

Understanding Military Culture

Military Families know that military service is not a job, it's a lifestyle. For Families, military service provides endless opportunities for adventure and learning; however, at the same time Families are subject to unique challenges. Families learn new ways of doing things from shopping at the Commissary to moving to foreign countries. They do not live near other Family members or have access to the support systems they may have been accustomed to before they became a military Family. The military way of life impacts the whole Family. Knowing about the military culture can help you understand some of the challenges and stresses that impact military Families and children.

A definition of culture is: the knowledge, experience, values, ideas, attitudes, skills, tastes, and techniques that are passed on from more experienced members of a community to new members. Some of the elements of culture are ceremony, ethics, health and medicine, myths, gender roles, gestures, grooming and presence, recreation, relationships, rewards, and privileges.

In 1998, the Chief of Staff of the Army established a set of Army Values as guides for Soldiers. This list sets out the essential values of the American Soldier and provides a framework for all. The list of Army Values along with the Soldier's Creed and Army Civilian Corps Creed are Appendix C. These expectations of the military culture have an impact on Family life. Some Families adapt to the military lifestyle with ease and others find it difficult.



As you may have guessed, the Army has its own language. In order to understand what's going on in any Army environment, it is important to understand the language. The Army uses many acronyms. A list of Common Acronyms is in Appendix D. When working with military Families, it is also helpful to know military time. To convert conventional time to military time for the morning hours between 1:00 am and 9:59 am (0100-0959) always use four numbers, delete the colon, and add a zero. For the twelve hours between noon and midnight, delete the colon and add twelve hours to the conventional time (11:00 pm to 2300).

Other elements of the military culture are the chain of command and Army protocol. Many civilians lack familiarity and understanding of military protocol. To learn more about Army life, visit the following websites:

<http://www.militaryonesource.com>
<http://www.militaryhomefront.dod.mil/>
<http://www.nmfa.org>

Babysitting for Children With Deployed Loved Ones

As a babysitter for a military Family, it is important that you understand the military culture and the challenges Families may be facing when you care for their children. Talk to the parents and ask if there are any issues you need to be aware of concerning their children. A Family may be experiencing significant change and stress as a result of a parent or loved one's deployment or reunion. Or the parents may just need a night out for dinner and a movie as a couple.

Here is some information to keep in mind if babysitting for children who may have a loved one deployed.

As a babysitter it is important to be aware of the Family situation.

- Who is deployed?
- Where?
- For how long?

Ask if there are any issues you need to be aware of. It is very important that the Family and any caregiver, including babysitters such as yourself, keep each other informed. Children are always better off when everyone who interacts with them knows what's going on.

Ask the parents/guardians in the home what they want you to do or talk about in relation to the deployment. Maybe the Family is going to move to be closer to Family or friends. Maybe the children will be going to live with someone else. Maybe their economic situation will be changing. (If this is the case and they will be losing income, it is a perfect opportunity for you to do some volunteering to provide the care for free!)

Talking about the deployment cycle will help the children understand what is going on around them. But be thoughtful in what you say and do. Stick to the basics. If a troublesome issue arises and you feel it is beyond your ability to handle, tell the parent/guardian when s/he comes home. It is the adult's responsibility to discuss it further and get help for the children if needed.

Be sensitive to the issues and pressures the Family is facing.

Babysitting for Children With Deployed Loved Ones

NEVER assume children are angry or sorrowful for their parent being away- it may not be the case. Don't impose what you believe they may be feeling into their thinking. Do not ask about painful subjects; this shows compassion. As it is, the children probably see more than they need to in the media.

The children may never have thought of themselves as military before, especially if they are National Guard or Reserve dependents. Now their parent/guardian is in the deployment cycle, things are different. This transition may take time.

Be on the lookout for any changes in the children. Were they happy and carefree last time you were with them and this time they are quiet and withdrawn? Did they enjoy playing with you last time and this time want to be by themselves? These are signs that something could be bothering them. Try to engage them; be creative! Be sure to inform the parent/guardian when s/he returns home.

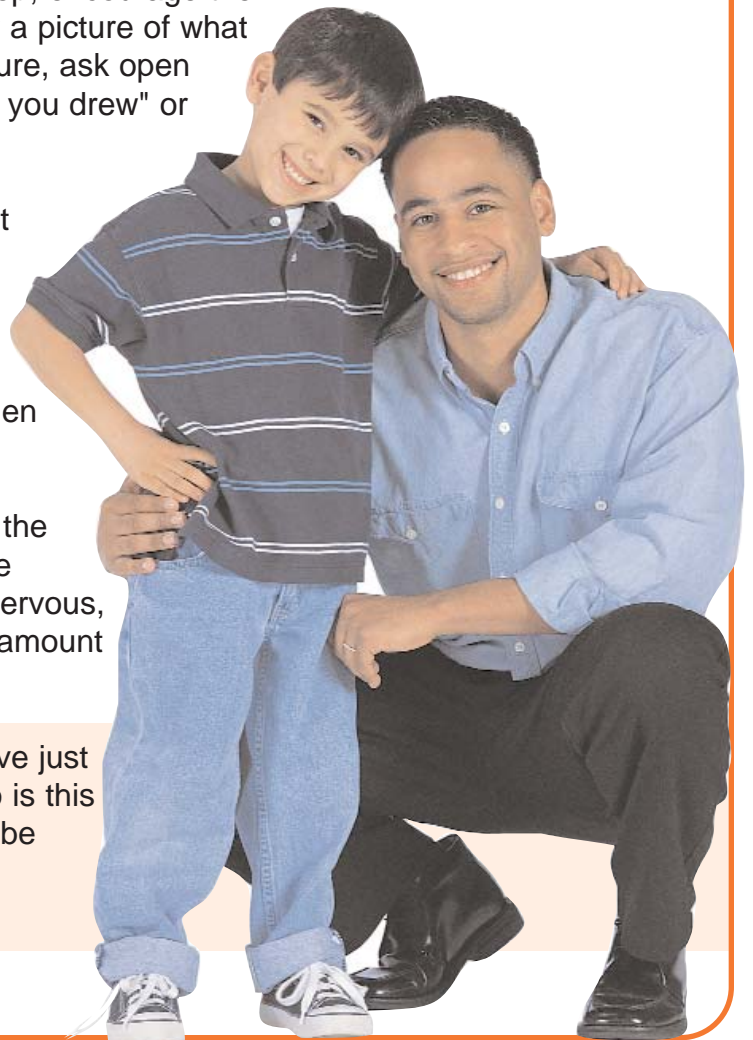
If the children have nightmares or cannot sleep, encourage them to talk about what's troubling them or to draw a picture of what they are feeling today. After you see the picture, ask open ended questions such as "tell me about what you drew" or "what is happening in your picture".

Always be willing to listen but understand that sometimes children need to be alone.

If at bedtime, they don't fall asleep, that's ok. The important thing is to keep them feeling safe and secure. Tell the parent/guardian when s/he returns home.

If the deployed parent is coming home soon, the reunion will be on everyone's mind. Once the reunion date is known, the children may be nervous, yet excited. This is normal; expect a certain amount of uncertainty or tenseness.

Also address reintegration - a parent may have just returned and the child is confused (e.g, "Who is this person telling me what to do?") There could be issues between the parents as well, such as redefining their roles.



Helping Children Stay Connected to Their Deployed Loved Ones

Make it clear that this is a suggested activity, and to ask if the parent has any objections to you doing this with the children.

Talk about the deployed parent/guardian or other loved one.

Use a map or globe to show where the parent/guardian is deployed.

Look up the country in an atlas, encyclopedia or on the web.

Go to the library and take out a book on the country and bring it with you the next time you care for the children.

Figure out the distance from where they live to where their parent/guardian is. Make it a math game!

Start a scrapbook or memory book with whatever the children want to put in it.

Have the children draw pictures, write stories, make collages, etc. Ask the parent/guardian at home to send them to the deployed parent/guardian.

Make "Welcome Home" signs once the reunion date is known.

Borrow the book **The Kissing Hand** by Audrey Penn, a story about Chester who is temporarily separated from his parent, from your MWR Library, Army Community Service or Child & Youth Services Lending Library.

Email omkadmin@operationmilitarykids.org and ask if it's possible to obtain a Hero Pack to give to the children.



Family File

Handout

As the one in charge, you are the "go to" person in every emergency. It is essential to have important information ready in a moment's notice. Knowing what information to have, and where to find it quickly, can be the difference that saves lives! Keeping a file on each Family allows you to be prepared in a variety of situations.

The following is one example of a "Family File". However, after completing the activity "What I Need to Know" with the rest of the group taking the babysitter course, you may want to develop your own!



Names and ages of children:

Playtime information (tv, computer limits, playmates, areas outdoors, indoors):

Bedtime information (time, rituals, special toy or blanket):

Discipline (house rules, behavior and disciplinary action):

Health information (food, medicine, allergies)

Parent/Guardian Name:

Street Address:

Home Telephone:

Cellular Telephone:

Neighbor's Name:

Neighbor's telephone :

Relative's Name and Telephone:

Family doctor's name and tel:

Local fire dept. telephone:

Local police telephone:

Local emergency telephone:

Poison Control:
(usually) 1-800-222-1222

Additional Information to get from parent/guardian:

Household Information

- ☒ **supplies:** first aid kit, flashlight, plunger
- ☒ locks, alarm locations and codes, garage openers, extra **keys:** where they are kept and how they work
- ☒ **pets:** responsibility for them if any
- ☒ **appliances:** how they work, including can opener, microwave, fuse box/circuit breaker location

Social and Emotional Development

Infants learn about the world through touch, sight, sound, taste, and smell. They learn about relationships from how people touch and hold them, and from the tones of voice and facial expressions people use when caring for them. When babies have their needs met- being fed when hungry, comforted when crying, held and touched gently, and kept warm and dry-they begin to trust the adults that care for them. This early sense of trust will help them develop positive relationships for the rest of their lives. If adults handle a baby roughly or if they always seem anxious and irritated when they feed and diaper an infant, that child will learn that being with other people is not a pleasant experience. A basic sense of trust will not develop and the child may have difficulty relating to others later in life.

Physical Development

Newborns usually cannot lift their heads. When on their stomachs, their heads will turn to one side. Although newborns cannot roll around, some infants may move their body the entire length of the crib by thrusting with their feet and legs.

Because a baby cannot hold up his or her head, you must gently support the neck and head when you pick up or carry a baby.

