, you will need to rearrange space from time to time.

A second, but no less important, consideration is the needs and desires of your family. After all, by deciding to care for children, you are asking your family to share their home with other people. Your husband and children may want their bedrooms for example, to be off limits to the children. If Grandma lives with you, she may want the TV room

quiet at a certain hour so she can watch her favorite soap opera.

With these considerations in mind, look at the rooms of your house. Assuming that you care for pre-school children, you will have to provide space for sleeping, toileting, feeding, playing, and storage. (For information about arranging play areas in your home, see the Child Development and Guidance section, Part 2.)

Space for Sleeping

Children between ages one and five usually need to take a nap in the afternoon. Babies may take both morning and afternoon naps, and newborns often spend most of the day in a crib. A bedroom is an ideal place if it can be darkened and closed off to noise. If a bedroom cannot be used, you may need to make space in the living room every afternoon.

For equipment and furnishing, you need:

- cribs with secure sides for infants and toddlers (portable cribs take up less floor space and can be folded up and stored when not in use),
- cots, pads on the floor, or beds used by family members for older children (each child should have a separate sheet, which is washed weekly, thrown over the bed),
- rocking chair to help soothe fretful infants and toddlers,
- music box, radio or phonograph (optional) for playing soft music,
- books and quiet games for children who do not sleep, and
- storage space for children's sheets and nap toys.

Space for Toileting

Infants and toddlers will need space to have their diapers changed. Ideally, the changing area should be close to a sink so you can wash your hands and the child's bottom, if necessary. You might set up the changing area in the bathroom (if it is large enough), in a hallway or bedroom near the bathroom, or in the kitchen. (See Health and Safety section for information about sanitary practices in diapering.) Be sure to plan space for storing diapers, diaper bags, diaper cream, towelettes, and other items.

When children are old enough to start toilet training, they will need space in the bathroom. Furnish the bathroom with these items:

- potty chair,
- toilet paper within easy reach,
- sturdy footstool at the sink so children can reach the water faucets to wash their hands,
- hand towel hung on a low hook for each child (or a roll of paper towels),
- toothbrush for each child (furnished by parents),
- possibly a comb or brush for each child (furnished by parents),
- toiletry items such as soap and toothpaste, and
- mirror so children can see themselves while cleaning or grooming.

Space for Feeding

Infants can be bottle-fed almost anywhere, but as soon as they begin taking solid food, they will need space in the kitchen or dining room. The kitchen has the advantage of having a refrigerator within easy reach. Regardless of which room you select, it should be easy to clean and have enough space for high chairs, infant seats, and other chairs.

Toddlers and preschool children will eat two snacks and lunch, depending on your hours of care. For their feeding, you will need:

- high chairs with safety straps,
- booster seats or cushions for adult-size chairs (or child-size table and chairs),
- placemats, paper napkins, unbreakable plates and cups, and child-size spoons and forks, and
- storage space in low cabinets so children can help set the table.

Storage

Each child needs a place to store personal belongings. A closet near the front or back door can be fitted with low hooks, each labeled with a child's name, for hanging jackets. Each child also needs a box for extra clothes, art projects to take home, and other belongings.

Store toys and play materials in low areas so children can choose what they want to play with and take responsibility for putting things away. Rather than using a toy box where everything gets tangled together, try these ideas:

- plastic dishpans or crates stacked on top of each other,

- ice-cream cartons stacked on their sides in a pyramid,
- sturdy boxes with flip tops,
- plastic soda pop cartons with handles for carrying items that need to be moved around often,
- net bags (see-through) hung on hooks or door-knobs for small items,
- shallow clothing or pizza boxes that can be slid under the bed or other furniture,
- straw baskets or plastic wastebaskets, and
- sturdy shelves at the bottom of a bookcase or cabinet.

Label cartons and boxes with drawings or pictures so children know what is inside.

Scheduling Children's Activities

As a family day care provider, you have two jobs: 1) managing your home and 2) caring for children. To do both jobs well, you have to plan your time carefully.

Use a large wall calendar with space on the dates to write notes. You can buy a calendar or make one by drawing lines with a ruler on large sheets of paper. Or you can use an appointment book with plenty of space for writing reminders and activities.

Long-Term and Short-Term Planning

First do long-range planning. Write down everything that you must do once a year, every three months, and every month. Here are some possible items:

Every year:

- income tax
- inspections (fire, health, car)
- national and school holidays and vacations
- children's birthdays
- dental appointments for you and your own children
- medical check-up for you and your own children
- conference with each parent

Every three months:

- paying a tax installment

Every month:

- paying bills
- totaling income and expense records

- sending in attendance reports and menus for the Child Care Food Program
- planning menus on the monthly menu cycle

After noting long-range plans, you are ready to do short-range planning. These are things you must do during the week such as going to the grocery store, getting prescriptions filled, bringing income and expense records up to date, making repairs, cleaning floors and toys with disinfectant, and planning children's daily activities.

Children's Activities

Anyone who works with children can benefit from planning daily activities. Teachers do this with lesson plans. Your plans do not have to be so complicated or lengthy, but you should have a clear idea of what you will do with children every day.

Daily Schedule

You will follow a basic schedule every day such as greeting parents, having lunch and snack, putting children down for nap, saying goodbye. Children need this kind of order in their day because it helps them feel more secure.

Work out a daily schedule, using the sample below. Allow plenty of time for routines and include self care habits such as toileting, washing hands, setting the table, and cleaning up afterward.

DAILY SCHEDULE

7:15 - 8:00	Arrival of children Breakfast Child-selected activities (blocks, toys, games)
8:00 - 9:00	Light housekeeping (make beds, wash dishes, sweep, dust)
9:00 - 10:00	Outdoor play
10:00 - 10:30	Hand washing and toileting Snack
10:30 - 11:30	Adult-directed group activity such as art, music, cooking, water play
11:30 - 12:00	Hand washing and toileting Lunch preparation (set table, help with salads and other simple dishes)
12:00 - 12:30	Lunch

12:30 - 1:00 Clean up (clear table, wash dishes, sweep)

1:00 - 2:45 Nap

2:45 - 3:15 Child-selected activities
Adult-directed activities for individual children

3:15 - 3:30 Hand washing and toileting
Snack

3:30 - 4:30 Outdoor play
Arrival of school-age children

4:30 - 5:00 Story time

5:00 - 6:15 Child-selected quiet activities indoors
Departure of children

After scheduling routine things such as lunch and nap, you will have large blocks of time left for other activities. Decide when to schedule indoor and outdoor play. In the summer, for example, you will have the children play outdoors in the early morning and late afternoon. In the winter, you will have outdoor play in mid-morning and mid-afternoon.

Following a schedule does not mean that you do things precisely by the minute, but rather that you and children know what to do next. If you have snacks at 10 a.m., for example, you know that at 9:30 or 9:45 the children need to finish what they are doing and wash their hands.

Infant Schedule

If you care for infants, you will have to be more flexible in scheduling. You will note times for bottle feedings, solid food feedings, naps, and baths, knowing that the baby's needs may change from one day to the next. You will have an easier time if you feed infants when they are hungry, put them down for naps when they are sleepy, and change them when they are wet or dirty instead of trying to fit them into a rigid schedule. During routines, you can take time to talk or sing to infants, cuddle them, and play with them.

Once you have worked out the daily schedule and routines, you may not need to refer to it, except to make changes. When a child starts to school, for example, you may need to plan time for walking to the bus stop to greet the child.

Weekly Schedule

Every week you will need to plan specific activities for those large blocks of times you have reserved for indoor and outdoor play. Use a weekly planning chart, such as the sample in the Appendix. Look at your calendar and note any birthdays, holidays, appointments, or other events that you have scheduled in long-range planning. Keep these events in mind as you plan the week's activities.

