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Basic Infant Care

real care®

Curriculum with RealCare® Baby

Basic Infant Care

Curriculum With RealCare® Baby Infant Simulator

also known as the

Baby Think It Over ® Infant SImulator and Program

Realityworks®
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Course Overview

Unit	Lesson	Title	Approximate Time
		Pre-summative Assessment	30 minutes
1		**Preparing to Care**	**1:45 hours total**
1	1	The Important Role of the Caregiver	45 minutes
1	2	Infant and Toddler Development	45 minutes
1		Unit 1 Quiz	15 minutes
2		**Basic Care**	**4:45 hours total**
2	1	Introducing Baby	45 minutes
2	2	Soothing a Crying Infant	45 minutes
2	3	Handling Stress and Preventing Shaken Baby Syndrome (SBS)	45 minutes
2	4	Holding and Feeding	45 minutes
2	5	Bathing and Diapering	45 minutes
2	6	Schedule and Tracking	45 minutes
2		Unit 2 Quiz	15 minutes
3		**Health, Safety and First Aid**	**4:00 hours total**
3	1	Emergency Procedures	45 minutes
3	2	Breathing Emergencies	45 minutes
3	3	Infant and Toddler CPR	45 minutes
3	4	Safety and First Aid, Part One	45 minutes
3	5	Safety and First Aid, Part Two	45 minutes
3		Unit 3 Quiz	15 minutes
4		**Simulation and Assessment**	**1:30 hours total**
4	1	Simulation Experience	45 minutes
4	2	Summary and Assessment	45 minutes
		Post-summative Assessment	30 minutes
		Total	**13:00 hours total**

Lesson One

The Important Role of the Caregiver



Lesson Overview

In this lesson, participants learn about the important characteristics required of caregivers, the infant's innate need for nurturing, and his or her fragile nature and total dependence on the caregiver. Participants also learn what to expect from children in the various ages and stages of development, and how to care for children at these times.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify and describe the characteristics of good caregivers
- Recognize what behaviors to expect from children based on developmental ages and stages
- Apply appropriate discipline techniques to help children model desired behavior

Lesson at a Glance

In preparation for this lesson, read the instructor background information located at the end of this lesson.

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Caregiver Self-Assessment* (one per participant) • RealCare® Baby with accessories • *Course Schedule* handout (one per participant)	1. Print/photocopy participant assessment and handout. 2. Prepare Baby with accessories for demo of any care event. 3. If you are not including all lessons from the course, update the *Course Schedule* handout included on the CD-ROM to reflect the lessons you will use in the course before printing/photocopying.	10 minutes
LEARN	• *Caregiver Characteristics I* worksheet (one per participant) • *Caregiver Characteristics II* handout (one per participant) • *The Important Role of the Caregiver* handout (one per participant) • *Caregiver Scenarios* handout (one per group of three or four participants) • *Analyzing Caregiver Scenarios* worksheet (one per group of three or four participants)	1. Print./photocopy participant worksheets and handouts.	25 minutes
REVIEW	• *Fan and Pick Cards* (one per group of three or four participants) • *Fan and Pick Mat* (one per group of three or four participants) • Scissors (one per group of three or four participants)	1. Print/photocopy *Fan and Pick Cards* and *Fan and Pick Mat*. 2. Purchase or obtain scissors.	10 minutes

FOCUS: Caregiver Self-Assessment

10 minutes

Purpose:

Participants complete a caregiver self-assessment to think about their characteristics and learning needs for the course. During this time they listen to RealCare® Baby cry and then discuss their reactions to hearing the crying while trying to concentrate on something else.

Materials:

- *Caregiver Self-Assessment*
- RealCare® Baby with accessories
- *Course Schedule* handout

Facilitation Steps:

1. Give each participant a photocopy of the *Caregiver Self-Assessment*.
2. As participants begin completing the assessment, program RealCare® Baby to demonstrate any care event, altering event duration to 180 seconds (three minutes). Let Baby cry—do not attend to its need. Baby's cry will intensify as care is not given. After three minutes, Baby will stop crying.
3. Divide participants into groups of four and instruct them to discuss how they felt about the crying while they were trying to complete the self-assessment. Did anyone get frustrated, distracted, annoyed, and/or angry? Select a few groups to tell how they felt.
4. Ask participants to imagine being unable to walk, crawl, talk, or communicate their needs and wants. How would they feel? The only method of communication an infant has is crying. Caregivers must empathize with the child, and work to find out what the infant is trying to communicate, first by attending to his or her basic needs: feeding, burping, diapering, soothing and comforting, checking to ensure that the infant does not have a fever, is not too hot or cold, and so on. Explain that in this lesson we will be talking about the characteristics good caregivers should have.
5. Briefly review some of the questions on the self-assessment. Explain that the purpose was to help them think about their experience in working with children and their caregiver skills.
6. Give each participant a copy of the *Course Schedule* handout and discuss briefly.

Caregiver Self-Assessment

Name: _____

Date: _____

Directions: Answer the following questions by placing an "x" in the appropriate box, writing your response in the space provided, or circling the best answer.

1. The youngest child I have cared for was:
   - ❒ Infant (newborn to 12 months)
   - ❒ Toddler (1 to 3 years)
   - ❒ Preschooler (3 to 5 years)
   - ❒ School-ager (5 years and older)
   - ❒ I have never cared for a child.

2. The longest length of time I have cared for a child was:
   - ❒ 1 to 4 hours
   - ❒ 5 to 8 hours
   - ❒ Overnight
   - ❒ Days at a time
   - ❒ I have never cared for a child.

3. I have cared for up to _____ children at a time.

4. On a scale of 1 to 5, I would rate my skills as the following:

	Poor		Average		Excellent
Ability to make decisions	1	2	3	4	5
Ability to be patient with children	1	2	3	4	5
Ability to communicate with children	1	2	3	4	5
Ability to communicate with parents/guardians	1	2	3	4	5
Ability to attend to an infant's basic needs	1	2	3	4	5
Ability to have fun with children	1	2	3	4	5
Ability to think quickly in an emergency	1	2	3	4	5
Ability to perform first aid and CPR	1	2	3	4	5
Ability to handle misbehavior	1	2	3	4	5
Understanding of developmental stages	1	2	3	4	5

5. The reasons I want to be a caregiver are:
   - _____
   - _____
   - _____

LEARN: Characteristics of a Caregiver

25 minutes

Purpose:

This activity helps participants learn about the characteristics of a caregiver and why they are important in caring for children. Participants read caregiver scenarios. In small groups, they discuss the scenarios, incorporating thought about the skills and characteristics demonstrated, and how they would have handled the situation. The groups share their thoughts in a large class discussion.

Materials:

- *Caregiver Characteristics I* worksheet
- *Caregiver Characteristics II* handout
- *The Important Role of the Caregiver* handout
- *Caregiver Scenarios* handout
- *Analyzing Caregiver Scenarios* worksheet

Facilitation Steps:

Part 1: Think, Pair, Share

1. Divide participants into pairs.
2. Give each participant a copy of the *Caregiver Characteristics I* worksheet and ask groups to discuss what they consider to be important caregiver characteristics. After three minutes, instruct groups to share their ideas with another group. Lead a class discussion, asking groups to share their ideas.
3. Give each participant a copy of the *Caregiver Characteristics II* handout. Lead a class discussion by asking why the caregiver characteristics listed on the handout are important in caring for an infant or toddler.
4. Give each participant a copy of *The Important Role of the Caregiver* handout and discuss briefly. Note any valid points that are mentioned. Clarify, elaborate, and add information as needed during the class discussion. For example, infants cannot think beyond their own personal needs. They are totally dependant on their caregiver to meet all their needs: physical, intellectual, emotional, and social. They need to feel secure and need a great deal of attention.

Part 2: Caregiver Scenarios

1. Divide participants into groups of three or four.
2. Give each group a copy of the *Caregiver Scenarios* handout. Assign one scenario per group.
3. Instruct groups to read their scenario and discuss the characteristics and skills demonstrated by the caregiver as well as the child's perspective, if appropriate (i.e., what is motivating the child's behavior and how could the caregiver model the desired behavior?).
4. Give each group a copy of the *Analyzing Caregiver Scenarios* worksheet and instruct them to complete it for the scenario they were given to analyze. Lead a class discussion, asking groups to share their observations about the scenarios.

Caregiver Characteristics I

Name: _____

Date: _____

Directions: With your group, brainstorm ideas about what you consider to be important characteristics and skills of a caregiver. As you brainstorm, remember that all ideas should be recorded.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Caregiver Characteristics II

Characteristics important in caring for an infant or toddler:

- Empathy and nurturing
- Decision-making skills
- Patience
- Safety and health consciousness
- Communication skills
- Ability to handle stress
- Understanding of child developmental stages

Empathy and Nurturing

Empathy is the ability to put oneself in the position of another and try to understand how that person is feeling; to have sympathy and compassion for another person. Nurturing involves giving tender care and protection while showing love, support, concern, and encouragement.

Decision-Making Skills

Caregivers encounter many different situations with infants and toddlers. Each situation requires that a caregiver be able to evaluate the situation and determine the best course of action to take:

- Identify the problem—what do you need to decide?
- List the various solutions—what are your choices?
- Evaluate each solution—consider the positive and negative outcomes.
- Choose the best solution.

Patience

Infants and toddlers can try your patience. They dawdle, they may refuse to do what you want or need them to do, and they often want to do the same things over and over. Patience is the ability to endure waiting or delay without becoming annoyed or upset; to persevere calmly when faced with difficulties.

Safety and Health Consciousness

Caregivers must be continually alert to ensure that there are no safety hazards near an infant or toddler, and that children are not engaging in dangerous activities. Caregivers must know how to perform basic first aid and infant and toddler CPR (cardiopulmonary resuscitation). They should also be able to determine whether there is a medical emergency, and how to respond quickly and appropriately.

Communication Skills

Good communicators help guide the actions of children in a positive manner. If children misbehave, be sure they understand that you do not dislike them, even though you do not like their behavior. Use positive feedback to reinforce good behavior such as, "I like how you picked up your toys after playing with them." Use corrective feedback to stop or change misbehavior, to tell the child what they should do, or what the appropriate thing to do is, or what you would like them to do. Corrective feedback uses positive requests in a respectful manner. For example, "Sally, please draw the picture on your own paper," rather then saying, "Do not draw on Billy's paper."

Here are some basic guidelines when communicating with children:

Be Respectful: When you treat children with respect, you are modeling the behavior you expect from them. They in turn will treat you with respect. Use "please" and "thank you." Do not call them names or say they are bad. This can hurt a child's feelings and does not help a situation.

Keep it Simple: Children may have a hard time understanding long instructions or long words. Speak at a level that is easy for a child to understand. Keep your sentences short and simple.

Listen: Look at the child when he or she is talking to you. If possible, bend down so you are at eye level with the child. If you are not able to do what the child wants or you need to focus your attention on something else first, let the child know that you heard his or her request.

Remain Calm: Even if you are angry or frustrated with an infant or a toddler, use a calm voice and remain calm. If you need to, take a minute for yourself, and take a deep breath and count to ten.



Ability to Handle Stress

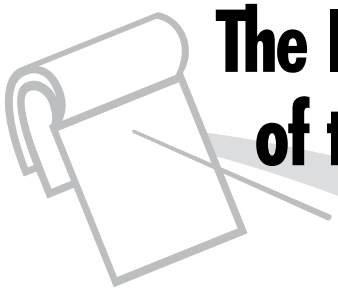
Sometimes children may misbehave. This may be an indication that they need help controlling their behavior and expressing themselves in a positive way. Remember that an infant is not capable of misbehaving. However, when a toddler, preschooler, or school-ager misbehaves, you have three courses of action you can take:

- You can ignore it.
- You can say something to correct the child and change the behavior, telling the child what you would like him or her to do instead.
- You can physically take control of the situation. This is reserved for situations in which the child is doing something that is a threat to themselves or to others. For example, if a child is hitting or biting another child, you should gently grasp the child's arm and tell him or her that he or she is not allowed to do that. If the child appears to be angry, ask why he or she is angry and talk the situation through. If the child is about to throw an object at someone, take the object away.

As the caregiver, you need to decide which course of action is most appropriate, and then take it. Remind the child that it is the behavior, not the child that you do not like. Children need to know that you will not stop liking them if they misbehave. Use positive feedback to help guide children before they misbehave, and make positive and respectful requests when they misbehave. Modeling respect helps children see how they should behave with you and with each other. Never make fun of, hit, spank, shake, or shout at a child, no matter how frustrated you become with their behavior.

Understanding of Child Developmental Stages

All infants and toddlers pass through standard stages of development at specific ages. However, because all infants and toddlers are different, they may not be at the same developmental level as others, even though they are the same age. Some children progress more quickly, others more slowly. Caregivers need to understand the stages of development and the abilities of the children in their care.



The Important Role of the Caregiver

Caregivers attend to the needs of children at preschools, nursery schools, businesses, day care centers, and in private homes. In these settings, it generally involves the nurturing and teaching of children ages five and younger, but may also include school-aged children who come before and after the school day and/or during the summer. In addition to ensuring the safety and well-being of a child, a good caregiver attends to the emotional, intellectual, and creative needs of children. Caregivers should be enthusiastic and involved as they organize stimulating and interesting activities, manage creative play times, and supervise interaction with other children. Caregivers must also know how to communicate with infants and toddlers at their level of understanding in a nurturing and positive way.

Caregivers must keep records of each child's progress including daily observations and information about activities, meals served, and medications administered, and discuss the child's development and needs with the parents, who often feel left out of their children's day-to-day lives. They instruct children in health and personal habits such as eating, resting, and toilet habits, and identify signs of emotional or developmental problems in children and bring them to parents' or guardians' attention.

Being a caregiver is physically and emotionally draining. The caregiver will find that he or she is continually bending down, picking up, standing, lifting, or carrying small children. Infants and toddlers may cry or scream for little reason, they have little or no control over their bodily functions, and they require a great deal of attention and nurturing. Even with these drawbacks, people who work with children do so because they love them and enjoy being an important part of their physical, intellectual, emotional, and social development. The early childhood years are the most crucial in a person's intellectual and emotional development, and often shape a child's first memories. Caregivers see the importance of this role and have a strong desire to be a part of that special time in every person's life.

Caregiver Scenarios

Scenario 1

David is two years old and is starting his first day at Aria's day care center. As David approaches with his father, Aria greets them and stoops down to look David in the eyes. She smiles and tells him her name.

As David's father leaves, Aria shows David around the room and explains the rules of behavior. She introduces David to the other two-year-old children and asks him to choose a toy he would like to play with until snack time. David chooses a toy that another toddler is playing with and he grabs it from him. Aria scolds David in a loud voice and tells him to apologize to the other child.

David begins to cry. She comforts him and asks him what is wrong. He is crying too hard to answer, so she sits him down in a chair and tells him he can play when he is ready stop crying and start acting nice.

Scenario 2

Aaron is six weeks old and is being cared for by his aunt, Marion, while his mother works three days per week. Aaron gets fussy around 3:00 p.m. and tends to cry nonstop until his mother picks him up after work. Aaron spits up quite a bit when he is fed. Marion makes a note to mention this to Aaron's mother; it could be a problem with acid reflux.

Today, Marion has noticed that Aaron refuses to take the bottle and cries more than usual. She checks to make sure he is dry and that he does not have a fever. She tries to get him to look at a mobile in his crib and she holds a mirror to his face, hoping to distract him, but neither of these is working. Aaron continues to cry. In frustration, Marion goes into the other room to wait for him to stop crying.

Scenario 3

Rachel is three years old and loves to play with her caregiver, Patricia. Patricia is the day care provider for eight children. Rachel likes to follow Patricia around and help her take care of the infants in Patricia's care. Rachel tends be whiny around the other children. She gets angry easily if she does not get her way.

One day Patricia notices that Rachel has been taking the snacks away from the little girl she sits next to during snack time. Patricia explains to Rachel that she is not allowed to take other children's snacks or food at any time. She tells Rachel that it is important to not take other people's food.

Rachel replies that she is hungry. Patricia explains that if Rachel is still hungry after her snack, she should let Patricia know, so Patricia can give her some more.

Later that day, Patricia sees that Rachel is angry over a toy that someone else has and that she wants. Patricia asks Rachel why she is angry. Rachel explains that she wanted to play with that toy. Patricia responds by saying that she understands what it is like to want something that someone else has, but that Rachel needs to be patient and she can have a turn with the toy later. She gets Rachel interested in another activity.

Scenario 4

Jordan is caring for three children at the home of his neighbors: Nick (18 months), Carl (three years old), and Jessica (six years old). Jordan has decided that going to the park down the street would be a good way to spend the afternoon. Jordan announces the plan right after lunch. He tells Carl and Jessica to get their shoes and jackets on while he changes Nick's diaper and gets him ready to be put into the stroller.

Carl is tired after lunch and wants to stay home and watch TV. Jordan tells him it's time to get going and he can watch TV later. After Jordan changes Nick's diaper and has him ready to go, he notices that Carl is still putting on his shoes. Carl is just learning how to put on his shoes and wants to show Jordan. Jordan tells Carl that they do not have time for that. He puts Carl's shoes on for him. Carl becomes angry, begins to cry, and pulls off his shoes. Jordan becomes angry and tells Carl that if he does not keep his shoes on, he cannot come to the park. Carl is glad to be able to stay home and watch TV, not fully understanding that he will be left alone and might become afraid.

Jordan puts Carl in front of the TV to watch a half-hour show, and decides that he will take Nick and Jessica down a couple of houses and then check back to see if Carl changes his mind while they are gone. In the mean



time, the children's mother calls and Carl answers the phone. She is very concerned that Jordan has left Carl alone while he brought the others to the park.

Scenario 5

Juan is six months old and goes to a day care program each day. Juan is a good-natured infant and very easy to care for. When Juan's mother comes to pick him up from day care, she asks how Juan did. The provider explains that Juan slept most of the day in a swinging crib. She seems very pleased at how easy Juan is to care for. As Juan's mother gets home, she notices that Juan's head is beginning to get flat in the back. She realizes that Juan is spending most of the day sleeping, and this may explain the sleepless nights he has been having since beginning at day care.

Analyzing Caregiver Scenarios

Name: _____

Date: _____

Directions: Read your scenarios with your group and discuss and respond to each of the questions below. Be prepared to share your scenarios and responses with the large group.

Decision-Making Skills

Did the caregiver:

_____ Identify the problem?

_____ Determine choices for a solution?

_____ Decide on the best solution?

Communication Skills with the Child

Did the caregiver:

_____ Keep rules and instructions simple and clear?

_____ Be specific about what he or she was saying?

_____ Acknowledge the child's feelings?

_____ Show the child respect?

_____ Use a calm voice?

_____ Listen to the child and respond?

Helping Children Behave

Did the caregiver:

_____ Consider the child's developmental stage?

_____ Give positive feedback when the child behaved?

_____ Give positive correction when the child misbehaved?

_____ Take one of the three courses of action when the child misbehaved?

_____ 1. Ignore it?

_____ 2. Say something to correct the child?

_____ 3. Physically take control of the situation?

Caregiver Stress

Did the caregiver:

_____ Acknowledge his or her frustration level?

_____ Take steps to handle his or her stress?

Communication Skills with the Parent(s)

Did the caregiver:

_____ Accurately communicate the situation?

_____ Encourage two-way communication?

Handling Stress with an Infant

Did the caregiver:

_____ Use techniques for soothing?

_____ Use techniques for handling stress?

How would you have handled the situation differently?

_____

_____

_____

_____

_____

_____

_____

_____

REVIEW: Fan and Pick Game

10 minutes

Purpose:

The purpose of this activity is to review the main points from the lesson and to give participants an opportunity to think about what they learned.

Materials:

- *Fan and Pick Cards*
- *Fan and Pick Mat*
- Scissors

Facilitation Steps:

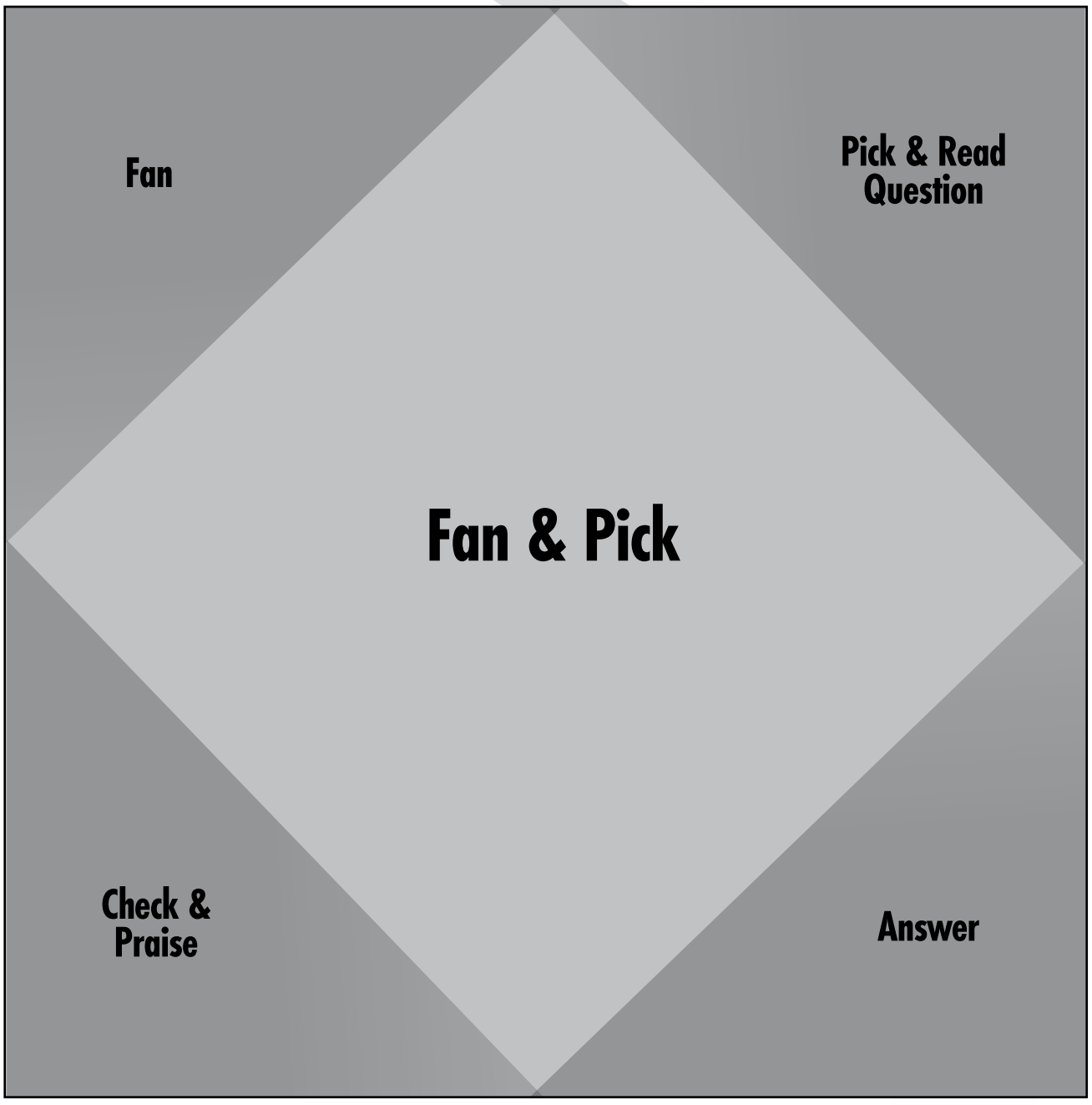
1. Divide participants into groups of four.
2. Give each group a copy of *Fan and Pick Cards* and *Fan and Pick Mat*.
3. Give each group a pair of scissors and instruct them to cut apart the cards.
4. Instruct groups to take turns playing the four roles shown on the mat:
   - Fan: Participant who fans out the cards for the next participant to choose from.
   - Pick and Read Question: Participant who chooses one card and reads the question aloud.
   - Answer: Participant who answers the question.
   - Check and Praise: Participant who responds to the answer with praise for correct answer, correction for an incorrect answer, or simply acknowledges the answer given.
5. Explain that roles rotate by turning the mat clockwise after each turn, rotating four times so that each participant has an opportunity to play each role. Circulate the room and offer assistance and answer questions as necessary.



Fan and Pick Cards

Name three important characteristics of caregivers.	**Identify two places where caregivers attend to the needs of children.**
Describe a time in your childhood when a caregiver showed empathy.	**What did you learn or discover while completing the scenario activity?**
Explain why infants require love, but cannot give love.	**Why do you want to be a caregiver?**
Why is patience an important part of care giving?	**What does it mean to be nurturing?**
What are some negative things you learned NOT to do in today's lesson?	**What are some positive things you learned to do in today's lesson?**

Fan & Pick Mat



Instructor Background Information

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Additional Resources

Publications:

Butler, S., & Kratz, D. (1999). *The field guide to parenting: A comprehensive handbook of great ideas, advice, and solutions for parenting children ages one to five*. Worcester, MA: Chandler House Press.

Hilliard, J., & Rothenberg, B. (1995). *Parentmaking: A practical handbook for teaching parent classes about babies and toddlers.* Menlo Park, CA: Banster Press.

Organizations and Web Sites:

Family Education
www.familyeducation.com

babygooroo.com
www.babygooroo.com

BabyCenter
www.babycenter.com

Zero To Three
www.zerotothree.org

University of Minnesota Extension
www.extension.umn.edu/Family

Love and Logic
www.loveandlogic.com

U.S. National Health Education Standards Supported

3.8.4, 3.12.4; 5.8.2; 7.8.2-3, 7.12.2-3

U.S. National Standards for Family and Consumer Sciences Education Supported

4.1, 4.1.1; 15.2, 15.2.1

Lesson Two

Infant and Toddler Development



Lesson Overview

In this lesson, participants learn about the various stages of physical, intellectual, emotional, and social development of children from birth through three years of age. Age-appropriate toys and play are discussed. The purpose of this lesson is to help participants understand the average levels of development in children at various ages. This helps participants understand the reasons behind infant and toddler behavior, avoid unrealistic expectations of the children in their care, and respond appropriately based on the child's developmental ability.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify the physical, intellectual, emotional, and social (PIES) development of infants and toddlers
- Describe the importance of play for a child's growth and development
- Respond appropriately to infants and toddlers based on their developmental abilities
- Identify appropriate toys for children in various stages of development

Lesson at a Glance

In preparation for this lesson, read the instructor background information located at the end of this lesson.

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• Unit 1 Lesson 2 PowerPoint: Slides 1-4 • *Toddler Help* handout (one per participant)	1. Prepare to display lesson PowerPoint or overhead transparencies. 2. Print/photocopy participant handout.	5 minutes
LEARN	• Unit 1 Lesson 2 PowerPoint: Slide 5 • *Ages and Needs* worksheet (one per participant) • *Infant Ages and Stages* handout (one per participant) • *Toddler Ages and Stages* handout (one per participant)	1. Prepare to display lesson PowerPoint or overhead transparencies. 2. Print/photocopy participant worksheet and handouts.	15 minutes
LEARN	• *Toy Box Cards* • *Toy Cards* • *Toys and Toy Safety* handout (one per participant)	1. Print/photocopy *Toy Box Cards* and *Toy Cards* and cut apart. 2. Print/photocopy participant handout.	15 minutes
REVIEW	• Infant and Toddler Development Game	N/A	10 minutes
REVIEW	• *Unit 1 Assessment* (one per participant)	1. Print/photocopy participant assessment.	15 minutes

FOCUS: What Are They Learning?

5 minutes

Purpose:

The purpose of this activity is to get participants thinking about the various developmental stages of infants and toddlers and how their abilities and needs affect their growth and development.

Materials:

- Unit 1 Lesson 2 PowerPoint: Slides 1-4
- *Toddler Help* handout

Facilitation Steps:

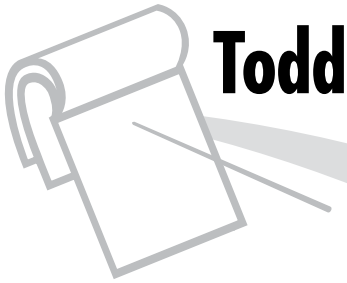
1. Display *Slide 1* and tell participants that they will begin the lesson with an exercise to get them thinking about what goes on in the mind of an infant or toddler. Explain that almost all activities that children engage in result in some kind of learning. This exercise will introduce them to a few of the developmental stages of infants and toddlers and what they learn by engaging in various activities.
2. Display *Slide 2* and give participants a moment to consider what they think the infant or toddler might be learning by doing this activity. Ask for volunteers to share their answers. Guide the discussion through questioning, recognizing that ideas beyond those provided could also be correct.
3. Give each participant a copy of the *Toddler Help* handout and briefly discuss.
4. Display *Slides 3-4,* repeating step 2 for each slide and sharing the information provided as appropriate.
5. Explain that play is an important part of learning for infants, toddlers, and children. Through play, they learn cause and effect, colors, numbers, counting, sizes and shapes, rules, fair play, interaction with others, and how to use their imagination.

Situations:

1. A ten-month-old girl in a high chair drops her spoon on the floor; someone picks it up and gives it back to her. She drops it again.
2. A toddler begins to play with another toddler, but does not like to share his toys.
3. A three-year-old boy walks over and knocks down the blocks set up by two other children.

Answers:

1. The infant is learning cause and effect. Repetition reinforces this learning.
2. The toddler is learning how to play with others and is learning that others have the same desires as he does (such as for the same toy).
3. The toddler is learning that he can control his own actions, and may be able to control events that affect others. He is also learning that he gets attention when he does these things, be it positive or negative attention.



Toddler Help

Name: _____

Date: _____

Toddler Property Laws:

1. If I like it, it is mine.
2. If it is in my hand, it is mine.
3. If I can take it from you, it is mine.
4. If I had it a little while ago, it is mine.
5. If it is mine, it must never appear to be yours in any way.
6. If I am doing or building something, all of the pieces are mine.
7. If it looks just like mine, it is mine.
8. If I saw it first, it is mine.
9. If I think it is mine, it is mine.
10. If you are playing with it and put it down, it becomes mine.

Teaching Manners:

1. This is a good age to teach manners:
   - Say "please" and "thank you"
   - Say "excuse me" when they wish to interrupt a conversation or they bump into someone
   - Say "hello" and "goodbye" to people
   - Speak clearly and look people in the eye
   - Follow basic table manners
2. Notice and comment on what they do right.
3. Review the basics.
4. Focus on one area of behavior at a time.
5. Accept mistakes.

LEARN: The Developing Infant and Toddler

15 minutes

Purpose:

In this activity, participants learn about the various stages of infant and toddler development, and consider the various care needs, play ideas, and behavior help appropriate for each stage of development.

Materials:

- Unit 1 Lesson 2 PowerPoint: Slide 5
- *Ages and Needs* worksheet
- *Infant Ages and Stages* handout
- *Toddler Ages and Stages* handout

Facilitation Steps:

1. Display *Slide 5* and explain that child development is generally broken down into four different areas: physical, intellectual, emotional, and social. We will be looking at development of infants and toddlers as they relate to these four areas. Also, when we consider ages and stages of child development, it is easier to group them according to a specific time frame, such as infant or toddler.
2. Divide participants into pairs.
3. Give each participant a copy of the *Ages and Needs* worksheet and explain for each age they should provide:
   - One fact for each area of development—physical, intellectual, emotional, and social
   - Two related care issues/needs (i.e., an infant must be carried from one location to another since he cannot walk; he needs to be fed because he is not able to do that for himself)
   - Two ideas for play
   - One or two ideas for helping improve behavior, if needed
4. Provide a few examples to help groups get started. Allow 10 minutes to complete the worksheet then lead a class discussion, asking groups to share their ideas.
5. Give each participant a copy of the *Infant Ages and Stages* handout and the *Toddler Ages and Stages* handout and briefly discuss. Refer to any information that was shared during step 4. Point out specific information as you see fit and address any questions participants may have. Tell participants that the specific care needs for infants will be discussed in detail in later lessons.



Ages and Needs

Name: _____

Date: _____

Directions: For each of the following ages, list one fact for each area of development; two related care issues/needs; two ideas for play; and one or two ideas to help improve behavior, if needed.

Infant (0-12 months)

	Development	Care	Play	Behavior Help
Physical				Not Applicable
Intellectual				
Emotional				
Social				

Toddler (12-36 months)

	Development	Care	Play	Behavior Help
Physical				
Intellectual				
Emotional				
Social				

Infant Ages and Stages

Physical

Weight	Infants gain one to two pounds per month in the first six months and one pound per month in the second six months. The average weight of a one-year-old infant is 20-22 pounds; however, individual infant weight may differ depending on heredity and feeding habits.
Height	The average newborn is 20 inches long. By one year, the average infant is about 30 inches tall. Heredity more strongly influences height than weight.
Proportion	An infant's head and abdomen are large in comparison to the rest of the body. The head grows rapidly during the first year to provide room for the developing brain. Over half the total growth of the head occurs during the first year. The skull of a newborn has spaces called "fontanel" which are gaps where bones have not yet joined. These allow the head to grow, and they close around the age of 18 months.
Sight	A newborn's eyesight is blurry right after birth. Within a week, the newborn's awareness of his or her surroundings grows. In the second month, infants begin to show depth perception, and can recognize three-dimensional objects. By the third month, they prefer real objects, not pictures. Hand-eye coordination continues to improve throughout the first year.
Hearing	Hearing develops before the infant is born. At birth, a newborn can recognize where a sound is coming from. Infants respond better to soothing sounds than to loud sounds.
Smell & Taste	Research has shown that within 10 days of birth an infant can distinguish by smell, his or her mother from another person. Research also shows that infants can taste the difference between sour, salty, and sweet; infants prefer sweet. Infants use their mouths to learn about their environment during the first year. Because they will put anything into their mouths, caregivers need to be careful about what is within the infant's reach.

Intellectual

1-2 months	• Follows moving objects with eyes • Cries to indicate needs • Distinguishes between familiar and unfamiliar voices • Prefers faces to objects • Uses senses to gain information
3-4 months	• Swipes at objects; grasps objects that touch hand • Makes sounds • Interested in own hands and feet • Recognizes caregivers' faces; distinguishes between familiar and unfamiliar faces • Responds when caregiver talks
5-6 months	• Plays peek-a-boo • Studies objects carefully • Recognizes own name • Makes sounds to indicate pleasure and displeasure • Looks for objects that are dropped • Reaches for objects and grasps them with entire hand
7-8 months	• Imitates actions of others • Begins to understand cause and effect • Sorts objects by size • Solves simple problems • Recognizes some words • Babbles to imitate speech • Remembers things • Smiles at self in mirror



9-10 months	• Obeys simple commands or directions • Says a few words • Responds to some words • Plays pat-a-cake • Searches for hidden objects • Handles medium-sized objects skillfully
11-12 months	• Recognizes many words • Likes picture books • Fits blocks inside one another • Knows parts of the body • Uses some words regularly • Picks up small objects with thumb and forefinger

Emotional

1 month	Makes eye contact; cries for help; responds to parents' smiles and voices
2 months	Smiles at people; watches and enjoys playing with people; expresses anger
3 months	Smiles back at people, involving whole body (i.e., arms lift, hands open, legs move)
4 months	Laughs out loud; likes to be entertained; cries if play is disrupted
5 months	More assertive
6 months	Obvious temperament (i.e., easygoing or easily upset, active or gentle)
7 months	Strongly expresses anger
8 months	Shy or anxious with strangers; cries when frustrated or afraid
9 months	Smiles at own image in mirror; prefers to be near parent; sensitive to presence of other children
10 months	Separation anxiety; development of self-esteem; expresses moods (i.e., sad, happy, angry)
11 months	Tries to gain approval and avoid disapproval; may be uncooperative
12 months	Temper tantrums; development of sense of humor

Infants show affection for caregivers first, others second.

Social

1 month	Stops crying when held or touched; face brightens when sees familiar faces
2 months	Smiles at people; watches people
3 months	Turns head in response to a voice; wants companionship as well as physical care
4 months	Laughs out loud; likes to be entertained
5 months	Increased interest in family members other than parents; babbles; may cry when alone
6 months	Loves company and attention; likes peek-a-boo games
7 months	Prefers parents over other family members or strangers
8 months	Prefers to be with other people; may crawl looking for company
9-10 months	Likes repetitive games (i.e., drop the toy and have someone pick it up)
11-12 months	Friendly and happy; tolerant of strangers; sensitive to other's emotions; center of attention

An upset infant needs to be soothed, but a content infant also needs attention. Take time to hold and cuddle the infant. Carry him or her around as you walk. Respond to the infant's babbling or noises with talking and smiling. Let the crawling infant explore in a safe environment, outside of a playpen if possible.

Toddler Ages and Stages

NOTE: These are only guidelines. Some toddlers go through these stages at slightly different ages.

Physical	• Physically active and busy • Begins to walk with skill; runs well as older toddler • Feeds self with hands, then with small spoon • Picks up small objects with thumb and forefinger • Washes and dries own hands (with help reaching the sink) • Starts potty training around two years (age varies with each child) • Pulls zippers, turns doorknobs, and stacks blocks • Screws lids on containers; draws vertical lines and circles
Emotional	• Common traits at various ages in this stage: • 18 months: defiant • 2 years: affectionate • 2 ½ years: overwhelmed, frustrated, angry • 3 years: happy, eager to help • 3 ½ years: bothered by fears
Intellectual	• Begins talking, using about 50 words by two years old • Memory is fairly good by two years • Inquisitive; asks a lot of questions; many "why" questions • Has basic problem-solving skills; learns through trial and error • Enjoys creative play where imagination is used • Attention span grows from one to three years • Builds with blocks
Social	• Imitates adult activities (i.e., talking on the phone, brushing hair) • Wants to dress self, but still needs help • Drinks from a cup • Plays independently along side other children; rarely shares and plays ***with*** other children (parallel play)

LEARN: Play is Learning

15 minutes

Purpose:

The purpose of this activity is to help participants consider the safety and age-appropriateness of various toys for each age and stage of development.

Materials:

- *Toy Box Cards*
- *Toy Cards*
- *Toys and Toy Safety* handout

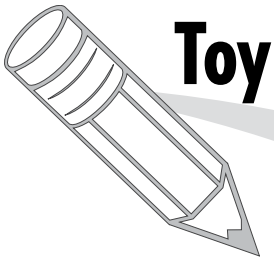
Facilitation Steps:

1. Place the *Toy Box Cards* on the floor or on several tables throughout the room.
2. Give each participant a copy of two or three *Toy Cards* and instruct them to look at their toy cards and decide which toy box to place it in based on safety and age appropriateness. If the toy is appropriate for more than one age level, instruct participants to place it into one of the appropriate toy boxes. If needed, allow participants to talk with one another when deciding in which toy box to place their toys. Circle the room and offer assistance or suggestions as needed.
3. When participants have finished, read the toy cards that have been put into each toy box. When a toy is appropriate for more than one age level, ask participants for their ideas on what other toy boxes it could have been put into as well. Answers are provided below.
4. Give each participant a copy of the *Toys and Toy Safety* handout and discuss briefly.

TOY	Infant	Toddler	Older
Arts & crafts supplies			X
Baby doll		X	X
BB gun			
Checkers games			X
Child doctor kit		X	X
Dart game			
Finger paints		X	X
Large piece puzzle			X
Large plastic ball		X	X
Large plastic beads			X
Large wooden blocks		X	X
Large wooden puzzle with knobs		X	X
Mobile	X		
Musical instruments		X	X
Pail and shovel		X	X
Plastic stacking rings	X		
Play-Doh®			X
Play kitchen set		X	X
Play telephone		X	X
Push-pull toy	X	X	
Rattle	X		
Small plastic people			X
Stuffed animal		X	X
Small toy car		X	X
Teething ring	X		
Tricycle		X	X
Wooden spoons with pots and pans	X	X	X
Yo-yo			X



Toy Box Cards



INFANT Toy Box

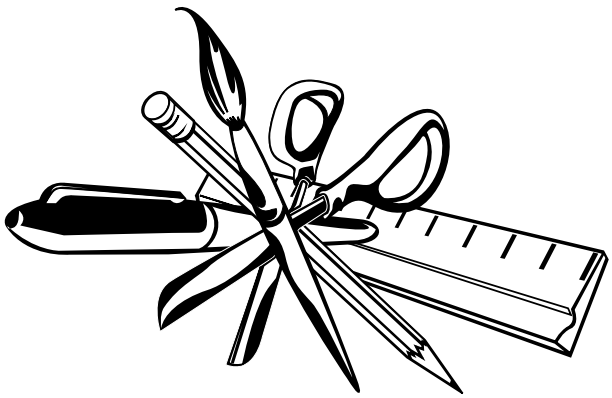
TODDLER Toy Box

Toy Box Cards (cont.)

OLDER CHILDREN Toy Box

NOT GOOD FOR ANY AGE

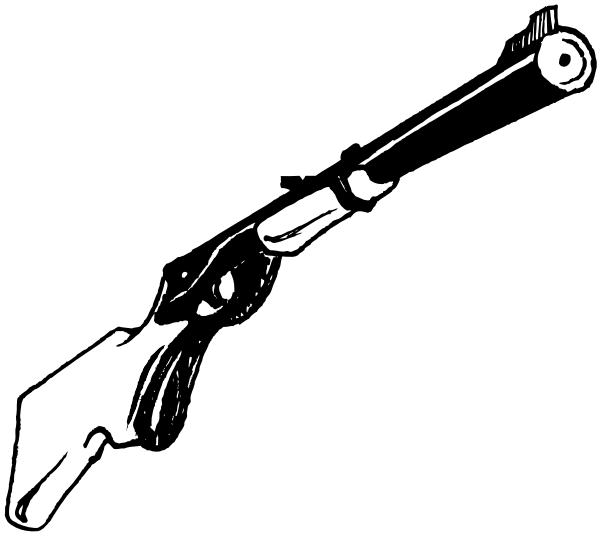
Toy Box Cards (cont.)



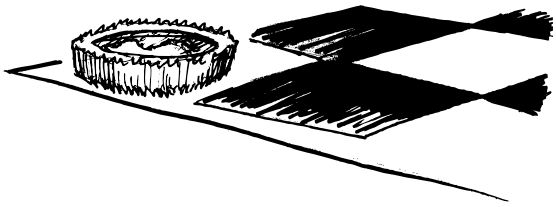
Arts & crafts supplies



Baby doll

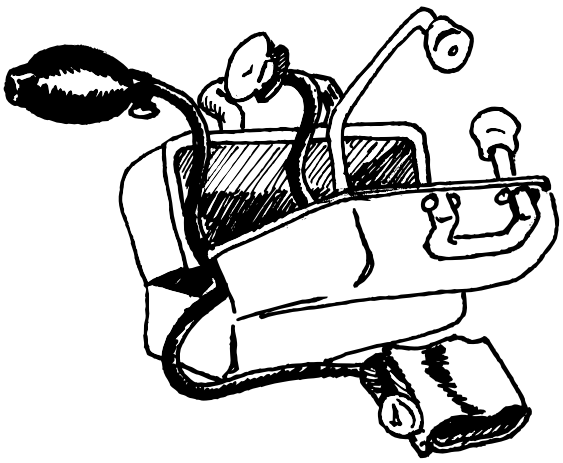


BB gun

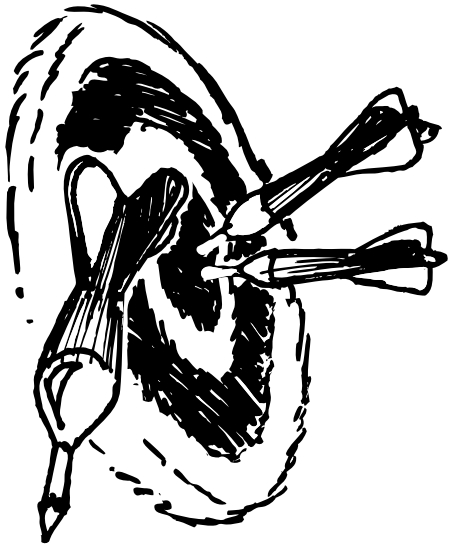


Checkers games

Toy Box Cards (cont.)



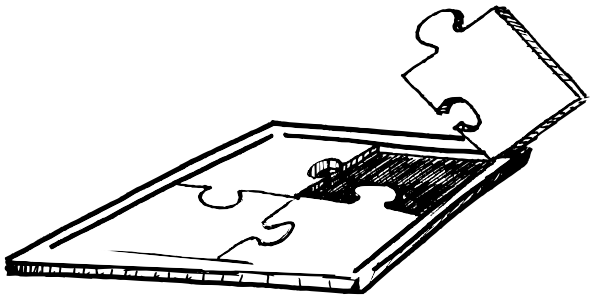
Child doctor kit



Dart game

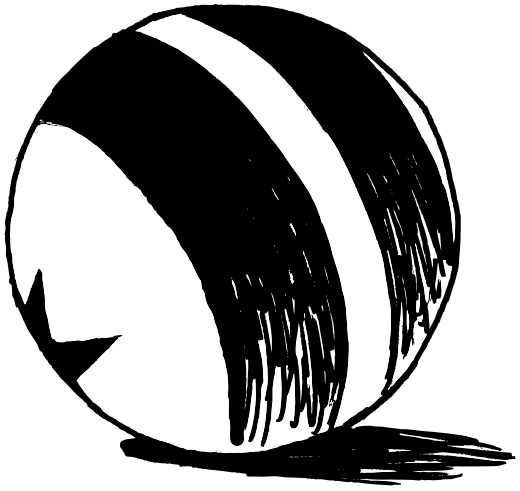


Finger paints

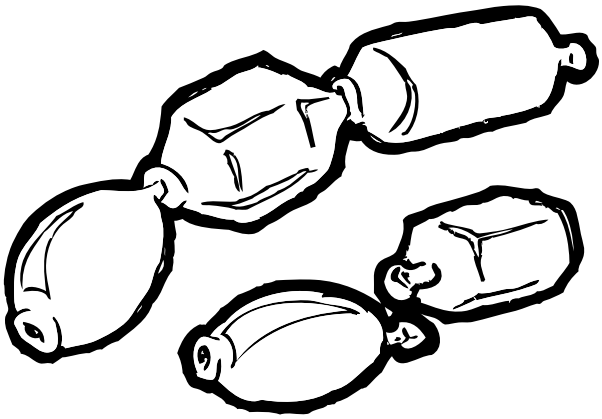


Large piece puzzle

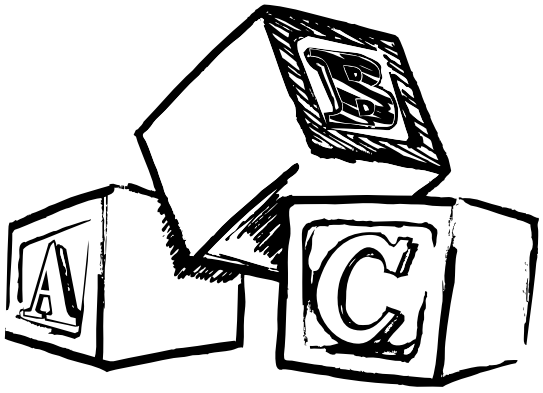
Toy Box Cards (cont.)



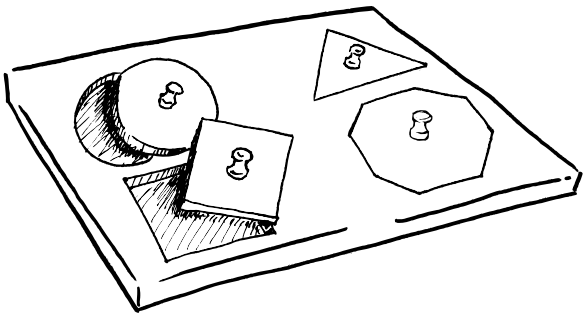
Large plastic ball



Large plastic beads

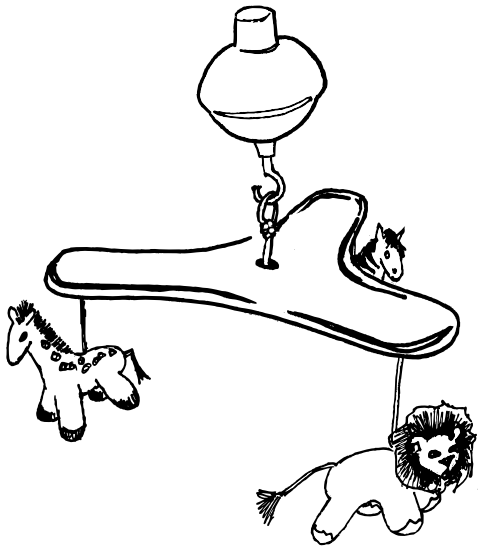


Large wooden blocks

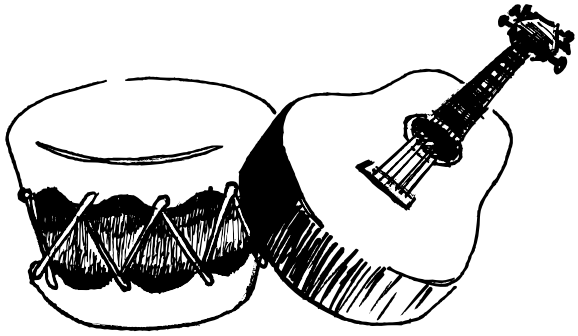


Large wooden puzzle with knobs

Toy Box Cards (cont.)



Mobile



Musical instruments

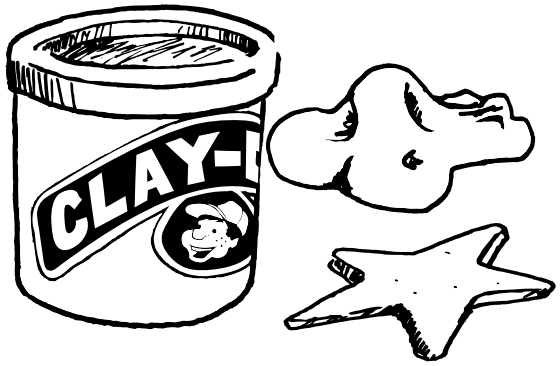


Pail and shovel

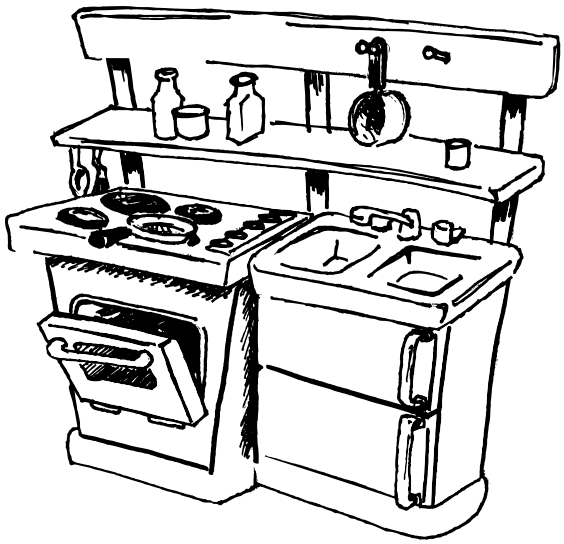


Plastic stacking rings

Toy Box Cards (cont.)



Play-Doh®



Play kitchen set

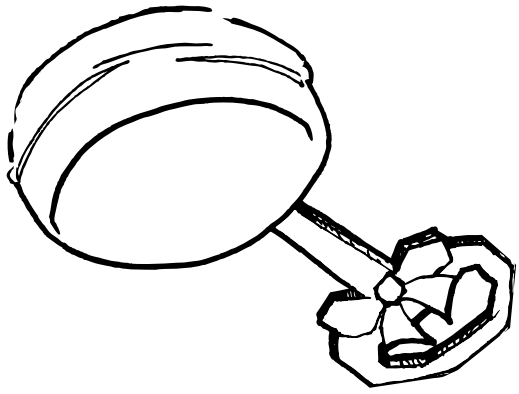


Play telephone

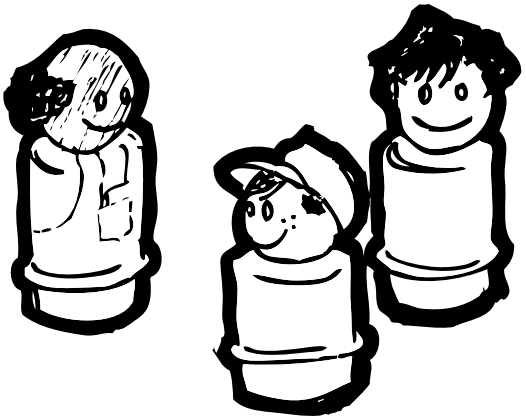


Push-pull toy

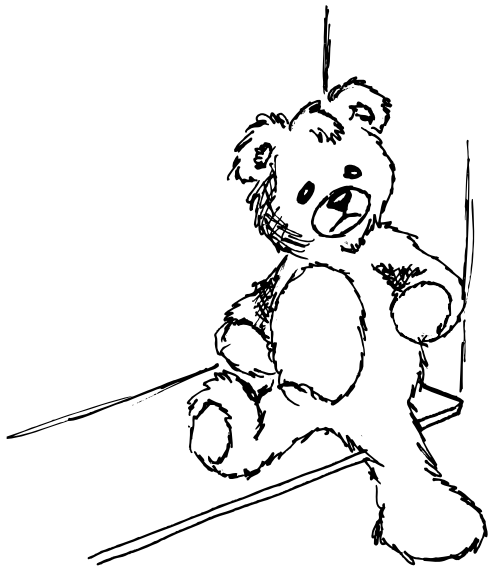
Toy Box Cards (cont.)



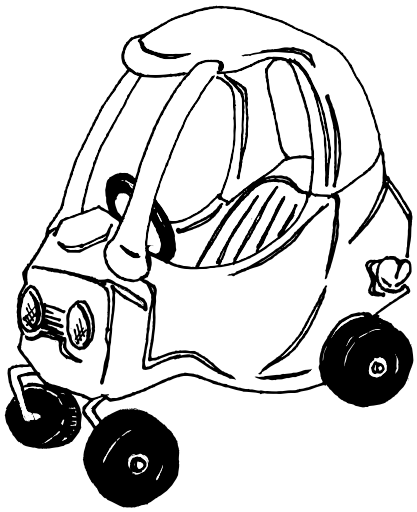
Rattle



Small plastic people



Stuffed animal

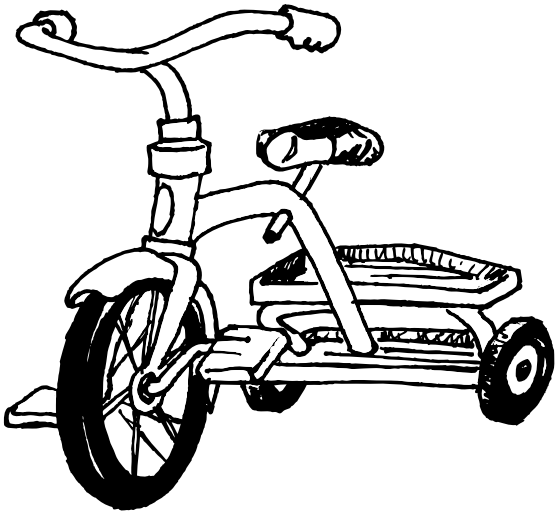


Small toy car

Toy Box Cards (cont.)



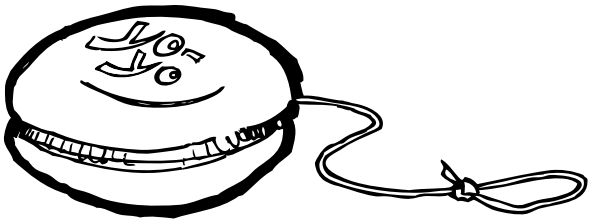
Teething ring



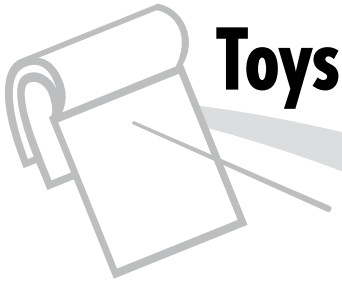
Tricycle



Wooden spoons with pots and pans



Yo-yo



Toys and Toy Safety

Play is essential in the development of infants and toddlers. As children interact with various types of toys or objects, they learn about their world and their influence on it. For example, nine-month-old Emily sits on the kitchen floor hitting the bottom of a saucepan with a wooden spoon. She is learning that when she hits the pan with the wooden spoon, it makes noise. She delights in the sound and in her ability to produce it.

NOTE: These are only guidelines. Every child is unique. Safe choices for play depend on your experience and the developmental stage of the child. It is important to gather information about the child's preferences and abilities when talking with parents/guardians.

Developmental Stage	Age-Appropriate Toys	
Infant: 0-6 months	• Soft mobiles • Rattles • Soft fabric swatches • Mirrors • Soft teething toys • Soft blocks • Activity mats for tummy time	
Infant: 6-12 months	• Wooden spoons with plastic bowls (or pots and pans) • Building blocks • Activity centers (i.e., ExerSaucer®) • Plastic stacking rings • Nesting toys • Shape sorters	• Board books • Push-pull toys
Toddler: 1-3 years	• Large plastic balls • Nesting toys • Drums, xylophones, or other musical instruments • Simple puzzles with knobs • Action toys (i.e., telephones, cars, trucks) • Large plastic toy people, animals, and buildings	• Pails and shovels • Riding toys • Finger paints • Puppets • Building blocks • Books
Preschooler: 3-5 years	• Simple board games • Skates, wagons, and tricycles • Playground equipment (i.e., seesaws, swings, slides, climbing structures) • Toy vehicles (cars, trucks, trains, boats) • Baby dolls	• Arts and crafts supplies • Plastic musical instruments • Books
School-ager: 5 years+	• Arts and crafts supplies • Electronic games • Jump rope • Playground equipment • Bicycles and inline skates • Building sets	• Fashion and action dolls • Books • Hobby/collection items

REVIEW: Infant and Toddler Development Game

10 minutes

Purpose:

The questions in this game help summarize and reinforce the information learned about infant and child development.

Materials:

- Flip chart or white board
- Game questions and answers

Facilitation Steps:

1. Divide the class into teams of four. Have each team come up with a name for their team.
2. Assign one participant to be the scorekeeper, time keeper and answer judge. Answers must be given within 15 seconds of being called on. As answer judge, this person will be responsible for identifying, if needed, which team shouted out their name first to give an answer.
3. Explain the following rules:
   - Teams start with no points.
   - The first team to shout out its name, after a question is read, may give the answer.
   - If a team shouts out its name before the question is finished, they may not answer.
   - If a team gives a correct answer, they receive one point. If incorrect, a point will be deducted from their score and the team who shouted out their name second now has the option to answer, and so on.
   - The team with the most points at the end of the game wins.





Infant and Toddler Development Game Questions & Answers

Infant and Toddler Development Game Questions and Answers:

1. What is the first physical sense that develops before birth? ***Hearing***
2. At what age do infants begin to prefer faces to objects? ***1-2 months old***
3. What are a newborn's emotions at birth? ***Pleasure, pain, satisfaction, or discomfort***
4. At which age do infants first start to laugh out loud? ***4 months***
5. What physical attribute is most strongly influenced by heredity? ***Height***
6. At what age do infants begin to recognize their own name? ***5-6 months old***
7. Name two safe and age appropriate toys for infants. ***Rattle, mirror, soft mobile***
8. At what age do infants prefer parents over family members or strangers? ***7 months***
9. What is an appropriate response to an infant's babbling? ***Talk and smile***
10. What is one of the most important activities essential to the development of infants and toddlers? ***Play***
11. The average weight of a one-year old is what? ***20-22 pounds***
12. What body part is large compared to the rest of the body in an infant? ***The head***
13. What is the average length of a newborn? ***20 inches***
14. At what age do infants begin it pick up small objects with thumb and forefinger? ***11-12 months old.***
15. What do toddlers have a difficult time with when playing? ***Sharing***
16. What is a child's means of learning basic problem solving skills? ***Trial and error***
17. At what age do toddlers begin using over 50 words? ***2 years old***
18. At what age do infants show anger through crying? ***8 months old***
19. The age at which infants show delight by smiling is what? ***2 months old***
20. At what age do infants like repetitive games? ***7 months***
21. What attributes of child development does the acronym PIES stand for? ***Physical Intellectual, Emotional, Social***

REVIEW: Unit 1 Assessment

15 minutes

Purpose:

The Unit 1 Assessment serves as the formative assessment to check participant understanding of the information presented in the two unit lessons, namely: the important role of the caregiver and the physical, intellectual, emotional and social development of infants and toddlers.

Materials:

- *Unit 1 Assessment*

Facilitation Steps:

1. Give each participant a copy of *Unit 1 Assessment* and give them 15 minutes to complete it.
2. Collect the assessments and review participants' answers using the answer key. If you find that participants are consistently getting a certain question or questions wrong, consider presenting the information in a different way or check understanding through verbal questioning.



Unit 1 Assessment

Name: _____

Date: _____

1. Which of the following guidelines should you apply when communicating with children? (Choose all that apply.)
   a. Provide lengthy instructions
   b. Remain calm
   c. Keep it simple
   d. Remind them you are in charge
   e. Be respectful
   f. Listen

2. Correctly order the steps of good decision-making skills.

Steps	Order
____ List the various solutions	a. Step 1
____ Choose the best solution	b. Step 2
____ Identify the problem	c. Step 3
____ Evaluate each solution	d. Step 4

3. What are three appropriate courses of action you can take when children misbehave?
   a. Ignore it, say something to correct the child, physically take control of the situation
   b. Warn the child, scold the child, reprimand the child
   c. Ignore the child, tell the child you are disappointed in them, separate the child from others
   d. Make the child do a good deed to make up for it, have the child help you with a task, ignore it

4. Which of the following responses to the given scenario is best?

   Scenario: You are reading a story to four three-year-old children. Jesse and Logan are quietly listening to the story. Regan and Ali are whispering and giggling.
   a. Tell the group you are not going to read any more since some of them are not interested in the story.
   b. Ask Regan and Ali why they are not listening to the story.
   c. Compliment Jesse and Logan for sitting and listening quietly while you read.
   d. Tell Regan and Ali that they will be punished if they do not start listening to the story.

5. What does PIES stand for?
   a. Psychological, Intellectual, Emotional, Statistical
   b. Parenting, Innovative, Energy, Standards
   c. Physical, Innovative, Energy, Social
   d. Physical, Intellectual, Emotional, Social

6. Match the following stages of infant growth and development with the typical age in which it occurs.

Ages	Stages
____ 5 - 6 months	a. Follows moving objects with eyes
____ 11-12 months	b. Plays peek-a-boo
____ 1-2 months	c. Knows parts of the body
____ Newborn	d. Average height is 20 inches

7. Which of the following are typical characteristics of toddlers? (Choose all that apply)
   a. Is able to dress self and tie own shoes
   b. Imitates adult activities, such as talking on phone
   c. Plays well with other children
   d. Enjoys imaginative play

8. Match the following toys with the age(s) for which they are most appropriate.

Toy	Age Level
____ Finger paints	a. Infant
____ Mobile	b. Toddler
____ Rattle	c. Older
____ Small toy car	
____ Large wooden blocks	
____ Play kitchen set	
____ Yo-yo	

Unit 1 Assessment Answer Key

1. Which of the following guidelines should you apply when communicating with children? (Choose all that apply.)
   a. Provide lengthy instructions
   b. ***Remain calm***
   c. ***Keep it simple***
   d. Remind them you are in charge
   e. ***Be respectful***
   f. ***Listen***

2. Correctly order the steps of good decision-making skills.

	Steps	Order
b	List the various solutions	a. Step 1
d	Choose the best solution	b. Step 2
a	Identify the problem	c. Step 3
c	Evaluate each solution	d. Step 4

3. What are three appropriate courses of action you can take when children misbehave?
   a. ***Ignore it, say something to correct the child, physically take control of the situation***
   b. Warn the child, scold the child, reprimand the child
   c. Ignore the child, tell the child you are disappointed in them, separate the child from others
   d. Make the child do a good deed to make up for it, have the child help you with a task, ignore it

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   b. Ask Regan and Ali why they are not listening to the story.
   c. ***Compliment Jesse and Logan for sitting and listening quietly while you read.***
   d. Tell Regan and Ali that they will be punished if they do not start listening to the story.

5. What does PIES stand for?
   a. Psychological, Intellectual, Emotional, Statistical
   b. Parenting, Innovative, Energy, Standards
   c. Physical, Innovative, Energy, Social
   d. ***Physical, Intellectual, Emotional, Social***

6. Match the following stages of infant growth and development with the typical age in which it occurs.

	Ages	Stages
b	5 - 6 months	a. Follows moving objects with eyes
c	11-12 months	b. Plays peek-a-boo
a	1-2 months	c. Knows parts of the body
d	Newborn	d. Average height is 20 inches

7. Which of the following are typical characteristics of toddlers? (Choose all that apply)
   a. Is able to dress self and tie own shoes
   b. ***Imitates adult activities, such as talking on phone***
   c. Plays well with other children
   d. ***Enjoys imaginative play***

8. Match the following toys with the age(s) for which they are most appropriate.

	Toy	Age Level
b, c	Finger paints	a. Infant
a	Mobile	b. Toddler
a	Rattle	c. Older
b, c	Small toy car	
b, c	Large wooden blocks	
b, c	Play kitchen set	
c	Yo-yo	

Additional Optional Activities

Internet Research:

Research any of the following topics and write two to three paragraphs about each:

- The effects of touch on an infant's brain development.
- Ways caregivers in different cultures hold or carry their infants, and the amount of time held per day.

Observation Research:

Observe infants and toddlers in a caregiver setting and use one of four different types of recording:

- Running Record: Write down, for a set period of time, everything observed about a particular child, group, or teacher. Useful for analyzing certain areas of development, such as motor skills or social interactions.
- Frequency Count: Tally how often a certain behavior occurs. Useful when trying to change undesirable behavior such that a baseline count is taken prior to the behavior changing methods being implemented, then again while working with the child to change behavior.
- Developmental Checklist: Identify skills or behaviors children of a specific age should master. Check off the skills or behaviors as you observe them in a child.
- Anecdotal Record: Similar to a running record, but observation is specific to an issue (i.e., how a child is adjusting to a new caregiver—write down the child's behavior each day as he arrives).

