Teens as Parents of Babies and Toddlers

Jennifer Birckmayer
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Cornell Cooperative Extension
Helping You Put Knowledge to Work

A collaborative effort with Questar III
Excellence and Innovation in Education
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Cover photos by Tracy Borland and Leslie Medine from Parent Express: A Month-by-Month Newsletter for You and Your Baby, 6 Months Old, developed by Cooperative Extension, University of California, adapted and distributed by Cornell Cooperative Extension.

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Acknowledgments

It has been said that an animal designed by a committee might have the head of a chipmunk, the body of an elephant, and the legs of a giraffe. With this story in mind, we, as a committee of writers, approached our work on Teens as Parents of Babies and Toddlers with some trepidation. Much to our relief, we quickly discovered that the process we were engaged in was similar to putting together a quilt; each of us had pieces to contribute of different shapes and designs, and the challenge became one of creating harmony. As we worked, each of us had to compromise, but in return we were excited by ideas we learned from the others, frequently perceiving new ways to articulate old ideas or reminding each other of old ideas that might work with new audiences. We rejoice that we have remained good friends as well as congenial colleagues throughout this process and that even now, as we go to press, we can telephone each other to say, “I’ve just had a great idea.”

We are grateful to many people for their support and help. Carol Anderson, associate director of Cornell Cooperative Extension, agreed with us that there was a need for a resource guide such as this; Ellen Bonn of Cornell University Media Services helped us take a realistic approach to the project. Polly Spedding provided constructive criticism on our first rough draft. We have drawn heavily on the work and ideas of Cornell colleagues as expressed in the Family Matters and Nutrition for Life materials and in A Facilitator’s Guide to Working with Single-Parent Families. Dorothy Cudaback of the University of California graciously allowed us to use photographs from Parent Express on our cover, and we have used information from that publication in many of the lessons.

Fred Root and Steve Abelson of Questar III endorsed Katherine Mabb’s involvement and were supportive of our efforts. Linda Miner provided helpful suggestions based on her extensive experience with teen parents and edited our first draft. Peggy Miller, Ann Witz, Joy Hall, and Sandy Rightmyer patiently deciphered four different handwritings in typing the manuscript. Dennis F. Kulis provided a clear and sensible design for our material and used Beverly Hofstetter’s delightful drawings to good advantage.

Linda Porteous Scott and Willie Andrews have been pioneers in their use of the empowerment process with teen parents. They have been powerful teachers and role models for us as well as for the teens with whom they work. Staff and participants in the Columbia-Green Adolescent Pregnancy Prevention and Services Project field tested many of our activities and provided honest, helpful feedback.

Trudie Calvert is a marvelous editor. Her enthusiasm, sound judgment, and extraordinary skills have brought order and balance to our ideas.

We have great respect for our teen parent friends in Columbia, Greene, and Onondaga counties. They have allowed us to witness and learn from their struggles to develop effective child-rearing skills.

Finally, our loving thanks to our families. They have often done without us so that we could work with other parents and their children.
Introduction

Being a Parent

Being a parent is probably the toughest job in the world—and the one for which there is the least training. As educators of parents, our job is immense, complex, sensitive, and sometimes overwhelming. We find it difficult to know where to begin and, once begun, where to go next. The material presented here resulted from discussions among a teen parent educator, Cornell Cooperative Extension agents, and a specialist in human development. We agreed that the following goals are most important for parents:

1. To develop self-understanding, a healthy self-concept, and the ability to meet personal needs.
2. To develop realistic expectations for children's behavior based on an understanding of human development.
3. To develop effective communication skills.
4. To develop skills to meet the physical, social, and emotional needs of children.
5. To develop an ability to use positive guidance techniques—discipline—with children.

Because each parent is unique, with special needs, interests, and strengths, we think it is both unrealistic and nonproductive to prescribe lesson plans without the active involvement of parents as participants. Instead, we have put together a collection of materials we have found helpful in our work. Many groups of teen parents will suggest topics for discussion that we have not included; each group can plan the sequence that is most appropriate for it.

This guide has four authors; therefore, four writing styles, four approaches to teaching, and four strong personalities are expressed throughout the material. Although we attempted to maintain a consistent format, we felt that the diversity of our approaches might empower other educators to develop trust in their own styles and strengths. It is our experience that parent education programs come to life and become meaningful when parents and educators work together to influence the form and substance of the curriculum. Our intent in compiling this guide is to offer a starting point, a sounding board, or a set of ideas against which educators can test their own ideas and work with parents to forge an exciting and creative program.

We urge educators to become familiar with and use a variety of resources which can be adapted to meet the needs of adolescent parents. Although the list of resources provided at the end of this guide is not exhaustive, it contains valuable supplementary information for use in planning or adapting lessons. Add your favorites and let us know what they are so that we can all continue to learn and grow.

Questions Parent Educators Ask

Question 1
How much information should we provide about normal growth and development and how far do we go in advising teens about child-rearing practices?

Our Answer
A few parents enjoy receiving general information on children's growth and development, but most are more concerned about what to do, or not to do, about the behavior of their own child. In fact, possessing knowledge of child development may not be one of the best predictors of parental effectiveness. We have, therefore, written about principles of child development from our perspective for you, who will be teaching parents, but we have not concentrated on it heavily in the material for teen parents. We have found that it works best to "sneak in" information about ages and stages, for example, by using slides of the teens' infants and young children to illustrate concepts. Many teens find lectures boring and irrelevant. And as for telling teens what to do, as our respected friend Marjorie Wood puts it, "Parents get awfully tired of being 'should-upon' and yet we parent educators persist in being 'shouldy.' " Certainly we can describe alternative approaches to child rearing, but the parents themselves must choose the approach that is appropriate for them.
**Question 2**
This resource guide is too comprehensive for me. I am able to work with teen parents only occasionally. I need something short and snappy. I don’t even have time to read this, let alone teach it.

**Our Answer**
Read the introduction and the “Red Flag” pages, which contain plans for classes or meetings on issues we believe to be of utmost importance or interest.

**Question 3**
This resource guide is not comprehensive enough for me. I need more information about adapting this material for specific groups.

**Our Answer**
We share and appreciate your concern and suggest that you write to the following sources for materials on teen parenting:

- **Child Welfare League of America Consortium on Early Childbearing and Childrearing**
  Suite 310, 440 1st Street N.W.
  Washington, D.C. 20001
- **Children’s Defense Fund**
  25 E Street N.W.
  Washington, D.C. 20001
- **Family Resource Coalition**
  200 South Michigan Avenue
  Chicago, Illinois 60604
- **National Organization on Adolescent Pregnancy, Parenting, and Prevention, Inc.**
  4421-A East-West Highway
  Bethesda, Maryland 20814

**Question 4**
How do you define the terms we all use—especially parent and parent education?

**Our Answer**
For several years we used the definition of parenting offered by Fitzhugh Dodson in his book *How to Parent* (New York: New American Library, 1970), p. 21: “to parent—to use, with tender loving care, all the information science has accumulated about child psychology in order to raise happy and intelligent human beings.” Recently, however, we have modified Dodson’s definition to read: “to parent—to use, with tender loving care, all the knowledge we have accumulated about how to raise healthy children.”

Our modification allows us to include some personal beliefs or biases:

- We believe child rearing is an art as well as, in some ways, a science.
- We believe that much of what is valuable about child rearing has come from neighbors, grandparents, and old-fashioned common sense, as well as from science.
- We believe that happiness is something individuals (children included) have to feel for themselves, not something they can be given. Parents can create conditions that make happiness possible, but children must be responsible for their own feelings.
- We believe that children who are ill or mentally retarded can experience psychological health and that, though we would wish for physical health for all children, some children cannot be freed from disease or a handicapping condition. But illness or handicapping conditions in no way negate the possibility or need for sensitive, skilled parenting.

