Choosing and Using Child Care

Handout Packet

Contact Carebridge at: 1.800.437.0911 or visit www.myliferesource.com for more information!
Choosing and Using Child Care

A Carebridge Guidance Seminar

Agenda

- Evaluating Your Family's Needs
- Developmental Needs
- Child Care Options/Advantages and Disadvantages
- How to Find and Select Child Care
- Monitoring Your Choice
Evaluating Your Family’s Child Care Needs

- What do parents need?
- What do children need?
- What are my child’s individual needs?

Developmental Needs of Infants

- Individual attention
- Continuity of caregivers
- Safe environment
- Responsive and interactive caregivers
Developmental Needs of Toddlers

- Exploration
- Playtime and listening to stories
- Caregivers who talk, smile and laugh
- Caregivers who encourage positive behavior

Child Care Options

- Family Day Care Homes
- Day Care Centers
- In-Home Caregivers
In Home Caregivers

- Nanny
  - Live-in
  - Live-out
- Au Pair

In Home Caregivers

- Relative
- Babysitter
- Mother’s Helper
In Home Caregivers

- Background check
- Tax responsibility
- Mutual understanding

Nanny Placement Agencies

- Charge placement fees
- Offer prescreened candidates
- Offer guarantees
- Need to be carefully evaluated
Day Care Centers

- Institutional setting
- State regulated
- Trained staff
- Children usually grouped by age

Family Child Care Homes

- Home like setting
- Licensed or registered
- Multi-age grouping
- One or two trained primary child care providers
How To Select Child Care

- Review literature
- Phone interviews
- Scheduled visits
- Unannounced visit(s)
- Check references!
- Background checks

Open Communication

- Be proactive
- Define issue(s)
- Work towards improving the current situation before changing child care
Monitor Your Child Care Choice

- Daily communication
- Ask your child
- Have a friend/family member drop-in
- Regular meetings with provider
- Network with other parents
- Drop-in unannounced
- Spend time in care with your child

Contact Carebridge

1-800-437-0911

www.myliferesource.com
Many women choose to breast-feed their babies for at least the first few months. They are aware that breast-feeding is the best way to build up a newborn's immunity system and prevent allergies. In addition, nursing a child is an excellent way for mother and baby to bond, while not having to fuss with the expense and time of preparing bottles and formula. Many new moms find that nursing causes contractions which help shrink the uterus back to normal size relatively quickly.

Initial milk
The first milk coming from the breasts after giving birth is a thin, yellowish liquid called colostrum. It contains more protein, salt and antibodies than regular breast milk. It is extremely easy to digest, and is therefore the perfect first food for your baby. It is low in volume but high in concentrated nutrition for the newborn. Colostrum has a laxative effect on the baby, helping him pass his early stools, which aids in the excretion of excess bilirubin and helps prevent jaundice. Within a few days your milk will “come in,” and you will often feel a heaviness in your breasts as they fill with milk. This is sometimes called the “let-down reflex” which is frequently stimulated by the cry of your hungry child. To establish an adequate milk supply it is important that your baby nurse frequently. If she's not hungry enough to nurse for long or has difficulty getting started, it may help to express some of your breast milk. To do this place your thumb at the top of the areola, with your thumb...
fingers underneath. Squeeze the edges of the areola as you press back toward your chest wall, almost as if you are “milking” your breast. Often this will help your baby get the milk more easily, encouraging her to suck more productively.

Helpful tips for breast-feeding
You will want to sit in a comfortable chair which supports your back and arms. Position your infant so her mouth can easily get to your breast. A quiet spot away from the turmoil of the household is ideal, but not always possible. Soothing music may help relax both of you. Alternate the breasts each time you begin feedings, since the first breast gets sucked more vigorously. If your infant has problems latching on to the breast, consult your pediatrician or local breast-feeding support group for help. La Leche is a nationwide group which continually offers support by phone for new mothers. Avoid smoking, drinking alcohol and using illegal drugs, all of which can pass through the milk to your baby. Even prescription drugs should be taken with care; be certain to make your doctor aware that you are breast-feeding when you receive a prescription.

Is my baby getting enough milk?
Typically during the first few days, while the baby is receiving mother’s immunity--boosting colostrum, he will wet only one or two diapers per day. Once the mother’s milk comes in, usually on the third or fourth day following birth, the baby should begin to have 6-8 wet cloth diapers or 5-6 wet disposable diapers per day. (An easy way to feel the weight of a wet disposable diaper is to pour 2-4 tablespoons of water in a dry diaper.) In addition, most young babies will have at least two to five bowel movements every 24 hours for the first several months, although some babies will switch to less frequent but large bowel movements at about 6 weeks. You will know your baby is getting enough milk if:
- The baby nurses frequently averaging at least 8-12 feedings per 24-hour period.
- The baby is allowed to determine the length of the feeding, which may be 10 to 20 minutes per breast or longer.
- Baby’s swallowing sounds are audible as he is breastfeeding.
- The baby gains at least 4-7 ounces per week after the fourth day of life. Periodic well baby check-ups are important for this reason.
- The baby is alert and active, appears healthy, has good color, firm skin, and is growing in length and head circumference.