Beyond Infancy—Toddler Development Activities:

Divide participants into small groups and instruct them to problem solve at least two of the following: temper tantrums, lying, fear, jealousy, tattling, making fun of another child, bullying, shyness, hitting or biting other children, and improving a child's self-confidence. After small group discussion, lead a class discussion by asking groups to share their ideas as well as answer the following:

- At what age are children most likely to engage in this behavior?
- What steps could you take as a caregiver to help the child with this issue?

Instructor Background Information

Source: Virginia Cooperative Extension. Used with permission.

Author: Novella J. Ruffin, Ph.D., Assistant Professor and Extension Child Development Specialist, Virginia State University, Virginia Dept. of Education Licensed School Psychologist and NCSP.

http://www.ext.vt.edu/pubs/family/350-055/350-055.html#L5

The growth and development of infants are periods of rapid change in the child's size, senses, and organs. Each change brings about new abilities. An infant's development in motor coordination, forming concepts, learning and using language, having positive feelings about self and others prepares them to build upon new abilities that will be needed for each change in a new stage of development. Caregivers can provide activities and opportunities for infants that encourage exploration and curiosity to enhance children's overall development.

An understanding of infant growth and development patterns and concepts is necessary for parents and caregivers to create a nurturing and caring environment which will stimulate young children's learning.

Physical Development

Reflexes

Infants at birth have reflexes as their sole physical ability. A reflex is an automatic body response to a stimulus that is involuntary; that is, the person has no control over this response. Blinking is a reflex which continues throughout life. There are other reflexes which occur in infancy and also disappear a few weeks or months after birth. The presence of reflexes at birth is an indication of normal brain and nerve development.

Some reflexes, such as the rooting and sucking reflex, are needed for survival. The rooting reflex causes infants to turn their head toward anything that brushes their faces. This survival reflex helps them to find food such as a nipple. When an object is near a healthy infant's lips, the infant will begin sucking immediately. This reflex also helps the child get food. This reflex usually disappears by three weeks of age.

The Moro reflex or "startle response" occurs when a newborn is startled by a noise or sudden movement. When startled, the infant reacts by flinging the arms and legs outward and extending the head. The infant then cries loudly, drawing the arms together. This reflex peaks during the first month and usually disappears after two months.

The Palmar grasp reflex is observed when the infant's palm is touched and when a rattle or another object is placed across the palm. The infant's hands will grip tightly. This reflex disappears the first three or four months after birth.

The Babinski reflex is present in normal babies of full term birth. When the sole of the infant's foot is stroked on the outside from the heel to the toe, the infant's toes fan out and curl and the foot twists in. This reflex usually lasts for the first year after birth.

The Stepping or walking reflex can also be observed in normal full term babies. When the infant is held so that the feet are flat on a surface, the infant will lift one foot after another in a stepping motion. This reflex usually disappears two months after birth and reappears toward the end of the first year as learned voluntary behavior.

Motor Sequence

Physical development is orderly and occurs in predictable sequence. For example, the motor sequence (order of new movements) for infants involves the following orderly sequence:

- Head and trunk control (infant lifts head, watches a moving object by moving the head from side to side)—occurs in the first few months after birth.
- Infant rolls over turning from the stomach to the back first, then from back to stomach—four or five months of age.
- Sit upright in a high chair (requires development of strength in the back and neck muscles)—four to six months of age.
- Infant gradually is able to pull self into sitting positions.
- Crawling—occurs soon after the child learns to roll onto the stomach by pulling with the arms and wiggling the stomach. Some infants push with the legs.
- Hitching—infant must be able to sit without support; from the sitting position, they move their arms and legs, sliding the buttocks across the floor.
- Creeping—As the arms and legs gain more strength, the infant supports his weight on hands and knees.
- Stand with help—as arms and legs become stronger.

- Stand while holding on to furniture.
- Walk with help with better leg strength and coordination.
- Pull self up in a standing position.
- Stand alone without any support.
- Walk alone without any support or help.

Early hand movements in infants are reflex movements. By three to four months, infants are still unable to grasp objects because they close their hands reflexively too early or too late, having no control over these movements. They will swipe at objects. By the age of nine months, infants improve eye-hand coordination which gives them the ability to pick up objects.

Vision

At birth, an infant's vision is blurry. The infant appears to focus in a center visual field during the first few weeks after birth. In infants, near vision is better developed than their far vision. They focus on objects held 8 to 15 inches in front of them. As their vision develops, infants show preference for certain objects and will gaze longer at patterned objects (disks) of checks and stripes than disks of one solid color. Studies also show that infants prefer bold colors to soft pastel colors. They also show visual preference for faces more than objects. By two months of age, an infant will show preference (gaze longer) at a smiling face than at a face without expression.

As infants grow older they are more interested in certain parts of the face. At one month of age, their gaze is on the hairline of a parent or other caregiver. By two months of age, infants show more interest in the eyes of a face. At three months of age, the infant seems very interested in the facial expression of adults. These changes in the infant's interest in facial parts indicate that children give thought to certain areas of the face that interest them.

Hearing

Hearing also develops early in life, and even before birth. Infants, from birth, will turn their heads toward a source or direction of sound and are startled by loud noises. The startle reaction is usually crying. Newborns also are soothed to sleep by rhythmic sounds such as a lullaby or heartbeat. Infants will look around to locate or explore sources of sounds, such as a doorbell. They also show reaction to a human voice while ignoring other competing sounds. A newborn can distinguish between the mother's and father's voices and the voice of a stranger by three weeks old. At three to six months, vocalizations begin to increase. Infants will increase their vocalizations when persons hold or play with them.

Perception

To explore their world, young children use their senses (touch, taste, smell, sight, and hearing) in an attempt to learn about the world. They also think with their senses and movement. They form perceptions from their sensory activities. Sensory-Perceptual development is the information that is collected through the senses, the ideas that are formed about an object or relationship as a result of what the child learns through the senses. When experiences are repeated, they form a set of perceptions. This leads the child to form concepts (concept formation). For example, a child will see a black dog with four legs and a tail and later see a black cat with four legs and a tail and call it a dog. The child will continue to identify the cat as a dog until the child is given additional information and feedback to help him learn the difference between a dog and a cat. Concepts help children to group their experiences and make sense out of the world. Giving young children a variety of experiences helps them form more concepts.

Cognitive Development

Sensorimotor Stage

The sensorimotor stage occurs in infancy from birth to about 12 months. Here, infants learn about the world through their senses, looking around constantly, looking at faces of caregivers, responding to smiling faces. Their eyes focus on bright colors and they respond to sounds by looking toward the sound. During this time of sensory learning, infants also show interest in light and movement, such as a mobile above the crib. Infants also begin to recognize their own name in this stage.

Infants also learn through communication. Their initial communication is through crying which is a general cry to bring attention to their needs. Later the cry changes and becomes different and more specific to identify what the baby needs or wants. The cry develops into gestures, and the beginning stages of language such as babbling, then monosyllables such as "ba" and "da" and later to single words put together to make a meaningful sentence. You can observe that infants also communicate through their motor actions. As they grow, they kick and use their arms to reach for people and things that are interesting to them. They respond to voices and seek to

be picked up by reaching out. Infants make a very important learning discovery—that through their actions of reaching, making sounds, or crying, they cause others to respond in certain ways. It is very important that parents and other caregivers nurture and respond to the infant's actions, to hold, carry the infant, sing to the infant, play with the infant, and meet his needs in other responsive and nurturing ways.

As infants continue to interact with their surroundings and make meaning out of their world, they also learn about themselves and their own bodies. Their hands and toes become body objects of interest. They suck on their hands and toes and may seem to be fascinated with their own hands. During this stage of sensory learning, infants reach for, hit at, and grasp objects that are within their reach, such as dangling jewelry and long hair. They also enjoy toys that rattle and squeak and will put any and all things in the mouth. These are all sensory ways that the infant learns; however, we must make sure that the objects are clean and safe for the baby to explore.

As infants master new developments in the motor sequence (creeping and crawling), they learn that they have more control over their world. They are no longer totally dependent on an adult to meet some of their needs. For example, if an infant sees a toy on the floor, or his bottle on a table within reach, he has the motor capacity to move toward it and reach for it. The infant's increased freedom to move and have toys and objects within reach is very important. The task for adults, parents and other caregivers is to ensure that babies have a safe and clean environment in which they can move about and interact.

Understanding the characteristics of cognitive development gives us knowledge and insights into how children are developing, thinking, and learning. Principles of cognitive development provide us with a basis for understanding how to encourage exploration, thinking, and learning. As parents and caregivers, we can support cognitive development in infants and young children by providing a variety of appropriate and stimulating materials and activities that encourage curiosity, exploration, and opportunities for problem solving.

Object Permanence

Between the age of six to nine months the concept of object permanence develops. This is the infant's understanding that an object continues to exist even if it is out of the infant's sight. Prior to this time, the infant's understanding is "out of sight, out of mind." Objects cease to exist when the infant does not see them. For example, when an infant plays with a rattle or other toy and a blanket is placed over the rattle, the infant does not search for it because it does not exist in the mind of the infant. When object permanence is developed, the child begins to understand that the rattle is still there even though it is covered, out of sight.

The infant's understanding of object permanence means that infants are developing memory and goal-oriented thinking. Searching under a blanket for a rattle means that the child remembers that the rattle was there. It also means that the infant has a goal of finding the rattle and takes action to find it. Infants during this time will give up searching within a few seconds if they do not find the object.

Also important to object permanence is the understanding that other people exist all the time. Children begin to understand that they can cry not just to get needs met but as a means of calling parents or other caregivers. They know that even if a person is not within their reach or their sight, the person still exists. The cry will call the person to them. Also, crying to call a person is a sign that infants are learning to communicate.

Emotional Development/Social-Emotional Development

The expression of feelings about self, others, and things describe emotional development. Learning to relate to others is social development. Emotional and social development are often described and grouped together because they are closely interrelated growth patterns. Feelings of trust, fear, confidence, pride, friendship, and humor are all part of social-emotional development. Other emotional traits are self concept and self esteem. Learning to trust and show affection to others is a part of social-emotional development. The child's relationship to a trusting and caring adult is a foundation of emotional development and personality development. Furthermore, when a child has been neglected, rejected, and does not feel secure, he has difficulty developing skills to socialize with others.

Temperament

Children, from birth, differ in the ways they react to their environment. Temperament refers to the quality and degree or intensity of emotional reactions. Passivity, irritability, and activity are three factors that affect a child's temperament. Passivity refers to how actively involved a child is with his or her environment or surroundings. A passive infant withdraws from or is

otherwise not engaged with a new person or event. An active infant does something in response to a new person or event. There is also difference in the level of irritability (tendency to feel distressed) of infants. Some infants may cry easily and be difficult to comfort and soothe even if you hold them. Other infants may rarely cry and are not bothered as much by change. Caring for these infants is usually viewed as easier for adults. Activity levels or levels of movement also vary in infants. Some infants make few movements, are quiet, and when asleep, may hardly move. Other infants constantly move their limbs (arms and legs) and may be restless in sleep.

As caregivers, we need to nurture and give loving attention to all infants regardless of their temperament. We also need to adjust to the temperament of different children. Even very irritable infants can grow to be emotionally happy and well adjusted if caregivers are patient, responsive, and loving in their caregiving ways.

At birth, infants do not show a wide range of emotions. They use movements, facial expressions, and sounds to communicate basic comfort or discomfort. They coo to show comfort and cry to show that they are uncomfortable. In the first few months, infants display a range of emotions as seen through their facial expressions. Happiness is shown when the corners of the mouth are pulled back and the cheeks are raised. The infant will begin to show fear, anger, and anxiety between six and nine months of age. Signs of fear are the open mouth with the corners of the mouth pulled back, wide eyes, and raised eyebrows. By the end of the second year, children have developed many ways to express their emotions.

Attachment

Socially, young children and particularly infants tend to focus on the adults who are close to them and become bonded to a small group of people early in life—mainly the people who care for them. This forms the basis for attachment which is the strong emotional tie felt between the infant and significant other. The quality of attachments depends upon the adults. When attachments are formed, young infants learn that they can depend on mothers, fathers, caregivers, or older siblings to make them feel better.

Attachment begins early in life and infants show several early attachment behaviors. Behaviors such as cooing, kicking, gurgling, smiling and laughing show that infants care for and respond early to people who are important to them. Crying and clinging are also attachment behaviors of infants which are used to signal others. Infants as early as one month old show signs of attachment in the form of anxiety if they are cared for by an unfamiliar person. They may show distress signs such as irregular sleeping or eating patterns.

Separation Anxiety

Separation anxiety is another attachment behavior of infants. This is when a child shows distress by often crying when unhappy because a familiar caregiver (parent or other caregiver) is leaving. The first signs of separation anxiety appear at about six months of age and are more clearly seen by nine months of age. Separation anxiety is very strong by 15 months of age and begins to gradually weaken around this time also. Parents and other caregivers need to understand and prepare for this attachment behavior (separation anxiety) in children by making transitions easier for the child. Children between the age of 9 and 18 months will usually have a lot of difficulty beginning a child care program. Parents can make the transition easier by bringing the child's favorite toy or blanket along. It is also important to understand separation anxiety as a normal developmental process in which children are fearful because their familiar caregivers are leaving them. Children beginning a child care program are in an unfamiliar surrounding with unfamiliar people. Children will gradually show less distress as the setting, the people, and routines become more familiar to them.

Conclusion

An understanding of infant growth and development patterns and concepts is necessary for parents and caregivers to create a nurturing and caring environment which will stimulate young children's learning. The growth and development of infants are periods of rapid change in the child's size, senses, and organs. Each change brings about new abilities. An infant's development in motor coordination, forming concepts, learning and using language, having positive feelings about self and others prepares them to build upon new abilities that will be needed for each change in a new stage of development. Caregivers can provide activities and opportunities for infants that encourage exploration and curiosity to enhance children's overall development.

Additional Resources

Publications:

Butler, S., & Kratz, D. (1999). *The field guide to parenting: A comprehensive handbook of great ideas, advice, and solutions for parenting children ages one to five*. Worcester, MA: Chandler House Press.

Dawson, C., & Clarke, J. I. (1998). *Growing up again: Parenting ourselves, parenting our children* (2nd ed.). Center City, MN: Hazelden.

Hogg, T., & Blau, M. (2002). *Secrets of the baby whisperer for toddlers*. New York: The Random House Publishing Group.

Kurcinka, M. S. (1991). *Raising your spirited child: A guide for parents whose child is more intense, sensitive, perceptive, persistent, energetic.* New York: HarperCollins Publishers.

Kurcinka, M. S. (2000). *Kids, parents, and power struggles: Winning for a lifetime.* New York: HarperCollins Publishers.

Kurcinka, M.S. (2006). *Sleepless in America: Is your child misbehaving or missing sleep?* New York: HarperCollins Publishers.

Organizations and Web Sites:

Infant and Toddler Development:

babygooroo.com
www.babygooroo.com

Child and Family WebGuide
www.cfw.tufts.edu

Child Development Institute
www.childdevelopmentinfo.com

National Center on Birth Defects and Developmental Disabilities (NCBDDD)
www.cdc.gov/ncbddd

Parents.com
www.parents.com

University of Michigan Health System
www.med.umich.edu

Zero To Three
www.zerotothree.org

Toys and Toy Safety:

National Network for Child Care (NNCC)
www.nncc.org/Curriculum/toys.html

StorkNet
www.storknet.com/cubbies/safety/ageappropriatetoys.htm

U.S. National Health Education Standards Supported

N/A

U.S. National Standards for Family and Consumer Sciences Education Supported

4.2, 4.2.4-5, 4.4, 4.4.1; 12.1, 12.1.1-2, 12.2, 12.3.1-2



Lesson One

Introducing Baby



Lesson Overview

In this lesson, participants are introduced to the RealCare® Baby infant simulator and the types of care events it requires. They then practice using each of the four care events in response to Baby's cries. Information and permission forms are given to each participant in preparation for the lengthier care simulation later in the course.

Lesson Objectives

After completing this lesson, participants will be able to:

- Understand and administer care events for the RealCare® Baby infant simulator
- Understand the responsibilities of taking care of the RealCare® Baby infant simulator outside of class

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• Unit 2 Lesson 1 PowerPoint: Slide 2 • RealCare® Babies with accessories • Burping cloths (one per Baby) • Receiving blankets (one per Baby) • *Letter to Participant's Family* (one per participant) • *Parent/Guardian Permission Form* (one per participant) • *Safety Precautions* (one per participant) • *Participant Contract* (one per participant)	1. Prepare to display lesson PowerPoint or overhead transparencies. 2. Prepare Babies with accessories for demonstration of all care events. 3. Purchase or obtain burping cloths and receiving blankets (optional). 4. Print/photocopy letter, permission form, safety precautions, and contract. Fill in date, class name, school or organization name, and reimbursement cost.	30 minutes
LEARN	• RealCare® Babies with accessories • *A Crying Infant* worksheet (one per participant)	1. Prepare Babies with accessories for demonstration of any care event. 2. Print/photocopy participant worksheet.	10 minutes
REVIEW	• Any lesson materials used		5 minutes

FOCUS: RealCare® Baby

30 minutes

Purpose:

This activity introduces participants to RealCare® Baby and how it works. Participants also have an opportunity to practice care events (feeding, burping, diaper changing, rocking) with Baby.

Materials:

- Unit 2 Lesson 1 PowerPoint: Slide 2
- RealCare® Babies with accessories
- Burping cloths (optional)
- Receiving blankets (optional)
- *Letter to Participant's Family*
- *Parent/Guardian Permission Form*
- *Safety Precautions*
- *Participant Contract*

Facilitation Steps:

1. Display *Slide 2* and introduce RealCare® Baby to the class. Explain that Baby is about the weight of a typical newborn, approximately six-and-a-half to seven pounds (three kilograms).
2. Activate Baby for demonstration.
3. Explain that Baby requires four care events—1) feeding, 2) burping, 3) diapering, and 4) rocking:
   - Feeding: Hold the bottle to Baby's mouth. Baby must be held during this time. The bottle cannot be propped up to feed. When Baby is "full," it will coo.
   - Burping: Hold Baby up to your shoulder or sit or lay (stomach down) Baby on your lap and gently pat its back. Consider using a burping cloth or receiving blanket to demonstrate this skill.
   - Diapering: There are two diapers with each Baby. Change Baby's diaper, alternating from yellow to green or vice versa. You must change the diaper, as it will not recognize simply taking off and putting on the same diaper. When the "clean" diaper is on, Baby will coo.
   - Rocking: Hold Baby and rock it in your arms or while sitting in a rocking chair. Consider using a receiving blanket to demonstrate this skill. When Baby feels secure, it will coo.
4. Demonstrate each care event while explaining the following:
   - All care events must be preceded by Baby "recognizing" the caregiver with the unique wristband ID assigned to it. When Baby cries, touch the wristband ID to one of the four areas on Baby: 1) upper back, 2) upper chest, 3) lower back, and 4) lower tummy.
   - Baby requires proper head support just like a real infant. If Baby's head is not properly supported (head falls back), it will cry loudly and record the head support failure.
   - Baby will also record Shaken Baby (head moves back, forward, and back again in two seconds), wrong positioning (placed upside down for more than two seconds or on tummy for more than five seconds while sleeping), and rough handling (hit or drop).
   - Baby will track exact times of any missed care events.
   - Although Baby records its care (feeding, burping, diapering, rocking) and safe handling, Baby will not record during the demonstration mode. The only feedback provided by Baby during a demonstration is the stopping of crying and/or cooing as the correct care is provided.

- Later in the course, participants will have an opportunity to take Baby home to care for it, known as a "care simulation" experience. Details about preparing for the care simulation will be provided in the last lesson of the course.

5. Give each participant or group of participants one Baby with accessories. If each participant has his or her own Baby, all care events can be practiced at the same time. If participants are sharing Baby, have them take turns practicing as you program Baby to demonstrate each of the four care events.
6. Program Babies to demonstrate each of the four care events. Alter event duration as needed. Circle the room and offer assistance and answer questions as necessary.
7. After each participant has had an opportunity to try each care event, lead a class discussion which might include questions like:
   - What are some of the differences between Baby and a real infant?
   - What was the easiest skill to perform?
   - What was the hardest skill to perform?
   - What might you do if you completed all of the care events and Baby continued to cry?
8. Give each participant a copy of the *Letter to Participant's Family* and *Parent/Guardian Permission Form* and briefly discuss. Explain the importance of sharing these forms with a parent or guardian and ask participants to return the signed permission form the following day.

   NOTE: Given your audience, you may decide to not utilize these forms. If not using these forms, be sure to discuss the level of responsibility and care needed when caring for Baby outside of class.
9. Give each participant a copy of the *Safety Precautions* and *Participant Contract*. Read through and briefly discuss each form. Tell participants they need to sign and return these with the signed permission form.
10. Collect Babies and prepare for the next activity.

2

Letter to Participant's Family

Date: _____

Class: _____
Class name

Dear parents/guardians and family:

Your student will soon experience many of the responsibilities required of the caregiver of a new infant.

As a temporary caregiver, your student will care for RealCare® Baby, a computerized infant simulator that must be supervised by your student at all times. Baby will cry and need to be fed, burped, rocked, and have its diapers changed. It is your student's responsibility to tend to Baby's needs. Baby is part of the Realityworks® Handle with Care: Basic Infant Care Program.

A small computer inside Baby is programmed to follow actual schedules of 15 different newborns. Each day Baby will be on a different schedule. Baby may need your student to care for it at inconvenient times, including when he/she is sleeping.

Your student will be graded on learning how to keep Baby happy, their understanding of the full-time commitment of child care, their persistence (getting through the care simulation without quitting), the care and condition of Baby and supplies, and returning everything to school on time. Incidences of neglect, head support failure, shaking, rough handling, wrong position, no diaper, and other functions are recorded by Baby's computer and will lower your student's grade. Some of these behaviors will produce intense crying that your student should learn to avoid. This intense crying can be stopped by rocking Baby.

Your student will wear a waterproof, hospital-type wristband with a unique ID that must be present whenever your student is caring for Baby. Without the ID, Baby will not accept care. The wristband must be in good condition and still on your student's wrist when Baby is returned.

You can help by providing emotional support and treating Baby as if it were real. Offer advice, but your student should do the actual work of caring for Baby.

The RealCare® Baby infant simulator uses computerized technology and represents a substantial investment by the sponsoring school or organization.

If the RealCare® Baby infant simulator is abused, damaged, or lost while in my student's possession, I agree to reimburse _____ up to $_____.
Organization name

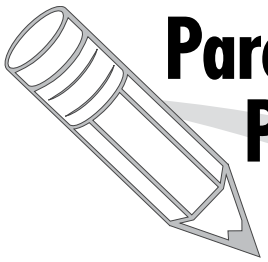
Other charges may be assessed for damaged or missing accessories.

Lack of sleep may cause your student to become drowsy. Please do not allow your student to drive if overly tired. Instruct your student to pull over to care for Baby if it cries while he or she is driving.

Your student is scheduled to take the RealCare® Baby infant simulator home starting _____ and ending _____. For schedule conflicts, please contact the instructor.

Thank you for your patience and support in making this project a learning experience for your student!

Realityworks® specializes in interactive, science-based technology that helps educators worldwide deliver unforgettable learning experiences that promote healthy choices and quality of life.



Parent/Guardian Permission Form

A response from you is requested whether permission is given or denied. Please read these statements and sign below:

The Realityworks® Basic Infant Care Program will require the participant to be the sole caretaker of the RealCare® Baby infant simulator, whose sounds and behaviors replicate those of an infant. The experience is intended to demonstrate to the participant the full-time commitment required of the caregiver of a new infant.

The RealCare® Baby infant simulator requires care throughout the day and night. When Baby cries, it will be the responsibly of the participant to attend to its needs.

The RealCare® Baby infant simulator's crying and need for care may cause the participant to lose sleep, and may possibly disturb other family members. Lack of sleep may cause drowsiness. I will not allow the participant to drive if overly tired.

I am aware of all safety precautions the participant must be aware of while caring for the RealCare® Baby infant simulator.

The RealCare® Baby infant simulator uses computerized technology and represents a substantial investment by the sponsoring organization. If the RealCare® Baby infant simulator is abused, damaged, or lost while in the participant's possession, I agree to reimburse _____ up to $_____.
Organization name

Please select one and sign where indicated.

❑ I understand the statements above and agree to allow _____

to participate in the care simulation with RealCare® Baby infant simulator.
Participant's name

Signature: _____ Date: _____

- - - -



Safety Precautions

Read this list together with the participant. Signing this form indicates that you have read and understand all safety precautions that should be observed while the participant is caring for Baby. The participant must return this form along with the *Parent/Guardian Permission Form* to participate in the care simulation.

DRIVING

- Baby may cry while the participant is driving. Please be aware that the crying may start unexpectedly, and the participant should be prepared.
- Do not feed, burp, rock, change diapers, or otherwise care for Baby while driving.
- The participant must bring his or her vehicle to a complete stop in a safe location before caring for Baby, or to retrieve a piece of Baby's accessories that falls.
- Failure to install Baby in a car seat in a motor vehicle could result in Baby or its accessories to become projectiles in the event of a sudden stop or accident.

LOCATION

- Never leave Baby unattended in a public place. It could be mistaken for a real infant.
- Do not place Baby in or near water.
- Do not place Baby on or near a stove, especially while cooking.
- Baby should sleep somewhere close to the participant's sleeping quarters, but not in bed with the participant. Baby may fall out of the bed or the participant could roll over on it, causing damage to Baby and discomfort to the participant.

INTERACTION WITH OTHERS

- Loud crying near people with potentially serious physical conditions, such as those susceptible to heart attack or stroke, should be avoided.
- Do not allow small children to play with Baby. Baby's hands and feet are small enough to be a choking hazard.
- Baby's crying or other sounds may cause pets to become agitated or aggressive. Keep Baby out of the reach of pets or other animals.

PHYSICAL PRECAUTIONS

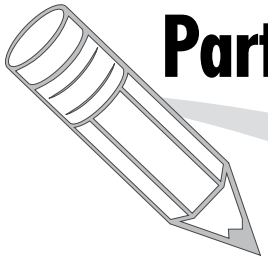
- To avoid straining your arms, use an infant car seat or carrier to transport Baby, rather than holding Baby at all times. Holding techniques are listed on the *Participant Care Card* that accompanies Baby.
- Baby weighs around 6.5 to 7 pounds (3 kilograms) and could cause discomfort for participants with back pain.
- Do not operate any type of equipment or attempt tasks requiring the use of both hands while holding Baby.

CARE SIMULATION RULES

- The participant must never remove his or her wristband. Not only will he or she be deducted points, but the ID may be lost, or the participant may stumble around in the dark looking for it if Baby cries during the night.
- The participant should note in his or her *Caregiver Journal* where he or she had to delay caring for Baby because his or her safety or the safety of others may have been compromised.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Participant Contract

I will make arrangements with my instructor to pick Baby up at an agreed upon time, to begin the simulation experience. I understand that as I take Baby home to participate in the simulated care giving experience, I am responsible for its care. If I do not return it on the scheduled return day and time, I will be penalized in my grade for the class. If I fail to return Baby or do not return it in the same condition as it was when I took it home, I or my family will be responsible for paying the cost of replacing Baby.

Read each point aloud and sign at the bottom.

I promise to:

- accept full responsibility for Baby
- take care of Baby as if it were a real, live infant
- carry Baby and its accessories with me at all times, wherever I go
- keep Baby out of the reach of young children and pets or other animals
- always use a car seat, if available, to properly transport Baby in a vehicle
- never try to care for Baby while driving or operating machinery
- never leave Baby alone or with someone else unless previously authorized by my instructor
- never expose Baby to water or moisture
- never place Baby in direct sunlight or in an area of excessive heat
- never abuse or neglect Baby; instead treating it gently and patiently
- never tamper with Baby's electronics, ID, or wristband
- keep a complete record of all information required in my *Infant/Toddler Schedule* and *Caregiver Journal*
- keep Baby for the entire assigned period of time, turn in my completed *Infant/Toddler Schedule*, *Caregiver Journal*, and other assignments required at the end of my assigned time, and return Baby only to the instructor or person designated by the instructor

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

2

LEARN: A Crying Infant

10 minutes

Purpose:

This activity exposes participants to a crying infant and points out that they may not be able to figure out or recognize why the infant is crying right away. Discussion relating to personal encounters with a crying infant gets participants involved in the discussion.

Materials:

- RealCare® Babies with accessories
- *A Crying Infant* worksheet

Facilitation Steps:

1. Set up at least three RealCare® Babies on a table at the front of the classroom.
2. Ask for volunteers (one per Baby) to care for the Babies at the front of the classroom.
3. Divide the class into groups (one per volunteer). Assign each group to observe one of the caregivers at the front of the classroom, so that each group has a different caregiver.
4. Give each participant a copy of the *A Crying Infant* worksheet.
5. Tell groups they are to observe their caregiver and note what the caregiver does to try to soothe Baby by checking from the list on the worksheet. They should check "Yes" or "No" to indicate whether the action of the caregiver was what Baby needed to stop crying.
6. Program Babies to demonstrate any care event, selecting a different care event for each Baby (unknown to the volunteers) and setting the event duration to last 90 seconds. Tell caregivers they are to figure out what Baby needs to make it stop crying. If caregivers are unable to get Baby to stop crying after 90 seconds, tell them which care event is needed.
7. After the exercise, point out that it took several tries to find out what was wrong with Baby within the 90 seconds. Once a caregiver spends more time with an infant he or she will gain a better idea of the infant's schedule and will be better able to anticipate what the infant needs. Also, over time the infant's various cries will be easier to distinguish and will help the caregiver determine what the infant may need.
8. Tell groups to discuss the questions on their worksheets. Ask for volunteers to share answers.

2

A Crying Infant

Name: _____

Date: _____

Directions: Observe your caregiver and note what he or she does to try to soothe Baby. Check "Yes" or "No" to indicate whether the action of the caregiver was what Baby needed to stop crying.

Caregiver's Name: _____

Action	Yes	No
Feeding		
Burping		
Diapering		
Rocking		
Other: _____		
Other: _____		

How did Baby make you feel when it was crying?

_____

_____

How did the caregiver feel when trying to figure out what was wrong with Baby?

_____

_____

Have you ever taken care of an infant that cried a lot? Yes No

If yes, did you get frustrated or stressed by all the crying? Yes No

If yes, how did you handle your frustration or stress?

_____

_____

2

REVIEW: Baby Review

5 minutes

Purpose:

This activity serves to reinforce what participants have learned in the lesson.

Materials:

- Any materials used in previous activities within the lesson.

Facilitation Steps:

1. Conduct a brief discussion by posing the following questions and asking volunteers to answer:
   - What are the four care events that Baby requires? *Answer: 1) feeding, 2) burping, 3) diapering, and 4) rocking.*
   - All care events must be preceded by what? *Answer: Baby "recognizing" the caregiver with the unique wristband ID assigned to it.*
   - When Baby cries, what are the four areas on Baby in which you may touch the wristband ID? *Answer: 1) upper back, 2) upper chest, 3) lower back, and 4) lower tummy.*
   - If Baby's head is not properly supported (head falls back), what will happen? *Answer: It will cry loudly and record the head support failure.*
   - Besides head support failure, Baby will also record/track what? *Answer: Shaken Baby (head moves back, forward, and back again in two seconds), wrong positioning (placed upside down for more than two seconds or on tummy for more than five seconds while sleeping), rough handling (hit or drop), and any missed care events.*

U.S. National Health Education Standards Supported

N/A

U.S. National Standards for Family and Consumer Sciences Education Supported

N/A

Lesson Two

Soothing a Crying Infant



Lesson Overview

This lesson helps participants identify the variety of reasons that infants cry, and provides techniques a caregiver can use to help soothe a crying infant. Participants are given practice demonstrating each of the techniques for soothing a crying infant using Baby.

Lesson Objectives

After completing this lesson, participants will be able to:

- List and describe the various factors that might cause an infant to cry
- Identify and demonstrate a variety of positive methods or actions a care provider might use to comfort a crying infant

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Why Do Infants Cry?* worksheet (one per participant) • Unit 2 Lesson 2 PowerPoint: Slides 2-7	1. Print/photocopy participant worksheet. 2. Prepare to display lesson PowerPoint or overhead transparencies.	10 minutes
LEARN	• *The 5 S's of Soothing an Infant* worksheet (one per participant) • Unit 2 Lesson 2 PowerPoint: Slides 8-14 • RealCare® Babies with accessories • Receiving blankets (one per Baby)	1. Print/photocopy participant worksheet. 2. Prepare to display lesson PowerPoint or overhead transparencies. 3. Prepare Babies with accessories for demonstration of continuous "Coo." 4. Purchase or obtain receiving blankets.	30 minutes
REVIEW	• Any lesson materials used		5 minutes

FOCUS: Why Do Infants Cry?

10 minutes

Purpose:

In this activity participants are reminded of the previous lesson that had a crying Baby, and are asked to think of reasons an infant cries. Ideas are shared as partners and as a large group.

Materials:

- *Why Do Infants Cry?* worksheet
- Unit 2 Lesson 2 PowerPoint: Slides 2-7

Facilitation Steps:

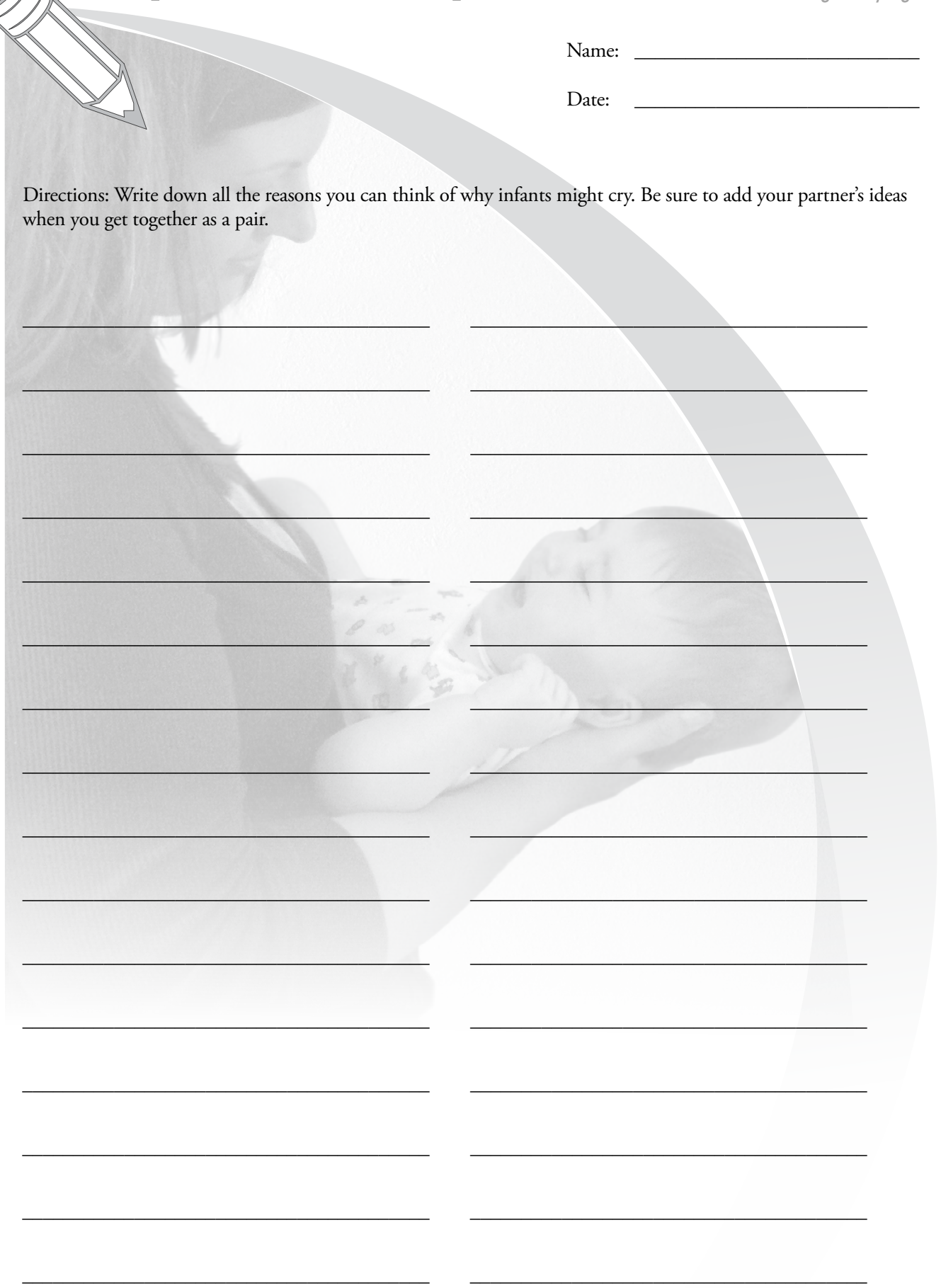
1. Remind participants of the previous lesson, and the need to figure out why an infant may be crying. Give each participant a copy of the *Why Do Infants Cry?* worksheet and give them 30 seconds to think of reasons an infant might cry and to write them on their worksheet.
2. Ask participants to partner with someone and share ideas. They should write down ideas their partner came up with that they did not think of. Ask for volunteers to share their ideas as you display *Slide 2*.
3. Display *Slides 3-6* and discuss briefly.
4. Ask participants the following question: Do you think it is possible to spoil an infant? (Hold it too much or be too attentive?) The correct answer is NO. Infants always cry for a reason. Sometimes they just need attention. If they get attention when they cry, they learn that their world is safe and they can depend on their caregiver to be there to meet their needs. Display *Slide 7* to reinforce your points.

Why Do Infants Cry?

Name: _____

Date: _____

Directions: Write down all the reasons you can think of why infants might cry. Be sure to add your partner's ideas when you get together as a pair.



2

LEARN: Soothing a Crying Infant

30 minutes

Purpose:

In this activity, participants learn about methods to comfort and soothe a crying infant. The instructor models specific techniques to soothe infants; then participants practice the techniques.

Materials:

- *The 5 S's of Soothing an Infant* worksheet
- Unit 2 Lesson 2 PowerPoint: Slides 8-14
- RealCare® Babies with accessories
- Receiving blankets

Facilitation Steps:

1. Give each participant a copy of *The 5 S's of Soothing an Infant* worksheet and ask them to fill in what they think the 5 S's of soothing an infant might be.
2. Display *Slide 8* and have participants fill in the "Real S's" column on their worksheet.
3. Display *Slide 9* which discusses the first "S" (Swaddling) and demonstrate how to swaddle an infant using Baby and a receiving blanket. Baby does not respond to these techniques, but participants can use them throughout the care simulation, if desired.
4. Give each participant or group of participants one RealCare® Baby and a receiving blanket.
5. Program participants' Babies to demonstrate "Coo," selecting "Continuous" and altering event duration to allow enough time for each participant to practice. Have participants practice the swaddling technique you modeled. Circle the room and offer assistance and answer questions as necessary.

   NOTE: Programming Babies to demonstrate a continuous coo will help you identify whether the participants are providing proper head support while practicing the techniques you modeled.
6. Display *Slides 10-13* and continue demonstrating each technique. Have participants practice each technique as it is demonstrated.
7. Display *Slide 14* to share more soothing ideas while participants fill in their worksheets.
8. Collect Babies and prepare for the next activity.

The 5 S's of Soothing an Infant

Name: _____

Date: _____

Directions: In the "Your Ideas" column, write down what you think the 5 S's for soothing a crying infant are. Then insert information from your instructor under the "Real S" column and write a description of each in the "Description" column.

Your Ideas	Real S	Description
S _____	S _____	_____
S _____	S _____	_____
S _____	S _____	_____
S _____	S _____	_____
S _____	S _____	_____

Other ideas of how to soothe an infant:

_____

_____

_____

_____

_____

_____

_____

_____

REVIEW: Soothing Review

5 minutes

Purpose:

This activity serves to reinforce what participants have learned in the lesson.

Materials:

- Any materials used in previous activities within the lesson.

Facilitation Steps:

1. Conduct a brief discussion by posing the following questions and asking volunteers to answer:
   - Why is it important to find ways to soothe a crying infant? *Answer: Comforts and reassures the infant and provides security.*
   - What are the 5 S's of soothing an infant? *Answer: Swaddling, Side/Stomach, Shushing, Swinging, Sucking.*
   - Brainstorm additional ideas for soothing a crying infant.
2. Explain that even with these many ideas, an infant may still not stop crying. When this happens, there are many things the caregiver can do to help them manage the stress and frustration that may come with caring for a difficult infant. These techniques will be discussed in the next lesson.

Additional Resources

Publications:

Butler, S., & Kratz, D. (1999). *The field guide to parenting: A comprehensive handbook of great ideas, advice, and solutions for parenting children ages one to five.* Worcester, MA: Chandler House Press.

Organizations and Web Sites:

BabyCenter
www.babycenter.com

Parenting.com
www.parenting.com

University of Minnesota Extension
www.extension.umn.edu/Family

Zero To Three
www.zerotothree.org

U.S. National Health Education Standards Supported

5.8.2; 7.8.2-3, 7.12.2-3

U.S. National Standards for Family and Consumer Sciences Education Supported

15.2, 15.2.1, 15.2.4

Lesson Three

Handling Stress and Preventing Shaken Baby Syndrome



Lesson Overview

This lesson introduces Shaken Baby Syndrome (SBS), a tragic result of frustration with an infant. The instructor demonstrates shaking using RealCare® Baby, and explains what happens to an infant during a shaking, and the long-term effects. An optional video and discussion expose participants to a real story of SBS and the devastating effects on the infant and family. Ideas on how to avoid frustration are shared, and participants make a plan to manage frustration and sign a pledge never to shake an infant.

NOTE: Use of the Realityworks® Shaken Baby Syndrome (SBS) Simulator™ greatly enhances the information in this lesson. The SBS Simulator is designed to demonstrate the result of violently shaking an infant or young child. When shaken hard enough by an instructor, the SBS Simulator's brain lights up in specific areas that illustrate where the injuries occur. Contact your Realityworks Product Consultant to purchase the SBS Simulator. In the absence of the SBS Simulator you may use the RealCare® Baby to demonstrate for this lesson.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define Shaken Baby Syndrome (SBS)
- Explain why infants and young children are vulnerable to injury by shaking
- Identify areas of the brain that are affected by shaking, and the resulting physical consequences
- Identify methods of coping with stressful situations in caring for one or more infants
- Identify the characteristics or profile of a person most likely to shake an infant
- Formulate a plan for handling frustration, anger, and stress when an infant cries

Lesson at a Glance

In preparation for this lesson, read the instructor background information located at the end of this lesson.

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• Purchased or downloaded SBS video (options listed within activity)	1. Purchase or obtain SBS video.	5-25 minutes
LEARN	• *Infant Facts* worksheet (one per participant) • SBS Simulator™ or RealCare® Baby with accessories • Unit 2 Lesson 3 PowerPoint: Slide 2	1. Print/photocopy participant worksheet. 2. Prepare Baby with accessories for demonstration of any care event, or prepare to turn the SBS Simulator on. 3. Prepare to display lesson PowerPoint or overhead transparencies.	10 minutes
LEARN	• Unit 2 Lesson 3 PowerPoint: Slides 3-11 • *SBS Facts* handout (one per participant) • *Ideas for Coping* worksheet (one per group of four or five participants) • *My Plan to Manage Frustration* worksheet (one per participant) • *Pledge Not to Shake* worksheet (one per participant)	1. Prepare to display lesson PowerPoint or overhead transparencies. 2. Print/photocopy participant handout and worksheets.	20 minutes
REVIEW	• Any lesson materials used		5 minutes

2

FOCUS: SBS Video and Discussion

5-25 minutes

Purpose:

The purpose of showing a video or reading a story is to help participants understand that there are real cases of SBS, and to see, from the victim's viewpoint, the devastation it causes to infants and their families.

Materials:

Any of the following videos:

- *Elijah's Story*: English or Spanish, DVD or VHS, 18 or 28 minutes
- *Portrait of Promise*: 11 minutes, DVD or VHS
- *Mighty Like a Rose*: 25 minutes, DVD or VHS
- *Never Shake a Baby! What Parents and Caregivers Need to Know*: 18 minutes, VHS

Free downloadable YouTube™ video options:

- *McKynzee's Story: A Victim of Shaken Baby Syndrome,* 3 minutes (www.youtube.com/watch?v=y2pCLVUI2ec&NR=1L)
- *Mekenna Sharee Brown,* 4 minutes (www.youtube.com/watch?v=o1dCO7IPVp8&feature=related)

NOTE: The free downloadable YouTube™ videos are available via www.youtube.com. Realityworks® has no control over these self-posted videos and whether these will continue to remain on the YouTube™ Web site. Neither of these videos has narration—just photos and captions.

Facilitation Steps:

1. Tell participants they will be watching a video that describes SBS and shows the impact of SBS on the families of the victims.
2. Play the video (see video options above or choose an SBS video yourself).

   NOTE: If you do not have a way to present a video to the class, consider reading aloud *A Shaken Baby Story* on the following page or find a local news story or a story from the internet about a shaken baby incident.
3. Lead a class discussion by asking participants about their impressions of the video or story. Develop additional questions based on the information in the video/story and briefly discuss.

A Shaken Baby Story

Jessica was born October 14, 2005. She was a beautiful, happy baby, who had an infectious giggle and loved to be taken for walks in her stroller. She had big brown eyes and dark curly hair. Jessica's parents, Kelsey and Raymond, were 19 years old when Jessica was born, and were not married. Kelsey and Jessica lived with Kelsey's parents because Raymond was not ready to settle down with a family. Kelsey attended a community college in town; and was working toward becoming a licensed practical nurse. Kelsey's mother took care of Jessica when Kelsey had classes or needed to study.

Raymond and two friends lived in an apartment just a few miles away from Kelsey and her parents. Raymond worked the second shift at the Speedy Boat Factory. He was making a fair income and enjoyed his weekends with friends. Although Raymond was not ready to settle down, he cared about Jessica and wanted to be in her life. He made time to visit her a couple of mornings each week. He also took her over the weekend once a month and stayed with his parents on those weekends.

One morning in March, Kelsey's mother had an appointment, and Kelsey had a class she really couldn't miss. Since Raymond didn't start work until afternoon, she called to ask if he could come and sit with Jessica for a couple of hours. As Kelsey was leaving, Jessica began to cry. Jessica was having one of her "off" mornings and wasn't happy with the change in her schedule.

Raymond tried calming her down with a bottle and with rocking her, but to no avail. He checked her diaper; it was clean. He thought she might not be feeling well. He felt her forehead for a fever, but her skin felt of normal temperature. Jessica continued crying and was not able to calm herself down. The more she cried the tenser Raymond became. After about an hour of non-stop crying, Raymond reached his breaking point.

Raymond grabbed Jessica and began to shake her, while screaming at her to shut up. Just a few hard shakes caused Jessica to stop crying. But as he set her back in the infant seat, he noticed that she was going limp and was not breathing. He shook her to try to get her to respond, but she didn't. He immediately called the emergency service. By the time they arrived, Jessica was in a coma. She died on the way to the hospital.

Raymond was a caring father who did not have the knowledge or skills to handle the situation. The result was catastrophic. All incidents of Shaken Baby Syndrome are 100 percent preventable. Being prepared to know how to respond to a persistent crying baby, and how to handle your own reaction to it, is the best way to avoid Shaken Baby Syndrome.

LEARN: What Typically Happens During a Shaking?

10 minutes

Purpose:

In this activity, participants learn some facts about the structure of an infant's head and the physiological effects of shaking on an infant. The instructor demonstrates shaking using Baby and describes what happens to an infant with each shake. Baby's cry mimics the reaction of an infant to shaking.

Materials:

- *Infant Facts* worksheet
- SBS Simulator™ or RealCare® Baby with accessories
- Unit 2 Lesson 3 PowerPoint: Slide 2

Facilitation Steps:

1. Give each participant a copy of the *Infant Facts* worksheet and ask them to fill in information as they hear it.
2. Hold the SBS Simulator or RealCare Baby in your arms as you would a real infant, and ask:
   - What percentage of an infant's body weight do you think the head comprises? *Answer: An infant's head is **25 percent of the total body weight.***
   - What percentage of an adult's body weight do you think the head comprises? *Answer: An adult's head is only **10 percent of the total body weight.***
3. Move Baby's head back and forth on the neck, and explain that an infant's neck muscles are ***weak*** and unable to stop the head from moving when the infant is shaken.
4. Moving your hand around Baby's head, ask:
   - Do you think that an infant's skull is ***roomier*** inside than an adult's? *Answer: Yes.*
   - Why do you think this might be? *Answer: To accommodate growth of the brain.*
5. Explain that for this reason, when an infant is shaken, its brain moves farther and gains speed before it hits the skull. Explain that many blood vessels attach the brain to the surrounding membranes and deliver oxygen to the brain. As an infant's brain moves around inside the skull when shaken, the infant's blood vessels stretch and are torn because they are ***delicate and not securely anchored***, causing bleeding over the surface of the brain.
6. Display *Slide 2* and explain that swelling results from the impact of the brain against the skull. The pressure from swelling stops blood circulation to parts of the brain, and those parts can die.
7. Describe the following corresponding brain functions. If you have the SBS Simulator, show participants the icons on the simulator's head as you describe the brain functions.
   - In the back of brain is the occipital lobe, which controls vision.
   - In the front of the brain is the frontal lobe, which controls memory and emotion.
   - The sides of the brain control speech and hearing and the movement of the arms and legs.

A Shaking Simulation

NOTE: Before shaking Baby/Simulator, toss it gently a short distance upward and catch it. Do this several times. Explain that while potentially hazardous and not recommended, especially for very young infants who cannot support their heads, this common type of motion is not enough to cause the injuries of SBS.

1. If you have the Realityworks SBS Simulator, follow the instructions for shaking that came with it, or program Baby to demonstrate any care event. This will cause Baby to cry loudly when you shake it.
2. Hold Baby/Simulator in front of you at eye level, grasping under the arms and around the torso.
3. Show the class how your hands grasp Baby/Simulator—thumbs in front, and fingers in the back, on each side of the spine.
4. Explain that infants with SBS sometimes also have broken ribs. In SBS, the ribs are broken in a unique

way—in the back, where they connect to the spine. The ribs can break in that area because of the combined pressure of the shaker's grasp and the force of the shaking.

5. Explain that SBS victims sometimes also have fractures of the long bones in the upper arm and the upper leg. During a prolonged shaking, the top ends of these long bones can tear away from the shoulder and hip sockets, causing a separation of the bones at the top.
6. For Baby, start demonstration mode. For the SBS Simulator, turn the simulator on (push the ON/OFF button on the simulator's back with a pencil eraser or blunt end of a pen). The lights cycle three times around the head and then go into a standby mode, and the simulator begins to cry. Remind the participants that the lights represent areas of the brain injured by shaking.
7. Shake Baby until the cries are very loud, or shake the SBS Simulator until the lights turn on in the back of the brain. Explain that the first level of injury has occurred, and a real infant would become visually impaired or blind.
8. Continue shaking Baby or the simulator until the lights turn on in front of the brain. Explain that the second level of injury has occurred, and a real infant would now have lost the ability to remember and to feel emotion. The loss of these functions commonly causes learning disabilities and behavioral disorders.
9. Explain that the crying has stopped (Baby will stop crying after 60 seconds) because of the increasing severity of the brain injuries. Because the injuries are hidden and the crying has stopped, caregivers can mistakenly think that shaking is an effective way to stop crying.
10. Continue shaking Baby or the simulator until the lights turn on in the middle of the brain. Explain that at this point, an infant would become paralyzed, unable to speak, and unable to understand what she or he hears. Death would occur if shaking continued.

Infant Facts

Name: _____

Date: _____

Directions: Insert information as your instructor displays the information.

1. An infant's head is _____ % of total body weight.

2. An infant's neck muscles are _____.

3. An infant's brain is _____.

4. An infant's blood vessels are _____.

5. During shaking, the first affected brain area is _____.

   Associated injury: _____

6. During shaking, the second affected brain area is _____.

   Associated injury: _____

7. During shaking, the third affected brain area is _____.

   Associated injury: _____

2

LEARN: SBS—A Preventable Tragedy

20 minutes

Purpose:

Participants learn facts about SBS and brainstorm ideas for handling frustration to prevent a tragedy.

Materials:

- Unit 2 Lesson 3 PowerPoint: Slides 3-11
- *SBS Facts* handout
- *Ideas for Coping* worksheet
- *My Plan to Manage Frustration* worksheet
- *Pledge Not to Shake* worksheet

Facilitation Steps:

1. Display *Slides 3-6* and briefly discuss.
2. Divide participants into groups of four or five.
3. Give each group a copy of the *SBS Facts* handout and give them a minute to review the facts and discuss as a group. Ask participants to identify the top two facts that caught their attention.
4. Lead a class discussion about the facts participants found most interesting or important.
5. Give each group a copy of the *Ideas for Coping* worksheet and display *Slide 7*. Remind the class about the previous lesson, "How to Soothe a Crying Infant," and ask groups to discuss the following*: If you have tried all the techniques for soothing an infant and the infant is still crying, what do you think a caregiver can do if frustration is building and he or she is about to lose control?*
6. Have participants brainstorm ideas and write them down on the worksheet. Then have groups combine with another group and discuss additional ideas and write them down. Ask groups to share ideas and display *Slides 8-11*.
7. Give each participant a copy of the *My Plan to Manage Frustration* worksheet and have them fill it out.
8. Give each participant a copy of the *Pledge Not to Shake* worksheet and have them read and sign it.
9. Share *Information for Babysitting/Child Care Participants* with participants, if appropriate.

SBS Facts

Name: _____

Date: _____

The Victims

1. 1,200 to 1,600 reported cases of SBS occur each year in the United States alone.[1, 2]
2. 25 to 35 percent of SBS victims die from their injuries—the remaining 75 percent often suffer permanent injury and lifelong disabilities.[1, 3]
3. SBS is the most common cause of death in abused infants and young children.[4]
4. Most SBS victims are less than one year old—the majority are under six months old.[1, 2]
5. Severe shaking can seriously injure children as old as four and five.[1, 5]
6. There are more male SBS victims than female.[2]
7. An infant's body has unique characteristics that make it vulnerable to injury from shaking:
   - Heavy head—25 percent of total body weight[2, 6]
   - Weak neck muscles—disproportionate to large head[2, 6]
   - Fragile, undeveloped brain—easily injured by shaking[2, 6]
   - Delicate blood vessels around the brain—susceptible to tearing[6]
   - Large space inside skull—increases force[2]

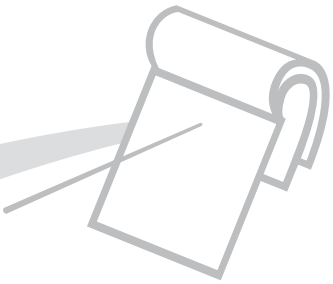
The Perpetrators

8. 60 to 70 percent of SBS perpetrators are male, usually the child's father or mother's boyfriend.[1, 2]
9. Other SBS perpetrators include mothers, grandparents, stepparents, other relatives, and childcare providers.[2]
10. In most cases, inconsolable crying is the number one trigger of shaking an infant.[1, 2, 4]
11. Anyone who may become frustrated is capable of shaking an infant.[1]

Signs and Symptoms

12. There may be no visible sign of injury.[5]
13. Possible immediate effects of shaking, dependent on length and severity of shaking:

- Reduced appetite[1, 6]
- Fussiness or irritability[1, 4, 6]
- Vomiting[1, 4, 6]
- Unresponsiveness[1, 2]
- Lethargy[1, 2]
- Seizures/Convulsions[1, 2, 6]
- Inability to vocalize[1, 2]
- Inability to track movement[1, 2]
- Difficulty breathing [1, 2, 6]
- Limp arms and legs[6]
- Blue-looking skin tone[1, 2]
- Inability to suck or swallow[1, 6]
- Unconsciousness[1, 6]
- Death[4, 6]



14. Possible long-term effects of shaking, dependent on length and severity of shaking:

- Permanent brain damage[2, 3]
- Learning disabilities[1, 2, 3, 6]
- Cognitive disabilities[1, 2, 6]
- Behavioral disabilities[2, 3, 6]
- Developmental delays[3]
- Cerebral palsy[1, 3, 6]
- Blindness[1, 2, 3, 6]
- Deafness[3, 6]
- Paralysis[1, 2, 3]
- Seizures/Epilepsy[2, 3, 6]
- Coma[1, 3]
- Death[4, 6]

15. Injuries may not become apparent until the child enters school and shows cognitive and behavioral problems.[3]

Other Facts

16. Activities that do not cause SBS:[1, 2]

- The infant falling off furniture or a counter
- The infant being bounced or jogged on an adult's knee
- The infant being carried in a caregiver's backpack while the caregiver jogs or runs
- The infant being tossed up and caught
- The infant jerking in a car seat when a driver stops the car suddenly

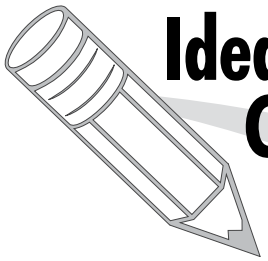
17. Costs associated with SBS:

- Initial hospitalization costs of $75,000 to $150,000 per child[7]
- For survivors, ongoing treatment and in-home nursing costs of $180,000 to $300,000 per year per child[5, 7]
- High public and special education costs[5]
- Child's loss of childhood, teenage years, adulthood, and parenthood
- Child's life-long loss of "normal" physical and cognitive functions
- Siblings' loss of a normal relationship with their disabled brother or sister

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NOTE: Data sources are U.S. organizations.

[1] National Center on Shaken Baby Syndrome. (2006). *Understanding Shaken Baby / Shaken Impact Syndrome* [Brochure]. Ogden, UT: National Center on Shaken Baby Syndrome.
[2] National Center on Shaken Baby Syndrome. (2003, June). *SBS 101* [PowerPoint]. Ogden, UT: National Center on Shaken Baby Syndrome.
[3] The Shaken Baby Alliance. (n.d.). *What is Shaken Baby Syndrome?* [Brochure]. Fort Worth, TX: The Shaken Baby Alliance.
[4] Reece, R. M. & Kirschner, R. H. (n.d.). *Shaken Baby Syndrome / Shaken Impact Syndrome.* Retrieved from http://nevershake.org/Audience.aspx?categoryID=9&PageName=SBS_SIS.htm
[5] ThinkFirst. (n.d.). *Fast facts: Shaken Baby Syndrome.* Retrieved from http://www.thinkfirst.org/Documents/FastFacts/TFshakenbaby320.pdf
[6] National Center on Shaken Baby Syndrome. (n.d.). *Physical consequences of shaking an infant or toddler.* Retrieved from http://nevershake.org/Audience.aspx?categoryID=9&PageName=ConsequencesOfShaking.htm
[7] National Shaken Baby Coalition. (n.d.). *Facts about SBS!!!* Retrieved from http://www.shakenbabycoalition.org/facts.htm

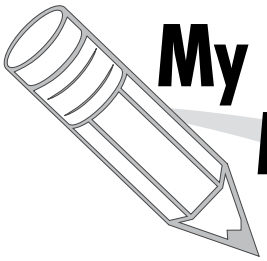


Ideas for Coping

Name: _____

Date: _____

Directions: Write down ideas for coping with a crying infant when soothing techniques have not worked.



My Plan to Manage Frustration

When an Infant in My Care Cannot Stop Crying

Name: _____

Date: _____

Directions: Think about how you will handle your frustration when you are unable to soothe a crying infant. Remember that you are not alone; everyone gets frustrated from time to time. Having a plan for how to handle your reaction is the best defense against making a wrong choice in the midst of frustration.

1. When an infant in my care cannot stop crying and I have tried meeting his or her basic needs, I will try the following activities to help soothe him or her:
   - _____
   - _____
   - _____

2. If the infant in my care cannot be soothed and my frustration is increasing, he or she will be safe if I put him or her in one of these places…
   - _____
   - _____
   - _____

3. …and I can do a few of the following things for myself:
   - _____
   - _____
   - _____

4. If I feel I need to talk to someone because of the stress of being with a crying infant, I can call one or all of these people:
   - _____
   - _____
   - _____

5. If I need a break from being with the infant I am caring for, I can call one or all of these people:
   - _____
   - _____
   - _____

Pledge Not to Shake

Name: _____

Date: _____

My Pledge

If an infant in my care cannot stop crying, I will remember that it is the infant's job to cry, and my job to cope! I will use *My Plan to Manage Frustration*, and call an emergency hotline for help, if necessary. Above all, I pledge to:

NEVER SHAKE AN INFANT IN MY CARE!



_____

Participant Signature

_____

Date

_____

Instructor Name

_____

School/Organization

Information for Babysitting/Child Care Participants

Helping Toddlers, Preschoolers, and School-aged Children Behave

Sometimes children may misbehave. This may be an indication that they need help controlling their behavior and expressing themselves in a positive way. Remember that an infant is not capable of misbehaving. However, when an older toddler, a preschooler, or a school-aged child misbehaves, you have three courses of action you can take:

- You can ignore it.
- You can say something to correct the child and change the behavior.
- You can physically take control of the situation. This is reserved for situations in which the child is doing something that is a threat to themselves or to others. For example, if a child is hitting or biting another child, you should gently grasp the child's arm and tell him or her that he or she is not allowed to do that. If the child appears to be angry, ask why he or she is angry and talk through the situation with him or her. If the child is about to throw an object at someone, take the object away.

As the caregiver, you need to decide which action is most appropriate, and then take it. Remind the child that it is the behavior, not the child, that you do not like. Children need to know that you will not stop liking them if they misbehave. Use positive feedback to help guide children before they misbehave, and make positive and respectful requests of what is appropriate, thereby reinforcing what you want them to do when they misbehave. Modeling respect helps children see how they should behave with you and with each other. Never make fun of, hit, spank, shake, or shout at a child, no matter how frustrated you become with their behavior.

REVIEW: Reviewing Facts about SBS

5 minutes

Purpose:

This activity serves to reinforce what participants have learned in the lesson.

Materials:

- Any materials used in previous activities within the lesson.

Facilitation Steps:

1. Conduct a brief discussion by posing the following questions and asking volunteers to answer:
   - Why are infants uniquely vulnerable to being injured by shaking? *Answer: Large heads, weak necks, undeveloped brains, delicate blood vessels, and extra space inside skulls.*
   - Which area of the brain is affected first during shaking, and what disabilities result from injury in that area of the brain? *Answer: Back of the brain (occipital lobe); vision.*
   - Which area of the brain is affected next as the shaking continues, and what disabilities result from injury in that area of the brain? *Answer: Front of the brain (frontal lobe); memory and emotion.*
   - Which area of the brain is the last area to be affected during shaking, and what corresponding injuries result? *Answer: Middle of the brain (parietal lobe); movement of arms and legs, speech, or even death.*
   - Why do you think an adult might shake an infant? *Answer: Frustration over not being able to console the infant, lack of energy and patience needed to maintain control, and/or not having a plan to manage frustration.*
   - What do you think a caregiver can do to soothe a crying infant? *Answer: Check the infant's basic needs, hold or carry the infant, take the infant for a ride in the car, call a healthcare professional if the infant might be sick, plus more.*

Additional Optional Activities

- Assign individuals or groups to research Shaken Baby Syndrome on the Internet using the Web sites in the PowerPoint, and prepare a one-page report.
- Interview a parent/caregiver about how they handle or handled the stress of a crying infant.
- Conduct a mini-lecture, about one or two minutes, on baby blues and postpartum depression and/or invite a guest speaker to discuss these topics. Consider sharing the following information:

  The period after childbirth can be a vulnerable time for some women. Hormonal changes, and the stress of caring for a new infant, are typically the cause for this "blue" period. Although many women experience a temporary period of sadness after giving birth, an estimated 10 to 20 percent experience a postpartum depression, which may last for a few days or even months.[1]

[1] O'Hara, M. W., Zekoski, E. M., Philipps, L. H., & Wright, E. J. (1990). Controlled prospective study of postpartum mood disorders: Comparison of childbearing and nonchildbearing women. *Journal of Abnormal Psychology, 99(1),* 3-15.

Instructor Background Information

Introduction

Shaken Baby Syndrome, or SBS, is a form of abusive head trauma that occurs when a caregiver shakes a child, usually to stop the child from crying.[1] According to the American Academy of Pediatrics Committee on Child Abuse and Neglect, SBS "results from extreme rotational cranial acceleration induced by violent shaking or shaking/impact, which would be easily recognizable by witnesses as dangerous."[2]

SBS—A Preventable Tragedy

SBS is a family and community tragedy. It robs a child of a healthy, normal life and causes devastation among all family members—the child victim, parents, and siblings. Parents must either cope with the death of their child or care for their severely disabled child for years, sometimes alone if the perpetrator was a parent and has been imprisoned. Siblings are also robbed of a normal relationship with their sister or brother.

Estimates place the number of infants and young children shaken each year at 50,000.[3] Of these 50,000 cases, about 1,200 to 1,600 are reported with 25 to 35 percent dying from their injuries—the remaining 75 percent often suffering permanent injury and lifelong disabilities.[1, 3, 4, 5]

Most victims of SBS are less than 12 months old, and the majority of them are less than 6 months old.[4, 5] These very early months of life are when an infant's crying can be at its peak.[5] Inconsolable crying is virtually always the trigger for a parent's or caregiver's loss of control and subsequent physical abuse of a child by shaking.[4, 5, 6]

Most SBS victims are infant boys, and most perpetrators are fathers or the mother's male partner.[4, 5] But evidence shows that people of both genders, all ages, all income brackets, and all educational levels are capable of shaking an infant in frustration when the infant is unable to stop crying.[4]

SBS is preventable, however, when parents and caregivers are aware of the dangers of shaking an infant and are prepared with a plan for the times when they might find themselves becoming increasingly frustrated with a crying infant.