Our definition of the term parent education is the one proposed by the Education Commission of the States: “any method, program or strategy that increases parental competence and/or self-esteem in the parenting role.”

This definition summarizes our belief that being an effective parent involves both what one feels about oneself as a person and the skills and competencies involved in effective child rearing.

**Question 5**
You talk about involving teens in the program-planning process. What do you mean?

**Our Answer**
We’ve all been told to begin with the interests and needs of the audience, but that is hard advice to follow if you’re not sure what the needs and interests of your special group are. As the educator, you may believe certain topics are important components of a parenting program. An effective program probably reflects a blend of the interests and concerns expressed by teen parents and some of the information you, as a result of your knowledge and experience, know to be valuable in effective parenting.

It may be helpful to write down questions that come up during group discussions with teen parents—perhaps on a poster or blackboard that is visible during group meetings or classes. You and the teen parents can review the questions periodically and invite community experts to visit as panelists, discussing a topic that has emerged as a “hot issue.” For example, parents may want to know about child abuse laws or job training opportunities or birth control methods. Your role as educator would be to help them articulate the issue and to identify the resources available. Parents can learn if they make telephone calls to agencies or individuals to invite them to visit the program as panelists. Parents can learn by making up questions for panelists to address, by discussing how to make panelists feel comfortable and relaxed, and by planning follow-ups or responses to the information panelists have presented. It may be easier and more efficient for the educator to determine a topic, develop questions, and invite panelists, but it is empowering for teen parents to assume these responsibilities.

**Question 6**
How can we make information about child development interesting to teens?

**Our Answer**
The material in this package is intended for your use in developing short (3- to 10-minute) lectures, using your own words and style of presentation. The Annotated Bibliography, containing references to books, audiovisuals, and other materials, provides further information in particular
subjects. You may find it effective to take slides of the children of parents in your group to illustrate your presentations. Few parents can resist coming to a meeting if they know they will see pictures of their own children. Most parents, however, dislike lectures about child development. If you use slides of participants’ children, observe three precautions:

1. Include pictures that show parents behaving in an appropriate, loving fashion that will foster the healthy development of their children. Never photograph and show to the group any picture that might make a parent feel ashamed or likely to be criticized.

2. If you include pictures of children in need (for example, a baby in a crib with a bottle out of reach or a child having a tantrum), make very clear to the group that these situations were posed for the camera and that they do not imply that the parent did not react appropriately—he or she allowed you to photograph to gain food for discussion.

3. Always obtain written permission from the parents to photograph their children and to use the pictures in the discussion.

If funds permit, prints of the slides could be given to parents as “thank you” tokens.

Question 7
Could you give us a sketch of child development principles as background for our work with teens?

Our Answer
Psychologist Erik Erikson has suggested that human beings go through a series of developmental crises or stages as they move from infancy through adulthood. For each of the crises identified by Erikson resolution is important at a particular stage if healthy development is to occur. We believe that Erikson’s ideas, loosely interpreted, provide a useful framework for understanding human behavior. We also believe that an understanding of Erikson’s basic concepts and the ways they are reflected in behavior can be used as indicators of parenting techniques that will foster healthy development in children. Thus, we have attempted to use Erikson’s ideas as a springboard for the establishment of particular approaches to parenting. A different approach to the application of developmental theory to parenting practices will be found in some of the works listed in the Annotated Bibliography to this guide. Finally, the four authors agree that the best single resource for more information is Parentmaking by Annye Rothenberg, available from Barster Press, 117 Pinon Drive, Menlo Park, California 94025.

Crises at Different Developmental Stages

Infants
(birth to fifteen months)
Trust vs. Mistrust

The developmental crisis centers around the baby’s need to perceive the world as basically friendly and comfortable. Parents and caregivers foster an infant’s sense of trust by providing responsive care based on observation of the infant’s behavior, making an effort to make the baby feel loved, respected, and capable of eliciting responses from adults. In addition, the baby gains a feeling of well-being because his or her basic physiological and emotional needs are met. Mistrust occurs when the infant feels abandoned, threatened, or uncared for in a hostile, nonresponsive environment. Thus babies left to cry for long periods in their cribs or fed and played with only on overly strict schedules may grow to feel that the adults in their lives are harsh and powerful, indifferent to the needs of a helpless child.

Toddler
(about fifteen months through two and a half years)
Autonomy vs. Shame and Doubt

The crisis of autonomy occurs when a child perceives his or her separateness from parents and acts to test or gain personal independence. Auto means self—an automobile moves from the power of its own engine, an automatic washing machine works under its own power. Toddlers try to develop a sense of self by experimenting, challenging, and exploring. Part of their discovery involves pushing away from the people who so far have controlled them. Thus much of their behavior appears to be negative.

“Me do it,” “Mine,” and “No” are often heard toddler words which indicate that a child is trying hard to be a person in his or her own right. Toddlers need help in the task of becoming independent. Parents who remember that a toddler is trying to develop self-control, not parent control, will understand the child’s need for an ally—someone who will help him or her develop autonomy. Children who are made to feel that they are bad for trying to stand on their own feet or who are severely punished for saying “no” or “mine” or for refusing to share can develop a lasting sense of shame and self-doubt. Toddlers need safe limits and wise adult supervision. But they also need many opportunities to test themselves. How much can they do? Do they control what goes into, and comes out of, their bodies? Can they, after trying to be big and grown up for a time, change their minds and act like babies? Toddlers are hard to live with because of their constant testing behavior and their experimentation with their independence (or lack of it). Adults need a strong sense of humor, a lot of patience, and determination to help toddlers develop the inner controls they seek so desperately.

Preschool Children
(two and a half to five years)
Initiative vs. Guilt

For children in this stage, the developmental task or crisis is that of establishing a sense of “initiative”—the courage to have ideas and try them out. This is the stage of “I can do it,” of “Wanna see me do a good trick—
or job?" or "Can I have that—I can make something with it?" Like toddlers, preschoolers are intensely self-centered, but often their behavior is more positive, more active, and more adventurous. The toddler practices walking, carrying, filling containers and dumping them, going up and down steps, and beginning to climb. Preschoolers can run, hop (sometimes skip), may climb higher than adults would wish, and explore over a wide territory. Most preschoolers have an extensive vocabulary and, in addition to using words they know, experiment with nonsense words or swearing. They enjoy being with children their own age but still require careful supervision because they are quick to insult, hit, bite, or kick their friends and do not always remember rules that are designed to keep them safe. Being able to develop initiative depends on having lots of opportunities to explore, to experiment and investigate, to create, and to play in ways that engage every one of the five senses. Adults foster children's initiative when they provide opportunities for play with unstructured materials like boxes, blocks, blank paper and crayons, clay, and miniature housekeeping equipment. Preschoolers also learn through books, but books can never substitute for hands-on experience with real people and objects and for firsthand experience.

School-aged children
(six to twelve years)
Industry vs. inferiority
As children move into the early school years, their developmental task is to establish a sense of industry. They want to know rules and standards governing behavior and activities, and once they understand what is expected, they are distressed if these rules and standards are bent or changed. Children in this age group perceive issues as black or white, fair or unfair, right or wrong. In striving toward visible and recognized achievements they are often pleased by tangible symbols showing they have achieved their goals. Gold stars, report cards, achievement certificates, badges, and charts should not assume undue importance but can be indicators of children's ability to fill a useful and important role in the world as they perceive it. Eight-to-ten-year-olds are often remarkably competent—able to cook a meal, clean a room, rake a lawn, carry wood, and accomplish any number of other chores. Parents who feel they "have it made" because their school-aged children are so conscientious and responsible are often dismayed when, as children approach adolescence, their needs and interests change and their willingness to help with work diminishes accordingly.