If you have any concerns regarding your baby, they should be addressed with your health care provider.

Breast Care
One hazard of breast-feeding is cracked nipples which can become a problem if your baby is not latching on to the breast properly. The main cause is improper positioning. The baby should be face to nipple, and tummy to tummy with you. The baby’s chin should be just below the nipple, and the baby needs to open her mouth wide to take in a good mouthful. Some mothers find that rinsing their nipples after nursing and drying them with a hair dryer can be beneficial. It may also help to express a small amount of milk and let it dry on the nipple, forming a protective coating. Never use soap on your breasts; even creams and lotions can aggravate cracked nipples. Plastic lined nursing pads or plastic bra shields may exacerbate the problem; if discomfort persists, consult your doctor. A more serious problem is mastitis, an infection of the breast caused by bacteria within the duct system. Symptoms include swelling, pain, heat, and perhaps a fever. Apply hot
compresses and massage your breasts before nursing. If a fever or discomfort persists, consult your healthcare provider.

**Healthy diet**

It is of extreme importance to drink extra water and nonfat milk while nursing. A good rule of thumb is to drink at least 8 oz. of liquid each time you nurse the baby. Trial and error will show which foods you consume pass through your breast milk to your baby and cause gassy discomfort. Common culprits include cabbage, garlic, onions, broccoli, and turnips. In addition, some mothers find that consuming caffeine can lead to an alert, fussy, sleepless baby, so be careful to limit your caffeine consumption.

**Breast pumps**

When you return to work or if you need to be away from your baby for another reason, it will be helpful to utilize a breast pump. There are simple manual ones, but the newer electric pumps are gentler on the breasts and far more efficient than pumping by hand. Breast milk must be refrigerated and can be frozen, so that it can be given to the baby by dad or a caregiver. It is important to get your baby used to accepting a bottle and being fed by someone other than mom well before the situation arises.

Many women enjoy the fact that their milk is so healthy for and digestible by their baby. Although not all women can or prefer to nurse, research points to the significant value which breast-feeding has to infants, mothers, and their families.

**Try to drink at least 8 ounces of liquid each time you nurse the baby.**

Prepared for you by Carebridge professionals
Choosing A Pediatrician

Who are pediatricians?
Pediatricians are the medical specialists who deal with the physical, emotional, and social health of children from birth through adolescence. The primary focus of pediatricians is preventive health care. Pediatricians are physicians who have completed four years of medical school and an additional three-year, hospital-based residency program in pediatrics. To become board-certified, a pediatrician must pass a written examination given by the American Board of Pediatrics and then must be recertified by taking examinations every seven years. A pediatrician also must take a certain number of continuing medical education courses each year to be eligible for license renewal in the state where licensed. Some pediatricians train for two more years in a specialty such as cardiology, emergency medicine, or neonatology.

When should you locate a doctor?
A few months before your baby is due is the best time to begin looking for a pediatrician. You will generally want her present when your child is born so that she can assess the baby right after birth. If you have a high-risk pregnancy, having a doctor already selected is especially important. Parents of older children should meet a new provider before a crisis or acute illness occurs.

How should you find a doctor?
Most parents need to start with the physicians who are in their health care network. Checking the online listings of network physicians is an excellent first step; the printed lists are far more quickly...
outdated. If you have questions about whether a provider participates in your plan or if you are interested in a doctor outside the network, it’s best to call the health plan directly. In addition, you will need to confirm with your candidates that they are currently accepting new patients and plan to remain within your health care network.

Once you know which doctors are within your insurance plan, narrow the list of candidates by asking for recommendations from people you trust—relatives, friends, neighbors, and co-workers who share your parenting philosophy. You may also wish to ask your obstetrician or nurse-midwife for referrals and, if in a new area, may wish to contact area hospitals or medical schools for qualified candidates. When you have established a list of possible physicians, narrow your search by location, hospital affiliation, and responsiveness of office staff when you call to ask a few screening questions. For those who seem most in tune with your needs, call to request a prenatal visit. This allows you time to find out about the pediatrician’s practice policies, philosophy and credentials.

Many pediatricians charge for these interviews, so be sure to ask!

**What Should You Ask?**
During an initial phone call to the office staff, it will help to ask these screening questions:
- What are the office hours?
- Is this a solo or group practice? Who will see my child if my chosen doctor is unavailable?
- At which hospitals is the doctor affiliated?