Definition of SBS

In medicine, a syndrome is a group of signs and symptoms that occur together and lead to a particular diagnosis.[5] Victims of SBS have a unique set of symptoms, including but not limited to bleeding over the surface of the brain, swelling of the brain, bleeding at the back of the eyes, and sometimes bruises under the arms and fractures of the ribs at the point at which the ribs join the spine. The set of injuries found in shaken infants and labeled as SBS is virtually never seen in any other mechanism besides violent, "whiplash" shaking of the head.

An Infant's Unique Vulnerability

While even an adult can suffer brain injuries as the result of a severe shaking, the results of shaking an infant are especially severe due to the unique characteristics of an infant's small and developing body:[5, 7]

- An infant's head is quite heavy—about 25 percent of total body weight. For comparison, an adult's head accounts for only 10 percent of total body weight.[5, 8]
- An infant's neck muscles are much weaker than those of an adult, and are unable to resist or limit the head's movement during a violent shaking.[5, 8]
- An infant's brain is not completely developed and is highly susceptible to injury from forces of acceleration.[5, 8]
- The blood vessels around the brain are delicate and not securely anchored, and can be ruptured and torn easily.[8]
- The space inside the skull surrounding the infant's brain is larger than in an adult, and allows the infant's brain to move farther and experience greater acceleration before meeting resistance.[5]

Signs and Symptoms of SBS

The three most common and easily diagnosed injuries of SBS are bleeding over the surface of the brain, swelling of the brain, and bleeding in the back layers of the eye:[2, 5]

- Bleeding over the surface of the brain: When an infant is shaken, the veins that connect the brain to the membranes around it are torn. This tearing causes bleeding over the surface of the brain, which damages brain cells and can cause loss of function in that area.
- Swelling of the brain: As the brain hits against the skull during shaking, the brain swells in response to the trauma of the repeated impact. When the brain starts to swell, it creates pressure on brain tissue. If the swelling is not relieved, the brain tissue begins to die.

- The swelling and resulting death of brain tissue can cause long-term disabilities in infants who survive being shaken. Disabilities can include blindness, seizure disorders, cognitive deficits, loss of motor control, and cerebral palsy.
- Bleeding in the back layers of the eye: The same whiplash motion that occurs in the skull occurs in the eye sockets, causing twisting and pulling of the eye within the socket. An infant's eye has more room within the socket than an adult's, and acceleration is higher by the time the eye impacts the eye socket. The injuries that result cause a unique type of retinal hemorrhage, and can permanently damage the optic nerves.

  This damage to eye tissue can cause lifelong blindness and further complications that can result in the loss of the eye.

Additional injuries that may be seen in cases of SBS are fractures of the ribs and long bones.[5] These injuries alone do not indicate SBS, but when they are found in combination with one or more of the symptoms above, they are likely the result of a non-accidental injury:

- Often, broken ribs where the ribs connect to the spine: Rib fractures in SBS victims are usually seen along the back part of the rib cage and are caused by severe squeezing. The perpetrator's thumbs press against the infant's chest, while the rest of the fingers curve and press against the area where the ribs meet the spine. Fractures in this area are the result of the combined pressure of the perpetrator's grasp and the force of the shaking.
- Broken long bones with "bucket handle" breaks: SBS victims may have fractures of the long bones—the humerus in the upper arm and the femur in the upper leg. When an infant's arms and legs are flailing from lack of support during a violent shaking, the top ends of these long bones can tear away from the sockets, causing a separation of the bone at the top that resembles the handle of a bucket.

Some people mistakenly think that other types of forceful motion can cause the types of injuries a shaken infant receives. The activities and accidents listed below, however, do not cause the severity of injuries associated with SBS:[4, 5]

- The infant falling off furniture or a counter
- The infant being bounced or jogged on an adult's knee
- The infant being carried in a caregiver's backpack while the caregiver jogs or runs
- The infant being tossed up and caught
- The infant being jerked in a car seat when a driver stops the car suddenly

Brain Areas Injured by Severe Shaking

When an infant or young child is held under the arms and shaken, forces of acceleration build up in the infant's head and cause the brain to move inside the skull in predictable ways. The longer and more violent the shaking, the greater the extent of injury to the brain:

- When shaking reaches an initial level of severity, the brain's occipital lobe, which controls vision, is irreparably injured and the infant can become blind.
- As shaking increases in violence or duration, the brain's frontal lobe, which controls memory and emotion, becomes permanently injured. Cognitive and behavioral deficits result.
- When shaking continues and the acceleration of the infant's brain builds further, the middle of the brain is injured. At this point, the infant becomes paralyzed, can no longer speak or hear, and can die.

Physical Results of SBS-Related Brain Injuries

Some signs of injury caused by a severe shaking occur immediately:

- Reduced appetite[4, 8]
- Fussiness or irritability[4, 6, 8]
- Vomiting[4, 6, 8]
- Unresponsiveness[4, 5]
- Lethargy[4, 5]
- Seizures/Convulsions[4, 5, 8]
- Inability to vocalize[4, 5]
- Inability to track movement[4, 5]
- Difficulty breathing[4, 5, 8]
- Limp arms and legs[8]
- Blue-looking skin tone[4, 5]
- Inability to suck or swallow[4, 8]
- Unconsciousness[4, 8]
- Death[6, 8]

Lifelong results of SBS can include the following:

- Permanent brain damage[1, 5]
- Learning disabilities[1, 4, 5, 8]
- Cognitive disabilities[4, 5, 8]
- Behavioral disabilities[1, 5, 8]
- Developmental delays[1]
- Cerebral palsy[1, 4, 8]
- Blindness[1, 4, 5, 8]
- Deafness[1, 8]
- Paralysis[1, 4, 5]
- Seizures/Epilepsy[1, 5, 8]
- Coma[1, 4]
- Death[6, 8]

Crying is Virtually Always the Trigger

All healthy infants communicate their needs by crying sometimes. An infant may cry to communicate that he or she needs a diaper change, is hungry, or wants to be held or soothed in some other way. Infants also cry to exercise their lungs.[5] Infants do not cry because they are angry with their caregivers.

Research shows that a caregiver cannot spoil an infant who is six months old or younger; therefore, attempting to soothe a crying infant does NOT spoil the infant or teach him or her that crying "works."[5]

Research into infant crying shows that the average infant spends two to three hours each day crying, and 20 to 30 percent of infants routinely exceed that amount of daily crying time. The amount and duration of crying typically peaks between six weeks and four months of age, which coincides with the peak incidence of SBS.[5]

Inconsolable crying can be especially frustrating to a parent or caregiver who is tired and lacks the energy to be patient with a crying infant. No one is immune to exhaustion and lack of patience, and anyone can lose control under certain conditions.

People who care for infants and young children should be educated about infant crying, and should be helped to understand that an infant's crying doesn't necessarily mean that something is wrong with the infant, or lacking in the caregiver.

Attempts to Soothe Will Not Always Work

First, the infant's basic needs should be checked. Is the infant being irritated by a scratchy thread or label, or being scratched by a diaper tab? Does the infant need a diaper change? Is the infant hungry?

Does the infant need to be held, rocked, swaddled, or sung to? Many activities can soothe an infant, and caregivers who know their infants know the things that usually soothe them.

Saying "Don't shake an infant" is not enough. Parents and caregivers should have a plan to fall back on when they find themselves growing increasingly frustrated with an infant who is unable to stop crying.

Profile of People at Risk for Shaking an Infant

Caring for any child can be draining, and no one has an unlimited supply of energy. A lack of energy can reduce the amount of patience a parent or a caregiver can offer a crying infant, and it is normal to become impatient at times.[9]

Biological fathers make up the greatest number of perpetrators, closely followed by male partners of the victims' mothers, female babysitters or childcare providers, and mothers.[4, 5] However, male and female perpetrators are both likely to injure infant boys more often than infant girls, and are equally likely to cause fatal injuries.[5]

Investigations of SBS cases have found that fathers are most likely to confess their actions, while child-care providers are least likely to admit injuring children. Generally, the person who was with the child when he or she first showed symptoms of injury is the person who has inflicted the injuries.[9]

The Key: Planning for Frustration and Stress

Parents and caregivers who understand the dangers of shaking an infant, and who have had a chance to develop a plan for their frustration are likely to avoid shaking the infants in their care.

Caregivers should be encouraged to plan the soothing actions they enjoy doing for their infants, and the soothing actions that the infants in their care like best. They should know of a friend, family member, or neighbor whom they can call in times of crisis. They should also have the number of a hotline that takes calls 24 hours a day, and should be prepared to call it if necessary.

Parents should talk with everyone who cares for their infants and young children—including grandparents—about the dangers of shaking. Parents should also make sure that they themselves and the people who care for their children have a plan to fall back on when frustration builds. Parents should reassure caregivers that they can call them for help when needed.

Finally, everyone who knows about SBS should know that it is important to offer assistance when a caregiver calls seeking help with a crying infant in his or her care.[9]

[1] The Shaken Baby Alliance. (n.d.). *What is Shaken Baby Syndrome?* [Brochure]. Fort Worth, TX: The Shaken Baby Alliance.

[2] American Academy of Pediatrics Committee on Child Abuse and Neglect. (2001, July). Shaken Baby Syndrome: Rotational cranial injuries—technical report. *Pediatrics, 108 (1),* 206-210.

[3] Shaken Baby Task Force. (n.d.). *Shaken Baby Syndrome.* Retrieved from http://www.safebaby.org/sbs.asp

[4] National Center on Shaken Baby Syndrome. (2006). *Understanding Shaken Baby / Shaken Impact Syndrome* [Brochure]. Ogden, UT: National Center on Shaken Baby Syndrome.

[5] National Center on Shaken Baby Syndrome. (2003, June). *SBS 101* [PowerPoint]. Ogden, UT: National Center on Shaken Baby Syndrome.

[6] Reece, R. M. & Kirschner, R. H. (n.d.). *Shaken Baby Syndrome / Shaken Impact Syndrome.* Retrieved from http://nevershake.org/Audience.aspx?categoryID=8&PageName=SBS_SIS.htm

[7] Carrigan, T. D., Walker, E., & Barnes, S. (2000, March). Domestic violence: The shaken adult syndrome. *Journal of Accident & Emergency Medicine, 17(2),* 138-139.

[8] National Center on Shaken Baby Syndrome. (n.d.). *Physical consequences of shaking an infant or toddler.* Retrieved from http://nevershake.org/Audience.aspx?categoryID=8&PageName=ConsequencesOfShaking.htm

[9] Kiwanis Club of Ottawa (Producer). (1998). *Never shake a baby: What parents and caregivers need to know* [Motion picture]. (Available from Kiwanis Club of Ottawa, 1283 Algoma Road, #201, Ottawa, ON K1B 3W7)

Additional Resources

Organizations and Web Sites:

Shaken Baby Syndrome Prevention:

Epilepsy Association of Central Florida
www.aboutshakenbaby.com

U.S. National Center on Shaken Baby Syndrome
www.dontshake.org

U.S. National Shaken Baby Coalition
www.shakenbabycoalition.org

Pennsylvania Shaken Baby Syndrome Prevention and Awareness Program
www.hmc.psu.edu/shakenbaby

SBS Prevention Plus
www.sbsplus.com

Shaken Baby Task Force
www.safebaby.org

The Central Massachusetts Shaken Baby Syndrome Prevention Campaign
www.sbscentralmass.com

The Shaken Baby Alliance
www.shakenbaby.org

The Skipper Initiative
www.skippervigil.com

Brain Injuries and Injury Prevention:

Brain Injury Association of America
www.biausa.org

Brain Injury Resource Center
www.headinjury.com

ThinkFirst
www.thinkfirst.org

Child Abuse Prevention:

Childhelp
www.childhelp.org

Child Welfare Information Gateway
www.childwelfare.gov

U.S. National Exchange Club Foundation
www.preventchildabuse.com

U.S. National Foundation for Abused and Neglected Children
www.gangfreekids.org

Prevent Child Abuse America
www.preventchildabuse.org

Safer Child, Inc.
www.saferchild.org

The National Children's Advocacy Center
www.nationalcac.org

Medical Organizations:

American Academy of Pediatrics
www.aap.org

Association of American Physicians and Surgeons, Inc.
www.aapsonline.org

U.S. National Institute of Child Health & Human Development
www.nichd.nih.gov

U.S. National Institute of Neurological Disorders and Stroke
www.ninds.nih.gov

Child Health:

Keep Kids Healthy
www.keepkidshealthy.com

Nemours Foundation (creator of KidsHealth)
www.nemours.org
www.kidshealth.org

Postpartum Depression:

MedlinePlus
www.nlm.nih.gov/medlineplus

Women's Health
www.womenshealth.gov

U.S. National Health Education Standards Supported

3.8.4, 3.12.4; 4.8.3, 4.12.3; 5.8.2; 7.8.2-3, 7.12.3

U.S. National Standards for Family and Consumer Sciences Education Supported

15.2, 15.2.1, 15.2.4

Lesson Four

Holding and Feeding



Lesson Overview

In this lesson, participants practice picking up, holding, and carrying an infant so that the infant feels safe and secure. Techniques and information about holding and feeding an infant are provided. The lesson concludes with a discussion about the pros and cons of breastfeeding versus formula feeding.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify and demonstrate proper methods for holding and carrying an infant
- Define nursemaid's elbow and explain the cause
- Demonstrate how to feed an infant
- Compare the benefits of breastfeeding and formula feeding
- Explain the cause of baby bottle tooth decay

Lesson at a Glance

In preparation for this lesson, read the instructor background information located at the end of this lesson.

Activity	Materials	Preparation	Approximate Class Time
FOCUS	None		5 minutes
LEARN	• RealCare® Babies with accessories • Unit 2 Lesson 4 PowerPoint: Slides 2-3	1. Prepare Baby with accessories for demonstration of continuous "Coo." 2. Prepare to display lesson PowerPoint or overhead transparencies.	15 minutes
LEARN	• RealCare® Babies with accessories • *Bottle Preparation* handout (one per participant) • *Bottle Feeding* handout (one per participant) • Unit 2 Lesson 4 PowerPoint: Slides 4-13 • *Breastfeeding Facts* handout (one per participant) • *Formula Feeding Facts* handout (one per participant) • *Breastfeeding vs. Formula* Feeding worksheet (one per participant)	1. Prepare Baby with accessories for demonstration of "Feed" and "Burp." 2. Prepare to display lesson PowerPoint or overhead transparencies. 3. Print/photocopy participant handouts and worksheet.	15 minutes
REVIEW	• *Holding and Feeding Basics* worksheet (one per participant)	1. Print/photocopy participant worksheet.	5 minutes

FOCUS: Hold Me

5 minutes

Purpose:

The purpose of this activity is to have participants consider how frequently an infant must be held in the care giving process. The activity also gives participants an opportunity to identify any pre-learning questions they have about holding and feeding an infant.

Materials:

- None

Facilitation Steps:

1. Have participants get into pairs and brainstorm when and why a caregiver would need to hold or handle an infant as part of care giving. Ask pairs to share their answers which may include: feeding; preparing to change diaper or clothing; burping; rocking; comforting; placing infant in crib, car seat, stroller, changing table, infant bathtub, or onto a blanket on the floor—any time the infant needs to be transported to another location.
2. Explain that the infant is totally dependent on the caregiver to move them to another location, and to make sure the infant is safe and comfortable. Have participants imagine not being able to move somewhere on their own, AND not being able to communicate what they need or when they are hungry. Remind them of the lesson, "How to Soothe a Crying Infant," and that the infant's only way to communicate hunger or any other needs is to cry.
3. Ask participants to discuss with their partner any questions they may have about holding/handling and feeding an infant. Ask pairs to share their questions and address whether they will be covered in the lesson. Write participants' questions on the board as they are shared to avoid duplication and to serve as a reminder during the lesson. As you address a question, you may refer back to this list. For any questions a participant poses that will not be addressed in this lesson, try to find the answer, or have the participant investigate outside of class and share his or her findings with the group.

LEARN: Holding and Handling an Infant

15 minutes

Purpose:

This activity focuses on the fact that infants rely on adults for their care and nurturing; a significant part of that care and nurturing is holding and carrying the infant. Participants learn how to properly pick up and carry an infant to handle him or her safely.

Materials:

- RealCare® Babies with accessories
- Unit 2 Lesson 4 PowerPoint: Slides 2-3

Facilitation Steps:

1. Give each participant or group of participants one Baby.
2. Display *Slide 2* and demonstrate how to properly pick up an infant who is lying on his or her back. Explain the following steps as you demonstrate them:
   - Slide one hand under the infant's neck and your other hand under the infant's lower back.
   - Lean close to the infant and lift him or her as a uniform bundle, keeping the infant's head a little higher than the rest of the body.
   - Make sure to support the head until it touches the mattress or infant seat if laying the infant back down.
3. Program participants' Babies to demonstrate "Coo," selecting "Continuous" and altering the event duration to allow enough time for participant practice. Have each participant practice the techniques you modeled. Circle the room and offer assistance and answer questions as necessary.

   NOTE: Programming Babies to demonstrate a continuous coo will help you identify whether the participants are providing proper head support while practicing the techniques you modeled.
4. Lay Baby on its stomach and demonstrate how to properly pick up an infant who is lying on his or her stomach, explaining the following steps:
   - Gently roll the infant over onto its back.
   - Proceed with the steps to pick up an infant who is lying on his or her back.
5. Repeat step 3 and have participants practice the techniques you modeled.
6. Demonstrate and explain that if an infant is picked up improperly he or she can develop nursemaid's elbow, a common condition where the radius (one of the bones in the forearm) slips out of place from where it normally attaches to the elbow joint. It occurs when an infant or small child is pulled too hard by the hand or wrist, picked up by one arm, or lifted in the air by the arms. It may be prevented by:
   - Lifting and handling an infant or small child with care.
   - Not pulling an infant or small child by the wrists or hands.
   - Gently grasping a toddler or young child under the arms or around the body.
7. Display *Slide 3* and demonstrate these three ways to hold an infant:
   - Cradle hold (most common): Place the infant's head in the curve of your elbow and use your forearm to support the body.
   - Shoulder hold: Place the infant's head gently on your shoulder, and use one hand to support the head and the other to support the body.
   - Football hold: Place the infant's head laying face up in your hand and her body lying along your forearm; her feet will be tucked under your arm, pointed toward your elbow.
8. Explain that when holding an infant, it is important to always support the head, neck, and back.

9. Ask participants why it is so important to support an infant's head and neck. *The head is big for the body and the neck is weak.* Remind participants of the lesson, "Handling Stress and Preventing SBS."
10. Explain that once an infant is able to hold up his or her head, you can carry the infant on your hip. Avoid holding the infant around the ribs. This could cause pressure resulting in a fracture.
11. Explain that if someone hands you an infant, lean close to the person and collect the infant in a tight bundle. Demonstrate by handing Baby to a participant or have them hand Baby to you.
12. Repeat step 3 and have participants practice the techniques you modeled.

2

LEARN: Feeding and Burping an Infant

15 minutes

Purpose:

Feeding is an important care giving event. Participants learn how to properly hold an infant while feeding. They also learn about the methods of burping, and the differences between breastfeeding and bottle feeding.

Materials:

- RealCare® Babies with accessories
- *Bottle Preparation* handout
- *Bottle Feeding* handout
- Unit 2 Lesson 4 PowerPoint: Slides 4-13
- *Breastfeeding Facts* handout
- *Formula Feeding Facts* handout
- *Breastfeeding vs. Formula Feeding* worksheet

Facilitation Steps:

1. Give each participant or group of participants one Baby.
2. Give each participant a copy of the *Bottle Preparation* and *Bottle Feeding* handouts.
3. Display *Slides 4-5* and discuss the steps for preparing a bottle.
4. Display *Slide 6* and demonstrate how to properly feed an infant, explain the following steps:
   - Hold the infant in the cradle hold, ensuring that his or her head is above the rest of the body.

     NOTE: To demonstrate how important it is for an infant's head and body to be aligned when bottle feeding, give each participant a glass of water. Ask them to take a drink of water. Then ask them to turn their heads to the side and take a drink of water. Ask them if it was more difficult to drink the water when their heads were turned to the side. Did the water go down their throat as easily? *No.* Tell them to imagine how difficult it would be for an infant to drink when his or her head is turned to the side.
   - Test bottle temperature by placing a few drops of the contents on the inside of your wrist.
   - Hold the bottle in the infant's mouth at a 45-degree angle to limit air bubbles.
   - Periodically stop feeding to give the infant time to rest and burp.
5. Program participants' Babies to demonstrate "Feed" and have them practice the techniques you modeled. Circle the room and offer assistance and answer questions as necessary.

   NOTE: During a feeding demonstration, participants will not be able to practice testing bottle temperature nor will they be able to periodically stop to give the infant time to rest and burp. Baby's bottles do not contain liquid, and feeding and burping are two separate care events.
6. Display *Slide 7* and demonstrate the three methods of burping an infant:
   - Hold the infant upright against your chest, with his or her head on your shoulder, and pat the back gently.
   - Sit the infant on your lap, leaning him or her slightly forward with your hand supporting his or her upper body, and pat the back gently.
   - Lay infant on your lap on his or her belly and pat the back gently.
7. Program participants' Babies to demonstrate "Burp," and have them practice the techniques you modeled. Circle the room and offer assistance and answer questions as necessary.
8. Display *Slides 8-9* and discuss briefly.

9. Ask participants to share some differences between feeding and burping Baby and feeding and burping an infant. *The bottle is not clear, so you cannot see the liquid or any potential bubbles, it does not have real formula, and it requires no preparation, Baby does not turn away when full, Baby does not take breaks from feeding to burp.* Note that feeding length is actually considerably longer than this demonstration, approximately 5 to 25 minutes.
10. Display *Slide 10* and explain the following:
    - It is important to respond to an infant's hunger cries as soon as possible. This prevents the infant from working him or herself into a frenzy. It also lets the infant know that he can trust that you will meet his needs and that when he communicates, there is a good result. Remember, crying is an infant's only way to communicate. You cannot spoil an infant.
    - Try to detect an infant's different cries. Determine if something other than food is needed to avoid feeding every time she cries, and she will learn that food is for nutrition, not for comfort.
11. Ask participants what they think is the definition and cause of Baby Bottle Tooth Decay. Display *Slide 11* and discuss briefly.
12. Give each participant a copy of the *Breastfeeding Facts* and *Formula Feeding Facts* handouts.
13. Divide participants into groups of four and give each participant a copy of the *Breastfeeding vs. Formula Feeding* worksheet. Have each participant within the group fill in one quadrant, then share their ideas with one another to complete all quadrants, contributing additional ideas as they see fit. Ask for volunteers to share their ideas and display *Slides 12-13*.
14. Share *Information for Babysitting/Child Care Participants* with participants if appropriate.

Bottle Preparation

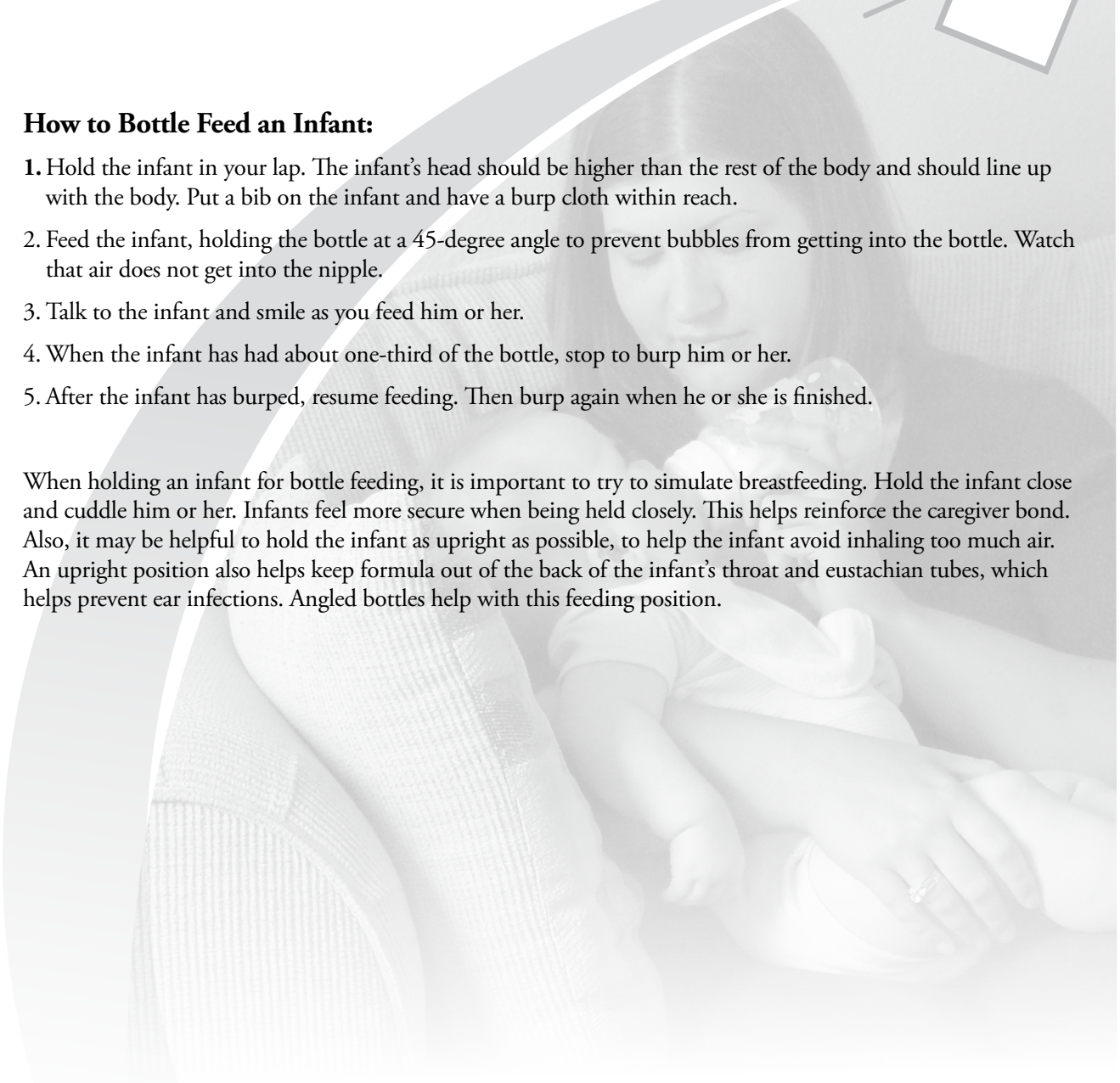
How to Prepare a Bottle:

1. Wash hands.
2. Keep the infant in a safe, comfortable place while you prepare the bottle.
3. Gather supplies—clean bottle, nipple, bib, burp cloth or towel, and formula or breast milk.
4. If using formula, prepare according to package directions.
5. Heat prepared bottle in warmer or warm water. Do not heat in microwave (hot spots).
6. Gently shake bottle to evenly distribute heat.
7. Test bottle temperature by squirting a few drops on the inside of your wrist. It should be lukewarm.

Bottle Safety:

1. Do not reuse leftover formula or breast milk (bacteria in saliva).
2. Use formula within two hours of preparation; breast milk within four to eight hours.
3. Use refrigerated, prepared formula within 48 hours; breast milk within three to eight days.
4. Do not give cow's milk to children under one year of age.

Bottle Feeding



How to Bottle Feed an Infant:

1. Hold the infant in your lap. The infant's head should be higher than the rest of the body and should line up with the body. Put a bib on the infant and have a burp cloth within reach.

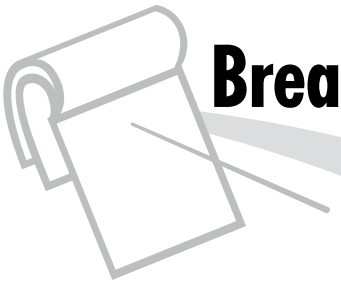
2. Feed the infant, holding the bottle at a 45-degree angle to prevent bubbles from getting into the bottle. Watch that air does not get into the nipple.

3. Talk to the infant and smile as you feed him or her.

4. When the infant has had about one-third of the bottle, stop to burp him or her.

5. After the infant has burped, resume feeding. Then burp again when he or she is finished.

When holding an infant for bottle feeding, it is important to try to simulate breastfeeding. Hold the infant close and cuddle him or her. Infants feel more secure when being held closely. This helps reinforce the caregiver bond. Also, it may be helpful to hold the infant as upright as possible, to help the infant avoid inhaling too much air. An upright position also helps keep formula out of the back of the infant's throat and eustachian tubes, which helps prevent ear infections. Angled bottles help with this feeding position.



Breastfeeding Facts

Breastfeeding Basics for the Infant:

1. Breastfeeding promotes bonding with the mother.
2. Breastfeeding is soothing for the infant.
3. Breastfeeding decreases the risk for a large number of health problems.
4. Breastfeeding is good for infants' brain development.
5. Breast milk is easily digested.
6. Breastfeeding helps jaws and teeth develop properly.
7. Breastfeeding decreases a girl's risk of developing breast cancer.
8. Breast milk is designed specifically for infant humans.
9. Breast milk is less likely to cause allergic reactions.

Breastfeeding Basics for the Mother:

1. Breastfeeding promotes bonding with the infant.
2. Breastfeeding promotes a quicker return to pre-pregnant weight.
3. Breastfeeding promotes less bleeding after the birth.
4. Breastfeeding is convenient.
5. Mothers who breastfeed have a reduced risk of ovarian cancer and premenopausal breast cancer.
6. Parents miss work less often to care for a sick infant.
7. Breastfed infants produce nicer bowel movements to change.
8. Breast milk can be pumped, bottled, and frozen for later use.

Breastfeeding can make it more challenging for other family members to help with feeding. However, the mother can pump breast milk and use bottles in order for other family members to participate. While breastfeeding, the mother should continue to avoid eating or drinking anything harmful that could pass through her milk to the infant, such as alcohol, drugs, and certain foods.

Formula Feeding Facts



The health benefits of breastfeeding are well-documented. However, formula feeding with a bottle can also be a healthy choice. Some mothers formula feed right away when the infant is born, or start after they breastfeed for a period of time. The most important thing is that the infant is loved and well-cared for, no matter what the feeding choice.

Reasons for Formula Feeding:

1. Infant has a poor sucking reflex (common in premature infants).
2. Breastfeeding is painful for the mother.
3. Mother is concerned that the infant is not getting enough milk.
4. Mother has tried to breastfeed but has had difficulty.
5. Infant must be separated from mother for a long period of time (for medical reasons, for example).
6. Mother must return to work.
7. Mother has a health problem requiring medication that should not be given to the nursing infant.

What is Formula?

Formula is a liquid product for infants designed to be as nutritionally close to breast milk as possible. Formula makers cannot duplicate the resistance to infection that breast milk offers, but formula does give nutritional nourishments for a growing infant.

Never give an infant cow's milk—it is not recommended until after the infant is one year old. Cow's milk is meant for calves. It is high in muscle-building protein that is perfect for calves, not human infants.

Types of Formula

Formula can be powdered, concentrated liquid, or ready-to-use liquid. The content is basically the same. The differences are ease of preparation, cost, and storage. Powdered formula must be mixed with water, concentrated liquid must be diluted with water, and ready-to-feed liquid needs no preparation but is the most expensive.

Ready-to-feed formulas come in large cans, which you pour into bottles. Ready-to-feed formulas must be used immediately or be refrigerated after mixing or opening, and used within 24 to 48 hours (check the labels). Many experts suggest discarding them after 24 hours.

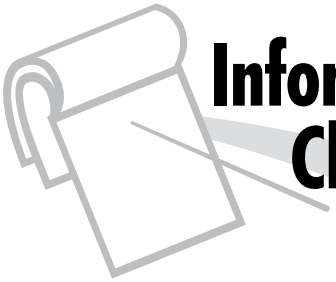
Breastfeeding vs. Formula Feeding

Name: _____

Date: _____

Directions: With your group, decide which quadrant in the chart below each of you will fill in. Fill in your quadrant, then share your ideas with one another. Complete all quadrants, contributing additional ideas for each quadrant as you see fit.

	Breastfeeding	Formula Feeding
Advantages	• • • • •	• • • • •
Disadvantages	• • • • •	• • • • •



Information for Babysitting/ Child Care Participants

Spoon feeding an infant or toddler:

1. Wash your hands and the infant's or toddler's hands.
2. Prepare the food. If the food, such as strained baby food or cereal, needs to be heated, place the jar or container into a pan of warm water. If you are using a microwave to heat the food, be sure to stir the food and check its temperature. If too hot, do not blow on it; rather, let it sit until lukewarm.
3. Gather any supplies: bib, spoon(s), cup, milk, water, or juice.
4. Place the infant or toddler in a high chair if he uses one, or in an infant seat. Buckle the safety belt.
5. ***Infants:*** Use a spoon to feed the infant strained food or cereal. Infants who are just beginning to eat from a spoon may push much of it out of their mouth. Be patient and keep trying, with small amounts at a time on the spoon.

   Toddlers: Some toddlers may want to try to feed themselves, so let them also have a spoon as you continue the feeding process. If you are feeding a toddler finger food, be sure to cut it into small pieces to avoid the chance of choking. Let the toddler try to feed himself, if interested. Again, be patient. This can be a messy process, but it is usually a fun time for children.

   ***Preschoolers and School-aged Children*:** Consult with parents on the menu, how much, and when to feed the child. Be sure to ask about any food allergies. If the child does not want to eat, wait a while then try again. While older children can feed themselves, you will need to prepare the food for them. They may want to help you with clean up if they are old enough.

   All ages: If the child is doing more playing with the food than eating, he is probably finished eating.
6. Wash the infant's or toddler's hands and face. Wipe up any spills.
7. Wash your hands.

Food safety tips:

1. Never leave a child alone in a high chair, not even for a minute. Keep high chairs and infant seats away from the stove or counter.
2. Avoid foods that are choking hazards for children: hot dog slices, raisins, nuts, carrots, marshmallows, popcorn, hard candy, grapes, etc. Make sure food is cut into small pieces.
3. If using a microwave, be sure to stir the food frequently and do not overheat. Check food to make sure it is not too hot.
4. Give the child a few pieces of food at a time. Some try to stuff their mouths full of food.
5. Infants who are breastfed may not easily take a bottle. These infants often go directly from being breastfed to drinking from a sippy cup.

REVIEW: Holding and Feeding Review

5 minutes

Purpose:

This activity serves to reinforce what participants have learned in the lesson.

Materials:

- *Holding and Feeding Basics* worksheet

Facilitation Steps:

1. Tell participants you are going to review what they learned today.
2. Give each participant a copy of the *Holding and Feeding Basics* worksheet.
3. Conduct a brief discussion by posing the following questions and asking volunteers to answer:
   - What do you need to support when holding or handling an infant? *Answer: Back, neck, head.*
   - What are three ways to hold an infant? *Answer: Cradle, shoulder, and football holds.*
   - Why should you respond to an infant's hunger cries as soon as possible? *Answer: It prevents the infant from working him or herself into a frenzy. It also lets the infant know that he can trust that you will meet his needs and that when he communicates, there is a good result. Crying is an infant's only way to communicate. You cannot spoil an infant.*
   - What are three methods of burping an infant? *Answer: Over your shoulder*, *on your lap over the knees*, and *sitting the infant up on your lap.*
   - What is nursemaid's elbow? *Answer: One of the bones in the infant's forearm slips out of place. It occurs when a child is pulled too hard by the hand or wrist, picked up by one arm, or lifted in the air by the arms.*
   - What are the advantages of breast milk versus formula? *Answer: Convenient, free, sanitary, infection fighting, easy to digest, correct temperature, cannot overfeed, less likely to cause allergic reactions, promotes bonding with mom.*
   - What are the advantages of formula versus breast milk? *Answer: Share feeding experience, flexibility, mom's diet not a concern, less frequent feedings.*
   - What causes baby bottle tooth decay? *Answer: When any liquid other than water sits in the infant's mouth too long, it causes cavities in baby teeth.*

Holding and Feeding Basics

Name: _____

Date: _____

Directions: Thinking about the information presented on holding and feeding an infant, fill in the blanks and answer the TRUE and FALSE question below.

HOLDING—Always support the:

- _____
- _____
- _____

HOLDING—Three methods of holding an infant are:

- _____
- _____
- _____

FEEDING—Feeding is a time to connect with the infant. TRUE or FALSE

FEEDING—Three methods of burping an infant are:

- _____
- _____
- _____

Instructor Background Information

Feeding

Feeding provides a great opportunity to connect with the infant. Look at the infant and talk to him or her in a soothing voice while you feed.

Sometimes parents worry about their infant's eating habits. Some infants eat more and others eat less. If there is concern and the infant does not seem to be gaining weight, the infant should be seen by his or her healthcare provider. Infant growth is tracked according to a growth chart, a scale that shows how an infant is growing according to her age and sex compared to other children the same age in your country. Infants should steadily gain weight.

Breast milk is the preferred choice, especially for infants 0-6 months old. The next best choice is iron-fortified infant formula. Cow's milk is **not** appropriate for children under the age of one year.

Breast Milk versus Formula

The advantages of breast milk include: easy digestion, convenient, free, no preparation, right temperature, sanitary, protects infant from potential infections and diseases, additional financial savings from fewer trips to doctor due to illness, and physical benefits to mother.

The disadvantages of breast milk include: less bonding for male caregiver, more time required of mother—frequency and length of feedings is greater, and mother must monitor what she eats.

The advantages of formula include: male caregiver can bond with infant through feedings, mother does not need to be concerned about how her diet will affect the infant, more flexibility—mother can leave infant with babysitter once bottles are prepared, and time and frequency of feedings is less.

The disadvantages of formula include: a good supply of formula must be on hand at all times to ensure not running out; preparation takes more time—washing bottles, mixing formula, heating formula; lack of antibodies found in breast milk; expense; and may cause gas or constipation.

Mothers can pump their milk so that others can feed the infant. Breast milk can be stored for 24 hours in the refrigerator or up to two months in the freezer. When a mother is planning to go back to work, she can begin offering a bottle two weeks before she starts. Having someone else give the bottle to the infant makes the transition easier.

When using a bottle:

- Always check the expiration date on the formula container.
- Do not save leftover formula or breast milk. If the infant does not finish a bottle in one feeding, do not keep the formula or breast milk for the next feeding as bacteria from the infant's saliva can get into the milk, potentially causing an upset stomach or diarrhea.
- Make only as much formula or breast milk as the infant usually eats, to help avoid waste.
- Store prepared formula or breast milk in the refrigerator no longer than 48 hours. Throw out formula that has been left out of the refrigerator longer than one hour. Check the formula's label for complete information.
- Usually bottles will need to be warmed up before feeding the infant, unless the infant prefers cold formula. Do not use the microwave to warm an infant's bottle because it can create dangerous "hot spots." To warm a bottle, run it under warm water for a few minutes or put it in a pan of warm water for a few minutes. Test the temperature by squirting a drop or two of the formula on the inside of your wrist.

Infants Give Signals: Observe and Respond

- Feed when she shows signs of being hungry
- Help him calm down so he can eat peacefully
- Hold the infant during feeding, talk and look into the infant's eyes
- Stop feeding when the infant seems to be full (i.e., turns away)

Responding to the infant helps her learn:

- You will respond to her needs, building trust
- She is a good communicator, because you responded when she cried
- To eat and sleep in a predictable pattern
- Milk is for nutrition, not for comfort

Burping

A repeated gentle patting on the infant's back is best. Do not pat too hard. To avoid messy clean ups, use a burp cloth on your shoulder, or put a towel or bib under the infant's chin. Three common positions for burping are:

- Sit upright and hold the infant against your chest. The infant's chin should rest on your shoulder as you support his or her head and back with one hand. With the other hand, gently pat the infant's back.
- Hold the infant sitting up in your lap or across your knee. Support the infant's chest and head with one hand by cradling his chin in the palm of your hand and resting the heel of your hand on his chest, being careful to grip his chin, not throat. With the other hand, gently pat the infant's back.
- Lay the infant on your lap on his belly. Support the infant's head and make sure it's higher than his chest. Gently pat the infant's back.

If the infant is fussy while feeding, pause to burp the infant. Try burping after every two to three ounces (60 to 90 milliliters). Consider keeping infants 0-6 months of age in an upright position for 10 to 15 minutes after feeding to help prevent the milk from coming back up, especially if they are prone to spitting up.

Spitting Up

Most infants do some amount of spitting up after eating. While this can be messy, it is not a cause for concern. It rarely indicates a serious problem. Although it may be impossible to prevent spitting up entirely, these tips may help:

- Keep a burping cloth handy. These also help protect your clothes when burping the infant.
- Keep feeding time calm. Make each feeding peaceful and relaxed. Feed the infant as soon after he begins to cry for food as possible. This prevents him from becoming frantic.
- Try feeding less at a sitting. Feed an ounce less than usual, feeding more frequently.
- Burp frequently. Burping after every two to three ounces (60 to 90 milliliters) helps prevent air from building up in the infant's stomach. To avoid putting extra pressure on the infant's stomach, use the sitting up method to burp, supporting the back and head with your hand.
- Keep the infant upright during and after feeding. Gravity can help stomach contents stay where they belong. Try not to jostle the infant while food is settling.
- Check nipple size. Make sure the nipple hole is not too large or too small. To test for correct size, hold the bottle upside down. A few drops of milk will fall out of a correctly-sized nipple.

While most spitting up is harmless, the following situations may require a review by a healthcare professional. The infant:

- Is not gaining weight
- Is lethargic
- Spits up forcefully, projecting stomach contents
- Spits up more than one or two tablespoons at a time
- Is hungry between feedings
- Has few wet diapers
- Displays discomfort after feedings (possible acid reflux)

Baby Bottle Tooth Decay (BBTD)

BBTD is caused by prolonged contact with almost any liquid other than water, such as breast milk, formula, juice, or any liquid with natural or added sugars. Generally BBTD occurs when the infant is put to bed with a bottle, or allowed to suck on a bottle outside of meal times. The natural or added sugars in the liquid are changed to acid by germs in the mouth. This strong acid can begin to dissolve the teeth, causing them to decay. To avoid BBTD, do not put the infant to bed with a bottle; only give a bottle during meal times. Keep the infant's mouth clean by gently brushing his or her gums or any baby teeth with a soft infant toothbrush and water daily.

Additional Resources

Publications:

Satter, E. (1999). *Secrets of feeding a healthy family.* Madison, WI: Kelcy Press.

Satter, E. (2000). *Child of mine: Feeding with love and good sense.* Boulder, CO: Bull Publishing Company.

Organizations and Web Sites:

American Society for Nutrition (ASN)
www.nutrition.org

Amy's Babies
www.amysbabies.com

babygooroo.com
www.babygooroo.com

Breastfeeding Essentials
www.breastfeed-essentials.com/offerbottle.html

Ellyn Satter Associates
www.ellynsatter.com

Quackwatch
www.quackwatch.com

wholesomebabyfood.com
www.wholesomebabyfood.com

U.S. National Health Education Standards Supported

5.8.2; 7.8.2-3, 7.12.2-3

U.S. National Standards for Family and Consumer Sciences Education Supported

15.2, 15.2.1, 15.2.4, 15.4

2

Lesson Five

Bathing and Diapering



Lesson Overview

In this lesson, participants practice bathing, diapering, and dressing an infant so that the infant feels safe and secure. Techniques and safety information for bathing and diapering an infant are provided. The lesson begins with a discussion about the pros and cons of disposable vs. cloth diapers.

Lesson Objectives

After completing this lesson, participants will be able to:

- Describe infant bathing preparation and safety issues
- Demonstrate how to properly bathe an infant
- Demonstrate the proper steps for changing an infant's disposable or cloth diaper
- Describe the pros and cons of cloth vs. disposable diapers
- Identify the steps in proper glove removal

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Disposable vs. Cloth Diapers* worksheet (one per participant) • Unit 2 Lesson 5 PowerPoint: Slide 2	1. Print/photocopy participant worksheet. 2. Prepare to display lesson PowerPoint or overhead transparencies.	10 minutes
LEARN	• RealCare® Babies with accessories • Unit 2 Lesson 5 PowerPoint: Slides 3-4 • Infant towels • Washcloths • Infant bathtubs • Infant soap and/or shampoo • Cotton balls or pads • *Bathing an Infant* handout (one per participant) • *Bathing Observation* worksheet (one per participant)	1. Prepare Babies with accessories for demonstration of continuous "Coo." 2. Prepare to display lesson PowerPoint or overhead transparencies. 3. Purchase or obtain infant towels, washcloths, infant bathtubs, infant soap and/or shampoo, and cotton balls or pads. 4. Print/photocopy participant handout and worksheet.	15 minutes
LEARN	• RealCare® Babies with accessories • Unit 2 Lesson 5 PowerPoint: Slides 5-8 • Disposable gloves • Water resistant pads • Disposable diapers • Baby wipes or washcloths • Plastic bags • Cloth diapers • Rubber pants • Baby pins • *Diapering an Infant (Disposable)* handout (one per participant) • *Diapering Observation (Disposable)* worksheet (one per participant) • *Diapering an Infant (Cloth)* handout (one per participant) • *Diapering Observation (Cloth)* worksheet (one per participant)	1. Prepare Babies with accessories for demonstration of continuous "Coo." 2. Prepare to display lesson PowerPoint or overhead transparencies. 3. Purchase or obtain disposable gloves, water resistant pads, disposable diapers, baby wipes or washcloths, plastic bags, cloth diapers, rubber pants, and baby pins. 4. Print/photocopy participant handouts and worksheets.	15 minutes
REVIEW	• Any lesson materials used		5 minutes

2

FOCUS: Disposable vs. Cloth Diapers

10 minutes

Purpose:

Participants discuss in groups the pros and cons of disposable vs. cloth diapers.

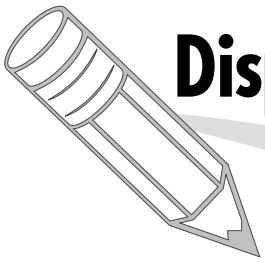
Materials:

- *Disposable vs. Cloth Diapers* worksheet
- Unit 2 Lesson 5 PowerPoint: Slide 2

Facilitation Steps:

1. Give each participant a copy of the *Disposable vs. Cloth Diapers* worksheet.
2. Divide participants into groups of four and have each participant within the group fill in one quadrant, then share their ideas with one another to complete all quadrants, contributing additional ideas as they see fit.
3. Ask for volunteers to share their ideas and display *Slide 2.*

2



Disposable vs. Cloth Diapers

Name: _____

Date: _____

Directions: With your group, decide who will fill in each quadrant of the chart below. Then share your ideas with one another to complete all quadrants, contributing additional ideas as you see fit.

	Disposable Diapers	Cloth Diapers
Advantages	• • • • •	• • • • •
Disadvantages	• • • • •	• • • • •

2

LEARN: Bathing an Infant

15 minutes

Purpose:

This activity focuses on preparation, safety, and actions required when bathing an infant.

Materials:

- RealCare® Babies with accessories
- Unit 2 Lesson 5 PowerPoint: Slides 3-4
- Infant towels
- Washcloths
- Infant bathtubs
- Infant soap and/or shampoo
- Cotton balls or pads
- *Bathing an Infant* handout
- *Bathing Observation* worksheet

Facilitation Steps:

1. Give each participant or group of participants one Baby.
2. Demonstrate how to properly undress an infant, explaining the following steps:
   - Gather clean clothes to be changed into.
   - If the infant is wearing a shirt with snaps/buttons, undo any snaps or buttons on the shirt, gently slide one arm of the sleeve by pulling on the cuff and then slide the other arm out.
   - If the infant is wearing a pullover shirt, gently slide one arm out of the sleeve by pulling on the cuff; then slide the other arm out. Ease the shirt up and off over the infant's head.
3. Program participants' Babies to demonstrate "Coo," selecting "Continuous" and altering event duration to allow enough time for participant practice. Have each participant practice the techniques you modeled. Circle the room and offer assistance and answer questions as necessary.

   NOTE: Programming Babies to demonstrate a continuous coo will help you identify whether the participants are providing proper head support while practicing the techniques you modeled.
4. Display *Slides 3-4* and demonstrate how to properly prepare for a bath and bathe an infant, explaining the following steps:

   NOTE: It is unlikely that babysitting/child care participants will need to bathe an infant or toddler. But if asked to bathe an infant or toddler, it is important that they understand the safety issues involved.

   NOTE: **Baby cannot be immersed in water. DO NOT use water when demonstrating this skill. Instead, simulate filling the tub with water then "bathe" Baby with a dry washcloth.**

   - Keep the infant in a safe place, such as an infant seat, while you gather supplies: infant towel and washcloth, infant bathtub, infant soap, cotton balls or pads, clean diaper and clothes.
   - Use something to line the tub to keep the infant from slipping, such as a foam liner or a towel. Be sure to dry and/or launder the foam liner or towel after use to prevent the growth of germs.
   - Fill the tub with two to three inches of warm (not hot) water. Test the water temperature with your elbow.

- Use a damp cotton ball or pad to gently wipe the infant's eyes before you put him or her in the tub. Use a separate cotton ball for each eye to prevent the spread of possible infections. Be sure to support the infant's head and neck.
- Gently place the infant in the tub of water. If he or she is not old enough to sit up, support the head and neck as you recline the infant slightly.
- Use a clean, damp washcloth without soap to wash the infant's face. Gently wash the outside and back of each ear and the neck.
- If you are washing hair, lean the infant back and gently massage water into hair and scalp. Use a cup to pour water over his or her hair, being careful to let the water run backward, not into the infant's face. You can use baby shampoo if desired, but there is really no need. Infants are born with all the natural oils needed to keep the scalp beautiful, and shampoos can spoil this balance. If you do use a mild baby shampoo, when you rinse it, cup your hand across the infant's forehead so the suds run toward the sides and soap does not get into the eyes.

  NOTE: You will be simulating using soap, water, and shampoo.
- Regularly pour water gently over the infant's body so he or she does not get cold.
- Wash the infant's body, starting with the chest. After washing with a soapy washcloth, rinse the cloth in the bath water and use it to rinse the infant.
- Pat the infant dry with a clean towel. Make sure to dry gently behind the ears and in the skin folds, so that no excess moisture is left there. Always keep the infant covered with a towel to keep warm until he or she is dry. Gently dry the hair with a towel as much as possible. The fine hair of an infant will dry quickly. Do not use a hair dryer, as it is unnecessary and potentially dangerous.
- When dry, lay the infant down in a safe place to put on a clean diaper and clothes.

5. Give each participant a copy of the *Bathing an Infant* handout and *Bathing Observation* worksheet. Divide participants into groups of two and explain that one participant will practice the techniques you modeled while the other will observe and critique, noting on the checklist whether each step is completed correctly, and vice versa.
6. Repeat step 3 and have participants practice the techniques you modeled.
7. Demonstrate how to properly dress an infant, explaining the following steps:
   - If you are using a pullover shirt, stretch the neck of the shirt and gently pull the neck opening over the infant's head, keeping it away from face and ears if possible.
   - Reach through the sleeve opening and gently draw one arm through it then do the same with the other arm.
   - Older toddlers and preschoolers may want to dress themselves. Let them help. Allow plenty of time when dressing a child. Rushing can upset the child and make the job more difficult.
8. Repeat step 3 and have participants practice the techniques you modeled.

Bathing an Infant

How to bathe an infant:

1. Keep the infant in a safe place, such as an infant seat, while you gather supplies: infant towel and washcloth, infant bathtub, infant soap, cotton balls or pads, clean diaper and clothes.
2. Use something to line the tub to keep the infant from slipping, such as a foam liner or a towel. Be sure to dry and/or launder the foam liner or towel after use to prevent the growth of germs.



3. Fill the tub with two to three inches of warm (not hot) water. Test the water temperature with your elbow.
4. Use a damp cotton ball or pad to gently wipe the infant's eyes before you put him or her in the tub. Use a separate cotton ball for each eye to prevent the spread of possible infections. Be sure to support the infant's head and neck.
5. Gently place the infant in the tub of water. If he or she is not old enough to sit up, support the head and neck as you recline the infant slightly.
6. Use a clean, damp washcloth without soap to wash the infant's face. Gently wash the outside and back of each ear and the neck.



7. If you are washing hair, lean the infant back and gently massage water into hair and scalp. Use a cup to pour water over his or her hair, being careful to let the water run backward, not into the infant's face. If you use a mild baby shampoo, when you rinse it, cup your hand across the infant's forehead so the suds run toward the sides and soap does not get into the eyes.
8. Regularly pour water gently over the infant's body so he or she does not get cold.
9. Wash the infant's body, starting with the chest. After washing with a soapy washcloth, rinse the cloth in the bath water and use it to rinse the infant.



10. Pat the infant dry with a clean towel. Make sure to dry gently behind the ears and in the skin folds, so that no excess moisture is left there. Always keep the infant covered with a towel to stay warm until he or she is dry. Gently dry the hair with a towel as much as possible. The fine hair of an infant will dry quickly. Do not use a hair dryer, as it is unnecessary and potentially dangerous.
11. When dry, lay the infant down in a safe place to put on a clean diaper and clothes.

Bath safety:

1. Choose a place where there are no drafts, so the infant stays warm during the bath.
2. Never leave the infant alone—even for a moment—in a bathtub or near any water. An infant can drown in as little as two inches of water.
3. Do not use bubble bath or harsh soap as these may cause rashes.

Bathing Observation

Name: _____

Date: _____

Directions: Observe your partner bathing Baby. If a step is completed correctly, place a check mark in the "Completed Correctly" column. If a step is completed incorrectly, note any missed steps, incorrect processes, and/or mishandling of Baby. DO NOT get Baby wet. Use dry cloths only.

Step	Description	Completed Correctly	Comments
1	Gather supplies		
2	Line the tub		
3	Fill tub with 2-3 inches of water, test		
4	Wipe infant's eyes		
5	Place infant in tub		
6	Support head, neck, and back		
7	Wash face		
8	Wash hair		
9	Wash body		
10	Dry body and hair with towel		
11	Lay infant down to diaper, then dress		

Common errors:

- Not having all supplies ready before beginning the bath
- Not supporting the infant's head, neck, and back
- Not drying the infant thoroughly

LEARN: Diapering an Infant

15 minutes

Purpose:

This activity focuses on preparation, safety, and actions required when diapering an infant, using cloth or disposable diapers. A discussion about the benefits and disadvantages of cloth vs. disposable diapers is included in this activity.

Materials:

- RealCare® Babies with accessories
- Unit 2 Lesson 5 PowerPoint: Slides 5-8
- Disposable gloves
- Water-resistant pads
- Disposable diapers
- Baby wipes or washcloths
- Plastic bags to discard dirty diapers
- Cloth diapers
- Rubber pants
- Baby pins for cloth diapers
- *Diapering an Infant (Disposable)* handout
- *Diapering Observation (Disposable)* worksheet
- *Diapering an Infant (Cloth)* handout
- *Diapering Observation (Cloth)* worksheet

Facilitation Steps:

1. Give each participant or group of participants one Baby.
2. Explain that during this activity real diapers will be used, rather than the diapers that come with Baby. Later, during the care simulation, participants will use the diapers that come with Baby as they electronically interact with Baby's sensors to track whether its diaper has been changed.
3. Explain that an infant's diaper generally needs to be changed at least six times per day, more often if necessary. With today's absorbent disposable diapers, the infant may not seem wet, but leaving him or her in a soiled diaper is unhealthy, uncomfortable, and contributes to diaper rash. Most infants will dirty a diaper after each feeding and several in between feedings.
4. Display *Slide 5* and demonstrate how to properly diaper an infant with a disposable diaper, explaining the following steps:
   - Keep the infant in a safe place, such as an infant seat, while you gather supplies: disposable gloves, water-resistant pad, disposable diaper, baby wipes or washcloth, and plastic bag. Explain that you must be careful to never leave the infant unattended, even for a moment. Infants can wiggle off a changing table easily and get hurt. Safety straps on the changing table should be used. If uncomfortable using a changing table, a crib or the floor may also be used. If using the floor, put an infant blanket down first.
   - Wash your hands and put on disposable gloves.
   - Place a water-resistant pad under the infant by lifting his or her legs with one hand and sliding the pad under the infant's bottom with the other.
   - Peel back the fasteners on either side of the dirty diaper. Remove the dirty diaper by lifting the infant's legs or hips high enough to slide the dirty diaper away. Fold the fasteners back over the dirty diaper and set aside, out of the infant's reach.
   - Clean the infant's bottom with baby wipes or a washcloth. Always clean from front to back, and be sure to get in between the folds of the skin to remove any mess or urine. Wipe gently. If a boy, keep him covered with a washcloth or baby wipe to avoid being sprayed.

- Unfold the clean diaper and slide it under the infant by holding his or her legs up with one hand and sliding the diaper under the infant's bottom with the other hand. Be sure the fasteners on the clean diaper are on the bottom and are about even with the infant's belly button.
- Pull the front of the clean diaper up between the infant's legs. If a boy, place the penis in a downward position before fastening the diaper. This helps prevent leaks from creeping above the waistline. Secure the diaper by peeling back the fasteners on either side of the diaper, bringing them around to overlap the front of the diaper, and attaching them to the front.
- Place the dirty diaper in a plastic bag. Wipe the water-resistant pad with a clean baby wipe and discard the wipe in the bag. Remove your disposable gloves (see *Slide 6* for proper glove removal steps) and discard them in the bag.
- Place the infant in a safe location, such as an infant seat. Wash his or her hands with a clean cloth, and then wash your hands.

5. Give each participant a copy of the *Diapering an Infant (Disposable)* handout and the *Diapering Observation (Disposable)* worksheet. Divide participants into groups of two and explain that one participant will practice the techniques you modeled while the other will observe and critique, noting on the checklist whether each step is completed correctly, and vice versa.
6. Program participants' Babies to demonstrate "Coo," selecting "Continuous" and altering event duration to allow enough time for participant practice. Have each participant practice the techniques you modeled. Circle the room and offer assistance and answer questions as necessary.
7. Display *Slide 7* and demonstrate how to properly diaper an infant with a cloth diaper, explaining the following steps:
   - Keep the infant in a safe place, such as an infant seat, while you gather supplies: disposable gloves, water-resistant pad, cloth diaper, and baby wipes or washcloth.
   - Wash your hands and put on disposable gloves.
   - Place a water-resistant pad under the infant by lifting his or her legs with one hand and sliding the pad under the infant's bottom with the other.
   - Remove the infant's rubber pants. Unfasten and remove the pins from the cloth diaper, keeping the pins out of the infant's reach.
   - Remove the dirty diaper by lifting the infant's legs or hips high enough to slide the dirty diaper away. Fold the dirty diaper so the mess is on the inside. Set the dirty diaper aside, out of the infant's reach.
   - Clean the infant's bottom with baby wipes or a washcloth. Always clean from front to back, and be sure to get in between the folds of the skin to remove any mess or urine. Wipe gently. If a boy, keep him covered with a washcloth or baby wipe to avoid being sprayed.
   - Fold the clean diaper. If you are diapering a boy, fold the top edge down so that the fold is face down in the front. If you are diapering a girl, fold the diaper so the fold is face down in the back. Hold the infant's legs up with one hand and slide the clean diaper under the infant's bottom with the other hand.
   - Pull the front of the diaper in between the infant's legs. Bring the back of the diaper sides around the infant and on top of the front at each side. Hold your fingers between the diaper and the infant and secure the pins on each side. The diaper should fit snugly, but not too tightly.
   - Put the rubber pants on over the cloth diaper.
   - Clean out the dirty diaper by disposing of feces in the toilet. Place the dirty diaper in the diaper pail. Wipe the water-resistant pad with a clean baby wipe and discard in the trash. Remove your disposable gloves (see *Slide 6* for proper glove removal steps) and discard in the trash.
   - Place the infant in a safe location, such as an infant seat. Wash his or her hands with a clean cloth, and then wash your hands.
8. Display *Slide 8* and briefly discuss.
9. Give each participant a copy of the *Diapering an Infant (Cloth)* handout and the *Diapering Observation (Cloth)* worksheet. Divide participants into groups of two and explain that one participant will practice the techniques you modeled while the other will observe and critique, noting on the checklist whether each step is completed correctly, and vice versa.
10. Repeat step 6 and have participants practice the techniques you modeled.

Diapering an Infant (Disposable)

How to diaper an infant using disposable diapers:

1. Keep the infant in a safe place, such as an infant seat, while you gather supplies: disposable gloves, water-resistant pad, disposable diaper, baby wipes or washcloth, and plastic bag.



2. Wash your hands and put on disposable gloves.
3. Place a water-resistant pad under the infant by lifting his or her legs with one hand and sliding the pad under the infant's bottom with the other.
4. Peel back the fasteners on either side of the dirty diaper. Remove the dirty diaper by lifting the infant's legs or hips high enough to slide the dirty diaper away. Fold the fasteners back over the dirty diaper and set aside, out of the infant's reach.
5. Clean the infant's bottom with baby wipes or a washcloth. Always clean from front to back, and be sure to get in between the folds of the skin to remove any mess or urine. Wipe gently. If a boy, keep him covered with a washcloth or baby wipe to avoid being sprayed.



6. Unfold the clean diaper and slide it under the infant by holding his or her legs up with one hand and sliding the diaper under the infant's bottom with the other hand. Be sure the fasteners on the clean diaper are on the bottom and are about even with the infant's belly button.
7. Pull the front of the clean diaper up between the infant's legs. If a boy, place the penis in a downward position before fastening the diaper. This helps prevent leaks from creeping above the waistline. Secure the diaper by peeling back the fasteners on either side of the diaper, bringing them around to overlap the front of the diaper, and attaching them to the front of the diaper.



8. Place the dirty diaper in a plastic bag. Wipe the water-resistant pad with a clean baby wipe and discard it in the bag. Remove your disposable gloves and discard them in the bag.
9. Place the infant in a safe location, such as an infant seat. Wash your hands, and then wash his or her hands with a clean cloth.

Diaper safety:

1. Never leave the infant unattended, even for a moment. Infants can easily wiggle off changing tables and get hurt. Use the safety straps on the changing table to help secure the infant.
2. If the infant tends to squirm, distract him or her with a toy, or talk or sing to him or her.

Diapering Observation (Disposable)

Name: _____

Date: _____

Directions: Observe your partner diapering Baby. If a step is completed correctly, place a check mark in the "Completed Correctly" column. If a step is completed incorrectly, note any missed steps, incorrect processes, and/or mishandling of Baby.

Step	Description	Completed Correctly	Comments
1	Gather supplies		
2	Wash hands, put on gloves		
3	Place pad under infant's bottom		
4	Remove dirty diaper		
5	Clean infant's bottom		
6	Open clean diaper, slide under infant		
7	Position diaper, secure fasteners		
8	Wipe pad, remove gloves, discard with dirty diaper		
9	Wash hands, wash infant's hands		

Common errors:

- Not having all supplies ready before beginning the diapering
- Not supporting the infant's head, neck, and back
- Not cleaning the infant thoroughly
- Putting the diaper on too tightly or too loosely
- Putting the diaper on backward
- Not staying with the infant at all times
- Not removing gloves properly
- Not washing hands after glove removal

Diapering an Infant (Cloth)

How to diaper an infant using cloth diapers:

1. Keep the infant in a safe place, such as an infant seat, while you gather supplies: disposable gloves, water-resistant pad, cloth diaper, and baby wipes or washcloth.
2. Wash your hands and put on disposable gloves.



3. Place a water-resistant pad under the infant by lifting his or her legs with one hand and sliding the pad under the infant's bottom with the other.
4. Remove the infant's rubber pants. Unfasten and remove the pins from the cloth diaper, keeping the pins out of the infant's reach.
5. Remove the dirty diaper by lifting the infant's legs or hips high enough to slide the dirty diaper away. Fold the dirty diaper so the mess is on the inside. Set the dirty diaper aside, out of the infant's reach.
6. Clean the infant's bottom with baby wipes or a washcloth. Always clean from front to back, and be sure to get in between the folds of the skin to remove any mess or urine. Wipe gently. If a boy, keep him covered with a washcloth or baby wipe to avoid being sprayed.
7. Fold the clean diaper. If a boy, fold the top edge down so that the fold is face down in the front. If a girl, fold the diaper so the fold is face down in the back. Hold the infant's legs up with one hand and slide the clean diaper under the infant's bottom with the other hand.



8. Pull the front of the diaper in between the infant's legs. Bring the back of the diaper sides around the infant and on top of the front at each side. Hold your fingers between the diaper and the infant and secure the pins on each side. The diaper should fit snugly, but not too tightly.
9. Put the rubber pants on over the cloth diaper.
10. Clean out the dirty diaper by disposing of feces in the toilet. Place the dirty diaper in the diaper pail. Wipe the water-resistant pad with a clean baby wipe and discard in the trash. Remove your disposable gloves and discard in the trash.



11. Place the infant in a safe location, such as an infant seat. Wash your hands, and then wash his or her hands with a clean cloth.

Diaper safety:

1. Never leave the infant unattended, even for a moment. Infants can easily wiggle off changing tables and get hurt. Use the safety straps on the changing table to help secure the infant.
2. If the infant tends to squirm, distract him or her with a toy, or talk or sing to him or her.

Diapering Observation (Cloth)

Name: _____

Date: _____

Directions: Observe your partner diapering Baby. If a step is completed correctly, place a check mark in the "Completed Correctly" column. If a step is completed incorrectly, note any missed steps, incorrect processes, and/or mishandling of Baby.