A 3- to 4- month-old baby (remember these are approximate ages) will begin to look around more, prop up on the chest and start to twist as he or she learns to roll from stomach to back and back to stomach. By about 4-5 months, the baby will try to grasp for an object, and watch his or her feet kick and move when placed on his or her back.

When you see a baby suddenly jump or twitch for no apparent reason, you are looking at the "startle" response. This is common in newborns and simply means that the nervous system is continuing to develop. Never shake a infant or throw a baby playfully in the air because it could harm his or her nervous system. If you get stressed while caring for an infant, put the baby someplace safe such as in the crib and call another adult. **Never shake a baby.**

Shaken Baby Syndrome (SBS) is the term used to describe babies or small children who suffer injury or death from severe shaking or jerking. Half the children who are victims of SBS die from their injuries. Others experience learning disabilities, delays in development, speech problems, hearing loss, etc. Shaken Baby Syndrome can be prevented.



Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of an infant under one year of age. SIDS, sometimes known as crib death, strikes nearly 3,000 babies in the US every year. The death is sudden and unpredictable. In most cases, the baby seems healthy.

The American Academy of Pediatrics says **one of the most important things to help reduce the risk of SIDS is to put healthy babies on their backs to sleep.** This is done when a baby is being put down for a nap, rest or sleep for the night. A certain amount of “tummy time” while the infant is awake and observed is recommended for developmental reasons and to help prevent flat spots on the back of the head. Tummy time is provided outside of the crib, e.g., in safe places where infants can listen, observe, and interact with others in their environment.

www.aap.org or www.nichd.nih.gov/sids/sids/cfm

As infants mature, they begin to explore and move by creeping, crawling, pulling themselves up and walking. They practice their new physical skills when they grasp, touch, hit, roll, and grab objects.

You can't spoil a baby by picking them up when they cry! Babies have only one way to tell you something's wrong, and that's crying. Maybe they're tired, hungry, too hot, too cold, have wet diapers, want their moms, or are just plain bored - it's up to you to play detective and figure out what they're trying to tell you.

Cognitive Development

Infants use all their senses to learn about the world. They "talk" with others through actions and sounds, and experiment with objects and noises. They enjoy watching the results of their actions. This is how children learn, make sense of the world, and learn to communicate. When babies coo, babble, and interact with others, they are developing language skills.

Children quickly begin to understand the meanings of symbols-that a smile and pleasant tone of voice mean the person speaking to them is happy, that dimming lights means it is naptime, and that putting on a coat means a trip outside.

Young children think that when they cannot see someone or something, that it is gone forever. When important people in their lives leave, they do not understand that they will return. This period of development is hard on parents and children.

Ask parents to help make these times of separation less stressful by letting a child hold and keep personal objects, such as stuffed animals, blanket or a Family photo. Around the second year of life, children begin to form mental pictures of objects, and that makes it easier for them to say goodbye to moms, dads, and other people they care about.

Physical

During this stage of development, children who are about 1-2 years old are able to stand alone and sit down by themselves. They can usually walk without help and are beginning to use some small muscles to turn pages in a book, push, pull and dump things, and roll a large ball. Older toddlers are beginning to feed themselves with a spoon, can help wash their hands and are able to pick things like toys up without tumbling over. As their large muscles grow and develop, they like to run but still may have trouble stopping and turning with ease. Toddlers will probably still need a hand going up stairs.

Cognitive

Language development is progressing and toddlers love to talk. By about 18 months, their vocabulary is growing to between eight and twenty words that a parent or babysitter can understand. Toddlers can point to something and use a word to describe what they want. They are beginning to understand and follow simple one-step directions. By the end of their second year, they are using several hundred words in daily talking and can put two or three words together in a sentence. They like to repeat words spoken by someone else. As you plan activities, remember at this stage, children have a short attention span. Toddlers are beginning to like to "pretend" play and do the same things that adults are doing. Dress up play is great fun at this age!

Social and Emotional Development

During toddlerhood, children usually complete the stage of trust. Trust allows toddlers to explore their world independently. Toddlers begin to see themselves as individuals who are separate from their parents and able to explore freely. Toddlers may be upset when parents leave, but will begin to understand that they come back during late toddlerhood. During this stage, toddlers may have trouble sharing toys and want to play by themselves, often saying things are "mine." Toddlers may need to be reminded about the rules and have difficulty waiting. Temper tantrums may occur. Allowing children to have choices helps them to have some power over their lives. Make sure all options are acceptable choices.



Physical Development

Children generally grow bigger as they grow older. But even this simple statement may lead to some surprises. The biggest surprise for most is that at birth infants are nearly one-third of their adult height; by age 2 they are almost half as tall as they will be as adults. The term motor development describes the complex changes in the child's body activities and movement, such as walking, running, jumping, hopping, skipping, pushing, pulling, bending, grasping, throwing, catching, kicking, and other actions involved in receiving and moving objects. A preschooler continues to master these tasks using large and small muscles.

Cognitive Development

Learning, remembering, deciding, planning, and organizing are taken for granted by adults. In young children, these complicated skills occur at different rates and follow a pattern. During this period, a child's thinking is extremely self-centered. Children see the world only from their own perspective, focusing on themselves and having difficulty understanding other points of view. They do not sympathize with the feelings or needs of others.

As they learn to talk, preschool children learn to name objects and identify pictures, labels and symbols; they combine words, discuss, negotiate and make decisions with playmates. As their thinking skills advance, preschoolers begin to use simple classification (putting similar items together by color, shape, etc.). More advanced classification and identification follow.

Imitation is important to the child's ongoing language development. Children will repeat what they hear and apply voice tones used by others. Two-way conversation is important as language ability grows. Reading with children, patiently listening, and talking with them help children learn language. The use of open-ended "what if ..." or "how does..." questions help to raise a child's thinking and language abilities to higher levels. This builds decision-making and critical-thinking skills.

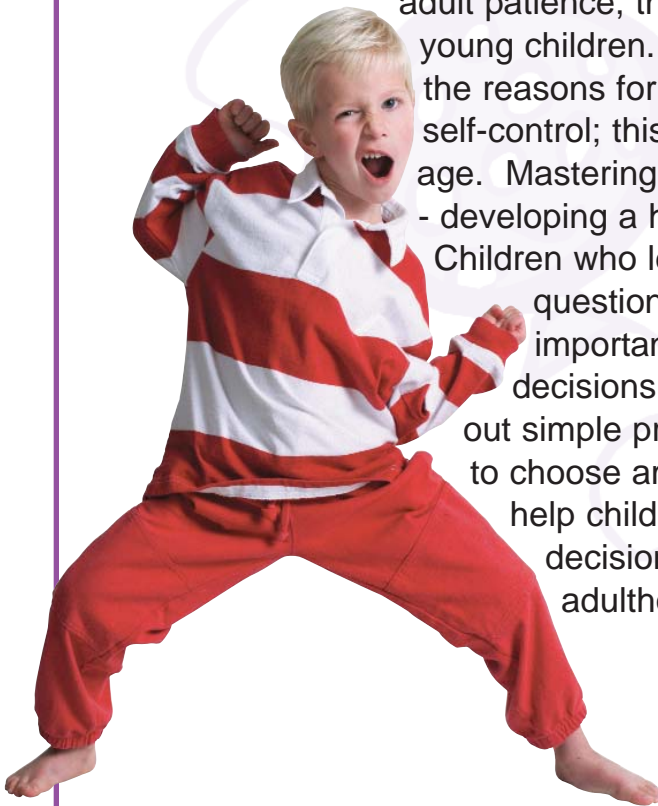


Social and Emotional Development

Developing a personality and becoming socially adapted are perhaps among the most baffling aspects of child development. A child's development of self-esteem, self-control, and personality depends greatly upon interactions from within the environment (the Family, the neighborhood). Personal development begins with a basic sense of trust during infancy followed by trust in toddlerhood. Independence is the primary emotional stage during the preschool years. During this stage, toilet training and language development usually occur. Being sensitive to the child's fragile sense of independence allows for healthy development as opposed to developing a sense of shame or doubt. Responding to acts of normal development with severe punishments or making the child feel guilty can be harmful, particularly during this stage. Developing a "sense of self" also follows a sequence. At about 18 months of age children realize that they are separate from their parents, but they are not aware that who they are will remain so throughout their lives. This recognition does not occur until between ages 5 and 7. This is why we hear young girls say, "When I'm a boy, I'll ..." or children say, "When I'm a baby again, I'll ..." Developing a sense of self-control is also slow. Behaviors such as whining in checkout lines, physical outbursts against siblings, and inability to sit still when waiting are examples of loss of control. Although these actions try

adult patience, they are normal and predictable behaviors in young children. When children are able to begin talking about the reasons for their behaviors, they are better able to practice self-control; this does not happen until about 7 or 8 years of age. Mastering independence paves the way for the next stage - developing a healthy sense of ambition, drive, or motivation.

Children who learn to initiate activities by exploring, questioning, and investigating develop skills that will be important for school activities. Children learn to make decisions when they are given chances to think and figure out simple problems. Giving children examples and chances to choose among options and possible solutions are ways to help children learn to make decisions. Skills in making decisions will prove valuable in the school years and adulthood.



Between the ages of 6 and 12, the child's world expands outward from the Family as relationships are formed with friends, teachers, coaches, caregivers, and others. Because their experiences are expanding, many factors can alter children's actions and impact how they learn to get along. Some situations can create stress and affect self-esteem. The middle childhood period is a time to prepare for adolescence.

Children develop at various rates. Some children in middle childhood seem very mature while others seem very immature. During this stage, behavior may depend on the child's mood, his or her experience with various types of people, or even what happened that day.

Physical Development

Growth is slower than in preschool years, but steady. Eating may fluctuate with activity level. Some children have growth spurts in the later stages of middle childhood. In the later stages of middle childhood, body changes (hips widen, breasts bud, pubic hair appears, testes develop) indicate approaching puberty. Children recognize that there are differences between boys and girls. Children may find difficulty balancing high energy activities and quiet activities and intense activity may bring tiredness.

Muscle coordination and control are uneven and incomplete in the early stages, but children become almost as coordinated as adults by the end of middle childhood. Small muscles develop rapidly, making playing musical instruments, hammering, or building things more enjoyable.

Cognitive Development

Children can begin to think about their own behavior and see consequences for actions. In the early stages of concrete thinking, they can group things that belong together (for instance babies, fathers, mothers, aunts are all Family members). As children near adolescence, they master sequencing and ordering, which are needed for math skills. Children begin to read and write early in middle childhood and should be skillful in reading and writing by the end of this stage.