Schedule of Ages

Your first consideration will be the ages and needs of the children. While you rock and bottle-feed an infant, you can involve older children in quiet play nearby. While infants are napping, you can do an activity with older children that requires your full attention, such as fingerpainting or water play. If you have after-school children, plan to greet them warmly and spend a few minutes talking about their day, involving them in play, or helping them with homework.

Children need to settle down before lunch, before nap, and before going home. Use these times for reading stories and playing music. School children have been doing structured activities all day and need to get rid of pent-up energy by playing outdoors and choosing free-play activities.

Your Own Needs

A second consideration is your own needs and interests. If you feel most energetic in the morning, you might schedule activities that require your full attention for that time. If you like cooking, you can plan a cooking activity once a week.

Household chores can be turned into learning activities for children. You might involve children in making beds in the morning, talking about such concepts as straight and crooked, smooth and rough, and white and blue (or another color). If you need to pick up a prescription at the corner drug store, you can plan an afternoon walk with the children to get it.

Selecting Specific Activities

How do you select specific activities for children? A good way is to choose a theme for the week. A theme is an idea or concept such as animals, colors, community helpers (mail carriers, police officers, firefighters), seasons, families, feelings, senses, food, shapes, transportation, water, plants, self-concept, ("I'm me, I'm special"), machines, and so forth. Then plan activities that relate to that theme.

If your theme is butterflies, for example, you can plan a nature walk to look for butterflies, a story about butterflies, a creative dance in which children move like butterflies, an art activity in which children cut and paste pictures of butterflies, and so on. Plan theme activities to do outdoors as well as indoors.

Choose a different theme every week. If children seem especially interested in a topic, expand it or choose a related topic for the next week. For example, if your theme is animals and children are fascinated by elephants, you might choose dinosaurs, zoo, or circus for the next week.

In planning activities, both indoor and outdoor, follow these suggestions:

- Give children opportunities for both noisy and quiet play.
- Include activities that develop both small muscles (puzzles, painting) and large muscles (running, jumping).
- Try for a balance between child-directed activities (free play) and adult-directed activities.
- Plan group activities as well as individual activities.
- Consider the physical, intellectual, social, and emotional needs of each child. (See Child Development and Guidance section.) Plan at least one individual activity for each child every day.
- In planning learning activities, organize them into logical order so children will understand. If you are planning a nature walk to pick up pecans, first show children some pecans and let them crack and taste them. Children will find the activity more meaningful if they know what pecans are.
- In any given activity, plan experiences to match the different ages and abilities of the children. When you go on a nature walk, for example, encourage toddlers to feel the textures of leaves. Ask three and four-year-olds to compare different colors and sizes of trees. Ask five and six-year-olds to explain how we use trees.

- As you write your plan, make a list of things you need--a book from the library, paints, styrofoam, cookie cutters, camera, for example. Gather these items in advance so you won't waste time looking for them while children are waiting.

On any given day, your plans may change unexpectedly. If it rains, for example, you may need to have children play active physical games indoors. If a child gets sick, you may have to put aside a cooking activity you had planned and involve the other children in doing something else. For this reason, it is a good idea to have certain activities ready at a moment's notice. Some of these are play dough, dress-up play, block building, and puzzles.

The same holds true for food. If you burn the stew, be ready with cheese and bread for grilled cheese sandwiches. Keep your pantry well-stocked with canned items such as soup and tuna, convenience mixes for pancakes and cookies, substitutes such as dry milk, and dried fruits. (For other suggestions, see the Food and Nutrition section.)

Managing Your Time

With so many things to do, you may think it is impossible to do them all. Planning will help you get organized, but when do you find time to plan?

Use the children's nap time one or two days a week, such as Thursday and Friday, to plan the next week's activities. You may already be using Monday's nap time for updating records. On Tuesday and Wednesday, you might use nap time to put up your feet and relax yourself.

Save evenings and weekends for family activities. Encourage family members to help in doing household chores. Plan special things to do together--going for a walk, listening to music, playing a game, having a picnic. Do shopping and heavy household chores on weekends.

One or two nights a month, you will need to pay bills and add up the month's income and expenses for your day care business. Occasionally, you may want to attend a workshop or meeting of your family day care association.

Here are some tips for saving time:

- At night before you go to bed or when first waking up in the morning, make a list of things you need to do that day. Then arrange the items

in priority order, placing a one by the most important thing you have to do, a two by the next most important thing, and so on.

- Have a place for everything so you do not waste time looking for things. Store items close to where you use them--diapers by the changing table, for example.

- Teach children to put away things after using them and pick up things as you go so your house is not in shambles by the end of the day.

- Use the telephone and mail whenever possible instead of running errands. For example, order stamps by mail so you do not have to wait in a long line at the post office.

- If you feel like you are wasting too much time on the telephone, explain to the caller at the beginning that you are involved in an activity with children and will call back later. Or set a limit such as two minutes.

- Use the monthly menu cycle for planning meals and snacks. Instead of thinking up new menus from scratch every week, you simply rotate menus every month.

- Take a few minutes of time for yourself every day, perhaps in the early morning when the house is quiet or at bedtime. Find something pleasant to read or do something you enjoy such as needlework.

Becoming a Professional

Family day care providers do more than babysitting. They provide for children's health and safety, nutrition, learning and development. As more working parents recognize the importance of quality child care, they will demand more professionalism in the people who care for their children. What is a professional?

Child Development Associate Credential

One trait of a professional is a credential. Doctors have their MDs, and public accountants have their CPAs. Now people who care for children have a credential, too. It is the CDA, or Child Development Associate.

The CDA program was started in 1971 as a national effort to recognize and improve the competency of child care providers. More than 15,000 caregivers

have already earned the credential, and more than half the states have included the CDA in childcare licensing requirements.

Many CDAs have started by going through a special training program, which consists of college courses as well as on-the-job experience caring for children. This training is offered by several community colleges in Texas. But training is not a requirement. Some CDAs have earned the credential without special training.

If you already have a great deal of knowledge and experience in working with children, you can apply for the CDA credential. You will choose two people to work with you: 1) an advisor, perhaps an early childhood teacher at a community college or another CDA, and 2) a parent with a child in your care. These two people will observe you caring for children and write down their observations. You will also prepare a scrapbook, or portfolio, showing that you are competent in six competencies:

1. establishing and maintaining a safe and healthy learning environment,

2. advancing the physical and intellectual competence of children,

3. supporting social and emotional development and providing positive guidance,

4. establishing positive and productive relationships with families,

5. ensuring a well-run, purposeful program responsive to participant needs, and

6. maintaining a commitment to professionalism.

When your advisor thinks you are ready, you will be assessed, or judged, by a team of people made up of yourself, your advisor, the parent you have chosen, and a representative of the national CDA program. After meeting and discussing your qualifications, the team recommends you for the credential. The credential is good for three years, and after that it must be renewed every five years. You pay a fee when you first submit your application, and another fee when the team recommends you for the credential.

While you are working toward the credential, your advisor will make suggestions about how you can

improve. You will also receive suggestions from the parent and CDA representative on your team. If you are not recommended for the credential the first time, you can reapply. The entire process is designed to help you increase your knowledge and improve your skills in running a good family day home.

For more information, write to the National CDA Program, 1341 G Street, NW, Suite 802, Washington, D.C. 20005.

Continuing Education

Another trait of a professional is continuing education. To provide a quality service, professional people continue to get training and stay up to date with their fields.

After finishing this training program with your county Extension Service, you may want to refresh your knowledge by attending a workshop once every year or so. In most large communities, workshops are given by:

- the local child development program of the Texas Department of Human Services,
- the city or county health department,
- child-care centers,
- professional associations such as the National Association for the Education of Young Children, Southern Association on Children Under Six, and Association for Childhood Education International (see the Texas Child Care Quarterly for announcements of their training conferences and workshops), and
- colleges and universities (call the Home Economics or Education departments).