Step	Description	Completed Correctly	Comments
1	Gather supplies		
2	Wash hands, put on gloves		
3	Place pad under infant's bottom		
4	Remove rubber pants		
5	Remove dirty diaper		
6	Clean infant's bottom		
7	Fold clean diaper, slide under infant • Boys: fold face down in front • Girls: fold face down in back		
8	Position diaper, secure with pins		
9	Place rubber pants over clean diaper		
10	Clean and discard dirty diaper, wipe pad, remove gloves, discard in trash		
11	Wash hands, wash infant's hands		

Common errors:

- Not having all supplies ready before beginning the diapering
- Not supporting the infant's head, neck, and back
- Not cleaning the infant thoroughly
- Putting the diaper on too tightly or too loosely
- Sticking the infant with pin
- Putting the diaper on backward or folding incorrectly
- Not staying with the infant at all times
- Not removing gloves properly
- Not washing hands after glove removal

REVIEW: Bathing and Diapering Review

5 minutes

Purpose:

This activity serves to reinforce what participants have learned in the lesson.

Materials:

- Any materials used in previous activities within the lesson.

Facilitation Steps:

1. Conduct a brief discussion by posing the following questions and asking volunteers to answer:

   - You are giving an infant a bath and the phone rings. The phone is almost within reach. It would take only a few seconds to reach it. Do you get the phone? Why or why not? *Answer: No, the infant could fall out of the tub or into the water. Never leave an infant unattended, even for a few seconds.*
   - A parent wants you to use cloth diapers. You dislike using them. What is the best thing to do?

     A. Use disposable diapers and right before the parent comes home, switch to a cloth diaper

     B. Do not change the infant as often because you dislike using cloth diapers

     C. Ask the parent if it is okay to not use cloth diapers

     D. Do what the parent has asked you to do.
     Answer: D.

2. After diapering Baby with disposable and cloth diapers, explain any challenges you encountered.

U.S. National Health Education Standards Supported

7.8.2-3, 7.12.2-3

U.S. National Standards for Family and Consumer Sciences Education Supported

15.2, 15.2.1

Lesson Six

Schedule and Tracking



Lesson Overview

In this lesson, participants will learn how to track infant and toddler schedules, the importance of tracking, and the kind of information that should be tracked during a child's day.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify infant and toddler care needs that should be tracked, and the reasons for tracking them
- Use the *Infant/Toddler Schedule* to track care needs of infants and toddlers
- List safe sleep methods to help reduce the potential for SIDS
- Identify prevalence and propensity facts about SIDS

Lesson at a Glance

In preparation for this lesson, read the instructor background information located at the end of this lesson.

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Scenario: The Parent and the Caregiver* handout (one per volunteer) • RealCare® Baby with accessories • *The Caregiver: Tracking and Scheduling* worksheet (one per participant) • *Infant/Toddler Schedule I* worksheet (one per participant)	1. Print/photocopy participant handout and worksheets. 2. Set up Baby with accessories on a table at the front of the classroom.	10 minutes
LEARN	• Unit 2 Lesson 6 PowerPoint: Slides 2-3 • *Day in the Life* handout (one per participant) • *Infant/Toddler Schedule II* worksheet (one per participant) • *SIDS Facts* handout (one per participant)	1. Prepare to display lesson PowerPoint or overhead transparencies. 2. Print/photocopy participant handouts and worksheet.	20 minutes
REVIEW	• *Unit 2 Assessment* (one per participant) • *Unit 2 Assessment* Answer Key	1. Print/photocopy participant quiz.	15 minutes

FOCUS: You are the Parent/Caregiver

10 minutes

Purpose:

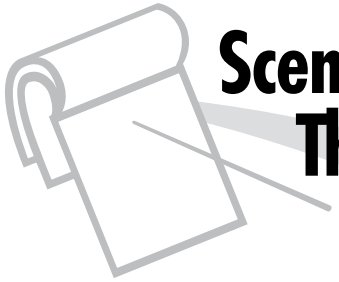
The purpose of this activity is to identify the need for tracking the schedules of an infant or toddler for both the parent/guardian and caregiver.

Materials:

- *Scenario: The Parent and the Caregiver* handout
- RealCare® Baby with accessories
- *The Caregiver: Tracking and Scheduling* worksheet
- *Infant/Toddler Schedule I* worksheet

Facilitation Steps:

1. Ask two participants to volunteer to come to the front of the class and participate in a role play.
2. Give each volunteer a copy of the *Scenario: The Parent and the Caregiver* handout and assign one participant to be the parent/guardian (Mr. Wells) and the other to be the caregiver (holding Baby).
3. Set up the scene by reading the introduction about Mr. Wells arriving at the end of the day to pick up his daughter from the caregiver. Instruct the participant volunteers to complete the role play.
4. Give each participant a copy of *The Caregiver: Tracking and Scheduling* and *Infant/Toddler Schedule I* worksheets and ask them to fill out the first three questions individually.
5. Divide participants into groups of two or three and ask them to compare their answers and then complete questions four and five as a group. Ask groups to share some of their answers with the rest of the participants.



Scenario: The Parent and the Caregiver

Mr. Wells (parent/guardian) arrives at the end of the day to pick up his seven-month-old daughter.

Parent/Guardian: Hi there. How is my daughter doing today? Did she have a good day? Were there any problems?

Caregiver: *(Holding Baby)* She was fine. I can't think of any problems.

Parent/Guardian: What time did she last eat?

Caregiver: *(Holding Baby)* I'm not quite sure. We've had lots of different schedules with the babies here today, so I can't really tell you.

Parent/Guardian: When did she last sleep, and for how long?

Caregiver: *(Holding Baby)* Well, I don't really know for sure. I think she's been up for about an hour, but I don't recall what time she started her nap. I was working with other infants in the other room.

Parent/Guardian: When was her diaper changed last?

Caregiver: *(Give Baby to Mr. Wells)* I don't know for sure, maybe an hour or two ago? Sorry. See you tomorrow.

Mr. Wells takes his daughter from the caregiver and with a puzzled look, leaves for home.



The Caregiver: Tracking and Scheduling

Name: _____

Date: _____

Directions: Reflect upon the scenario you just observed with Mr. Wells and the caregiver of his seven-month-old daughter and answer the following questions.

1. What do you think Mr. Wells, the father, was feeling about the care his daughter received from the caregiver? Give evidence to support your answer.

   _____

   _____

   _____

2. What do you think the caregiver was feeling? Give evidence to support your answer.

   _____

   _____

   _____

3. Give five examples of how tracking the infant's daily schedule would have been beneficial for the infant, parent/guardian, and caregiver in this scenario.

   - _____
   - _____
   - _____
   - _____
   - _____

4. GROUP WORK: What other questions would a parent/guardian ask of a caregiver that would be beneficial for the health, well-being, and care of an infant/toddler?

   - _____
   - _____
   - _____

5. GROUP WORK: Use the information from this worksheet and *Infant/Toddler Schedule I* to create a tracking and scheduling chart that a caregiver and/or parent/guardian can use to identify an infant's/toddler's schedule.

Infant/Toddler Schedule I

Name: _____

Date: _____

Directions: Working with your group, use the information from *The Caregiver: Tracking and Scheduling* worksheet you completed to decide what the column titles should be on this chart. These should reflect the kind of information that parent/guardian can use to identify an infant's/toddler's schedule.

Other: _____

_____

_____

2

LEARN: Infant and Toddler Schedules

20 minutes

Purpose:

In this activity participants learn about the variety of schedules demonstrated by different infants and how to track infant care needs using an infant/toddler schedule.

Materials:

- Unit 2 Lesson 6 PowerPoint: Slides 2-3
- *Day in the Life* handout
- *Infant/Toddler Schedule II* worksheet
- *SIDS Facts* handout

Facilitation Steps:

Part 1: Sample Infant Schedules

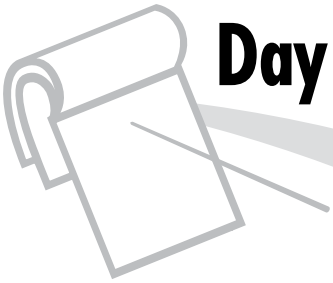
1. Display *Slide 2* and have participants compare the tracking schedule (*Infant/Toddler Schedule I*) they created as a group with the schedule on the slide. Discuss any similarities and differences.
2. Display *Slide 3* and explain that this schedule table represents the schedules of care needed by 15 different infants. The schedules are based on diaries kept by parents of real infants. Each of the 15 infant care schedules is ranked by both length of care time and length of time between care events. Explain that a care event is the need for feeding, burping, diapering, and rocking.
3. Briefly explain how to read the chart, pointing out, for example, that the Schedule 8 infant needed care every hour of the waking day (except from 7 a.m. to 8 a.m.) for at least 15 minutes of the hour. Take a moment to point out some of the differences between a hard infant and an easy infant based on the care schedule.

Part 2: Day in the Life Diaries

1. Divide participants into groups of three or four.
2. Give each participant a copy of the *Day in the Life* handout and the *Infant/Toddler Schedule II* worksheet and assign one diary per group. Have participants read through their assigned diary and decide which activities to chart. All participants should fill in their worksheets according to the group's decisions.
3. Ask groups to share generally what they decided to chart and any specific incidents they felt were worthy of noting on the chart. Add comments or suggestions as needed.
4. Ask groups to describe what a "hard" infant's chart might look like and what an "easy" infant's chart might look like. This will open up the discussion of perspective and how tracking may be influenced by the caregiver's temperament, perspective, attitude, stress level, and so on. For example, a caregiver who is having a good day or whose attitude is fairly easy going/more upbeat, may say that the infant had a good day, no major problems, while a caregiver who has had a more stressful day may note several incidents, some which may be justified, and some which may be minor.
5. Explain that regardless of the caregiver's attitude, it is important that he or she accurately report the day's activities and to note those things that a parent/guardian would want to be aware of.

Part 3: Back to Sleep—Preventing SIDS

1. Lead a class discussion by asking participants what the acronym SIDS stands for. *Answer: Sudden Infant Death Syndrome.*
2. Give each participant a copy of the *SIDS Facts* handout and briefly discuss.



Day in the Life

Samantha (3 years old)

Samantha came in ill tempered. She ate her most of her breakfast: cereal with milk, toast, and orange juice. She is able to take care of her own toileting, and use the bathroom on a regular basis throughout the day. She did not play well with the other children today, and at about 11:00 a.m., she bit Celeste (another 3 year old) because she wanted the toy that Celeste had. The bite did not draw blood. She was put into a time out and told that biting other children is not acceptable behavior. She sat in the time out chair for three minutes, and then had to apologize to Celeste. She ate a snack of crackers at 10:00 a.m. She only ate about half of her lunch at noon: chicken salad sandwich, apple, milk, carrot sticks, and cookie. She slept for 30 minutes starting at 1:00 p.m. She ate an afternoon snack of pudding at 2:30 p.m., and played well in the afternoon. Pick up time was 5:30 p.m.

Joshua (2 years old)

Joshua is a happy toddler. He came in happy and was very hungry today. He ate all his breakfast: oatmeal, banana, toast with peanut butter, and milk. He had a dirty diaper at 8:30 a.m. He enjoyed reading a book with the caregiver in the morning, and playing with the trucks. He cried because he could not have a toy someone else had. The caregiver distracted him with another activity. At 10:00 a.m. he had part of an apple and some milk. At 11:30 a.m. he had half of a ham sandwich, some applesauce, a piece of cheese, a cookie, and a glass of milk. He ate all of his lunch. He slept for the one-hour nap time and happily played for the afternoon until pick up time. He had a 3:00 p.m. snack of crackers and juice. He had a wet diaper at 11:00 a.m., 12:30 p.m., 2:30 p.m., and 4:30 p.m.

Tony (18 months old)

Tony is generally a happy toddler. He walks well and enjoys push/pull toys. He likes to be held by the caregiver, and frequently asks to be held. She holds him when she can, but gets him interested in other things to keep him occupied. He had already eaten breakfast when he came in. He had a morning snack of crackers and juice at 9:30 a.m. He had a dirty diaper at 9:45 a.m. He took a 30-minute nap just after being changed at 9:45 a.m. He played for the rest of the morning. At 11:30 a.m. he had a lunch of chicken pieces, peas, peaches, and milk. After lunch, he had a wet diaper, and then read a book with his caregiver until nap time. He slept from 1:30 p.m. to 2:30 p.m. He played with big blocks and cars after his nap. Tony bumped his head when he tripped on a toy. He cried hard. He had a snack at 3:30 p.m. of animal crackers and milk. Tony played with plastic people and houses in the afternoon. He read another book with his caregiver until his mother came to get him.

Corinne (3 years old)

Corinne cried or was fussy most of the morning and would not be comforted. She did not eat breakfast, but drank part of her juice. She finally was so tired, she took a nap until lunch time. At lunch (12:00 p.m.), she felt better and ate everything: turkey sandwich with cheese, pear, peas, cake, and milk. She asked for help with wiping when she used the bathroom after lunch. She played in the playhouse with another three-year-old for most of the afternoon. She was happy to rest and listen to a storybook in the afternoon. At 3:00 p.m. she had a snack of crackers and juice. She played and painted with watercolors until her father picked her up at 5:00 p.m.

Infant/Toddler Schedule II

Name: _____

Date: _____

Directions: Read through your assigned *Day in the Life* diary and as a group decide which activities to chart. Fill in this schedule according to the group's decisions.

Time	Feeding/Eating What/Quantity	Sleeping Length	Toileting/ Diapering	Play/ Activities	Comments

Other: _____

_____

_____

Day in the Life (Instructor Copy)

Samantha (3 years old)

Samantha came in ill tempered. She ate her most of her breakfast: cereal with milk, toast, and orange juice. She is able to take care of her own toileting, and use the bathroom on a regular basis throughout the day. She did not play well with the other children today, and at about 11:00 a.m., she bit Celeste (another 3 year old) because she wanted the toy that Celeste had. The bite did not draw blood. She was put into a time out and told that biting other children is not acceptable behavior. She sat in the time out chair for three minutes, and then had to apologize to Celeste. She ate a snack of crackers at 10:00 a.m. She only ate about half of her lunch at noon: chicken salad sandwich, apple, milk, carrot sticks, and cookie. She slept for 30 minutes starting at 1:00 p.m. She ate an afternoon snack of pudding at 2:30 p.m., and played well in the afternoon. Pick up time was 5:30 p.m.

Instructor Notes: All eating, sleeping, and toileting times should be charted. The bite should be charted. This behavior should not be allowed at home or in a childcare setting. Bites can become infected. The parents of the child who was bit should be notified by making a note on the child's schedule.

Joshua (2 years old)

Joshua is a happy toddler. He came in happy and was very hungry today. He ate all his breakfast: oatmeal, banana, toast with peanut butter, and milk. He had a dirty diaper at 8:30 a.m. He enjoyed reading a book with the caregiver in the morning, and playing with the trucks. He cried because he could not have a toy someone else had. The caregiver distracted him with another activity. At 10:00 a.m. he had part of an apple and some milk. At 11:30 a.m. he had half of a ham sandwich, some applesauce, a piece of cheese, a cookie, and a glass of milk. He ate all of his lunch. He slept for the one-hour nap time and happily played for the afternoon until pick up time. He had a 3:00 p.m. snack of crackers and juice. He had a wet diaper at 11:00 a.m., 12:30 p.m., 2:30 p.m., and 4:30 p.m.

Instructor Notes: All eating, sleeping, and diapering times should be charted. There is no need to chart the crying incident over the toy. This is typical of toddler behavior and has no impact on the child's health or well-being.

Tony (18 months old)

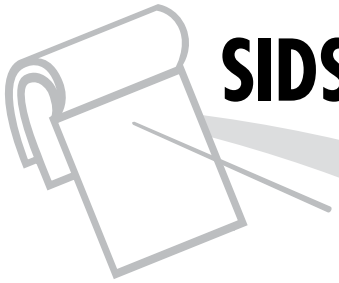
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Instructor Notes: All eating, sleeping, and diapering times should be charted. The head bump should be noted. A bruise or bump may show up later, depending on how hard he hit his head.

Corinne (3 years old)

Corinne cried or was fussy most of the morning and would not be comforted. She did not eat breakfast, but drank part of her juice. She finally was so tired, she took a nap until lunch time. At lunch (12:00 p.m.), she felt better and ate everything: turkey sandwich with cheese, pear, peas, cake, and milk. She asked for help with wiping when she used the bathroom after lunch. She played in the playhouse with another three-year-old for most of the afternoon. She was happy to rest and listen to a storybook in the afternoon. At 3:00 p.m. she had a snack of crackers and juice. She played and painted with watercolors until her father picked her up at 5:00 p.m.

Instructor Notes: All eating, sleeping, and toileting times should be charted. The incident of the crying for most of the morning should be charted. Because the crying/fussiness lasted a long time and the child would not be comforted, it could indicate an illness; lack of enough sleep the night before, or other issues.



SIDS Facts

What we know about SIDS:

1. It occurs in all kinds of families.
2. It occurs in seemingly healthy infants.
3. It has nothing to do with race or economic status.
4. It occurs most often in fall and winter months.
5. Most deaths happen before six months of age, and especially between one and four months of age.
6. It is the leading cause of death in infants between one month and one year of age.
7. It often happens quickly during sleep, and the infant shows no signs of suffering.
8. It occurs most often among boys, premature and low-birth weight infants, twins, and triplets.
9. It is determined as the cause of death only after all other causes have been eliminated through an autopsy, a thorough investigation of the death scene, and a review of the family history.
10. No one knows its cause.

Safe sleep top 10:

1. Always place the infant on his or her back to sleep, for naps and at night; it is the safest.
2. Always place the infant on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place the infant to sleep on pillows, quilts, sheepskins, or other soft surfaces.
3. Always keep soft objects, toys, and loose bedding out of the infant's sleep area. Do not use pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers in the infant's sleep area, and keep any other items away from the infant's face.
4. Never allow smoking around the infant.
5. Keep the infant's sleep area close to, but separate from, where you and others sleep. The infant should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the infant into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside co-sleeper (infant bed that attaches to an adult bed) when finished.
6. Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the infant to take it. (If you are breastfeeding, wait until the infant is one month old or is used to breastfeeding before using a pacifier.)
7. Do not let the infant overheat during sleep. Dress the infant in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.
8. Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.
9. Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other conditions, talk to your health care provider.
10. To reduce the chance that flat spots will develop on the infant's head from too much time on his or her back, provide "tummy time" when the infant is awake and someone is watching; change the direction that the infant lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

2

REVIEW: Unit 2 Assessment

15 minutes

Purpose:

The *Unit 2 Assessment* serves as the formative assessment to check participant understanding of the information presented in the unit lessons. These lessons addressed the steps for handling the basic care needs of an infant.

Materials:

- *Unit 2 Assessment*
- *Unit 2 Assessment* Answer Key

Facilitation Steps:

1. Give each participant a copy of the *Unit 2 Assessment* and give them 15 minutes to complete it.
2. Collect the assessments and review participants' answers using the answer key. If you find that participants are consistently getting a certain question or questions wrong, consider presenting the information in a different way or check understanding through verbal questioning.

2

Unit 2 Assessment

Name: _____

Date: _____

1. An infant may cry because he/she:
   a. is tired
   b. is bored
   c. is teething
   d. all of the above
2. Hands in mouth and rooting (head turns to side) is a visual clue that the infant may be experiencing:
   a. pain
   b. hunger
   c. discomfort
   d. none of the above
3. You cannot spoil an infant.
   a. True
   b. False
4. What should you do when an infant begins to cry?
   a. Wait 10 to 15 minutes then address obvious possibilities
   b. Respond right away and address obvious possibilities
   c. Nothing—you don't want to spoil the infant
5. There are more female victims of SBS than male.
   a. True
   b. False
6. SBS is NOT:
   a. a form of child abuse
   b. preventable through education
   c. from forceful, violent shaking
   d. a pre-existing medical condition
7. An infant's head is 25% of total body weight.
   a. True
   b. False
8. The order in which the infant brain is affected during a shaking is:
   a. back, front, middle
   b. middle, front, back
   c. front, back, middle
   d. back, middle, front
9. Match the area of the infant brain affected during a shaking with its associated injury.

Area	Associated Injury
____ Front	a. Visual disorders, blindness
____ Middle	b. Cognitive and emotional disabilities
____ Back	c. Inability to speak and hear, death

10. What could you do to cope with stressful situations in caring for one or more infants?
    a. Say the alphabet
    b. Take deep breaths
    c. Count to ten
    d. All of the above
11. A caregiver shouldn't force an infant to stop crying.
    a. True
    b. False
12. Who of the following is capable of shaking an infant?
    a. Only those who are easily frustrated
    b. Anyone who may become frustrated
    c. Only those who have no patience
    d. Only those who don't have knowledge about SBS
13. Having a plan for how to handle your reaction (i.e., when you are unable to soothe a crying infant) is the best defense against making a wrong choice in the midst of frustration.
    a. True
    b. False
14. When holding or handling an infant you must support the back, neck, and _____.
15. Match the following holding techniques with their descriptions.

Unit 2 Assessment (cont.)

Technique	Description
____ Cradle	a. Face up in hand, body along forearm
____ Shoulder	b. Head in elbow, body along forearm
____ Football	c. Head on shoulder, hands support

16. Nursemaid's elbow occurs when an infant is:
    a. pulled too hard by the hand or wrist
    b. picked up by one arm
    c. lifted in the air by the arms
    d. all of the above
17. If an infant is picked up improperly, his/her _____ can slip out of place and cause nursemaid's elbow.
18. When bottle feeding, the infant's head should be:
    a. higher than the rest of the body
    b. lower than the rest of the body
    c. parallel to the rest of the body
    d. it doesn't mater
19. Which of the following are advantages of breastfeeding?
    a. Sanitary
    b. Convenient
    c. Easy to digest
    d. All of the above
20. Match the following milk types with the amount of time within which they should be used.

Milk Type	Use Within
____ Formula	a. 48 hours
____ Breast milk	b. 2 hours
____ Refrigerated formula	c. 3-8 days
____ Refrigerated breast milk	d. 4-8 hours

21. Formula feeding is sanitary and convenient.
    a. True
    b. False
22. Baby bottle tooth decay occurs when an infant:
    a. is put to bed with a bottle
    b. is allowed to have juice between meals
    c. has prolonged contact with liquids other than water
    d. all of the above
23. Match each step in preparing to bathe an infant with its correct step number by writing the letter of the correct step number in the space provided next to each step.

Step	Step Number
____ Test water temperature with elbow	a. First
____ Fill tub with 2-3 inches of warm water	b. Second
____ Line the tub to prevent slipping	c. Third
____ Gather supplies	d. Fourth

24. Match each step in bathing an infant with its correct step number by writing the letter of the correct step number in the space provided next to each step.

Step	Step Number
____ Wash infant's body	a. First
____ Place infant in tub	b. Second
____ Wash infant's face, ears, and neck	c. Third
____ Wipe infant's eyes	d. Fourth
____ Lay infant down to diaper then dress	e. Fifth
____ Pat infant dry with clean towel	f. Sixth
____ Wash infant's hair	g. Seventh

25. When diapering an infant using disposable diapers, the first step is to:
    a. wash hands, put on gloves
    b. place pad under infant's bottom
    c. open clean diaper, slide under infant
    d. gather supplies
26. When dressing an infant with a pullover shirt, start with pulling the neck opening over the infant's head.
    a. True

Unit Two Assessment (cont.)

b. False

27. Match the diaper type with the advantages and disadvantages statements that apply to each by writing the letter of the diaper type next to each statement.

Statement	Diaper Type
____ Leak less	a. Cloth
____ Easier to put on	b. Disposable
____ More convenient	
____ Less diaper rash	
____ More comfortable	

28. Match the correct folding method with the gender for which it applies by writing the letter of the gender in the space next to the folding method.

Folding Method	Gender
____ Fold top edge down in the front	a. Boy
____ Fold top edge down the back	b. Girl

29. Match each step in proper glove removal with its correct step number by writing the letter of the correct step number in the space provided next to each step.

Step	Step Number
____ Discard the gloves immediately in the trash	a. First
____ Ball up the dirty glove in the palm of the other gloved hand	b. Second
____ With the clean hand, strip the glove off from underneath at the wrist, turning the glove inside out	c. Third
____ Grab the one glove at the palm and strip it off	d. Fourth

30. Why might a parent or guardian be interested in what and how much their child ate during the day? (Choose all that apply.)

a. It could help them determine whether or why the child is not feeling well

b. It may identify a pattern of eating for future reference

c. It may explain why a child is or is not hungry for the evening meal

d. To compare the eating habits of their child with those of other children

31. A caregiver's attitude can positively or negatively affect what is documented on an Infant/Toddler Schedule.

a. True

b. False

32. Which of the following are safe sleep practices for infants? (Choose all that apply.)

a. Do not let the infant overheat during sleep

b. Use home monitors to reduce the risk of SIDS

c. Use products that claim to reduce the risk of SIDS

d. Never use a pacifier to put the infant down for sleep

33. What does SIDS stands for?

a. Shaken Infant Disorder Situation

b. Sudden Infant Death Syndrome

c. Shaken Infant Death Situation

d. Sudden Infant Disorder Syndrome

34. Which of the following statements about SIDS is correct? (Choose all that apply.)

a. It occurs more frequently in unhealthy infants

b. It occurs in all kinds of families

c. It usually occurs in families with lower economic status

d. It is determined as the cause of death only after all other causes have been eliminated

35. Most SIDS deaths happen between _____ and _____ months of age.

36. SIDS occurs most often in the _____ and _____ seasons.

Unit 2 Assessment Answer Key

1. An infant may cry because he/she:
   a. is tired
   b. is bored
   c. is teething
   d. ***all of the above***
2. Hands in mouth and rooting (head turns to side) is a visual clue that the infant may be experiencing:
   a. pain
   b. ***hunger***
   c. discomfort
   d. none of the above
3. You cannot spoil an infant.
   a. ***True***
   b. False
4. What should you do when an infant begins to cry?
   a. Wait 10 to 15 minutes then address obvious possibilities
   b. ***Respond right away and address obvious possibilities***
   c. Nothing—you don't want to spoil the infant
5. There are more female victims of SBS than male.
   a. True
   b. ***False***
6. SBS is NOT:
   a. a form of child abuse
   b. preventable through education
   c. from forceful, violent shaking
   d. ***a pre-existing medical condition***
7. An infant's head is 25% of total body weight.
   a. ***True***
   b. False
8. The order in which the infant brain is affected during a shaking is:
   a. ***back, front, middle***
   b. middle, front, back
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9. Match the area of the infant brain affected during a shaking with its associated injury.

Area	Associated Injury
___b___ Front	a. Visual disorders, blindness
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10. What could you do to cope with stressful situations in caring for one or more infants?
    a. Say the alphabet
    b. Take deep breaths
    c. Count to ten
    d. ***All of the above***
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    a. ***True***
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12. Who of the following is capable of shaking an infant?
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13. Having a plan for how to handle your reaction (i.e., when you are unable to soothe a crying infant) is the best defense against making a wrong choice in the midst of frustration.
    a. ***True***
    b. False
14. When holding or handling an infant you must support the back, neck, and _____***head***_____.
15. Match the following holding techniques with their descriptions.

Technique	Description
___b___ Cradle	a. Face up in hand, body along forearm
___c___ Shoulder	b. Head in elbow, body along forearm
___a___ Football	c. Head on shoulder, hands support

Unit 2 Assessment Answer Key (cont.)

16. Nursemaid's elbow occurs when an infant is:
    a. pulled too hard by the hand or wrist
    b. picked up by one arm
    c. lifted in the air by the arms
    d. ***all of the above***

17. If an infant is picked up improperly, his/her ***radius*** can slip out of place and cause nursemaid's elbow.

18. When bottle feeding, the infant's head should be:
    a. ***higher than the rest of the body***
    b. lower than the rest of the body
    c. parallel to the rest of the body
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19. Which of the following are advantages of breastfeeding?
    a. Sanitary
    b. Convenient
    c. Easy to digest
    d. ***All of the above***

20. Match the following milk types with the amount of time within which they should be used.

Milk Type	Use Within
b Formula	a. 48 hours
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    b. ***False***

22. Baby bottle tooth decay occurs when an infant:
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    c. has prolonged contact with liquids other than water
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Step	Step Number
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a Wipe infant's eyes	d. Fourth
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f Pat infant dry with clean towel	f. Sixth
d Wash infant's hair	g. Seventh

25. When diapering an infant using disposable diapers, the first step is to:
    a. wash hands, put on gloves
    b. place pad under infant's bottom
    c. open clean diaper, slide under infant
    d. ***gather supplies***

26. When dressing an infant with a pullover shirt, start with pulling the neck opening over the infant's head.
    a. ***True***
    b. False

Unit 2 Assessment Answer Key (cont.)

27. Match the diaper type with the advantages and disadvantages statements that apply to each by writing the letter of the diaper type next to each statement.

Statement	Diaper Type
___b___ Leak less	a. Cloth
___b___ Easier to put on	b. Disposable
___b___ More convenient	
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___a___ More comfortable	

28. Match the correct folding method with the gender for which it applies by writing the letter of the gender in the space next to the folding method.

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Step	Step Number
___d___ Discard the gloves immediately in the trash	a. First
___b___ Ball up the dirty glove in the palm of the other gloved hand	b. Second
___c___ With the clean hand, strip the glove off from underneath at the wrist, turning the glove inside out	c. Third
___a___ Grab the one glove at the palm and strip it off	d. Fourth

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    d. To compare the eating habits of their child with those of other children

31. A caregiver's attitude can positively or negatively affect what is documented on an Infant/Toddler Schedule.
    a. ***True***
    b. False

32. Which of the following are safe sleep practices for infants? (Choose all that apply.)
    a. ***Do not let the infant overheat during sleep***
    b. Use home monitors to reduce the risk of SIDS
    c. Use products that claim to reduce the risk of SIDS
    d. Never use a pacifier to put the infant down for sleep

33. What does SIDS stands for?
    a. Shaken Infant Disorder Situation
    b. ***Sudden Infant Death Syndrome***
    c. Shaken Infant Death Situation
    d. Sudden Infant Disorder Syndrome

34. Which of the following statements about SIDS is correct? (Choose all that apply.)
    a. It occurs more frequently in unhealthy infants
    b. ***It occurs in all kinds of families***
    c. It usually occurs in families with lower economic status
    d. ***It is determined as the cause of death only after all other causes have been eliminated***

35. Most SIDS deaths happen between ___***one***___ and _____***four***_____ months of age.

36. SIDS occurs most often in the _____***fall***_____ and _____***winter***_____ seasons.

Additional Optional Activities

- Have participants research SIDS and write a one- to two-page report.
- Invite a guest speaker to talk about SIDS.
- Invite a guest speaker (i.e., caregiver, nurse, parent) to talk about infant schedules and tracking.

Instructor Background Information

Scheduling with infants is a process that eventually works well for both the infant and the caregiver. Infants thrive on a predictable daily routine. All infants start with their own pattern of eating and sleeping. Sometimes this pattern does not work well for your schedule. Infants may even have their days and nights mixed up. This can make it difficult to function when the caregiver is awake many times during the night. You can adjust this pattern in small increments at a time, eventually working out a schedule that makes sense for you and the infant. Schedules of infants less than three months old are typically driven by internal factors, such as hunger and fatigue. Older infants seem to be more influenced by environmental factors.

During the first year of an infant's life, sleep schedules vary widely among different infants. Some infants may sleep five to six hours at a time at two months old, while others (30 percent) do not sleep through the night at nine months old. As long as the infant seems alert and happy during his or her waking hours, he or she is probably getting enough sleep.

Parents and caregivers can do two things to help the infant sleep longer at night: 1) keep naps short (about one to two hours), and 2) try to use a consistent schedule for daily activities such as feeding, bathing, walks, and bedtime. However, keep in mind that the infant knows his or her own needs. If the infant seems hungry before the scheduled feeding time, feed him or her. If the infant is fussy prior to the normal nap time, let him or her sleep. The best course of action is to provide a consistent schedule while considering the infant's natural patterns and temperament.

Tracking infant schedules for feeding, diapering, sleeping, and playing helps the caregiver anticipate the infant's needs and provides a way to keep the parents informed of what happened during their absence.

Back to Sleep: Avoiding SIDS

Source: National Institute of Child Health and Human Development

Author: *Back to Sleep* Campaign

http://www.nichd.nih.gov/publications/pubs/safe_sleep_gen.cfm

What is SIDS?

SIDS stands for Sudden Infant Death Syndrome. This term describes the sudden, unexplained death of an infant younger than one year of age.

Some people call SIDS "crib death" because many babies who die of SIDS are found in their cribs. However, cribs don't cause SIDS.

Health care providers don't know exactly what causes SIDS, but they do know:

- *Babies sleep safer on their backs.* Babies who sleep on their stomachs are much more likely to die of SIDS than babies who sleep on their backs.
- *Sleep surface matters.* Babies who sleep on or under soft bedding are more likely to die of SIDS.
- *Every sleep time counts.* Babies who usually sleep on their backs but who are then placed on their stomachs, such as for a nap, are at very high risk for SIDS. So it's important for *everyone* who cares for your baby to use the back sleep position for naps and at night.

Fast Facts about SIDS

- SIDS is the leading cause of death in infants between 1 month and 1 year of age.
- Most SIDS deaths happen when babies are between 2 months and 4 months of age.
- African-American babies are more than 2 times as likely to die of SIDS as white babies.
- American-Indian/Alaskan-Native babies are nearly 3 times as likely to die of SIDS as white babies.

Safe Sleep Top 10

1. **Always place your baby on his or her back to sleep, for naps and at night.** The back sleep position is the safest, and every sleep time counts.
2. **Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.** Never place your baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.

3. **Keep soft objects, toys, and loose bedding out of your baby's sleep area.** Don't use pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers in your baby's sleep area, and keep any other items away from your baby's face.
4. **Do not allow smoking around your baby.** Don't smoke before or after the birth of your baby, and don't let others smoke around your baby.
5. **Keep your baby's sleep area close to, but separate from, where you and others sleep.** Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside co-sleeper (infant bed that attaches to an adult bed) when finished.
6. **Think about using a clean, dry pacifier when placing the infant down to sleep,** but don't force the baby to take it. (If you are breastfeeding your baby, wait until your child is 1 month old or is used to breastfeeding before using a pacifier.)
7. **Do not let your baby overheat during sleep.** Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.
8. **Avoid products that claim to reduce the risk of SIDS** because most have not been tested for effectiveness or safety.
9. **Do not use home monitors to reduce the risk of SIDS.** If you have questions about using monitors for other conditions talk to your health care provider.
10. **Reduce the chance that flat spots will develop on your baby's head:** provide "tummy time" when your baby is awake and someone is watching; change the direction that your baby lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

Tummy Time

All infants need tummy time. Research shows delayed development in infants who do not have time on their tummies while awake. Place the infant on his or her tummy occasionally during the day when he or she is awake and you are watching. Tummy time helps the infant's head, neck, and shoulder muscles become stronger, and helps prevent flat spots on the head.

Additional Resources

Publications:

Butler, S., & Kratz, D. (1999). *The field guide to parenting: A comprehensive handbook of great ides, advice, tips, and solutions for parenting children ages one to five.* Worcester, MA: Chandler House Press.

Ezzo, G., & Bucknam, R. (2001). *On becoming babywise: Parenting your pretoddler five to fifteen months.* Sister, OR: Parent-Wise Solution, Inc.

Ezzo, G., & Bucknam, R. (2006). *On becoming babywise.* Sister, OR: Parent-Wise Solution, Inc.

Ferber, R. (1986). *Solve your child's sleep problems.* New York: Simon & Schuster, Inc.

Giordano, S., & Abidin, L. (2006). *Twelve hours' sleep by twelve weeks old: A step-by-step plan for baby sleep success.* New York: Penguin Group, Inc.

Hogg, T., & Blau, M. (2001). *Secrets of the baby whisperer: How to calm, connect, and communicate with your baby.* New York, Ballantine Books.

Hogg, T., & Blau, M. (2002). *Secrets of the baby whisperer for toddlers.* New York: Ballantine Books.

Kurcinka, M. S. (2006). *Sleepless in America: Is your child misbehaving or missing sleep?* New York: HarperCollins Publishers.

Murkoff, H. E., Eisenberg, A., & Hathaway, S. E. (2003) *What to expect the first year* (2nd ed.). New York: Workman Publishers.

Weissbluth, M. (1999). *Healthy sleep habits, happy child.* New York: Ballantine Books.

Organizations and Web Sites:

American Academy of Pediatrics (AAP)
www.aap.org

Healthy Kids, Healthy Care
www.healthykids.us

National Institute of Child Health and Human Development
www.nichd.nih.gov

Mary Sheedy Kurcinka
www.parentchildhelp.com

SIDS Prevention:

Canadian Foundation for the Study of Infant Deaths
www.sidscanada.org

CJ Foundation for SIDS
www.cjsids.com

First Candle
www.firstcandle.org

National Sudden Infant Death Resource Center (NSIDRC)
www.sidscenter.org

The Association of SIDS and Infant Mortality Programs (ASIP)
www.asip1.org

U.S. National Health Education Standards Supported

5.8.2; 7.8.2-3; 12.8.2-3

U.S. National Standards for Family and Consumer Sciences Education Supported

15.2.1

Lesson One

Emergency Procedures



Lesson Overview

In this lesson, participants learn what to do in a life-threatening emergency situation, and the process for accessing emergency resources when necessary.

Lesson Objectives

After completing this lesson, participants will be able to:

- Self-assess whether or not they can explain and demonstrate the proper procedure(s) a caregiver should administer in a life-threatening emergency situation
- Explain and demonstrate the proper procedure(s) a caregiver should administer in a life-threatening emergency situation
- Demonstrate how to access medical care when needed in a life-threatening emergency situation
- Demonstrate how to call 911 or their local emergency number when needed

Lesson at a Glance

NOTE: This lesson is not a substitute for a CPR certification course taught by a trained CPR instructor for infant care; rather, this lesson will give the learner the skills and information they might need in case of a life-threatening emergency. Realityworks highly recommends that you, the instructor, consider being trained as a certified CPR instructor, or that you direct participants to a certified CPR course through the Red Cross or the American Heart Association.

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *There Has Been an Accident* worksheet (one per participant) • Large, poster-sized pieces of white paper (one per group of three or four participants) • Blue markers (one per group of three or four participants) • Red markers (one per group of three or four participants) • Tape (optional)	1. Print/photocopy participant worksheet. 2. Purchase or obtain large, poster-sized pieces of white paper, blue markers, red markers, and tape (optional).	15 minutes
LEARN	• Unit 3 Lesson 1 PowerPoint: Slides 1-6 • Participants' poster-sized pieces of paper • Participants' blue markers • Participants' red markers	1. Prepare to display lesson PowerPoint or overhead transparencies.	15 minutes
REVIEW	• Participants' poster-sized pieces of paper • Black markers (one per group of three or four participants) • *There Has Been an Accident—The Solution* handout (one per participant)	1. Purchase or obtain black markers. 2. Print/photocopy participant handout.	10 minutes

FOCUS: There Has Been an Accident!

15 minutes

Purpose:

This activity will help participants self-assess their emergency skills, as well as teach them the proper emergency procedures as a caregiver for an infant or toddler.

Materials:

- *There Has Been an Accident* worksheet
- Poster-sized pieces of white paper
- Blue markers
- Red markers
- Tape (optional)

Facilitation Steps:

1. Divide participants into groups of three or four, instruct them to sit together around a table or on the floor, and give each group one poster-sized piece of white paper and one blue and one red marker.
2. Give each participant a photocopy of the *There Has Been an Accident* worksheet.
3. Explain that as a caregiver, your biggest responsibility is to keep the children in your care safe while their parents/guardians are away. To prevent injuries or accidents, the caregiver needs to think ahead and be aware of possible safety-related problems. If you find a safety-related problem, try to fix or remove it if safe to do so, in order to prevent injuries or accidents from occurring.
4. Explain that as a caregiver, you need to know what to do in an emergency situation. You must use your senses of smell, touch, sight, and hearing to assess the scene and the victim's medical needs. Life-threatening emergencies are situations that could cause death quickly if immediate action is not taken. It is most important to remember to stay calm and to call 911 or your local emergency number as soon as possible.
5. Explain the following instructions:
   - A scenario will be read and it is your group's responsibility to decide what could/should have been done to PREVENT the accident and what needs to be done to INTERVENE and help.
   - Using your group's large sheet of paper and your blue marker, your group will discuss, identify, and write down what could/should have been done to PREVENT the accident. What should/could the caregiver have done ahead of time to prevent the accident?
   - Using your group's large sheet of paper and your red marker, your group will discuss, identify, and write down what first aid skills the caregiver must perform immediately to INTERVENE. In other words, the accident was not prevented, so what must happen now in order to take care of any injuries. Write down the steps, in order, the caregiver should take.
6. Read aloud the scenario located at the top of the worksheet as the participants follow along.
7. Instruct participants to individually complete the worksheet then discuss answers as a group.
8. Remind participants to collaboratively discuss and write down on their large sheet of paper, prevention strategies with their blue marker and intervention strategies with their red marker.
9. Ask each group to present their prevention and intervention strategies to the class, giving evidence to support their decisions. This is a brainstorming activity so all ideas are welcome at this time.
10. Consider displaying the participants' posters on the wall (with tape) after each group presents to compare and contrast the prevention and intervention strategies shared in this lesson.

There Has Been an Accident

Name: _____

Date: _____

You are the caregiver for a one- and three-year-old. You are upstairs watching TV when you decide to check on the children who were taking a nap together on a large adult size bed in a nearby bedroom. You discover neither of them is there. You frantically search the area and discover both children had fallen down a flight of stairs. When you assess the scene, you observe the one-year-old laying on his back at the bottom of the stairs. His lips are blue and he is not breathing. The three-year-old is sitting on the floor crying with a large bump on her forehead and abrasions on her arms and legs. As the caregiver, what should you do? What actions do you take? List them in the order that you would take them.

Prevention:

List a minimum of five things the caregiver could/should have done to PREVENT the accident.

- _____
- _____
- _____
- _____
- _____
- _____

Intervention:

There are two victims needing attention. List, in order, the first aid steps the caregiver should take to INTERVENE and help with injuries for both victims.

Step	Victim 1: One-year-old	Victim 2: Three-year-old
1		
2		
3		
4		
5		
6		
7		
8		

3

LEARN: Emergency Procedures

15 minutes

Purpose:

This activity helps participants learn about the proper procedure(s) a caregiver should administer in an emergency life-threatening situation. Participants demonstrate how to access medical care and make an emergency call when in a life-threatening emergency situation.

Materials:

- Unit 3 Lesson 1 PowerPoint: Slides 1-6
- Participants' poster-sized pieces of paper
- Participants' blue markers
- Participants' red markers

Facilitation Steps:

1. Lead a class discussion by asking which of the participants' prevention strategies shared in the FOCUS activity of this lesson would have best prevented the accident in the scenario.
2. Instruct participants, who are still seated in their groups with their large sheet of paper and blue and red markers, to close their eyes and picture a room in their house. Ask them to mentally scan that room and identify areas that may not be environmentally safe for an infant or toddler.
3. Instruct participants to open their eyes, turn over their large sheet of paper, and as quickly as they can, using their red marker, write down all of the environmental hazards they identified on the left hand side. Participants may also add to the list any environmental hazards within the present room.
4. After two minutes, ask groups to share the hazards identified. The group with the longest list "wins."
5. Using the blue marker, instruct participants to identify prevention strategies next to each red environmental hazard. For example, if the environmental hazard is stairs then the prevention strategy is to place an infant safety gate across the top and/or bottom of the stairs; if the environmental hazard is poisons under the sink then the prevention strategy is to put a lock on the door to prevent access.
6. Lead a class discussion about how important it is for a caregiver to think ahead and prevent accidents by being aware of and fixing any possible environmental hazards for infants and toddlers.
7. Display *Slides 1-5* and discuss briefly.
8. Display *Slide 6* and discuss briefly. Consider allowing time for participants to practice accessing medical care and calling 911 or your local emergency number. Divide participants into pairs and instruct one participant to role play the dispatcher and the other the caregiver. You may provide disconnected phones to practice this skill.
9. Ask the following questions to assess participants' understanding of the information presented:
   - What are the three C's in an emergency? *Answer: Check, Call, Care*
   - Describe "Check." *Answer: Check the scene for safety; check the victim for injuries*
   - Describe "Call." *Answer: Call 911 or your local emergency number*
   - Describe "Care." *Answer: Assess the most life-threatening injury and treat first*
   - What information must the caregiver provide when calling 911 or your local emergency number? *Answer: Address, cross streets, phone number, number of people injured, and type of care administered*
   - Demonstrate how to access medical care and call 911 or your local emergency number.

REVIEW: There Has Been an Accident—The Solution

10 minutes

Purpose:

The purpose of this activity is to revisit what participants identified as the first aid procedures in the FOCUS activity of this lesson and compare with the correct emergency procedures taught in the LEARN activity of this lesson.

Materials:

- Participants' poster-sized pieces of paper
- Black markers
- *There Has Been an Accident—The Solution* handout

Facilitation Steps:

1. Instruct participants, who are still seated in their groups with their large sheet of paper, to review their intervention strategies developed in the FOCUS activity of this lesson.
2. Give each group one black marker and instruct them to make the necessary corrections to their original intervention strategies based on what they learned in the LEARN activity.
3. Give each participant a copy of the *There Has Been an Accident—The Solution* handout and briefly discuss and identify the proper procedures the caregiver in the scenario should have used.

There Has Been an Accident — The Solution

You are the caregiver for a one-year-old infant and a three-year-old child. You are upstairs watching TV when you decide to check on the children who were taking a nap together on a large adult size bed in a nearby bedroom. You discover neither of them is there. You frantically search the area and discover both children had fallen down a flight of stairs. When you assess the scene, you find the one-year-old infant laying on his back at the bottom of the stairs. His lips are blue and he is not breathing. The three-year-old child is sitting on the floor crying with a large bump on her forehead and abrasions on her arms and legs. As the caregiver, what should you do? What actions do you take? List them in the order that you would take them.

Emergency Procedure	Victim 1: One-year-old infant	Victim 2: Three-year-old child
Check ***NOTE:*** To protect both you and the victim, avoid contact with body substances or fluids, known as Body Substance Isolation (BSI), whenever possible. BSI procedures assume that all body fluids are a possible risk; use gloves and/or breathing barriers, if available, and always wash your hands after care.	1. Check the scene. Is it safe? 2. Check the victim. Any injuries? 3. Tap the infant's foot and shout for help. Look, listen, and feel for breathing. 	1. Check the scene. Is it safe? 2. Check the victim. Any injuries? 
Call ***NOTE:*** Since the three year old is crying, you know that she is breathing; therefore, you take care of the non-breathing infant first.	4. Since the infant is not breathing and no one is there to call for help, begin CPR for one minute; call 911 or your local emergency number. 5. Tell the dispatcher the infant's condition and that you started CPR. 	3. If there is a life-threatening injury, call 911 or your local emergency number. 4. Tell the dispatcher that the child has a bump on her forehead and abrasions on her arms and legs.
Care	6. Continue with CPR until the medical emergency assistance team takes over and/or the infant starts to breathe on his own. 7. 	5. Treat the bruise (cold compress) on the child's forehead. 6. Try to calm the child.

U.S. National Health Education Standards Supported

1.5.3-5, 1.8.3, 1.8.5, 1.8.8-9, 1.12.5

3.5.2, 3.8.2, 3.8.4-5, 3.12.4-5

4.5.4, 4.8.4, 4.12.4

5.5.1-2, 5.5.4-6, 5.8.2-3, 5.8.5-7, 5.12.2, 5.12.5-7

7.5.3, 7.8.3, 7.12.3

U.S. National Standards for Family and Consumer Sciences Education Supported

Reasoning for action: 4.4, 4.7-11, 4.13; 1.2, 1.2.6-7; 4.4, 4.4.1-3

5.5, 5.5.1, 5.5.3; 10.2, 10.2.3, 10.2.5; 15.3, 15.3.1

3

Lesson Two

Breathing Emergencies



Lesson Overview

In this lesson, participants will learn what to do in a breathing emergency situation. A breathing emergency occurs when an infant or toddler is not breathing or is having trouble breathing. In either case the caregiver must act immediately or the infant's/toddler's heart will stop, and death will occur. First aid for breathing emergencies, if performed accurately, can save a life.

NOTE: Depending on class size, this lesson may consume more than the allotted time. If more instruction time and/or participant practice is needed, utilize the first half of Unit 3, Lesson 3.

Lesson Objectives

After completing this lesson, participants will be able to:

- Explain and demonstrate the proper procedure(s) a caregiver should administer in a life-threatening emergency situation
- Demonstrate how to access medical care when needed in a life-threatening emergency situation
- Demonstrate how to call 911 or their local emergency number
- Identify signs of a breathing emergency
- Assess if an infant or toddler is not breathing or having trouble breathing
- Perform rescue breathing for an infant or toddler

Lesson at a Glance

NOTE: This lesson is not a substitute for a CPR certification course taught by a trained CPR instructor for infant care; rather, this lesson will give the learner the skills and information they might need in case of a life-threatening emergency. Realityworks highly recommends that you, the instructor, consider being trained as a certified CPR instructor, or that you direct participants to a certified CPR course through the Red Cross or the American Heart Association.

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *What's in the Bag?* worksheet (one per participant) • Large paper bag • 20 small objects/toys (suggestions listed within activity)	1. Print/photocopy participant worksheet. 2. Purchase or obtain large paper bag and 20 small objects/toys.	10 minutes
LEARN	• Unit 3 Lesson 2 PowerPoint: Slides 2-14 • RealCare® Babies with accessories • Alcohol swabs (optional) • Disposable gloves (optional) • Breathing barriers (optional)	1. Prepare to display lesson PowerPoint or overhead transparencies. 2. Set up Babies with accessories on a table at the front of the classroom. 3. Purchase or obtain alcohol swabs, disposable gloves, and/or breathing barriers.	30 minutes
REVIEW	• *Check Your Skills* worksheet (one per participant)	1. Print/photocopy participant worksheet.	5 minutes

FOCUS: What's in the Bag?

10 minutes

Purpose:

This activity will help participants identify what might cause a breathing emergency and how to prevent it.

Materials:

- *What's in the Bag?* worksheet
- Large paper bag
- 20 small objects/toys

  Typical unsafe objects include: balloon, plastic bag, hard candy, paperclip, teddy bear with button eyes, coins, grapes, hotdogs, batteries, broken crayons.

  NOTE: 50 percent of the small objects/toys should be considered unsafe for an infant/toddler.

Facilitation Steps:

1. Give each participant a copy of the *What's in the Bag?* worksheet.
2. Explain that infants and toddlers like to put things into their mouths as they explore their world. As a caregiver it is your responsibility to ensure that the environment is safe from breathing emergencies. A breathing emergency occurs when breathing stops or when one has trouble breathing. In either case the caregiver must act immediately or the infant's/toddler's heart will stop, and death will occur.
3. Explain to participants that you will show them a variety of small objects/toys and it is their job to determine whether each object/toy is safe or unsafe for an infant or toddler under the age of four. Instruct them to individually write their answers on their worksheet as each object/toy is shown.
4. One at a time, quickly pull the 20 small objects/toys out of the large paper bag, show them to the participants, and place each object/toy on a table at the front of the classroom.
5. Lead a class discussion by asking participants which objects/toys are safe and which are unsafe. Ask participants to give evidence to justify their decisions. Form two piles—safe and unsafe—and explain that the objects/toys in the unsafe pile could cause a breathing emergency and should never be placed within the reach of an infant or toddler.
6. Brainstorm other objects/toys that might be found in a home, day care, or other environment that could be unsafe for an infant or toddler, putting them at risk of having a breathing emergency.
7. Brainstorm other situations that might cause a breathing emergency (i.e., asthma attack, allergic reaction causing swollen throat, illness such as croup, electric shock, drowning).
8. Lead a class discussion on prevention strategies a caregiver could take to reduce the risk of a breathing emergency occurring in an infant or toddler in their care.

What's in the Bag?

Name: _____

Date: _____

Directions: As your instructor quickly pulls objects/toys out of the paper bag, determine whether each object/toy is safe or unsafe for an infant or toddler under the age of four. Place your answers below, creating two lists—safe and unsafe—then explain why you made the decision you did.

Safe Objects/Toys:	**Why do you think the object/toy is safe?**
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Unsafe Objects/Toys:	**Why do you think the object/toy is unsafe?**
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

LEARN: Breathing Emergency Procedures

30 minutes

Purpose:

This activity helps participants learn about the proper procedure(s) a caregiver should administer in a breathing emergency situation. Participants demonstrate how to identify signs of a breathing emergency and perform rescue breathing for an infant or toddler.

Materials:

- Unit 3 Lesson 2 PowerPoint: Slides 2-14
- RealCare® Babies with accessories

  NOTE: If you have CPR mannequins, you are encouraged to use them for this activity. If you do not have CPR mannequins, use Baby; however, it is imperative that rescue skills are simulated.
- Alcohol swabs (optional)
- Disposable gloves (optional)
- Breathing barriers (optional)

Facilitation Steps:

1. Briefly review Unit 3, Lesson 1 with participants: check, call, care and how to call 911 or your local emergency number.
2. Display *Slides 2-3* and briefly discuss.
3. Display *Slides 4-7* and demonstrate how to assist an unconscious infant/child.

   NOTE: CPR steps do not distinguish between a toddler and a child. Any child above the age of one year of age is considered a "child" rather than a "toddler," as the steps used in that age range are for children aged one to eight.
4. Give each participant or group of participants Baby and have them practice the techniques you modeled. Circle the room and offer assistance and answer questions as necessary.

   NOTE: If participants are sharing Baby, consider assigning a number (i.e., 1, 2, 3) to each participant within the group such that 1 practices first, while 2 and 3 observe and peer evaluate and vice versa.
5. Display *Slides 8-12* and demonstrate how to perform infant (age 0-1 year) rescue breathing.
6. Have participants practice the techniques you modeled. Circle the room and offer assistance and answer questions as necessary. If you choose to have participants put their mouths on Baby for rescue breaths, use alcohol swabs to clean Baby between participants.
7. Display *Slides 13-17* and demonstrate how to perform child (age 1-8 years) rescue breathing.
8. Have participants practice the techniques you modeled. Circle the room and offer assistance and answer questions as necessary. If you choose to have participants put their mouths on Baby for rescue breaths, use alcohol swabs to clean Baby between participants.
9. Display *Slides 18-21* and demonstrate how to assist a choking infant (age 0-1 year).
10. Have participants practice the techniques you modeled. Circle the room and offer assistance and answer questions as necessary. If using Baby, remind participants to perform back slaps and chest thrusts with care.
11. Display *Slides 22-25* and demonstrate how to assist a choking child (age 1-8 years).
12. Have participants practice the techniques you modeled. Circle the room and offer assistance and answer questions as necessary. If using Baby, remind participants to perform back slaps and chest thrusts with care.

REVIEW: Check Your Skills

5 minutes

Purpose:

This activity assesses the rescue skills demonstrated and practiced within this lesson.

Materials:

- *Check Your Skills* worksheet

Facilitation Steps:

1. Explain that the skills demonstrated and practiced within this lesson will be assessed.
2. Divide participants into pairs.
3. Give each participant a copy of the *Check Your Skills* worksheet and have them complete it. Circle the room and offer assistance and answer questions as necessary.

Check Your Skills

Name: _____

Date: _____

Directions: Take turns with your partner demonstrating and assessing the rescue skills you have learned. For example, one will demonstrate the steps to help a choking infant while the other checks off each step as it is performed. If any steps are missed or performed incorrectly, stop, explain the correct procedure, and practice the sequence of steps again. Peer evaluators: be sure to add up the total points earned for each skill, make any comments and/or notes as needed, and sign at the conclusion of the demonstration.

Infant (Age 0-1 Year) Rescue Breathing	Excellent	Good	Fair	Poor
	4	**3**	**2**	**1**
1. Tap the infant's foot and shout, "Are you okay?"				
2. If no response, shout for help: • If someone comes, have them call 911 or your local emergency number. • If no one comes, conduct rescue breathing and/or CPR for one minute, then call 911 or your local emergency number.				
3. Open the infant's airway (tilt head and lift chin).				
4. Look, listen, and feel for breathing (5 to 10 seconds).				
5. If not breathing, seal your mouth over the infant's nose and mouth and give two breaths (one second each, removing your mouth after each breath). Watch for the infant's chest to rise with each breath.				
6. Check for signs of circulation: • If signs of circulation, continue rescue breathing, giving one breath every three seconds and checking circulation every minute. • If no signs of circulation, begin chest compressions and CPR until help arrives; or continue rescue breathing, giving 20 breaths and checking circulation every minute.				

NOTE: To protect both you and the victim, avoid contact with body substances or fluids, known as Body Substance Isolation (BSI), whenever possible. BSI procedures assume that all body fluids are a possible risk; use gloves and/or breathing barriers, if available, and always wash your hands after care.

Total Points Earned: _____

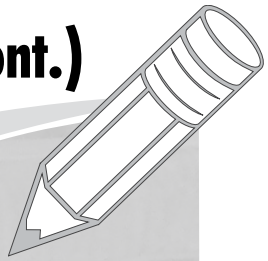
Comments/Notes:

_____

_____

Peer Evaluator Signature: _____

Check Your Skills (cont.)



Child (Age 1-8 Years) Rescue Breathing	Excellent	Good	Fair	Poor
	4	**3**	**2**	**1**
1. Tap the child's shoulder and shout, "Are you okay?"				
2. If no response, shout for help: • If someone comes, have them call 911 or your local emergency number. • If no one comes, conduct rescue breathing and/or CPR for one minute, then call 911 or your local emergency number.				
3. Open the child's airway (tilt head and lift chin).				
4. Look, listen, and feel for breathing (5 to 10 seconds).				
5. If not breathing, plug the child's nose, seal your mouth over the child's mouth, and give two breaths (one second each, removing your mouth after each breath). Watch for the child's chest to rise with each breath.				
6. Check for signs of circulation: • If signs of circulation, continue rescue breathing, giving one breath every three seconds and checking circulation every minute. • If no signs of circulation, begin chest compressions and CPR until help arrives; or continue rescue breathing, giving 20 breaths and checking circulation every minute.				

NOTE: To protect both you and the victim, avoid contact with body substances or fluids, known as Body Substance Isolation (BSI), whenever possible. BSI procedures assume that all body fluids are a possible risk; use gloves and/or breathing barriers, if available, and always wash your hands after care.

Total Points Earned: _____

Comments/Notes:

_____

_____

Peer Evaluator Signature: _____

Check Your Skills (cont.)

Infant (Age 0-1 Year) Choking	Excellent	Good	Fair	Poor
	4	3	2	1
1. If alone, shout for help: • If someone comes, have them call 911 or your local emergency number. • If no one comes, continue rescue skills for one minute, then call 911 or your local emergency number.				
2. Hold the infant face down on your right forearm, supporting the infant's head and jaw with your hand. Sit or kneel and rest your arm on your right thigh, holding the infant's shoulders below his or her hips.				
3. Give up to five "back slaps" with the heel of your left hand between the infant's shoulder blades. Each slap a little harder to help the obstruction dislodge.				
4. Hold the back of the infant's head with your left hand and flip the infant to your left forearm, supporting the infant's head and neck with your left hand.				
5. Give up to five "chest thrusts" on the breastbone using two fingers of your right hand, placing the fingertips one finger width below the nipple line.				
6. Alternate giving five "back slaps" and five "chest thrusts" until the object comes out; the infant breathes, coughs, or cries; or until the infant stops responding (begin rescue breathing and/or CPR).				

NOTE: To protect both you and the victim, avoid contact with body substances or fluids, known as Body Substance Isolation (BSI), whenever possible. BSI procedures assume that all body fluids are a possible risk; use gloves and/or breathing barriers, if available, and always wash your hands after care.

Total Points Earned: _____

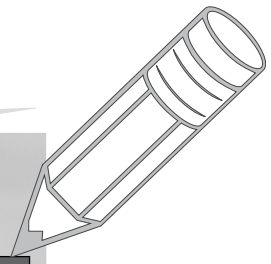
Comments/Notes:

_____

_____

Peer Evaluator Signature: _____

Check Your Skills (cont.)



Child (Age 1-8 Years) Choking	Excellent	Good	Fair	Poor
	4	3	2	1
1. If alone, shout for help: • If someone comes, have them call 911 or your local emergency number. • If no one comes, continue rescue skills for one minute, then call 911 or your local emergency number.				
2. Ask, "Are you choking?" If he or she nods yes, explain that you know how to help.				
3. Kneel or stand firmly behind the child and wrap your arms around him or her so that your hands are under his or her arms and in front of his or her abdomen.				
4. Make a fist with one hand.				
5. Place the thumb side of your fist slightly above the child's navel and well below his or her breastbone.				
6. Grasping your fist with your other hand, give quick upward thrusts into the child's abdomen.				
7. Continue thrusts until the object comes out; the child breathes, coughs, or talks; or until the child stops responding (begin rescue breathing and/or CPR).				

NOTE: To protect both you and the victim, avoid contact with body substances or fluids, known as Body Substance Isolation (BSI), whenever possible. BSI procedures assume that all body fluids are a possible risk; use gloves and/or breathing barriers, if available, and always wash your hands after care.

Total Points Earned: _____

Comments/Notes:

_____

Peer Evaluator Signature: _____

Skill	Points Possible	Total Points Earned	Grade
Infant Rescue Breathing	24	_____	100-90 A
Child Rescue Breathing	24	_____	89-80 B
Infant Choking	24	_____	79-70 C
Child Choking	28	_____	69-60 D
TOTAL POINTS	100	_____	59-0 F

Additional Resources

Publications:

American Heart Association. (2006). *Heartsaver® CPR in Schools® student workbook.* Dallas, TX: American Heart Association.

American Heart Association. (2006). *Heartsaver® first aid with CPR and AED.* Dallas, TX: American Heart Association.

American Red Cross. (2007). *American Red Cross babysitter's training handbook.* Washington, CD: American Red Cross.

Organizations and Web Sites:

American Academy of Pediatrics

www.aap.org

American Heart Association

www.americanheart.org

American Red Cross

www.redcross.org

KidsHealth

www.kidshealth.org

MedlinePlus

www.medlineplus.gov

National Institutes of Health (NIH)

www.nih.gov

U.S. National Health Education Standards Supported

1.5.3-5, 1.8.3, 1.8.5, 1.8.8-9, 1.12.5

3.5.2, 3.8.2, 3.8.4-5, 3.12.4-5

4.5.4, 4.8.4, 4.12.4

5.5.1-2, 5.5.4-6, 5.8.2-3, 5.8.5-7, 5.12.2, 5.12.5-7

7.5.3, 7.8.3, 7.12.3

U.S. National Standards for Family and Consumer Sciences Education Supported

Reasoning for Action: 4.4, 4.7-11, 4.13

1.2, 1.2.6-7

4.4, 4.4.1-3

5.5, 5.5.1, 5.5.3

10.2, 10.2.3, 10.2.5

15.3, 15.3.1

3

Lesson Three

Infant and Child CPR



Lesson Overview

In this lesson, participants will learn how to perform CPR. When an infant or child is unconscious, resulting in a potentially life threatening emergency, the caregiver must act immediately. CPR, if preformed accurately, can save a life.

NOTE: The lesson is to be taught in conjunction with Unit 3, Lesson 2.

Lesson Objectives

After completing this lesson, participants will be able to:

- Explain and demonstrate the proper procedure(s) a caregiver should administer in a life-threatening emergency situation
- Demonstrate how to access medical care when needed in a life-threatening emergency situation
- Demonstrate how to call 911 or their local emergency number
- Perform CPR for an unresponsive infant or child

Lesson at a Glance

NOTE: This lesson is not a substitute for a CPR certification course taught by a trained CPR instructor for infant care; rather, this lesson will give the learner the skills and information they might need in case of a life-threatening emergency. Realityworks highly recommends that you, the instructor, consider being trained as a certified CPR instructor, or that you direct participants to a certified CPR course through the Red Cross or the American Heart Association.

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• Envelopes (one per group of two or three participants) • *Infant/Child CPR Steps* (one per group of two or three participants)	1. Purchase or obtain envelopes. 2. Print/photocopy *Infant/Child CPR Steps*, cut apart, and place one set within each envelope.	10 minutes
LEARN	• Unit 3 Lesson 3 PowerPoint: Slides 2-9 • RealCare® Babies with accessories • Alcohol swabs (optional)	1. Prepare to display lesson PowerPoint or overhead transparencies. 2. Set up Babies with accessories on a table at the front of the classroom. 3. Purchase or obtain alcohol swabs.	30 minutes
REVIEW	• *Check Your Skills* worksheet (one per participant)	1. Print/photocopy participant worksheet.	5 minutes

FOCUS: What Do I Do Next?

10 minutes

Purpose:

This activity will help participants identify the proper sequence of steps needed to perform infant/child CPR.

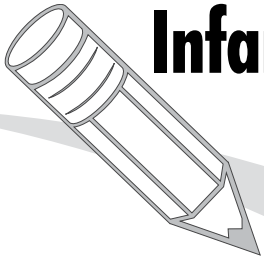
Materials:

- Envelopes
- *Infant/Child CPR Steps*

Facilitation Steps:

1. Divide participants into groups of two or three.
2. Give each group of participants an envelope with one set of *Infant/Child CPR Steps* inside.
3. Instruct participants to open the envelope, take out the pieces of paper, and place them face up on their table/desk. Explain that they are to arrange the pieces of paper in sequential order, starting with the first step of infant/child CPR at the top of their table/desk, the second step directly below the first, and so on.
4. After five minutes, lead a class discussion by asking for the first step of infant/child CPR, the second step, and so on. Instruct groups to correct the order of their steps, if necessary.
5. Instruct groups to turn their pieces of paper over, mix them up, and repeat arranging them in sequential order. This time, challenge groups to put the steps in order as quickly as they can. The first group to complete this task "wins."
6. Briefly review the proper sequence of steps needed to perform infant/child CPR, ensuring all groups have placed their pieces of paper in the correct order once again.
7. Briefly explain Body Substance Isolation (BSI) such that it is best to avoid contact with body substances or fluids whenever possible. BSI procedures assume that all body fluids are a possible risk; use gloves and/or breathing barriers, if available, and always wash your hands after care.

Infant/Child CPR Steps



Make sure the scene is safe for you and the infant/child.