During the prenatal interview with the pediatrician you may want to ask:
- How does your office handle phone calls from concerned parents with questions?
- How does your office handle after-hours calls?
- Is e-mail an option for communicating with your doctor?
- What are your educational qualifications? Are you board-certified?
- Are there Pediatric Nurse Practitioners or Physicians Assistants in the office?
- What is their role?
- Are lab tests done in the office?
- What is your philosophy on breast-feeding?
- What are the payment policies?
- What are the policies regarding referrals to specialists?

Ideally both parents are able to interview the pediatrician together. Comparing notes, they can then decide which pediatrician seems to best meet their needs. When a choice has been made, a parent should contact the office to confirm the choice and give pertinent information for the files.

*Prepared for you by Carebridge professionals*
Developmental Milestones For Your Growing Child

While each child develops at her own rate, most children attain certain developmental goals around the same age. Here are some milestones that you can look forward to as your baby grows.

A Three-Month Old…
- Responds to parents’ voices and faces.
- Lifts her head, neck, and upper chest with the forearms while lying down.
- Coos and responds to talking with vocal noises.

A Five-Month Old…
- Reaches for and bats at objects.
- Smiles spontaneously.
- Can push up body with hands and keep head erect.

A Seven-Month Old…
- Rolls over on her own.
- Holds her head upright when sitting.
- Grasps and mouths objects and starts to self-feed.

A Nine-Month Old…
- Crawls, creeps, or moves forward by scooting on her bottom.
- Shakes, bangs, drops, and throws objects.
- Understands words like milk and bye-bye.

A One-Year Old…
- Pulls up to a standing position and may take a few steps on her own.
- Has a one-to-three word vocabulary.
- Drinks from a cup.

An Eighteen-Month Old…
- Points to one or more body parts.
- Understands simple commands.
- Names objects and pictures during reading.

A Two-Year Old…
- Climbs stairs, one step at a time.
- Follows two-step commands.
- Can stack blocks.

If your child is significantly delayed in any of the above milestones, it’s a good idea to mention it to your child’s doctor. Most likely, your child is completely healthy and developing normally.

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First Weeks At Home With A Newborn

Preventing fatigue and exhaustion
For most mothers the first weeks at home with a new baby are often the hardest in their lives. You will probably feel overworked, even overwhelmed. Inadequate sleep will leave you fatigued. Caring for a baby can be a lonely and stressful responsibility. You may wonder if you will ever catch up on your rest or work. The solution is asking for help. No one should be expected to care for a young baby alone.

Every baby awakens one or more times a night. The way to avoid sleep deprivation is to know the total amount of sleep you need per day and to get that sleep in bits and pieces. Go to bed earlier in the evening. When your baby naps you must also nap. Your baby doesn’t need you hovering while he or she sleeps. If sick, your baby will show symptoms. While you are napping take the telephone off the hook and put up a sign on the door saying MOTHER AND BABY SLEEPING. If your total sleep remains inadequate, hire a baby sitter or bring in a relative. If you don’t take care of yourself, you won’t be able to take care of your baby.

The postpartum blues
More than 50% of women experience postpartum blues on the third or fourth day after delivery. The symptoms include tearfulness, tiredness, sadness, and difficulty in thinking clearly. The main cause of this temporary reaction is probably the sudden decrease of maternal hormones. Since the symptoms commonly begin on the day the mother comes home from the hospital, the full impact of being totally responsible for a dependent
newborn may also be a contributing factor. Many mothers feel let down and guilty about these symptoms because they have been led to believe they should be overjoyed about caring for their newborn. In any event, these symptoms usually clear in 1 to 3 weeks as the hormone levels return to normal and the mother develops routines and a sense of control over her life.

There are several ways to cope with the postpartum blues. First, acknowledge your feelings. Discuss them with your husband or a close friend as well as your sense of being trapped and that these new responsibilities seem insurmountable. Don’t feel you need to suppress crying or put on a “supermom show” for everyone. Second, get adequate rest. Third, get help with all your work. Fourth, mix with other people; don’t become isolated. Get out of the house at least once a week—go to the hairdresser, shop, visit a friend, or see a movie. By the third week, setting aside an evening a week for a “date” with your husband is also helpful. If you don’t feel better by the time your baby is 1 month old, see your physician about the possibility of counseling for depression.

 Helpers: relatives, friends, sitters
As already emphasized, everyone needs extra help during the first few weeks alone with a new baby. Ideally, you were able to make arrangements for help before your baby was born. The best person to help (if you get along with her) is usually your mother or mother-in-law. If not, teenagers or adults can come in several times a week to help with housework or look after your baby while you go out or get a nap. If you have other young children, you will need daily help. Clarify that your role is looking after your baby. Your helper’s role is to shop, cook, houseclean, and wash clothes and dishes. If your newborn has a medical problem that requires special care, ask for home visits by a public health nurse.