Associations

A third trait of professional people is belonging to a professional association. Just as doctors belong to the Texas Medical Association and lawyers belong to the State Bar of Texas, family day care providers can belong to a child-care association. In some Texas communities, family day care providers have organized local associations that offer training for members, put providers in touch with each other, inform the public about the benefits of family day care, and make providers' concerns known to government officials. Many associations have monthly

meetings, training workshops, and a referral service for parents.

Many people have seen the need for a statewide association of family day care providers in Texas. At least three groups have started to form a statewide organization. For information about the statewide group or about local associations in your area, contact one of the groups below:

Texas Council of Family Child Care Associations
2558 Parkhaven
Plano, Texas 75075
Attention: Jane Maahs
(214) 964-3737

Professional Home Child Care Association of Texas
11055 Johnny Miller
El Paso, Texas 79936
Attention: Georgia Robbins
(915) 598-0445

Lone Star Professional Home Child Care Association
2910 Barbee
Houston, Texas 77004
Attention: Opal McBride
(713) 529-2184

At the national level, providers can join the National Association for Family Day Care. This group's purposes include offering education to members, bringing providers in closer contact with each other, making providers' needs known to government officials, and promoting family day care as a valuable service for families. It publishes a quarterly newsletter and holds a national conference every two years.

For more information, write the National Association for Family Day Care, P. O. Box 71268, Murray, Utah 84107.

Networking

Operating a family day home can be a lonely job. Even though you are busy with children, you can feel cut off from other adults. If your community does not have an association of family day home providers, you can organize one. Or you can form a loose network. Simply get to know other family day care providers in the neighborhood and help each other out from time to time. Here are some suggestions:

- Meet with other family day care providers to share ideas and problems. Your county Extension agent can help you get organized. You might meet in someone's home or in a local cafe or library. Schedule a regular Sunday afternoon coffee once a month, or change the meeting time every month to give everyone a chance to get together during the year.

- Organize a car pool with other family day care providers to go to a Saturday workshop on cardiopulmonary resuscitation at the Red Cross or a weekend conference sponsored by the local Association for the Education of Young Children.

- Team up with another family day care provider to go to the park, take a field trip to the fire station, or go to the puppet show at the local library. Having another adult along can make these outings more manageable.

- Make arrangements with other family day care providers to substitute for you when you have an emergency or a doctor's appointment. In turn, you can be a back-up for them.

- When parents call looking for care and you cannot accept any more children, refer parents to these other providers in your network.

- Think about banding together as a group and approaching grocers, toy store owners, and other merchants for discounts on items such as milk, diapers, and tempera paint. Because you buy large amounts of these items, you can bargain for lower prices in exchange for bringing all the group's business to a merchant.

Community Resources

As you mature as a professional day home provider, parents will turn to you for information and help. They may ask about how children grow, where to go with family problems, what activities the community has for children.

Many communities offer services to children and families. These services are provided by public libraries, community colleges, public parks, schools, hospitals, organizations such as the Red Cross and YWCA, the health department, businesses and corporations, and so forth. Where do you find out what these agencies and services are?

- Ask your county Extension agent.

- Talk to the child development specialist with the Texas Department of Human Services in your area. For the specialist's name and telephone number, call the department's local licensing office.

- Look in the telephone book under "Helpful Numbers" or call "Information" at 1-411.

Things You Might Try

1. Examine the areas you use in your home for feeding children, naps, toileting, and storage. If necessary, draw a floor plan of the rooms and consider rearranging furniture. Review the floor plans of play areas you prepared as part of the Child Development and Guidance section. Consider how you can improve the use of space.

2. Using the sample form on page 280, write a daily schedule for your day home. Consider the ages and needs of children in your care. Consider your household needs and personal interests. In particular, evaluate your routines. How can you improve routines so children are happier and you are more relaxed? Try your new schedule for a week and make any needed improvements?

3. If you do not have a calendar or appointment book for planning, consider buying or making one. Write down long-range and short-range plans as described earlier. Remember to include family plans such as visits to Grandma and going to the school play, business plans such as figuring income tax, and plans involving children in care such as birthdays. List five ways that a calendar can help you get organized and save time. Review the tips for saving time and consider how you can improve your use of time.

4. Write a plan for children's indoor and outdoor play activities to use next week. Choose a concept or theme for the week and plan activities around it. Be sure to provide activities of varying difficulty suited to children's ages and abilities. Try out the plan and evaluate it. How did the children respond? Did you gather all needed materials beforehand? Did you allow enough time for each activity? What could you have done to improve the weekly plan?

5. Ask your county Extension agent for more information about the CDA credential, training opportunities, and local associations of family day care providers. If you do not have a local association in your area, consider forming one. Talk to other family day care providers about networking.

1. In arranging an area for diapering in your home, you should try to have it close to:_____

   a) a vent to reduce odor,
   b) a sink to wash your hands and the child's bottom,
   c) a play area to keep the baby distracted while you are changing the diaper, or
   d) the telephone to prevent delay in answering calls.

2. In planning your daily schedule, you should first write down:_____

   a) routines such as arrival, snack, lunch, nap, and departure,
   b) indoor play and learning activities,
   c) outdoor play activities and field trips, or
   d) household chores.

3. Organizing the children's activities can be helpful for both saving time and providing worthwhile experiences for them. What plan below would be best for a whole week's plan? _____

   a) plan only group activities for indoor and outdoor play periods.
   b) lead children in adult-directed activities on Tuesday-Thursday and give them free-play on Monday-Wednesday-Friday.
   c) write lesson plans like those used by school teachers, or
   d) tie activities together with a theme or concept.

4. List three ways you can save time in working in your day home.

   1. _____

   2. _____

   3. _____

5. The Child Development Associate is:_____

   a) a college degree available from community colleges,
   b) a local organization of child-care professionals in Waco,
   c) a state license for child-care workers that emphasizes knowledge of child development, or
   d) a national credential for child-care workers based on competency.

6. List five advantages of networking with other family day care providers.

   1. _____

   2. _____

   3. _____

   4. _____

   5. _____

BUSINESS AND MANAGEMENT
PART III
Questions and Answers

1. In arranging an area for diapering in your home, you should try to have it close to: B

   a) a vent to reduce odor,
   b) a sink to wash your hands and the child's bottom,
   c) a play area to keep the baby distracted while you are changing the diaper, or
   d) the telephone to prevent delay in answering calls.

2. In planning your daily schedule, you should first write down: A

   a) routines such as arrival, snack, lunch, nap, and departure,
   b) indoor play and learning activities,
   c) outdoor play activities and field trips, or
   d) household chores.

3. Organizing the children's activities can be helpful for both saving time and providing worthwhile experiences for them. What plan below would be best for a whole week's plan? D

   a) plan only group activities for indoor and outdoor play periods.
   b) lead children in adult-directed activities on Tuesday-Thursday and give them free-play on Monday-Wednesday-Friday.
   c) write lesson plans like those used by school teachers, or
   d) tie activities together with a theme or concept.

4. List three ways you can save time in working in your day home.

   1. Make priority list.
   2. Do errands by phone or mail.
   3. Limit telephone time.

   Also:
   4. Have a place for everything
   5. Teach children to put away things.
   6. use monthly menu cycle.

5. The Child Development Associate is: D

   a) a college degree available from community colleges,
   b) a local organization of child-care professionals in Waco,
   c) a state license for child-care workers that emphasizes knowledge of child development, or
   d) a national credential for child-care workers based on competency.