It is also during this period that children begin to learn about the world outside of family and home. Adults other than parents become important role models. Acceptance by "my friends" or "my buddies" or "my gang" reassures the child that he or she is socially acceptable and may reinforce his or her sense of industry as age mates work together to win a game or a badge or to accomplish a task.

Adolescents
Identity vs. identity confusion
As psychologically healthy children move into adolescence, they struggle once again with the questions asked in a primitive way at earlier ages: "Who am I?" "Who controls my behavior—who establishes rules for me?" "Where do I fit in?" "How do I feel about myself as a boy, or as a girl—how do I relate to members of the opposite sex?" All these questions may form the subconscious agenda for teenagers. Rapid physical growth and emerging strong sexual feelings create a host of disturbing sensations, thoughts, and feelings easily recalled by even the most mature adults.

Most of us remember adolescence as a time of drastic change, both social and personal, and as a stage of development during which we were heavily (and probably appropriately) self-absorbed. The struggle to deal with body changes, sexual feelings, and shifting relationships with peers and parents, while at the same time realizing that school days would eventually come to an end and one would become an independent grown-up with a job and perhaps a family, often seemed overwhelming. For adults who find it hard to empathize with teens, we suggest the following exercise:

Take a few moments to get back in touch with the teenager within you. Where do you remember living as a teen? What was your room like? Name one piece of music you liked. Why did you like it? Describe one school memory from your adolescence. List five adjectives that might describe you as a teenager.

The memories of our own adolescence—our triumphs and joys as well as the awkward, painful times—are unique, and yet there are commonalities. Some adults are surprised to discover in later years that they were not the only ones who worried about appearance, relationships, and social and moral issues. We all struggled with our roles as individuals as we developed a sense of identity. We assumed the task of separating ourselves and achieving emotional independence from our parents. "No one understands me," "I am unique in all the world," "Everyone's eyes are upon me," and the wonderful, terrible feeling of invincibility—"Nothing bad can happen because I'm me"—are some of the themes that influence adolescent behavior. Although American media have emphasized the alienation of teens from adults and the importance of peer acceptance, social science research indicates that most teens care deeply about their parents and that they welcome the support and nurturance of caring, sympathetic adults.

Adolescents are no longer children, but neither are they considered to be adults in our society. They occupy an awkward no-man's-land, being told, on one hand, to "grow up and accept responsibility" and, on the other, "you're not old enough." Certainly nothing in their lives or experiences, in their schools or communities, prepares them for parenthood. For young people who still have a lot of growing up left to do, parenting
can present enormous challenges. And yet, according to the Children's Defense Fund's publication Preventing Children Having Children, one American teen in ten becomes pregnant each year.

Only half of the teens who become parents before the age of eighteen will graduate from high school. Many pregnant teens feel uncomfortable in school. The concept of an “imaginary audience” becomes a painful reality as the often critical eyes of teachers, peers, and parents are watching them, sometimes acting as though pregnancy and parenthood are communicable diseases. Many teens drop out of school after their children are born because they lack affordable and accessible child care. The teen parents who do struggle to complete their education often find that parenthood drastically affects their class attendance and academic performance, reducing their chances of finding satisfying, lucrative jobs.

**Question 8**
Are there other special considerations in working with teen parents?

**Our Answer**
Statistics reveal that teen mothers are twice as likely to be poor as nonteen mothers. An adolescent strives for independence, but an adolescent parent, who lacks education and vocational training, is likely to be financially and socially dependent. Sixty percent of all Aid to Families with Dependent Children recipients had their first child when they were in their teens.

Adolescent parents often experience social isolation. In a life stage characterized by a strong desire for intimacy, the teen mother can find herself alone. A teen mother will find her career choices frighteningly narrow; her priorities must begin with caring for her dependent child. Teen fathers can find themselves ostracized, helpless, and feeling that their lives and the lives of their children are beyond control. Teens as parents must also redefine their roles as individuals. The biological changes that naturally occur in pregnancy and parenthood affect an adolescent's perception of her body image, sexuality, and future roles as partner and parent.

Self-absorption is appropriate in adolescence, yet sometimes a teen mother may concentrate so heavily on her own growth needs that she has difficulty responding to her child. She may expect too much, too soon from her child or perhaps too little, too late. A young child's demand to be played with may seem unfair to a young parent who has unfulfilled play needs of his or her own.

Most of us enter parenthood unprepared for its responsibilities. For adolescent parents, lack of preparation can be overwhelming. Educators of these young people must remain sensitive to the enormous pressures they experience, caused by the often conflicting joys and frustrations they encounter in their roles as parents, students, community members, and individuals.

**Question 9**
What is the philosophical basis for this resource guide?

**Our Answer**
Our philosophy of parent education is based on the principle of empowerment as defined in the Empowering Families module of the Family Matters Project. A summary of this process follows:

- Empowerment requires change and takes time.
- The process of empowering parents requires an understanding of the environment in which they and their families must live and work.
- For parents to be empowered, they must be given unconditional, positive recognition for the important job they are doing.
- For many parents, empowerment involves a change in their perceptions of themselves.
- Empowerment should increase parents' feelings of control and influence over their world and the development of their children.

- To empower parents, the community must provide nonjudgmental support, resources, and access to information about being a parent and a community member.

The four basic concepts of empowerment form the building blocks upon which this curriculum has been devised.

- 1. All families have strengths.
- 2. Cultural differences are valid and valuable.
- 3. A variety of family forms can promote the growth of healthy adults and children.
- 4. All parents are experts on their own children.

When adolescents are empowered in the parenting role, they are more capable of providing consistent warmth, care, and nurturance to their children. Those who educate these young parents have to respond to their needs as teens while, at the same time, helping them define and accept their responsibilities as parents.

**Question 10**
How would you describe an effective parent educator?

**Our Answer**
An effective parent educator

- empowers participants as primary models for their children.
- respects cultural diversity.
- provides sensible, accurate information about child growth, health, and development.
- offers acceptable alternative child-rearing techniques and helps parents determine which are appropriate for their families.
- enables parents to share resources, information, pleasures, and concerns in a relaxed and accepting environment.
- emphasizes that child rearing can be fun and funny, as well as challenging and difficult.
- focuses on the central role of parents as experts on their own children.
facilitates group discussion of child-rearing options.
- cooperates with other individuals, agencies, and organizations to create communities that are supportive of families.
- reinforces parents' sense of responsibility and pride in their roles as advocates for their children—and, eventually, for all children.

Your importance as an educator in the lives of adolescent parents cannot be understated, and your responsibilities might emphasize

- creating an atmosphere of encouragement, support, and respect for each individual.
- recognizing strengths of each parent and addressing common concerns and feelings.
- showing sensitivity to the conflicting roles teen parents must play in the community as students, community members, growing individuals, and parents, presenting alternative child-rearing approaches rather than insisting upon one "right" way.
- empowering teens to identify and use what they know about parenting and building on that knowledge.
- acting as a role model and a resource person.
- using community resources to empower teens to become knowledgeable about existing service agencies.
- nurturing adolescents' sense of self-esteem so that as parents they will be capable of expressing nurturance to their children.

Special Notes for Facilitators

Red Flags

Each section includes at least one Red Flag Lesson. These are the lessons that we believe to be the most important, and they are the ones we suggest educators choose to offer if time and teaching opportunities are limited.

Challenges

Throughout this resource guide you will find sections titled "Challenges." A Challenge is an activity for a parent or parents to do outside the group meeting time. Each facilitator may have creative ideas about appropriate challenges for particular parents, and we encourage the use of these individually designed Challenges whenever possible.

Low Literacy

Facilitators must be particularly sensitive to the needs of parents whose literacy skills are limited. Most of the material in the resource guide can be presented through short lectures, discussions, or with audiovisual aids. Printed materials can often be reviewed in a group discussion. We have found that a parent who feels embarrassed or inferior because of lack of reading skills gains nothing from an educational program and often does not attend subsequent meetings.