The father’s role
The father needs to take time off from work to be with his wife during labor and delivery, as well as on the day she and his child come home from the hospital. If the couple has a relative who will temporarily live in and help, the father can continue to work after the baby comes home. However, when the relative leaves, the father can take saved-up vacation time as paternity leave. At a minimum he needs to work shorter hours until his wife and baby have settled in.

The age of noninvolvement of the father is over. Not only does the mother need the father to help her with household chores, but the baby also needs to develop a close relationship with the father. Today’s father helps with feeding, changing diapers, bathing, putting to bed, reading stories, dressing, disciplining, homework, playing games, and calling the physician when the child is sick.

A father may avoid interacting with his baby during the first year of life because he is afraid he will hurt his baby or that he won’t be able to calm the child when the baby cries. The longer a father goes without learning parenting skills, the harder it becomes to master them. At a minimum, a father should hold and comfort his baby at least once a day.

Visitors
Only close friends and relatives should visit you during your first month at home. They should not visit if they are sick. To prevent unannounced visitors, the parents can put up a sign saying MOTHER AND BABY SLEEPING. NO VISITORS. PLEASE CALL FIRST. Friends without children may not understand
your needs. During visits the visitor should pay special attention to older siblings.

Feeding your baby:
achieving weight gain

Your main assignments during the early months of life are loving and feeding your baby. All babies lose a few ounces during the first few days after birth. However, they should never lose more than 7% of the birth weight (usually about 8 ounces). Most bottle-fed babies are back to birth weight by 10 days of age, and breast-fed babies by 14 days of age. Then infants gain approximately an ounce per day during the early months. If milk is provided liberally, the normal newborn’s hunger drive ensures appropriate weight gain.

A breast-feeding mother often wonders if her baby is getting enough calories, since she can’t see how many ounces the baby takes. Your baby is doing fine if he or she demands to nurse every 1 1/2 to 2 1/2 hours, appears satisfied after feedings, takes both breasts at each nursing, wets 6 or more diapers each day, and passes 3 or more soft stools per day. Whenever you are worried about your baby’s weight gain, bring your baby to your physician’s office for a weight check. Feeding problems detected early are much easier to remedy than those of long standing. A special weight check 1 week after birth is a good idea for infants of a first-time breast-feeding mother or a mother concerned about her milk supply.

Taking your baby outdoors

You can take your baby outdoors at any age. You already took your baby outside when you left the hospital, and you will be going outside again when you take him or her for the two-day or two-week checkup.

Dress the baby with as many layers of clothing as an adult would wear for the outdoor temperature. A common mistake is overdressing a baby in summer. In winter, a baby needs a hat because he or she often doesn't have much hair to protect against heat loss. Cold air or winds do not cause ear infections or pneumonia.

The skin of babies is more sensitive to the sun than the skin of older children. Keep
sun exposure to small amounts (10 to 15 minutes at a time). Protect your baby's skin from sunburn with longer clothing and a bonnet.

Camping and crowds should probably be avoided during your baby's first month of life. Also, during your baby's first year of life try to avoid close contact with people who have infectious illnesses.

Medical checkup on the third or fourth day of life
Early discharge from the newborn nursery has become commonplace for full-term babies. Early discharge means going home within 24 to 48 hours after giving birth. In general this is a safe practice if the baby's hospital stay has been uncomplicated. These newborns need to be re-checked 2 days after discharge to see how well they are feeding, urinating, producing stools, maintaining weight, and breathing. They will also be checked for jaundice and overall health. In some cases, this special re-check will be provided in your home.

Going home within 24 to 48 hours after giving birth has become commonplace for full-term babies.

detectable during the hospital stay. Your child's physician will be able to judge how well your baby is growing from his or her height, weight, and head circumference.

This is also the time your family is under the most stress of adapting to a new baby. Try to develop a habit of jotting down questions about your child's health or behavior at home. Bring this list with you to office visits to discuss with the physician. Most physicians welcome the opportunity to address your agenda, especially if your questions are not easily answered by reading or talking with other mothers.

If at all possible, both the mother and father should go to these visits. Most physicians prefer to get to know both parents during a checkup rather than during the crisis of an acute illness.

If you think your newborn is sick between the routine visits, be sure to call your child's physician for help.

The two-week medical checkup
This checkup is probably the most important medical visit for your baby during the first year of life. By two weeks of age your baby will usually have developed symptoms of any physical condition that was not
Are you frustrated by a lack of time to do the things you want? Or even to do the things you have to get done?