6. List five advantages of networking with other family day care providers.

   1. Share ideas and problems.
   2. Car pool to training workshops.
   3. Team up to go on special outings with children.
   4. Arrange back-up help for each other (buddy system).
   5. Refer parents to providers with vacancies.

   Also: Band together for group buying discounts.

BUSINESS AND MANAGEMENT

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Business and Management Appendix

1. Registration Request Forms (Appendix 1-6)
2. Enrollment Information/Health Requirements (Appendix 7-8)
3. Projected Income and Expenses (Appendix 9)
4. Checklist of Tax-Deductible Expenses in Family Day Care (Appendix 10-13)
5. Contract (Appendix 14)
6. Policy Statement (Appendix 15-18)
7. Sample Contents of Filing Box (Appendix 19)
8. Business Records (Appendix 20-22)
9. Information on Children (Appendix 23)
10. Family Information and Emergency Form (Appendix 24)
11. Monthly Attendance Record (Appendix 25)
12. Sample Attendance Form for Recording Income (Appendix 26)
13. Developmental Record (Appendix 27-29)
14. Weekly Infant Care Record (Appendix 30)
15. Accident Report (Appendix 31)
16. Dispensing Medication (Appendix 32)
17. Customer Account Sheet (Appendix 33)
18. Direct Expenses (Appendix 34)
19. Indirect Expenses (Appendix 35)
20. Monthly Mileage Record (Appendix 36)
21. Income Summary (Appendix 37)
22. Expense Summary (Appendix 38)
23. Planning Chart (Appendix 39)

Texas Department
of Human Services

REGISTRATION REQUEST

BUSINESS AND MANAGEMENT
APPENDIX 1

Form 2919
July 1990

Name (Last, First, Middle)	Social Security No.*	Texas Driver's License No.*	Date of Birth

Other names I have used or have been known by (maiden, married, etc.)

Address (Street, City, State, ZIP)—if rural, attach directions	County

Mailing Address (if different)—Street or P.O. Box and ZIP

Telephone No. (inc. A/C)	*Indicate if you do not have a Social Security number or a Texas driver's license, or if your driver's license is out-of-state
( )	

1. The following people (husband, children, friends, etc.) live in my home with me or are regularly there while children are in care:

NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NO.*	TEXAS DRIVER'S LICENSE*	RELATIONSHIP

* Indicate if none.

2. EDUCATION/TRAINING

Elementary or High School (years completed)
☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

Did you graduate or receive a GED?
☐ Yes ☐ No

If you are under 21 years of age, describe any training, education, accreditation, and/or course study you have had which you feel is pertinent to child care. Give dates, locations, and name of the organization or agency sponsoring the training. (See Std. 1100.1a–e.)

Do you have current certificates indicating successful training in:

First Aid
☐ Yes ☐ No
If yes, what date was training?

DHS Registration Orientation
☐ Yes ☐ No
If yes, what date was orientation?

Cardiopulmonary Resuscitation (CPR) of Infants and Children
☐ Yes ☐ No
If yes, what date was training?

3. A. Are you now caring for children in your home who are not related to you? ☐ Yes ☐ No

B. How many children are you caring for or do you intend to care for? (count all children, including your own.)

Age 0 through 17 months: ➧	18 months through 4 yrs.: ➧	5 yrs. through 13 years: ➧	TOTAL number of children (including your own children under 14 years:) ➧

4. Will any other people assist you in caring for children? ☐ Yes ☐ No

If "Yes," provide the following information about the people who will assist you (include their names on Form 2971).

Names (Last, First, Middle)	Social Security No.	Texas Driver's License No.	Date of Birth
Address (Street, City, State, ZIP)		Telephone No. (inc. A/C) ( )	

Names (Last, First, Middle)	Social Security No.	Texas Driver's License No.	Date of Birth
Address (Street, City, State, ZIP)		Telephone No. (inc. A/C) ( )	

5. Has the Texas Department of Human Services ever licensed or registered you to care for children? ☐ Yes ☐ No

If "Yes," when were you registered?	Address (Street, City, ZIP)
County(ies)	If Licensed/Registered under another name or names, list name(s)

6. Have you ever had a license or registration (or an application for license or registration):

Denied? ☐ Yes ☐ No	Revoked? ☐ Yes ☐ No	Suspended? ☐ Yes ☐ No	Placed on Probation? ☐ Yes ☐ No

If "Yes," to any of the above, give details: _____

7. Have you ever been asked to stop caring for children because you did not have a license or registration? ☐ Yes ☐ No

If "Yes," explain (include dates, locations, etc.): _____

8. Are you now a foster parent? ☐ Yes ☐ No

9. Have you or has any person living in your home, anyone who helps care for children, or anyone who will have contact with the children in your care (other than a child's family ever had any of the following:

A. A child removed because of abuse or neglect? ☐ Yes ☐ No

B. A determination that a child was abused or neglected? ☐ Yes ☐ No

C. A contact or visit regarding child abuse or neglect by any of the following agencies:

(1) Child Protective Services from the Texas Department of Human Services or a county welfare agency? ☐ Yes ☐ No

(2) Child welfare agency anywhere in Texas or another state? ☐ Yes ☐ No

(3) Law enforcement agency (police, sheriff, etc.) in Texas or in another state ☐ Yes ☐ No

(4) Other (specify):_____

If "Yes," to any of the above, what was the child's name?	How was this child related?
When did this occur?	Where did this occur?
Give Details:	

10. Have you or any person living in your home, anyone who helps care for the children, or anyone who will have contact with the children in your care (other than a child's family) ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

If "Yes," give name of person(s)	Date of Conviction	Location
Give Details:		

11. Does anyone have felony or misdemeanor charges pending with the county or district attorney? ☐ Yes ☐ No

If "Yes," give name of person		Type of charge
County where charges are pending	Court Number	Location
Give Details and Dates:		

12. Is anyone now complying with the terms of a deferred sentence? ☐ Yes ☐ No

If "Yes," give name of person		Type of charge
County where charges are pending	Court Number	Location
Give Details and Dates:		

13. List any health problems that you or a family member has that would affect or limit your ability to care for children:

14. Do you wish to receive the *"Child Care Quarterly"* magazine? ☐ Yes ☐ No

I request to register with the Texas Department of Human Services to provide day care for children in my own home. I meet and will continue to meet the Minimum Standards for Registered Family Homes. I agree to comply with the department's rules and all provisions of Chapter 42 of the Human Resources Code (the child care licensing law) that apply to registered family homes.

I also certify that the information I have given contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I understand that any willful misrepresentation is cause for immediate denial or revocation of my registration. I authorize the Texas Department of Human Services to contact people listed on this form.

Signature _____ Date _____

NOTE: Persons requesting registration will be scheduled for mandatory child care orientation in health, safety, and sanitation related to preventing risk to children.

FOR DHS USE ONLY

CRIMINAL HISTORY	Date Received	Date Entered	Date Completed

Date Request Rec'd	Date Request Accepted	Date Fee Paid	Amount Paid	Method of Verification	By:

Texas Department
of Human Services

BUSINESS AND MANAGEMENT
APPENDIX 5

Form 2971
October 1988

CHILD CARE CRIMINAL HISTORY CHECK

DHS USE ONLY	Worker Name—Last	First	Mail Code	Reg.	Fac. No.

Facility Name		Telephone No. (include Area Code)	
Facility Address—Street	City	County	ZIP

The applicant, licensee, or registrant is required to provide identifying information on each staff, adult resident not a facility client, or volunteer who is regularly at the facility. This information will be used to check for any criminal history that is a violation of minimum standards.

It may be necessary for you to obtain additional information if the person has not lived in Texas for at least the last three (3) consecutive years.

The criminal history check is not intended to delay hiring new staff. You will be notified of the results of the check.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is cause for immediate denial of the application or revocation of license or registration.