Cultural Assumptions

Cultural differences are an important, enriching component of effective parenting. A facilitator should become aware of her own personal biases and cultural assumptions and learn to present them as ways of looking at child rearing but never as the single correct way. Sensitive issues such as feeding, toilet training, and discipline are particularly laden with cultural biases.

Time for Each Workshop

Each group will have its own pace so it is difficult to provide accurate assumptions of the time required for each workshop. Many of these workshops can be accomplished within a school class period; some should take one and a quarter to one and a half hours to complete.

Ordering Materials

To be adequately prepared for each meeting, you must plan ahead. We urge you to order all materials as soon as you know you will be using this resource guide. Information about where to obtain materials is given in the section of each exercise called "Materials Needed."

Child Care

Excellent child care arrangements provide opportunities for caregivers to demonstrate effective parenting skills. Safe, attractive space, interesting play materials, and consistent, loving supervision are not easy to find or maintain. It will take one person's full attention, energy, and time to ensure the quality of a child care program. The task is deserving of a manual of its own, and so very little is said about it in this guide. We have included a bibliography on infant and toddler development and care.

Inevitably, teen parents will occasionally bring a baby to class, particularly if it is very young or nursing. It is very difficult for a young parent to focus attention on topics under discussion if he or she is simultaneously trying to respond to a baby. We encourage programs to establish separate child care facilities with well-trained, highly skilled caregivers if at all possible.

On the whole, we define our task as parent educators as that of providing acceptable alternative ways to raise healthy children. The choices parents make may not always be the ones we recommend, but if they have considered the alternatives carefully we feel we should support them unless harm will come to their children, themselves, or other people.

Good luck—and have fun!
## The Social World of Teen Parents

1. Identifying Interests and Concerns  
2. The Social World of Teen Parents  
   - My Social World  
   - My Personal Support Network  
   - My Family Support Network  
3. Managing Personal Resources *(Red Flag)*  
   - Slices of Time  
   - My Personal Stress Symptoms  
   - Relieving Stress  
   - My Daily Stress Log  
4. When Parents Live with Their Parents  
5. Violence Is Not Good for Families  
   - Getting What I Want from a Guest Speaker  
6. Sewing Skills
1. Identifying Interests and Concerns

Objectives

1. To identify interests and concerns about becoming parents
2. To plan future sessions about becoming parents

Activities

1. Working in pairs, teens will list
   - three things they think they will enjoy about parenting.
   - three things they think they will find difficult about parenting.
   - three things that concern them about becoming a parent.

   The group facilitator can work as a member of a pair or can list her own points on newsprint to be compared with those identified by the group.

2. Post lists under three major categories:
   - Characteristics of parenting to be enjoyed
   - Characteristics of parenting that will be difficult
   - Concerns about becoming parents

   The group will develop an outline of study based on the posted lists.

Materials Needed

- Newsprint
- Markers
2. The Social World of Teen Parents

Objectives

1. To determine how families, schools, and other institutions provide support
2. To examine how circumstances over which one has no control affect responses to problems
3. To determine where and from whom support may be found when working through problems

Activities


Challenge

Ask parents to complete the handout “My Family Support Network.” (For an explanation of Challenges, see “Special Notes for Facilitators” at the end of the Introduction.)
My Social World

1. Distribute the handout “My Social World.”

2. Ask parents to write “me” in the inner circle. Then ask them to write the names or initials of their family members in the same circle. They can label this circle “Immediate Family.”

3. Ask parents to write in circle 2 the names of people they feel close to, who make a real difference to them or their children. This circle can be labeled “Personal Network.”

4. Next, in circle 3 parents write the names of people they know in organizations that affect them or others in their families, such as the place they work. This circle might also include people in their child’s school, a minister or rabbi, or a contact person in a local service agency. Point out that relationships with these people are more formal than with people in circle 2. The circle can be labeled “Formal Network.”

5. Finally, ask parents to make a list on the side of their papers of the qualities they want their children to have when they grow up. For example, parents may want their children to be loving, kind, and have a sense of humor.

6. Make a master list on newsprint of the qualities parents mention. Summarize by pointing out that the qualities they have chosen are a good indication of their beliefs and their personal values. If more than one person mentions a quality, put a check mark by it on the master list. Point out that check marks indicate that some people in the group have values in common.

7. Ask parents to think again about qualities in children but this time to consider those that are emphasized or expected by people in their personal and formal networks such as relatives, friends, teachers, ministers, and social workers. Make a master list of qualities parents feel are important. Explain that this list shows the values of the society because they are reflected in our institutions. Ask parents to include these values or beliefs in circle 4 in the “My Social World” handout. This last circle can then be labeled “Values of Society.”

8. Complete the exercise by asking the group to compare the two master lists.

Discussion Questions

- In what ways are the lists similar and different?
- What might these similarities or differences suggest about the relationships between parents and children?
- Who in your social network might be able to help you work through a problem?
- How do a person’s values reflect the values of the society in which he or she lives?
My Personal Support Network

1. Ask parents to form a circle.

2. Explain that you will throw the ball of yarn you are holding to someone in the circle. The person catching the ball will say his or her name and the name of a person or place that provides support in times of need. This person then throws the ball to another person in the circle, who also names a supportive person or place. Continue so that everyone has had at least two turns. What will evolve is a web of yarn, which will be labeled a “personal support network.” Toss the family figures onto the web. Point out that even though they have fallen, they have not hit the ground because their personal support network helped hold them up.

3. Ask parents to share experiences in which their personal support networks helped them work through problems.
In the space below, describe briefly a situation in which you needed support. In the column at the left, write the names of people in your formal network who could have provided or did provide support. In the column at the right, write the names of people or institutions in your personal network who could have provided or did provide support.

Situation (brief description)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Formal Network
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Personal Network
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3. Managing Personal Resources

Red Flag Lesson

Objectives
1. To examine the way time is spent and decide whether to make changes
2. To identify stress symptoms
3. To identify ways to reduce and manage stress

Activities
1. "Slices of Time" (see page 26)
2. Working alone, parents will complete the handout “My Personal Stress Symptoms.” Ask parents to share with the group what they discovered about their personal stress symptoms. Lead a discussion beginning with the following questions:
   - What events or people trigger your personal stress symptoms?
   - Which of these events or people relate to your role as a parent?
   - What are some ways you could reduce the stress in your life?
   - What are some ways you could manage the stress in your life?
3. After they have completed the handout, explain to parents that sometimes people need to break from stressful situations so they can return fresh and ready to handle a problem. These breaks could be called safety valves and could include but are not limited to listening to music, taking a walk, taking a long bubble bath, going jogging, reading a book, or having lunch with a friend. Ask each parent to generate a list of safety valves. Which safety valves do they already use? Which don’t they use but would like to try? Brainstorm with the group a list of safety valves. Ask parents to write their own prescription for stress.

Rx for Stress
Name: ____________________
Take: ____________________
Times a Day Until Symptoms Disappear ________________

4. Distribute the handout “Relieving Stress.”

Challenge
Ask parents to keep a daily stress log for one week, using the handout “My Daily Stress Log.” At the end of one week, parents will report their findings either verbally or in writing. Parents with low literacy skills might keep a pictorial log or use a tape recorder. Do they see any patterns in the times they felt stress? Do they see any ways they might have handled stressful situations differently? Which ways worked well in handling stressful situations?