Tap foot (infant) or shoulders (toddler) and shout, "Are you okay?"

If no response, shout for help. If someone comes, have them call 911 or your local emergency number. If no one comes, start CPR.

Gently place the infant/child on a firm, flat surface.

Open the airway by tilting the head and lifting the chin.

Look, listen, and feel for breathing (5 to 10 seconds).

If not breathing, give two breaths (one second each). Watch for chest to rise with each breath.

Quickly remove clothes from the front of the chest so that you can perform chest compressions.

Give 30 chest compressions (100 per minute) then give two breaths. After each compression, release pressure on the chest letting it come back to is normal position.

After five sets of 30 chest compressions and two breaths, call 911 or your local emergency number if you have not already done so.

Answer all of the dispatcher's questions then return to the infant/child and start the steps of CPR again.

Keep giving sets of 30 chest compressions and two breaths until the infant/child starts to move or trained medical help takes over.

LEARN: Infant/Child CPR

30 minutes

Purpose:

This activity helps participants learn about the life saving skills needed to perform infant/child CPR.

Materials:

- Unit 3 Lesson 3 PowerPoint: Slides 2-9
- RealCare® Babies with accessories

  NOTE: If you have CPR mannequins, you are encouraged to use them for this activity. If you do not have CPR mannequins, use Baby; however, it i imperative that rescue skills are simulated.
- Alcohol swabs (optional)

Facilitation Steps:

1. Briefly review Unit 3, Lesson 1 with participants: check, call, care and how to call 911 or your local emergency number.
2. Display *Slides 2-4* and demonstrate how to perform infant (age 0-1 year) CPR.
3. Give each participant or group of participants Baby and have them practice the techniques you modeled. Circle the room and offer assistance and answer questions as necessary. If you choose to have participants put their mouths on Baby for rescue breaths, use alcohol swabs to clean Baby between participants. Remind participants to perform chest compressions with care.

   NOTE: If participants are sharing Baby, consider assigning a number (i.e., 1, 2, 3) to each participant within the group such that 1 practices first, while 2 and 3 observe and peer evaluate, and vice versa.
4. Display *Slides 5-7* and demonstrate how to perform child (age 1-8 years) CPR.
5. Have participants practice the techniques you mod eled. Circle the room and offer assistance and answ questions as necessary. If you choose to have partic pants put their mouths on Baby for rescue breaths, use alcohol swabs to clean Baby between participar Remind participants to perform chest compression with care.
6. Be sure to reinforce the differences between infant child CPR:

   Hand position:

   - Two fingers on **infant's** sternum
   - One heel of hand on **child's** sternum

   Mouth position:

   - Mouth over **infant's** nose and mouth
   - Mouth over **child's** mouth
7. Display *Slides 8-9* and briefly discuss.

REVIEW: Check Your Skills

5 minutes

Purpose:

This activity assesses the rescue skills demonstrated and practiced within this lesson.

Materials:

- *Check Your Skills* worksheet

Facilitation Steps:

1. Explain that the skills demonstrated and practiced within this lesson will be assessed.
2. Divide participants into pairs.
3. Give each participant a copy of the *Check Your Skills* worksheet and have them complete it. Circle the room and offer assistance and answer questions as necessary.

Check Your Skills

Name: _____

Date: _____

Directions: Take turns with your partner demonstrating and assessing the rescue skills you have learned. For example, one will demonstrate the steps to perform infant CPR while the other checks off each step as it is performed. If any steps are missed or performed incorrectly, stop, explain the correct procedure, and practice the sequence of steps again. Peer evaluators: be sure to add up the total points earned for each skill, make any comments and/or notes as needed, and sign at the conclusion of the demonstration.

Infant (Age 0-1 Year) CPR	Excellent **4**	Good **3**	Fair **2**	Poor **1**
1. Make sure the scene is safe.				
2. Tap the infant's foot and shout, "Are you okay?"				
3. If no response, shout for help: •If someone comes, have them call 911 or your local emergency number. •If no one comes, start CPR.				
4. Gently place the infant on a firm, flat surface.				
5. Open the infant's airway (tilt head and lift chin).				
6. Look, listen, and feel for breathing (5 to 10 seconds).				
7. If not breathing, seal your mouth over the infant's nose and mouth and give two breaths (one second each, removing your mouth after each breath). Watch for the infant's chest to rise with each breath.				
8. Quickly remove clothes from the front of the chest.				
9. With two fingers just below the nipple line, give 30 chest compressions (100 per minute) then two breaths. Release pressure after each compression.				
10. After five sets of 30 compressions and two breaths, call 911 or your local emergency number if you have not already done so.				
11. Answer all dispatcher questions, then return to the infant and start the steps of CPR again.				
12. Keep giving sets of 30 compressions and two breaths until the infant moves or trained help takes over.				

NOTE: To protect both you and the victim, avoid contact with body substances or fluids, known as Body Substance Isolation (BSI), whenever possible. BSI procedures assume that all body fluids are a possible risk; use gloves and/or breathing barriers, if available, and always wash your hands after care.

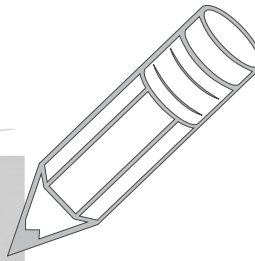
Total Points Earned: _____

Comments/Notes:

_____

Peer Evaluator Signature: _____

Check Your Skills (cont.)



Child (Age 1-8 Years) CPR	Excellent **4**	Good **3**	Fair **2**	Poor **1**
1. Make sure the scene is safe.				
2. Tap the child's shoulder and shout, "Are you okay?"				
3. If no response, shout for help: • If someone comes, have them call 911 or your local emergency number. • If no one comes, start CPR.				
4. Gently place the child on a firm, flat surface.				
5. Open the child's airway (tilt head and lift chin).				
6. Look, listen, and feel for breathing (5 to 10 seconds).				
7. If not breathing, plug the child's nose, seal your mouth over the child's mouth, and give two breaths (one second each, removing your mouth after each breath). Watch for the child's chest to rise with each breath.				
8. Quickly remove clothes from the front of the chest.				
9. With the heel of one hand on the child's sternum, give 30 chest compressions (100 per minute) then two breaths. Release pressure after each compression.				
10. After five sets of 30 compressions and two breaths, call 911 or your local emergency number if you have not already done so.				
11. Answer all dispatcher questions, then return to the child and start the steps of CPR again.				
12. Keep giving sets of 30 compressions and two breaths until the child moves or trained medical help takes over.				

NOTE: To protect both you and the victim, avoid contact with body substances or fluids, known as Body Substance Isolation (BSI), whenever possible. BSI procedures assume that all body fluids are a possible risk; use gloves and/or breathing barriers, if available, and always wash your hands after care.

Total Points Earned: _____

Comments/Notes:

_____

Peer Evaluator Signature: _____

Skill	**Points Possible**	**Total Points Earned**
Infant CPR	48	_____
Child CPR	48	_____
TOTAL POINTS	96	_____

Grade	
96-86	A
85-76	B
75-67	C
66-57	D
56-0	F

Additional Resources

Publications:

American Heart Association®. (2006). *Heartsaver® CPR in Schools® student workbook.* Dallas, TX: American Heart Association®.

American Heart Association®. (2006). *Heartsaver® first aid with CPR and AED.* Dallas, TX: American Heart Association®.

American Red Cross. (2007). *American Red Cross babysitter's training handbook.* Washington, CD: American Red Cross.

Organizations and Web Sites:

American Academy of Pediatrics
www.aap.org

American Heart Association®
www.americanheart.org

American Red Cross
www.redcross.org

KidsHealth®
www.kidshealth.org

MedlinePlus®
www.medlineplus.gov

National Institutes of Health (NIH)
www.nih.gov

U.S. National Health Education Standards Supported

1.5.3-5, 1.8.3, 1.8.5, 1.8.8-9, 1.12.5

3.5.2, 3.8.2, 3.8.4-5, 3.12.4-5

4.5.4, 4.8.4, 4.12.4

5.5.1-2, 5.5.4-6, 5.8.2-3, 5.8.5-7, 5.12.2, 5.12.5-7

7.5.3, 7.8.3, 7.12.3

U.S. National Standards for Family and Consumer Sciences Education Supported

Reasoning for Action: 4.4, 4.7-11, 4.13

1.2, 1.2.6-7

4.4, 4.4.1-3

5.5, 5.5.1, 5.5.3

10.2, 10.2.3, 10.2.5

15.3, 15.3.1

3

Lesson Four

Safety, First Aid, and Infant Health: Part One



Lesson Overview

Accidents are one of the leading causes of death for infants and toddlers. Therefore, it is critical for caregivers to practice safety (prevention) and first aid (intervention) steps when in charge of the health and well-being of an infant or toddler. Using five different scenarios, this lesson will teach caregivers how to use safety procedures to prevent accidents and/or injuries and the intervention skills of first aid for different infant and toddler health emergencies.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify safety-related situations for infants and toddlers
- Recognize safety-related problems and use proper safety procedures for infants and toddlers
- Recognize an emergency, perform proper first aid, and call 911 or their local emergency number
- Understand and identify how to care for an infant's or toddler's safety needs
- Understand and identify how to care for an infant's or toddler's first aid needs

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Practice Scenario: Poisoning* worksheet (one per participant) • *Practice Scenario: Poison Safety* handout (one per participant) • *Practice Scenario: Poisoning First Aid* handout (one per participant) • RealCare® Baby with accessories • Scenario props (optional)	1. Print/photocopy participant worksheet and handouts. 2. Set up Baby with accessories on a table at the front of the classroom. 3. Purchase or obtain scenario props.	10 minutes
LEARN	• 9 x 12-inch envelopes (one per group) • *Scenario 1: Falls & Bruises* worksheet (one per group 1 participant) • Scenario one safety and first aid handouts (one set in envelope 1) • *Scenario 2: Car Seats & Broken Bones* worksheet (one per group 2 participant) • Scenario two safety and first aid handouts (one set in envelope 2) • *Scenario 3: Burns* worksheet (one per group 3 participant) • Scenario three safety and first aid handouts (one set in envelope 3) • *Scenario 4: Heat Exposure/Stroke* worksheet (one per group 4 participant) • Scenario four safety and first aid handouts (one set in envelope 4) • *Scenario 5: Infant Illness* worksheet (one per group 5 participant) • Scenario five safety and first aid handouts (one set in envelope 5) • Large poster-sized pieces of white paper • Blue markers • Red markers • Black markers • RealCare® Babies with accessories • Scenario props (optional)	1. Purchase or obtain five envelopes; number one through five. 2. Print/photocopy participant worksheets and handouts. 3. Place corresponding worksheet (one per group participant) and handouts (one set) into the numbered envelopes. 4. Purchase or obtain large poster-sized pieces of white paper, blue markers, red markers, and black markers. 5. Set up Babies with accessories on a table at the front of the classroom. 6. Purchase or obtain scenario props.	35 minutes

FOCUS: Safety and First Aid Procedures—Part 1

10 minutes

Purpose:

This activity provides a demonstration of one safety and first aid scenario related to the prevention and intervention skills associated with poisoning. It models what participants will be asked to do within their base groups in the next activity, and then present to their peers in the next lesson.

NOTE: A base group is the group to which a participant is assigned for a given project. In this lesson, there are five base groups, one for each of the five safety and first aid scenarios.

Materials:

- *Practice Scenario: Poisoning* worksheet
- *Practice Scenario: Poison Safety* handout
- *Practice Scenario: Poisoning First Aid* handout
- RealCare® Baby with accessories
- Scenario props (optional)

Facilitation Steps:

1. Lead a class discussion about the importance of safety (prevention) as a caregiver.
2. Lead a class discussion about the importance of first aid (intervention) as a caregiver.
3. Give each participant a copy of the *Practice Scenario: Poisoning* worksheet and the *Practice Scenario: Poison Safety* and *Practice Scenario: Poisoning First Aid* handouts.
4. Using RealCare® Baby and other props (i.e., bottle, household cleaner, telephone) of your choice, read and role play the scenario located at the top of the worksheet.
5. Using the worksheet and handouts, lead a class discussion asking participants to complete the worksheet questions. Consider using overhead transparencies to assist with this task.

Safety, First Aid, and Infant Health: Part One

3



Practice Scenario: Poisoning

Name: _____

Date: _____

Scenario: You are the caregiver to a nine-month-old who is sitting on the floor in the kitchen. While you briefly turned away to prepare the infant's bottle, the infant was able to open the cupboard below the sink and ingest a household cleaner. What steps do you take as the caregiver?

Prevention: What safety steps should the caregiver have taken to PREVENT this accident from happening?

1. _____

2. _____

3. _____

4. _____

5. _____

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

1. _____

2. _____

3. _____

4. _____

5. _____

Other "Good-to-Know" Information:

1. _____

2. _____

3. _____

4. _____

5. _____

Practice Scenario: Poison Safety

Name: _____

Date: _____

1. Know how to call a poison control hotline and/or 911 or your local emergency number.[1, 2]
2. Keep a poison control hotline and/or 911 or your local emergency number near every telephone.[1, 2]
3. Annually service and/or inspect all heaters, stoves, and fireplaces within the home.[1, 2]
4. Install a carbon monoxide detector near all bedrooms; teach the child the sound it makes.[1, 2]
5. Read product labels; if the label includes the words "Caution," Warning," "Poison," or "Danger," keep out of the child's reach, preferably in a locked cabinet.[1]
6. Use household products according to label directions; never mix.[2]
7. When answering the telephone or the door, take open products (or the child) with you.[2]
8. Keep all medicines and medical supplies in a locked cabinet, out of the child's reach.[1, 2]
9. Always read the label before taking or giving medicine.[2]
10. Call medicine by its proper name; never refer to it as "candy."[2]
11. Take medicine in a place where the child cannot watch; children learn by imitating adults.[2]
12. Dispose of any outdated medications properly.[1]
13. Ensure all chemicals, medications, and cleaning products have child safety caps.[1, 2]
14. Store all dangerous products in their original containers with original labels intact.[1, 2]
15. Keep all dangerous products away from drink and food.[1, 2]
16. Keep house plants out of the child's reach; even if not poisonous, they might cause choking.[2]
17. Always clean up spills as soon as they happen.[1]
18. Never run a vehicle inside an attached garage—carbon monoxide will enter the home.[1]
19. Never use a barbecue grill inside the home or garage.[1]
20. Ensure every home that the child visits is poison-proofed.[2]



[1] Home Safety Council. (n.d.). *Think safe be safe: Poison prevention tips.* Retrieved from http://www.homesafetycouncil.org/safety_guide/sg_poison_w001.aspx

[2] National Capital Poison Center. (n.d.). *Poison prevention tips.* Retrieved from http://www.poison.org/prevent/generalTips.asp

Practice Scenario: Poisoning First Aid

Name: _____

Date: _____

1. Check the scene; ensure it is safe and look for clues as to what the child has been exposed to.
2. Use disposable gloves if you think you might touch any poisonous substances or body fluids.
3. If the child is stable but you suspect poisoning, call a poison control hotline.[1, 2] You may be asked for:
   - your name and phone number[2]
   - the child's name, age, and weight[2]
   - any medical conditions and medicine taken[2]
   - the name (see container), amount, and time of poisoning[2]
4. Immediately call 911 or your local emergency number if the child is:
   - drowsy or unconscious[1, 2]
   - having difficulty or not breathing (begin CPR)[1, 2]
   - uncontrollably restless[1]
   - having seizures[1, 2]
5. While waiting for the emergency medical assistance team to arrive, follow these steps:
   - If the child has been exposed to carbon monoxide, bring him or her to fresh air.[1, 2]
   - If the child swallowed a poison, remove anything remaining in his or her mouth.[1, 2]
   - If the child ingested a household cleaner or other chemical, read the label and follow the instructions for accidental poisoning; if toxic, be sure to call a poison control hotline.[1, 2]
   - Follow any treatment directions given by the poison control hotline personnel.[1]
   - If the child spilled a poisonous substance on his or her clothing, remove.[1, 2]
   - If the child spilled a poisonous substance in his or her skin or eyes, flush with cool or lukewarm water for 15 to 20 minutes or until medical help arrives.[1, 2]
   - Do not give ipecac syrup or do anything to induce vomiting.[1, 2]



[1] Mayo Foundation for Medical Education and Research. (2008, January 12). *Poisoning: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-poisoning/FA00029

[2] American Academy of Pediatrics. (2007, February). *What do I do if my child has been poisoned?* Retrieved from http://www.aap.org/publiced/BR_Poison.htm

Safety, First Aid, and Infant Health: Part One

LEARN: Safety and First Aid Procedures—Part 2

35 minutes

Purpose:

The purpose of this activity is to help caregivers learn proper safety and first aid skills related to a variety of infant/toddler health emergencies. Using this knowledge learned in their base group they will peer educate through demonstration, role play, and mini-lecture, one of the five safety and first aid scenarios.

NOTE: This activity is divided into two lessons. The first lesson provides time for the participants to research, collaborate, and prepare to teach as a base group, a 7 to 10 minute demonstration, role play, and mini-lecture related to their assigned scenario. In the second lesson participants will teach their peers about their assigned scenario's infant/toddler safety and first aid procedures.

Materials:

- 9 x 12-inch envelopes
- *Scenario 1: Falls & Bruises* worksheet
- Scenario 1 safety and first aid handouts
- *Scenario 2: Car Seats & Broken Bones* worksheet
- Scenario 2 safety and first aid handouts
- *Scenario 3: Burns* worksheet
- Scenario 3 safety and first aid handouts
- *Scenario 4: Heat Exposure/Stroke* worksheet
- Scenario 4 safety and first aid handouts
- *Scenario 5: Infant Illness* worksheet
- Scenario 5 safety and first aid handouts

  NOTE: Print/photocopy worksheets and handouts and create one envelope, numbered 1 through 5, for each of the five base groups. Place the corresponding worksheet (one for each group participant) and handouts (one set) into the numbered envelopes. For example, within the envelope numbered "1" you should insert enough copies of the *Scenario 1: Falls & Bruises* worksheet for every group participant, and then insert one copy of each Scenario 1 handout (14 handouts total).
- Large poster-sized pieces of white paper
- Blue markers
- Red markers
- Black markers
- RealCare® Babies with accessories
- Scenario props (optional)

Facilitation Steps:

1. Divide participants into five base groups and number each group one through five.
2. Give each base group one envelope corresponding to the group's assigned number.
3. Explain that each envelope contains a worksheet for each participant with one safety and first aid scenario, and several handouts. Each scenario focuses on one safety issue and first aid procedure; however, extra safety and first aid handouts are provided to assist groups with their 7 to 10 minute presentation.
4. Instruct base groups to open their envelope, read the scenario located at the top of the worksheet as a group, and complete the worksheet using the safety and first aid handouts as needed.
5. Give each base group one poster-sized piece of white paper, one blue marker, one red marker, one black marker, and one RealCare® Baby. Explain that each group will peer educate, by means of a 7- to 10-minute presentation, the knowledge and skills learned pertaining to their assigned scenario. The presentations will be conducted during the next class session.
6. Explain that participants are to include Baby and any other props of their choice in their presentations. They should role play and conduct a mini-lecture using their poster-sized piece of white paper, which explains the safety and first aid procedures pertaining to their assigned scenario. Encourage groups to include additional information from the extra safety and first aid handouts.
7. Explain the following instructions:
   - Using your group's large sheet of paper, safety handouts, and blue marker, your group will discuss, identify, and write down and/or draw pictures of what could/should have been done to PREVENT the accident in your assigned scenario. What should/could the caregiver in your assigned scenario have done ahead of time to prevent the accident?
   - Using your group's large sheet of paper, first aid handouts, and red marker, your group will discuss, identify, and write down and/or draw pictures of the first aid skills the caregiver in your assigned scenario must perform immediately to INTERVENE. In other words, the accident was not prevented, so what must happen now in order to take care of any injuries? Write down the steps, in order, the caregiver in your assigned scenario should take.
   - Using your group's large sheet of paper, safety and first aid handouts, and black marker, your group will discuss, identify, and write down and/or draw pictures of any other information found on your safety and first aid handouts that would be important for a caregiver to know.
8. Explain that participants are to use the remainder of the class to prepare and practice their presentations, which will be presented during the next lesson. Circle the room and offer assistance as needed, checking in with each base group for a minimum of two to three minutes to assess whether each group has collaboratively prepared and practiced their presentation. Ensure that presentations include:
   - Role play using Baby and any other props of their choice
   - Large sheet of paper with scenario-related safety information in blue, first aid information in red, and other "good-to-know" safety and first aid information in black
   - Worksheet completed by all group participants



Scenario 1: Falls & Bruises

Name: _____

Date: _____

Scenario: You are the caregiver for an eight-month-old who is sitting in his high chair. While you briefly turn away to prepare his food, you hear a scream. Turning around, you find that the infant has slipped out of the high chair and is crying uncontrollably on the floor. You also notice that the infant has a large bruise on his forehead. What steps do you take as the caregiver?

Prevention: What safety steps should the caregiver have taken to PREVENT this accident from happening?

1. _____

2. _____

3. _____

4. _____

5. _____

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

1. _____

2. _____

3. _____

4. _____

5. _____

Other "Good-to-Know" Information:

1. _____

2. _____

3. _____

4. _____

5. _____

Safety, First Aid, and Infant Health: Part One

Scenario 1: Crib & Changing Table Safety

Name: _____

Date: _____

Cribs

1. The space between the rail slats should be less than four-and-a-half inches (six centimeters) apart to prevent strangulation (a can of soda should not fit through the slats).[2]
2. Corner posts should not be higher than one-sixteenth of an inch (0.16 centimeters) above the top of the end panel.[2]
3. The mattress should be firm and fit snugly.[2] No more than two fingers should fit between the mattress and the side of the crib.
4. Always keep side rails up on cribs.[1]
5. Remove bumpers, pillows and other soft materials out of the baby's sleeping area.[3]
6. Remove mobiles and crib gyms when an infant is five months old or can push up on hands and knees.
7. Ensure mobiles and toys do not hang within the reach of the child.
8. Never put toys or pillows in cribs as they may contribute to crawling out or lead to suffocation.[2]
9. Never put the crib next to a window with blinds or drapes.
10. Install soft flooring around cribs or beds to lessen the severity of a fall-related injury.[2]

Changing Tables

11. Never leave a child unattended on a changing table.[1]
12. Use changing tables with two-inch (five centimeter) guardrails.[1]
13. Always secure and use safety belts on changing tables.[1]
14. If no guardrails or safety belts, keep at least one hand on the child at all times.[2]



[1] KidsHealth. (2007, November). *Household safety: Preventing injuries from falling, climbing, and grabbing.* Retrieved from http://kidshealth.org/parent/firstaid_safe/home/safety_falls.html

[2] SafeUSA. (2002, July 14). *Preventing childhood falls.* Retrieved from http://www.safeusa.org/falls.htm

[3] American Academy of Pediatrics. "Back to Sleep" Campaign 2007.

Safety, First Aid, and Infant Health: Part One

Scenario 1: General Household Safety

Date: _____

1. Crawl through each room and look at your home from a child's perspective.[2]
2. Secure rugs with nonskid pads/backing to hold them securely to the floor.[1, 2]
3. Secure curtain and blind cords well out of a child's reach to avoid strangulation.
4. Never put children in safety, infant, or bouncer seats on a counter top or on top of furniture.[1]
5. Ensure all pieces of furniture a child might climb on are sturdy and will not fall over.[1]
6. Secure heavy furniture to walls with "L" brackets to avoid tipping over if climbed on.[1]
7. Arrange furniture so that you can see children from all parts of the room.[2]
8. Attach protective padding or other covers to corners of any furniture or counter tops with sharp edges.[1, 2]
9. Clean up any spills immediately to avoid slipping.[1, 2]
10. Apply nonskid strips to the bottom of all bathtubs to prevent slips and falls.[1, 2]
11. Lock doors and block access to any unsafe areas.[2] Be sure to hide any keys.
12. Route electrical and other cords behind furniture or along walls to prevent tripping.[2]
13. Cover all electrical outlets, even those with cords plugged into them.
14. Frequently pick up toys, books, and other items that may be on the floor to prevent tripping.[2]
15. Place hardware-mounted safety gates at the bottom and top of all staircases.
16. Keep stairs well lit and free of clutter; install nonskid stair runners.[2]



[1] KidsHealth. (2007, November). *Household safety: Preventing injuries from falling, climbing, and grabbing.* Retrieved from http://kidshealth.org/parent/firstaid_safe/home/safety_falls.html

[2] SafeUSA. (2002, July 14). *Preventing childhood falls.* Retrieved from http://www.safeusa.org/falls.htm

Safety, First Aid, and Infant Health: Part One

Scenario 1: High Chair Safety

Name: _____

Date: _____

The majority of injuries from high chairs are caused by children climbing out of the chair or sliding down off the seat and strangling because the straps were not properly fastened. Other injuries occur when the high chair tips over because a child pushes away from a table or rocks back and forth.

1. The high chair should be sturdy, with a wide base so it does not tip over easily.[1, 2]
2. The high chair should have adjustable straps that secure the child across the hips and between the legs. ALWAYS USE ALL HIGH CHAIR STRAPS! Do not rely on the plastic tray to hold the child.[1, 2]
3. The high chair's buckle should be difficult, if not impossible, for the child to unbuckle.[1, 2]
4. The high chair's wheels should be locked to prevent accidental roll-aways.[1]
5. The high chair's seat should be well padded and should not have any sharp edges along the front of the seat where the back of the child's legs rest. Check the bottom of the tray for holes or sharp edges.
6. The high chair's tray should lock securely on both sides.[2]
7. Always read the manufacturer's directions before using the high chair.[1]
8. Always keep the child in your sight when he or she is in the high chair.[1, 2]
9. Always buckle the child securely every time when using the high chair.[1, 2]
10. Always position the high chair away from walls and tables so the child cannot push off on them.[1, 2]
11. Always watch the child's fingers when locking the tray so that they do not get pinched.[2]
12. If the high chair folds, make sure the safety latch is locked before using it.[1]
13. Never let the child climb into the high chair unsupervised.[1]
14. Never allow the child to stand up in the high chair.[2]
15. Never allow older siblings to hang from the chair or tray.[1, 2]
16. Readjust the high chair straps as the child grows.[1]



[1] Disney Family.com. (n.d.). *Parentpedia high chair safety.* Retrieved from http://family.go.com/parentpedia/baby/starting-solids/baby-high-chair-safety/#

[2] University of Nebraska-Lincoln Extension. (n.d.). *High chair safety.* Retrieved from http://lancaster.unl.edu/family/Parenting/chair_975.shtml

Safety, First Aid, and Infant Health: Part One

Scenario 1: Outdoor Safety

Name: _____

Date: _____

In the United States, every two-and-a-half minutes a child is injured on an outdoor playground.[3] Supervising children and choosing appropriate outdoor playgrounds will reduce children's risk of injury.

1. Supervise children at all times, especially when climbing on equipment, swings, and slides.[3]
2. Ensure playground equipment is safe—no loose parts or rust, and in good repair.[1, 3]
3. Ensure playground surfaces are soft (i.e., sand or wood chips) to absorb the shock of falls.[1, 3]
4. Avoid playgrounds with concrete or packed dirt.[1, 3]
5. Select playground equipment that is age appropriate and child safe (i.e., low to the ground).[2, 3]
6. Discourage play on outdoor decks, balconies, fire escapes, high porches, and roofs.[2]
7. Check playground equipment for hot surfaces to avoid burn injuries.[3]
8. Ensure there are no obvious hazards around the playground (i.e., broken glass).[3]
9. Ensure there is fencing between the playground and street to prevent running in front of cars.[3]
10. Cover any window wells to prevent children from falling in.[2]
11. Keep sidewalks and outdoor steps clear of obstacles.[1]
12. Repair or replace any walkways with cracks or missing pieces.[1]
13. Remove or cut the child's hood and neck drawstrings to prevent entanglement and strangulation.[3]
14. Ensure the child wears a helmet when riding a bike.[1]
15. Ensure the child wears shoes that will reduce the chances of falling (i.e., low-cut sneakers with rough, rubber shoes).[2]



[1] KidsHealth. (2007, November). *Household safety: Preventing injuries from falling, climbing, and grabbing.* Retrieved from http://kidshealth.org/parent/firstaid_safe/home/safety_falls.html

[2] SafeUSA. (2002, July 14). *Preventing childhood falls.* Retrieved from http://www.safeusa.org/falls.htm

[3] SafeUSA. (2002, July 14). *Playground safety.* Retrieved from http://www.safeusa.org/playgro/playgrou.htm

Safety, First Aid, and Infant Health: Part One

Scenario 1: Stair Safety

Name: _____

Date: _____

1. Install hardware-mounted safety gates at the top and bottom of all accessible stairs.[1, 3]
2. Never use pressure-mounted safety gates—children may be able to push them over.[2, 3]
3. Never use accordion safety gates—a child's head may get trapped in the gate.[3]
4. Never use secondhand safety gates.[2]
5. Always read the manufacturer's mounting instructions to ensure the gate is installed correctly.[2]
6. Always keep safety gates closed at all times.[2]
7. After closing, always check the safety gate's locking mechanism to make sure it works properly.[2]
8. Never climb over safety gates—children may attempt to copy you.[2]
9. Install low railings. An easy-to-reach handrail can help keep children safe once they master the stairs.[1]
10. Repair or replace any torn carpet on the stairs.[1, 3]
11. Keep stairs free of obstacles.[1, 3]
12. Close open-backed stairs to prevent children from slipping through and strangling between the steps.[1]
13. Install banister or railing guards if the child is able to fit through the rails.[3]
14. Install a safety gate at the door of the child's room to prevent the child from ever reaching the stairs.[3]
15. Never leave children unattended, or rely on safety gates to keep them safe.[2, 3]



[1] Parents.com. (2000, June 12). *Checklist: Stair safety.* Retrieved from http://www.parents.com/baby/safety/babyproofing/checklist-stair-safety/

[2] SafeKids. (n.d.). *Choosing a child or baby safety gate.* Retrieved from http://www.safekids.co.uk/ChildSafetyGates.html

[3] KidsHealth. (2007, November). *Household safety: Preventing injuries from falling, climbing, and grabbing.* Retrieved from http://kidshealth.org/parent/firstaid_safe/home/safety_falls.html

Safety, First Aid, and Infant Health: Part One

Scenario 1: Walker Safety

Name: _____

Date: _____

The U.S. Consumer Product Safety Commission estimates that more children are injured in walkers than in any other product. This is because infants can move around and get out of reach so quickly in a walker.

1. Most accidents occur in one of three ways:
   - Falling down the stairs[1, 2]
   - Tipping over when the walker hits an edge of carpeting or a threshold[1, 2]
   - Burns from touching hot oven doors, heaters, or fireplaces[1]
2. Walkers also increase the likelihood of a child pulling heavy objects or hot substances on themselves.[2]
3. Walkers may give a child the momentum needed to break through safety gates.[3]
4. A better choice for caregivers is some kind of stationary activity center, where an infant can rotate but not walk freely, or can walk but in a limited space.[1, 3]
5. The American Academy of Pediatrics recommends not using a walker.[2, 3]
6. If a walker is used, it is important to make sure these safety precautions are followed:
   - Always keep the child in view.[1]
   - Make sure the door or gate to the stairs is closed. [1]
   - Place gates at both the top and bottom of stairs.
   - Use walkers only on smooth surfaces.[1]
   - Keep walkers away from hot surfaces and containers with hot liquids.[1]
   - Beware of dangling electrical cords that may be attached to hot appliances.[1]
   - Keep walkers away from swimming pools and other sources of water.[1]



[1] Discovery Health. (n.d.). *Baby walkers—beware of safety concerns.* Retrieved from http://health.discovery.com/convergence/momsguide/gear/walker.html

[2] American Academy of Pediatrics. (n.d.). *Age-related safety sheets: Birth to 6 months.* Retrieved from http://www.aap.org/family/birthto6.htm

[3] KidsHealth. (2007, November). *Household safety: Preventing injuries from falling, climbing, and grabbing.* Retrieved from http://kidshealth.org/parent/firstaid

Safety, First Aid, and Infant Health: Part One

Scenario 1: Window Safety

saf .html

Name: _____

Date: _____

Windows, even first story windows, pose a falling hazard to children. Each year, thousands of children are injured and/or killed due to falls out of windows and other window-related accidents.[1]

1. Windows that can be opened more than four inches (10 centimeters) are particularly hazardous.[1]
2. When children are present, close and lock windows.[1, 2]
3. Use child proofing window guards or window locks on all windows.[1, 2, 3]
4. Ensure window guards are childproof but easy for adults to open in case of fire.[3]
5. Remove any crank handles to help prevent children from opening them.[1]
6. When using a window fan or air conditioning unit, block access with a gate.[1]
7. Keep all cords from window blinds out of children's reach.[1, 2]
8. Never place a child's crib or bed near a window or window blinds with cords.[1, 2]
9. Keep children's play away from windows and glass doors.[2]
10. Never place chairs, cribs, beds, or other furniture near windows.[3]
11. Do not depend on screens—they are designed to keep insects out, not prevent falls.[2, 3]



[1] TotSafe. (n.d.). *Childproofing tip of the month: Window safety.* Retrieved from http://www.totsafe.com/tipofthemonth.htm

[2] Andersen Corporation. (n.d.). *Look out for kids: Window safety.* Retrieved from http://www.andersenwindows.com/lofk/mainlofk.html

[3] KidsHealth. (2007, November). *Household safety: Preventing injuries from falling, climbing, and grabbing.* Retrieved from http://kidshealth.org/parent/firstaid_safe/home/safety_falls.html

www.realityworks.com

Safety, First Aid, and Infant Health: Part One

Scenario 1: Bruise First Aid

Name: _____

Date: _____

1. Bruising occurs when a blow breaks small blood vessels near the skin's surface, allowing a small amount of blood to leak out into the tissues under the skin.[1]
2. If skin is not broken, a bandage is not needed.[1]
3. To enhance bruise healing, follow these steps:
   - Immediately apply ice or cold pack to the bruised area for 20 to 30 minutes.[1, 2, 3]
   - Continue to apply ice or cold pack several times a day for a day or two after the injury.[1]
   - Elevate injured area so that it is higher than the heart.[1, 2, 3]
   - Keep minor bruises evaluated for 15 minutes; severe bruises at least one hour.[2]
   - Rest the injured area, if possible.[1]
   - For pain relief, take acetaminophen as needed.[1, 3]
   - After 48 hours, apply a warm washcloth to the bruised area for 10 minutes, two or three times a day.[3]
4. Call your doctor or seek emergency care if:
   - unusually large or painful bruising occurs, especially if developed without reason[1]
   - bruising occurs easily and abnormal bleeding is experienced (i.e., blood from nose or gums, blood in eyes, stool, or urine)[1]
   - no history of bruising, although bruising occurs suddenly[1]
   - bruising is accompanied by persistent pain or headache[1]
   - bruising does not appear to be getting any better and more than 24 hours have passed[2]
   - bruising is accompanied by swelling, especially if it occurs at a joint[2]



[1] Mayo Foundation for Medical Education and Research. (2008, January 8). *Bruise: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-bruise/FA00039

[2] Family Education Network. (n.d.). *First aid for scrapes, cuts, bumps, and bruises.* Retrieved from http://life.familyeducation.com/cuts-and-scrapes/wounds-and-injuries/48248.html

[3] WebMD. (2006, May 24). *Bruises treatment.* Retrieved from http://firstaid.webmd.com/bruises_treatment_firstaid.htm

Safety, First Aid, and Infant Health: Part One

Scenario 1: Cuts and Scrapes First Aid

Name: _____

Date: _____

1. For cuts that are not severe:
   - Rinse wound with clear water—soap can irritate the wound.[1, 2]
   - If dirt or debris remains, use tweezers cleaned with alcohol to remove any particles.[2]
   - To stop bleeding, apply pressure continuously for 20 to 30 minutes with sterile gauze, bandage, or clean cloth.[1, 2]
   - Replace bandage as needed, although do not keep checking to see if bleeding has stopped because this may damage or dislodge the forming clot.[1, 2]
   - Raise injured area above the heart to slow bleeding, but do not apply a tourniquet.[1]
   - Apply thin layer of an antibiotic cream or ointment.[2]
   - Cover wound with new, clean bandage to keep harmful bacteria out.[1, 2]
   - Change bandage at least daily or whenever it becomes dirty or wet.[2]
   - Watch for signs of infection—redness, increasing pain, drainage, warmth, or swelling.[2]
2. For cuts that are not severe, contact your doctor if the cut:
   - seems deep or the edges are widely separated[1]
   - is on the lip and crosses the pink border onto the face[1]
   - continues to ooze and bleed even after applying pressure[1]
   - is from an animal or human bite[1]
3. For severe cuts, seek emergency care but begin the treatment above if delayed for any reason.[1]
4. Seek emergency care if the child:
   - has a partially or fully amputated body part[1]
   - has a cut and the blood is spurting out; difficult to control[1]
   - is bleeding so much that bandages are becoming soaked with blood[1]



[1] KidsHealth. (2007, June). *Cuts instruction sheet.* Retrieved from http://kidshealth.org/parent/firstaid_safe/sheets/cuts_sheet.html

[2] Mayo Foundation for Medical Education and Research. (2008, January 8). *Cuts and scrapes.* Retrieved from http://www.mayoclinic.com/health/first-aid-cuts/

Safety, First Aid, and Infant Health: Part One

Scenario 1: Falls First Aid

Name: _____

Date: _____

1. Do not move the child and seek emergency care if the child:
   - may have seriously injured the head, neck, back, hipbones, or thighs[1]
   - is unconscious, or was briefly unconscious[1]
   - is having difficulty breathing, or is not breathing (start CPR)[1]
   - has a seizure[1]
   - has clear fluid or blood coming from the nose, ears, or mouth[1]
2. If you feel it is safe to move the child:
   - Hold and comfort him or her until crying stops.[1]
   - Place a cold compress or ice pack on any bumps or bruises.[1]
   - Give acetaminophen for any pain.[1]
   - Let the child rest, as needed, for the next few hours.[1]
   - Watch the child closely, looking for any unusual symptoms or behaviors, for the next 24 hours.[1]
3. Seek emergency care if the child:
   - will not stop crying[1]
   - becomes very sleepy and is difficult to wake[1]
   - becomes irritable and difficult to console[1]
   - vomits[1]
   - complains of neck, back, or increasing pain[1]
   - is not walking normally[1]
   - does not seem to be focusing his or her eyes normally[1]
   - has any unusual behavior or symptoms that worry you[1]



[1] KidsHealth. (2007, June). *Falls instruction sheet.* Retrieved from http://kidshealth.org/parent/firstaid_safe/sheets/falls_sheet.html

Safety, First Aid, and Infant Health: Part One

Scenario 1: Nosebleeds First Aid

Name: _____

Date: _____

1. Stay calm and reassure the child.[1]
2. Place the child upright and tilt his or her head slightly forward.[1, 2]
3. Gently pinch the child's nose with a tissue or clean washcloth.[1, 2]
4. Keep pressure on the child's nose for 10 minutes; if released too soon, bleeding may start again.[1, 2]
5. It may be helpful to apply ice wrapped in a paper towel on the child's nose.[1]
6. Do not allow the child to lean back—this may cause blood to flow down the back of the throat.[1, 2]
7. Have the child rest a while after a nosebleed. Discourage nose-blowing, picking, or rubbing.[1, 2]
8. Seek emergency care if bleeding:
   - is heavy[1, 2]
   - is accompanied by dizziness or weakness[1, 2]
   - is the result of a fall or blow to the head[1, 2]
   - continues after two attempts of applying pressure for 10 minutes each[1, 2]



[1] KidsHealth. (2007, November). *Nosebleeds.* Retrieved from http://kidshealth.org/parent/firstaid_safe/emergencies/nose_bleed.html

[2] Mayo Foundation for Medical Education and Research. (2008, January 16). *Nosebleeds: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-nosebleeds/HQ00105

Safety, First Aid, and Infant Health: Part One

Scenario 1: Puncture Wounds First Aid

Name: _____

Date: _____

1. Ensure nothing is left in the wound; ensure the object that caused the wound is intact.[2]
2. Allow wound to bleed freely; if heavily bleeding, apply pressure until it stops.[2]
3. For minor puncture wounds, follow these steps:
   - To stop bleeding, apply gentle pressure with clean cloth or bandage.[1, 2]
   - Rinse wound with clear water and remove small, surface particles with clean tweezers.[1, 2]
   - Clean area around wound with soap and clean washcloth.[1]
   - Apply thin layer of antibiotic cream or ointment to keep surface moist.[1, 2]
   - Cover wound with clean bandage.[1]
   - Change bandage regularly, at least daily or whenever it becomes wet or dirty.[1]
   - Watch for signs of infection (redness, drainage, warmth, swelling).[1]
4. Call doctor or seek emergency care if:
   - the wound was deep enough to draw blood and bleeding persists (if blood spurts or continues to flow several minutes after applying pressure)[1, 2]
   - large debris are deeply embedded and thorough wound cleaning is needed[1, 2]
   - wound does not heal[1]
   - signs of infection exist (redness, drainage, warmth, swelling)[1]



[1] Mayo Foundation for Medical Education and Research. (2008, January 12). *Puncture wounds: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-puncture-wounds/FA00014

[2] WebMD. (2006, May 24). *Puncture wound treatment.* Retrieved from http://firstaid.webmd.com/puncture_wound_treatment_firstaid.htm

Safety, First Aid, and Infant Health: Part One

Scenario 1: Splinters First Aid

Name: _____

Date: _____

1. Wash your hands, then wash the splinter area with soap and warm water.[1]
2. Sterilize a needle and tweezers with boiling water, then wipe off with clean cotton ball or alcohol pad.[1]
3. If the end of the splinter is poking out of the skin:
   - Apply firm grip on the end of the splinter with the tweezers.[1, 2]
   - Pull slowly and gently at the same angle as the splinter entered the skin.[1, 2]
   - Pulling too quickly or at the wrong angle can break the splinter, making it harder to remove.[1]
4. If the end of the splinter is not poking out of the skin, use the needle to gently scrape the skin away until the splinter is exposed enough to grab the end with tweezers.[1, 2]
5. Ensure all pieces of the splinter were removed.[1]
6. Wash injured area with soap and warm water.[1, 2]
7. If opening left by splinter is noticeable, cover with bandage to prevent infection.[1]
8. Call your doctor or seek emergency care if:
   - the splinter is too deep[1, 2]
   - the wound is bleeding heavily[1]
   - the splinter cannot be fully removed[1, 2]
   - the splinter becomes infected[1, 2]



[1] KidsHealth. (2007, July). *Splinters.* Retrieved from http://kidshealth.org/teen/safety/first_aid/splinters.html

[2] WebMD. (2006, May 24). *Splinters treatment.* Retrieved from http://firstaid.webmd.com/splinters_treatment_firstaid.htm

Safety, First Aid, and Infant Health: Part One

Scenario 1: The RICE Method First Aid

Name: _____

Date: _____

The RICE Method helps with many types of joint and muscle injuries, easing pain and speeding recovery.[1, 2] RICE is most helpful when all four parts (Rest, Ice, Compression, Elevation) are used immediately after an injury. If pain and swelling persist, call your doctor or seek emergency care.

1. **R**est the injured area until pain decreases.[1, 2]
2. **I**ce the injured area as soon as possible, even if on your way to the doctor.[1]
   - Ice for 10 to 15 minutes (adults, 20 minutes) every two to three hours while awake.[1, 2]
   - For best results, use crushed ice in a plastic bag and wrap with moist towel.[1]
   - During the first 48 to 72 hours, or as long as swelling persists, avoid heat.[1]
3. **C**ompress between icings, wrapping the injured area with an elastic bandage.[1, 2]
   - Begin wrapping at the farthest point away from the body, wrapping toward the heart. This allows the blood to flow back into the body and away from the injury.[1]
   - Never sleep with the injured area wrapped, unless directed by a doctor.[1]
   - Do not wrap too tightly—it should not hurt or throb.[1, 2]
   - Remove and reapply elastic bandage every four hours.[2]
4. **E**levate the injured area at least 12 inches (30 centimeters) above the heart.[1, 2]



[1] Park Nicollet Institute. (n.d.). *The RICE method: Rest, ice, compression, elevation.* Retrieved from http://www.parknicollet.com/healthadvisor/firstaid/rice.cfm

[2] University of Iowa Hospitals and Clinics. (2005). *Rice: Rest, ice, compression, elevation.* Retrieved from http://www.uihealthcare.com/topics/prepareemergencies/prep4922.html

Safety, First Aid, and Infant Health: Part One



Scenario 2: Car Seats & Broken Bones

Name: _____

Date: _____

Scenario: As the parent/guardian of a five-month-old arrives by car at the day care facility, an animal unexpectedly runs out into the road causing the driver to brake quickly. Upon braking, the infant who was sitting face forward in a car seat in the front seat was forcefully thrown forward. The caregiver rushes to the scene of the accident and notices that the infant's right leg is swollen, red, and in an unusual position. The caregiver suspects a broken leg. What steps would you take as the caregiver?

Prevention: What safety steps should the parent/guardian have taken to PREVENT this accident from happening?

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

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

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

Other "Good-to-Know" Information:

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

Safety, First Aid, and Infant Health: Part One

Scenario 2: Car Seat Safety

Name: _____

Date: _____

It is recommended to follow your car seat manufacturer instructions.

Here are some helpful guidelines:

1. All infants and toddlers should ride in a rear-facing car safety seat (CSS) as long as possible, until they reach the highest weight or height allowed by their CSS's manufacturer. Most convertible seats have limits that will permit children to ride rear-facing for 2 years or more.[2]
2. All children who have outgrown the rear-facing weight or height limit for their CSS should use a forward-facing CSS with a harness for as long as possible, up to the highest weight or height allowed by their CSS's manufacturer.[2]
3. All children whose weight or height is above the forward-facing limit for their CSS should use a belt-positioning booster seat until the vehicle lap and shoulder seat belt fits properly, typically when they have reached 4 ft 9 inches in height and are between 8 and 12 years of age.[2]
4. Always read the vehicle and seat owner's manuals before installing and using the seat.
5. Never place a rear-facing seat in the front seat with front passenger air bags.[1]
6. Ensure the seat is installed tightly in the vehicle and that the harness fits the child snugly.[1]
7. Ensure the seat's harnesses are in the slots at or below the infant's shoulders.[1]
8. Ensure that the seat belt is routed through the correct belt path, and buckle the belt.[1]
9. Remove any slack in the seat belt by pressing down firmly on the seat to tighten up the belt.
10. Ensure that the seat does not move more than an inch side to side or front to back.[1]
11. Use the vehicle's LATCH system, if available (check vehicle owner's manual).[1]
12. Use seat belt locking clips, if recommended (check vehicle owner's manual).[1]
13. Ensure the seat is at the correct angle (check seat angle indicator or adjuster).[1]
14. Always attach the seat's tether strap, if available, to an anchor point in the vehicle.[1]
15. Always return the stroller warranty card to be notified of any recalls.
16. Do not transport sharp or heavy objects (i.e., groceries) loose in the vehicle or give the child hard or long, pointed items (i.e., lollipop) to play with while riding. Any loose object or pointed item can become deadly in a sudden stop or accident.
17. Do not use a seat if you do not know whether or not it has been in an accident.
18. Talk with a Child Passenger Safety (CPS) Technician in your area, if additional help is needed.[1]



[1] American Academy of Pediatrics. (2013). *Car safety seats: A guide for families 2013.* Retrieved from http://www.aap.org/family/Carseatguide.htm

[2] American Academy of Pediatrics. November 2018, Volume 142, Issue 5. *Child Passenger Safety*. Retrieved from http://pediatrics.aappublications.org/content/142/5/e20182460

Safety, First Aid, and Infant Health: Part One

Scenario 2: Riding Toy Safety

Name: _____

Date: _____

Riding toys are responsible for the majority of toy-related injuries among children ages 14 and under.[3] Most injuries occur when a child falls from the toy, typically injuring the child's head and face area. Riding toys provide a fun means to expend energy and get physical activity when these safety precautions are followed.

1. Ensure riding toys age-appropriate for the child—not too large or too advanced.[2]
2. Ensure riding toys are safe—check for sharp edges, unstable joints, or other potential hazards.[2]
3. Use riding toys only on hard, flat surfaces.[1]
4. Keep riding paths clear of obstacles.[2]
5. Keep riding toys away from areas with inclines and/or declines (i.e., hills, sloped driveways).[1]
6. Avoid pushing a riding toy while the child is riding it—the child's legs and feet can only move so fast.[1]
7. Keep riding toys away from swimming pools, ponds, or any open water.[1]
8. Never leave the child on a riding toy unsupervised.[1, 2]
9. Keep riding toys away from traffic, since visibility is limited to automobile drivers.[1]
10. Never allow a child with loose clothing to use a riding toy—loose clothing could catch in pedals.[1]
11. Always adhere to the manufacturer's weight requirements to ensure the toy will support the child.[2]
12. Teach the child proper hand signals for turning and stopping.[1]



[1] QualityPedalCars.com. (n.d.). *Safety tips for users of pedal cars, pedal planes, and other ride on toys.* Retrieved from http://www.qualitypedalcars.com/pedal_toy_safety_tips

[2] RidingToys.com. (n.d.). *Safety tips for riding toys.* Retrieved from http://www.ridingtoys.com/pedal-toys/safetytipsforridingtoysarticle.cfm

[3] Morgan Stanley Children's Hospital of New York-Presbyterian. (n.d.). *Toy safety: Injury statistics and incidence rates.* Retrieved from http://www.childrensnyp.org/mschony/P03000.html

Safety, First Aid, and Infant Health: Part One

Scenario 2: Stroller Safety

Name: _____

Date: _____

The U.S. Consumer Product Safety Commission reports that more than 11,000 children seek emergency care each year from stroller-related injuries.[1] Strollers offer a wonderful, convenient service if used properly.

1. Always follow manufacturer's instructions on stroller assembly, care, and use.[1]
2. Ensure the stroller's latches (locking-mechanisms) are fully engaged prior to use.[1, 2]
3. Ensure the stroller has parking brakes that can be easily set, locking the wheels in place.
4. Always use the stroller's parking brake when stopped.[2]
5. Do not overload the stroller or hang heavy bags on the stroller's handles.[1, 2]
6. Ensure the stroller has a safety belt and/or harness and can be easily fastened around the child.
7. Always use the stroller's safety belt and/or harness as recommended by the manufacturer.[1, 2]
8. When in the reclined position, there should be no openings through which a child could slip.[1]
9. Never leave a child unattended, even if sleeping, while in the stroller.[1]
10. When folding or unfolding, keep children away to avoid pinching fingers.[1, 2]
11. Never use a pillow or blanket as a mattress in the stroller.[2]
12. Always return the stroller warranty card to be notified of any recalls.[2]
13. An umbrella stroller is not appropriate for an infant because it does not offer proper head support.
14. If the stroller has a shopping basket, make sure it is located low on the stroller and above or in front of the rear wheels. This minimizes the chance of the stroller tipping over.



[1] Expectant Mother's Guide. (n.d.) *Stroller safety.* Retrieved from http://www.expectantmothersguide.com/library/EUSstrollers.htm

[2] Consumers Union. (2003, May). *Child car-seat and stroller safety tips.* Retrieved from http://www.consumersunion.org/products/carseat-tips403.htm

Safety, First Aid, and Infant Health: Part One

Scenario 2: Back or Neck Injury First Aid

Name: _____

Date: _____

1. If you suspect back or neck (spinal) injury, do not move the injured child.[1]
2. Assume the child has a spinal injury if:
   - There is evidence of a head injury and ongoing change in level of consciousness[1]
   - The child complains of severe pain in his or her back or neck[1, 2]
   - The child will not move his or her neck[1]
   - The injury has exerted substantial force on the back or head[1]
   - The child complains of weakness and/or numbness of limbs, bladder, or bowel[1, 2]
   - The back or neck is twisted or unusually positioned[1]
3. If you suspect a spinal injury, follow these steps:
   - Call 911 or your local emergency number.[1, 2]
   - Do not move the child; try to keep the child in the same position as he or she was found.[1]
   - Hold the head and neck or place heavy towels on both sides of the neck to stabilize and keep it from moving.[1, 2]
   - Administer as much first aid as possible, without moving the child's head or neck.[1]
   - If you must roll the child because he or she is vomiting (thus in danger of further injury), use at least two people and work together to keep the child's head, neck, and back aligned.[1, 2]



[1] Mayo Foundation for Medical Education and Research. (2008, January 8). *Spinal injury: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-spinal-injury/FA00010

[2] WebMD. (2005, August 10). *Wilderness: Neck and back injuries.* Retrieved from http://www.emedicinehealth.com/wilderness_neck_and_back_injuries/article_em.htm

Safety, First Aid, and Infant Health: Part One

Scenario 2: Broken Bones First Aid

Name: _____

Date: _____

1. The child may have a broken bone if:
   - a "snap" or grinding noise was heard[2]
   - there is swelling, bruising, tenderness, or feeling of "pins and needles"[2]
   - it is painful to move or bear weight on it[2]
2. Any broken bone (fracture) requires medical attention, but call 911 or your local emergency number if:
   - the broken bone is the result of major trauma or injury[1]
   - the child is unresponsive or not breathing (begin CPR)[1]
   - there is heavy bleeding[1]
   - gentle pressure or movement is painful[1]
   - the limb or joint appears deformed[1]
   - the broken bone has pierced the skin (do not move the child)[1, 2]
   - the end of the injured arm or leg (i.e., toe or finger) is numb or bluish at the tip[1]
   - you suspect a broken bone in the neck, head, or back (do not move the child)[1, 2]
   - you suspect a broken bone in the hip, pelvis, or upper leg[1]
3. While waiting for the emergency medical assistance team to arrive, follow these steps:
   - Remove any clothing from the wound, if possible without moving the injured area.[2]
   - Apply pressure to wound with sterile bandage or clean cloth.[1]
   - Do not try to realign the broken bone, but if knowledgeable about how to splint, apply splint to the injured area.[1]
   - Apply ice packs to help relieve pain (do not apply directly to the skin; wrap in towel).[1, 2]
   - If child feels faint or is rapidly breathing, lay him down with his head slightly lower than his trunk and, if possible, elevate his legs.[1]
   - Do not allow the child to eat, in case emergency surgery is needed.[2]



[1] Mayo Foundation for Medical Education and Research. (2008, January 10). *Fractures (broken bones): First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-fractures/FA00058

[2] KidsHealth. (2007, June). *Broken bones instruction sheet.* Retrieved from http://kidshealth.org/parent/firstaid_safe/sheets/broken_bones_sheet.html

Safety, First Aid, and Infant Health: Part One

Scenario 2: Head Injury First Aid

Name: _____

Date: _____

1. For minor head injuries, watch the child closely for 24 hours for any concerning symptoms; if the child is sleeping, wake him or her every two to three hours and ask simple questions to check for alertness.[2]
2. Acetaminophen or ibuprofen may be used for minor head injuries.[2]
3. Most minor head injuries do not require medical attention, however call 911 or your local emergency number if any of the following signs are evident:
   - severe bleeding from the head or face; bleeding from the nose or ears[1, 2]
   - severe headache[1, 2]
   - loss of consciousness, confusion, or drowsiness for more than a few seconds[1, 2]
   - black-and-blue discoloration below the eyes or behind the ears[1]
   - low breathing rate or no signs of breathing[1, 2]
   - loss of balance[1]
   - irritability[2]
   - weakness or inability to use an arm or leg[1, 2]
   - unequal size of pupils[1, 2]
   - recurring vomiting[1, 2]
   - slurred speech or blurred vision[1, 2]
   - seizures[1, 2]
4. For severe head trauma, follow these steps while waiting for the emergency medical assistance team to arrive:
   - Do not move the child unless necessary; avoid moving the child's neck.[1]
   - Keep the injured child lying down and quiet in a darkened room.[1]
   - Hold the head and neck or place heavy towels on both sides of the neck.[1, 2]
   - Apply firm pressure to the wound with sterile gauze or clean cloth (do not apply direct pressure or remove any debris from the wound if you suspect a skull fracture).[1, 2]
   - Apply ice packs to any swollen areas.[2]
   - If the child shows no signs of breathing, coughing, or movement, begin CPR.[1, 2]
   - If you must roll the child because he or she is vomiting (thus in danger of further injury), use at least two people and work together to keep the child's head, neck, and back aligned.[2]



[1] Mayo Foundation for Medical Education and Research. (2008, January 3). *Head trauma: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-head-trauma/FA00008

[2] MedlinePlus. (2007, January 8). *Head injury.* Retrieved from http://www.nlm.nih.gov/medlineplus/ency/article/000028.htm

Safety, First Aid, and Infant Health: Part One



Scenario 3: Burns

Name: _____

Date: _____

Scenario: As you turn around and answer the phone in the kitchen, the toddler in your care pulls down on the handle of a pot that is on the stove, spilling boiling fluid on her arm and chest. What steps do you take as the caregiver?

Prevention: What safety steps should the caregiver have taken to PREVENT this accident from happening?

1. _____

2. _____

3. _____

4. _____

5. _____

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

1. _____

2. _____

3. _____

4. _____

5. _____

Other "Good-to-Know" Information:

1. _____

2. _____

3. _____

4. _____

5. _____

Safety, First Aid, and Infant Health: Part One

Scenario 3: Burn Safety

Name: _____

Date: _____

1. Turn down the hot water heater to keep hot water temperature below 120° F (49° C).[1, 2]
2. Test bath water with wrist or elbow before placing the child in the tub.[1]
3. Do not let the child play with the faucet.[1]
4. Never leave the child alone in the bathroom or kitchen.[1, 2]
5. Do not hold the child while eating, drinking, or preparing hot food.[1]
6. Keep the child out of the kitchen while cooking.[1]
7. Turn pot handles inward or use back burners when cooking.[1, 2]
8. Keep electrical cords out of the child's reach.[1, 2]
9. Do not expose the child to direct midday sun (10:00 AM to 2:00 PM).[1]
10. Apply sunscreen on the child at least half an hour before playing outdoors.[1]
11. Test the temperature of the car seat and belt before putting the child in the vehicle.[1]
12. Always use a cool mist vaporizer, not steam.[1]
13. Keep lighters and matches out of the child's reach.[1, 2]
14. Never allow the child to handle fireworks.[2]
15. Use fireplace screens or doors.[1]
16. Do not leave the child alone near hot applicances.[1]
17. Teach the child not to play with electrical cords.[1]
18. Install safety outlet covers on all unused outlets.[1, 2]
19. Keep all chemicals out of the child's reach, in a locked cabinet.[1]
20. Install smoke alarms on every level and in every sleeping area.[1]



[1] Nationwide Children's Hospital. (1999, July). *Burn prevention: Infant and toddler.* Retrieved from http://www.nationwidechildrens.org/gd/applications/find-adoc/pdf/IV-15%20BURN%20PREVENTION.pdf

[2] Disney Family. (n.d.). *Be aware! Burn prevention tips from SAFE KIDS.* Retrieved from http://www.preschoolerstoday.com/articles/safety/be-aware-1500/

Safety, First Aid, and Infant Health: Part One

Scenario 3: Chemical Burn Safety

Name: _____

Date: _____

1. Always read and follow label instructions, including any precautions.[1, 2]
2. Avoid prolonged exposure to any chemical.[1]
3. Purchase potentially poisonous chemicals in safety containers, and only the exact amount needed.[1]
4. Never store chemicals in food or drink containers; leave them in their original containers.[1]
5. Avoid using potentially poisonous chemicals in the kitchen or around food.[1]
6. Safely store chemicals immediately after use.[1]
7. Avoid mixing chemicals; mixing can produce hazardous fumes.[1]
8. Use chemicals which produce fumes in well ventilated areas only.[1]
9. Always store chemicals in a locked cabinet, out of the reach of children.[1, 2]
10. Wear safety clothing and eye protection, as needed.[2]



[1] MedlinePlus. (2007, January 17). *Chemical burn or reaction.* Retrieved from http://www.nlm.nih.gov/medlineplus/ency/article/000059.htm

[2] WebMD. (2005, August 10). *Chemical burns.* Retrieved from http://www.emedicinehealth.com/chemical_burns/article_em.htm

Safety, First Aid, and Infant Health: Part One

Scenario 3: Electrical Burn Safety

Name: _____

Date: _____

1. Install self-closing outlets on outlets frequently used.[1]
2. Install outlet covers on outlets seldomly used.[1, 2]
3. Ensure all plugs are tight and not easily removeable.[1]
4. Bundle all exposed cords with plastic wire ties, out of reach of children.[1]
5. Tie lamp cords in a knot around a table leg.[1]
6. Install power strip covers on all power strips or mount them inside the appropriate cabinet.[1]
7. Clean up any "spider webs" of wires behind cabinets.[1]
8. Never place cords under rugs or bedding.[2]
9. Read and follow the safety tips on all appliances.[2]
10. Check cords for signs of wear; replace any frayed or cracked cords.[2]
11. Fix electrical problems right away.[2]
12. Always use three-pronged cords properly; do not remove the "extra" prong.[2]
13. Never overload outlets.[2]
14. Avoid using extension cords long term.[2]
15. Always use the correct size light bulb; check labels on lamps for proper bulb size.[2]



[1] Baby Safe Home. (n.d.). *Home safety tips.* Retrieved from http://www.babysafehome.com/info/safety/safetytips.php

[2] Wisconsin Department of Health Services. (2004, November 23). *Electrical and fire safety.* Retrieved from http://dhs.wisconsin.gov/hometips/DHP/FIRE.HTM

Safety, First Aid, and Infant Health: Part One

Scenario 3: Fire Safety

Name: _____

Date: _____

1. Install and maintain smoke alarms on every level of the home and outside of sleeping areas.[1, 2]
2. Test smoke alarms monthly and replace batteries at least once a year.[1, 2]
3. A smoke alarm should be installed and maintained in the child's bedroom if the door is kept closed while sleeping. If needed, use a monitor so you can hear when the alarm sounds.[1]
4. Familiarize the child with the sound of smoke alarms as soon as he or she is able to understand.[1]
5. Store matches and lighters in a locked cabinet.[1, 2]
6. Instruct the child to tell you when he or she finds a match or lighter.[1]
7. Never use matches or lighters as amusement—the child might imitate your actions.[1]
8. Keep space heaters at least three inches (seven-and-a-half centimeters) away from anything that could burn (i.e., curtains).[2]
9. Always turn space heaters off when leaving the room or going to bed.[2]
10. Never leave a burning candle unattended.[2]
11. Never smoke indoors, and be sure to douse cigarette butts with water before placing in the trash.[2]
12. Store and use gasoline in the garage or a shed—never inside the home.[2]
13. Inspect and clean chimneys, fireplaces, stoves, and furnaces at least once a year.[2]
14. Keep glass or metal screens in front of any fireplaces.[2]
15. Develop a detailed fire escape plan and practice it on a regular basis.[1, 2]
16. Keep exits free of obstacles.[1]
17. Teach the child that firefighters can help in an emergency.[1]
18. Teach the child how to crawl under smoke and to touch closed doors first before opening.[1]
19. Teach the child how to "Stop, Drop, and Roll" if his or her clothes catch fire.[2]
20. Decide upon a safe meeting place outside of the home, in case of a fire.[1, 2]



[1] U.S. Fire Administration. (2007, January 17). *A parents' guide to fire safety for babies and toddlers.* Retrieved from http://www.usfaparents.gov/

[2] Home Safety Council. (n.d.). *Think safe be safe: Fire prevention tips.* Retrieved from http://www.homesafetycouncil.org/safety_guide/sg_fire_w001.aspx

Safety, First Aid, and Infant Health: Part One

Scenario 3: Kitchen Safety

Name: _____

Date: _____

1. Install child safety locks on all cabinets and drawers within the child's reach.[2]
2. Store all cleaners and supplies out of children's reach in a locked cabinet.[2]
3. Secure large appliance doors to prevent pinched fingers or ability to crawl inside.
4. Keep electrical cords rolled up and out of the child's reach.
5. Always supervise the child in the kitchen.[1]
6. Keep sharp objects out of the child's reach.[1, 2]
7. Always turn pot and pan handles inward while cooking, out of the child's reach.[1, 2]
8. Keep cups or other containers with hot fluids out of the child's reach.[1, 2]
9. Carefully remove lids or other coverings from microwaved food to prevent steam burns.[2]
10. Turn down the hot water heater to keep hot water temperature below 120° F (49° C).[1, 2]
11. Keep kitchen walkways clear of obstacles.[2]
12. Always keep the trash can covered.[2]
13. Avoid leaving the kitchen while cooking.[2]
14. Keep all flammable items (i.e., dish towels, paper bags) at least three feet (one meter) away from the stove.[2]
15. Ensure the child stays at least three feet (one meter) away from the stove at all times.[2]



[1] American Red Cross. (n.d.). *Kitchen safety.* Retrieved from http://www.redcross.org/services/hss/tips/healthtips/kitchen.html

[2] Home Safety Council. (n.d.). *Kitchen safety checklist.* Retrieved from http://www.homesafetycouncil.org/safety_guide/sg_kitchen_p001.pdf

Safety, First Aid, and Infant Health: Part One

Scenario 3: Burns First Aid

Name: _____

Date: _____

1. First-degree burns are the least serious in which the outer layer of skin is burned.[1, 2]
2. Second-degree burns are more serious in which the second layer of skin is also burned.[1, 2]
3. Third-degree burns are the most serious in which all three layers of skin are burned.[1, 2]
4. Treat first- and second-degree burns as minor unless substantial portions (larger than three inches, or seven-and-a-half centimeters, in diameter) of the body are burned.[1]
5. For minor (first- and second-degree) burns, follow these steps:
   - Hold the burned area under cold running water, immerse it in cold water, or cool it with cold compresses (do not put ice on the burn) for at least five minutes, or until the pain reduces.[1, 2]
   - Loosely wrap the burned area with gauze (do not use fluffy cotton).[1, 2]
   - Use an over-the-counter pain reliever, as needed (do not give aspirin to children).[1, 2]
   - Watch for signs of infection (i.e., increased pain, redness, fever, swelling, oozing).[1]
   - Avoid re-injuring or tanning if burns are less than one year old; use sunscreen.[1]
   - Do not apply butter, ointment, grease, or powder.[1, 2]
   - Do not break blisters.[1, 2]
6. For major (third-degree) burns, follow these steps:
   - Call 911 or your local emergency number.[1, 2]
   - Do not remove any burned clothing or jewelry.[1, 2]
   - Do not immerse the burned area in cold water.[1]
   - Check for breathing, coughing, or movement; and begin CPR, if needed.[1]
   - Elevate the burned area above the heart, if possible.[1, 2]
   - Cover the burned area with a cool, moist, sterile bandage, cloth, or towel.[1]



[1] Mayo Foundation for Medical Education and Research. (2008, January 5). *Burns: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-burns/FA00022

[2] KidsHealth. (2006, April). *Burns.* Retrieved from http://kidshealth.org/parent/firstaid_safe/emergencies/burns.html

Safety, First Aid, and Infant Health: Part One

Scenario 3: Chemical Burns First Aid I

Name: _____

Date: _____

1. For minor burns, follow these steps:
   - Flush the chemical off the skin's surface with cool, running water for at least 20 minutes.[1, 2]
   - If increased burning is experienced, flush the burned area for several more minutes.[1]
   - Remove any contaminated clothing or jewelry.[1, 2]
   - Apply a cool, wet towel or cloth.[1, 2]
   - Loosely wrap the burned area with a dry, sterile bandage or cloth.[1, 2]
   - Do not apply butter, ointment, grease, or powder.[2]
   - Do not break blisters.[2]
   - Be careful not to contaminate yourself when giving first aid.[2]
2. Seek emergency care or call 911 or your local emergency number if:
   - the child shows signs of shock (i.e., fainting, pale complexion, shallow breathing)[1, 2]
   - the burned area is more than three inches (seven-and-a-half centimeters) in diameter[1]
   - the chemical burned the eye, hands, feet, face, groin or buttocks, or a major joint[1]
   - the child has pain that cannot be controlled with an over-the-counter pain reliever[1]
3. If you seek emergency care, bring the chemical container or a complete description.[1]



[1] Mayo Foundation for Medical Education and Research. (2008, January 5). *Chemical burns: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-chemical-burns/FA00024

[2] MedlinePlus. (2007, January 17). *Chemical burn or reaction.* Retrieved from http://www.nlm.nih.gov/medlineplus/ency/article/000059.htm

Safety, First Aid, and Infant Health: Part One

Scenario 3: Chemical Burns First Aid II

Name: _____

Date: _____

1. If a chemical splashes in the child's eye, follow these steps:
   - Flush the child's eyes immediately with lukewarm tap water for at least 20 minutes.[1, 2]
     - Place the child into the shower and aim a gentle stream of water on the forehead above the affected eye or if both eyes were affected, on the bridge of the nose.[1, 2]
     - Put the child's head down, turn it to the side, and hold under a gently running faucet.[1, 2]
     - Lie the child in the bathtub or lean him or her over a sink while you pour a gentle stream of water on the forehead above the affected eye or on the bridge of the nose.[1, 2]
   - Wash the child's hands with soap and water.[1]
   - Remove contact lenses, if needed.[1]
   - Seek emergency care or call 911 or your local emergency number, if necessary.[1, 2]
2. Ensure the child does not rub his or her eye to prevent further damage.[1]
3. Do not use an eyecup (eyebath).[2]
4. Do not flush with anything other than water or contact lens saline rinse.[1]
5. Do not use eye drops unless directed by emergency personnel.[1]
6. Do not bandage the child's eye.[2]
7. If you seek emergency care, bring the chemical container or a complete description.[1]



[1] Mayo Foundation for Medical Education and Research. (2008, January 5). *Chemical splash in the eye: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-eye-emergency/FA00041

[2] Prevent Blindness America. (n.d.). *First aid for eye emergencies.* Retrieved from http://www.preventblindness.org/safety/firstaid.html

Safety, First Aid, and Infant Health: Part One

Scenario 3: Electrical Burns First Aid

Name: _____

Date: _____

1. Electrical burns do not always show on the skin; instead, damage occurs deep into the tissues.[1]
2. If a strong electrical current passes through the child's body, internal damage can occur.[1]
3. Immediately call 911 or your local emergency number if the child is in pain, confused, or experiencing changes in his or her breathing, heartbeat, or consciousness.[1, 2]
4. While waiting for emergency medical assistance, follow these steps:
   - Look first, do not touch.[1, 2]
   - Turn off the source of electricity, if possible.[1, 2]
   - If not able to turn off the source of electricity, move the child away from the source using a dry, nonconducting object made of cardboard, plastic, or wood.[1, 2]
   - Check for breathing, coughing, or movement, and begin CPR if needed.[1, 2]
   - Lay the child down with his head slightly lower than his trunk, and elevate legs.[1, 2]
   - Cover any burned areas with a sterile bandage or clean cloth.[1]
   - Do not use a blanket or towel, to avoid loose fibers sticking to the burn.[1]



[1] Mayo Foundation for Medical Education and Research. (2008, January 5). *Electrical burns: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-electrical-burns/FA00027

[2] MedlinePlus. (2007, August 9). *Electrical injury.* Retrieved from http://www.nlm.nih.gov/medlineplus/ency/article/000053.htm

Safety, First Aid, and Infant Health: Part One

Scenario 3: Smoke Inhalation First Aid

Name: _____

Date: _____

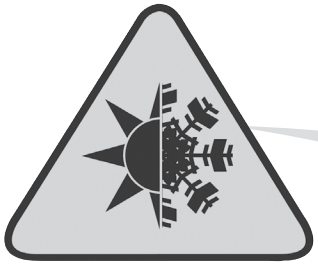
1. Seek emergency care if the injured child has:
   - a hoarse voice[2]
   - difficulty breathing[2]
   - prolonged coughing spells[2]
   - mental confusion[2]
2. Call 911 or your local emergency number if:
   - you suspect that the child's condition could quickly get worse[2]
   - you suspect that significant injury or death could occur if transported by a private vehicle[2]
3. While waiting for the emergency medical assistance team to arrive, follow these steps:
   - Drag the injured child away from the smoke, if possible—do not endanger yourself.[1, 2]
   - Check for breathing, coughing, or movement, and begin CPR if needed.[1, 2]
   - Cover the child with a blanket.[1]
   - Loosen clothes around the child's neck and torso.[1]
   - Lay the child on his or her back.[1]
   - Place a pillow behind the child's head if he or she is having trouble breathing.[1]
   - Use a pillow to elevate the child's legs, if possible.[1]
   - If the child is unconscious, turn his or her head to the side to prevent choking if vomiting occurs.[1]



[1] Family Education Network. (n.d.). *Smoke inhalation: How to avoid it and how to treat it.* Retrieved from http://life.familyeducation.com/smoking/first-aid/48286.html?page=1&detoured=1

[2] WebMD. (2008, August 19). *Smoke inhalation.* Retrieved from http://www.emedicinehealth.com/smoke_inhalation/article_em.htm

Safety, First Aid, and Infant Health: Part One



Scenario 4: Heat and Cold Exposure

Name: _____

Date: _____

Scenario: It is a very hot and humid day and you take the infant in your care outside for a ride in the stroller. After 30 minutes outside, you notice that the infant's face and skin are bright red, her forehead is hot to the touch, and she is getting very sleepy. What steps do you take as the caregiver?