Signature—Licensee, Registrant, or Designated Representative

Date

You must complete this form furnishing identifying information on persons employed, regular volunteers, and adults who reside at the facility that are not clients and return the form to the licensing office. You may obtain additional forms from the licensing office.

PLEASE TYPE OR PRINT LEGIBLY:

Name (last, first, middle)	Position ☐ Director ☐ Staff ☐ Volunteer ☐ Family member over 18 yrs. or adult residing in home/facility.	
Other Names Used (maiden, married, etc.)	Sex ☐ Male ☐ Female	Date of Birth (mo./day/yr.) / Date Hired By Facility
Race/Ethnicity ☐ Black ☐ White ☐ Hispanic ☐ Oriental	Social Security No.	Has this person lived in any other state during the last 3 years? ☐ Yes ☐ No

Name (last, first, middle)	Position ☐ Director ☐ Staff ☐ Volunteer ☐ Family member over 18 yrs. or adult residing in home/facility.	
Other Names Used (maiden, married, etc.)	Sex ☐ Male ☐ Female	Date of Birth (mo./day/yr.) / Date Hired By Facility
Race/Ethnicity ☐ Black ☐ White ☐ Hispanic ☐ Oriental	Social Security No.	Has this person lived in any other state during the last 3 years? ☐ Yes ☐ No

Name (last, first, middle)	Position ☐ Director ☐ Staff ☐ Volunteer ☐ Family member over 18 yrs. or adult residing in home/facility.	
Other Names Used (maiden, married, etc.)	Sex ☐ Male ☐ Female	Date of Birth (mo./day/yr.) / Date Hired By Facility
Race/Ethnicity ☐ Black ☐ White ☐ Hispanic ☐ Oriental	Social Security No.	Has this person lived in any other state during the last 3 years? ☐ Yes ☐ No

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Race/Ethnicity ☐ Black ☐ White ☐ Hispanic ☐ Oriental	Social Security No.	Has this person lived in any other state during the last 3 years? ..... ☐ Yes ☐ No

Name (last, first, middle)	Position ☐ Director ☐ Staff ☐ Volunteer ☐ Family member over 18 yrs. or adult residing in home/facility.	
Other Names Used (maiden, married, etc.)	Sex ☐ Male ☐ Female	Date of Birth (mo./day/yr.) / Date Hired By Facility
Race/Ethnicity ☐ Black ☐ White ☐ Hispanic ☐ Oriental	Social Security No.	Has this person lived in any other state during the last 3 years? ..... ☐ Yes ☐ No

Name (last, first, middle)	Position ☐ Director ☐ Staff ☐ Volunteer ☐ Family member over 18 yrs. or adult residing in home/facility.	
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Other Names Used (maiden, married, etc.)	Sex ☐ Male ☐ Female	Date of Birth (mo./day/yr.) / Date Hired By Facility
Race/Ethnicity ☐ Black ☐ White ☐ Hispanic ☐ Oriental	Social Security No.	Has this person lived in any other state during the last 3 years? ..... ☐ Yes ☐ No

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Race/Ethnicity ☐ Black ☐ White ☐ Hispanic ☐ Oriental	Social Security No.	Has this person lived in any other state during the last 3 years? ..... ☐ Yes ☐ No

Name (last, first, middle)	Position ☐ Director ☐ Staff ☐ Volunteer ☐ Family member over 18 yrs. or adult residing in home/facility.	
Other Names Used (maiden, married, etc.)	Sex ☐ Male ☐ Female	Date of Birth (mo./day/yr.) / Date Hired By Facility
Race/Ethnicity ☐ Black ☐ White ☐ Hispanic ☐ Oriental	Social Security No.	Has this person lived in any other state during the last 3 years? ..... ☐ Yes ☐ No

Name (last, first, middle)	Position ☐ Director ☐ Staff ☐ Volunteer ☐ Family member over 18 yrs. or adult residing in home/facility.	
Other Names Used (maiden, married, etc.)	Sex ☐ Male ☐ Female	Date of Birth (mo./day/yr.) / Date Hired By Facility
Race/Ethnicity ☐ Black ☐ White ☐ Hispanic ☐ Oriental	Social Security No.	Has this person lived in any other state during the last 3 years? ..... ☐ Yes ☐ No

Name (last, first, middle)	Position ☐ Director ☐ Staff ☐ Volunteer ☐ Family member over 18 yrs. or adult residing in home/facility.	
Other Names Used (maiden, married, etc.)	Sex ☐ Male ☐ Female	Date of Birth (mo./day/yr.) / Date Hired By Facility
Race/Ethnicity ☐ Black ☐ White ☐ Hispanic ☐ Oriental	Social Security No.	Has this person lived in any other state during the last 3 years? ..... ☐ Yes ☐ No

Texas Department
of Human Services

REGISTERED FAMILY HOME ENROLLMENT INFORMATION

RFH Sample Form No. 1
May 1990

Caregiver's Name	Address	
Child's Name	Date of Birth	Child's Home Telephone No.
Child's Address		
Date of Admission	Hours and days child will be in care	
Parents' or Guardian's Name	Address (if different from child's address)	
List telephone numbers where parents may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No. / Guardian's Telephone No.
Give name of person to call in case of an emergency if parents/guardian cannot be reached:	Telephone No.	Relationship
I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons:		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:

_____

_____

_____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the caregiver or person in charge to take my child to

Name of Licensed Physician	Address	Telephone No.
Or to (name of hospital or clinic)	Address	Telephone No.

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

_____ _____
Signature—Parent or Legal Guardian Date

1. TRANSPORTATION: I hereby ☐ **give** ☐ **do not give** my consent for my child to be transported by caregiver:

☐ **On Field Trips** ☐ **To and From Home** ☐ **To and From School**

2. WATER ACTIVITIES: I hereby ☐ **give** ☐ **do not give** my consent for my child to participate in water activities:

☐ **Splashing Pools** ☐ **Wading Pools** ☐ **Swimming Pools** ☐ **Other bodies of water provided by the facility**

Parent's Comment: _____

_____

3. SCHOOL-AGE CHILDREN: My child attends:

Name of School	School's Telephone No.

_____ _____
Signature—Parent or Legal Guardian Date

Texas Department of Human Services

RFH Sample Form No. 2
May 1990

REGISTERED FAMILY HOME HEALTH REQUIREMENTS FOR CHILDREN

Child's Name	Date of Birth

IMMUNIZATIONS	DATE 1st Dose	DATE 2nd Dose	DATE 3rd Dose	DATE 1st Booster	DATE 2nd Booster
DPT/Td					
Polio					
Measles: Vaccine—Rubeola					
Mumps: Vaccine					
Rubella: Vaccine					

NOTE: You may submit a machine copy of an immunization record signed or stamped by a physician or health personnel.

PHYSICIAN'S VERIFICATION MUST BE SUBMITTED	
Measles: Date of Illness	**Mumps:** Date of Illness

Tuberculosis Test: To be completed if recommended for the area by the Texas Department of Health. (Caregiver will inform parents of these requirements.) .....

Results	Date
☐ **Positive** ☐ **Negative**	

Signature (or stamp)—Physician or Health Personnel _____ Date _____

Signature—Person Making Handwritten Copy of Record _____ Date _____

If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form.

SCHOOL-AGE CHILDREN (Immunizations)

My Child Attends (Name of School)

My child's immunization record is on file at the school and all immunizations are current.