Managing a household and finding time for family activities is not easy for an employed parent. Routine family and household activities may average six hours; sleep averages seven hours; commuting uses one; and work on the job takes eight. That leaves only two hours for activities of choice! Many times those hours are spent doing jobs that need to be done instead of those we would like to do.

Dividing the family tasks

Families may use a variety of methods to divide household tasks:

Resource method: People with the resources (time, energy, skill) do the job.

Contact Carebridge at: 1.800.437.0911 or visit www.myliferesource.com for more information!
Rotating chores method: Chores are rotated among all members. Everyone tries all tasks, although some training may be needed and standards will vary from week to week.

Each-person method: Each person is responsible for his/her own food, cleanup, and laundry. Some family jobs still need to be considered (such as yard work and household repairs).

Substitute method: Goods and services (convenience foods, cleaning help, dining out) are purchased in order to "save" time. How the average American spends time during a week.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
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<tbody>
<tr>
<td>Eating and sleeping</td>
<td>70</td>
</tr>
<tr>
<td>Working</td>
<td>40</td>
</tr>
<tr>
<td>Commuting</td>
<td>10</td>
</tr>
<tr>
<td>Recreation outside of home</td>
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<tr>
<td>Recreation at home</td>
<td>12</td>
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<tr>
<td>Family activities</td>
<td>12</td>
</tr>
<tr>
<td>Home and personal maintenance</td>
<td>8</td>
</tr>
<tr>
<td>Religious activities</td>
<td>4</td>
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</tbody>
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**It’s about time**

How is time spent? Keep a time diary for a few days, noting specific activities and the amount of time they take.

Then examine the activities and compare them with personal and family goals. If activities and goals don’t blend, it may be time to re-evaluate the situation. If some special activities (such as volunteer work) are missing from the list, the time plan must allow for this too.

**Take time for 10 things**

Take time to Work—it’s the price of success.

Take time to Think—it’s the source of power.

Take time to Play—it’s the secret of youth.

Take time to Read—it’s the foundation of knowledge.

Take time to Worship—it’s the highway of reverence and washes the dust of earth from our eyes.

Take time to Help and Enjoy Friends—it’s the source of happiness.

Take time to Love—it’s one sacrament of life.

Take time to Dream—it hitches the soul to the stars.

Take time to Laugh—it’s the singing that helps with life’s loads.

Take time to Plan—it’s the secret of being able to have time for the first nine things!
Tips on surviving the day

- Organize closets, drawers, office, and home. This will take time but it’s worth every minute.
- Set goals and develop a plan. Keep priorities in mind as you determine your daily and weekly schedule.
- Invest in a few good calendars. A large one with the month-at-a-glance may be best for work.
- Don’t expect perfection. It may be necessary to adjust standards so you have time to spend elsewhere.
- Try the salami technique for jobs to be done-slice big jobs into smaller ones that are easier to accomplish.
- Learn when your prime time (time for peak performance) is and use it wisely. Determine prime time of other family members and delegate tasks according to person and when those tasks need to be accomplished.

Who does this now? Who could do it?

Try this activity with other family members. Is a review of responsibilities in order?

Who usually...

Prepares the meal?

Does meal clean-up?

Washes the car?

Does the yard work?

Does the grocery shopping?

Plans the menus?

Attends appointments and events with child(ren)?

Pays bills and balances the checkbook?

Does household repairs and maintenance?

Courtesy of the Ohio Cooperative Extension Service
A Guide for Families

Using NAEYC Standards to Find Quality Programs for Young Children

www.rightchoiceforkids.org
The National Association for the Education of Young Children (NAEYC) has set 10 standards for early childhood programs that can help families make the right choice when they are looking for a child care center, preschool, or kindergarten. This introduction to the standards can guide your family in finding a program in which your children can learn and grow. The standards (and more than 400 related criteria) are based on research on the development and education of young children and were created with input from thousands of experts and educators from around the country. The standards define what NAEYC—the world’s largest organization of early childhood professionals—believes all early childhood programs should provide.

The standards and criteria are also the foundation of the NAEYC accreditation system for early childhood programs. To earn NAEYC Accreditation, programs must meet all 10 standards.
STANDARD 1—
Relationships

The program promotes positive relationships among all children and adults. It encourages each child’s sense of individual worth and belonging as part of a community and fosters each child’s ability to contribute as a responsible community member. Warm, sensitive, and responsive relationships help children feel secure. The safe and secure environments built by positive relationships help children thrive physically, benefit from learning experiences, and cooperate and get along with others.