Materials Needed
- For “Slices of Time” activity
  - Large pie graph on newsprint
  - Pie graph of your own sample day on a paper plate
  - Paper plates, rulers, and pencils for each parent
- A copy of the handout “My Personal Stress Symptoms” (page 27) for each participant
- A copy of the handout “Relieving Stress” (page 28) for each participant
- Copies of the handout “My Daily Stress Log” (page 29) for each participant (You will need seven copies for each parent who chooses to do this Challenge.)
Slices of Time

1. Start the activity by showing parents the large sample pie graph you have made, following the example shown here. Indicate that in this activity they will produce a graphic picture of the way they spend their time. Each day can be thought of as a pie divided into 24 sections, one section for each hour. Show parents a graph of your day as a model and ask them to make pie graphs that show how they spend their day.

2. Pass out paper plates, rulers, and pencils.

3. Using your sample graph, show parents how to divide their plates into thirds, indicating that each third represents an 8-hour period. (Demonstrate on the large graph.) Show how 8-hour segments can be divided into halves, quarters, or eighths to get 4-hour, 2-hour, and 1-hour segments. (Demonstrate on the large graph.) Be sure to ask if they have any questions before going to the next step.

4. After you have answered questions, tape up a sheet of newsprint and label it “Things That Must Get Done.” In the 24 hours that make up each day, some things absolutely must get done. Working with the group, make a list that might include sleeping, eating, working, and child care. After the list has been completed, ask parents to begin work on their pie graphs.

5. Move around the room while parents work to answer questions and provide assistance.

6. When everyone has finished, ask if anyone would like to share his or her graph with the group. Comment but do not be critical. Comments such as the following are appropriate:
   - Can you get along on that much sleep?
   - How old are your children?
   - Do you use other child care?

7. Lead a discussion beginning with the following questions:
   - Are you spending your time as you wish?
   - How would you like to spend your time?
   - What is preventing you from spending your time as you wish?
   - How could you use your formal and personal networks to help you spend your time as you wish?
My Personal Stress Symptoms

When I feel under a lot of stress and pressure, which of the following responses do I notice?

Place a check mark before items that apply and occur frequently or regularly. Place an X before items that occur occasionally.

- Crying
- Depression
- Increased smoking
- Restlessness, fidgeting
- Feeling exhausted
- Drug or alcohol misuse
- Headaches
- Dizziness
- Face feels hot, flushed
- Loss of appetite
- Dry mouth/throat
- Grind teeth
- Neck/shoulders tighten up/ache
- Heart beats faster
- Hands and/or feet feel cold or sweaty
- Heartburn
- Stomach upset, nausea
- Cramps
- Increased urination/defecation
- Diarrhea
- Legs get shaky or tighten up
- Tapping fingers/feet
- Back tightens up/aches
- Withdrawal from people
- Aggression
- Boredom
- Can't concentrate
- Sleep or go to bed to escape
- Inability to sleep

Relieving Stress

All parents feel stress. Being young can make it even more difficult. You might worry whether you are doing everything right or if your baby is normal. Or you may feel angry when your baby cries. You may wish you could just leave the infant and go off by yourself or out with your friends—you may feel lonely, frustrated, angry, and tied down. What can you do?

► Plan to do something for yourself. Get a baby-sitter and go to a concert or have dinner with your friends.

► Talk to someone about how you feel—perhaps a friend, someone in your family, or a social worker. You will feel better if you get your frustration out.

► Use the time when your baby is sleeping to do something you enjoy. (So what if the dishes don’t get done!) Read a good book, take a bath, or paint a picture.

► When you are feeling really happy and proud of your baby, write down your feelings on a piece of paper. Save it and pull it out during those dark moments.

► Go for a walk with your baby. Often just a change of scenery will help both you and your infant feel better.

► Keep (or look for) your sense of humor. Don’t take everything so seriously. Nothing is forever.

► Get rid of the “crutches” in your life. Alcohol and drugs do not help in being a parent. You need all your senses and a lot of energy.

► Take a “mind break.” When things get especially stressful, stop in your tracks (make sure the baby is someplace safe), close your eyes, and let your mind go. Breathe deeply and slowly. Imagine yourself somewhere pleasant.

► Ask for help when you need it. Even the most organized and efficient adults need help with parenting. To ask for help is not a sign of weakness.

► Be realistic. The superparent shown on TV is fictional. All parents have frustrations and make mistakes.

Some Easy Exercises to Help You Relax!

Allow time each day for relaxation and exercise—you’ve earned it! These exercises take only a few minutes and will make you feel refreshed:

► Lie flat on your back. Take a deep breath. Breathe out slowly. Repeat 5 times.

► Lie flat with your arms at your sides. Move your arms out to shoulder level, keeping elbows still. Then raise your arms over your head and bring your hands together. Repeat 5 times.

► Lie flat, then raise your head, touching your chin to your chest. Try not to move any other part of your body. Repeat a few times.

Adapted from Parent Express, A Month-by-Month Newsletter for You and Your Baby: 2 Months Old, developed by Human Relations Program, University of California Cooperative Extension, adapted and distributed by Cornell Cooperative Extension.
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4. When Parents Live with Their Parents

Objectives

1. To increase awareness that three-generational living may be challenging for grandparents, teen parents, and their children.

2. To consider the points of view of each of the three generations in working through conflicts that result from sharing living spaces and child care and parenting responsibilities.

Tips for Workshop Leaders

This workshop is not intended to generate solutions to difficult problems. The goal is to increase feelings of empathy and help teens look at different points of view. If there is strong interest in the topic, you may wish to plan a follow-up workshop in which discussion is focused on brainstorming solutions. This is a long workshop and a hot topic.

Activities

1. Introduce the topic of three-generational living by reading aloud (or asking teens to read aloud) the following excerpt by Maureen Morgevanne from School-Age Parents: The Challenge of 3-Generation Living, p. 103.

"Maureen Morgevanne . . . feels the biggest issue is 'Who's going to parent this child? Grandparents tend to get involved, even when it's a twenty-six-year-old Ph.D. who is parenting,' she pointed out. 'Teens have more to put up with because they are all under the same roof. Teens are ultra-sensitive, and they think people are looking for their mistakes. They need to build up their confidence and learn to believe in themselves. The grandparents may have unresolved anger toward their daughter. They are in the no-win position of being legally responsible for their daughter, so they feel they must take the baby in. They have a right to pressure their daughter to pick up the financial pieces, but then I see the young mother all stressed out because of her three roles—mother, student and employee. That's hard, whatever your age. Sometimes grandparents give a double message. Grandma insists the young mother take the responsibility, but then continually criticizes the daughter's parenting rather than trusting her parenting abilities. It's hard to treat your teen like a capable adult when developmentally she's still a teen and she's still in your home.' " (pp. 103–4).

2. Ask participants to help you make a list of challenges teen parents and their parents may face. Make one list for teens who share a residence with their parents.

Materials Needed

- School-Age Parents: The Challenge of 3-Generation Living by Jeanne Warren Lindsay. Order from Morning Glory Press, 6595 San Haroldo Way, Buena Park, California 90620. We think this book should be required reading for leaders of this workshop.

- Chalkboard, chalk, and eraser or flipchart and markers.
Make another list for teens who do not live with their parents but count on them for financial help, emotional support, or assistance with child care and baby-sitting.

Some examples of challenges might be as follows:

**For teens and their parents who share a residence**
- Money—who supports the baby?
- Food—who decides what to eat and what to feed the baby?
- Housework—who does it? Who determines standards?
- Laundry—who does what?
- Who is in charge of the baby and of the house?

**For teens and their parents who do not live together**
- Money—who is financially responsible?
- Baby-sitting—who cares for the baby while the teen is in school, at work, or with friends?
- How do the teen and her parents relate to the baby’s father?

The workshop leader can suggest one or more of these topics if it is necessary to get the group started on brainstorming. Other issues will quickly follow.

3. When teens have generated lists of at least four or five topics, ask them to rank order items on the list (1 = most important, 5 = least important).