Children learn best if they are active while they are learning. For example, children will learn more effectively about traffic safety by moving cars, blocks, and toy figures rather than sitting and listening to an adult explain the rules. Six- to 8-year-olds can rarely sit for longer than 15-20 minutes for an activity. Attention span gets longer with age. Toward the beginning of middle childhood, children may begin projects but finish few. Allow them to explore new materials. Nearing adolescence, children will focus more on completion.

School-Aged children can talk through problems to solve them. This requires more adult time and more sustained attention by children. Children can focus attention and take time to search for needed information. They can develop a plan to meet a goal.

Social Emotional Development

There are signs of growing independence in middle childhood. Children are becoming so "worldly" that they typically test their growing knowledge with back talk and rebellion.

Common fears include the unknown, failure, death, Family problems, and rejection. Children act nurturing and commanding with younger children but follow and depend on older children. School-Aged children are beginning to see the point of view of others more clearly.

There will probably be fewer angry outbursts as School-Aged children have more ability to endure frustration while accepting delays in getting things they "want." Children often resolve conflict through peer judges who accept or reject their actions; however, tattling is a common way to attract adult attention in the early years of middle childhood.

Around age 6-8, children may still be afraid of monsters and the dark. These are replaced later by fears of school or disaster and confusion over social relationships. To win, lead, or to be first is valued. Children try to be the boss and are unhappy if they lose. It is best to focus on cooperative activities and not competitive ones at this age. Children's feelings get hurt easily at this stage of development. There are mood swings, and children often don't know how to deal with failure.

Moral and Character Development Handout

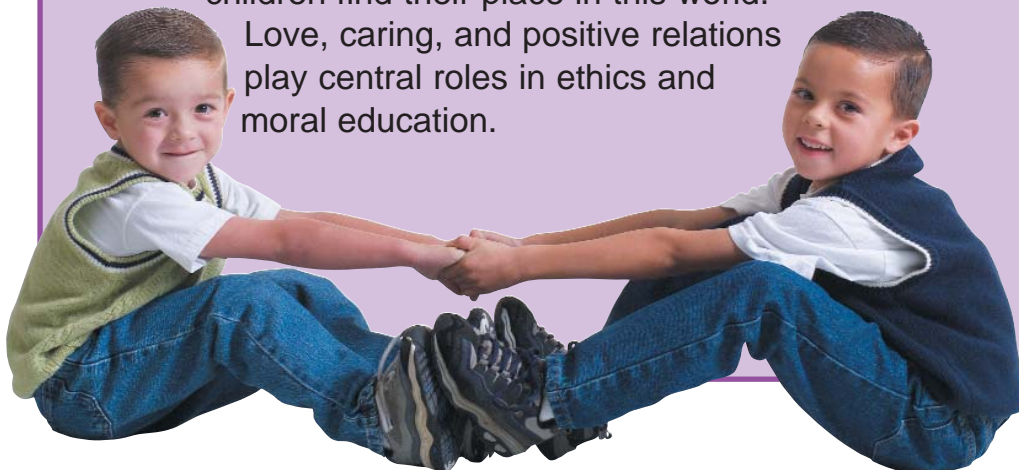
Moral development is more difficult to discuss in terms of developmental milestones. Moral development occurs over time through experience. Research implies that if a child knows what is right, he or she will do what is right. Even as adults, we know that there are often gray areas when it comes to making tough decisions about right and wrong. There are a lot of "it depends" responses depending on the particular situation.

Most adults agree that they should act in a caring manner and show others they care about them. People want to come into contact with others who will reinforce them for who they are. It is no different for children. To teach responsible and caring behaviors, adults must first model caring behaviors with young children as they do with other adults. While modeling caring, focus on listening to and talking with children. This does not mean talking at children but discussing with them in an open-ended way. For example, say "tell me about it" or "how does that work"? Work to create an air of learning and a common search for understanding, empathy, and appreciation. Dialogue can be playful, serious, imaginative, or goal oriented. It can also provide the opportunity to question why. This is the foundation for caring for others.

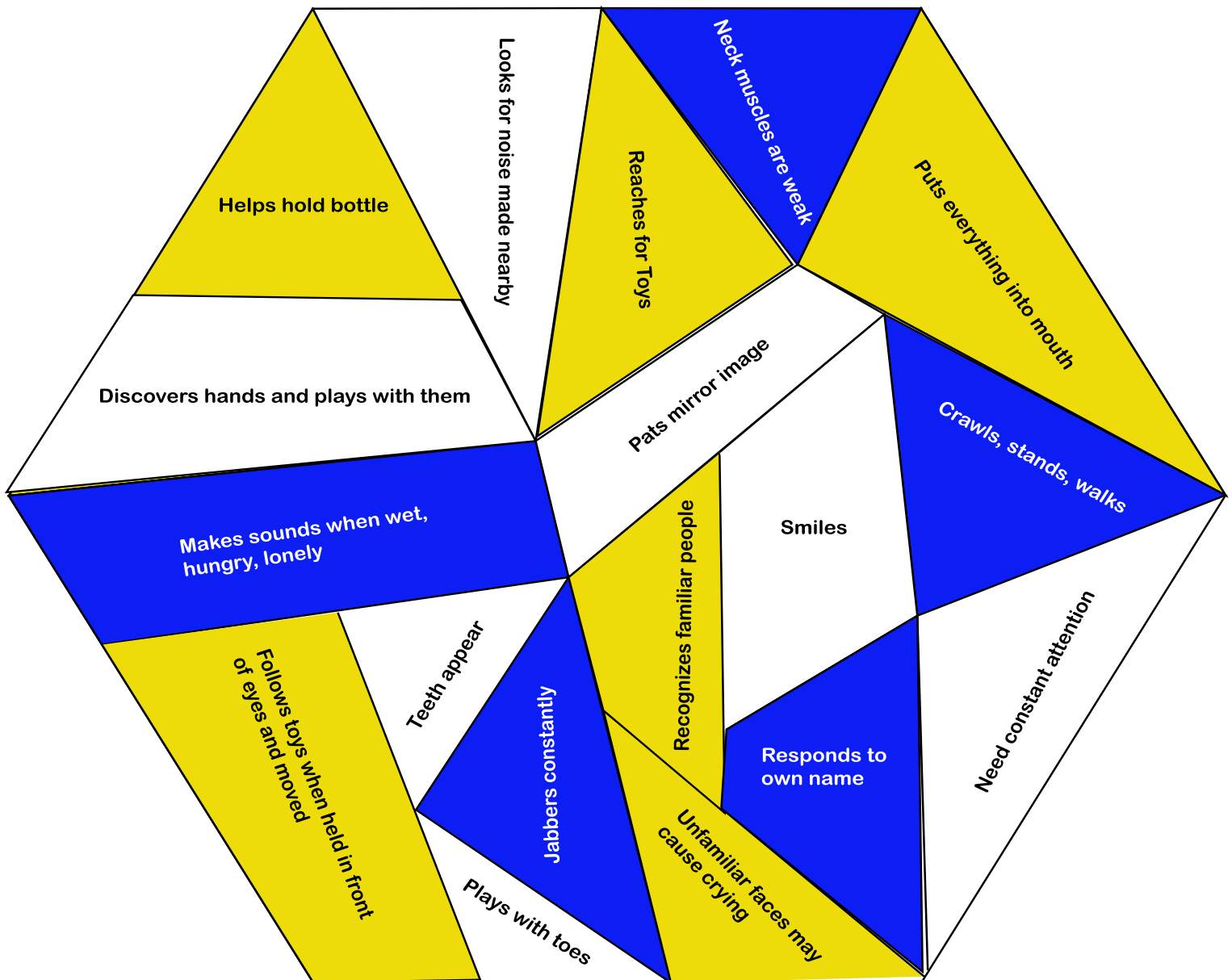
Next, practice caring for others. Adults need to find ways to increase the capacity to care. Adults generally spend time telling children what to do or teaching facts. There is little time to use the newly developed higher order thinking and to practice caring interactions and deeds.

The last step to complete the cycle of caring is confirmation. Confirmation is encouraging the best in others. A trusted adult who identifies something admirable and encourages the development of that trait can go a long way toward helping children find their place in this world.

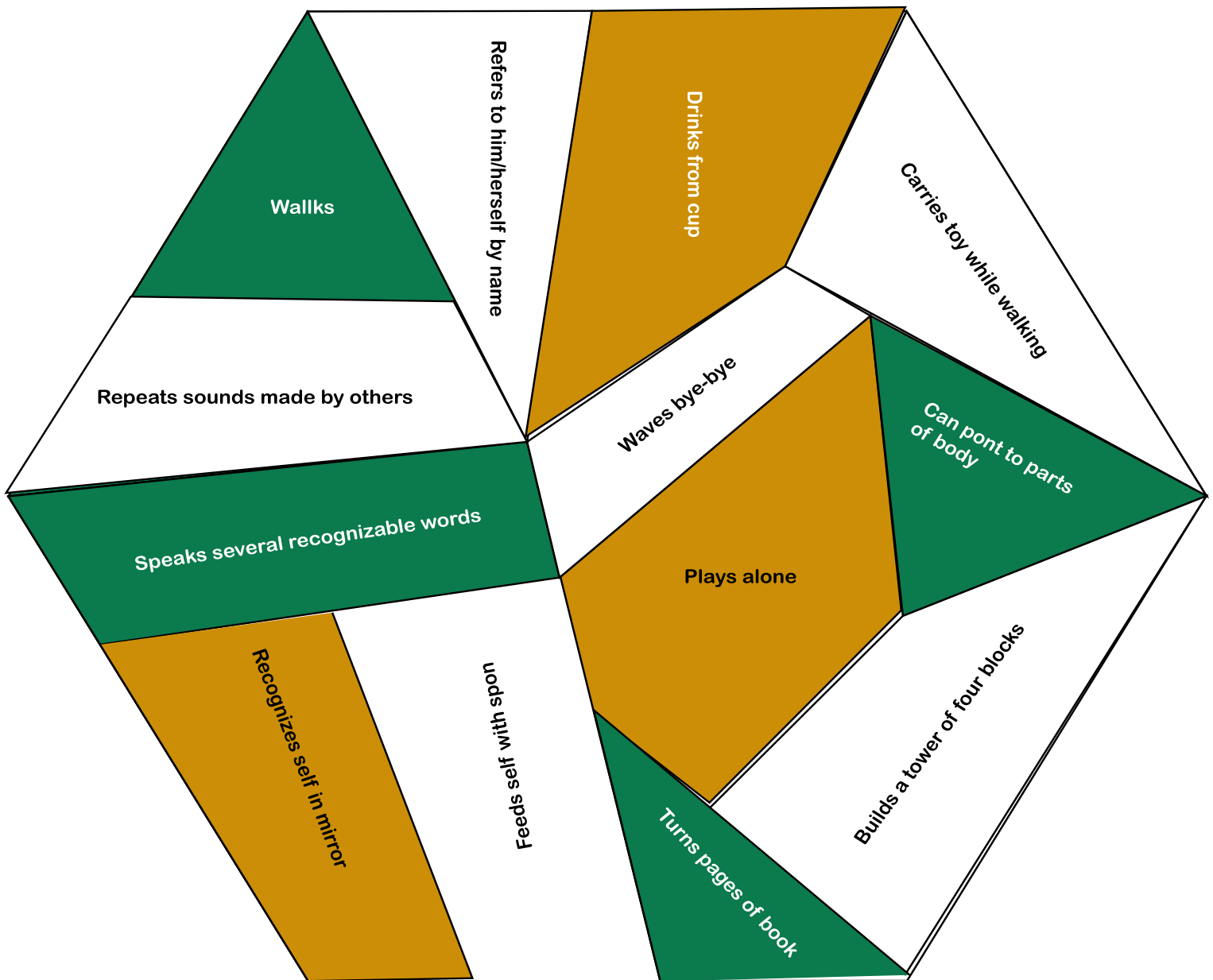
Love, caring, and positive relations play central roles in ethics and moral education.