What you want to see in a program

• Children and adults feel welcome when they visit the program. Teachers help new children adjust to the program environment and make friends with other children.
• Teaching staff engage in warm, friendly conversations with the children and encourage and recognize children’s work and accomplishments.
• Children are encouraged to play and work together.
• Teachers help children resolve conflicts by identifying feelings, describing problems, and trying alternative solutions. Teaching staff never physically punish children.

STANDARD 2—
Curriculum

The program implements a curriculum that is consistent with its goals for children and promotes learning and development in each of the following areas: social, emotional, physical, language, and cognitive. A well-planned written curriculum provides a guide for teachers and administrators. It helps them work together and balance different activities and approaches to maximize children’s learning and development. The curriculum includes goals for the content that children are learning, planned activities linked to these goals, daily schedules and routines, and materials to be used. NAEYC and the NAEYC accreditation system do not prescribe a specific curriculum; programs can design their own or choose a commercially available curriculum that meets NAEYC’s guidelines.
Valued teachers lead to valued children … Accredited programs tend to attract employees who not only view themselves as educators, they consider themselves child advocates.

— Kate in San Antonio, Texas her child attends an NAEYC-Accredited program.
What you want to see in a program

• Ask about the program’s curriculum and how it addresses all aspects of child development. The curriculum should not focus on just one area of development.

• Children are given opportunities to learn and develop through exploration and play, and teachers have opportunities to work with individual children and small groups on specific skills.

• Materials and equipment spark children’s interest and encourage them to experiment and learn.

• Activities are designed to help children get better at reasoning, solving problems, getting along with others, using language, and developing other skills.

• Infants and toddlers play with toys and art materials that “do something” based on children’s actions, such as jack-in-the-box, cups that fit inside one another, and playdough.

STANDARD 3—Teaching

The program uses developmentally, culturally, and linguistically appropriate and effective teaching approaches that enhance each child’s learning and development in the context of the curriculum goals. Children have different learning styles, needs, capacities, interests, and backgrounds. By recognizing these differences and using instructional approaches that are appropriate for each child, teachers and staff help all children learn.

What you want to see in a program

• Teachers carefully supervise all children.

• Teachers provide time each day for indoor and outdoor activities (weather permitting) and organize time and space so that children have opportunities to work or play individually and in groups.

• Children’s recent work (for example, art and emergent writing) is displayed in the classroom to help children reflect on and extend their learning.

• Teachers modify strategies and materials to respond to the needs and interests of individual children, engaging each child and enhancing learning.
**STANDARD 4—Assessment of Child Progress**

The program is informed by ongoing systematic, formal, and informal assessment approaches to provide information on children’s learning and development. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop. Assessment results benefit children by informing sound decisions, teaching, and program improvement. Assessments help teachers plan appropriately challenging curriculum and tailor instruction that responds to each child’s strengths and needs. Assessments are also important in identifying children with disabilities and ensuring that they receive needed services.

**What you want to see in a program**

- The program supports children’s learning using a variety of assessment methods, such as observations, checklists, and rating scales.
- Assessment methods are appropriate for each child’s age and level of development and encompass all areas of development, including math, science, and other cognitive skills; language; social-emotional; and physical.
- Teachers use assessment methods and information to design goals for individual children and monitor their progress, as well as to improve the program and its teaching strategies.
- Families receive information about their child’s development and learning on a regular basis, including through meetings or conferences.

**STANDARD 5—Health**

The program promotes the nutrition and health of children and protects children and staff from illness and injury. Children must be healthy and safe in order to learn and grow. Programs must be healthy and safe to support children’s healthy development.

**What you want to see in a program**

- Teaching staff have training in pediatric first aid.
- Infants are placed on their backs to sleep.
- The program has policies regarding regular hand washing and routinely cleans and sanitizes all surfaces in the facility.
Choosing a preschool for my first child was somewhat overwhelming, so when you find a program accredited by NAEYC, it adds peace of mind that you’re making a good choice for your child.

—Jen in Torrance, California

her child attends an NAEYC-Accredited program
“NAEYC is an organization that can be trusted with the future of my child’s education ... That is why I chose an NAEYC-Accredited center — nothing but the best.”

—Jennifer in Newark, New Jersey, her child attends an NAEYC-Accredited program
• There is a clear plan for responding to illness, including how to decide whether a child needs to go home and how families will be notified.
• Snacks and meals are nutritious, and food is prepared and stored safely.

STANDARD 6—
Teachers

The program employs and supports a teaching staff with the educational qualifications, knowledge, and professional commitment necessary to promote children’s learning and development and to support families’ diverse needs and interests. Teachers who have specific preparation, knowledge, and skills in child development and early childhood education are more likely to provide positive interactions, richer language experiences, and quality learning environments.