4. This activity may require a second session, class, or workshop. Ask teens who have ranked the same item as a top priority to get together in a small group to:
   - discuss the issue.
   - plan a presentation to the entire group in which the points of view of each generation (parent of teens, teen parent, child) are presented. Each small group can choose to role play, present an informal panel, make up a fictitious case study, or select an example from the book *School-Age Parents: The Challenge of 3-Generation Living*. The index to this book is annotated so that teens who are looking for an example will be able to find a chapter in which the issue they have selected is described and case studies are provided. Or the workshop leader might photocopy selected case examples from the group ahead of time and make them available to the teens.

5. Have each small group present the issue it has chosen to the entire group, using one of the methods described above. Ask participants to decide if the points of view of each generation (parent of teen, teen parent, baby) have been fairly presented. Continue to process the issue until all participants agree that each viewpoint has been accurately presented. Discuss with the group:
   - How does understanding a situation from someone else’s point of view help us work toward solutions?
   - Can you see any possible solutions for these challenges that you did not see before?

Summarize the workshop by reading the following excerpt from *School-Age Parents*: “The hardest thing for the grandmother or grandparents to figure out is where they fit in” (p. 208). Ask each teen to complete the sentence “The hardest thing for me to figure out in my relationship with my parents is . . . .”
5. Violence Is Not Good for Families

Objectives
1. To help teens realize that they do not have to accept or tolerate violence directed against themselves or their children.
2. To acquaint teens with community resources that can help them deal with violence directed against themselves or other family members.

Activities
1. Ask teen parents to help you organize a panel of community resource people who can present helpful information about ways to deal with violence. Help the teens use “Getting What I Want from a Guest Speaker” as a guide for recruiting panelists. Panelists with expertise may be found in departments of health, social services, or police, in child abuse and neglect task forces, battered women’s shelters, or among church or religious leaders. Suggest to the teens that a panel moderator can help the panelists stay on track (and on time) and can read questions that are submitted in writing during discussion to protect the identity of the people asking questions. Decide with the teens whether you or one of them will assume the role of moderator. (If you agree to coach, a teen may be willing to moderate.)

2. Three or four panelists from a variety of community agencies, services, or groups should be invited to give brief (five- to seven-minute) talks. Panelists should be asked to:
   - define the kind of violence (spouse, child, elder) they are required by law to respond to. Ask panelists to explain the laws governing their responses and describe some of the specific actions they or their agency have taken in the past. For whom did they provide protection? How did they do it?
   - describe the services they or their agency can provide and explain how to gain access to these services.
   - distribute a handout containing a summary of information, their addresses, and telephone numbers if they are willing to have teens call them.

3. After the panelists have made brief presentations, distribute index cards to the parents. Ask each of them to write down at least one question for the presenters. While they are writing questions, you can invite the panelists to help themselves to some simple refreshments (juice, coffee, cookies, fruit). Ask the parents to give you or the previously selected moderator the questions they have written down and then to help themselves to refreshments. Suggest that panelists and teen parents reconvene for discussion, bringing refreshments with them. A circle of chairs or another informal seating arrangement may encourage relaxed discussion.

4. You or the moderator can read each question to the panel. Encourage the panelists to give brief replies so as to allow time for discussion after the written questions have been answered.

5. After the panelists have answered the questions, ask the parents if they have any more questions. If issues about confidentiality have not been discussed, ask the panelists to address them now.

6. Conclude the discussion by thanking the panelists for coming and providing useful information. Follow up with a thank you letter or card, signed by the teens if they wish to do so.
Getting What I Want from a Guest Speaker

A guest speaker who is expert in a topic can be a blessing or a bomb! Use the following checklist as a guide.

Have I found an expert who knows the topic? Have I checked references?

Have I told the speaker what I want my group to learn?

Have I talked about any moral or personal issues that might affect a session?

Have I talked about the needs of the teens and the families in our program?

Does the guest speaker know the date, time, and place of panel presentations?

Do I know the guest speaker's needs for equipment, space setup, time, and other arrangements and can I have everything ready when she or he arrives?

Have we agreed on a fee or a voluntary presentation? Have we agreed who will duplicate handouts for our audience?

Have we paid or thanked the guest speaker for his or her time and talent?

Have I seen the results I wanted?

Have I written a thank you note to the speaker?

6. Sewing Skills

Tips for Trainers

Developing interests or hobbies can be important to the mental health of all parents. Not everyone chooses to sew, but we include this workshop as an example of activities parents may enjoy as adults at home with young children. Carpentry, knitting, bread baking, reading, listening to music, and many other interests might also be explored during a workshop.

Objectives

1. To provide parents with a playful way of learning sewing skills
2. To encourage parents to use crafts as a productive outlet for relieving stress

Key Concepts

- Crafts are a productive, viable source for reducing stress that often accompanies young parenthood.
- Sewing is a useful skill that is easily acquired. Acquisition of skills leads to improved self-confidence.

Activities

Parents will be given the choice of making a sleeper baby or a handkerchief bonnet.

Sleeper Baby

Sewing Instructions

- Wash, double rinse, and machine dry all sleepers and fabric.
- Cut two face patterns. Cut four hand patterns.
- Embroider or use permanent fabric markers to decorate the face. Provide pencils and scrap paper for parents to practice creating their own face designs. Parents can personalize their dolls by using different colors for eyes, hair, and mouth. Follow directions on the package if using permanent fabric markers.
- With right sides together, hand or machine stitch around the head, leaving the opening around the neck.
- With right sides together, stitch around the “U” for each hand. Leave the straight edge open. Stuff the hands with polyester fiberfill and sew to the sleeper’s arms.
- Stuff the arms and legs of the sleeper. Button or snap the sleeper closed. Stuff the doll’s tummy. Hand sew the outside seam closed.
- Stuff the head with polyester fiberfill. Hand or machine stitch the head to the body.

A Tip for Trainers

Caution parents not to put this soft toy or any other soft toy in a crib with a very young child.

Materials Needed

- One infant sleeper per parent (these can be donated)
- Approximately one-half package of polyester fiberfill per parent
- Thread, scissors, sewing needle, pins
- Embroidery floss in shades of yellow, brown, black, green, blue, gray, red, and pink (or permanent fabric markers in these colors)
- Pencils
- Scrap paper
- 100 percent cotton fabrics in skin tone colors, approximately one 12" x 45" strip for each parent
- A sewing machine is desirable but not necessary
Face and Hand Outline for Sleeper Baby
Baby Bonnet

Sewing Instructions

- Finger-press down a fold 1/2" from the edge of the handkerchief. See illustration.
- Stitch a running stitch as close to the bottom, folded edge as possible. See illustration.
- Gather this stitched seam tightly. This will form the bonnet.
- Sew a length of ribbon along each chin side of the bonnet.
- Attach a copy of the poem with a safety pin.

From just a little handkerchief
That someone stitched with care,
A bonnet was created for
Someone’s head to wear.

And later, this bonnet can be
Safely tucked away—
A snip here and there will help
Celebrate a special day.

Once again a handkerchief
Unbound by its threads
But still holding the memory
Of a bonnet, long ago, worn upon a little head.

—Author unknown

Materials Needed for Each Bonnet

- One 12" square plain or lace-edged white handkerchief
- One 24" length of 1/4" wide white ribbon
- White thread
- Sewing needle
- Scissors
- Copy of the “Bonnet Poem” printed on an index card
- Safety pin (to attach the poem to the finished bonnet)
1. Fold handkerchief not quite in half.

2. Sew along fold.

3. Gather seam.

4. Knot securely and form bonnet with your hands.

5. Sew on ribbon ties.
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1. Identifying Interests and Concerns

Objectives
1. To identify concerns about and interests in babies
2. To plan future sessions

Activities
1. Working in pairs, teens will list
   - three things they enjoy about babies.
   - three things they find difficult about babies.
   - three things that puzzle them about babies.