Ages and Stages Puzzle (Infants 6 months to 1 yr.)



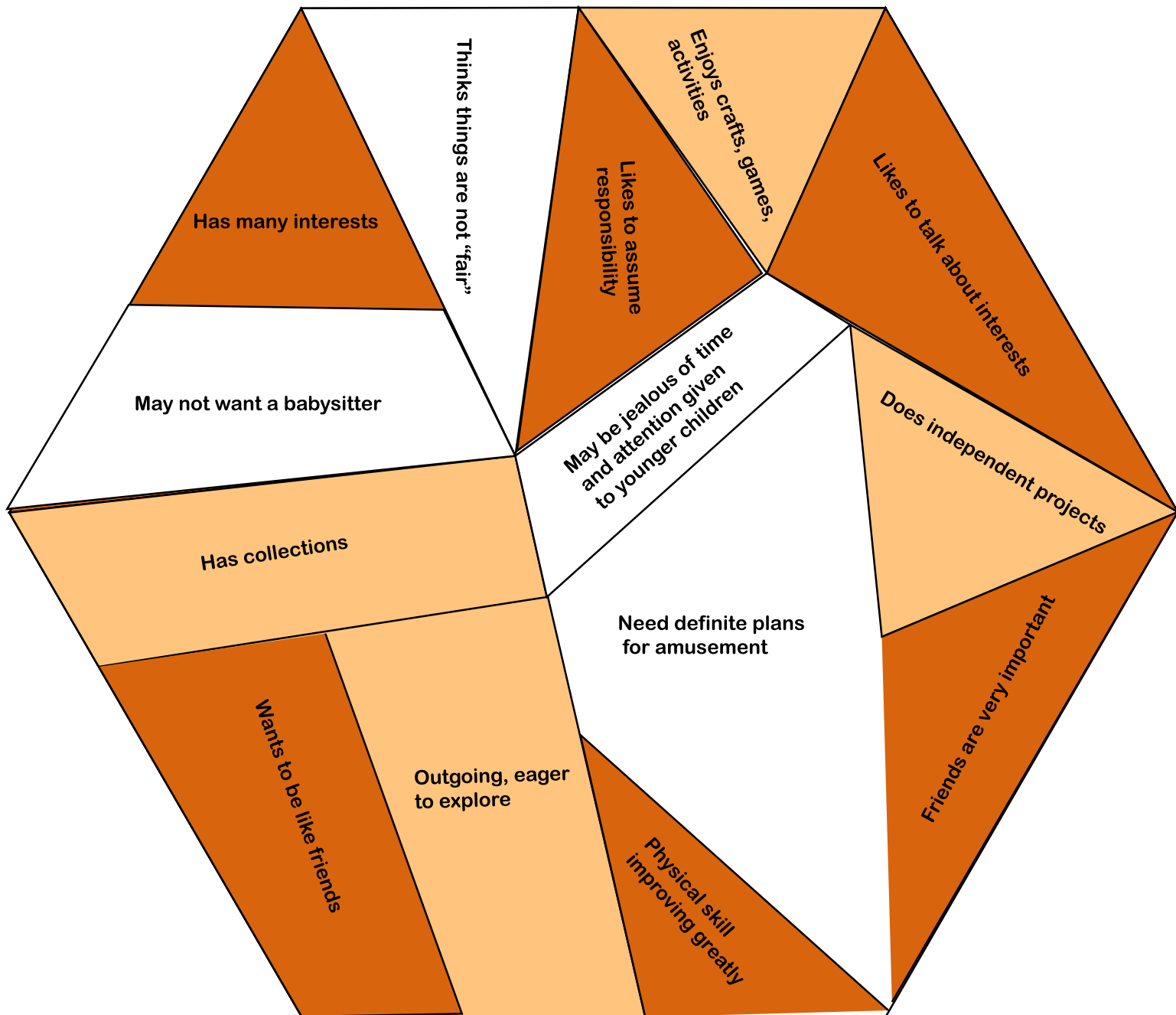
Ages and Stages Puzzle (Toddlers 1-2 yrs.)



Ages and Stages Puzzle (Preschooler 3-5 yrs.)



Ages and Stages Puzzle (School age 6-10 yrs.)



Discipline Strategies for Babysitters

Handout

Children spend their young years trying to figure out how they fit into the world. How independent or dependent will they be allowed to be? What will be the consequences of various actions? Who will give them direction? Who will be their role models? In addition to the reasons for behaviors, as a babysitter, consider these questions:

1

Are expectations for the child clear?

Children develop at different rates, have different interests, and certainly have different kinds of homes and Families. Are attempts made to prepare the child for new situations? Offer explanations on what the occasion or activity is about and what behavior will be expected so guessing isn't necessary.

2

Is the behavior driven by the child's need to test the boundaries of particular relationships?

Children who realize that adults will "still love them" if they misbehave feel secure. They may test boundaries to make sure they are loved, and this may be particularly true when there have been many changes in the Family home. Help children understand that you are angry with their behavior but you still care for them.

3

Are consistent limits understood and followed?

Children may resist limits if there is too much adult control and not enough room allowed for making their own choices. Discipline allows children to develop their own "inner voice," which will sensibly guide their behavior as they grow. Consistent limits help promote positive self-esteem, control, and respect.

4

Are there good role models for the children to copy?

A role model sets a good example for you and demonstrates the best or most positive practices. A role model is someone you look up to. Researchers in moral development say children's heroes follow a fairly predictable pattern. Young children often choose their parents or etachers as heroes. As a babysitter, you may also be viewed this way by the children you care for.

Discipline Strategies for Babysitters

Handout

As babysitters, your responsibility is to keep the children safe and happy. The best strategy to avoid behavior problems is to be prepared ahead of time. Some suggestions are:

- Provide a variety of things to do
- Expect appropriate behavior by telling the children what to do
- Give an older child fair warning on timelines; "Five minutes until bedtime", etc.
- Enforce the rules of the house. Making up your own could confuse the children



Seven Principles of Discipline

Handout

1

Focus on the DOs instead of the DON'Ts. Tell children what they can do instead of what they can't do. Do not do for a child what the child can do for himself or herself.

2

Be sure you convey to the children that they are lovable and capable. Children want attention and it's your job to give it to them. Praise them when they have done something noteworthy. Encourage them to try new things or explore new opportunities.

3

Be kind and positive, affectionate and thoughtful. Be quiet-spoken and pleasant. If you get angry, let them know what they did that was not right, but remain calm. Focus on the behavior not the child.

4

Offer children choices only when you are willing to abide by their decisions. If you decide to give them options and alternatives, be realistic.

5

Change the environment instead of the children's behavior. Sometimes you need to move the children; go outside, move to a different room, or begin a new activity.

6

Work with children instead of against them. Consider the children's ages. Let them know what is expected. Ask what they like to do but be prepared with lots of your own ideas.

7

Give children safe limits they can understand. It is your responsibility to know the rules of the Family for which you are babysitting. If you need extra help with a situation, call the parent/guardian or another trusted adult.

Tool Kit Possibilities

Handout



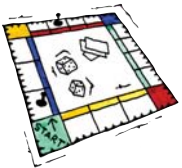
Colorful adhesive bandages or Boo Boo Bunny (see Lesson 6, page 104) to soothe an upset child



Flashlight for emergency lighting or shadow wall games



Children's movies (check with parent/guardian) for rainy day/quiet time



Story books, music, board games for quiet play



Deck of cards for simple games



Notebook to record information



Pencil, pen, washable, non-toxic markers

Puppets (adhere to age restrictions)



Colored paper, non-toxic crayons, tape



Disposable gloves - be aware of latex allergies



Stickers - assorted stickers for the children to use in their art projects



Stuffed animals (animals should be clean and adhere to age restrictions)



Miniature vehicles (adhere to age restrictions)



It is best not to include food items.