What you want to see in a program

• Teaching staff have educational qualifications and specialized knowledge about young children and early childhood development. Ask, for example, how many teachers have Child Development Associate (CDA) credentials, associate’s degrees, or higher degrees.
• The program makes provisions for ongoing staff development, including orientations for new staff and opportunities for continuing education.
• Teaching staff have training in the program’s curriculum and work as a teaching team.

STANDARD 7—
Families

The program establishes and maintains collaborative relationships with each child’s family to foster children’s development in all settings. These relationships are sensitive to family composition, language, and culture. To support children’s optimal learning and development, programs need to establish relationships with families based on mutual trust and respect, involve families in their children’s educational growth, and encourage families to fully participate in the program.

What you want to see in a program

• All families are welcome and encouraged to be involved in all aspects of the program.
• Teachers and staff talk with families about their family structure and their views on child rearing and use that information to adapt the curriculum and teaching methods to the families served.

• The program uses a variety of strategies to communicate with families, including family conferences, new family orientations, and individual conversations.

• Program information—including policies and operating procedures—is provided in a language that families can understand.

STANDARD 8 — Community Relationships

The program establishes relationships with and uses the resources of the children’s communities to support the achievement of program goals. Relationships with agencies and institutions in the community can help a program achieve its goals and connect families with resources that support children’s healthy development and learning.

What you want to see in a program

• The program connects with and uses museums, parks, libraries, zoos, and other resources in the community.

• Representatives from community programs, such as musical performers and local artists, are invited to share their interests and talents with the children.

• The staff develop professional relationships with community agencies and organizations that further the program’s capacity to meet the needs and interests of children and families.

STANDARD 9 — Physical Environment

The program has a safe and healthful environment that provides appropriate and well-maintained indoor and outdoor physical environments. The environment includes facilities, equipment, and materials to facilitate child and staff learning and development. An organized, properly equipped and well-maintained program environment facilitates the learning, comfort, health, and safety of the children and adults who use the program.
What you want to see in a program

• The facility is designed so that staff can supervise all children by sight and sound.

• The program has necessary furnishings, such as hand-washing sinks, child-size chairs and tables, and cots, cribs, beds, or sleeping pads.

• A variety of materials and equipment appropriate for children’s ages and stages of development are available and kept clean, safe, and in good repair.

• Outdoor play areas have fences or natural barriers that prevent access to streets and other hazards.

• First-aid kits, fire extinguishers, fire alarms, and other safety equipment are installed and available.

STANDARD 10—Leadership and Management

The program effectively implements policies, procedures, and systems that support stable staff and strong personnel, and fiscal, and program management so all children, families, and staff have high-quality experiences. Effective management and operations, knowledgeable leaders, and sensible policies and procedures are essential to building a quality program and maintaining the quality over time.

What you want to see in a program

• The program administrator has the necessary educational qualifications, including a degree from a four-year college and specialized courses in early childhood education, child development, or related fields.

• The program is licensed and/or regulated by the applicable state agency.

• The program’s written policies and procedures are shared with families and address issues such as the program’s philosophy and curriculum goals, policies on guidance and discipline and health and safety procedures.

• Appropriate group sizes and ratios of teaching staff to children are maintained (for example, infants—no more than 8 children in a group, with 2 teaching staff; toddlers—no more than 12 children in a group, with 2 teaching staff; and 4-year-olds—no more than 20 children in a group, with 2 teaching staff).
Help build more quality programs for young children

If you are using this guide to find a child care program, preschool, or kindergarten for your child, you may have already discovered that finding a quality program can be a challenge. While the number of quality programs is growing (and there are more than 8,000 NAEYC-Accredited programs around the country), there are not enough for all the children and families who need them. Now that you have learned more about what to look for in a program, we hope you will raise your voice to support efforts to ensure that all young children can benefit from quality early education programs.

• Write or call your elected officials—local, state, and federal—and urge them to invest in quality programs for young children.
• Ask businesses in your community to sponsor early childhood programs that are working to improve quality.
• Volunteer with an early childhood program, and support its efforts to provide additional training and education for teachers and staff.
• Encourage other families to use this guide to find quality programs and join efforts improving programs for young children.

For more information on ways you can foster quality programs for young children, visit www.naeyc.org/policy.

This guide is an introduction to the NAEYC Early Childhood Program Standards and Accreditation Criteria. For more information about the standards, the benefits of quality programs for young children, and finding quality programs in your community, visit the following Web sites:

www.naeyc.org
www.rightchoiceforkids.org

Photos courtesy of: Susan Woog Wagner • Item # 539
All babies cry. They cry because they are hungry, cold, wet, tired, bored, warm, or just uncomfortable. Doctors have found that during the first 7 weeks of life, a baby may cry 2 ½ hours a day. Babies usually cry less as they grow older and they find other ways to calm themselves, like sucking on pacifiers or fingers or playing with their hands.