Signature—Parent or Legal Guardian _____ Date _____

PROJECTED INCOME AND EXPENSES

	Per Month	Per Year
Income	_____	_____
Expenses		
Food	_____	_____
Toys	_____	_____
Insurance	_____	_____
Activity Supplies	_____	_____
Other Supplies	_____	_____
Bank Charges	_____	_____
Dues and fees	_____	_____
Advertising	_____	_____
Mileage	_____	_____
Equipment	_____	_____
Other	_____	_____
Indirect Expenses		
_____	_____	_____
_____	_____	_____
Total Expenses	_____	_____
Profit or Loss (subtract expenses from income)	_____	_____

CHECKLIST OF TAX-DEDUCTIBLE EXPENSES

Start-Up Costs

_____ cribs

_____ high chairs

_____ strollers

_____ rocker

_____ potty chairs

_____ footstool so children can reach bathroom sink

_____ child-size table and chairs

_____ tricycles and other wheeled toys

_____ outdoor play equipment such as sandbox, swings, wading pool

_____ car safety seats

_____ storage shelves, crates, hooks for day-care items

_____ unbreakable dishes, child-size forks and spoons

_____ pots and other utensils for preparing food

_____ towel and wash cloth for each child

_____ sheet and pillow for each child

_____ first-aid kit

_____ recordkeeping equipment such as calculator, filing cabinet

_____ telephone installation or extension

_____ bulletin board

_____ fire extinguisher

_____ locks to secure medicines and cleaning supplies

_____ safety plugs for electrical outlets

_____ safety barriers or gates for stairs

_____ handrails, air purifier, or other equipment needed to care for handicapped children

_____ home repairs and improvements such as a fence around a swimming pool or a fire-escape ladder (plus labor cost) needed to make home safe for children

(NOTE: For large items, only a portion of the cost may be deducted each year through depreciation.)

Yearly Costs

_____ state registration fee

_____ local fees (home occupation permit, health inspection, fire inspection)

_____ liability insurance for children

_____ additional automobile liability insurance

_____ homeowner's insurance (partly deductible)

_____ medical examinations (such as TB) for yourself and family members, when required for registration

_____ membership fee in professional associations

_____ registration fees for training workshops and expenses involved in attending (transportation, hotel)

_____ subscriptions to professional journals or magazines related to child care

_____ recordkeeping supplies such as receipt book, calendar, ledger

_____ accounting, legal advice, or tax preparation, if you pay to have this done

_____ property taxes (partly deductible)

_____ mortgage interest (partly deductible)

_____ depreciation on home (partly deductible)

_____ depreciation on furniture and appliances (partly deductible)

Monthly and Weekly Costs

_____ food for meals and snacks served to the children

_____ household supplies such as toothpaste, soap, toilet paper, tissue that children use

_____ cleaning supplies such as dishwashing detergent, laundry detergent, chlorine bleach used in making the home sanitary

_____ activity supplies such as tempera paint, construction paper, paste, crayons, markers

_____ fuel and energy such as electricity and natural gas (partly deductible)

_____ water (partly deductible)

_____ garbage pick-up (partly deductible)

_____ telephone (partly deductible)

_____ rent (partly deductible)

_____ photocopying of forms and bills

_____ stationery (envelopes, paper) and postage

_____ advertising

_____ field trip costs

_____ repair of play equipment that only children use

_____ repair of household items such as the refrigerator or sink, which are used by both family and children (partly deductible)

_____ payment to a substitute caregiver when you are ill or have to be gone

_____ toys, games

_____ diapers, infant formula, baby oil, and other baby supplies

_____ mileage for transportation of children and shopping for day care supplies

_____ bank charges on your business checking account

(NOTE: Partly deductible expenses are those shared between your family and the day home children. Use the space-time formula to figure the portion of these expenses that you can deduct.)

Provider_____

Address_____

_____

CONTRACT

This is an agreement to provide care for:_____

(child's name).

Care will be provided_____(days of week) from _____ to _____ (hours). If the child is picked up later than that time, parents will pay an overtime charge of _____per hour, payable with the next fee payment.

The fee is _____(amount) per _____(month or week), payable on (day of month or week). If the fee is not paid by that date, a penalty of _____(percentage) will be charged.

Agreed to _____(date) by

_____(parent)

_____(provider)

Provider_____

Address_____

_____

POLICY STATEMENT

Welcome to our home. We are delighted that you chose to share your child with us. So that we can work together better, let us review some important things involved in caring for your child.

AS THE DAY CARE PROVIDER, I WILL:

- give the child loving care, constant supervision, and pleasant and stimulating things to do,
- provide lunch, mid-morning snack, and mid-afternoon snack,
- cooperate with parents in toilet training, guidance, and other needs,
- try to locate parents first if emergency medical care is needed for the child (if parents cannot be located immediately, provider will call the child's doctor or take the child to the hospital),
- inform parents in advance of any field trips or activities away from the day home,
- find substitute care for the child if the provider has to be absent for a few hours or one day (after that, the parent is responsible for finding care),
- _____
- _____

AS THE PARENT, YOU WILL:

- provide _____(formula, diapers, toothbrush or other special items) needed for the child's care,
- provide a clean change of clothing for the child to keep at the day home,
- fill out health and information forms, as requested,

- inform the provider of any change in address, telephone number, or job of either parent,
- keep the child at home if the child has a fever, diarrhea, or other signs of communicable illness, and inform the provider of the illness on the first day of the child's absence.
- pay for any emergency medical treatment for illness or injury occurring while the child is in care,
- inform the provider at least one week in advance if the child will be absent because of holidays, vacation, or withdrawal from care,
- inform the provider if someone other than the parent will pick up the child,
- _____
- _____

Enrollment Fee Parents will pay an enrollment fee of _____ in advance when the child is accepted for care. This fee cannot be refunded.

Payment Parents are expected to pay according to the terms of their contract. Payment should be made by check, payable to _____(provider). If any check is returned for insufficient funds, the provider will charge _____(fee) for handling. Payment should be made in person on the day specified in the contract. At the end of the year, parents will receive a copy of the payment record, for use in claiming the child-care tax credit.

Refunds If parents notify the provider of a withdrawal _____ days in advance, they will receive a refund for the time the child is not in care. A full refund will be given if the child is withdrawn because of illness lasting more than _____ days or if the provider requests that the child be withdrawn.

State Regulation This family day home is registered with the Texas Department of Human Services as required by state law. Parents are encouraged to read Parent's Guide to Registered Family Day Homes, a copy of which is attached.

The provider considers parents to have primary responsibility for their children and views the relationship with parents as a partnership. The provider respects the parents' values, culture, and heritage and welcomes any questions, concerns or complaints about the child's care.

Daily Program and Schedule. A sample of the daily schedule is attached. It shows times for lunch, snacks, nap, toileting, and outdoor play. Children are encouraged to wash their hands after toileting and before eating, and to brush their teeth after eating. Parents are encouraged to reinforce these habits at home.

Menus are posted on the bulletin board. Parents are invited to check these menus often to know what kinds of foods the child is getting in the day home.

Infants are given individual attention with regular feedings and diaper changes. They are held during bottle feedings and given interesting things to look at and play with.

When a child shows signs of being ready for toilet training, the provider and parent plan together how the training will be done.

The provider plans a variety of activities for children based on their ages and abilities. Some activities involve ordinary household tasks such as setting the table and raking leaves. Other activities such as block building, painting, and pretend play are based on the idea that preschool children learn best through play.

Discipline. The goal of discipline is to help children manage their own behavior. To achieve this goal, children will be given a safe and stimulating environment with materials suited to their ages and abilities. They will be expected to follow a few simple rules for their safety and well-being. Two house rules are:

- We are kind and do not hurt each other.
- We ask first before taking someone's things.

The provider uses positive language in talking with children, shows children how to behave by example and demonstration, and gives emotional support.

When guidance is needed, the provider uses positive guidance techniques: 1) distraction and substitution, 2) reward for desirable behavior and redirection of undesirable behavior, 3) suffering the consequences of undesirable behavior, and 4) time out (only for children 3 and older and no longer than 5 minutes for preschoolers). Under no circumstances are children spanked, shaken, or otherwise punished.