   The group facilitator can work as a member of a pair or can list her own points on newsprint to be compared with those identified by the group.

2. Post lists under three major categories:
   - Characteristics of babies we enjoy
   - Characteristics we find difficult to deal with
   - Characteristics we find puzzling

3. The group will develop an outline of study based on the posted lists.

The outlines for individual lessons on the following pages are based on topics which, in our experience, are commonly identified by parents. The facilitator can use the materials listed in the Annotated Bibliography to outline discussions of topics we have not included.
2. What Are Babies Like?

Objectives

1. To discuss infant development as it proceeds in a generally orderly manner from simple whole-body movements to increasingly refined movements.

2. To recognize the main stages of language development in babies and ways parents can encourage language development in their own babies.

3. To recognize that babies develop at different rates.

4. To affirm that babies need loving, consistent care if they are to develop a sense of trust in their parents.

Key Concepts

- During the first year of life:
  - a baby will grow about one inch a month for the first six months and by one year will be about one and a half times the length at birth.
  - a baby’s birth weight will likely triple.
  - a baby’s brain weight will double, and other vital organs will grow at a rapid pace.

- Although a baby has only a few capabilities at birth, a one-year-old will be mobile and will have a distinctive personality.

- Parents need to talk to their baby. Even before babies understand, they respond to a parent’s tone of voice, facial expressions, and gestures. Later, words become important as the child begins to develop a memory for sounds.

  - Babies seem to differ in physical and temperamental characteristics even at birth.

  - Discipline during the first year of a baby’s life means setting limits with loving care and guidance to allow the baby the freedom to explore and grow.

Activities

1. Parents will take the quiz “What Do You Think about Infants and Toddlers?” Discuss the answers.

2. Present a lecture and conduct group discussion on babies’ development through the first year. Use the Cornell Cooperative Extension fact sheet Infants and Parents as a resource. Parents will fill in the handout “Things Babies Do.”

3. View the videotape Exploring First Feelings. Discuss with teens the changes they observed in babies as they grew older. Point out the unique personality and learning styles of each baby. Ask teens to talk about episodes on the tape that are of particular interest to them.

4. Make a Memory Book or distribute copies of Growing. You will need to supply teens with a folder or simple notebook, assorted colored paper, colored marking pens, and assorted stickers for decorating pages. They
may appreciate it if you take a snapshot of them with their baby and give it to them to start their Memory Book.

**Challenge**

Conduct a teachback. Using the book *You and Your Small Wonder* by M. B. Karnes or a similar resource, have students select activities appropriate for specific developmental stages of an infant’s growth.

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### Materials Needed

- Copies of the quiz “What Do You Think about Infants and Toddlers?” (page 44) for all participants


- Copies of the handout “Things Babies Do” (page 46) for all participants

- Order the videotape *Exploring First Feelings* from Institute for Mental Health Initiatives, 4545 42nd Street, N.W., Suite 311, Washington, D.C. 20016, 202-364-7111.

- Copies for all participants of instructions “How to Make a Memory Book” (page 47) or order copies of *Growing*, available in English and Spanish from Cornell University Resource Center, 7 Cornell Business and Technology Park, Ithaca, N.Y. 14850

- Obtain a copy of M. B. Karnes, *You and Your Small Wonder: Activities for Busy Parents and Babies*, Book 1, birth to 18 months, American Guidance Services, Circle Pines, Minnesota 55014, or a similar book with developmentally appropriate activities.

- Newsprint

- Markers
What Do You Think about Infants and Toddlers?

The following questions are intended to stimulate discussion and help caregivers examine some of their beliefs about very young children and child care. Circle the best answer or answers.

1. Infants at birth
   a. do nothing but sleep, eat, and soil their diapers.
   b. are easily spoiled.
   c. are already learning about the world.
   d. are all alike.

2. The important elements of a good child care program are
   a. consistent, loving caregivers.
   b. a clean, safe, attractive environment.
   c. effective communication with parents.
   d. interesting, age-appropriate activities.

3. The American Academy of Pediatrics recommends that solid foods not be introduced until babies are four to six months of age because
   a. very young babies' tongues will automatically push food out of the mouth.
   b. breast milk and formula have the right amount of nutrients for babies.
   c. breast milk and formula are easy for babies to digest.
   d. all of the above.

4. The best time to introduce children to books is
   a. when they can talk.
   b. when they are old enough not to tear the pages.
   c. as soon as you and the baby can enjoy the experience of looking at pictures together.
   d. when they start school.

5. Discipline for babies
   a. should teach them to obey.
   b. is a matter of establishing a relationship based on trust and respect.
   c. should help them learn to be quiet and passive.
   d. is not necessary.
6. To ensure a sanitary environment, it is important to
   a. keep babies off the floor.
   b. use lots of disinfectant spray.
   c. be sure that adults wash their hands thoroughly at appropriate times.
   d. keep babies indoors.

7. Toddlers need
   a. to be with adults who enjoy and appreciate them.
   b. to be scolded or punished for not sharing.
   c. to learn the alphabet.
   d. freedom to choose among several interesting activities.

8. Toys for infants and toddlers should be
   a. washable and unbreakable.
   b. commercially made.
   c. age-appropriate.
   d. able to be used in more than one way.

9. Caregivers are especially valuable when they
   a. sing with children whether or not they sing on key.
   b. tell parents about the wonderful things their children do.
   c. gossip about children, parents, and other staff.
   d. take an active role in every part of the child care program.

10. To be a good caregiver, a person should
    a. have many rules that she or he will strictly enforce.
    b. have a sense of humor.
    c. be warm, gentle, and loving.
    d. be dependable.
How to Make a Memory Book

If you saved the front page of the newspaper on the day your baby was born and any public announcements of her birth, you can use them to start a Memory Book. You can use a scrapbook or a school notebook or make your own book. You can make it as fancy or as simple as you like.

➤ Put the front page of the newspaper and the birth announcement in the book. Later your child can look at it and see all the things that were happening on that important day.

➤ Put down all the great "firsts" in your baby's life—the first time he smiles, walks, talks, sits up, crawls, and other milestones.

➤ Write down dates and symptoms of illnesses, dates of shots or immunizations, monthly weight and height, when teeth come in, and your baby’s blood type. If you have photographs of your baby, you can put them in too. Include drawings your child gives you at a later age. Note the things your child learns, likes, and doesn’t like and clever comments he makes during the early years.

➤ Memory Books provide one way for children to learn about themselves and their roots. They also serve as a good record of the early years.
3. The Different Temperaments of Babies and Toddlers

Objectives

1. To define temperament
2. To introduce the concept of temperament as something that will give teen parents a better understanding of the individual differences among their babies and toddlers
3. To provide teen parents with information about temperamental characteristics that can help them work more comfortably with their children

Tips for Trainers

Information about individual temperament can be helpful in understanding children, but we must not label children based on their temperamental traits.

This information on temperament is included to help teens view their children in a positive light. Although it is easy to identify extremes on the continuum of temperamental traits, which often leads to labeling a child “easy” or “difficult,” it is the job of a facilitator to help parents see these traits as potential strengths and to provide them with information on how to work with the child. For example, a parent may see her child’s high level of persistence as something that causes her much frustration. The facilitator, however, can point out that a persistent child may accomplish a task more readily than one who gives up easily and that this can be seen as a strength that will be useful throughout life.

Read the background sheet “What Is Temperament?”

Preview the videotape listed under “Materials Needed” because only short snippets will be used to illustrate the various temperamental characteristics.

Although this unit appears in the section on babies, it is also appropriate for a unit about toddlers.