While crying is normal, some babies seem to cry for no reason. They are not easily calmed, and they cry for long periods of time. These babies are often referred to as having colic.

What is colic?
These signs may mean that a baby has colic:
- Unexplained crying and fussiness (not due to hunger or pain)
- Crying that begins in baby’s first month (usually in the first weeks)
- Irregular crying, one or more times a day
- Excessive crying (from 20 minutes to 2 hours each time, or more than 4 hours total each day)
- Nothing seems to calm baby

A colicky baby may also do one or more of these things:
- Cry a loud, piercing cry
- Swing her arms and legs while crying
- Arch his back while crying
- Pull her knees up to her stomach while crying

What causes colic?
We don’t know for sure, but babies may cry because ...

Some babies seem to cry for no reason.
- Gases passing through the baby’s stomach cause pain.
- Painful cramps occur because of changes in hormones after birth.
- The baby is too stimulated by the outside world. A colicky baby may not be able to “ignore” sights and sounds.
- The baby cries to release tension.
- The baby cannot stop unwanted behaviors, such
as crying, because they
don’t yet know how to do
so.

Tips for remedy and
relief
There is no cure for colic, but
there are some things you can
do to comfort a fussy baby. To
help baby cry less, follow these
tips:
• Feed just the right
amount—not too much, not
too little. Babies who cry
after eating may want to
suck rather than eat more,
or they may need to cry a
little as they fall asleep.
Talk with your doctor if
you aren’t sure if your baby
is eating enough.
• Give the baby things to
look at or listen to earlier
in the day. To keep baby
calm, avoid active play late
in the day.
• Change the baby’s position.
If you are holding the baby,
put her down and let her
kick. If the baby is lying
down, pick him up and
talk to him.
• Handle baby gently. Don’t
shake or move the baby
roughly.

Try these ideas, too:
• Hold your baby in your
arms. Keep his arms close
to his body. Walk or rock
the baby gently, while
talking to him softly.
Remember gentle! Shaking
or bouncing too roughly
can harm your baby, or
even cause death.
• Sit and hold your baby face
down with your hand
under her tummy. Slowly
rock your legs back and
forth, or lift them gently up
and down.
• Lie on your back and lay
your baby on top of you
with his tummy down.

Massage or pat his back
slowly and gently.
• Give your baby a warm
bath, gently massaging her
tummy with your hand,
soap, or a soft cloth.
• Turn on a radio, vacuum
cleaner, hair dryer, clothes
dryer, or water faucet.
Some babies are calmed by
steady sounds and noises.
• Offer your baby a pacifier
(again, remember to be
gentle—you can injure the
baby’s mouth if you are too
rough).
• Take your baby for a ride. If
you use a car, be sure to
place baby in a safety seat.
• Place the baby in a wind-
up swing; be sure that his
neck is supported.

Seeking Medical Help
If you find that your newborn
cries a great deal, see a doctor
to be sure there isn’t a medical
problem. Parents of colicky
babies shouldn’t be afraid to
talk openly with their doctors.
It’s important to mention any
concerns you have so you can
put them at rest. In some
situations a doctor may
prescribe medicine, but there is
not any medicine yet that
completely cures colic in all
infants. If medication is
prescribed, ask your doctor to
talk about the possible side
effects.

Coping techniques for
parents
Caring for a colicky infant can
be very difficult. The
frustration may become
overwhelming. Parents of a
colicky baby need to have a
plan to help them get through
the stress of colic. Keep these
ideas and tips in mind:
• Remember not to take the
crying personally. Your
baby’s crying is not a
comment on you as a
parent.
• Take deep breaths. Try to
relax as much as possible.
A crying baby can be very
frustrating, so try not to
“lose your head.”
• Take turns with the baby
(with your spouse or
someone else).
• Try taking 15 minutes to
calm your baby. If she is
still crying, put her down
and let her cry. After 15
minutes, try to calm her
again.
• Your first concern should
be to make sure baby is safe
and secure. It is normal for babies to sometimes cry.

- Take a break from your baby. Ask a trusted friend or relative to babysit so you can spend some time away from your infant.
- Talk to other parents, especially people who have had colicky babies themselves. These may be friends, relatives, or people in a parent support group.
- Don’t be afraid to accept or ask for help from friends or relatives who offer. If you can, hire someone to help you around the home.

Just remember that the crying should happen less often as baby grows older, and be sure to ask others for the help you need during these difficult months.

Books can also be very helpful. Here is one to look for in your library or local bookstore. Even though newer books are available, this one still gives some of the very best advice: *The Fussy Baby* by W. Sears (Signet, 1985)

*Courtesy of the University of Illinois-Extension*