Parent Visits and Conferences. The provider invites parents to have a yearly conference to review the child's progress and development. Parents may request other conferences at any time.

The provider invites parents to visit on their child's birthday and at other times. Parents may drop in for other visits--expected or unexpected--at any time. However, during unexpected visits, the provider will continue to give children undivided attention.

Again, welcome to our family. We look forward to the time your child spends with us an adventure and a privilege.

SAMPLE CONTENTS OF FILING BOX

CHILDREN IN CARE

One file for each child, by name. In each file, you should keep:

1. Background information about the child and the family. Use forms such as "Family Information and Emergency Form" and "Information on Children."

2. Health information. (See Health and Safety section for an explanation of the need and use of these forms.) Use the one-page form, entitled "Enrollment Information" on one side and "Health Requirements" on the other side. (See copy in Appendix.) This includes several things:

   a. Immunizations, listing names of vaccines and dates given,

   b. Statement from a doctor or clinic, which says the child is able to take part in the activities of your day home,

   c. Emergency telephone numbers, which enables you to contact parents during the day and who to call if parents cannot be reached,

   d. Authorization for emergency medical attention, which enables you to seek medical treatment for a child in an emergency, if the parents cannot be reached in time,

   e. Parents' signed permission for the child to be taken on field trips, to and from school, or to other places requested by the parents,

   f. Parents' signed permission for the child to take part in water activities in wading or swimming pools.

3. Medication. Use a form such as "Dispensing Medication" for each medicine that parents ask you to give the child.

4. Accidents. Use a form such as "Accident Report" or simply write a paragraph explaining what happened. You need to keep a written record on every accident, no matter how small it seems. (See Health and Safety section for more information on accident records.)

5. Child development. You can chart a child's growth and development on a checklist such as "Developmental Record," a modified diary, and forms such as "Weekly Infant Care Record."

MY FAMILY'S HEALTH RECORDS

TB Records--Records of tuberculosis examinations for provider and family members.

Immunizations--Records of immunizations for the provider's children.

BUSINESS RECORDS

Registration

1. Information on standards and registration such as Minimum Standards for Family Day Homes.
2. Letter of registration from the Texas Department of Human Services.
3. City permits and inspections, depending on what is required by your community.

Insurance

1. Liability on business
2. Automobile liability
3. Homeowner's
4. Disability

Contracts

Attendance records

Letters

Direct business expenses

1. Form such as "Direct Business Expenses".
2. Receipts for food, insurance, supplies, and other direct expenses.

Indirect business expenses

1. Form such as "Indirect Business Expenses".
2. Receipts for utilities, mortgage interest or rent, repairs, and other indirect expenses.

Depreciable items (receipts for large items--save for as long as you depreciate each item plus three years)

Payment records

1. Form such as "Customer Account Sheet".
2. Copies of receipts you give parents for paying in cash.

Income tax information

1. Old tax returns
2. Blank tax forms
3. Information from the Internal Revenue Service
4. Income summary
5. Expense Summary

CHILDREN'S ACTIVITIES

Weekly plans

Ideas for art activities

Games (instructions and ideas)

Toys (toy catalogs, ideas for making toys)

Field trips (brochures from museums, libraries, parks, and other interesting places that children can visit in your community)

Holiday ideas (ideas for making gifts, celebrating birthdays, and commemorating other holidays)

Texas Child Care Quarterly (back issues)

Community Resources (brochures, newsclippings, and handouts from community agencies such as child guidance center, mental health and mental retardation center, local health department, and local employment commission office--to give to parents who need information or help)

FOODS

Menu cycle

Child Care Food Program Information

Recipes

Nutrition information (pamphlets from the Texas Agricultural Extension Service)

PROFESSIONAL MATERIALS

Training material (manual from Texas Agricultural Extension Service)

1. Health and safety
2. Food and nutrition
3. Child development and guidance
4. Business and management

Association information (newsletters, brochures and other information from local family day care association)

CDA information

Pamphlets

SUPPLIES

Blank forms

Parents' Guide to Registered Family Homes

Stationery (writing paper, envelopes, note paper for lists, and stamps)

Source: Adapted from When You Care for Children: Guide to Caring for Children in Small Groups. Austin, Texas: Texas Department of Human Resources, 1981, Stock Code 9050-2.

INFORMATION ON CHILDREN

Please enter the name of each child you are enrolling in the day home in the spaces labeled A, B, and C at right. Answer the questions for all children. Place the answer for each child in the space provided under his/her name.

Date: _____

Your name:	Names of children: A.	B.	C.
1. Does the child sleep well? How long at nap?			
2. How many hours per night does the child sleep?			
3. Does the child dress and undress himself/herself?			
4. What word does the child use when he or she needs to go to the bathroom?			
5. What is the child's favorite play activity?			
6. What are the child's favorite foods?			
7. Are there any foods that the child should not be allowed to eat for medical reasons?			
8. Any other allergies?			
9. Does the child have any special fears?			
10. Does the child have any problems that the day mother should be aware of?			

(NOTE: Use the back of this page for any additional information you feel would aid your children's adjustment to the day home.)

Source: Adapted from When You Care for Children: Guide to Caring for Children in Small Groups. Austin, Texas: Texas Department of Human Resources, 1981, Stock Code 9050-2.

SAMPLE

FAMILY INFORMATION AND EMERGENCY FORM

Children enrolled in day home

Full name	Nickname	Sex	Birthdate

Full name of parent (or guardian) _____

Address _____ Home phone _____

Brothers and sisters living in child's own home

Name	Age	Name	Age

Mother: Name known by at employment: _____

Employer _____ Address _____

Phone No. _____ Hours worked ____ to ____ Days worked: S M T W T F S (Circle)

Father: Name known by at employment: _____

Employer _____ Address _____

Phone No. _____ Hours worked ____ to ____ Days worked: S M T W T F S (Circle)

Family status (check one)

____ parents living together; ____ parents living separately; ____one parent deceased

If parents are living separately, may the other parent be contacted in case of emergency? _____

If yes:

Name _____

Address _____ Home phone _____

Person to contact if parent is *unavailable* (in case of emergency):

Name	Relationship	Phone

Doctor's Name _____ Phone _____

If unavailable, use _____

(Name of another doctor, hospital or clinic)

_____

Address Phone

Source: When You Care For Children: Guide to Caring For Children in Small Groups. Austin, Texas: Texas Department of Human Resources, 1981, Stock Code 0950-2.

SAMPLE

MONTHLY ATTENDANCE RECORD

_____, 19_____
month year

Day Mother _____ _____ _____ Texas _____
name street address city zipcode

Name of child	Days attended																													Total days*
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Source: When You Care For Children: Guide to Caring For Children in Small Groups.
Austin, Texas: Texas Department of Human Resources, 1981, Stock Code 0950-2.