Prevention: What safety steps should the caregiver have taken to PREVENT this accident from happening?

1. _____

2. _____

3. _____

4. _____

5. _____

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

1. _____

2. _____

3. _____

4. _____

5. _____

Other "Good-to-Know" Information:

1. _____

2. _____

3. _____

4. _____

5. _____

Safety, First Aid, and Infant Health: Part One

Scenario 4: Cold Exposure Safety

Name: _____

Date: _____

1. Dress the child warmly with several loose fitting, thin layers to keep him or her dry and warm.[1, 2, 4, 5]
2. Always dress the child in one more layer of clothing than an adult would wear in the same conditions.[1]
3. The child's outer clothing should be tightly woven and water repellent.[4, 5]
4. Avoid cotton clothing; instead, dress the child in wool or other warm fabrics.[2, 3, 5]
5. Tuck an extra pair of gloves or mittens (mittens are more effective) in the child's pockets.[2, 5]
6. Cover the child's head with a hat or other protective covering to prevent body heat from escaping.[5]
7. Cover the child's mouth with a scarf to protect his or her lungs.[4]
8. Set reasonable time limits for outdoor play in cold weather.[1]
9. Give the child a snack before going outdoors—the calories will provide energy in cold weather.[2]
10. Prevent overexertion by avoiding activities that cause the child to sweat heavily.[5]
11. Ensure the child stays as dry as possible.[5]
12. Apply sunscreen to the child's face—snow can reflect up to 85 percent of the sun's UV rays.[1, 2]
13. Infants less than one year should never sleep in a cold room; if you cannot maintain a warm temperature, make temporary arrangements for the child to stay elsewhere.[3]
14. Always carry additional warm clothing and blankets appropriate for cold-weather conditions.[3, 4, 5]
15. Prepare your home and car in advance for possible cold-weather emergencies.[3, 5]



[1] American Academy of Pediatrics. (2007, November). *Winter safety tips.* Retrieved from http://www.aap.org/advocacy/releases/decwintertips.cfm

[2] KidsHealth. (2006, September). *Cold, ice, and snow safety.* Retrieved from http://kidshealth.org/parent/firstaid_safe/outdoor/winter_safety.html

[3] Centers for Disease Control and Prevention. (n.d.). *Extreme cold.* Retrieved from http://www.bt.cdc.gov/disasters/winter/pdf/cold_guide.pdf

[4] Governor's Office of Emergency Services. (n.d.). *Cold weather safety tips.* Retrieved from http://www.oes.ca.gov/WebPage/oeswebsite.nsf/Content/843862AF659391F988257412005D3CE6?OpenDocument

[5] Mayo Foundation for Medical Education and Research. (2007, June 8). *Hypothermia.* Retrieved from http://www.mayoclinic.com/health/hypothermia/DS00333

Safety, First Aid, and Infant Health: Part One

Scenario 4: Heat Exposure Safety

Name: _____

Date: _____

1. Avoid prolonged time in the sun from 10:00 AM to 4:00 PM, even on cloudy, cool days.[1, 2]
2. Dress the child in loose fitting, lightweight, light-colored clothing.[3]
3. Ensure clothing screens out harmful UV rays by placing your hand inside the garment—if you can not see your hand through the garment, the clothing item will properly shield the skin from UV rays.[1]
4. Set reasonable time limits for outdoor play in hot weather.[3]
5. For all-day outdoor gatherings, use a wide umbrella or pop-up tent.[1, 3]
6. Sunscreen is not recommended for children under six months old; therefore:
   - Keep infants under six months out of the sun whenever possible.[1, 2]
   - Cover an infant's skin with a sun hat, long-sleeved shirt, and long pants.[2]
   - Dark, thick fabrics provide better protection, but may cause overheating in the summer.[2]
   - Put a T-shirt on the infant when in the water. Replace with a dry T-shirt after the infant is out of the water.[2]
7. Generously apply sunscreen (SPF 15 or higher) whenever the child will be in the sun.[1, 3]
8. Apply sunscreen 30 minutes before going outside, then reapply every two to three hours.[1]
9. Encourage the child to wear sunglasses to prevent burned corneas.[1]
10. Check current medications or ask a doctor or pharmacist if any can increase sun sensitivity.[1, 3]
11. Transport the child in a canopy stroller or get an attachment.[2]
12. Never leave the child in a parked car in hot weather for any period of time.[3]
13. Beware of surfaces that reflect sun (i.e., sand, snow, concrete, water).[2]
14. Make sunscreen application a regular part of your morning routine.[2]
15. Ensure the child stays hydrated; provide plenty of fluids throughout the day.[3]
16. Be prepared—always keep sunscreen, shirts, hats, and umbrellas handy.[2]



[1] KidsHealth. (2007, September). *Sun safety.* Retrieved from http://kidshealth.org/parent/firstaid_safe/outdoor/sun_safety.html

[2] SHADE Foundation of America. (n.d.). *Sun safety.* Retrieved from http://www.shadefoundation.org/sunsafety.php

[3] Mayo Foundation for Medical Education and Research. (2007, November 22). *Heat exhaustion.* Retrieved from http://www.mayoclinic.com/health/heat-exhaustion/DS01046

Safety, First Aid, and Infant Health: Part One

Scenario 4: Heatstroke First Aid

Name: _____

Date: _____

1. Heatstroke is the most severe of the heat-related problems.[1]
2. Signs and symptoms of heatstroke include:
   - obvious body temperature elevation to 104° F (40° C)[1, 2]
   - rapid heartbeat[1]
   - difficulty breathing[1, 2]
   - elevated or lowered blood pressure[1]
   - little or no sweating[1, 2]
   - unconsciousness or fainting[1, 2]
   - dizziness, light headed, or confusion[1, 2]
   - severe, throbbing headache[1, 2]
   - nausea[1]
   - flushed, hot, dry skin[2]
3. If you suspect heatstroke, follow these steps:
   - Move the child out of the sun and into a shady or air-conditioned environment.[1, 2]
   - Call 911 or your local emergency number.[1, 2]
   - Lay the child down and elevate his or her feet slightly.[2]
   - Cover the child with damp sheets or spray with cool water.[1, 2]
   - Direct air onto the child with a fan or newpaper.[1]
   - Give the child cool water to drink, if he or she is able and conscious.[1, 2]
   - If vomiting, turn the child's body to the side to prevent choking.[2]
   - Monitor the child's temperature.[2]



[1] Mayo Foundation for Medical Education and Research. (2008, January 4). *Heatstroke: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-heatstroke/FA00019

[2] KidsHealth. (2007, June). *Heat exhaustion and heatstroke instruction sheet.* Retrieved from http://kidshealth.org/parent/fitness/safety/heat_exhaustion_heatstroke_sheet.html

Safety, First Aid, and Infant Health: Part One

Scenario 4: Dehydration First Aid

Name: _____

Date: _____

1. Signs and symptoms of mild to moderate dehydration:
   - dry, sticky mouth[1, 2]
   - little or no tears when crying[1, 2]
   - fussiness (infants)[1]
   - flat or slightly sunken soft spot (infants)[1]
   - no wet diapers in four to six hours (infants)[1, 2]
   - no urination for six to eight hours (toddlers)[1, 2]
2. Signs and symptoms of severe dehydration:
   - very dry mouth[1, 2]
   - dry, wrinkly skin[1, 2]
   - inactivity or decreased alertness[1]
   - weak or limp[1]
   - sunken eyes[1, 2]
   - sunken soft spot (infants)[1, 2]
   - excessive sleepiness or disorientation[1]
   - muscle cramps or contractions[1]
   - no wet diapers for more than six to eight hours (infants)[1, 2]
   - no urination for more than eight to ten hours (toddlers)[1, 2]
   - fever[2]
   - rapid breathing[1]
   - low blood pressure[1, 2]
3. If you suspect mild to moderate dehydration, follow these steps:
   - Give the child an oral electrolyte solution (one to two tablespoon every 15 to 20 minutes).[1, 2]
   - Continue to slowly give the child fluids until their urine becomes clear in color.[2]
   - Avoid giving the child salty broths, milk, sodas, fruit juices, or gelatins.[2]
   - Carefully monitor the child to ensure it does not become severe.[1]
4. If you suspect severe dehydration, seek emergency care.[1, 2]



[1] KidsHealth. (2007, June). *Dehydration instruction sheet.* Retrieved from http://kidshealth.org/parent/firstaid_safe/sheets/dehydration.html

[2] Mayo Foundation for Medical Education and Research. (2007, January 3). *Dehydration.* Retrieved from http://www.mayoclinic.com/health/dehydration/DS00561

Safety, First Aid, and Infant Health: Part One

Scenario 4: Frostbite First Aid

Name: _____

Date: _____

1. The areas most likely to be affected by frostbite are the hands, feet, nose, and ears.[1]
2. Frostbite occurs when the skin and underlying tissues freeze when exposed to very cold temperatures.[1]
3. Frostbite causes the affected area to become hard, pale, and cold; red and painful as it thaws.[1]
4. Infants and toddlers are at greater risk for frostbite than adults.[2]
5. If the child suffers frostbite, follow these steps:
   - Get out of the cold and get the child into dry clothing.[1, 2]
   - Tuck the child's frostbitten hands under his arms or cover the child's frostbitten nose, ears, or face with his dry, gloved hands.[1]
   - Do not rub (with or without snow) the affected area(s).[1, 2]
   - If chance of refreezing, do not thaw out the affected area(s).[1, 2]
   - If affected area(s) thawed out, wrap them up so they do not refreeze.[1, 2]
   - Do not use direct heat (i.e., fire or heating pad) to warm affected area(s).[2]
   - Seek emergency care if numbness remains during or after warming.[1]
   - If unable to get immediate emergency care, warm severely frostbitten hands or feet in warm, not hot, water; warm other areas by covering with warm hands or applying warm cloths.[1, 2]
   - Warming may cause blisters; do not disturb any blisters.[2]
   - Apply sterile dressing to the affected area(s), placing it between fingers and toes, if needed.[2]



[1] Mayo Foundation for Medical Education and Research. *Frostbite: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-frostbite/FA00023

[2] KidsHealth. (2008, July). *Frostbite.* Retrieved from http://kidshealth.org/parent/firstaid_safe/emergencies/frostbite.html

Safety, First Aid, and Infant Health: Part One

Scenario 4: Heat Cramps First Aid

Name: _____

Date: _____

1. Heat cramps are painful, involuntary muscle spasms.[1]
2. Heat cramps most often occur in the calves, arms, abdominal wall, and back.[1]
3. If you suspect heat cramps, follow these steps:
   - Make the child rest briefly and cool down.[1, 2]
   - Give the child clear juice or an electrolyte solution (i.e., sports drinks) to drink.[1, 2]
   - Assist the child with gentle, range-of-motion stretching and massage of affected area(s).[1, 2]
   - Call your doctor if cramps do not go away within one hour.[1]



[1] Mayo Foundation for Medical Education and Research. (2008, January 4). *Heat cramps: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-heat-cramps/FA00021

[2] WebMD. (2007, August 15). *Heat cramps, heat exhaustion, or heat stroke treatment.* Retrieved from http://firstaid.webmd.com/wilderness_heat_cramps_exhaustion_or_stroke_firstaid.htm

Safety, First Aid, and Infant Health: Part One

Scenario 4: Heat Exhaustion First Aid

Name: _____

Date: _____

1. Signs and symptoms of heat exhaustion include:
   - fainting, dizziness, nausea[1, 2]
   - heavy sweating[1, 2]
   - rapid heartbeat[1]
   - low blood pressure[1]
   - fast, shallow breathing[2]
   - cool, moist, pale skin[1, 2]
   - low-grade fever[1]
   - heat cramps[1]
   - headache[1, 2]
   - fatigue[1, 2]
   - dark-colored urine[1]
2. If you suspect heat exhaustion, follow these steps:
   - Move the child out of the sun and into a shady or air-conditioned environment.[1, 2]
   - Lay the child down and elevate his or her feet slightly.[1, 2]
   - Loose or remove the child's clothing.[1, 2]
   - Give the child cool water to drink.[1, 2]
   - Fan and spray or sponge the child with cool water.[1, 2]
   - Carefully monitor the child—heat exhaustion can quickly become heatstroke.[1, 2]
   - Call 911 or your local emergency number if the child's fever raises (greater than 102° F, or 39° C) and/or fainting, confusion, or seizures occur.[1]



[1] Mayo Foundation for Medical Education and Research. (2008, January 4). *Heat exhaustion: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-heat-exhaustion/FA00020

[2] KidsHealth. (2007, June). *Heat exhaustion and heatstroke instruction sheet.* Retrieved from http://kidshealth.org/parent/fitness/safety/heat_exhaustion_heatstroke_sheet.html

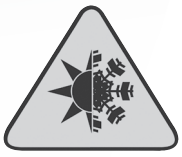
Safety, First Aid, and Infant Health: Part One

Scenario 4: Hypothermia First Aid

Name: _____

Date: _____

1. Hypothermia is caused when more heat is lost than the body can generate.[1]
2. Signs and symptoms of hypothermia include:
   - uncontrollable shivering[1, 2]
   - slurred speech[1]
   - abnormally slow breathing[1, 2]
   - cold, pale skin[1, 2]
   - loss of coordination[1, 2]
   - fatigue, lethargy, or apathy[1, 2]
   - confusion or memory loss[1, 2]
3. If you suspect hypothermia, follow these steps:
   - Call 911 or your local emergency number.[1, 2]
   - Closely monitor the child's breathing; if breathing stops, begin CPR.[1, 2]
   - Move the child indoors, out of the wind, or cover his or her head and insulate his or her body.[1, 2]
   - Remove wet clothing; replace with warm, dry covering.[1, 2]
   - Apply warm compresses to the child's neck, chest, and groin; do not warm the arms or legs.[1, 2]
   - Do not apply direct heat (i.e., hot water, heating pad, or heating lamp).[1, 2]
   - Do not give the child alcohol; offer warm nonalcoholic drinks unless the child is vomiting.[1, 2]
   - Handle the child gently; do not massage or rub the child.[1]



[1] Mayo Foundation for Medical Education and Research. (2008, January 12). *Hypothermia: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-hypothermia/FA00017

[2] MedlinePlus. (2007, January 16). *Hypothermia.* Retrieved from http://www.nlm.nih.gov/medlineplus/ency/article/000038.htm

Safety, First Aid, and Infant Health: Part One

Scenario 4: Sunburn First Aid

Name: _____

Date: _____

1. Signs and symptoms of sunburn generally appear within a few hours.[1]
2. Sunburn can cause pain, redness, swelling, and occasional blistering.[1]
3. If you suspect sunburn, follow these steps:
   - Have the child take a cool bath; add a half cup of cornstarch, oatmeal, or baking soda.[1, 2]
   - Apply cold washcloths on the affected area for 10 to 15 minutes, several times a day.[2]
   - Apply aloe vera lotion on the affected area several time a days.[1, 2]
   - Do not apply petroleum jelly, butter, or other home remedies on the affected area.[1, 2]
   - Do not remove blisters; if they burst on their own, apply antibacterial ointment.[1]
   - Do not wash the affected area with harsh soap.[2]
   - Give the child ibuprofen or acetaminophen for pain, as needed.[1, 2]
4. See your doctor if the child's sunburn begins to blister or if immediate complications are experienced (i.e., rash, itching, or fever).[1]
5. Call 911 or your local emergency number if the child shows signs of shock, heat exhaustion, dehydration, or other serious reactions (i.e., dizziness, rapid pulse, extreme thirst, nausea, chills).[1]



[1] Mayo Foundation for Medical Education and Research. (2008, January 9). *Sunburn: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-sunburn/FA00028

[2] MedlinePlus. (2006, July 17). *Sunburn first aid.* Retrieved from http://www.nlm.nih.gov/MEDLINEPLUS/ency/article/000062.htm

Safety, First Aid, and Infant Health: Part One



Scenario 5: Infant Illness

Name: _____

Date: _____

Scenario: A neighbor brought her toddler over to play with the toddler in your care two days ago. You were told that the neighbor's toddler had a runny nose and cough when the two children played, and that the two children played with the same toys. Today, the toddler in your care is crying more than usual, feels warm to the touch, has diarrhea, and just vomited for the third time. What do you do?

Prevention: What safety steps should the caregiver have taken to PREVENT this accident from happening?

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

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

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

Other "Good-to-Know" Information:

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

Safety, First Aid, and Infant Health: Part One

Scenario 5: Common Cold Safety

Name: _____

Date: _____

1. Wash the child's hands thoroughly and frequently.[1, 2, 4]
2. Teach the child the importance of hand washing.[1]
3. Use hand sanitizer—a little dab will kill 99.99 percent of germs.[4]
4. Use paper towels versus shared cloth towels.[4]
5. Always wash your hands before feeding or caring for an infant.[3]
6. Keep kitchen and bathroom counter tops and other commonly touched surfaces clean.[1, 4]
7. Wash and disinfect the child's toys and pacifiers frequently.[1, 3]
8. Encourage the child to sneeze and cough into tissues.[1, 3]
9. Discard any used tissues immediately, then thoroughly wash hands.[1, 2, 3]
10. Teach children to sneeze or cough into the bend of their elbow when a tissue is not available.[1, 3]
11. Do not share drinking glasses or utensils with the child.[1, 2]
12. Avoid close, prolonged contact with anyone who smokes or has a cold.[1, 2]
13. Avoid giving the child unnecessary antibiotics—more antibiotics increase the chance of getting sick.[4]
14. Ensure the child is getting enough sleep—less sleep increases the chance of getting sick.[4]
15. Ensure the child drinks plenty of water—fluids are needed for the immune system to function properly.[4]
16. Offer the child yogurt—some active yogurt cultures help prevent the common cold.[4]
17. Ensure the child's child care setting has sound hygiene practices.[1]
18. A child care setting where there are six or fewer children dramatically reduces germ contact.[4]



[1] Mayo Foundation for Medical Education and Research. (2007, September 14). *Common cold.* Retrieved from http://www.mayoclinic.com/health/common-cold/DS00056

[2] KidsHealth. (2007, November). *Common cold.* Retrieved from http://kidshealth.org/parent/infections/common/cold.html

[3] Mayo Foundation for Medical Education and Research. (2007, May 10). *Babies and the common cold.* Retrieved from http://www.mayoclinic.com/health/common-cold/PR00038

[4] MedlinePlus. (2008, January 18). *Common cold.* Retrieved from http://www.nlm.nih.gov/MEDLINEPLUS/ency/article/000678.htm#Prevention

Safety, First Aid, and Infant Health: Part One

Scenario 5: Diarrhea Safety

Name: _____

Date: _____

1. Wash your hands and the child's hands well and often.[1, 2]
2. Keep bathroom surfaces clean.[2]
3. Use and serve diary products that have been pasteurized.[1]
4. Thoroughly wash fruits and vegetables before eating.[2]
5. Serve food right away and immediately refrigerate any leftovers.[1, 2]
6. Ensure meat is thoroughly cooked before serving—no longer pink, even in the center.[2]
7. Thoroughly clean kitchen counters and cooking utensils after working with raw meat.[2]
8. Teach the child to never drink from streams, springs, or lakes unless safe for drinking.[2]
9. Use caution (i.e., watch what you and the child eat and drink) when traveling to developing countries.[1, 2]
10. Do not wash pet cages or bowls in the same sink that family meals are prepared.[2]
11. Keep pet feeding areas separate from family eating areas.[2]



[1] Mayo Foundation for Medical Education. (2008, June 27). *Diarrhea.* Retrieved from http://www.mayoclinic.com/health/diarrhea/DS00292

[2] KidsHealth. (2007, March). *Infectious diarrhea.* Retrieved from http://kidshealth.org/parent/infections/common/diarrhea.html

Safety, First Aid, and Infant Health: Part One

Scenario 5: Hand Washing

Name: _____

Date: _____

1. Hand washing, when done correctly, is one of the best ways to avoid getting sick.[1]
2. Infectious diseases (i.e., the common cold, flu, diarrhea) are spread through hand-to-hand contact.[1]
3. Inadequate hand washing also contributes to food-related illnesses (i.e., salmonella, E. coli).[1]
4. Proper hand washing includes the use of soap and water or an alcohol-based hand sanitizer.[1]
5. To properly wash your hands, follow these steps:
   - Wet hands with warm (not cold or hot), running water.[1, 2]
   - Apply liquid soap or use clean bar soap; lather well.[1, 2]
   - Vigorously rub hands together for at least 15 to 20 seconds.[1, 2]
   - Scrub all surfaces—backs of hands, wrists, between fingers, and under fingernails.[1, 2]
   - Rinse well.[1, 2]
   - Dry hands with a clean or disposable towel.[1, 2]
   - Use a towel to turn off the faucet.[1]
6. To properly use an alcohol-based hand sanitizer, follow these steps:
   - Apply a half teaspoon of the hand sanitizer.[1]
   - Rub hands together, covering all surfaces, until dry.[1]
7. Place hand washing reminders at the child's eye level.[1]
8. Ensure the sink is low enough for the child to reach, or place a stool underneath.[1]
9. Tell the child to wash his or her hands for as long as it takes them to sing a short song, such as the "Happy Birthday" song.[1, 2]
10. Teach the child to wash his or her hands before eating or touching food, after using the bathroom, after blowing his or her nose or coughing, after touching pets or other animals, after playing outside, and before and after visiting a sick family member or friend.[1, 2]



[1] Mayo Foundation for Medical Education and Research. (2007, October 16). *Hand washing: An easy way to prevent infection.* Retrieved from http://www.mayoclinic.com/health/hand-washing/HQ00407

[2] KidsHealth. (2007, August). *Why do I need to wash my hands?* Retrieved from http://kidshealth.org/kid/talk/qa/wash_hands.html

Safety, First Aid, and Infant Health: Part One

Scenario 5: How Germs Are Spread

Name: _____

Date: _____

1. Nose, mouth, or eyes ⇨ hands ⇨ family and friends[1, 2]

   Germs are transmitted to the hands by sneezing, coughing, or rubbing the eyes and then are transferred to family and friends when contact is made. Wash your hands well and often.

2. Hands ⇨ food ⇨ family and friends[1, 2]

   Germs are transmitted from unclean hands to food and then to family and friends who eat the food.

3. Food ⇨ hands ⇨ food[1, 2]

   Germs are transmitted from raw foods (i.e., chicken) to hands while preparing a meal and then transferred to other uncooked foods (i.e., salad). Wash your hands well and often.

4. Animals ⇨ people[1, 2]

   Germs are transmitted from petting animals or touching any surfaces they come into contact with.

5. Infected child ⇨ hands ⇨ other children[1, 2]

   Germs are transmitted from a child with diarrhea to the caregiver's hands during diaper changing. If the caregiver does not immediately wash his or her hands, the germs are passed to other children.



[1] Centers for Disease Control and Prevention. (2000, March 6). *Why is handwashing important?* Retrieved from http://www.cdc.gov/od/oc/media/pressrel/r2k0306c.htm

[2] Minnesota Department of Health. (n.d.). *5 common ways germs are spread.* Retrieved from http://www.health.state.mn.us/handhygiene/why/5ways.pdf

Safety, First Aid, and Infant Health: Part One

Scenario 5: Washing & Disinfecting Toys

Name: _____

Date: _____

1. Germs are easily spread among toys.[1]
2. Choose washable toys whenever possible.[1]
3. Washing and disinfecting toys helps prevent the spread of communicable diseases.[1]
4. It is best to wash and disinfect toys daily, especially in a child care setting.[1]
5. Toys that the child puts in his or her mouth should be washed and disinfected between use.[2]
6. To wash toys by hand, follow these steps:
   - Scrub each toy with HOT water and soap or detergent.[1, 2]
   - Rinse toys well with clean water.[1, 2]
   - Immerse toys in a mild bleach solution (one fourth teaspoon bleach to one quart cool water) and allow the toys to soak in the solution for 10 to 20 minutes.[1]
   - Rinse toys well with cool water.[2]
   - Allow toys to completely dry in a hot dryer or air dry overnight.[1, 2]
7. To wash cloth or stuffed toys in a washing machine, follow these steps:
   - Place toys in washing machine filled with HOT water and soap or detergent.[1]
   - Allow toys to completely dry in a hot dryer or air dry overnight.[1]
8. To wash wood, hard plastic, or metal toys in a dishwasher, follow these steps:
   - Place toys in dishwasher, top rack only.[1]
   - Run a complete wash and dry cycle, using the proper amount of detergent.[1]



[1] Child Care Health Program. (2002, February 13). *Clean toys help prevent disease.* Retrieved from http://www.metrokc.gov/health/childcare/cleantoys.doc

[2] All Family Resources. (n.d.). *Washing and disinfecting toys.* Retrieved from http://www.familymanagement.com/childcare/practices/washing.toys.practices.html

Safety, First Aid, and Infant Health: Part One

Scenario 5: Diarrhea First Aid

Name: _____

Date: _____

1. Signs and symptoms of diarrhea include:
   - fever[1, 2]
   - loss of appetite[2]
   - nausea[2]
   - dehydration[2]
   - weight loss[2]
   - vomiting[2]
2. Keep the child home from school or child care if he or she has diarrhea—it spreads easily.[1]
3. Mild diarrhea usually clears within a couple days without treatment.[1, 2]
4. If diarrhea is mild, continue the child's regular diet giving smaller food portions until the diarrhea ends.[2]
5. Do not give the child an over-the-counter anti-diarrhea medication until directed by your doctor.[1, 2]
6. Give the child liquids, additional breast milk or formula, and/or an oral rehydration solution.[2]
7. Do not offer the child plain water, soda, ginger ale, tea, fruit juice, gelatin desserts, chicken broth, or sport drinks—all of these items could actually make the child's diarrhea worse.[2]
8. Gradually offer the child semisolid and low-fiber foods (i.e., saltines, toast, eggs, rice, chicken)—avoid dairy products, fatty foods, high-fiber foods, and highly seasoned foods for a few days.[1]
9. Call your doctor if the child has diarrhea and is younger than six months old or has:
   - a severe or prolonged diarrhea[1, 2]
   - a fever of 102° F (39° C) or higher[1, 2]
   - recurring vomiting, or refusal to drink fluids[2]
   - severe abdominal pain[1, 2]
   - diarrhea containing blood or mucus[1, 2]
   - signs and symptoms of dehydration (i.e., dry mouth, few or no tears, lack of urine)[1, 2]
10. If diarrhea is severe, the child may need to receive IV fluids for a few hours at the hospital.[2]



[1] Mayo Foundation for Medical Education. (2008, June 27). *Diarrhea.* Retrieved from http://www.mayoclinic.com/health/diarrhea/DS00292

[2] KidsHealth. (2007, March). *Infectious diarrhea.* Retrieved from http://kidshealth.org/parent/infections/common/diarrhea.html

Safety, First Aid, and Infant Health: Part One

Scenario 5: Fever First Aid I

Name: _____

Date: _____

1. A fever is a sign that the child's body is fighting an infection.[1, 2]
2. Touch the child's forehead; if it feels hot to the touch, he or she probably has a fever.
3. Taking the child's temperature with a thermometer can pinpoint the degree of fever.
4. Digital thermometers are the quickest, most accurate and can be used orally, rectally, or axillary.[1]

How to Use a Digital Thermometer

5. Turn the thermometer on and make sure the screen is clear.[1]
6. Put on a disposable plastic sleeve or cover, if available.[1]
7. If using a **rectal thermometer**, follow these steps:
   - Lubricate the tip of the thermometer with petroleum jelly or another lubricant.[1, 2]
   - Place the child belly-down or face-up with his or her legs bent toward his or her chest.[1, 2]
   - Insert the thermometer into the anal opening about one half to one inch; stop if any resistance.[1, 2]
   - Hold the thermometer and child still until it indicates that the temperature is ready.[1, 2]
8. If using an **oral thermometer**, follow these steps:
   - Place the thermometer under the child's tongue, closing his or her lips around it.[1, 2]
   - Hold the thermometer and child still until it indicates that the temperature is ready.[1, 2]
9. If using an **axillary thermometer**, follow these steps:
   - Place the thermometer under the child's arm, in the armpit with arms down.[1, 2]
   - Hold the thermometer and child still until it indicates that the temperature is ready.[1, 2]
10. Discard the disposable plastic sleeve or cover, if needed.[1]
11. Clean the thermometer and place it back in its case.[1]



[1] KidsHealth. (2007, November). *Fever and taking your child's temperature.* Retrieved from http://kidshealth.org/parent/general/body/fever.html

[2] Mayo Foundation for Medical Education and Research. (2008, January 12). *Fever: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-fever/FA00063

Safety, First Aid, and Infant Health: Part One

Scenario 5: Fever First Aid II

Name: _____

Date: _____

1. The child has a fever when his or her temperature is at or above 100.4° F (38° C) measured rectally, 99.5° F (37.5° C) measured orally, or 99° F (37.2° C) measured axillary.[1, 2]
2. If the child has a fever, follow these steps:
   - Give the child acetaminophen or ibuprofen, as needed.[1]
   - Give the child a sponge bath with lukewarm water.[1]
   - Dress the child in lightweight clothing.[1]
   - Cover the child with a light sheet or blanket.[1]
   - Ensure the child's room is a comfortable temperature—not too hot or too cold.[1]
   - Give the child plenty of fluids to avoid dehydration.[1]
3. Call your doctor or seek emergency care if an:
   - infant, three months old or younger, has a temperature of 100.4° F (38° C) or higher[1, 2]
   - older child, older than three months old, has a temperature of 102° F (38.9° C) or higher[2]
   - older child, younger than age two, has a fever for more than one day[2]
   - older child, age two or older, has a fever for more than three days[2]
4. Immediately call your doctor or seek emergency care if any of the following accompanies a fever:
   - severe headache[1, 2]
   - severe swelling of the throat[2]
   - unusual skin rash[1, 2]
   - unusual eye sensitivity to bright light[2]
   - stiff neck[1, 2]
   - mental confusion[2]
   - constant vomiting[2]
   - difficulty breathing or chest pain[1, 2]
   - extreme irritablity[1, 2]
   - abdominal pain or pain when urinating[1, 2]
   - seizures[1]
   - blue lips, tongue, or nails[1]



[1] KidsHealth. (2007, November). *Fever and taking your child's temperature.* Retrieved from http://kidshealth.org/parent/general/body/fever.html

[2] Mayo Foundation for Medical Education and Research. (2008, January 12). *Fever: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-fever/FA00063

Safety, First Aid, and Infant Health: Part One

Scenario 5: Seizure First Aid

Name: _____

Date: _____

1. Remain calm.[1]
2. Ensure the scene is safe.[1]
3. Remove anything within reach that could harm the child.[1, 2]
4. Loosen the child's clothing around his or her neck.[2]
5. Monitor seizure length.[1]
6. Make the child as comfortable as possible.[1]
7. Keep all onlookers away.[1, 2]
8. Do not try to hold the child down or restrain him or her in any way.[1, 2]
9. Do not put anything in the child's mouth.[1, 2]
10. Do not give the child water, pills, or food until he or she is fully alert.[1]
11. Call 911 or your local emergency number if the seizure lasts longer than five minutes.[1, 2]
12. Be sensitive and supportive; ask any onlookers to do the same.[1, 2]
13. After the seizure, place the child on his or her left side, ensuring the child's head is turned.[1, 2]
14. Stay with the child until he or she fully recovers, about 5 to 20 minutes.[1, 2]



[1] Epilepsy.com. (2004, July 19). *Seizure first aid.* Retrieved from http://www.epilepsy.com/epilepsy/firstaid

[2] WebMD. (2007, February 1). *Epilepsy: First aid for seizures.* Retrieved from http://www.webmd.com/epilepsy/guide/first-aid-seizures

Safety, First Aid, and Infant Health: Part One

Scenario 5: Vomiting First Aid

Name: _____

Date: _____

1. If an infant (age birth to one year) is vomiting, follow these steps:
   - Avoid giving the infant plain water, unless directed by your doctor.[1, 2]
   - Offer the infant small, frequent amounts (about two to three teaspoons) of an oral electrolyte solution every 15 to 20 minutes then gradually increase if he or she is able to keep it down.[1, 2]
   - For an infant over six months of age, flavor the electrolyte solution with a half teaspoon of juice or offer a frozen oral electrolyte solution pop, as needed.[1]
   - Do not give more electrolyte solution at a time the infant would normally eat.[1]
   - Reintroduce formula and/or solid feedings slowly after eight hours of no vomiting.[1]
   - Resume the infant's normal feeding routine after 24 hours of no vomiting.[1]
   - Immediately call your doctor if an infant under one-month-old vomits all feedings.[1]
2. If the child (age one and older) is vomiting, follow these steps:
   - Offer the child small, frequent amounts (two teaspoons to two tablespoons) of clear liquids (i.e., ice chips, sips of water, flavored oral electrolyte solutions or pops) every 15 minutes.[1, 2]
   - If the child continues to vomit, offer a smaller amount of clear liquid.[1]
   - Introduce bland, mild foods (i.e., saltines, toast, broth) gradually after eight hours of no vomiting.[1, 2]
   - Resume the child's regular diet, other than milk products, after 24 hours of no vomiting.[1]
   - Resume milk products after two to three days of no vomiting.[1]
3. Give the child acetaminophen for discomfort, as needed.[2]
4. Call your doctor if the child refuses fluids, vomiting persists, or signs of dehydration exist.[1, 2]
5. Call your doctor if the child's vomit is forceful, accompanied by a fever or severe stomach pain, resembles coffee grounds, is bloody, and/or is colored bright green or yellow-green.[1, 2]



[1] KidsHealth. (2005, April). *Vomiting.* Retrieved from http://kidshealth.org/parent/firstaid_safe/emergencies/vomit.html

[2] Mayo Foundation for Medical Education and Research. (2008, January 9). *Gastroenteritis: First aid.* Retrieved from http://www.mayoclinic.com/health/first-aid-gastroenteritis/FA00030

Safety, First Aid, and Infant Health: Part One

Scenario 5: When to Call the Doctor

Name: _____

Date: _____

1. Appetite changes—child refuses several feedings or eats poorly.[1, 2]
2. Mood changes—child is lethargic, persistently irritable, or cries inconsolably.[1]
3. Skin color changes—child's skin becomes yellowish or lips or nails turn bluish.[1, 2]
4. Tender navel or penis—child's umbilical area or penis is red or starts to ooze or bleed.[1]
5. Fever—younger than two months old with rectal temperature of 100.4° F (38° C) or older than two months old with oral or ear temperature of 102° F (38.9° C) or higher.[1, 2]
6. Diarrhea—child's stools are especially loose or watery for six or eight diaper changes.[1, 2]
7. Vomiting—child spits up a large portion of every feeding or vomits forcefully after feedings.[1, 2]
8. Dehydration—child does not wet a diaper for six hours or longer, soft spot sinks, and/or no tears.[1, 2]
9. Constipation—child cries during bowel movement, passes bloody or jelly-like stools, and/or has fewer bowel movements than usual for a few days.[1, 2]
10. Upper respiratory infections—child has a cold that interferes with breathing or feeding, and/or cold is accompanied by severe coughing or discolored phlegm.[1]
11. Ear pain—child pulls at one or both ears, fails to respond to loud sounds, or has drainage.[1]
12. Rash—child's diaper rash or patch of eczema is red and raw, an unexplained rash develops suddenly, or rash is accompanied by a fever.[1]
13. Eye discharge—child's eye(s) is pink, red, swollen, or leaking sticky fluid.[1]
14. Minor injuries—if you are unsure how to treat a minor cut, bruise, or burn.[1]
15. Immediately seek emergency care or call 911 or your local emergency number for uncontrollable bleeding, poisoning, seizures, difficulty breathing, high fever, head injuries, sudden lethargy or inability to move, choking, or unresponsiveness.[1]



[1] Mayo Foundation for Medical Education and Research. (2007, February 7). *Sick baby? When to call the doctor.* Retrieved from http://www.mayoclinic.com/health/healthy-baby/PR00022

[2] March of Dimes Foundation. (n.d.). *When to call the doctor: When you should worry.* Retrieved from http://www.marchofdimes.com/pnhec/298_1449.asp

Safety, First Aid, and Infant Health: Part One

U.S. National Health Education Standards Supported

1.5.3-5, 1.8.3, 1.8.5, 1.8.8-9, 1.12.5

3.5.2, 3.8.2, 3.8.4-5, 3.12.4-5

4.5.4, 4.8.4, 4.12.4

5.5.1-2, 5.5.4-6, 5.8.2-3, 5.8.5-7, 5.12.2, 5.12.5-7

7.5.3, 7.8.3, 7.12.3

U.S. National Standards for Family and Consumer Sciences Education Supported

Reasoning for Action: 4.4, 4.7-11, 4.13

1.2, 1.2.6-7

4.4, 4.4.1-3

5.5, 5.5.1, 5.5.3

10.2, 10.2.3, 10.2.5

15.3, 15.3.1

Safety, First Aid, and Infant Health: Part One

3

Lesson Five

Safety, First Aid, and Infant Health: Part Two



Lesson Overview

After completing this lesson participants will be able to use the powerful tool of *peer education* to teach the proper safety and first aid skills pertaining to a specific safety and first aid scenario. After all five base groups have presented their safety and first aid scenarios, all participants will be able to demonstrate the proper safety and first aid procedures for five or more emergency situations.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify safety-related situations for infants and toddlers
- Recognize safety-related problems and use proper safety procedures for infants and toddlers
- Recognize an emergency, perform proper first aid, and call 911 or your local emergency number if needed
- Understand and identify how to care for an infant's or toddler's safety needs
- Understand and identify how to care for an infant's or toddler's first aid needs

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• RealCare® Babies with accessories • Scenario props (optional) • Participants' poster-sized pieces of white paper • Participants' scenario worksheets and handouts	1. Set up Babies with accessories on a table at the front of the classroom. 2. Ensure base groups have their posters, worksheets, and handouts.	5 minutes
LEARN	• *Scenario 1: Falls & Bruises* worksheet (one per participant) • *Scenario 2: Car Seats & Broken Bones* worksheet (one per participant) • *Scenario 3: Burns* worksheet (one per participant) • *Scenario 4: Heat Exposure/Stroke* worksheet (one per participant) • *Scenario 5: Infant Illness* worksheet (one per participant) • RealCare® Babies with accessories • Scenario props (optional) • Participants' poster-sized pieces of white paper • Participants' scenario worksheets and handouts • *Presentation Rubric*	1. Print/photocopy participant worksheets. 2. Ensure base groups have their posters, worksheets, and handouts.	40 minutes
REVIEW	• *Unit 3 Assessment* • *Unit 3 Assessment* answer key	1. Print/photocopy participant assessment.	15 minutes

FOCUS: Presentation Preparation

5 minutes

Purpose:

This activity will give caregivers the opportunity to briefly prepare for their 7- to 10-minute presentation.

Materials:

- RealCare® Babies with accessories
- Scenario props (optional)
- Participants' poster-sized pieces of white paper
- Participants' scenario worksheets and handouts

Facilitation Steps:

1. Give each base group one RealCare® Baby with accessories and any other props as needed.
2. Give base groups five minutes to prepare to present their 7- to 10-minute presentation.
3. Circle the room and offer assistance as needed. Ensure all group participants have their large piece of paper and completed worksheet pertaining to their assigned scenario (one per group participant).

LEARN: Base Group Presentations

40 minutes

Purpose:

This activity gives participants an opportunity to collaborate with a base group to create and present an exemplary demonstration and presentation. They use the powerful tool of *peer education* to teach the proper safety and first aid skills pertaining to a specific scenario. Participants also learn from their peers the proper safety and first aid skills related to four additional emergency scenarios from their peers' presentations.

Materials:

- *Scenario 1: Falls & Bruises* worksheet
- *Scenario 2: Car Seats & Broken Bones* worksheet
- *Scenario 3: Burns* worksheet
- *Scenario 4: Heat Exposure/Stroke* worksheet
- *Scenario 5: Infant Illness* worksheet
- RealCare® Babies with accessories
- Scenario props (optional)
- Participants' poster-sized pieces of white paper
- Participants' scenario worksheets and handouts
- *Presentation Rubric*

Facilitation Steps:

1. Give each participant a copy of the *Scenario 1: Falls & Bruises*, *Scenario 2: Car Seats & Broken Bones*, *Scenario 3: Burns*, *Scenario 4: Heat Exposure/Stroke*, and *Scenario 5: Infant Illness* worksheets and explain that as groups are presenting their assigned scenario, participants are to complete the corresponding worksheet, using the information provided within the presentation.
2. Instruct groups to begin their 7- to 10-minute presentations, one at a time, beginning with group one. Encourage listeners to ask questions at the conclusion of each presentation.
3. Use the *Presentation Rubric* to grade each group during or after the presentations.

Safety, First Aid, and Infant Health: Part Two

3



Scenario 1: Falls & Bruises

Name: _____

Date: _____

Scenario: You are the caregiver for an eight-month-old who is sitting in his high chair. While you briefly turn away to prepare his food, you hear a scream. Turning around, you find the infant has slipped out of the high chair and is crying uncontrollably on the floor. You also notice that the infant has a large bruise on his forehead. What steps do you take as the caregiver?

Prevention: What safety steps should the caregiver have taken to PREVENT this accident from happening?

1. _____

2. _____

3. _____

4. _____

5. _____

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

1. _____

2. _____

3. _____

4. _____

5. _____

Other "Good-to-Know" Information:

1. _____

2. _____

3. _____

4. _____

5. _____



Scenario 2: Car Seats & Broken Bones

Name: _____

Date: _____

Scenario: As the parent/guardian of a five-month-old arrives by car at the day care facility, an animal unexpectedly runs out into the road causing the driver to brake quickly. Upon braking, the infant who was sitting face forward in a car seat in the front seat was forcefully thrown forward. The caregiver rushes to the scene of the accident and notices that the infant's right leg is swollen, red, and in an unusual position. The caregiver suspects a broken leg. What steps would you take as the caregiver?

Prevention: What safety steps should the caregiver have taken to PREVENT this accident from happening?

1. _____

2. _____

3. _____

4. _____

5. _____

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

1. _____

2. _____

3. _____

4. _____

5. _____

Other "Good-to-Know" Information:

1. _____

2. _____

3. _____

4. _____

5. _____



Scenario 3: Burns

Name: _____

Date: _____

Scenario: As you turn around and answer the phone in the kitchen, the toddler in your care pulls down on the handle of a pot that is on the stove, spilling boiling fluid on her arm and chest. What steps do you take as the caregiver?

Prevention: What safety steps should the caregiver have taken to PREVENT this accident from happening?

1. _____

2. _____

3. _____

4. _____

5. _____

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

1. _____

2. _____

3. _____

4. _____

5. _____

Other "Good-to-Know" Information:

1. _____

2. _____

3. _____

4. _____

5. _____



Scenario 4: Heat and Cold Exposure

Name: _____

Date: _____

Scenario: It is a very hot and humid day and you take the infant in your care outside for a ride in the stroller. After 30 minutes outside, you notice that the infant's face and skin are bright red, her forehead is hot to the touch, and she is getting very sleepy. What steps do you take as the caregiver?

Prevention: What safety steps should the caregiver have taken to PREVENT this accident from happening?

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

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

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

Other "Good-to-Know" Information:

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



Scenario 5: Infant Illness

Name: _____

Date: _____

Scenario: A neighbor brought her toddler over to play with the toddler in your care two days ago. You were told that the neighbor's toddler had a runny nose and cough when the two children played, and that the two children played with the same toys. Today, the toddler in your care is crying more than usual, feels warm to the touch, has diarrhea, and just vomited for the third time. What do you do?

Prevention: What safety steps should the caregiver have taken to PREVENT this illness from happening?

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

Intervention: What first aid steps must the caregiver take to INTERVENE and help the toddler?

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

Other "Good-to-Know" Information:

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

Safety, First Aid, and Infant Health: Part Two

Presentation Rubric

Scenario Presented: _____

Safety Issue(s) Presented: _____

First Aid Skill(s) Presented: _____

Presenter's Name(s): _____

Skill	Exemplary	Good	Fair	Poor
Collaboration • Group worked well together • Group presented well together • All participants participated	4	3	2	1
Role Play • Appropriate use of Baby • Authentic/realistic • Effective use of additional props	4	3	2	1
Presentation • Organized • Knowledgeable presenters • Easy to understand	4	3	2	1
Poster • Organized • Easy to read • Accurate information • All worksheet questions answered • Other safety/first aid skills were presented	4	3	2	1
Overall Quality • Enthusiastic/energized • Creative • Organized	4	3	2	1

Total Points: _____

Comments: _____

_____

_____

_____

20-17 A 16-15 B 14-12 C 11-10 D 9-0 F

Safety, First Aid, and Infant Health: Part Two

REVIEW: Unit 3 Assessment

15 minutes

Purpose:

The *Unit 3 Assessment* checks participant understanding of the information presented in the Health and Safety unit lessons. Participants are quizzed on safety related information and emergency intervention steps for falls and bruises, broken bones, burns, heat exposure and stroke, and infant illness.

Materials:

- *Unit 3 Assessment*
- *Unit 3 Assessment* answer key

Facilitation Steps:

1. Give each participant a copy of the *Unit 3 Assessment* and give them 15 minutes to complete it.
2. Collect the assessments and review participants' answers using the answer key. If you find that participants are consistently getting a certain question or questions wrong, consider presenting the information in a different way or check understanding through verbal questioning.

3

Unit 3 Assessment

Name: _____

Date: _____

Directions: The following questions will ask you about your knowledge of health and safety. Please answer the questions by circling the best answer or writing your response in the space provided.

1. You are the caregiver of an infant who has been left in a hot car for more than 30 minutes. The infant is hot to the touch, has red skin, is not sweating, and is unconscious. What is the health emergency and what should you do?
   a. 2nd degree burn: Take off the infant's clothes and place him/her into a warm bath.
   b. Choking: Give the infant water to drink.
   c. Heart attack: Call 911 or your local emergency number.
   d. Heat stroke: Call 911 or your local emergency number and move the infant to a cool area.
2. If you find an unresponsive infant with no evidence of injury, how should you open his/her airway?
   a. Tilt the infant's head and lift his/her chin.
   b. Turn the infant's head to one side and open his/her mouth.
   c. Perform abdominal thrusts (the Heimlich Maneuver).
   d. Perform the jaw thrust technique.
3. How much air should you give a six-year-old child during rescue breathing?
   a. Half the amount that you give an adult.
   b. As much as possible.
   c. Just enough to cause the child's chest to rise.
   d. Based on the child's weight.
4. Under what circumstance do you stop administering chest compressions?
   a. Another person arrives that knows CPR and takes over.
   b. Emergency medical assistance arrives and takes over.
   c. The victim shows signs of circulation.
   d. All of the above.
5. You are providing CPR to an unconscious child. Which of the following phrases is the best explanation of the primary benefits of giving two breaths after chest compressions?
   a. They help overcome any airway obstruction
   b. They may prevent a heart attack
   c. They may help defibrillate the heart
   d. They deliver oxygen to the child's lungs and blood
6. You are performing chest compressions. At which rate per minute should they be performed?
   a. 150 per minute
   b. 100 per minute
   c. 80 per minute
   d. 60 per minute
7. You have begun CPR on an unresponsive child while a co-worker calls 911 or your local emergency number. After opening the child's airway, checking for breathing, and delivering two effective rescue breaths, you do not find any signs of life. What do you do next?
   a. Begin 30 chest compressions.
   b. Perform five abdominal thrusts (the Heimlich Maneuver).
   c. Recheck the child's airway.
   d. Reposition the child's airway and look-listen-feel for breathing.
8. The best way to describe how hard to breathe for an infant when performing CPR is:
   a. As hard as you can
   b. Just enough to cause the infant's chest to rise
   c. Until you feel resistance from the infant's ribs
   d. Until the infant's stomach fills up

Unit 3 Assessment (cont.)

9. You are babysitting a four-month-old infant who is conscious and choking. The infant cannot cry and is turning bluish. What should you do?
   a. Shake the infant.
   b. Perform five back slaps and five chest thrusts.
   c. Perform abdominal thrusts (the Heimlich Maneuver).
   d. Perform the steps of CPR.
10. Which of the following best describes the effects of chest compressions and breaths during CPR?
   a. They decrease the need for coronary artery bypass
   b. They shock the heart back to a normal heart rhythm
   c. They constrict the pupils to help preserve vision
   d. They provide a flow of oxygen to the heart and brain
11. Which of the following is true regarding child injuries?
   a. Injuries from car and truck crashes rarely cause death in children one to eight years of age.
   b. Injuries are the leading cause of death in children and young adults.
   c. Bicycle helmets do not reduce the risk of child head injury.
   d. Most fires that injure or kill children occur in school.
12. The toddler in your care is turning blue, is bent over, is conscious, but cannot speak. What should you suspect?
   a. Heart attack
   b. Obstructed airway
   c. Stroke
   d. Intestinal distress
13. You are the first to respond to a two car accident. Many victims are injured. Who do you treat first?
   a. A man with a dislocated shoulder
   b. An unconscious, non-breathing child
   c. A woman with a fractured pelvis
   d. A screaming child whose legs are trapped under the steering wheel
14. As a caregiver, you have been asked to create an infant safety workshop for parents of infants and toddlers. List the top ten safety rules you believe are most important to include in your presentation. Make sure you address car seat, home, and outdoor safety.

a. _____
_____

b. _____
_____

c. _____
_____

d. _____
_____

e. _____
_____

f. _____
_____

g. _____
_____

h. _____
_____

i. _____
_____

j. _____
_____

Unit 3 Assessment Answer Key

Name: _____

Date: _____

Directions: The following questions will ask you about your knowledge of health and safety. Please answer the questions by circling the best answer or writing your response in the space provided.

1. You are the caregiver of an infant who has been left in a hot car for more than 30 minutes. The infant is hot to the touch, has red skin, is not sweating, and is unconscious. What is the health emergency and what should you do?
   a. 2nd degree burn: Take off the infant's clothes and place him/her into a warm bath.
   b. Choking: Give the infant water to drink.
   c. Heart attack: Call 911 or your local emergency number.
   d. Heat stroke: Call 911 or your local emergency number and move the infant to a cool area.
2. If you find an unresponsive infant with no evidence of injury, how should you open his/her airway?
   a. Tilt the infant's head and lift his/her chin.
   b. Turn the infant's head to one side and open his/her mouth.
   c. Perform abdominal thrusts (the Heimlich Maneuver).
   d. Perform the jaw thrust technique.
3. How much air should you give a six-year-old child during rescue breathing?
   a. Half the amount that you give an adult
   b. As much as possible
   c. Just enough to cause the child's chest to rise
   d. Based on the child's weight
4. Under what circumstance do you stop administering chest compressions?
   a. Another person arrives that knows CPR and takes over.
   b. Emergency medical assistance arrives and takes over.
   c. The victim shows signs of circulation.
   d. All of the above.
5. You are providing CPR to an unconscious child. Which of the following phrases is the best explanation of the primary benefits of giving two breaths after chest compressions?
   a. They help overcome any airway obstruction
   b. They may prevent a heart attack
   c. They may help defibrillate the heart
   d. They deliver oxygen to the child's lungs and blood
6. You are performing chest compressions. At which rate per minute should they be performed?
   a. 150 per minute
   b. 100 per minute
   c. 80 per minute
   d. 60 per minute
7. You have begun CPR on an unresponsive child while a co-worker calls 911 or your local emergency number. After opening the child's airway, checking for breathing, and delivering two effective rescue breaths, you do not find any signs of life. What do you do next?
   a. Begin 30 chest compressions.
   b. Perform five abdominal thrusts (the Heimlich Maneuver).
   c. Recheck the child's airway.
   d. Reposition the child's airway and look-listen-feel for breathing.
8. The best way to describe how hard to breathe for an infant when performing CPR is:
   a. As hard as you can
   b. Just enough to cause the infant's chest to rise
   c. Until you feel resistance from the infant's ribs
   d. Until the infant's stomach fills up

Unit 3 Assessment
Answer Key (cont.)

9. You are babysitting a four-month-old infant who is conscious and choking. The infant cannot cry and is turning bluish. What should you do?
   a. Shake the infant.
   b. Perform five back slaps and five chest thrusts.
   c. Perform abdominal thrusts (the Heimlich Maneuver).
   d. Perform the steps of CPR.
10. Which of the following best describes the effects of chest compressions and breaths during CPR?
   a. They decrease the need for coronary artery bypass
   b. They shock the heart back to a normal heart rhythm
   c. They constrict the pupils to help preserve vision
   d. They provide a flow of oxygen to the heart and brain
11. Which of the following is true regarding child injuries?
   a. Injuries from car and truck crashes rarely cause death in children one to eight years of age.
   b. Injuries are the leading cause of death in children and young adults.
   c. Bicycle helmets do not reduce the risk of child head injury.
   d. Most fires that injure or kill children occur in school.
12. The toddler in your care is turning blue, is bent over, is conscious, but cannot speak. What do you suspect?
   a. Heart attack
   b. Obstructed airway
   c. Stroke
   d. Intestinal distress
13. You are the first to respond to a two car accident. Many victims are injured. Who do you treat first?
   a. A man with a dislocated shoulder
   b. An unconscious, non-breathing child
   c. A woman with a fractured pelvis
   d. A screaming child whose legs are trapped under the steering wheel
14. As a caregiver, you have been asked to create an infant safety workshop for parents of infants and toddlers. List the top ten safety rules you believe are most important to include in your presentation. Make sure you address car seat, home, and outdoor safety.

a. ***answers will vary***

b.

c.

d.

e.

f.

g.

h.

i.

j.

U.S. National Health Education Standards Supported

1.5.3-5, 1.8.3, 1.8.5, 1.8.8-9, 1.12.5

3.5.2, 3.8.2, 3.8.4-5, 3.12.4-5

4.5.4, 4.8.4, 4.12.4

5.5.1-2, 5.5.4-6, 5.8.2-3, 5.8.5-7, 5.12.2, 5.12.5-7

7.5.3, 7.8.3, 7.12.3

U.S. National Standards for Family and Consumer Sciences Education Supported

Reasoning for Action: 4.4, 4.7-11, 4.13

1.2, 1.2.6-7

4.4, 4.4.1-3

5.5, 5.5.1, 5.5.3

10.2, 10.2.3, 10.2.5

15.3, 15.3.1

Safety, First Aid, and Infant Health: Part Two

3

Lesson Six

Safe and Comfortable Temperatures and Clothing for Infants



Note

This lesson was developed in conjunction with the added features of temperature sensing and clothing detection on the RealCare® Baby. Each article of clothing that comes with Baby contains a magnetic disk that Baby tracks when it is on. Baby is able to track several layers of clothing. For example, Baby can have on an infant body suit, a clothing set (top and bottom or sleeper), and outerwear. This tracking option helps determine whether Baby was dressed appropriately for cold weather conditions. It also helps determine whether Baby was changed for bedtime, or at any other time during the day, which would be typical when caring for an infant. The temperature sensing device within Baby indicates whether Baby was subjected to extreme temperatures (hot or cold) over an extended period of time. All of this data is shown on the Simulation Report, discussed in this lesson.

Lesson Overview

In this lesson participants learn about hypothermia and hyperthermia, and safety precautions related to exposing infants to extreme temperatures. They learn about the dangers of leaving an infant in a car, and an infant's ability to adapt to environmental conditions. Safe and appropriate clothing for infants based on environmental conditions is also discussed. Finally, participants learn about how the RealCare® Baby tracks extreme temperature conditions and clothing changes during the simulation experience.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify good and poor temperature conditions for an infant
- Describe the physiological effects of hypothermia
- Describe the physiological effects of hyperthermia
- Identify safety precautions regarding infants and environmental conditions
- Describe the heating dynamics of a car
- Understand the potential legal issues related to leaving an infant alone in a car
- Identify appropriate infant clothing for environmental conditions, safety and comfort
- Describe the impact that clothing and changing an infant have on the physical, intellectual, emotional and social aspects of infant development

Safe and Comfortable Temperatures and Clothing for Infants

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: Hypothermia and Hyperthermia	• Slide Presentation: *Safe and Comfortable Temperatures and Clothing for Infants*– Slides 1-11 • *Comfy, Cozy, Cool and Collected* Worksheet	• Prepare slide presentation for viewing • Print/copy *Comfy, Cozy, Cool and Collected* Worksheet (2 sided)	10 minutes
LEARN: Danger in the Unattended Car	• Slides 12-19 • *Never Leave Your Child Alone in the Car!* Fact Sheet	• Print/copy *Never Leave Your Child Alone in the Car!* Fact Sheet	10 minutes
LEARN: Comfy Cozy, Cool and Collected	• Slides 20-24 • *Comfy, Cozy, Cool and Collected* Worksheet, and answer key	• Print/copy *Comfy, Cozy, Cool and Collected* Worksheet (2 sided)	10 minutes
LEARN: RealCare® Baby and Temperature Sensing/ Clothing Detection	• Slides 25-26 • *Simulation Report – Baby Temperature and Clothing* handout • *Dressing an Infant and PIES* worksheet and answer key	• Print/copy the *Simulation Report – Baby Temperature and Clothing* handout • Print/copy *Dressing an Infant and PIES* worksheet	10 minutes
REVIEW: Scenarios	• Slide 27 • *Clothing Selection Scenarios* worksheet and answer key	• Print/copy *Clothing Selection Scenarios* worksheet	10 minutes

National FACS Education Standards Supported: Reasoning for Action – 4; 4.2, 4.4; 12.1-3; 15.2

National Health Education Standards Supported: 1.12.2-3, 7, 9; 2.12.6; 5.12.1; 7.12.1-3; 8.12.3-4

FOCUS: Hypothermia and Hyperthermia

10 minutes

Purpose:

Students learn about how an infant's body reacts to temperature fluctuations, its ability to heat up/cool down on its own, and the extreme physical reactions of hypothermia and hyperthermia.

Materials:

- Slide presentation – slides 1 – 11
- *Comfy, Cozy, Cool and Collected* worksheet (2 sided)

Facilitation Steps:

1. Hand out the *Comfy, Cozy, Cool and Collected* worksheet to each student. Have students turn over their worksheet and fill in answers as you conduct a class discussion and present the following slides.
2. Show slides 1-11 and use the following content to present the information. Have participants fill in the back of their worksheet with the appropriate information as it is presented. Answer questions as needed.

Slide 2: What is hypothermia? [From WHO (World Health Organization) and WebMD]

- Hypothermia occurs when the body gets cold and loses heat faster than the body can make it. "Hypothermia occurs when the newborn's temperature drops below 36.5C (97.7F): 36-36.5C (96.8-97.7F) is mild hypothermia (cold stress); 32-36C (89.6-96.8F) is moderate hypothermia; less than 32C (89.6F) is severe."[1]

Slide 3: What can happen from hypothermia?