Developmentally Appropriate Activities

Handout

Birth to Six Months (Get down on baby's level)

- Rock
- Cuddle
- Sounds - humming, crinkle paper, tinkle of a spoon on a cup/glass
- Bright colors - especially red and yellow
- Faces - eyes are fascinating
- Reading, singing, talking

Six to Twelve Months

- Read
- Sing
- Talk
- Mirror - Look at self
- Pat-A-Cake, Peek-A-Boo, This Little Piggy rhymes
- Repetition: Dropping things
Reaching for things
- Roll ball back and forth
- Hide toy under blanket, let baby find it
- Objects to put in and take out of box or basket
- Play with pots, pans, plastic containers in kitchen



One to Two Years

- "Make believe" telephones, miniature cars, trucks and dolls
- Simple puzzles, take apart toys, stacking toys
- Tower building blocks (knock down again and again)
- Reading books (probably will request same book over and over again)
- Security blanket or favorite toy goes everywhere with child - especially to bed
- Pick-up time can be a game - tossing toys into basket
- Simple "hide and seek" games - let him or her "find" you

Two to Three Years

- Work puzzles and play with construction toys
- Enjoys scribbling on paper with crayons or markers; stringing beads, shaping playdough and making paper chains
- Pegboards and other matching toys
- Nesting toys (eggs, stacking blocks, nested dolls)
- Make "music" with rhythm instruments
- Outdoors - sandbox, water play with plastic cups for measuring and pouring
- Quiet time - finger games, counting songs
- Reading time - will point to pictures and talk about story

Developmentally Appropriate Activities

Handout

Three to Four Years

- Role play "house", "store", "school"
- Clay, crayons, coloring books, finger paints, chalk and chalkboards, blunt scissors (which can cut hair and clothes as well) and paste
- Simple two-person games, i.e., "Lotto", "Candyland", "Simon Says", "Statues"
- Short attention span during reading or television watching, but often returns after a few minutes
- Take a walk outdoors - collect leaves, pine cones, or stones
- Have child lie down on big piece of wrapping paper and draw outline of body. Watch or help child draw face, hair, clothes
- Make a fort out of blankets stretched across two or three chairs. Make a bus out of a line of chairs and let child be the driver

Four to Five Years

- All indoor activities and crafts that three-year-olds like are still popular. (They can do them better. Still expect messiness.)
- Interested in letters and numbers and likes to play word and math games
- Quiet game to stimulate imagination: for example, "If you could have one wish, what would it be?" What would happen if it came true?"
- Active play outdoors - hopscotch, tricycle riding and timed runs around the house, collecting pine cones, twigs, and leaves
- Make hats and masks for dress-up from large paper bags. Cut holes for eyes and mouth and help children color masks
- Do simple calisthenics (just bending, stretching, and reaching are fine) or dance when indoors.
- Look through Family album with child and let them point out pictures of friends and Family members

Five to Seven Years

- You may spend less time entertaining this age child
- Outdoors they're active - jump rope, running games, riding bikes. They may be happy to have you join them or prefer to be alone or with friends
- They like to read to you or with you - usually they love riddles
- Dressing dolls and playing dress-up will keep girls busy for hours. Boys often like to manipulate tools and play with construction toys. Remind sitters boys can also play dress-up and girls can play tractors!
- Look at a big catalog with the child. Let them pick out things that would be fun to have. Spend certain amounts, such as \$10, \$25, or \$50.
- They will enjoy playing board games. They want to WIN! (So be prepared for some cheating).
- Make up a silly song with the child. You start a sentence, let them finish it.

Did you know that children start to develop the skills needed to read long before they can actually read? As a babysitter, you can help them learn these much needed literacy skills by reading out loud to them. Reading out loud to young children (even infants) can help children learn about words and their meaning, print, and the characteristics of language.

By the age of 2, children who are read to regularly can understand more words and their meanings. Reading to the preschooler can help children read better in elementary school. It also allows children to embrace learning and enjoy education more.

It is important to realize that stories, books, and even songs need to be developmentally appropriate. Developmentally appropriate books, toys, and activities are activities that are based on each individual's child's needs and wants. For example, children from one year old on like to look at picture books. The pictures should be large, and there should be only one or two pictures on a page. It is good if the pictures are of real objects that the child can recognize (a ball, a cat, a car). Young children also like to turn the pages of a book. They sometimes like to tell stories that they make up about the pictures. Turning pages and talking are activities that children enjoy and an important part of having a story "read" to them. Keep in mind that young children may even want to turn the pages backwards!! Take the lead from the child- not every word or every page has to be read- the process of touching, seeing, and hearing the book is important at this age.

When reading out loud to children:

- Read the book or passage ahead of time to familiarize yourself with the writing style and story line.
- Think about passages in the book that you can read with dramatic flair.
- In reading selections with dialog, think about different ways you can change your voice to distinguish between characters.
- Think of creative ways to make the reading interesting by adding visuals, props, or sound effects & music.
- Set the stage before you start reading. If it is a new selection or a portion of a book, provide a teaser blurb to get the children interested.
- Ask the children a question or make a prediction before you start reading.
- Make reading a comfortable and pleasant experience.
- Some children can listen better if they can close their eyes while other children listen better if they can draw or doodle during the reading session.
- Providing comfortable seating with cushions, good lighting, and snacks is another way of creating a positive environment.
- Summarize, adapt, or skip parts of longer books that are too far above the children's level of understanding, if time is short or if their interest seems to be wavering.
- Follow up with materials and discussions that will help the children understand the characters, events, or settings of the books.

As children grow older, they like longer stories, but still are interested in familiar things: mothers, fathers, grandparents, aunts, brothers and sisters, animals, playthings, food, etc. They like to imagine parts of the story. Children like to see the pictures in a book that is being read. They like to sit in the reader's lap and help hold the book. If they are babysitting for more than one child, the babysitter should have the children sit in front of them and to read the story by looking at it sideways. If they are babysitting several children- it is often helpful to have the older children become the reader. Allow them to read to the younger children keeps everyone involved!

Children often like to talk about what is happening in the story. It's a good idea to stop and let them talk about their ideas. The readers should listen to what the children have to say. Readers may use gimmicks, puppets or props, if possible, to illustrate the story and to use their own voices and gestures to make the story more realistic. Raising, lowering and changing the tone of their voices with the different characters helps create the different personalities of the characters and encourages the children to listen. Encourage the children to "act out" the story. This involvement allows children who need a more active playtime enjoy reading as well. Remember all ages like reading!



Music, Movement, and Fingerplays Handout

Children love to dance and move. A good way to encourage this is with songs, games and fingerplays. Try some of the suggested ones here or one of your own favorites. Preschool children like songs with actions. They usually like to play "Farmer in the Dell," and "Here We Go 'Round the Mulberry Bush." By five or six, children like singing games with more complicated actions such as "In and Out the Window". When children are four, five, or six years old, they start to like to "just listen" to music.

"Home Sweet Home"

A nest is a home for a robin (cup hands to form a nest)

A hive is a home for a bee (turn cupped hands over)

A hole is a home for a rabbit (make a hole with hands)

And a house is a home for me (make roof with peaked hands).

"Quiet Cats"

We are little pussy cats (use hands, crawl, or tip-toe)
Walking round and round
We have cushions on our feet
(whisper) And never make a sound

"I'm a Little Teapot"

I'm a little teapot, short and stout
Here is my handle, here is my spout

When I get all steamed up, hear me shout

"Tip me over and pour me out!"

"Taller, Smaller"

When I stretch up, I feel so tall
When I bend down, I feel so small
Taller, taller, taller, taller
Smaller, smaller, smaller, smaller
Into a tiny ball

"The Apple Tree"

Way up high in the apple tree (point up high)
Two little apples smiling at me (make two circles with hands)

I shook that tree as hard as I could (wrap hands around "trunk" and shake)

Down came the apples and (two circle hands come down)

Mmmm, they were good! (rub tummy)

Drums

Tape the top securely on an oatmeal box or a margarine container.

Drumsticks can be your hands, spoons, pencils, dowels, or sticks. You may want to wrap one end of the dowel or stick with cloth, or tie cotton on it to make a different sound. This also makes it more safe to use.

"The Itsy Bitsy Spider"

The itsy bitsy spider climbed up the waterspout

Down came the rain and washed the spider out

Out came the sun and dried up all the rain

And the itsy bitsy spider climbed up the spout again.

Handout

- If babysitting in somebody's home, check for potential safety hazards and do what you can to correct them - for example, if cleaning supplies are stored under the kitchen sink, make sure young children don't go in the kitchen alone.

Tell the participants that making a plan will save them precious seconds if they discover fire/smoke. Go over the following steps with them.

1

Plan two escape routes out of the home. If one route is blocked, there will be another. Have your emergency kit near one of the routes, if possible.

2

Gather the children and get them to safety; call 911 from a neighbor's house or cell phone. Do not worry about dressing the children. Time is precious.

3

Do not gather valuables or toys. Take pets, if time allows.

4

Do not go back into the house for anything. You can mention any concerns you may have to firefighters when they arrive.

5

If the house is filled with smoke, stay low and crawl.

6

Hot door handles signal fire on the other side: so do not open the door. Find another way out.

7

Stay calm and do not panic. The children will be looking to you for reassurance.

Responding to Emergencies **Handout**

Babysitter in Crisis

- If babysitter becomes ill or injured while babysitting, call the parents or any emergency contact number provided by the parent/guardian. If you can not reach the parents, call a responsible adult to help with the children. Be sure all the children are safe. This may mean putting the baby in a play pen, crib, or a cleared area on the floor. It is important to get help as soon as possible, and to return to the children quickly. If it is an emergency - don't hesitate to call 911.

Child(ren) in Crisis

- If the child(ren) are ill or injured contact the parents as soon as possible. If you are unable to reach the parents, get in touch with the emergency contact. Don't hesitate to call 911. It is important after any illness or injury to document the injury as precisely as possible. This information is often important to physicians and parents. The Babysitter Report form will help you give the parents information on appetite levels (great, good, not great), foods eaten, stories and songs played, special activities done, toileting. Additionally, if there as an accident or illness, the Accident/Illness Report should be completed.

Parents in Crisis

- Parents can be late; however, it is important to have a contingency plan if parents do not return at the pre-set time. Always insist on more than one emergency contact other than the parents to call. If the parent/guardian returns under the influence of drugs or alcohol, do not leave the children. Call the emergency contact number, a neighbor, or the police.

Helpful Forms

- In order to keep children as safe as possible as well as to respond to a crisis quickly and efficiently, it is important for parents and babysitters to complete several different forms. These sample forms are located in Appendix E.
- Family File
- Babysitter's Report
- Accident or Illness Report. The Accident or Illness Report should describe all aspects of the type of illness or injury. Accident/illness reports should include the time the child became sick or was injured, what the symptoms of the illness were or what was injured, how the injury happened, and the how the babysitter responded to the illness or injury.

Other areas that need to be examined are "everyday caregiving" such as appropriate handwashing and diapering techniques as well as bed time rituals.

Bathing and Bedtime for Infants/Toddlers and Children

Handout

It is generally not a good idea for a babysitter to bathe infants.

If a parent asks you to do so, explain to him/her that you don't think it is a safe thing for you to do. If you feel comfortable bathing infants or children, be sure you know how the parent does things and where supplies are kept. Be sure the water is not too hot or too deep.

NEVER leave a child alone in water of any depth.

Bedtime for infants and children:

Infants are always put to bed on their backs. Do not give them a bottle in their crib because babies can choke and it also promotes tooth decay. Be sure there are no items in their cribs such as toys or blankets. Blankets in the crib have been associated with an increased incidence of Sudden Infant Death Syndrome. Pull the side of the crib up and lock it in place.