*If child is half day enrollee, enter total half days

Suggested symbols: A—absent; A/V—absent/vacation; A/S—absent/sick; S—Saturday or Sunday; H—holiday; W—withdrawn

Sample Attendance Form for Recording Income

Week Ending	Name	Hours in Attendance						Total Hours per Child	Rate per Hour	Amount Received $	Amount to Date
		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.				
1/7/84	Davis, Ann	7-4	7-4	7-4	7-4	7-4	-	45	1.00	45.00	45.00
1/7/84	Hall, Cathy	9-6:30	9-6:30	9-6:30	9-6:30	9-6:30	-	47 1/2	1.00	47.50	47.50
1/7/84	Jones, Billy	9-4	9-4	9-4	9-4	9-4	-	35	1.25	43.75	43.75
1/7/84	Hudson, Jack	8-1	8-1	8-1	8-1	8-1	-	25	1.50	37.50	37.50
1/7/84	Beisler, Mary	7-5	7-5	7-5	7-5	7-5	-	50	1.25	62.50	62.50
1/14/84	Davis, Ann	7-4	7-4	7-4	7-4	7-4	-	45	1.00	45.00	90.00
1/14/84	Hall, Cathy	9-6	9-6	9-6	9-6	9-6	-	45	1.00	45.00	92.50
1/14/84	Jones, Billy	9-4	9-4	9-4	9-4	9-4	-	35	1.25	43.75	87.50
1/14/84	Hudson, Jack	8-3	8-3	8-3	8-3	8-3	-	35	1.50	52.50	90.00
1/14/84	Beisler, Mary	7-4	7-4	7-4	7-4	7-4	-	45	1.25	56.25	118.75
1/21/84											

Source: Jaisinghani, Vijay T., and Vivian Gunn Morris. Child Care in a Family Setting: A Comprehensive Guide to Family Day Care. Cheltenham, Penn.: Family Care Associates, 1986.

DEVELOPMENTAL RECORD

Child's Name _____ Date _____

Caregiver's Name _____

I. Routines

Eating

Appetite _____ Poor _____ Average _____ Good

Amount and kinds of foods eaten: _____

_____

Number of bottles per day, if any _____

Drinks from cup alone (yes or no; age begun) _____

Feeds self (yes or no; age accomplished) _____

Eats table food _____

Eliminating

Toilet training begun (yes or no; age) _____

Toilet training accomplished (yes or no; age) _____

Any difficulties noted? _____

Sleeping

Naps (number and length) _____

Usual method of going to sleep _____

_____

II. Physical and Motor Development

Length or Height _____ Weight _____

Illnesses or diseases; age _____

_____

Source: "Developmental Recordkeeping" Infant and Day Home Care. Austin, Texas: Department of Human Resources, 1977.

For each item, mark (X) if child had accomplished item when he or she entered center; record age when the item was accomplished if after he or she entered center; and write "no" if the child has not yet accomplished item:

Turns over in crib _____ Sits alone _____

Crawls _____ Stands alone _____ Walks _____

Cut first tooth _____

Feeds self with spoon _____ Climbs _____

Gets in and out of chair without assistance _____

Walks up and down stairs _____

Walks with push or pull toy _____

Pours from small container to large one _____

Pulls off shoes & socks by self _____

"Helps" in dressing _____ Pulls down underpants _____

Picks up blocks with ease _____

Picks up raisin or piece of cereal _____

III. Social and Emotional

Smiles in response to stranger _____

Smiles in response to familiar person _____

Shows pleasure at sight of familiar person _____

Shows affection for other children _____

Can be soothed when crying _____

Shows favorites among people he knows _____

Recognizes self in mirror _____

IV. Language and Intellectual

Coos _____ Babbles _____ Says first word _____

Recognizes name _____ Puts two words together _____

Makes sentences of three words or more _____

Understands and responds to simple directions _____

Can stack two items _____

Can work a simple puzzle _____

Looks at book by self _____

Imitates pat-a-cake _____

Works with crayons _____

V. Comment on the following:

Separation from parent:

Temper tantrums:

Reaction to strangers:

Other:

SAMPLE

WEEKLY INFANT CARE RECORD _____ (date) to _____ (date) Child's Name _____

Current Diet: _____ Special Instructions: _____

Feedings Time/food/amount	Naps Time from/to	Bath Time	Play Outdoors Times from/to	Bowel Movements Time/comment	Other Observations
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

Source: When You Care For Children: Guide to Caring For Children in Small Groups. Austin, Texas: Texas Department of Human Resources, 1981, Stock Code 0950-2.

Note: It is wise to keep a record of all accidents in case questions arise.

ACCIDENT REPORT

Child's full name _____

1. What happened?

Date _____ Time _____

2. How was the parent notified?

Date _____ Time _____

3. What kind of care was provided?

4. Results of care:

5. Was a doctor consulted?

Date _____ Time _____

Name of doctor _____

Signed _____
day mother

Date _____

Source: When You Care For Children: Guide to Caring For Children in Small Groups. Austin, Texas: Texas Department of Human Resources, 1981, Stock Code 0950-2.

SAMPLE

Note: New form should be used for each cycle of medication. File completed form.

DISPENSING MEDICATION

Parent's Authorization:

_____
Name of day mother authorized to give medication

Please administer the following medication to:

_____
Name of child

Prescribing physician _____

Prescription number _____

Name of medication _____

Dosage _____

When to give _____

Continue this medication until _____
Date

MEDICINE MUST BE IN ITS ORIGINAL CONTAINER WITH CHILD'S NAME CLEARLY WRITTEN.

_____ _____
Signature of parent or guardian Date

OR

_____ _____
Signature of child's physician Date

* * * \

Provider _____

Address _____

_____

CUSTOMER ACCOUNT SHEET

Parent _____

Address _____

_____

Year _____

Month	Amount Due		Amount Paid	
	Fee	Extras	Fee	Extras
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
TOTAL				

BALANCE _____

Direct Expenses

Provider's Name _____

Date	Check # or Cash	Vendor	Total Amount Paid	Adver-tising	Bank Charges	Dues, Pub. & Subscr.	Insurance, Medical	Office Supplies	Food	Toys
4/27/84	#478	Acme Super Market	$50					$15	$25	$10
Total										

Source: Jaisinghani, Vijay T., and Vivian Gunn Morris. Child Care in a Family Setting: A Comprehensive Guide to Family Day Care. Cheltenham, Penn.: Family Care Associates, 1986.

Indirect Expenses

Provider _____

Month	Electricity	Garbage Pickup	Gas	Water	Home Owners Insurance	Mortgage Interest or Rent	Property Insurance	Property Taxes	Repairs	
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
Total										
% Amount										

Source: Jaisinghani, Vijay T., and Vivian Gunn Morris. Child Care in a Family Setting: A Comprehensive Guide to Family Day Care. Cheltenham, Penn.: Family Care Associates, 1986.

MONTHLY MILEAGE RECORD

Date	Where?	Why?	How Many Miles?

Total number of miles this month _____

_____ X _____ = _____

Total miles | Rate (21¢)* | Amount Deductible

* Check with the Internal Revenue Service for current allowance.

Source: Adapted from Clifford Richard and Beth McCadbe. "Day Care as Small Business" Home-Based Day Care, Chapel Hill: Frank Porter Child Development, Chapel Hill, North Carolina, 1981.

Provider _____

Address _____

_____

INCOME SUMMARY
Year _____

Month	Parents' Fees and Extras	Child Care Food Program	Other Income
TOTALS			

GRAND TOTAL _____

Provider_____

Address_____

_____

EXPENSE SUMMARY
Year_____

Direct Expenses

Food	_____
Toys	_____
Insurance	_____
Activity Supplies	_____
Other Supplies	_____
Bank Charges	_____
Dues & Fees	_____
Advertising	_____
Mileage	_____
Other	_____
Total	_____

Indirect Expenses

Electricity	_____
Gas	_____
Water	_____
Telephone	_____
Garbage Pickup	_____
Homeowner's Insurance	_____
Mortgage Interest or Rent	_____
Property Taxes	_____
Repairs	_____
Total	_____
Grand Total	_____

Planning Chart

Children: _____ **Week of:** _____

Child-directed Centers	Caregiver-directed activities				
	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
	Individual children				
Outside play					

Source: Adapted from Texas Child Care Quarterly, Austin, Texas: Texas Department of Human Resources, Summer 1985.

Educational programs conducted by the Texas Agricultural Extension Service serve people of all ages regardless of socioeconomic level, race, color, sex, religion, handicap or national origin.

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