- Hypothermia is an emergency condition and can quickly lead to unconsciousness and death if heat loss continues.

Slide 4: What are some symptoms of hypothermia?

- It is very important to know the symptoms of hypothermia and get treatment quickly. Often a hiker or skier's body temperature will quickly drop before others notice that something is wrong. If someone begins to shiver violently, stumble, or can't respond to questions, it may be hypothermia and you need to warm him or her quickly. An infant will not have the same symptoms as an adult. Because they are nonverbal, it is important for the parent/caregiver to be observant of an infant's symptoms.
- In infants the symptoms are: bright red, cold skin and listlessness

Slide 5: Why are infants at greater risk?

From: World Health Organization. (1997). Thermal protection of the newborn: A practical guide. Geneva, Switzerland: World Health Organization.

- "Due to certain characteristics such as a large body surface area in relation to weight, a large head in proportion to the body, and little subcutaneous fat, newborns – especially low birth weight babies – are at increased risk of heat loss. When heat loss exceeds the infant's ability to produce heat, its body temperature drops below the normal range and it becomes hypothermic." [1]
- "The newborn infant regulates body temperature much less efficiently than does an adult and loses heat more easily." [1]
- It is difficult for babies to produce heat by shivering.
- "Hypothermia of the newborn occurs throughout the world and in all climates and is more common than believed. This condition is harmful to newborn babies, increasing the risk of illness and death." [1]
- Babies cannot regulate their body temperature as well as adults.

Hypothermia not necessarily related to the outdoors

Hypothermia isn't always the result of exposure to extremely cold outdoor temperatures. An older person may develop mild hypothermia after prolonged exposure to indoor temperatures that would be tolerable to a younger or healthier adult — for example, temperatures in a poorly heated home or in an air-conditioned home.

Infants less than one year old should never sleep in a cold room because infants lose body heat more easily

than adults; and unlike adults, infants can't make enough body heat by shivering.

Slide 6: Precautions

- Keep rooms at comfortably warm temperature in winter months.
- Keep infant in warm clothes during winter.
- Dress infant appropriately if you must go outside – avoid being outside in extreme cold or heat.
- Never leave an infant in an unattended vehicle.

Slide 7: What is hyperthermia?

- Hyperthermia occurs when a person's body temperature produces or absorbs more heat than it can dissipate. Body temperature rises and remains above the normal; 98.6°F.
- When an infant is in an environment that is too hot the infant's temperature can rise above 37.5°C (99.5°F) and develop hyperthermia. Hyperthermia can occur just as easily as hypothermia, and is equally dangerous.

Slide 8: What can happen from hyperthermia?

- If an infant's temperature is not brought back to normal, hyperthermia may progress to heat exhaustion, a more serious condition in which the infant's temperature can climb to 103°F, requiring immediate medical attention.
- If untreated, heat exhaustion can progress to heat stroke, a much more serious condition in which the body temperature rises to over 103° F. The result: convulsions, coma, and often death. A child is said to have heatstroke if his body temperature rises above 103° degrees. When an infant has an illness related fever of 104-105°, organ damage does not usually occur; however when an infant has similar body temperatures with hyperthermia, it is much more serious and can lead to injury to various body organs, including the brain. A temperature of 107° is fatal.

Slide 9: What are some symptoms of infant hyperthermia?

Because many infants can't tell their parents or caregivers that they're thirsty, they can become dangerously dehydrated in hot weather, which also can lead to hyperthermia. Be alert to the following warning signs of dehydration in babies:

- Dry mouth or tongue
- Few tears when crying
- Few wet diapers (less than 6 a day)
- Dark yellow or smelly urine
- Sunken "soft spots," eyes, or cheeks
- Mottled, grayish, skin that's cool to the touch
- High fever
- Listlessness

Slide 10: Why are infants at greater risk?

- Infants aren't able to tell their caregiver that they're hot or thirsty.
- Infants' temperature-regulating systems aren't fully developed; they have fewer sweat glands than adults, so they sweat less. As a result, they're not as efficient as adults in keeping cool. In addition, their bodies can warm at a rate 3 to 5 times faster than an adult's; therefore, they are very susceptible to hyperthermia.

  Some of the most common causes of hyperthermia are wrapping the infant in too many layers of clothes, especially in hot, humid climates; leaving an infant in direct sunlight or in a parked car in hot weather; putting a newborn infant too close to a heater; leaving the infant under a radiant warmer or in an incubator that is not functioning properly and/or checked regularly, or is exposed to the sun's rays. [1]

Slide 11: Precautions

- Keep rooms at a comfortably cool temperature during the summer.
- Dress infants in cool clothing in hot summer months. Use wide-brimmed hats in light colors if you take the infant outside.
- Use infant-safe labeled sunscreen/sunblock on infants over six months if outside. Avoid outdoors in extreme heat.
- Keep the infant hydrated during heat waves.
- Never leave infant in an unattended car.

LEARN: Danger in the Unattended Car

10 minutes

Information for this activity is used with permission from: McLaren, C., Null, J., & Quinn, J. (2005, July). Heat stress from enclosed vehicles: Moderate ambient temperatures cause significant temperature rise in enclosed vehicles. PEDIATRICS, 116(1), e109-e112.

Materials:

- Slide presentation – slides 12 – 19
- *Never Leave Your Child Alone in the Car!* Fact Sheet

Purpose:

Participants learn about the incidents of child deaths due to the infant being left unattended in a hot car. Vehicle heating dynamics and information from a vehicle heat study are covered.

Facilitation Steps:

1. Ask the class to list some potential dangers of leaving an infant in a car – and write them on the board as dangers are shared. Possible answers: *Hypothermia* (infant becomes too cold), *hyperthermia* (infant becomes too hot), carjacking, injury if infant can get out of car seat.
2. Ask students why they think a parent would leave an infant in the car. Possible answers: Too much work getting them in and out of the car seat, just going in to pay for gas or get something really fast, tired and doesn't want to deal with the infant – just leave him/her in the car while they run an errand, infant fell asleep and parent doesn't want to wake them, so easier to leave them in the car, forgot they were back there, etc.
3. Show slides 12-19 and use the following information as you present:

Slides 12-14: Danger in the Unattended Vehicle and Hyperthermia Stats by Year and State.

- In the three-year period of 1990-1992, before airbags became popular, there were only 11 known deaths of children from hyperthermia.
- In the period from 1998-2010, when almost all young children are now placed in back seats instead of front seats, there have been roughly 500 known fatalities from hyperthermia...a ten-fold increase from the rate of the early 1990s. [Important note: This in no way implies that it is advocated that children be placed in the front seat or that airbags be disabled.]

Slide 15: Why the Increase? The incidence of vehicle-related hyperthermia has increased dramatically with the advent of airbags. Since children no longer sit in the front seat, they are sometimes forgotten when out of sight in the rear seat. During the 12-year period from 1998-2009, there were 443 child vehicular hyperthermia deaths. More than half (51%) of these tragic deaths were because the child was "forgotten" by the caregiver. On average there were 37 deaths each year during this time interval; however there were only 3-4 year known deaths per year in the early 1990's prior to airbags becoming popular.

Slide 16: Hyperthermia Circumstances

- An examination of media reports about the 494 child vehicular hyperthermia deaths for a thirteen year period (1998 through 2010) shows the following circumstances:
  i. 51% - child "forgotten" by caregiver (253 Children)
  ii. 30% - child playing in unattended vehicle (150)
  iii. 17% - child intentionally left in vehicle by adult (86)
  iv. 1% - circumstances unknown (5)

"Children that have died from vehicular hyperthermia in the United States (1998-2007) have ranged in age

from 7 weeks to 13 years. The average age is approximately 24 months." (33% less than 1 year old)

Slide 17: Legal Implications. Although all states have laws against endangering the welfare of a child, only 15 states presently have laws prohibiting leaving a child unattended in a car. However, it can be considered abuse or neglect, resulting in criminal charges.

Slide 18: Vehicle Heating Dynamics. Click the arrow at the bottom of the slide or double click on the picture to have the simulation work. Use the following information to explain the slide:

VEHICLE HEATING DYNAMICS

[From ggwether.com – Department of Geosciences - San Francisco State University]

- The atmosphere and the windows of a car are relatively "transparent" to the sun's shortwave radiation (yellow) and are warmed little. However this shortwave energy does heat objects that it strikes. For example, a dark dashboard or seat can easily reach temperatures in the range of 180 to over 200°F.
- These objects (e.g., dashboard, steering wheel, and infant seat) heat the adjacent air by conduction and convection and also give off long-wave radiation (red) which is very efficient at warming the air trapped inside a vehicle.

VEHICLE HEAT STUDY

- Study of temperature rise in enclosed cars on 16 dates between May 16 and Aug. 8, 2002.
- Ambient temperatures were between 72 and 96°F
- Dark blue mid-size sedan with medium grey interior
- Also tested with windows "cracked"
- As the simulation progresses, note the quick rise in temperature with every passing 10 minute interval

STUDY CONCLUSIONS

- Average elapsed time and temperature rise:
  - 10 minutes ~ 19°F
  - 20 minutes ~ 29°F
  - 30 minutes ~ 34°F
  - 60 minutes ~ 43°F
  - 1 to 2 hours ~ 45-50°F
- "Cracking" the windows had little effect
- Vehicle interior color probably biggest factor
- "Even at relatively cool ambient temperatures, the temperature rise in vehicles is significant on clear, sunny days and puts infants at risk for hyperthermia. Vehicles heat up rapidly, with the majority of the temperature rise occurring within the first 15 to 30 minutes. Leaving the windows opened slightly does not significantly slow the heating process or decrease the maximum temperature attained. Increased public awareness and parental education of heat rise in motor vehicles may reduce the incidence of hyperthermia death and improve child passenger safety."
- Parents and other caregivers need to be educated that a vehicle is not a babysitter or play area ... but it can easily become tragedy. Increased public awareness and parental education of heat rise in motor vehicles may reduce the incidence of hyperthermia death and improve child passenger safety.

Slide 19: Prevention. NEVER leave an infant/child in a car – even for a minute! Place your purse/ briefcase/ jacket in the backseat with the infant. Place a teddy bear in the front seat in a visible location to remind you that the infant is in the back seat.

4. Hand out the *Never Leave Your Child Alone in the Car!* Fact Sheet.

Never Leave Your Child Alone in the Car!

Fact Sheet

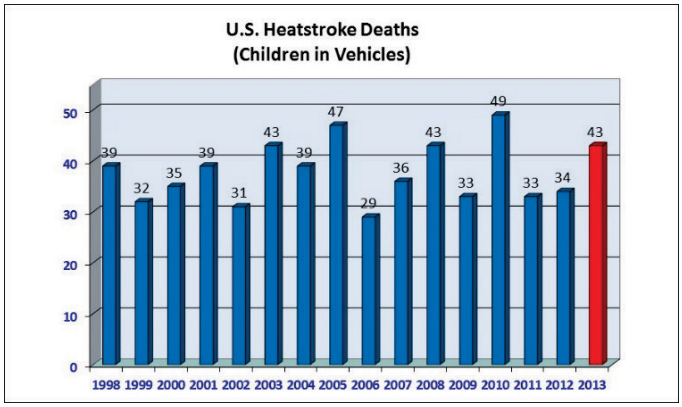
Department of Geosciences
San Francisco State University

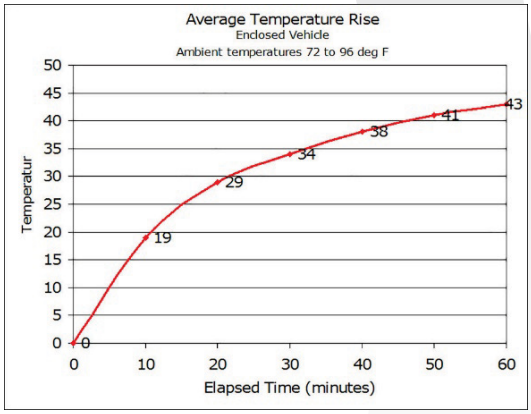
SAFETY RECOMMENDATIONS

- Never leave a child in an unattended car, even with the windows down.
- Be sure that all occupants leave the vehicle when unloading. Don't overlook sleeping babies.
- Always lock your car. If a child is missing, check the car first, including the trunk. Teach your children that vehicles are never to be used as a play area.
- Keep a stuffed animal in the car seat and when the child is put in the seat place the animal in the front with the driver.
- Place your purse or briefcase in the back seat as a reminder that you have your child in the car.
- Make "look before you leave" a routine whenever you get out of the car.
- Have a plan that your childcare provider will call you if your child does not show up for school.

HYPERTHERMIA DEATHS OF CHILDREN IN VEHICLES

- Total number of hyperthermia deaths of children left in cars, 1998-2010: 494+
- Average annual number of hyperthermia deaths of children in cars, 1998-2010: 38
- Heatstroke occurs when the body core temperature reaches 104 degrees F.
- A Child's body warms 3 to 5 times faster than an adult's.





Average Elapsed Time and Inside Vehicle Temperature Rise compared to Ambient Temperature

- 10 minutes = 19 degree increase
- 20 minutes = 29 degree increase
- 30 minutes = 34 degree increase
- 1 hour = 43 degree increase

Contact Information: Jan Null, CCM
Department of Geosciences, San Francisco State University

Safe and Comfortable Temperatures and Clothing for Infants

LEARN: Comfy, Cozy, Cool and Collected

10 minutes

Purpose:

Participants consider and discuss comfortable environmental temperature ranges for themselves and for an infant, and learn about safe, appropriate, and comfortable infant clothing choices in light of environmental temperatures.

Materials:

- Slide presentation – slides 20 – 24
- *Comfy, Cozy, Cool and Collected* worksheet

Facilitation Steps:

1. Think/Pair Share Activity. Refer students to the *Comfy, Cozy, Cool and Collected* worksheet and have them work through questions 1-5 on the front of the sheet. Give them 2- 3 minutes to complete the questions.
2. Have students get with a partner to compare answers. Point out that part of being a caregiver is empathy and nurturing. The caregiver should always be thinking about the comfort of the infant. Even if the cold or hot temperature feels good to you, how might the infant in your care feel? Is the temperature at a comfortable level for an infant?
3. Have students turn over their worksheet and fill in answers as you conduct a class discussion and present the following slides. Show slides 20-24 and use the following content to present the information. Have participants fill in the back of their worksheet with the appropriate information as it is presented. Answer questions as needed.

Slide 20: Good environmental temperatures. Keep your home at a temperature of between 68 -72°F during winter months when you have the heat on. In the summer, this would be a bit cold when you would have the air conditioner on. A temperature of 75 - 80° would be more sensible in the summer and more environmentally friendly.

Dress your infant in one extra layer than you are wearing, and then check to ensure that he/she is not getting overheated. Don't over-bundle.

The American Academy of Pediatrics recommends that 'the infant should be lightly clothed for sleep, and the bedroom temperature should be kept comfortable for a lightly clothed adult. Over-bundling should be avoided, and the infant should not feel hot to the touch.'[1]

a) Conduct a short class discussion on clothing. Ask participants the following questions: Think about what you are currently wearing for clothing.

b) What are some reasons for your choices? (Warmth, dress code, style, comfort, status, etc.)

c) What are the very basic reasons for wearing clothing? (Protection, health, comfort.)

d) You have choices about what you wear, and probably don't consider why you wear what you do. As a caregiver, you will need to decide how to dress your infant. Why might this be a difficult task for a caregiver? (Babies can't tell you if they are hot or cold or if something is too tight.)

e) What do you think are requirements for dressing an infant? What are the real clothing needs of babies? Clothing selection is as important for babies as it is for older children and adults. Parents need to make appropriate choices for their infants.

f) Why do you think safety/protection is as important as comfort? What are some examples?

Slide 21: Clothing factors to consider

- Security and protection– Infants in the US need to be covered with some form of clothing. They may

like being naked for a short period of time, but they need to be clothed for the most part – clothing is a source of security for them.

- Comfort is most important for infants. Infant clothing is designed to appeal to the parents and those purchasing clothing for infants. It doesn't matter to the infant as long as the clothing is comfortable.
- Allow for growth but don't buy clothing several sizes too large.
- Soft and lightweight fabrics are best for moderate temperatures.
- Knit fabric construction keeps its shape and is easy to care for.
- All cotton and cotton blends allow "breathability." (This means that the fabric allows for evaporation of body sweat for cooling the infant naturally in higher temperatures.)

Slide 22: Other clothing factors to consider

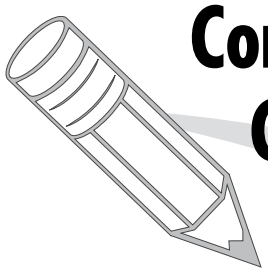
- Check overall clothing features for ease of changing and safety.
- Check care labels for washing instructions. Infant clothing should be machine washable in hot water to eliminate bacteria and germs.
- Check labels for flammability. Labels should indicate that the clothing is "flame resistant."
- Consider clothing colors. Dark colors absorb heat and keep infant warmer. Light colors reflect heat to keep infant cooler.

Slide 23: Safety and clothing

- Too many clothes or layers can cause overheating. If infant gets overheated from too much or the wrong weight clothing for the environment, infants can develop heat rash.
- If clothing is too loose, infant can get wrapped up in it and suffocate. Loose clothing is more likely to catch on fire.
- Clothing should fit more snug rather than tight.
- Infants' clothing should never have drawstrings.

Slide 24: Clothing selection

- Infants cannot tell the difference between newly purchased and hand-me-down clothing.
- Because infants grow quickly, fewer clothes are needed when they are younger. This will also save money.
- Good clothing design is usually simple and functional. Avoid scratchy lace or zippers at the neck line.
- In summer, infants need lightweight clothing and full coverage for sun protection. Any exposed areas need sunscreen. However, infants under six months should not use sunscreen; instead ensure that they are covered with shade or light clothing. Use wide brimmed hats for sun protection.



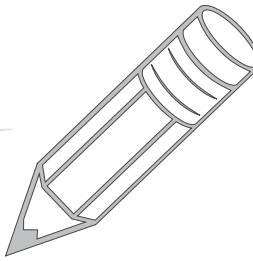
Comfy, Cozy, Cool and Collected

Name: _____

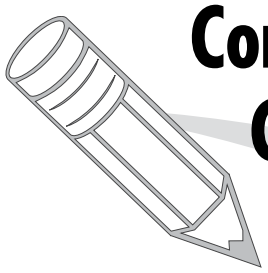
Date: _____

1. What is a comfortable temperature for you? _____
2. List 2 ways your body reacts when it's cold?
   - _____
   - _____
3. How long does it take you to recognize that you're too hot or too cold? _____
4. List 3 things you can do for yourself when you feel cold?
   - _____
   - _____
   - _____
5. List 2 ways your body reacts when it's hot?
   - _____
   - _____
6. List 3 things you do for yourself when you feel hot?
   - _____
   - _____
   - _____

Presentation Notes



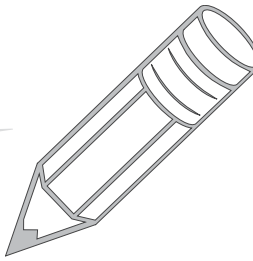
1. Hypothermia: _____
2. Symptoms of hypothermia in infants: _____
   _
3. Infants are at greater risk because:
   - _____
   - _____
   - _____
4. Precautions:
   - _____
   - _____
   - _____
   - _____
5. Hyperthermia: _____
6. Symptoms of hyperthermia in infants: _____
   _____
7. Infants are at greater risk because:
   - _____
   - _____
   - _____
8. Precautions:
   - _____
   - _____
   - _____
   - _____
   - _____
9. Best home temperature – winter _____
10. Best home temperature – summer _____
11. Three issues to consider when selecting infant clothing are:
    - _____
    - _____
    - _____



Comfy, Cozy, Cool and Collected - Answer Key

1. What is a comfortable temperature for you? ***Answers will vary but should be in range of 68-80***
2. List 2 ways your body reacts when it's cold?
   - ***Answers will vary but may include: shiver, goose bumps, crabbiness, etc.***
   - _____
3. How long does it take you to recognize that you're too hot or too cold? ***Usually immediately or within a few minutes***
4. List 3 things you can do for yourself when you feel cold?
   - ***Answers will vary but may include: Get under warm blanket, make hot***
   - ***drink, turn up heat, put on warmer clothes, jump around to get blood flowing, etc.***
   - _____
5. List 2 ways your body reacts when it's hot?
   - ***Answers will vary but may include: perspire, get flushed, get tired, crabbiness, etc.***
   - _____
6. List 3 things you do for yourself when you feel hot?
   - ***Answers will vary but may include: Put on cooler clothes, get a***
   - ***cold drink, turn up air conditioning/fan, put cool washcloth on face, etc.***
   - _____

Presentation Notes - Answer Key



1. Hypothermia: ***Occurs when the body gets cold and loses heat faster than the body can make it.***
2. Symptoms of hypothermia in infants: ***Bright red, cold skin, very low energy.***
3. Infants are at greater risk because:
   - ***They have a larger body surface area to mass ratio than adults, allowing greater heat loss.***
   - ***They regulate body temperature much less efficiently.***
   - ***It's difficult for them to produce heat by shivering.***
4. Precautions:
   - ***Keep rooms at comfortably warm temperature in winter months.***
   - ***Keep infant in warm clothes during winter.***
   - ***Dress infant appropriately if you must go outside – avoid being outside in extreme cold or heat.***
   - ***Never leave an infant in an unattended vehicle.***
5. Hyperthermia: ***Occurs when a person's body temperature produces or absorbs more heat than it can dissipate. Body temperature rises and remains above the normal; 98.6°F.***
6. Symptoms of hyperthermia in infants: ***Dry mouth or tongue; few tears when crying; few wet diapers; dark, smelly urine; sunken "soft spots" eyes or cheeks; mottled, graying skin – cool to touch; high fever; listlessness.***
7. Infants are at greater risk because:
   - ***Unable to tell someone they're hot/cold, thirsty.***
   - ***Temperature-regulating systems aren't fully developed.***
   - ***Fewer sweat glands than adults, so not as efficient as adults in keeping cool.***
8. Precautions:
   - ***Keep rooms at a comfortably cool temperature during the summer.***
   - ***Dress infants in cool clothing in hot summer months. Use wide-brimmed hats in light colors if you take infant outside.***
   - ***Use infant-safe sunscreen/sunblock on infants over 6 months if outside. Avoid outdoors in extreme heat.***
   - ***Keep the infant hydrated – breast milk, formula, juice, water.***
   - ***Never leave infant in an unattended car.***
9. Best home temperature – winter ***68-72° F***
10. Best home temperature – summer ***75-78° F***
11. Three issues to consider when selecting infant clothing are: ***Answers will vary but should include any 3 of the following: Good clothing design is usually simple and functional. Avoid scratchy lace or zippers at the neck-line. In summer, infants need lightweight clothing and full coverage for sun protection. If infant is over 6 months, any exposed skin needs infant-safe sunscreen. Use wide brimmed hats for sun protection. Too many clothes or layers can cause overheating. If infant gets overheated from too much or the wrong weight clothing for the environment, infants can develop heat rash. If clothing is too loose, infant can get wrapped up in it and suffocate. Loose clothing is more likely to catch on fire. Clothing should fit more snug rather than tight. Infants' clothing should never have drawstrings.***

LEARN: The RealCare® Baby and Temperature Sensing/Clothing Detection

10 minutes

Purpose:

Participants learn about the temperature sensing and clothing detection ability of the RealCare® Baby, and view the related report data.

Materials:

- Slide presentation – slides 25 – 26
- *Simulation Report – Baby Temperature and Clothing* handout
- *Dressing an Infant and PIES* worksheet

Facilitation Steps:

1. Explain that the Baby will track any extreme temperature conditions if Baby is in that condition for an extended period of time.
2. Hand out the *RealCare Simulation Report* handout to each participant. Explain the graph as it relates to the information in the chart below it. Note the normal environmental temperature range and the extreme conditions – both high and low. Explain that the Baby will begin tracking when it is exposed to conditions outside the "normal" range. This pattern will climb (or decrease), indicating that it has been exposed to extreme temperatures for a lengthy period of time. **(See detailed notes regarding temperature sensing/clothing detection and reading the Simulation Report at the end of this lesson.)** Note that a real infant would have effects from the extreme condition exposure in a much shorter timeframe than the RealCare® Baby.
3. Explain the clothing change chart on the bottom of the report. Point out the following:
   - The Baby should be changed at least twice per day: once at night into a sleeper, and again in the morning for daytime wear. Note that a real infant would likely be changed at least one other time during the day as infants typically spit up, have diaper "blow-outs"), etc. that require changing into a clean outfit.
   - In addition, if the weather outside is cold, the Baby should have on an outfit as well as a bunting or something warm over the clothing if it is taken outside, such as being transported into a car.
   - Baby can track several layers of clothing, so it could also have on an infant body suit, an outfit, and a bunting—all being tracked by Baby.
   - If the weather is very warm, you may want to suggest that Baby have on just an infant body suit or a lightweight outfit.
   - Remind participants to be careful with Baby's head during changing of clothing. It will register head support issue or, if dropped, rough handling.
   - Of course, all of this is in addition to the diapers, which must be on Baby at all times.
4. Hand out the *Dressing an Infant and PIES* work sheet and have participants work in pairs to complete it. Alternatively, have participants fill out the worksheet individually as you present the information.
5. ***Slides 25-26: Dressing an Infant and PIES.*** Appropriate dressing can meet the physical, intellectual, emotional and social development of the infant in the following ways:

   Physical Development

   - Appropriate clothing selection helps the child stay healthy , safe, and comfortable--reducing physical distress and promoting security.
   - Movements during the dressing process helps infants exercise, later allowing them to cooperate with the change of clothing.
   - Gentle touching during changing provides physical stimulation.
   - Changing dirty diapers prevents diaper rash.

Intellectual Development

- Talking to the infant during the changing process enhances language development.
- Put a sleeper on the infant for bedtime – to begin a bedtime routine. Even if the infant won't sleep through the night, it starts to establish the process and attire as a routine. Conversely by changing in the morning, you're giving the infant cues to wire his brain: "this is what we do to get ready for the day," beyond the issue of keeping the infant clean.
- Positive parenting and bonding help with brain development.

Emotional Development

- There is a calming emotional aspect to having your wet or dirty clothes changed. An infant learns, "when my clothes are wet, they get changed."
- Bonding during clothing change makes the infant feel safe and secure, helping emotional development.
- Proper care helps the infant experience the process of being safe by meeting its needs.

Social Development

- Talking and or singing during the process can help the infant's brain development and strengthen bonding between parent and child.
- Changing sets up regular routines for social interaction between infant and parent.
- Positive physical and verbal communication help parent/child socialization.
- Infant may learn cooperation through parenting modeling.
- An attachment is formed between the parent and child as the infant anticipates a parent's response.

Important Information Regarding the RealCare® Baby Temperature Sensing and Clothing Detection Features

Charging the Babies: The internal temperature of the Babies rises with the charging (which takes about 5 hours to complete), and takes approximately 10 hours to go back to room temperature once it's charged. If you do not charge the Babies 24 hours in advance, be aware that the Simulation Report will show a spike in the temperature at the beginning of the simulation experience.

Clothing Detection:

Diaper and clothing changes are shown by time in the graph below. Different colors in the diaper row relate to the different diaper patch colors. The clothing detection works on multiple layers of clothing, so if the Baby is wearing an infant body suit, outfit, and outerwear, it will be shown on the graph. This sample report on the next page shows that on day one of the simulation that Baby had an infant body suit and sleeper from about 7:30 p.m. to about 9 a.m. the following morning, and then was changed into an outfit. Car seat time is discussed in the Flat Head Syndrome lesson.



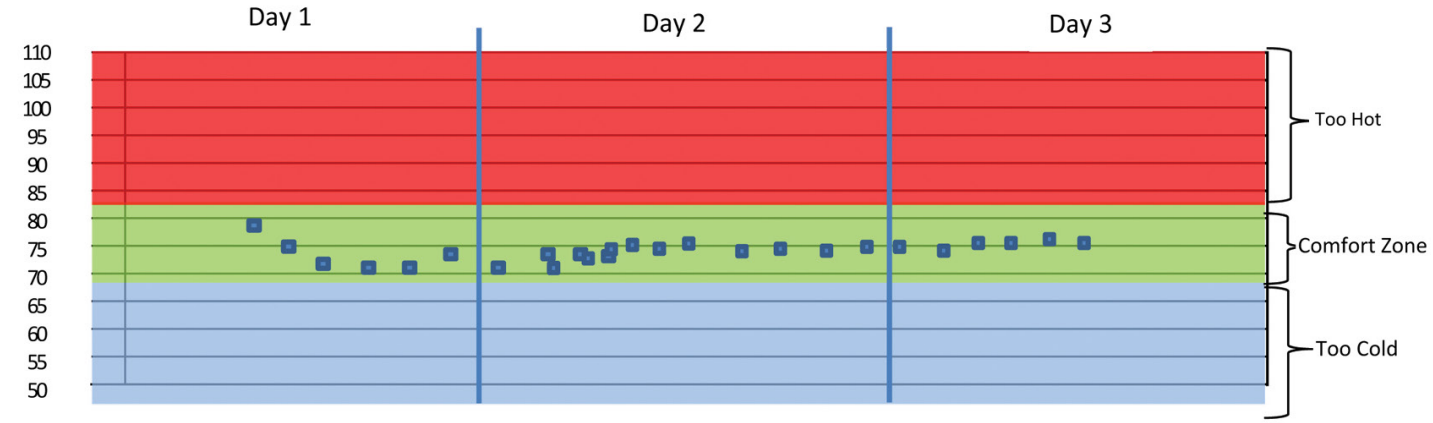
RealCare® Baby Simulation Report

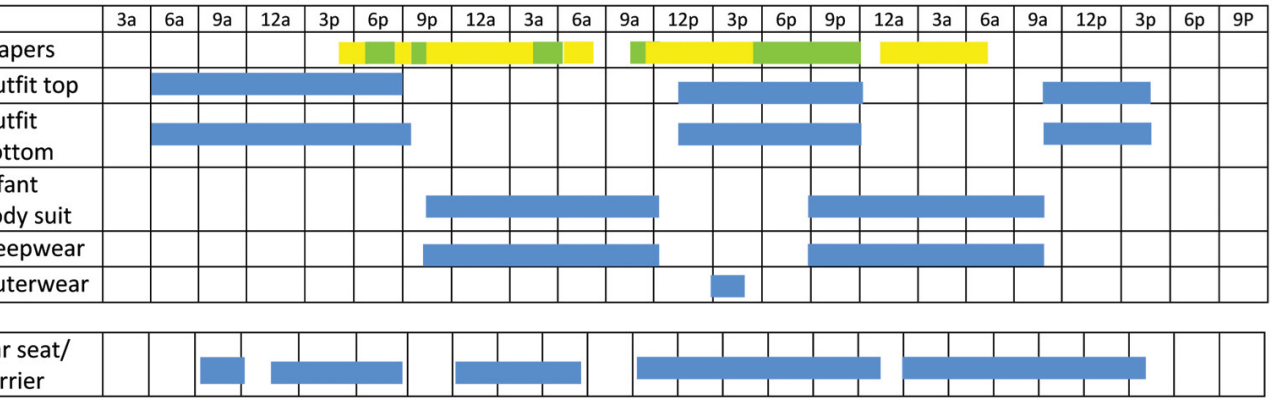
aby Temperature and Clothing

NOTE: Actual report images may vary.

aby detects temperature, clothing, and length of time in car seat/carrier to address flathead syndrome. Missing othing only appears if Baby detects no clothing during a significant period of time.

ook for spikes in temperature on the graph below to determine mishandling. Baby's temperature should fall inside e comfort range (in green – mid section of report). If Baby's temperature falls above or below the comfort range, aby has been exposed to extreme temperatures for an extended period of time.





	Day 1	Day 2	Day 3
gh temp	80°	76°	78°
w temp	70°	74°	74°

Safe and Comfortable Temperatures and Clothing for Infants

Dressing an Infant and PIES

Name: _____

Date: _____

Directions: Work with a partner to fill out the following chart. How can the PIES (physical, intellectual, emotional, and social) needs of infants be met through the process of dressing and changing their clothing? Be specific.

Physical	Intellectual	Emotional	Social

Safe and Comfortable Temperatures and Clothing for Infants



Dressing an Infant and PIES - Answer Key

Directions: Work with a partner to fill out the following chart. How can the PIES (physical, intellectual, emotional, and social) needs of infants be met through the process of dressing and changing their clothing? Be specific.

Answers may vary.

Physical	Intellectual	Emotional	Social
• The act of gently touching baby during the clothing changes provides physical stimulation for better physical development. • Changing dirty diapers prevents diaper rash; infant gets a clean bottom for better health. • Physical distress can be reduced to promote comfort and security. • With proper clothing for the environment, infant will be physically more comfortable; this can also prevent illness.	• When basic physical needs (safety, health and comfort) are met, intellectual development is promoted. • Talking with infant during the changing process helps with language development. • When changing infant from nighttime wear to daytime clothing and then repeating the process from day to night wear, routines are established for the infant. • The infant is learning to know a ritual – indicating a change. • Positive parenting and bonding skills help the infant's brain development. • A parent can use this time to label body parts—eyes, nose, toes, etc. which creates a repeated brain connection for the infant.	• When parents bond through the clothing change process, the infant feels safe and secure which helps its emotional development. • Gentle touching, singing and talking with infant during changing helps set a good emotional tone for positive parent-child interaction. • A good touch creates a sense of security for an infant and signals their needs are being met. • Infant smells better - which may actually have an impact on how a parent or caregiver may feel emotionally about the infant.	• Changing infant's clothing sets up regular routines for social interaction between parent and child. • Any positive communication through touching or verbalizing helps the parent-child socialization. • Infants might even learn cooperation and patience through parental modeling. • An infant's brain is stimulated by the facial response of a parent or caregiver – it promotes attachment which increases an infant's response to social interaction, and it promotes a back and forth relationship.

Safe and Comfortable Temperatures and Clothing for Infants

REVIEW: SCENARIOS

10 minutes

Purpose:

As a review exercise, participants apply their learning in this lesson to scenarios where they determine the potential danger and anticipate vehicle heat levels. They also complete a group exercise using scenarios to determine the best clothing type for the given situation.

Materials:

- Slide presentation – slide 27
- *Clothing Selection Scenarios* worksheet

Facilitation Steps:

1. As a review activity, display slide 27: Scenarios, and have students work in small groups of 2-3 to discuss their answers to the following questions you pose for each scenario:
   a) Scenario 1: What condition is the infant at risk for? ***Hypothermia***
   b) Scenario 2: What condition is this child at risk for? ***Hyperthermia***
   c) Scenario 3: What is the major reason for children being left in a car – resulting in death? ***Forgotten by caregiver***
   d) Vehicle Heating Dynamics Review: (***NOTE:*** Click on the picture to start the simulation. Stop the simulation at 6 seconds.) Approximately how long will it take for this car to heat up to 99°? ***10 minutes.*** To 109° ***20 minutes***
2. Hand out the *Clothing Selection Scenarios* worksheet and have participants get into pairs to work together. Assign 2 scenarios per pair and give them 5 minutes to read their scenarios and determine the best clothing choices. Explain that they should be thorough, considering hats, shoes, etc.
3. Ask for pairs to share their answers and go around the room asking for different scenario answers. Have them explain their choices. Discuss as a group, explaining the rationale for the correct clothing choices.

Safe and Comfortable Temperatures and Clothing for Infants

Clothing Selection Scenarios

Name: _____

Date: _____

Scenario 1:

Maria is deciding how to dress her 3 month old son, Carlos. The weather is cool, about 60 degrees and rainy. She plans to go to the grocery store. What items of clothing do you suggest and why?

Scenario 2:

Charles is planning to take his 4 month old daughter, Jessica, for a stroller ride to the park. It's a sunny day with temperatures in the high 70's. What items of clothing do you suggest?

Scenario 3:

Karen and Jeremy are new parents of a three week old baby. Kaya was born in February and they are taking her to visit Jeremy's parents. The weather has been in the 30's and not much sun. The air is damp as if it was going to snow. What type of clothing do you suggest?

Scenario 4:

Renee is sitting for her friend's son, Justin. It's a hot summer day in the 80's. Because it is so hot and sunny, Renee decided to stay indoors. There is no air conditioning where her friend lives. What items of clothing do you suggest?

Scenario 5:

Keisha and Jerome are parents of a 2 month old baby boy, Alex. It's a lovely fall day with temperatures in the low 70's. The sun has been overshadowed by clouds with little chance of rain. They decide to go for a walk with Alex in a front carrier. What type of clothing do you suggest?

Scenario 6:

Carla and Jeff have just adopted a three month old baby, Nadia. They keep the temperature in their home around 70 degrees in the winter. They are putting Nadia down for her nap. What type of clothing do you suggest?

Safe and Comfortable Temperatures and Clothing for Infants

Clothing Selection Scenarios - Answer Key

Scenario 1:

Maria is deciding how to dress her 3 month old son, Carlos. The weather is cool, about 60 degrees and rainy. She plans to go to the grocery store. What items of clothing do you suggest and why?

Possible Answers: ***T-shirt with a sweatshirt jacket and pants, infant socks or booties, a medium weight jacket as well.*** **Reasons Why:** ***Infants may be dressed similar to that of an adult, with perhaps an added jacket. It's not likely that the infant will get overheated on a day like this; no need for sun protection.***

Scenario 2:

Charles is planning to take his 4 month old daughter, Jessica, for a stroller ride to the park. It's a sunny day with temperatures in the high 70's. What items of clothing do you suggest?

Possible Answers: ***T-shirt with a light weight jacket, sun hat, light weight shorts or pants, light weight socks.***
Reasons Why: ***All skin needs to be covered or protected by a cover.***

Scenario 3:

Karen and Jeremy are new parents of a three week old baby. Kaya was born in February and they are taking her to visit Jeremy's parents. The weather has been in the 30's and not much sun. The air is damp as if it was going to snow. What type of clothing do you suggest?

Possible Answers: ***A one piece fleece sleeper with a t-shirt or infant body suit underneath; a bunting with covers for the hands and a hood, a cap.***
Reasons Why: ***The newborn needs to be protected and kept warm from the lower temperatures, damp air and the possibility of snow while traveling results in the need for warmer clothing. Also available are car seat covers/buntings that zip over the seat and infant, allowing the infant to wear normal clothes and possibly a hat under the car seat bunting.***

Scenario 4:

Renee is sitting for her friend's son, Justin. It's a hot summer day in the 80's. Because it is so hot and sunny, Renee decided to stay indoors. There is no air conditioning where her friend lives. What items of clothing do you suggest?

Possible Answers: ***An infant body suit, simple t-shirt or just a diaper.***
Reasons Why: ***Infants can overheat quite easily and as long as they seem comfortable, the less clothing and the simpler the clothing the better.***

Scenario 5:

Keisha and Jerome are parents of a 2 month old baby boy, Alex. It's a lovely fall day with temperatures in the low 70's. The sun has been overshadowed by clouds with little chance of rain. They decide to go for a walk with Alex in a front carrier. What type of clothing do you suggest?

Possible Answers: ***A medium weight sleeper or infant body suit with longer sleeves, a medium weight two piece outfit with a light to medium weight jacket, socks or booties, hat; or a lightweight outfit and the light/medium weight blanket that parent drapes over the outside of the carrier, and a hat if needed.***
Reasons Why: ***Infants need protection in the cool fall air, the sun isn't quite as intense so protection from the sun might be minimal, a 2 month is still adjusting to temperature changes, and therefore needs light to medium weight clothing for this type of weather. Comfort is a factor with the front carrier as well.***

Scenario 6:

Carla and Jeff have just adopted a three month old baby, Nadia. They keep the temperature in their home around 70 degrees in the winter. They are putting Nadia down for her nap. What type of clothing do you suggest?

Possible Answers: ***A soft, comfortable sleeper with feet, a two piece pajama set with sock or booties.***
Reasons Why: ***Three month olds may move around and could get cold with kicking off a blanket. The new parents should check and see if the infant seems too hot or too cold. Note: avoid excessive blankets to prevent SIDs or suffocation. Each group could be given a set of cards with the clothing matches plus a few "decoys" to select from.***

References:

[1] World Health Organization. (1997). *Thermal protection of the newborn: A practical guide.* Geneva, Switzerland: World Health Organization.

Additional Information:

Centers for Disease Control and Prevention. (2006, August 15). *Extreme heat: A prevention guide to promote your personal health and safety.* Retrieved from http://www.bt.cdc.gov/disasters/extremeheat/heat_guide.asp

"Infants and children up to four years of age are sensitive to the effects of high temperatures and rely on others to regulate their environments and provide adequate liquids."

KidsHealth. (2005, September). *Sudden Infant Death Syndrome (SIDS).* Retrieved from http://www.kidshealth.org/parent/general/sleep/sids.html

"SIDS is the leading cause of death among infants who are 1 month to 1 year old, and claims the lives of about 2,500 infants each year in the United States. It remains unpredictable despite years of research. Overheating from excessive sleepwear and bedding" is one potential risk factor.

Infant Baby Maternity.com. (n.d.). *Infant Crying.* Retrieved from http://www.infantbabymaternity.com

"Infants like to be warm. Being too cold or hot could be a reason an infant is crying. Check to see if he is too hot. If the infant's skin is very red, or if he is sweating, he may need to have his clothing or blanket adjusted to cool him off. Temperature is an important thing to check to make the infant comfortable."

McLaren, C., Null, J., & Quinn, J. (2005, July). *Heat stress from enclosed vehicles: Moderate ambient temperatures cause significant temperature rise in enclosed vehicles.* PEDIATRICS, 116(1), e109-e112. Retrieved from http://ggweather.com/heat/ Department of Geosciences, San Francisco State University

Safe and Comfortable Temperatures and Clothing for Infants

Lesson Seven

Flat Head Syndrome (Positional Plagiocephaly)



Note

This lesson was developed in conjunction with the added feature of tracking the length of time in a non-prone position (car seat/carrier) on the RealCare® Baby. This tracking feature exists in the car seat/carrier sold by Realityworks. Car seat/carrier detection kits are also available. If you do not have either the Realityworks car seat/carrier for use with your RealCare ® Baby or the detection kit, no data on this issue will be tracked by the RealCare® Baby.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define positional plagiocephaly
- Describe the causes of positional plagiocephaly
- Identify steps to prevent positional plagiocephaly

Lesson Overview

In this lesson participants learn about *positional plagiocephaly*, or *flat head syndrome*, a condition that can develop when an infant spends too much time on its back.

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: The Need to Reposition	NA	NA	3 minutes
LEARN: Positional Plagiocephaly	• Slide presentation: *Positional Plagiocephaly*	• Prepare slide presentation for viewing	10 minutes
SUMMARY: Simulation Report	• Handout: *Simulation Report- Baby Temperature and Clothing* • Review questions • *SIDS Facts* handout	• Print/copy the *Simulation Report- Baby Temperature and Clothing* • Print/copy the *SIDS Facts* handout for distribution	10 minutes

National FACS Education Standards Supported: Reasoning for Action – 4; 4.2, 4.4; 12.1-3; 15.2

National Health Education Standards Supported: 1.12.2-3, 7, 9; 2.12.6; 5.12.1; 7.12.1-3; 8.12.3-4

Flat Head Syndrome (Positional Plagiocephaly)

FOCUS: The Need to Reposition

3 minutes

Purpose:

This activity introduces the condition of *positional plagiocephaly* (flat head syndrome).

Materials:

NA

Facilitation Steps:

1. Ask participants to think about how they sleep – do they lie still on their back all night? Do they turn, move, and sleep on their side sometimes? Do they sleep on their stomach sometimes? Ask them to think about how difficult it would be if they had to lay in the same position for hours at a time.
2. Write the following term on the board: ***positional plagiocephaly***. Explain that this is also known as flat head syndrome. Ask if anyone has a guess as to what this condition is. Explain that they will learn about this condition today, its causes, and means of prevention.

LEARN: Positional Plagiocephaly

10 minutes

Purpose:

Participants learn about positional plagiocephaly, its causes, and means of prevention.

Materials:

- Slide presentation: *Positional Plagiocephaly*

Facilitation Steps:

Show slide presentation, *Positional Plagiocephaly*, and use the following information as you present:

Slide 2: Positional plagiocephaly. We know that "cephaly" in this word refers to the head, so we can conclude that this has something to do with the head. *Positional plagiocephaly* (which means "oblique head" in Greek), also known as *flat head syndrome*, is a condition most commonly found in infants. It is characterized by a flat spot on the back or one side of the head caused by remaining in one position for too long.

Slide 3: Recognizing flat head syndrome. Point out the flat surface on the infant's head.

Slide 4: What causes flat head syndrome? Everyone's skull is a bit asymmetrical. Many vaginally delivered infants are born with an oddly shaped head caused by the pressure of passing through the birth canal. Infant's skulls are soft and made up of movable plates (which are necessary for an infant to make it through the birth canal). In between these plates are spaces, which allow the skull to expand so that the brain can grow. If the infant's head always rests on the same spot, the skull plates move in a way that leaves a flat spot, according to the National Institutes of Health.

Infants spend a great deal of their time on their back. The longer they do that during the first 2 to 4 months of life, the more likely they are to develop a flattening of the head, depending on how the infant sleeps. This generally doesn't cause developmental delays; it is typically cosmetic, and can usually be corrected. Infants that have unusually large heads, or who are born prematurely and have weaker than normal muscle tone are typically the more likely candidates for this condition.

Slide 5: Torticollis. Another cause of flat head syndrome is *torticollis*. Torticollis occurs when a tight or shortened muscle on one side of the neck causes the head to tilt to the other side, resulting in the infant favoring one side over the other to rest his head.

Slide 6: Back to sleep. Since 1992, when the American Academy of Pediatrics began recommending that infants sleep on their backs, the number of deaths due to Sudden Infant Death Syndrome or SIDS (the number one cause of death among infants younger than 1 year of age) has been cut in half, according to the CDC.

However, as the number of SIDS deaths has gone down, pediatricians have seen a dramatic increase in infants having flat head syndrome. About 13% of healthy infants have some form of positional plagiocephaly. This is a good trade-off for the reduction in SIDS.

Therefore, even though having your infant sleep on its back can lead to a flattened head, you should **not** stop placing your infant on its back to sleep, according to the American Association of Pediatrics and the National Institute of Health.

Slide 7: Prevention. Some ways to help prevent flat head syndrome are:

- Alternate turning the infant's head to the left and right when you put him down to sleep.
- Put the infant to sleep at alternate ends of the crib.
- Change the position of the crib in the room or alternate the position of decorations (mobiles, pictures, etc.) as infants tend to turn their head to look toward the center of the room, the door way, a window, or interesting objects.

- Limit time in infant seats/car seats and swings. (Although these things don't place as much pressure on an infant's head as lying down, enough pressure is produced to create small deformities.)
- Cuddle, holding the infant upright or over your shoulder often during the day.
- Provide supervised tummy time [next slide].

Slide 8: Tummy time. (NOTE: Click on the picture to begin the film clip) Place the infant on his stomach for supervised play. Tummy time relieves pressure on the infant's skull and helps him to build muscles in his neck and upper body. Note that the infant in this scene does not like tummy time – this is typical as the infant is working to be able to look up. Tummy time should be limited to a few minutes at a time, but several times per day. The infant should not be left unsupervised in this position.

Ask participants why this would be the case. Answer: because their neck and upper body muscles are not developed, they are not able to keep their head up. This could reduce their ability to keep the nose and mouth unobstructed – the same reason it is not recommended to put an infant to bed on his/her stomach.

1. Explain that newborn infants sleep an average of 16-20 hours per day (not all at once), and since we know that they should sleep on their backs to possibly help reduce the possibility of Sudden Infant Death Syndrome (SIDS), the majority of an infant's day is spent on his back. Infants aren't able to turn themselves over until about 5-6 months of age. This occurs as they develop stronger neck and arm muscles. In the meantime, they are at the mercy of their caregiver to move them and get them off of their back for periods of time.
2. ***Ask the following:***

   - What are some typical times a caregiver would move an infant off his/her back?

     Answers: When burping, holding (in football/side hold position), carrying, feeding (infant's head is not on flat mattress surface during this time), or after changing their diaper.

     Note that there is another time you can intentionally move an infant off his back, and help the infant develop the skills needed to turn over, crawl, and build the neck and arm muscles needed for these activities. **Ask if anyone can remember what this is called:** *tummy time*. Tummy time is placing an infant on her tummy while being supervised by an adult. A good time to have the infant do a few minutes of tummy time is after changing the infant's diaper, because it's done several times a day and the parent/caregiver is holding/repositioning the infant. It's easier to remember to do the tummy time when you have a regular routine with which you can combine it.

References:

- CNN Health: http://www.flatheadsyndrome.info/
- http://www.babycenter.com/0_plagiocephaly-flat-head-syndrome_1187981.bc

SUMMARY: RealCare Baby Report

10 minutes

Purpose:

This activity discusses how the RealCare Baby tracks the amount of time in a non-prone position (car seat/carrier) and how the data is displayed on the Simulation Report. Review questions help participants remember what they learned.

Materials:

- *Simulation Report – Baby Temperature and Clothing* handout
- Review questions (below)
- *SIDS Facts* handout

Facilitation Steps:

1. Hand out the *Simulation Report – Baby Temperature and Clothing* handout to each participant. Point out the area on the report that shows length of time the RealCare Baby spent in the car seat/carrier. Note that if Baby has spent most of its time in the carrier, this is an indication that a real infant would likely need more attention and more time off its back, being held, rocked, tummy time, etc. **(See sample Simulation Report and explanation at end of this lesson.)**

2. As a review conduct a class discussion by asking the following questions:

   - What is the more common term for positional plagiocephaly? **Flat head syndrome**
   - What does SIDS stand for? **Sudden Infant Death Syndrome**
   - What is the name of the campaign to reduce SIDS? **Back to Sleep**
   - Why has there been an increase in flat head syndrome in recent years? **Because infants are spending more time on their backs to avoid SIDS**
   - What are some other possible causes of flat head syndrome? **Preemie – (possible weaker neck muscles), torticollis**
   - What is torticollis? **Occurs when a tight or shortened muscle on one side of the neck causes the head to tilt to the other side**
   - What are some recommended ways to help prevent flat head syndrome? **tummy time, cuddle, lay infant on different end of crib for sleep, turn infant's head to other side for sleep, place interesting objects in different locations in infant's room, move crib to different location in room.**

3. Hand out the *SIDS Facts* handout. (Note: This Fact Sheet is also located in the *Basic Infant Care curriculum*, Lesson 2.6: Schedule and Tracking.

Flat Head Syndrome (Positional Plagiocephaly)

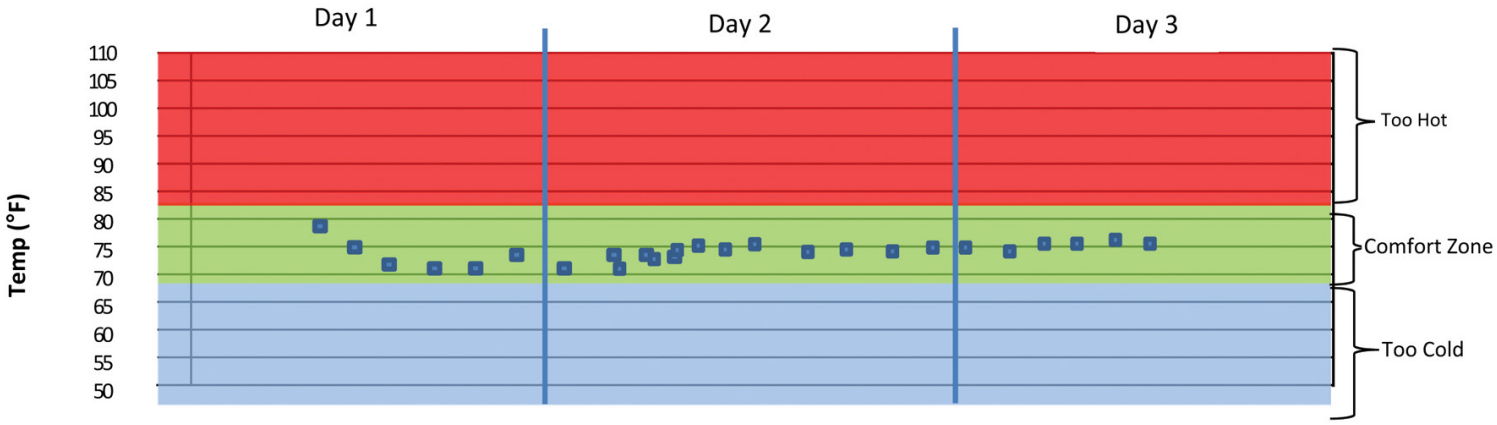
RealCare® Baby Simulation Report

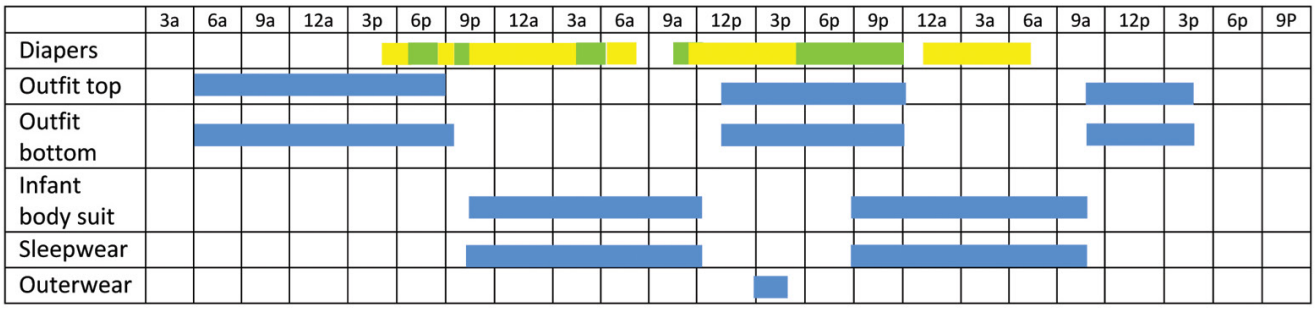
Baby Temperature and Clothing

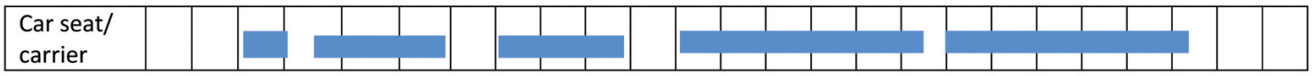
NOTE: Actual report images may vary.

Baby detects temperature, clothing, and length of time in car seat/carrier to address flathead syndrome. Missing clothing only appears if Baby detects no clothing during a significant period of time.

Look for spikes in temperature on the graph below to determine mishandling. Baby's temperature should fall inside the comfort range (in green – mid section of report). If Baby's temperature falls above or below the comfort range, Baby has been exposed to extreme temperatures for an extended period of time.







	Day 1	Day 2	Day 3
High temp	80°	76°	78°
Low temp	70°	74°	74°
Time out of safe temp range	0	0	0
Max time between change of clothes	15 hours	12 hours	3 hours
Time in car seat/carrier	6 hours	5 hours	4 hours

Flat Head Syndrome (Positional Plagiocephaly)

SIDS Facts

What we know about SIDS:

1. It occurs in all kinds of families.
2. It occurs in seemingly healthy infants.
3. It has nothing to do with race or economic status.
4. It occurs most often in fall and winter months.
5. Most deaths happen before six months of age, and especially between one and four months of age.
6. It is the leading cause of death in infants between one month and one year of age.
7. It often happens quickly during sleep, and the infant shows no signs of suffering.
8. It occurs most often among boys, premature and low-birth weight infants, twins, and triplets.
9. It is determined as the cause of death only after all other causes have been eliminated through an autopsy, a thorough investigation of the death scene, and a review of the family history.
10. No one knows its cause.

Safe sleep top 10:

1. Always place the infant on his or her back to sleep, for naps and at night; it is the safest.
2. Always place the infant on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place the infant to sleep on pillows, quilts, sheepskins, or other soft surfaces.
3. Always keep soft objects, toys, and loose bedding out of the infant's sleep area. Do not use pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers in the infant's sleep area, and keep any other items away from the infant's face.
4. Never allow smoking around the infant.
5. Keep the infant's sleep area close to, but separate from, where you and others sleep. The infant should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the infant into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside co-sleeper (infant bed that attaches to an adult bed) when finished.
6. Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the infant to take it. (If you are breastfeeding, wait until the infant is one month old or is used to breastfeeding before using a pacifier.)
7. Do not let the infant overheat during sleep. Dress the infant in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.
8. Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.
9. Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other conditions, talk to your health care provider.
10. To reduce the chance that flat spots will develop on the infant's head from too much time on his or her back, provide "tummy time" when the infant is awake and someone is watching; change the direction that the infant lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

Flat Head Syndrome (Positional Plagiocephaly)

Lesson One

Simulation Experience



Lesson Overview

In this lesson, participants will practice giving care based on the needs demonstrated by RealCare® Baby, and will track the care given using the *Infant/Toddler Schedule*. The simulation experience is designed to give participants an opportunity to experience being a caregiver in a lengthier format. Being responsible for caring for Baby over an extended time frame provides this opportunity.

You may wish to send Baby home with each participant over the weekend or for a night. If you are teaching this course as day care provider training or nursing assistant preparation, you may want to consider giving participants two Babies, to expose them to the demands of caregivers of more than one infant.

Lesson contributors are high school teachers who are experienced in the use of Baby as a teaching and learning tool, and have field-tested the methods and materials provided. Included in this lesson are suggestions for storage and handling of materials, care simulation preparation, self-assessment and reflective activities, performance assessment, instructional modifications, and an alternate project.

Lesson Objectives

After completing this lesson, participants will be able to:

- Understand and respond to the demands of a young infant
- Master the care of the RealCare® Baby infant simulator during the care simulation experience

Lesson at a Glance

In preparation for this lesson, read the instructor background information located at the end of this lesson.

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• *Participant Care Card* (one per participant) • *Care Simulation Directions* handout (one per participant) • RealCare® Babies with accessories • *Tracking Practice* worksheet (one per participant)	1. Purchase or obtain care cards. 2. Print/photocopy participant handout and worksheet. 3. Prepare Babies with accessories for demonstration of all care events.	15 minutes
LEARN	• *Readiness Quiz* worksheet (one per participant) • RealCare® Babies with accessories • *Infant/Toddler Schedule* worksheet (one per participant) • *Caregiver Journal* worksheet (one per participant) • *Sample Simulation Report* handout (one per participant) • *Assessment Rubric* handout (one per participant)	1. Print/photocopy participant worksheets and handouts. 2. Prepare Babies with accessories for care simulation.	20 minutes
REVIEW	• *Readiness Quiz Answers*		10 minutes

4

FOCUS: Care Event and Tracking Practice

15 minutes

Purpose:

This activity prepares participants to take RealCare® Baby home for an extended period of time. Participants learn how Baby works and how to properly respond to, and track, its basic needs.

Materials:

- *Participant Care Card* (laminated)
- *Care Simulation Directions* handout
- RealCare® Babies with accessories
- *Tracking Practice* worksheet

Facilitation Steps:

1. Give each participant a *Participant Care Card* (laminated) and the *Care Simulation Directions* handout, and briefly discuss. Explain that both of these resources should be taken home and used during the care simulation, as needed, but the *Participant Care Card* must be returned upon completion of the simulation.
2. Program RealCare® Babies to demonstrate all care events, in random order.
3. Give each participant or group of participants one Baby with accessories. Explain that each Baby will require care; and their job is to figure out what that care is and how to properly respond. The first participant or group to finish the demonstration, properly responding to all care events, "wins."
4. Give each participant a copy of the *Tracking Practice* worksheet and explain to them that it is now their job to not only figure out how to properly respond to Baby but to also track the care needed as well as the time it occurred. Explain that this demonstration is a condensed version of what would happen when care giving for a real infant.
5. After the demonstration is complete and a winner or winning group has been identified, lead a class discussion by asking participants to share the care events performed, in sequential order. Ask, "What was different with Baby than what would happened with a real infant?" *Possible Answers: actual care would take longer, diapers would be soiled thus need to track bowel movement(s), bottle would contain liquid thus need to track how much the infant ate, no additional tracking needs since Baby does not play or accrue additional problems throughout the day.*

4

Care Simulation Directions

Name: _____

Date: _____

Care for Baby for the specified period of time set by your instructor. Use the *Participant Care Card* (laminated) as a helpful resource and do not forget the basics:

- When Baby cries, pick it up while carefully supporting the head, then ID.
- When you hear the chime, try these:
  - Feed
  - Burp
  - Rock
  - Diaper
- When Baby cries due to the following, rock Baby:
  - Rough handling
  - Head support failure
  - Shaken Baby
- If no chime Baby may be in wrong position. Try placing Baby on its back or ID again.

Some infants are more challenging than others. Your goal is to satisfy Baby's needs as best you can.

The wristband with ID should remain on your wrist, in good condition, throughout the care simulation. Your instructor will remove it when you return Baby to class.

Tracking Practice

Name: _____

Date: _____

Directions: For each care event Baby requires, indicate the date/time and order in which the care occurred (i.e., first, second, third, and fourth).

Date/Time	Feeding	Rocking	Diapering	Burping

LEARN: RealCare® Baby Assignment

20 minutes

Purpose:

This activity prepares participants for their care simulation. Participants receive their RealCare® Babies with accessories and complete a worksheet that measures their understanding of the simulation. They also receive their caregiver journals, and review the criteria that you will use to evaluate quality of participation.

Materials:

- *Readiness Quiz*
- RealCare® Babies with accessories
- *Infant/Toddler Schedule* worksheet
- *Caregiver Journal* worksheet
- *Sample Simulation Report* handout
- *Assessment Rubric* handout

Facilitation Steps:

1. Give each participant a copy of the *Readiness Quiz*. Instruct participants to complete the quiz individually. Distribute the RealCare® Babies with accessories as participants complete the quiz.

   NOTE: Quiz answers will be provided and discussed during the review activity of this lesson.

2. Give each participant his or her assigned Baby with accessories.
3. Give each participant a copy of the *Infant/Toddler Schedule* worksheet. Explain that they should write in the schedule after each care event, noting time of event, type of event, and any comments. Explain that they will be asked to share schedule entries during Lesson 2.
4. Give each participant a copy of the *Caregiver Journal* worksheet. Tell participants that they should write in the journal three times per day, explaining any problems or challenges, thoughts, or feelings. Explain that they will be asked to share journal entries during Lesson 2.
5. Give each participant a copy of the *Sample Simulation Report* and *Assessment Rubric* handouts and briefly explain grading and assessment procedures.
6. Lead a class discussion by asking the following questions:
   - How do you think others will react to Baby? You need to be prepared for a variety of responses from adults and other young people. Some people may initially think Baby is real. What are some ways people may react, and how might you handle those reactions?
   - What will you tell people who want to hold Baby? Remember Baby reports all forms of mistreatment, regardless of who is responsible. Be sure everyone who holds Baby knows how to do it carefully, just as if Baby were a real infant.
   - How can Baby's sensitive skin be protected? Baby is sensitive to ink pens, newsprint, and new, unwashed clothing. Baby's skin absorbs ink and dye. Keeping Baby clothed in its blue or pink, long-sleeved, long pants outfits or wrapped in a blanket helps to protect the skin.
   - How will you handle emergencies? Consider providing participants with a means to contact you (i.e., home or cell phone number) in case of an emergency. You may also consider showing them the emergency start/stop feature, but Realityworks suggests not telling them about this feature unless they contact you first and it is indeed an emergency.
7. Instruct participants to return their Babies with accessories prior to the start of the next class or school day, or as fits best with your schedule for this curriculum, allowing time to download and print the simulation reports before the start of Lesson 2.

4

Readiness Quiz

Name: _____

Date: _____

Directions: Answer the following questions by writing your response in the space provided.

1. List the four types of care you will provide for Baby.

_____ _____

_____ _____

2. List two other sounds (besides crying) Baby makes.

_____ _____

3. Before you can provide care for Baby, you must hear the _____ that means Baby recognizes you.

4. Baby will record neglect if it takes you longer than _____ minute(s) to care for Baby.

5. Although real infants may be fussy for long periods of time, Baby will not be fussy for more than _____ minute(s).

6. List two things that happen if Baby is roughly handled, abused, or its head is not supported.

_____ _____

7. There are many things that you can do to prevent rough handling and head support failure. List two.

_____ _____

8. List three things that can permanently stain Baby's skin.

_____ _____ _____

9. What can you do to help protect Baby from stains?

_____

_____

10. How can you simulate bathing Baby?

_____

_____

11. Have you read and signed the Safety Precautions and Participant Contract?

___ Yes ___ No (You must do so before caring for Baby outside of class.)

Infant/Toddler Schedule

Name: _____

Date: _____

Directions: For each care event Baby requires, write down the date and time. For feeding, note how long it took to feed since you cannot indicate quantity fed as with a real infant. Indicate how long Baby slept. In the Comments column, note how you are feeling (normally this column would be used to convey any information you would want to share with the parent/guardian if you were in a care giving situation). If you need additional space, use a separate sheet of paper.

Date/Time	Feeding	Sleeping	Diapering	Comments

Caregiver Journal

Name: _____

Date: _____

Directions: At least three times per day during the care simulation, write down your thoughts and feelings about your care giving experience. Explain challenges you are facing or emotions you are feeling. This information will help you with the reflection assignment you will complete after you turn in your Baby.