It is important to find out from parents/guardians ahead of time what the bedtime routine is. Does it include washing-up? brushing teeth? story-telling? reading a book? prayers? a special blanket or stuffed animal? music? nightlight? door open? Some younger children may have a difficult time falling asleep even after you have tried all the routine items. Try staying with them, rubbing their backs, and talking softly. They just may be feeling a bit uneasy. If they are older, they may not be tired. Let them do quiet activities in their bed. Check on sleeping children every 15 minutes.



Diaper Changing

Handout

- 1.** Gather all necessary items such as a clean diaper, pins, wipes, clean clothes, and diaper rash ointment (if used by the parents).
- 2.** Wash hands thoroughly. Put on disposable gloves. (Make sure there are no participants with latex allergies.)
- 3.** Place a paper towel on the changing table or other flat surface and lay the baby on it. Fasten the baby in with the safety restraint if there is one. Stay with the baby at all times.
- 4.** Remove the soiled diaper. If it has sticky tabs, unfasten them and stick them back on themselves so they won't stick to the baby.
- 5.** If the baby has a messy diaper, wipe his/her bottom with the corner of the diaper. Then clean with a damp washcloth or wipes. Make sure to clean all creases and genitals. Wipe girls from front to back.
- 6.** Gently lift the baby's hips off the changing surface by holding the baby by the ankles with one finger inserted between them.
- 7.** Fold the soiled diaper in half under the baby keeping the clean side up. Set it aside.
- 8.** Wipe your hands with a pre-moistened towelette or damp paper towel.
- 9.** Raise the baby's hips off the changing table, slide the clean diaper under the baby's bottom. Pull the diaper between the legs and pin or tape into place. Make sure it is snug but not so tight it causes pinching. Try not to bunch it between the baby's legs as this could cause chafing. If using pins, place your hand between the diaper and the baby's skin to prevent accidentally sticking the child with the diaper pin. Pins should be inserted with the point towards the baby's feet.
- 10.** Wash the baby's hands.
- 11.** Remove the baby from the changing table and put him or her in a safe place. Then put the soiled diaper in the correct container. If the baby wears cloth diapers and the baby had a bowel movement, be sure to dump the bowel movement into the toilet and flush before putting the diaper in the container.
- 12.** Clean and disinfect the changing table and any supplies and equipment you used.
- 13.** Remove your gloves and wash your hands thoroughly when you are done.

Young children who have recently been toilet trained still need help in using the toilet. They may need help in undressing, wiping (be sure to wipe girls from front to back), washing hands and dressing again. They might also want you to stay with them when they are using the toilet. So, be prepared to help with toileting needs!

Constant, non-distracted supervision is critical when babysitting. When properly supervised, children are less likely to have accidents. Keep the volume down on the television or radio (or keep them turn off), stay of the telephone unless it is an emergency, and keep children within your sight at all times.

Keep these things out of sight and away from children: (Suggest a 35mm film canister for demonstration purposes for choking. If an item fits into a film canister, it may be a choking hazard.)

- Matches or lighters
- Cigarettes
- Plastic bags
- Small objects (beads, marbles, buttons, coins, pins etc.)
- Sharp objects (knives, scissors, etc.)
- Cleaning supplies
- Electrical appliances (microwave may be used with parental permission)
- Cords on window blinds
- Electric fans
- Open windows
- Stoves (if you must cook- turn handles of pots and pans inward)
- Hot liquid
- Plugs/outlets
- Cords
- Heaters
- Radiators

Check for these outdoor hazards:

- Piles of leaves or snow near a road
- Tall grass or corn fields
- Slingshots
- Trampolines
- Hanging rings
- Activities such as bikes, scooters, in-line skates (please get parental permission for children to participate in these activities) Do not use unless safety helmets and pads are available
- Pools
- Busy streets
- Swings
- Ladders
- Sharp tools
- Stray animals

- Don't leave small items such as buttons, coins and beads within children's reach.
- Have children sit in a high chair, toddler seat or at the table when eating.
- Do not let children eat too quickly.
- Make sure toys are too large to swallow.
- Do not let children play with balloons or plastic bags.
- Cut foods that children can easily choke on (such as hot dogs, grapes or peanut butter sandwiches) into small pieces that are long, not round.
- Hand feed toddlers (1 - 3 years old).
- Always supervise children while they eat.

The choking child (1 to 8 years of age)

Choking is a common childhood injury that can lead to death. It is important to be able to recognize when a child needs first aid for choking.

If a child is choking and unable to speak, cough or breathe, you will need to take action. The child may show you that he or she is choking by grasping at his or her neck and may become agitated. Do not take any action if the child is coughing. This means that the child is still getting air.

1. Call the on-post or off-post emergency number or 911 and the parent/guardian. If possible have someone else call.
2. If the child is conscious and action is required, you will need to give abdominal thrusts. Position yourself behind the standing child and place your fist just above the navel and give quick, upward thrusts until the object is removed. You may need to get down on your knees to do this if the child is small.
3. If the child is not conscious and not breathing, lay the child on his or her back on the floor. Tilt his or her head back and lift chin gently to open the airway. Pinch the nose and give two slow breaths into child's mouth.
4. If your breaths do not go in, reposition the airway and give two breaths again. If the air will still not go in, place the heel of your hand on the lower half of the chest bone. Position your shoulder directly over your straightened arm and hand, and you should look down at the hand that is compressing the chest. Give five chest compressions. Look for and remove the object seen in the mouth. Tilt head back and give two rescue breaths.
5. Repeat the cycle of 30 compressions and 2 breaths until you see the object, or the breaths go in, or until help arrives.

Reminder: 30 chest compressions with one hand to two breaths, in cycles of 15-20.

Always call the on-post or off-post emergency number or 911 and parent/guardian if a child has stopped breathing.

Note: Participants can practice CPR on mannequins, if available.

Choking and Blocked Airways






Handout

A child may stop breathing due to illness or injury but the most common cause is a blocked airway caused by choking on a foreign object. This foreign object could be a small toy, pen cap, hard candy, or any type of food.

The body can only function for a few minutes without oxygen so if a child is not breathing this is always an emergency. You must react quickly!

The choking infant (up to 1 year old)

Choking is a major cause of death and injury to infants. Infants learn about their world by putting objects into their mouths. Small objects, such as coins, beads and parts of toys are dangerous if the infant puts them into his or her mouth. Also, infants can easily choke on foods such as nuts, grapes and popcorn. To prevent choking never let an infant eat alone and never prop up a bottle for an infant to drink alone.

-  1 Call the on-post or off-post emergency number or 911 and the parent/guardian. If possible have someone else call.
-  2 Position the infant face-down on your forearm, so that the head is lower than the chest. Give 5 back blows between the shoulder blades, using the heel of one hand.
-  3 Turn the infant onto his or her back. Support the neck with your hand, and forearm with your leg.
-  4 Give 5 chest thrusts in the center of the breastbone, between the infant's nipples. Be sure to only compress the chest about 1".
-  5 Repeat back blows and chest thrusts until the object is coughed up, the infant begins to breathe on his or her own, or the infant becomes unconscious. If the infant is not breathing or is unresponsive, begin performing CPR if you know it. Reminder: 30 chest compressions with 2 fingers to 2 (puffs) breaths.

Common Injuries You May Encounter

Handout

Poisoning

If there is suspicion that a child has been poisoned, look quickly for the bottle or other clues to identify the cause of poisoning. Immediately call the Poison Control and Prevention Center at 1-800-222-1222. Staff will be able to recommend the best action to take.

With any type of possible poisoning, call the parent/guardian immediately.

An absorbed poison enters the body through the skin. These poisons come from plants such as poison ivy, poison sumac and poison oak, as well as fertilizers and pesticides used in lawn care. If this type of poison gets on the skin, wash thoroughly with warm soapy water and rinse.

Young children are curious about their environment and so will often put anything into their mouths. If there is suspicion that a child has swallowed something s/he should not have, it could lead to poisoning. Try to find out what it was and how much was taken. Call the Poison Control and Prevention Center at 1-800-222-1222 and the on-post or off-post emergency number or 911.

Poisoning can also result from breathing toxic fumes. This is an emergency situation. Call the Poison Control and Prevention Center at 1-800-222-1222 and the on-post or off-post emergency number or 911.

Poisonous Products

Here is a partial list of poisonous products found in and around the home.

- medicines
- iron pills
- cleaning products
- nail polish remover
- baby oil
- lighter fluids
- batteries bug and weed killers
- cigarettes
- mouthwash containing alcohol
- plants (indoor and outdoor, poinsettia and yew)



When using a cleaning product, read the instructions, close the container tightly and never leave it out where children can get it. Store it in a location that is safeguarded with child safety locks.

Remember that your Grab and Go kits can have dangerous and toxic materials in them if used inappropriately; please keep them away from all children.

Common Injuries You May Encounter

Handout

Bleeding

Minor cuts: Wash with warm water and soap or a mixture of half water and half hydrogen peroxide, if available, and cover with a clean bandage. Be sure to tell the parents/guardians when they come home.

Nosebleed

A nose may bleed from an injury to the nose or an object in the nose. It may start without warning, especially during the winter months in dry, heated homes. Have the child sit straight with her or his head slightly forward and apply pressure by pinching the nostrils together for 15-20 minutes. If the bleeding does not appear to be stopping or slowing, call the on-post or off-post emergency number or 911 for help. In all cases, call the parent/guardian. Do not allow the child to blow his/her nose. Continue to pinch nostrils gently until help arrives.

Severe bleeding

Severe bleeding is an emergency. Call the on-post or off-post emergency number or 911 and the parent/guardian for help. Apply direct pressure and a clean cloth/bandage to slow or stop the bleeding. If the bleeding soaks through the cloth/bandage, apply another cloth over the first (do not remove the first cloth). Raise the injured area above the rest of the body if you do not think there is a broken bone. This may help slow the bleeding down until help arrives.

Burns

- Burn prevention includes never lighting a fireplace, woodstove or outdoor fire when babysitting.
- Do not smoke.
- When cooking, keep pot handles turned toward the back of the stove and never leave a stove with burners turned on or unattended.
- Use large amounts of cool water to cool the burn. Cover the burn with a clean, dry dressing.
- Call the parent/guardian, on-post or off-post emergency number or 911.
- Call for help immediately if
 - ... the child has trouble breathing.
 - ... the burn involves more than one part of the body.
 - ... the burn involves the neck, head, hands, feet or genitals.
 - ... the burn is caused by chemicals, explosions or electricity.



Animal Bites

Call the on-post or off-post emergency number or 911 and the parent/guardian. Take note of how the animal is behaving: foaming at the mouth, snarling, etc. This can help determine if the animal is sick with rabies, a very serious illness.

Common Injuries You May Encounter

Handout

Sudden Illness

If the child suddenly becomes ill, keep him or her comfortable. Symptoms could include raised temperature, abnormal color, abdominal tenderness, pain, vomiting, diarrhea, etc. Call the parent/guardian immediately for instructions.

Ears/Nose

Young children may put things in their ears or nose. This is no immediate danger unless they inhale it; but do not attempt to remove the object. Call the on-post or off-post emergency number or 911 and the parent/guardian.

Eyes

If there is any problem with an eye, such as something is lodged in it, or it is burned, or if a toxic substance such as bleach, shoe polish or detergent has gotten into the eye, do not allow the child to rub it. Call the on-post or off-post emergency number or 911 and the parent/guardian.

Vomiting

Can occur when children cry hard. If this happens, clean up the child. Do not give him/her anything to eat or drink for one hour. If the child vomits again, notify the parent/guardian and try to determine if the child is having abdominal pain. Always place the child on his or her side to prevent choking.

Diarrhea

Can occur due to something the child ate, illness such as flu, or a variety of other reasons. If this happens, put on vinyl gloves if available. Clean and dry the child. If s/he is having abdominal pain, notify the parent/guardian. Remove the gloves by pulling them down from your wrist toward your fingertips turning them inside out as you go. Dispose of them immediately by placing them in a plastic bag if you have one. Twist it shut and throw it into a trash receptacle. Wash your hands thoroughly with soap and hot water.

Tooth loss

If a child loses a baby tooth, put on vinyl gloves, if available. Gently place pressure on the remaining space with a clean cloth until the bleeding stops. If it is an adult tooth, place the tooth in a neutral solution such as milk. Place sterile gauze in the space left by the tooth. Tell the child to bite down. Call the parent/guardian immediately.



Common Injuries You May Encounter

Handout

Bruises and bumps

A bruise occurs when there is damage to the soft tissue and blood vessels, causing bleeding under the skin. At first, the area may look red, and over time, it may turn dark red or purple on lighter skin. Wrap a few ice cubes in a clean cloth, strike on the kitchen sink to crush the ice, and apply it to the bruised area. The babysitter could also use the Boo Boo Bunny(see page 104-105), a freezer pack or package of frozen vegetables wrapped in a small towel to apply to the area.

Loss of consciousness

If a child strikes his or her head, and loses consciousness, do not move the child. This is an emergency! Keep the child warm and call on-post or off-post emergency number or 911 and the parent/guardian.

Scrapes

Scrapes are the most common type of wound. They are caused by skin being rubbed or scraped away. Dirt and other matter become ground into the wound. Clean the wound by gently patting with a warm, soapy cloth. Then pat with a wet cloth without soap. Pat dry and cover with a bandage.

Puncture wounds

Puncture wounds are caused by a pointed object such as a nail, piece of glass or knife piercing the skin or a bite from an animal or human being. Because puncture wounds do not usually bleed a lot, they can easily become infected. Clean a puncture wound with warm, soapy water. Rinse. Pat it dry and cover with a sterile dressing. An object that remains embedded in a wound is called an impaled object. This is an emergency. Call the on-post or off-post emergency number or 911 and the parent/guardian.



Common Injuries You May Encounter

Handout

Mouth injuries

If a child is injured in the mouth from a fall, a ball, etc., check the mouth for loose teeth. They can cause breathing problems if they block the airway. Call the parent/guardian.

SIDS

Sudden Infant Death Syndrome: The American Academy of Pediatrics (AAP) defines SIDS as the unexpected and unexplained death of an infant less than one year of age. To reduce the risk of SIDS, put all infants to sleep on their backs. Do not put a baby to sleep on a couch, bean bag, waterbed, or other very soft areas. Babies should not sleep with toys, stuff animals, or even blankets. These items in the crib have been associated with an increased incidence of SIDS.

Sprains and strains

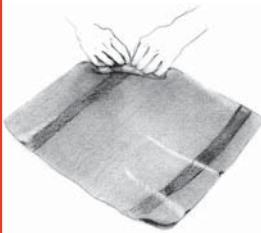
General care for sprains and strains is **RICE**-Rest, Ice, Compression and Elevation. Rest the injury. Use Boo Boo Bunny (see page 104-105), a plastic bag of ice cubes, freezer pack, or bag of frozen vegetables wrapped in a towel to ice the area. Do this for ten minutes every two hours until the parent/guardian returns. Compress the injury using an elastic bandage, if available. Wrap securely, but not so tightly that the area turns blue. Elevate the injury above the heart, if it doesn't cause additional pain.

Breaks

If you suspect a broken bone, do not move the child. Signs of a broken bone may be the area is red and swollen or the bone is actually protruding. This is an emergency! Try to keep the injured bone free from any movement. Call the parent/guardian and on-post or off-post emergency number or 911 immediately.



A Boo Boo Bunny made from a clean washcloth and ice is a simple way to help calm young children and provide first aid at the same time. Below you will find instructions how to make a Boo Boo Bunny. Examples of how and when to apply a Boo Boo Bunny are given on pages 102 and 103 of this guide. It is best if you practice making a Boo Boo Bunny before you need one so that you will not be struggling to understand the instructions to make the Boo Boo Bunny in an emergency.



Lay the washcloth on a flat surface in front of you.

1

Roll the sides to the center, starting with the two opposite corners.



2

Fold the rolled washcloth in half.



3

Fold the end of the washcloth back again so that the ends of the washcloth reach back about halfway.



4

Wrap a rubber band around the second fold. This makes the bunny's head. Make ears for the bunny by pulling up the ends of the washcloth a little.



5

To use the bunny place an ice cube in the loop of the bunny, trying to keep it high enough so no ice touches the child's skin directly. Or lightly moisten the bunny and put it in the freezer. Use it when frozen.

Handout



MyPyramid
STEPS TO A HEALTHIER YOU
MyPyramid.gov

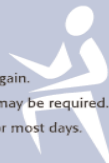
GRAINS Make half your grains whole	VEGETABLES Vary your veggies	FRUITS Focus on fruits	MILK Get your calcium-rich foods	MEAT & BEANS Go lean with protein
<p>Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice, or pasta every day</p> <p>1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal, or 1/2 cup of cooked rice, cereal, or pasta</p>	<p>Eat more dark-green veggies like broccoli, spinach, and other dark leafy greens</p> <p>Eat more orange vegetables like carrots and sweetpotatoes</p> <p>Eat more dry beans and peas like pinto beans, kidney beans, and lentils</p>	<p>Eat a variety of fruit</p> <p>Choose fresh, frozen, canned, or dried fruit</p> <p>Go easy on fruit juices</p>	<p>Go low-fat or fat-free when you choose milk, yogurt, and other milk products</p> <p>If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages</p>	<p>Choose low-fat or lean meats and poultry</p> <p>Bake it, broil it, or grill it</p> <p>Vary your protein routine – choose more fish, beans, peas, nuts, and seeds</p>

For a 2,000-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov.

Eat 6 oz. every day	Eat 2 1/2 cups every day	Eat 2 cups every day	Get 3 cups every day; for kids aged 2 to 8, it's 2	Eat 5 1/2 oz. every day
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Find your balance between food and physical activity

- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
- Children and teenagers should be physically active for 60 minutes every day, or most days.



Know the limits on fats, sugars, and salt (sodium)

- Make most of your fat sources from fish, nuts, and vegetable oils.
- Limit solid fats like butter, margarine, shortening, and lard, as well as foods that contain these.
- Check the Nutrition Facts label to keep saturated fats, *trans* fats, and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.



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There are many potential health and safety risks that you need to discuss with the parents of the children in your care and be aware of prior to feeding young children.

Think Safety First!

Food allergies

Ask the parents/guardians if the children have any allergies and be careful to avoid those foods. Some allergies can be life threatening so pay close attention to the parent's instructions regarding food allergies.

Choking

Stay with the children when they are eating to be sure they do not choke. Foods most likely to cause choking are round (like grapes), stick-shaped (like hot dogs), hard (like raw apple pieces, nuts, hard candy, popcorn and carrots) and sticky (like peanut butter.) Any food can cause choking if children put too much in their mouths at once. Cutting food into tiny pieces, avoiding foods that have a greater risk of causing choking and hand-feeding toddlers will help prevent choking. Also, always require the children to sit at the table or in their high chair to eat. This will help prevent choking and will help to separate playtime from meal or snack time.

Food handling and preparation

Wash hands before and after all food preparation. (See Hand-washing Handout)
If developmentally appropriate, have children wash their own hands and allow them to help if possible by stirring and mixing, setting the table, and sorting eating utensils.

Wash fruits and vegetables prior to eating them even if you are peeling the skin.

Wash cutting boards after each use with hot soapy water, and between cutting up different foods.

Use the microwave to heat foods with caution. Be sure to stir foods after being heated in the microwave and test the temperature of foods before giving them to children. **Do not use microwave ovens to heat infant bottles.** The microwave may not heat the bottle evenly and could scald the baby. Excess heat can also destroy important proteins and vitamins in the milk.

Remember, keep hot foods hot and cold foods cold. Any food that has been out of the refrigerator or not kept hot (for 2 hours or longer) should be discarded.



Use **Soap** and **Running Water**

Rub hands vigorously

Wash All Surfaces, including:

back of hands
wrists
between fingers
under fingernails

Rinse well

Dry well

Turn off the water using a **Paper Towel** instead of bare hands

Be sure to learn how to operate any needed equipment such as the stove or microwave before the parent/guardian leaves. Try to have the food ready at the normal mealtime. Children are often fussy when they are hungry! Do not force a child to eat. If the child refuses, let the parents/guardians know when they return home. Some children are picky eaters and will play with their food. Also, some eating habits are linked to the stage of growth and development of the child. Consider each stage of development as you feed the children in your care.

Newborns (0 to 6 months)

Babies from birth to six months are fed formula or breast milk. Follow the parents' or guardians' directions for when to feed the baby a bottle and how much the baby usually eats. When the baby pulls away from the bottle, the baby is usually finished eating. Do not try to force him or her to finish a bottle.

Never heat a bottle of formula or breast milk in the microwave because it can get very hot and burn the baby.

Hold the baby while feeding him or her. Never prop the bottle up to feed the baby in an infant seat and do not put the baby to bed with a bottle.

Infant (6 to 9 months)

Babies will begin to eat solid food at this age and can be very messy! You may be asked to feed the baby infant cereal, mashed fruit or vegetables. Babies this age also like finger food like cereals, crackers and toast. Remember that babies this age eat small amounts of food.