_____

_____

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Sample Simulation Report

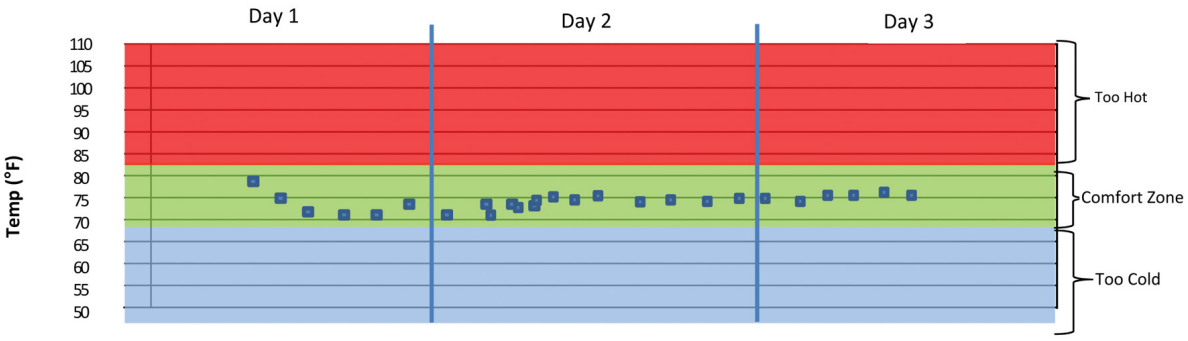
RealCare® Baby Simulation Report

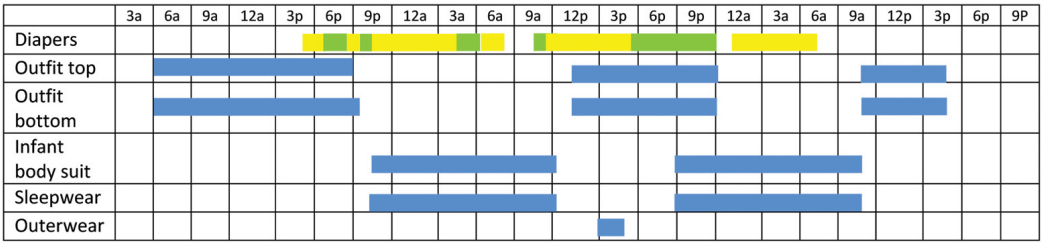
Baby Temperature and Clothing

NOTE: Actual report images may vary.

Baby detects temperature, clothing, and length of time in car seat/carrier to address flathead syndrome. Missing clothing only appears if Baby detects no clothing during a significant period of time.

Look for spikes in temperature on the graph below to determine mishandling. Baby's temperature should fall inside the comfort range (in green – mid section of report). If Baby's temperature falls above or below the comfort range, Baby has been exposed to extreme temperatures for an extended period of time.







	Day 1	Day 2	Day 3
High temp	80°	76°	78°
Low temp	70°	74°	74°
Time out of safe temp range	0	0	0
Max time between change of clothes	15 hours	12 hours	3 hours
Time in car seat/carrier	6 hours	5 hours	4 hours

Assessment Rubric

Name: _____

Date: _____

	World Class Caregiver (4)	Amateur Caregiver (3)	Indifferent Caregiver (2)	Abusive Caregiver (1)
Care Quality x 2	Spotless reputation (8 points)	Good reputation (6 points)	Possible child abuse referral (4 points)	Evidence of child abuse (2 points)
Missed Care x 2	3 or less instances (8 points)	4 instances (6 points)	5 instances (4 points)	6 or more instances (2 points)
Head Support x 2	5 or less instances (8 points)	6 instances (6 points)	7 instances (4 points)	8 or more instances (2 points)
Rough Handling x 2	2 or less instances (8 points)	3 instances (6 points)	4 instances (4 points)	5 or more instances (2 points)
Shaken Baby x 2	0 instances (8 points)	0 instances (6 points)	1 instance (4 points)	2 or more instances (2 points)
Baby Condition	Returned Baby in great condition (4 points)	Returned Baby in OK condition (3 points)	Returned Baby with dirt or marks (2 points)	Returned Baby unusable (1 point)
Wristband Condition	Wristband and ID in great condition (4 points)	Wristband and ID in OK condition (3 points)	Wristband is damaged (2 points)	Wristband is missing or removed (1 point)
Car Seat Condition	Returned car seat in great condition (4 points)	Returned car seat in OK condition (3 points)	Returned car seat with dirt or marks (2 points)	Returned car seat unusable (1 point)
Diaper Bag Condition	Returned diaper bag in great condition with all accessories (4 points)	Returned diaper bag in OK condition with all accessories (3 points)	Returned diaper bag with dirt or marks and one accessory is missing, broken, or dirty (2 points)	Returned diaper bag unusable and more than one accessory is missing, broken, or dirty (1 point)
Responsibility	All items returned on time (4 points)	All items returned later in the day with a reasonable excuse (3 points)	All items returned one day late with a note from a parent/guardian (2 points)	Incomplete or one day or more late (1 point)

Total 60 = 100% Total 45 = 75% Total 30 = 50% Total 15 = 25%

4

REVIEW: Final Readiness for Simulation

10 minutes

Purpose:

This activity ensures that participants understand the features of the RealCare® Baby by reviewing, as a class, the correct answers to the *Readiness Quiz*. Any final questions they may have regarding the pending care simulation experience and your expectations may be addressed during this activity.

Materials:

- *Readiness Quiz Answers*

Facilitation Steps:

1. Using *Readiness Quiz Answers*, review the correct answers while participants check their own work.
2. Ask participants for their final questions and remind them of the following:
   - Refer to the *Participant Care Card* (laminated) and *Care Simulation Directions* as needed
   - Complete the *Infant/Toddler Schedule* worksheet at the end of each care event
   - Complete the *Caregiver Journal* worksheet at least three times each day
   - Return RealCare® Babies with accessories prior to the start of the next school day
   - Return the *Participant Care Card* (laminated) prior to the start of the next school day

Readiness Quiz ANSWERS

Directions: Answer the following questions by writing your response in the space provided.

1. List the four types of care you will provide for Baby.

feeding ***rocking***

burping ***diapering***

2. List two other sounds (besides crying) Baby makes.

coo ***cough***

3. Before you can provide care for Baby, you must hear the ***chime*** that means Baby recognizes you.

4. Baby will record neglect if it takes you longer than ***two*** minute(s) to care for Baby.

5. Although real infants may be fussy for long periods of time, Baby will not be fussy for more than ***three*** minute(s).

6. List two things that happen if Baby is roughly handled, abused, or its head is not supported.

Baby cries hard ***electronics record the event***

7. There are many things that you can do to prevent rough handling and head support failure. List two.

do not juggle too many things, do not throw Baby in the air, do not let other people hold Baby, do not leave Baby unattended, do not let anyone shake Baby

8. List three things that can permanently stain Baby's skin.

clothing dye ***pens and markers*** ***newspapers and magazines***

9. What can you do to help protect Baby from stains?

keep Baby clothed and wrapped in a blanket

10. How can you simulate bathing Baby?

Baby wipes, damp washcloth - never water!

11. Have you read and signed the Safety Precautions and Participant Contract?

___ Yes ___ No (You must do so before caring for Baby outside of class.)

Additional Optional Activities

- If available, use the Realityworks® Drug-Affected Demonstrator and/or Fetal Alcohol Syndrome Manikin. Lead a class discussion by asking how taking care of an infant with either condition would differ from taking care of an infant without either condition.
- ***NOTE:*** This optional activity is taken with permission from a lesson plan designed by Alison Klatt, a Family and Consumer Sciences Education participant at South Dakota State University.

  Ask participants to select a problem or challenge they had faced when caring for Baby outside of class, then write a letter regarding this problem or challenge to submit to an advice column seeking help. Collect all letters then redistribute to participants, ensuring nobody receives his or her own letter. Explain to participants that they are to respond, in writing, to the letter they have been given, providing advice and/or a solution to the problem or challenge faced with Baby.

Instructor Background Information

Paperwork, Paperwork

The following documents reviewed and sent home during Unit 2, Lesson 1 need to be signed by the participant and/or parent/guardian and returned before the participant cares for Baby outside of class. Keep in mind that many of these documents assume that you are teaching a class of middle school or high school students or a babysitting class, where participants still live at home with a parent or guardian. If you are working with older participants who are responsible for their own living and financial situation, you may choose to forego using the documents that do not apply.

- *Letter to Participant's Family* (no signature required)
- *Parent/Guardian Permission Form*
- *Safety Precautions*
- *Participant Contract*

The participant should take the following documents home for use during the care simulation:

- *Participant Care Card* (laminated)
- *Care Simulation Directions* handout
- *Infant/Toddler Schedule* worksheet
- *Caregiver Journal* worksheet

Consider using the following documents, if needed:

- *Memo to Co-Workers and Staff*
- *Communication with Coach*
- *Delivery Date Sign-Up*
- *Pass to Leave Class*

Required Materials

In order for the participant to care for Baby outside of class, package Baby with the following accessories:

- One RealCare® Baby two-piece hooded outfit (other outfits may be used)
- Two RealCare® Baby diapers—one with green patch and one with yellow patch
- One RealCare® Baby bottle (store-bought bottle will not work with Baby)
- One RealCare® Baby wristband with ID (assigned to Baby)

Optional Materials

Consider purchasing or obtaining any of the following materials to ease your administration of the care simulation experience and/or add to the authenticity of the care simulation experience:

- Clipboard: organize and easily locate paperwork
- Colored paper: aids efficiency and helps prevent loss of paperwork
- Instructor shoulder bag: organize and store wristbands, IDs, and other essential items
- Baby storage unit: organize and store Babies; provides security; adds efficiency to programming
- Diaper bags: decreases likelihood of losing small accessories; adds authenticity to care simulation
- Infant car seats or carriers: decreases likelihood of abuse; adds authenticity to care simulation
- Receiving blankets: helps keep Baby clean; adds authenticity to care simulation

Organizational Ideas for Efficiency

- Label each Baby with a number and/or letter and "Property of..." with the name of your school or organization with a fine-tip permanent marker.
- Label the storage shelf or location for each Baby with matching numbers and/or letters.
- Label each diaper bag (ready-made sew-on numbers or letters work well).
- Empty each diaper bag at the end of each care simulation and store under each Baby.
- Organizing center in the room makes delivery and return procedures neat, orderly, and efficient.

Important Notes

It is recommended that participants care for Baby for at least two full days (i.e., Friday afternoon until Monday morning). The danger in giving Baby to participants for less than 48 hours is that they will not get past the "honeymoon stage," or the initial fun of caring for an infant. The first day is more of a novelty to participants, but after the second night, they have a better idea of what it means to care for an infant on an ongoing basis—especially as a caregiver.

The use of wristbands with Baby is *crucial*, not optional. When a participant wears the ID on a wristband, that

participant is completely responsible for Baby's care, just as a real caregiver. If the participant can simply pass Baby off to someone else, he or she does not learn the responsibility that comes with caring for an infant. Frequent babysitters should also be avoided.

Complete the delivery sign-up process as far in advance as possible to allow participants and/or parents/guardians to make arrangements so that the experience with Baby is successful.

Preparing your Organization

Everyone must treat Baby as if it were a real infant. This includes referring to the infant simulator only as "Baby," or by a name given to Baby by the caregiver. Calling Baby a doll seriously detracts from the realism of the care simulation. How people refer to and react to Baby is a big part of the experience.

Several days before the care simulation begins, do one or all of the following:

- Hold a meeting to gain the support of faculty and staff and to respond to any questions or concerns.
- Introduce Baby at a staff meeting.
- Place an inactive Baby in a car seat in the staff lounge with a note telling about the upcoming experience.
- Send a memo (the *Memo to Co-Workers and Staff* can be used).
- Communicate with coaches for sporting events using the *Communication with Coach* form.

Preparing the Participants' Families

Most parents are eager for their child to participate. However, a few parents may choose to keep their child from participating. Send the *Parent/Guardian Permission Form* home along with the *Safety Precautions sheet.* BOTH forms must be signed and turned in before you send Baby home with a participant. If a participant says a parent objects, be sure you receive a completed, signed *Parent/Guardian Permission Form* that denies permission. The *Letter to Participant's Family* gives an overview of what the family can expect. These forms are located within Unit 2, Lesson 1.

Options for Running the Care Simulation

Simultaneous Care Simulations

If you have one Baby for each participant, all participants can experience the care simulation at the same time. Simultaneous care simulations are good for class discussions, because all participants in the discussion have had the experience at the same time.

NOTE: Even if you do not have enough Babies for all participants in your class at the same time, it is important for those who did have Baby to discuss and reflect on the experience as soon as possible, even if it is only four or five participants at a time. Postponing the reflection and discussion until all the participants have taken Baby home causes a loss of impact.

Back-to-Back Care Simulations

If you have only a few Babies they can be rotated until all participants have had a turn. Exposing the entire class to the care simulation will take longer, but this method results in a continuous, semester-long dialog on the responsibilities of care giving.

Paired Care Simulations

Assign Baby to two participants. The pair can be of the same or different genders. Each participant has his or her own ID attached with a wristband. This arrangement emphasizes the cooperation and sharing of responsibilities required by care giving. This is a good way to issue Baby if participants have employment or sports activities. While one is at work or practice, the other cares for Baby.

Delivery Day Sign-Up

When you work out a time frame of possible weekends for the care simulation, participants can mark down the dates and discuss them with their parents/guardians. It is also helpful to have a school events schedule for participants to refer to as needed. Babies need to be identified by number or letter for sign-up procedures:

- Option 1: Participants draw a labeled Popsicle stick or small slip of paper to determine which Baby he or she gets. It is a random drawing. Record information on the *Delivery Date Sign-Up*.
- Option 2: Participants select a Baby of their choice by selecting gender and ethnicity. Drawing numbers out of a hat can determine the order. Record information on the *Delivery Date Sign-Up*.
- Option 3: Assign each participant a Baby in numerical or alphabetical order. Record information on the *Delivery Date Sign-Up*.

RealCare® Baby Assignment Preparation

Conduct the following tasks a day or two before RealCare® Baby assignment:

- Perform battery checks: Be sure each Baby is fully charged.
- Prepare Baby accessories: Wrap one green color-coded diaper around each bottle and place one yellow color-coded diaper on each Baby. Gather wristbands, IDs, and any other accessories (i.e., infant car seat/carrier, receiving blanket, burp cloth, diaper bag) to be sent home with participants and their assigned Baby.
- Review Baby assignments or selections: Allow each participant to select a Baby of their choice or assign Babies at random. Participants may determine their Baby selection by drawing a number or letter written on Popsicle sticks, slips of paper, eggs in a basket, and so on.
- Prepare list of participants and their Babies: It is important to keep a list of the participants' names, which Baby they will use, and the date of the care simulation. Consider using *Delivery Date Sign-Up* to assist with this task (note any exceptions to time or circumstances).
- Program convenient care simulation start times: Program care simulation start times that are convenient for all involved. Postponing start times until later in the day, after the participant is at home, avoids the need for the participant to give initial care in transit. Some participants may need flexibility due to after-school commitments or jobs.
- Prepare *Pass to Leave Class*, if necessary: If your class period is not the last one of the day, and participants must pick Babies up at the end of the school day rather than during your class time, issue them passes (*Pass to Leave Class*) to be released from their last class five minutes early.

Foreseeing Possible Problems

Unfortunately, experience has shown that while most participants are conscientious, a few try to get around the assignment. Some typical ways participants try to avoid the assignment are:

- Sliding the wristband off the wrist: This is possible if the wristband is too loose. There must be room for air to circulate between the wristband and the skin. There should NOT be room for one finger to fit beneath the wristband. If a snug wristband has been stretched enough to slide off the wrist, it will obviously be frayed.
- Returning without the ID: All participants should be warned that those who return Baby without an ID will be charged a replacement fee. If the participant returns with no ID, it may mean the wristband was cut and the participant asked someone else to care for Baby.
- Using the Emergency Start/Stop feature: A participant might use the Emergency Start/Stop when merely inconvenienced rather than truly in need of the feature.

Instructional Modifications

Alternate Project

Some participants may not wish to participate in the care simulation or a parent/guardian might object to the project. Instructions and rubrics for an alternate project have been included at the end of this section. When participants read and understand the scope of the challenging alternate project, they and their parents/guardians may change their minds about the care simulation.

Accommodating After-School Activities

- The ID and wristband is not allowed for participation in most sporting events. Some coaches have padded and wrapped the wristband and ID for practices. Determine which participants are on sports teams, and refer to the school's sports schedule to negotiate a date for the care simulation.
- If an after-school event such as a concert, dramatic performance, or game is on Friday evening, consider programming Baby to start after the event. If major conflicts involve many participants, consider meeting a group of participants briefly on Saturday. The care simulation can then run until Tuesday morning.
- As a last resort, the participant can take Baby home and then deliver Baby to your home over a holiday weekend or vacation period when no after-school events are taking place.

Participants with Physical or Other Challenges

- Some participants may be uncomfortable handling Baby and prefer to practice privately after class versus practicing skills learned within class or caring for Baby outside of class.
- Some participants may be agitated by Baby's crying. Provide earplugs if their hearing is acute.
- Hearing impaired participants may not sleep with their hearing aids in their ears. A wireless notification system using a flashing lamp, a vibrating device, or special indicator lights are available to notify the participant that Baby is crying during the night. Visit www.harriscomm.com or www.devices4less.com for more information on hearing impaired notification systems.
- Participants who take medication and must get their sleep for health reasons could hire their parent/guardian as a babysitter.
- Baby could be scheduled for a shorter time period if modification to a less difficult task is required.

4

Memo to Co-Workers and Staff

DATE:

TO: Co-Workers and Staff

FROM:

SUBJECT: RealCare® Baby Care Simulation

Our school/organization is fortunate to have the Realityworks® *Basic Infant Care* program. The program allows participants to experience the many responsibilities required of the caregiver of a new infant. I hope you will join me in helping participants benefit fully from the program.

The core of the program is a care simulation using the newest and most realistic infant simulator available. The infant simulator, RealCare® Baby, will cry according to its 24-hour schedule, and require the participant to care for it. The participant responds by bringing an electronic ID near Baby so Baby can recognize its correct "caregiver" and then figuring out what kind of care Baby needs. Baby needs to be fed, burped, rocked, and have its diaper changed. Baby will also cry if it is roughly handled, held in a position it does not like, or if the head is not properly supported. There are also happy and fussy times.

Although Baby may momentarily disrupt your class or group, I hope you will agree that the benefits of the program far outweigh the brief interruptions.

I would appreciate your help in watching for unattended, mistreated, or improperly held Babies, since the electronics cannot monitor all of these behaviors.

Please contact me if you have any questions or concerns about the program, or if there are special arrangements we need to discuss for your classes or groups. A day care option may be available.

Communication with Coach

Dear Coach,

_____ is taking my class this semester and needs a signature confirmation by you that he or she is a sports team member.

Sport: _____ Coach Signature: _____ Date: _____

Students in this class are involved in a project that involves caring for a computerized infant simulator called Baby for several days and nights. During that time, the participant must wear an identification device (ID) on a tamperproof wristband that is similar to a hospital bracelet. The ID and wristband must remain on the participant's wrist until I remove it after the care simulation is complete. I understand that the rules and enforcing officials may not allow a student to participate in your sport while wearing such a wristband.

Below, the student has listed the possible dates for the care simulation. I can program Baby to start after a Friday sporting event, but I require your help to do so. To ensure that the student is the only person who can care for Baby, I need you to attach the ID and wristband to the participant's wrist after the Friday sporting event. It is a very simple procedure that I trust you to do if the participant must rely on this delayed start option in order to participate.

Thank you for helping!

Coach's Response

Please circle the best date.

Possible dates: _____ _____

_____ _____

Any comments:

If a delayed start time after a sporting event would help on the date you circled, please indicate a reasonable time for Baby to become active: _____

The student must bring this form back to me for coordination of the care simulation, and then bring it back to you for signature on the night of the game.

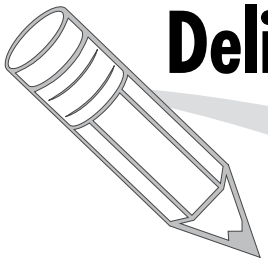
Coach's and Participant's Responsibilities AFTER THE SPORTING EVENT

On the first night of the care simulation, after the sporting event, coach must attach ID and wristband to the participant's wrist. Please sign when you have done so.

Coach Signature: _____ Date/Time: _____

It is the participant's responsibly to bring the ID, wristband, and this form to the coach for attachment and signature. *The participant must submit this form with Baby when the care simulation is complete.*

Delivery Date Sign-Up



Care Simulation Date: _____

You must turn in your signed permission forms to put your name on the list.

Name _____ Baby _____ Class Period _____

Name _____ Baby _____ Class Period _____

Name _____ Baby _____ Class Period _____

Name _____ Baby _____ Class Period _____

Name _____ Baby _____ Class Period _____

Name _____ Baby _____ Class Period _____

Name _____ Baby _____ Class Period _____

Name _____ Baby _____ Class Period _____

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Name _____ Baby _____ Class Period _____

Name _____ Baby _____ Class Period _____

Name _____ Baby _____ Class Period _____

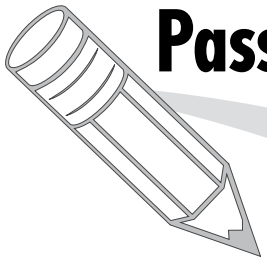
Name _____ Baby _____ Class Period _____

Name _____ Baby _____ Class Period _____

Name _____ Baby _____ Class Period _____

Name _____ Baby _____ Class Period _____

Pass to Leave Class



Date: _____

Please allow _____ to leave class five minutes before the end of the school day so he/she can receive their RealCare® Baby infant simulator for their care simulation. I apologize for any inconvenience this may cause.

Thank you,

_____

Date: _____

Please allow _____ to leave class five minutes before the end of the school day so he/she can receive their RealCare® Baby infant simulator for their care simulation. I apologize for any inconvenience this may cause.

Thank you,

_____

Date: _____

Please allow _____ to leave class five minutes before the end of the school day so he/she can receive their RealCare® Baby infant simulator for their care simulation. I apologize for any inconvenience this may cause.

Thank you,

_____

Date: _____

Please allow _____ to leave class five minutes before the end of the school day so he/she can receive their RealCare® Baby infant simulator for their care simulation. I apologize for any inconvenience this may cause.

Thank you,

_____



Alternative Project Directions

PART ONE

The following materials are due on this date: _____

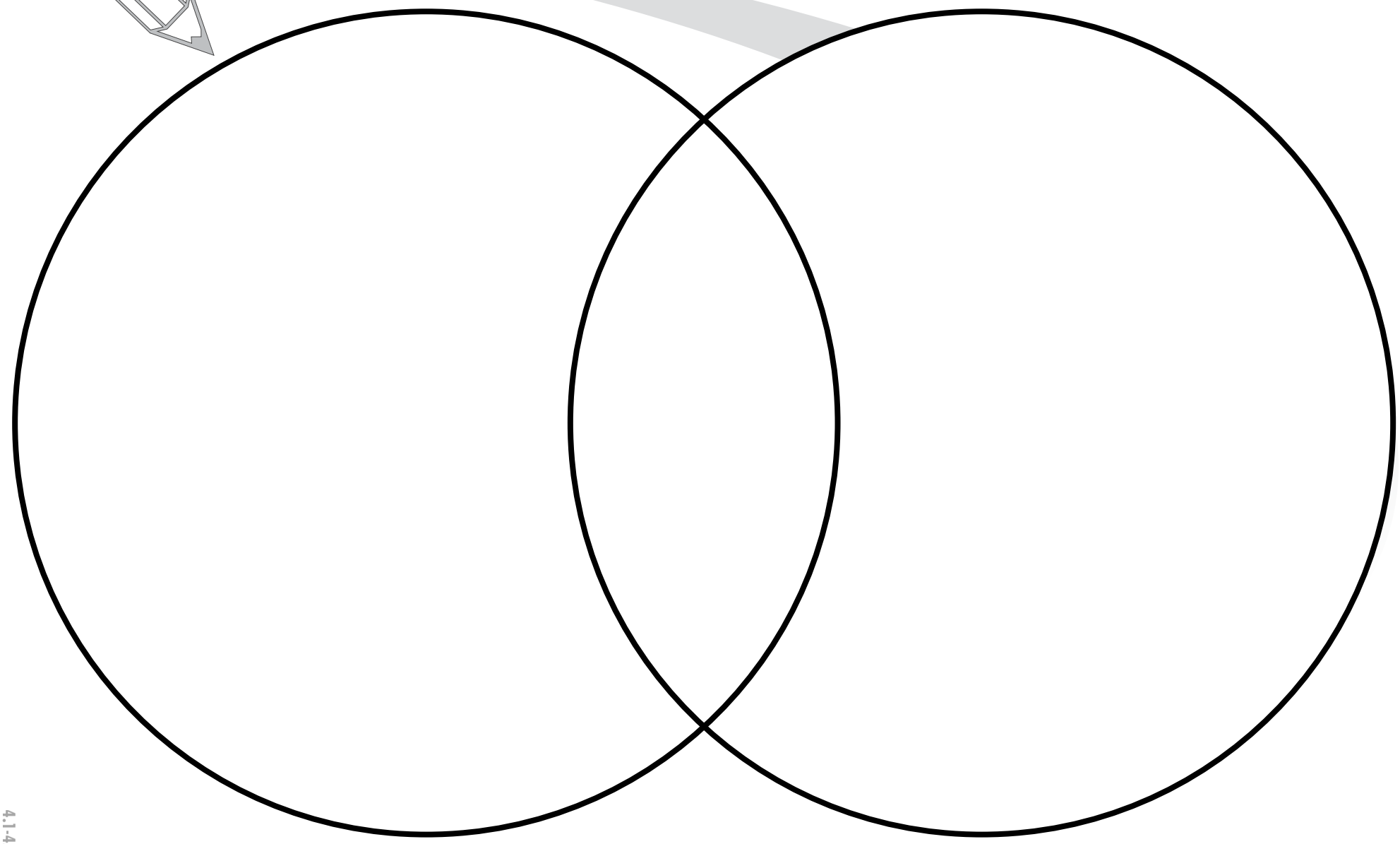
1. Research articles: Find six different articles that deal with being a caregiver. Read and summarize the articles. Be sure to use a standard bibliography format to cite the articles.
2. Write questions: Compose 15 questions from your research that can be used to interview caregivers. Avoid questions that can be answered with a simple "yes" or "no." Make six copies of the questions, allowing space for recording responses.
3. Interview others: Interview six caregivers—three who provide care for infants and three who provide care for toddlers. If you have difficulty finding caregivers, ask your instructor for help.
4. Data collection: For each caregiver interviewed, include name, telephone number, age they first became a caregiver, current age, and how they were contacted for this interview.
5. Think about what you learned: Using the Venn diagram (attached), compare and contrast responses.
6. Write about what you learned: Using your completed Venn diagram, write about your conclusions.
7. Use the PART ONE rubric (attached) to rate your performance before your submit your work.

PART TWO (due one week from the day PART ONE is completed)

Due date: _____

1. Meaningful reflection can help you gather and express your thoughts about the challenges of responsible care giving. Your responses provide your instructor with feedback on what you learned about the realities of care giving through your research.
2. Choose one of the following statements about being a responsible caregiver and create a poem, poster, or essay to express what you learned:
   - I learned that responsible caregivers need to have KNOWLEDGE about…
   - I learned that responsible caregivers need to have these SKILLS…
   - I learned that these PERSONAL LIFE SITUATIONS AND CIRCUMSTANCES can help a caregiver to be responsible…
   - I learned that responsible caregivers need to have these ATTITUDES…
3. Use the PART TWO rubric (attached) to rate your performance before you submit your work.

Venn Diagram



Part One Rubric

	4 points	3 points	2 points	1 point
Six article summaries **x 6**	Content is related to an approved theme; content is accurate, focused, and complete (24 points)	Content is accurate, but lacks depth or focus (18 points)	Content is vague, incomplete, lacks continuity, or falls below minimum requirements (12 points)	Content is incomplete and meets none of the requirements (6 points)
Articles cited properly **x 2**	Consistently appropriate bibliography reference (8 points)	Mostly appropriate bibliography references (6 points)	Bibliography not appropriately referenced (4 points)	Bibliography not referenced (2 points)
15 composed questions **x 5**	Questions are well thought out, original, and related to the topic (20 points)	Questions are related to the topic (15 points)	Questions are vague OR unrelated to the topic (10 points)	Questions are vague AND unrelated to the topic (5 points)
Interview question responses **x 6**	Responses are well recorded and thorough (24 points)	Responses are acceptably recorded (18 points)	Responses are incomplete (12 points)	Responses are unacceptably recorded (6 points)
Interviewee citation (name, telephone number, age first become caregiver, current age, how recruited) x 2	Identified accurately and thoroughly in an organized way (8 points)	Complete identification of interviewees (6 points)	Incomplete identification of interviewees (4 points)	Inaccurate and incomplete identification of interviewees (2 points)

Total 84 = 100%

Total 63 = 75%

Total 42 = 50%

Total 21 = 25%

Part Two Rubric

	4 points	3 points	2 points	1 point
Content **The extent that the essay, poem, or poster shows understanding of issues that influence ability to be a caregiver** **x 3**	Shows insightful comprehension for the scope of skills, attitudes, or situational factors that influence the ability to be a caregiver (12 points)	Shows basic comprehension for the scope of skills, attitudes, or situational factors that influence the ability to be a caregiver (9 points)	Shows gaps in comprehension for the scope of skills, attitudes, or situational factors that influence the ability to be a caregiver (6 points)	Shows no relationship to the questions (3 points)
Personal reflection **The extent that the essay, poem, or poster show sincere thoughtfulness, and readiness for care giving is personalized** **x 2**	Makes insightful connections to own personal life (8 points)	Shows literal personalization (6 points)	Shows a developing ability to personalize (4 points)	Makes few, if any, connections to own personal life (2 points)
Organization of ideas and design	Logical, coherent progression of ideas (4 points)	Generally focused with clear attempt at organization (3 points)	Some organization, but disjointed ideas (2 points)	Little or no organization (1 point)
Use of language	Use of language enhances reader's ability to understand through sophistication and elaboration (4 points)	Use of language facilitates (allows) reader's understanding (3 points)	Use of language is distracting but does not interfere with understanding (2 points)	Use of language interferes with understanding (1 point)

28/28 = 100%	25/28 = 90%	22/28 = 80%	19/28 = 68%	16/28 = 57%	13/28 = 46%
27/28 = 96%	24/28 = 86%	21/28 = 75%	18/28 = 64%	15/28 = 54%	12/28 = 43%
26/28 = 93%	23/28 = 82%	20/28 = 71%	17/28 = 61%	14/28 = 50%	11/28 = 39%

U.S. National Health Education Standards Supported

N/A

U.S. National Standards for Family and Consumer Sciences Education Supported

N/A

4

Lesson Two

Summary and Assessment



Lesson Overview

In this lesson, participants reflect on the care simulation experience and share their observations of the care simulation with the class. Participants will take the *Caregiver Self-Assessment* again and compare their answers to those from the Unit 1, Lesson 1 Pre-summative Assessment.

Lesson Objectives

After completing this lesson, participants will be able to:

- Reflect on personal responses to the ongoing needs of infant care through discussion and personal reflection

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• Participants' *Assessment Rubric* • Participants' RealCare® Baby with accessories • Participants' *Participant Care Card* • Participants' *Infant/Toddler Schedule* • Participants' *Caregiver Journal* • Baby wipes		15 minutes
LEARN	• Sheets of paper with questions • *Caregiver Self-Assessment* worksheet (one per participant) • Participants' original *Caregiver Self-Assessment* worksheets	1. Purchase or obtain sheets of paper. 2. Write one question at the top of each sheet of paper (questions located within the activity). 3. Print/photocopy participant worksheet. 4. Gather participants' original assessments from Unit 1, Lesson 1.	30 minutes
REVIEW	• *Post-summative Assessment* (one per participant)	1. Print/photocopy participant assessment.	30 minutes

FOCUS: Baby Check In

15 minutes

Purpose:

This activity provides time for RealCare® Baby check in and simulation data download.

NOTE: Baby has a programmed stop time, so if you have programmed Baby to stop on the morning of the return day, it should be inactive by class time. If you need to stop the simulation, do so during this activity (see your Operating Handbook for details). The data can be viewed or printed out later.

Materials:

- Participants' *Assessment Rubric*
- Participants' RealCare® Baby with accessories
- Participants' *Participant Care Card* (laminated)
- Participants' *Infant/Toddler Schedule*
- Participants' *Caregiver Journal*
- Scissors
- Baby wipes

Facilitation Steps:

1. Refer to the *Assessment Rubric* and note that each participant has returned his or her Baby and all accessories, including the *Participant Care Card*, *Infant/Toddler Schedule*, and *Caregiver Journal*.
2. Use a pair of scissors to remove the wristband from the wrist of each participant. Note the condition of the wristband. If it is stretched or not present at all, note it on the participant's *Assessment Rubric.*
3. Give each participant a baby wipe to wipe Baby's arms, legs, torso, and face before returning it to the appropriate storage location. Wipe any accessories as well. Baby is now prepared for the next delivery.
4. Download the final simulation data from each Baby. Viewing and printing the data can be done right away for immediate feedback, or later, so you can prepare a report for each participant. Provide feedback to participants on their individual performance as soon as possible.

4

LEARN: Care Simulation Reflection

30 minutes

Purpose:

This activity provides time for participants to share feelings, thoughts, and experiences about the care giving simulation experience. The care simulation and the reflective discussion activities invite participants to assess current readiness for the realities of care giving.

Materials:

- Sheets of paper with any of the following questions written on top (one question per page):
  - What were your expectations about being the caregiver of an infant before you cared for Baby?
  - What do you know now about being the caregiver of an infant after caring for Baby?
  - How ready are you for the responsibilities of care giving?
  - What are the REWARDS of care giving?
  - What are the CHALLENGES of care giving?
  - What knowledge might HELP you in meeting the responsibilities of care giving?
  - What attitudes might HELP you in meeting the responsibilities of care giving?
  - What attitudes might LIMIT you in meeting the responsibilities of care giving?
  - What skills might HELP you in meeting the responsibilities of care giving?
  - What life experiences might HELP you in meeting the responsibilities of care giving?
  - In what ways was caring for Baby easier than expected?
  - In what ways was caring for Baby harder than expected?
  - What did you learn from this experience?
  - What suggestions do you have for improving the experience with Baby?
- *Caregiver Self-Assessment* worksheet
- Participants' *Caregiver Self-Assessment* worksheet from Unit 1, Lesson 1

Facilitation Steps:

1. Ask participants to share any outstanding incidents or challenges that occurred while caring for Baby.
2. Divide participants into groups of three.
3. Give each group one or two sheets of paper on which you have written the above questions, and have them write down their answer to the question, leaving room for other answers. Have the groups pass the sheets of paper to the next group and answer the next question. Repeat the process until all groups have answered all the questions. Each group can present one set of answers to the class.
4. If time permits, the following questions may also be used:
   - How was the care simulation more or less difficult than expected?
   - What kinds of emotions did you feel during the care simulation? Happy, sad, angry, frustrated, proud, bored, and/or resentful? When and where did you feel this way? Why?
   - How did your families and friends react at first? At the end of the care simulation?
   - How were you treated in public? Did anyone think you had a real infant?
   - How did the car seat, carrier, and/or stroller make things easier or harder?
   - What changes, if any, would you make to the equipment used (features or items)?
   - Think about how your parents/guardians had to care for you as an infant. How do you think they handled the challenge?
5. Give each participant a copy of the *Caregiver Self-Assessment* worksheet to complete.
6. Give each participant his or her *Caregiver Self-Assessment* worksheet completed in Unit 1, Lesson 1. Have participants compare their answers to determine whether their attitudes, skills, and confidence in being a caregiver have changed. Ask participants if they had any noticeable changes.

Caregiver Self-Assessment

Name: _____

Date: _____

Directions: Answer the following questions by placing an "x" in the appropriate box, writing your response in the space provided, or circling the best answer.

1. The youngest child I have cared for was:
   - ❒ Infant (newborn to 12 months)
   - ❒ Toddler (1 to 3 years)
   - ❒ Preschooler (3 to 5 years)
   - ❒ School-ager (5 years and older)
   - ❒ I have never cared for a child.

2. The longest length of time I have cared for a child was:
   - ❒ 1 to 4 hours
   - ❒ 5 to 8 hours
   - ❒ Overnight
   - ❒ Days at a time
   - ❒ I have never cared for a child.

3. I have cared for up to _____ children at a time.

4. On a scale of 1 to 5, I would rate my skills as the following:

	Poor		Average		Excellent
Ability to make decisions	1	2	3	4	5
Ability to be patient with children	1	2	3	4	5
Ability to communicate with children	1	2	3	4	5
Ability to communicate with parents/guardians	1	2	3	4	5
Ability to attend to an infant's basic needs	1	2	3	4	5
Ability to have fun with children	1	2	3	4	5
Ability to think quickly in an emergency	1	2	3	4	5
Ability to perform first aid and CPR	1	2	3	4	5
Ability to handle misbehavior	1	2	3	4	5
Understanding of developmental stages	1	2	3	4	5

5. The reasons I want to be a caregiver are:
   - _____
   - _____
   - _____

REVIEW: Program Post-Assessment

30 minutes

Purpose:

The purpose of the *Post-summative Assessment* is to assess participant understanding of all information presented in the course as listed in each unit's objective statements. After completing and scoring the assessment, you may wish to have participants compare their scores on this assessment with the scores they received on the *Pre-summative Assessment*.

Materials:

- *Post-summative Assessment*
- *Post-summative Assessment* Answer Key

Facilitation Steps:

1. Give each participant a copy of the *Post-summative Assessment,* allowing 30 minutes to complete it.
2. Collect the assessments. If time permits, review participants' answers as a group using the answer key. Or, you may choose to correct the assessments on your own, and assign a score.

4

Post-summative Assessment

Name: _____

Date: _____

Directions: The following questions will ask you about your knowledge of your role as a caregiver, basic infant care, and health and safety. Please answer the questions by circling the best answer or writing your response in the space provided.

1. When a child misbehaves and you must correct him/her, what do you want to convey?

   a. He/she is naughty.

   b. It is his/her behavior, not him/her, which you do not like.

   c. If he/she doesn't improve his/her behavior, he/she will be punished.

   d. You are the boss; be intimidating.

2. For each situation choose the characteristic that best responds to the need.

Situation	**Characteristic**
____ A toddler is dawdling in putting toys away.	a. Empathy and nurturing
____ An infant is having a bad morning and cries a lot.	b. Patience
____ A toddler refuses to come with to the park.	c. Decision-making skills
____ An infant has a fever.	d. Safety and health conscious
____ A toddler wants to go home.	e. Communication skills

3. Which of the following responses to the given scenario is best?

   Scenario: Pablo is a two-year-old boy at a day care center. He has just taken a toy away from Andre, who begins to cry. Andre tries to grab the toy back, but Pablo pushes him down and begins to run away.

   a. Take the toy from Pablo and give it back to Andre, explaining that Andre was playing with that toy. Help Pablo find another toy.

   b. Make Pablo return the toy and apologize to Andre for taking it. Put Pablo in a time out chair for 10 minutes to think about what he did.

   c. Ask Pablo why he took the toy from Andre.

   d. Ignore the situation and let them work it out.

4. Match the following stages of development with the age at which each ***typically begins*** to be demonstrated. Next to each statement, write "I" for infant or "T" for toddler.

   ____ Talks, with about 50 words in his/her vocabulary

   ____ Interest in own hands and feet

   ____ Turns head in response to a voice; wants companionship as well as physical care

   ____ Smiles back at people, involving whole body (i.e., arms lift, hands open, legs move)

   ____ Pulls zippers, turns doorknobs, builds with blocks

   ____ Has basic problem-solving skills, learns through trial and error

5. Toddler Property Laws refers to a toddler's inability to _____.

   a. share

   b. play fair

   c. think for himself/herself

   d. help others

6. Match the following toys with the kind of learning they help provide. (Choose all that apply.)

Toy	**Kind of Learning**
____ Checkers game	a. Shapes
____ Large piece puzzle	b. Colors
____ Finger paints	c. Rules
____ Play telephone	d. Cause and effect
____ Plastic stacking rings	e. Imagination
____ Push-pull toy	
____ Small plastic people	

Post-summative Assessment (cont.)

7. For each statement below, indicate whether it is true or false by writing "T" for true and "F" for false next to the statement.

   ____ Hearing develops before an infant is born.

   ____ A seven-month-old can grasp small objects with the thumb and forefinger.

   ____ Potty training begins when a child begins to walk.

   ____ A content infant does not need much attention.

   ____ An infant's temperament is displayed by six months of age.

   ____ A six-month-old recognizes his/her own name.

   ____ A toddler is able to completely dress himself/herself.

   ____ Three-year-old children are typically happy and eager to help.

8. Match each of the following visual clues with the type of cry it displays.

Type of Cry	**Visual Clue**
____ Hunger cry	a. Facial grimaces, bearing down
____ Tired cry	b. Hands in mouth, rooting
____ Pain cry	c. Eyes droopy, looks away

9. Which of the following typically expresses a discomfort cry?

   a. Short continuous bursts

   b. Whimpers in short bursts

   c. Forceful bursts off and on

   d. Whimper, gradually turning to loud, distressed cries

10. You can spoil an infant.

    a. True

    b. False

11. You should respond right away and address obvious possibilities when an infant begins to cry.

    a. True

    b. False

12. SBS is the most common cause of death in abused infants and young children.

    a. True

    b. False

13. SBS is:

    a. caused by birth, CPR, or genetic disorders

    b. caused by falls or rough play

    c. a unique identifiable combination of injuries

    d. caused by tossing the infant in the air

14. An infant's head is roomier inside than an adult's.

    a. True

    b. False

15. Match the order in which the infant brain is affected during a shaking.

Order	**Area Affected**
____ First	a. Middle
____ Second	b. Front
____ Third	c. Back

16. Which of the following occurs during a shaking when the middle of an infant's brain is affected?

    a. Visual disorders, blindness

    b. Cognitive and emotional disabilities

    c. Inability to speak and hear, death

17. Put the following steps for managing frustration into a logical order.

Step	Order
____ Step out of the room or count to 10.	a. First
____ Check the infant's basic needs	b. Second
____ Put the infant in a safe place.	c. Third
____ Try soothing the infant	d. Fourth
____ Call someone if you need to talk	e. Fifth

18. It is the infant's job to cry, and your job to cope.

    a. True

    b. False

19. Anyone who may become frustrated is capable of shaking an infant.

    a. True

    b. False

Post-summative Assessment (cont.)

20. Having a _____ for how to manage your frustration (i.e., when you are unable to soothe a crying infant) is the best defense against making a wrong choice.

21. What do you need to support when holding or handling an infant?
    a. Back, neck, arms
    b. Neck, shoulders, arms
    c. Back, neck, head
    d. Head, shoulders, arms

22. Placing the infant's head in the curve of your elbow and body along your forearm is called the _____.

23. Nursemaid's elbow can occur when an infant is:
    a. picked up by one arm
    b. dropped on his or her elbow
    c. held for a long period of time
    d. all of the above

24. What can slip out of place and cause nursemaid's elbow if an infant if picked up improperly?
    a. Ulna
    b. Radius
    c. Humerus
    d. Tibia

25. Match the steps for preparing a bottle with their correct step number by writing the letter of the correct step number in the space provided next to each step.

Step	Step Number
____ Gather supplies	a. First
____ Gently shake bottle	b. Second
____ Prepare formula	c. Third
____ Wash hands	d. Fourth
____ Test bottle temperature	e. Fifth
____ Heat prepared bottle	f. Sixth
____ Keep infant in safe, comfortable place	g. Seventh

26. Match the steps in bottle feeding an infant with their correct step number by writing the letter of the correct step number in the space provided next to each step.

Step	Step Number
____ Talk and smile as you feed the infant	a. First
____ Feed, holding bottle at a 45-degree angle	b. Second
____ Stop to burp when 1/3 of bottle is gone	c. Third
____ Hold infant in lap, head higher than body	d. Fourth
____ Resume feeding, burp again when done	e. Fifth

27. Breastfeeding is sanitary and convenient.
    a. True
    b. False

28. If formula or breast milk is not available, it is okay to give the infant cow's milk.
    a. True
    b. False

29. An advantage of formula feeding is:
    a. flexibility
    b. preparation
    c. expense
    d. all of the above

30. Baby bottle tooth decay can occur when an infant:
    a. drinks water between meals
    b. chews on teethers daily
    c. is breastfed before bed
    d. all of the above

31. You are bathing an infant and the phone rings. The phone is close enough to reach and still keep your eyes on the infant. What should you do?
    a. Answer the phone. It might be an important call.
    b. Let it ring. The infant could fall out or slip under the water in just a second.

Post-summative Assessment (cont.)

32. Match the steps in bathing an infant with their correct step number by writing the letter of the correct step number in the space provided next to each step.

Step	Step Number
____ Place infant in tub	a. First
____ Wash infant's body	b. Second
____ Wipe infant's eyes	c. Third
____ Lay infant down to diaper then dress	d. Fourth
____ Wash infant's face, ears, and neck	e. Fifth
____ Wash infant's hair	f. Sixth
____ Pat infant dry with clean towel	g. Seventh

33. Match the steps to diaper an infant using a disposable diaper with its correct step number by writing the letter of the correct step number in the space provided next to each step.

Step	Step Number
____ Place pad under infant's bottom	a. First
____ Open clean diaper, slide under infant	b. Second
____ Gather supplies	c. Third
____ Remove dirty diaper	d. Fourth
____ Remove gloves, discard with dirty diaper	e. Fifth
____ Clean infant's bottom	f. Sixth
____ Wash hands, put on gloves	g. Seventh
____ Wash hands, wash infant's hands	h. Eighth
____ Position diaper, secure fasteners	i. Ninth

34. When diapering an infant, never leave him/her alone, even for a moment.

    a. True

    b. False

35. Match the diaper type with the advantages and disadvantages statements that apply to each by writing the letter of the diaper type in the space provided next to each statement.

Statement	Diaper Type
____ More comfortable	a. Cloth
____ More convenient	b. Disposable
____ Less diaper rash	
____ Less expensive	
____ Easier to put on	

36. Match the correct cloth diaper folding method with the gender for which it applies by writing the letter of the gender in the space provided next to each folding method.

Folding Method	Gender
____ Fold top edge down in the back	a. Boy
____ Fold top edge down in the front	b. Girl

37. Match the steps in proper glove removal with their correct step number by writing the letter of the correct step number in the space provided next to each step.

Step	Step Number
____ Immediately discard gloves in the trash	a. First
____ With clean hand, strip glove off from underneath, turning inside out	b. Second
____ Grab the one glove at the palm and strip it off	c. Third
____ Ball up dirty glove in palm of other gloved hand	d. Fourth

Post-summative Assessment (cont.)

38. Why should an infant or toddler's schedule be tracked by a caregiver? (Choose all that apply.)
    a. To inform the parent/guardian of what happened during the day or time of care
    b. To share with other parents/guardians for comparing with their child's schedule
    c. To identify a pattern of behavior for future reference
    d. To compare with other children of the same age and determine differences

39. An infant in your care had an unusually fussy morning. She ate well at each meal, slept twice as long as her normal nap length, and had no interest in her usual playtime activities. Which of these should be noted on the Infant/Toddler Schedule?
    a. Sleep time and length
    b. Unusual fussiness
    c. Playtime disinterest
    d. Eating habits
    e. All of the above

40. Which of the following are safe sleep practices for infants? (Choose all that apply.)
    a. Place the infant on his/her tummy for naps and at night.
    b. Place the infant on a firm sleep surface.
    c. Never allow smoking around the infant.
    d. Dress the infant in extra warm sleep clothing.

41. What does SIDS stands for?
    a. Sudden Infant Death Syndrome
    b. Sudden Infant Disorder Syndrome
    c. Shaken Infant Disorder Situation
    d. Shaken Infant Death Situation

42. Which of the following statements about SIDS is correct?
    a. It occurs in all kinds of families.
    b. It occurs more frequently in unhealthy infants.
    c. It usually occurs in families with lower economic status.
    d. It occurs most often in spring and summer months.

43. In which of the following does SIDS occur more frequently? (Choose all that apply.)
    a. Twins and triplets
    b. Low birth weight infants
    c. Girls
    d. Infants between one and four months of age

44. SIDS is the leading cause of death in infants between _____ and _____ of age.
    a. one month, one year
    b. two months, two years
    c. six months, one year
    d. four months, one year

45. You respond to an unconscious infant. After you ensure the scene is safe, what do you do next?
    a. Check the infant's mouth for foreign objects.
    b. Perform 30 chest compressions.
    c. Give two slow mouth-to-nose breaths.
    d. Check to see if the infant is responsive.

46. You pull a three-month-old infant from the bottom of the bathtub. You find that she is limp and unresponsive. You are alone and no one responds to your shout for help. You are ready to begin the steps of CPR. When should you call 911 or your local emergency number?
    a. As soon as the child is removed from bathtub and you find she is unresponsive
    b. After 10 minutes of CPR and still no response
    c. After five sets of 30 chest compressions and two breaths
    d. After two breaths and before beginning chest compressions

47. You have found an unresponsive child. You open his airway and see that he is not breathing. You attempt to deliver rescue breaths, but his chest does not rise. You know this means that you are not delivering effective rescue breaths. What is the most common explanation for the chest not rising?
    a. You failed to properly open the child's airway.
    b. The child has an advanced lung infection.
    c. The child has asthma.
    d. The chest does not always rise, even when delivering effective rescue breaths.

Post-summative Assessment (cont.)

48. To check for breathing, you "look, listen, and feel." What are you *looking* for?
    a. Any movement of the child's body
    b. Rise and fall of the child's chest
    c. Any twitches or spasms
    d. Foreign objects in the child's mouth
49. A young child has collapsed and is unconscious. He choked on a piece of meat. What do you do first?
    a. Perform chest compressions.
    b. Give rescue breaths.
    c. Ask the child if he is choking.
    d. Open the child's airway and check for foreign objects in his mouth.
50. A responsive three-month-old infant is struggling to breathe. She cannot cough forcefully or move air. She is turning blue. Her mother says, "I think she swallowed a button." The infant is not crying or making any noise. What do you do first?
    a. Attempt a blind finger sweep of the infant's mouth and pat her on the back.
    b. Administer 100 percent oxygen and monitor the infant closely.
    c. Perform five back slaps, then five chest thrusts.
    d. Perform abdominal thrusts (the Heimlich maneuver) until the button is removed or the infant becomes unresponsive.
51. A two-year-old girl is pulled from below the water of a neighbor's pool. The neighbor's children say the child slipped under the water just a few minutes ago. You kneel beside the child and find that she is unresponsive. You send someone to call 911 or your local emergency number, while you remain with the child. What do you do next?
    a. Open the child's airway, look, listen, and feel for breathing, and if the child is not breathing normally, give two rescue breaths.
    b. Turn the child's head downward and perform abdominal thrusts (the Heimlich maneuver).
    c. Perform five back slaps, then finger sweep the child's mouth.
    d. Find the proper hand position and begin chest compressions.
52. You are preparing to perform chest compressions on an infant who is unresponsive with no breathing or signs of life after you deliver two rescue breaths. Which of the following best describes where you should place your hands to perform the chest compressions?
    a. Just below the infant's neck, over the top half of his/her breastbone
    b. At the center of the infant's chest, between and slightly below his/her nipples
    c. Over the very bottom of the infant's breastbone, over his/her liver
    d. Place the whole palm of your hand anywhere on the sternum
53. You are performing CPR. What ratio of chest compressions to breaths should you use?
    a. 30 to 2
    b. 12 to 4
    c. 5 to 1
    d. 3 to 1
54. A two-year-old child is choking. The child has a partial obstruction, is coughing, and is obviously frightened. What should you do?
    a. Perform abdominal thrusts (the Heimlich maneuver).
    b. Encourage the child to cough it out.
    c. Perform back slaps.
    d. Perform the steps of CPR.
55. You are the caregiver of an infant who has just fallen off a changing table. An area the size of a grape appears on the toddler's forehead and immediately begins to swell. In order to control internal bleeding, resulting in a bruise, what should you do first?
    a. Apply a cold compress to the injured area.
    b. Lay the infant down and elevate his/her feet.
    c. Apply pressure to the infant's neck.
    d. Do nothing; it is only a bruise.
56. If you were the first caregiver to the scene of an accident, what would you do first?
    a. Check the victim for injuries.
    b. Check the scene for danger.
    c. Check the victim's pulse.
    d. Care for the victim's injuries.

Post-summative Assessment (cont.)

57. Under what circumstance would you place an injured limb in warm water?
    a. 1st degree burn
    b. Heat exhaustion
    c. 2nd degree frostbite
    d. Heat stroke

58. Below are situations where a caregiver may or may not need to contact a doctor. Read each situation carefully and circle YES if a doctor needs to be contacted or NO if a doctor does not need to be contacted.
    a. Infant under the age of two months has a rectal temperature of 100.4 ° F (38 ° C) or higher. YES NO
    b. Child spits up large portions of every feeding or vomits forcefully after feedings. YES NO
    c. Child wets a diaper every two hours or has diaper rash. YES NO
    d. Infant has drainage coming from his/her ear and begins to pull on it. YES NO
    e. Head injuries, sudden lethargy, seizures, and/or yellow or bluish colored skin. YES NO
    f. Child refuses to eat green or orange colored food. YES NO
    g. Child has a loose bowel movement or wets his/her diaper every eight hours. YES NO
    h. Child has an upper respiratory cold, runny nose, and coughs up phlegm. YES NO

Post-summative Assessment Answer Key

1. When a child misbehaves and you must correct him/her, what do you want to convey?

   a. He/she is naughty.

   b. It is his/her behavior, not him/her, which you do not like.

   c. If he/she doesn't improve his/her behavior, he/she will be punished.

   d. You are the boss; be intimidating.

2. For each situation choose the characteristic that best responds to the need.

Situation	Characteristic
b A toddler is dawdling in putting toys away.	a. Empathy and nurturing
a An infant is having a bad morning and cries a lot.	b. Patience
c A toddler refuses to come with to the park.	c. Decision-making skills
d An infant has a fever.	d. Safety and health conscious
e A toddler wants to go home.	e. Communication skills

3. Which of the following responses to the given scenario is best?

   Scenario: Pablo is a two-year-old boy at a day care center. He has just taken a toy away from Andre, who begins to cry. Andre tries to grab the toy back, but Pablo pushes him down and begins to run away.

   a. Take the toy from Pablo and give it back to Andre, explaining that Andre was playing with that toy. Help Pablo find another toy.

   b. Make Pablo return the toy and apologize to Andre for taking it. Put Pablo in a time out chair for 10 minutes to think about what he did.

   c. Ask Pablo why he took the toy from Andre.

   d. Ignore the situation and let them work it out.

4. Match the following stages of development with the age at which each ***typically begins*** to be demonstrated. Next to each statement, write "I" for infant or "T" for toddler.

   T Talks, with about 50 words in his/her vocabulary

   I Interest in own hands and feet

   I Turns head in response to a voice; wants companionship as well as physical care

   I Smiles back at people, involving whole body (i.e., arms lift, hands open, legs move)

   T Pulls zippers, turns doorknobs, builds with blocks

   T Has basic problem-solving skills, learns through trial and error

5. Toddler Property Laws refers to a toddler's inability to _____.

   a. share

   b. play fair

   c. think for himself/herself

   d. help others

6. Match the following toys with the kind of learning they help provide. (Choose all that apply.)

Toy	Kind of Learning
c Checkers game	a. Shapes
a,b Large piece puzzle	b. Colors
b,e Finger paints	c. Rules
e Play telephone	d. Cause and effect
a,b,d Plastic stacking rings	e. Imagination
d Push-pull toy	
e Small plastic people	

Post-summative Assessment Answer Key (cont.)

7. For each statement below, indicate whether it is true or false by writing "T" for true and "F" for false next to the statement.

   T Hearing develops before an infant is born.

   F A seven-month-old can grasp small objects with the thumb and forefinger.

   F Potty training begins when a child begins to walk.

   F A content infant does not need much attention.

   T An infant's temperament is displayed by six months of age.

   T A six-month-old recognizes his/her own name.

   F A toddler is able to completely dress himself/herself.

   T Three-year-old children are typically happy and eager to help.

8. Match each of the following visual clues with the type of cry it displays.

Type of Cry	Visual Clue
b Hunger cry	a. Facial grimaces, bearing down
c Tired cry	b. Hands in mouth, rooting
a Pain cry	c. Eyes droopy, looks away

9. Which of the following typically expresses a discomfort cry?

   a. Short continuous bursts

   b. Whimpers in short bursts

   c. Forceful bursts off and on

   d. Whimper, gradually turning to loud, distressed cries

10. You can spoil an infant.

    a. True

    b. False

11. You should respond right away and address obvious possibilities when an infant begins to cry.

    a. True

    b. False

12. SBS is the most common cause of death in abused infants and young children.

    a. True

    b. False

13. SBS is:

    a. caused by birth, CPR, or genetic disorders

    b. caused by falls or rough play

    c. a unique, identifiable combination of injuries

    d. caused by tossing the infant in the air

14. An infant's head is roomier inside than an adult's.

    a. True

    b. False

15. Match the order in which the infant brain is affected during a shaking.

Order	Area Affected
c First	a. Middle
b Second	b. Front
a Third	c. Back

16. Which of the following occurs during a shaking when the middle of an infant's brain is affected?

    a. Visual disorders, blindness

    b. Cognitive and emotional disabilities

    c. Inability to speak and hear, death

17. Put the following steps for managing frustration into a logical order.

Step	Order
d Step out of the room or count to 10	a. First
a Check the infant's basic needs	b. Second
c Put the infant in a safe place	c. Third
b Try soothing the infant	d. Fourth
e Call someone if you need to talk	e. Fifth

18. It is the infant's job to cry, and your job to cope.

    a. True

    b. False

19. Anyone who may become frustrated is capable of shaking an infant.

    a. True

    b. False

Post-summative Assessment Answer Key (cont.)

20. Having a ____***plan***____ for how to manage your frustration (i.e., when you are unable to soothe a crying infant) is the best defense against making a wrong choice.

21. What do you need to support when holding or handling an infant?

    a. Back, neck, arms

    b. Neck, shoulders, arms

    c. Back, neck, head

    d. Head, shoulders, arms

22. Placing the infant's head in the curve of your elbow and body along your forearm is called the ____***cradle hold***____.

23. Nursemaid's elbow can occur when an infant is:

    a. picked up by one arm

    b. dropped on his or her elbow

    c. held for a long period of time

    d. all of the above

24. What can slip out of place and cause nursemaid's elbow if an infant if picked up improperly?

    a. Ulna

    b. Radius

    c. Humerus

    d. Tibia

25. Match the steps for preparing a bottle with their correct step number by writing the letter of the correct step number in the space provided next to each step.

Step	Step Number
__*c*__ Gather supplies	a. First
__*f*__ Gently shake bottle	b. Second
__*d*__ Prepare formula	c. Third
__*a*__ Wash hands	d. Fourth
__*g*__ Test bottle temperature	e. Fifth
__*e*__ Heat prepared bottle	f. Sixth
__*b*__ Keep infant in safe, comfortable place	g. Seventh

26. Match the steps in bottle feeding an infant with their correct step number by writing the letter of the correct step number in the space provided next to each step.

Step	Step Number
__*c*__ Talk and smile as you feed the infant	a. First
__*b*__ Feed, holding bottle at a 45-degree angle	b. Second
__*d*__ Stop to burp when 1/3 of bottle is gone	c. Third
__*a*__ Hold infant in lap, head higher than body	d. Fourth
__*e*__ Resume feeding, burp again when done	e. Fifth

27. Breastfeeding is sanitary and convenient.

    a. True

    b. False

28. If formula or breast milk is not available, it is okay to give the infant cow's milk.

    a. True

    b. False

29. An advantage of formula feeding is:

    a. flexibility

    b. preparation

    c. expense

    d. all of the above

30. Baby bottle tooth decay can occur when an infant:

    a. drinks water between meals

    b. chews on teethers daily

    c. is breastfed before bed

    d. all of the above

31. You are bathing an infant and the phone rings. The phone is close enough to reach and still keep your eyes on the infant. What should you do?

    a. Answer the phone. It might be an important call.

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Post-summative Assessment Answer Key (cont.)

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Step	Step Number
___b___ Place infant in tub	a. First
___e___ Wash infant's body	b. Second
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33. Match the steps to diaper an infant using a disposable diaper with its correct step number by writing the letter of the correct step number in the space provided next to each step.

Step	Step Number
___c___ Place pad under infant's bottom	a. First
___f___ Open clean diaper, slide under infant	b. Second
___a___ Gather supplies	c. Third
___d___ Remove dirty diaper	d. Fourth
___b___ Remove gloves, discard with dirty diaper	e. Fifth
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___i___ Wash hands, wash infant's hands	h. Eighth
___g___ Position diaper, secure fasteners	i. Ninth

34. When diapering an infant, never leave him/her alone, even for a moment.

a. <u>True</u>

b. False

35. Match the diaper type with the advantages and disadvantages statements that apply to each by writing the letter of the diaper type in the space provided next to each statement.

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___a___ More comfortable	a. Cloth
___b___ More convenient	b. Disposable
___a___ Less diaper rash	
___a___ Less expensive	
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___d___ Immediately discard gloves in the trash	a. First
___c___ With clean hand, strip glove off from underneath, turning inside out	b. Second
___a___ Grab the one glove at the palm and strip it off	c. Third
___b___ Ball up dirty glove in palm of other gloved hand	d. Fourth

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b. Unusual fussiness

c. Playtime disinterest

d. Eating habits

e. All of the above

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b. Sudden Infant Disorder Syndrome

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b. Low birth weight infants

c. Girls

d. Infants between one and four months of age

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b. two months, two years

c. six months, one year

d. four months, one year

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a. Check the infant's mouth for foreign objects.

b. Perform 30 chest compressions.

c. Give two slow mouth-to-nose breaths.

d. ***Check to see if the infant is responsive.***

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a. As soon as the child is removed from bathtub and you find she is unresponsive

b. After 10 minutes of CPR and still no response

c. ***After five sets of 30 chest compressions and two breaths***

d. After two breaths and before beginning chest compressions

47. You have found an unresponsive child. You open his airway and see that he is not breathing. You attempt to deliver rescue breaths, but his chest does not rise. You know this means that you are not delivering effective rescue breaths. What is the most common explanation for the chest not rising?

a. ***You failed to properly open the child's airway.***

b. The child has an advanced lung infection.

c. The child has asthma.

d. The chest does not always rise, even when delivering effective rescue breaths.

Post-summative Assessment Answer Key (cont.)

48. To check for breathing, you "look, listen, and feel." What are you *looking* for?
    a. Any movement of the child's body
    b. ***Rise and fall of the child's chest***
    c. Any twitches or spasms
    d. Foreign objects in the child's mouth

49. A young child has collapsed and is unconscious. He choked on a piece of meat. What do you do first?
    a. Perform chest compressions.
    b. Give rescue breaths.
    c. Ask the child if he is choking.
    d. ***Open the child's airway and check for foreign objects in his mouth.***

50. A responsive three-month-old infant is struggling to breathe. She cannot cough forcefully or move air. She is turning blue. Her mother says, "I think she swallowed a button." The infant is not crying or making any noise. What do you do first?
    a. Attempt a blind finger sweep of the infant's mouth and pat her on the back.
    b. Administer 100 percent oxygen and monitor the infant closely.
    c. ***Perform five back slaps, then five chest thrusts.***
    d. Perform abdominal thrusts (the Heimlich maneuver) until the button is removed or the infant becomes unresponsive.

51. A two-year-old is pulled from below the water of a neighbor's pool. The neighbor's children say the child slipped under the water just a few minutes ago. You kneel beside the child and find that she is unresponsive. You send someone to call 911 or your local emergency number, while you remain with the child. What do you do next?
    a. ***Open the child's airway, look, listen, and feel for breathing, and if the child is not breathing normally, give two rescue breaths.***
    b. Turn the child's head downward and perform abdominal thrusts (the Heimlich maneuver).
    c. Perform five back slaps, then finger sweep the child's mouth.
    d. Find the proper hand position and begin chest compressions.

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    a. Just below the infant's neck, over the top half of his/her breastbone
    b. ***At the center of the infant's chest, between and slightly below his/her nipples***
    c. Over the very bottom of the infant's breastbone, over his/her liver
    d. Place the whole palm of your hand anywhere on the sternum

53. You are performing CPR. What ratio of chest compressions to breaths should you use?
    a. ***30 to 2***
    b. 12 to 4
    c. 5 to 1
    d. 3 to 1

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    a. Perform abdominal thrusts (the Heimlich maneuver).
    b. ***Encourage the child to cough it out.***
    c. Perform back slaps.
    d. Perform the steps of CPR.

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    a. ***Apply a cold compress to the injured area.***
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    c. Apply pressure to the infant's neck.
    d. Do nothing; it is only a bruise.

56. If you were the first caregiver to the scene of an accident, what would you do first?
    a. Check the victim for injuries.
    b. ***Check the scene for danger.***
    c. Check the victim's pulse.
    d. Care for the victim's injuries.

Post-summative Assessment Answer Key (cont.)

57. Under what circumstance would you place an injured limb in warm water?
    a. 1st degree burn
    b. Heat exhaustion
    c. ***2nd degree frostbite***
    d. Heat stroke

58. Below are situations where a caregiver may or may not need to contact a doctor. Read each situation carefully and circle YES if a doctor needs to be contacted or NO if a doctor does not need to be contacted.
    a. Infant under the age of two months has a rectal temperature of 100.4 ° F (38 ° C) or higher. ***YES*** NO
    b. Child spits up large portions of every feeding or vomits forcefully after feedings. ***YES*** NO
    c. Child wets a diaper every two hours or has diaper rash. YES ***NO***
    d. Infant has drainage coming from his/her ear and begins to pull on it. ***YES*** NO
    e. Head injuries, sudden lethargy, seizures, and/or yellow or bluish colored skin. ***YES*** NO
    f. Child refuses to eat green or orange colored food. YES ***NO***
    g. Child has a loose bowel movement or wets his/her diaper every eight hours. ***YES*** NO
    h. Child has an upper respiratory cold, runny nose, and coughs up phlegm. YES ***NO***

U.S. National Health Education Standards Supported

N/A

U.S. National Standards for Family and Consumer Sciences Education Supported

N/A