Older Infant (10 to 12 months)

Babies this age will often be eating many of the same foods that the rest of the Family eats. They like a variety of textures and flavors in food. They will eat foods such as cottage cheese, small pieces of peeled fruit, graham crackers, cheese slices, pudding, cooked vegetables, scrambled eggs, and very small pieces of cooked meat.

Offer the baby small amounts of food (one tablespoon of each type of food) and provide more if s/he is still hungry.

Babies this age often throw food onto the floor while they are eating! Be prepared for a mess!

Toddlers (1 year to 3 years)

Children this age love to explore and show their independence. Toddlers often want to eat the same foods again and again or will refuse food with a loud "NO!" Find out from the parents or guardians what food(s) the child likes and offer the child a choice from those foods. Your job is to make meal and snack time relaxing and pleasant. If the children don't want to eat or finish the food, that's ok. Encourage them to eat, but don't force them. Toddler's growth may be slowing down and they don't eat as much as they did before.

Children this age need to eat often and snacks are especially important. Their energy needs are high but their stomachs are small so they need to eat often. If the child seems cranky, try offering a snack. Snack time should generally be about 1 to 1.5 hours after a meal. Plan healthy snacks to be sure the children are getting the foods they need to grow.

Preschoolers (3 to 5 years)

Preschoolers are out to learn, have an increased sense of what they can and can't do, and are willing to go along with some limits while still showing their independence. Generally, they are eating with forks and spoons but may go back to eating with their hands when they are very hungry or frustrated.

Preschoolers usually love to help with food preparation and will be influenced by your behavior at meal time and snack time. Encourage the child to help you prepare the meal or snack and then sit and eat the food together. The preschooler will often follow your lead.

Do not try to force the child to clean the plate or to eat something that he or she does not want. Serve smaller portions of each food so that he/she isn't faced with a huge plate of food to eat. This looks daunting to a child! Allow them to ask for more if they are still hungry! Children usually will eat as much as they need.

Snacks are still very important for children this age.

School-Aged Children (6 to 11 years)

School-aged children are usually positive, curious, energetic, persistent and increasingly independent. They would often prefer to be active or playing games rather than taking time to eat a meal or snack. Children this age will often tell and show you what they want to eat and may be able to pick their own snacks. Ask parents/guardians for directions about what foods (and how much) the child is allowed to eat.

The Business of Babysitting Handout

What is a fair rate?

This usually is determined by asking current babysitters and parents/guardians what they pay.

Do you charge the same rate for each Family? What about volunteering as a babysitter for military Families?

Yes. If you don't, other Families may be upset and you could lose some of your jobs. There may be situations that Families offer you a bonus; that's fine. It is not the same as charging more. If you don't want to charge, you might want to think about volunteering in your community. "Payment" does not always have to be money! Feeling good about yourself is also a form of payment. Look around your community. Perhaps someone home on leave or a community group could use a few hours of free child care.

What about the number of hours and time of day or night?

It is best to start slowly. As you gain experience, you can increase your hours. Late night or overnight sitting is something you may not feel comfortable doing. Usually any time after midnight is charged at a higher rate. However, it is best to see what's done in your area.

What about the number of children?

Often rates are higher for more than three children; but sitting by yourself for more than three children is not recommended either. If you get a request, see if you can find another experienced babysitter to accompany you. Explain to the parent/guardian that due to care and safety reasons you have found another person who will come with you. Agree on what the fee will be ahead of time with the Family and with the other sitter.

Will you do other chores?

Occasionally you may be asked to do other chores around the house. If so, they should not be major items like doing laundry, vacuuming (unless you made the mess) etc. Straightening up, doing dishes that were soiled during your time there, cleaning the table, etc. are reasonable expectations. Your main reason for being in the household is to babysit not houseclean or prepare Family meals.

The Business of Babysitting Handout

How will you "advertise"?

Word of mouth is the best way to advertise. In this way, you gain experience and build a reputation. You can also create a flyer, business card or resume for potential users; but do not distribute it on the Internet or in public places.

Other options could be:

- Army Child & Youth Services Central Registration keeps a referral list of youth and adults who have taken and passed this training
- Army Community Service- Information and Referral Office
- Army Lodging-Front Desk with telephone number to CYS Central Registration
- National Association of Child Care Resource and Referral Agencies (1-800-424-2246).

What about television, computer use and video games?

Find out what the parents'/guardians' rules are about these things before they leave. They probably have specific guidelines about what they allow their children to watch and what video games they can play. Many TV shows that you normally watch may not be appropriate for young children and you should not watch them unless the children are in bed. Remember, the television is not the babysitter, you are!

What do you do when parents/guardians return?

Give them a brief report of what happened when they were gone. Tell them about any accidents, phone calls, problems or unusual events. Share positive events, for example, was one child helpful? Did s/he learn something new? Did s/he say something clever? Parents/guardians love to hear about the wonderful things their children do! Remember, if one of the children misbehaved, don't be afraid to tell the parents.

How will you stay organized?

It's a good idea to keep a calendar in your babysitter's tool kit. Note your work times, Family, telephone number and pay. Refer to it whenever you get a request.



The Do's and Don'ts of Babysitting

Handout

Do

- Be on time.
- Be clear about money matters before accepting the job. You should not be embarrassed talking about money. If you don't understand, ASK!
- If you are asked to do additional chores such as cleaning up the kitchen, remember that all extra chores come second to the care and safety of the children.
- Know when the parents or guardians are expected to return and how to contact them while they are gone.
- Discuss in advance any expected visitors, deliveries or phone calls.
- Ask parents/guardians about routines, expectations, the way things are done in their households.
- Remember, the use of drugs, alcohol or tobacco is not appropriate at any time.
- You are a role model for children and need to act accordingly.
- Keep a calendar with your babysitting dates on it so that you do not forget any of your commitments.
- Have a plan for how you will manage the money you are earning.
- Consider volunteering your time as a babysitter. Many Families may need the help but not have the money to pay for it.

Don't

- Don't babysit if you have a contagious illness such as a cold or the flu.
- Don't snoop!
- Don't discuss the Family with others. Respect their privacy.
- Don't abuse any privileges. For example, don't tie up the phone lines using the phone or Internet.

Babysitting Cooperatives

Handout

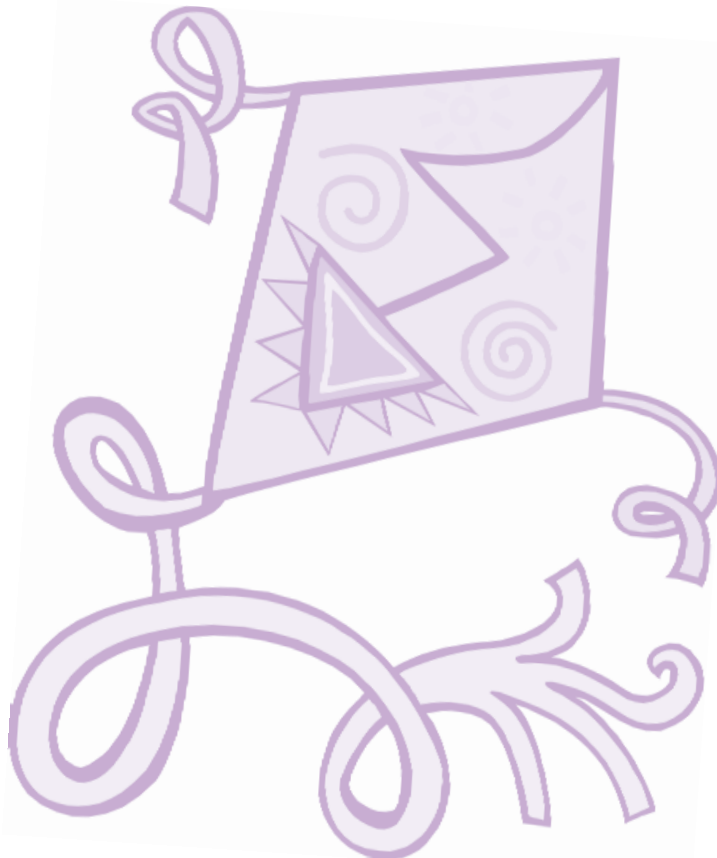
All Families need a break- whether it is to run errands, spend time with adult friends, or just time alone- it is important to have a safe, secure place to leave their children.

Babysitting exchanges or cooperatives help parents feel comfortable to take time for them as well as create lasting friendships and support.

A babysitting cooperative allows parents to exchange babysitting services with each other without having to worry about monetary payment. For example, the Jones Family may want a babysitter for three hours while Mr. and Mrs. Jones go out for dinner and they call the Cooperative but instead of paying the babysitter in money...Mrs. Jones agrees to "pay" back in time. That is...she will care for her babysitter or another Family's children for approximately 3 hours. This "no-cost" plan allows parents the freedom to meet their duties, have time to themselves, and help another Family out.

As a parent, trained babysitter or a caring friend, you might see a need for a babysitting cooperative in your area. The National Network for Child Care has an article on babysitting cooperatives. The website is <http://www.nncc.org/Choose.Quality.Care/qual.sitter.coop.html>.

Army Child and Youth Services Outreach Services Directors can assist adults to form babysitting cooperatives to support Garrison needs.



As the one in charge, you are the "go to" person in every emergency. It is essential to have important information ready in a moment's notice. Knowing what information to have, and where to find it quickly, can be the difference that saves lives! Keeping a file on each Family allows you to be prepared in a variety of situations.

The following is one example of a "Family File". However, after completing the activity "What I Need to Know" with the rest of the group taking the babysitter course, you may want to develop your own!



Names and ages of children:

Playtime information (tv, computer limits, playmates, areas outdoors, indoors):

Bedtime information (time, rituals, special toy or blanket):

Discipline (house rules, behavior and disciplinary action):

Health information (food, medicine, allergies)

Parent/Guardian Name:

Street Address:

Home Telephone:

Cellular Telephone:

Neighbor's Name:

Neighbor's telephone :

Relative's Name and Telephone:

Family doctor's name and tel:

Local fire dept. telephone:

Local police telephone:

Local emergency telephone:

Poison Control:
(usually) 1-800-222-1222

Additional Information to get from parent/guardian:

Household Information

- ☒ **supplies:** first aid kit, flashlight, plunger
- ☒ locks, alarm locations and codes, garage openers, extra **keys:** where they are kept and how they work
- ☒ **pets:** responsibility for them if any
- ☒ **appliances:** how they work, including can opener, microwave, fuse box/circuit breaker location