Activities

1. Begin the session by introducing the concept of temperament. Explain that children are born into this world with different temperamental tendencies that play a major role in their behavior. Temperament can tell us many things:
   - How active a child is
   - A child’s tendency to approach or withdraw from people, places, and things
   - A child’s “clock”—what makes him tick or ticked
   - A child’s mood
   - How sensitive a child is
   - How distractible a child is
   - How a child expresses emotions and reacts to feelings of discomfort and pleasure
   - How persistent a child is

Have teens identify ways in which their babies and toddlers differ from other babies and toddlers.

2. Give each participant a copy of “Looking at Temperament.” Review the nine temperamental traits. Show snippets of the videotape Flexible, Fearful, or Feisty to illustrate each of the traits.

3. Give each participant a sheet of white paper and some markers. Explain that they are now going to “draw a picture” of their child’s temperamental traits. Have them write their child’s name in the center of the picture. Referring to the handout “Looking at Temperament,” have participants identify their children’s traits and write them on their sheets. For example, if their child is very active and always on the go, write the words “active, always on the go” on the paper. Encourage them to be creative with color and word placement so the pic-
ture comes alive. (See the sample below) When they are finished, explain that they now have another image of who their child is and what makes her unique. Encourage participants to share this picture with their parenting partners and to display it where they can look at it often and say, “That’s my kid!”

4. As pointed out in the video, sometimes we find it useful to group these temperamental characteristics together to serve as an additional tool in understanding children. This can be dangerous, however, because it can lead to labeling a child. With this caution in mind, share with the group the following information, emphasizing how to use what we know about the child to help us be more comfortable with him. During the discussion, have parents refer to the temperament pictures they made earlier to determine which of the following techniques might be useful for them.

**The Flexible or Easy Temperament**

Some common traits:
- Tends to have regular feeding and napping routines
- Adapts readily to new situations
- Seldom makes a fuss
- Has a positive mood
- Is low intensity
- Is low in sensitivity
- Is resilient

Some ways to work comfortably with the “easy” child:
- Check in with the child from time to time
- Set aside special time for the child
- Try not to overlook the child

**The Cautious, Watchful Temperament**

Some common traits:
- Often appears to be shy
- Needs time and attention to warm up to new people and places

Some ways to work comfortably with the “cautious” child:
- Go slowly
- Don’t be intrusive
- Break up your interactions into little steps
- Stay close and try not to be pushy
- Allow the child time to warm up and become independent
- Draw the child into the action, then slowly retreat
- Expect that the child may want to be with only one or two special people at a time

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**Caitie**

Pretty flexible
Cautious, but friendly
Zealous—energetic
Generally happy
Busily, on my heels most of the time
My “Princess & the Pea” — Sensitive to touch
Persistent
The Feisty Temperament

Some common traits:

- Seldom holds back
- Active
- Distractible
- Sensitive
- Follows irregular routines
- Moody

Some ways to work comfortably with the “feisty” child:

- Redirect—talk about the child’s feelings and put limits on behavior, then offer an alternative
- Be flexible to adjust to the child’s irregular routine
- Be aware of the child’s sensitivity—he may react strongly to his environment
- Try to make the child’s space calm and peaceful
- Prepare the child for upcoming changes if she has trouble with transitions
- Appreciate quiet time
- Give the child time to be active

What Is Temperament?

Several researchers have suggested useful ways to categorize or describe human behavior:

1. The what of behavior, which refers to activities, abilities, and talents
2. The why of behavior, which refers to the motivations for behavior
3. The how of behavior, which refers to behavioral style or the ways a person does what she does

In the past psychologists paid a great deal of attention to the what and the why of behavior. More recently scholars such as Stella Chess and Alexander Thomas (Know Your Child [New York: Basic Books, 1987]) have pointed to the importance of appreciating behavioral style or what we call temperament. They describe nine traits that can be examined in a study of an individual’s temperament: activity level, rhythmicity/regularity, approach/withdrawal, adaptability, sensory threshold, quality of mood, intensity of reactions, distractibility, and persistence and attention span.

As Chess and Thomas wisely caution, “Of course the different aspects of behavior do not exist in separate watertight compartments. Abilities, motivations, and temperament all influence each other” (p. 24).
Looking at Temperament

Everyone’s unique personality is shaped by his or her own individual temperament. Choose the words in each of the nine categories below that best describe your child.

- Active, always on the go, tag-a-long or
  Sometimes active, sometimes quiet or
  Usually quiet, a thinker, an observer

- Very intense, serious or
  Sometimes intense, but usually easygoing or
  Easygoing, laid back

- Almost always happy, positive or
  Sometimes positive, sometimes negative or
  Generally sad, negative

- Enjoys new situations, fearless or
  Enters new situations cautiously or
  Reluctant to enter new situations, fearful

- Not very sensitive to touch, smell, sight, taste, and sound or
  Somewhat sensitive to touch, smell, sight, taste, and sound or
  Very sensitive to touch, smell, sight, taste, and sound

- Adapts easily to new situations or
  Adapts cautiously to new situations or
  Is reluctant to adapt to new situations

- Easily distracted or
  Sometimes distractible or
  Hard to distract

- On no schedule whatsoever or
  On a flexible, usually predictable schedule or
  On a rigid, predictable schedule

- Persistent or
  Sometimes very persistent, sometimes not or
  Not persistent
4. Feeding Your Baby

Objectives

1. To recognize the importance of good nutrition for an infant
2. To compare bottle- and breast-feeding and learn skills for both
3. To identify the direction feeding patterns are taking and any feeding problems in the first few months

Key Concepts

- Newborn babies grow very fast so good nutrition is very important for them.
- Breast-feeding is best for an infant's nutrition, but because of your lifestyle and feelings, you may decide to bottle-feed your baby. Breast-feeding offers some special extras, but both bottle- and breast-fed babies can grow up to be happy and healthy.
- Sanitation is especially important when babies are little.
- Whether breast- or bottle-fed, all babies need to be cuddled and loved. Feeling warm and secure helps a child's emotional development.
- Young babies get all the nutrients they need from breast milk or formula. Most babies do not need solid food until they are four to six months old.

Activities

1. Introduction to “Feeding Your Baby”: Outline for a Brief Lecture
   - Getting your baby off to a good start is probably your main concern as a new parent. Nutrition is very important. Newborns grow at a very rapid rate during these first months, usually doubling their birth weight in the first four months.
   - Show a picture of a mother feeding a baby. Ask parents to comment on what is happening in the picture. Discussion should include feeding, touching, holding, and looking at the baby.
   - Feeding your baby means more than just nourishment. Lots of love and good nutrition during the first year of life are important for future physical, emotional, and intellectual development.

2. Warm-Up Activity
   - Hand out index cards and pencils. Ask parents to list
     - one thing they know about breast-feeding babies.
     - one thing they know about bottle-feeding babies.
     - one thing they would like to know about feeding a baby.

While teens are making their lists, tape up three sheets of newsprint. List responses from each person in the group. Discuss their points and concerns today or in later sessions.

3. Group Discussion: Breast-Feeding and Bottle-Feeding
   - You've already decided whether to breast-feed or bottle-feed or combine the two.
   - Questions for discussion
     - Does your baby drink breast milk, formula, or both?
     - How did you decide whether to breast-feed or bottle-feed?
     - What do you like best about the way you feed your baby?
     - Has your baby had any problems related to feeding?
     - If so, how did you solve them?

4. Slide Set: “Outside My Mom”
   - If any moms are breast-feeding, show the slide set “Outside My Mom.” Nursing mothers may want to discuss questions such as:
     - How do I know if my baby is getting enough milk?
     - What should I eat when I’m nursing?
     - How long should I nurse?
   - Give the participants appropriate pamphlets from the Taking Care of Two series depending on whether they are breast- or bottle-feeding.

5. Bottle Basics
   - Answer questions the group generated during the warm-up activity. Include discussion of the following issues:
Choosing a formula
> Sanitation
> Holding baby while feeding
> Burping
> Schedule versus demand feeding

Wrap up by saying, “Either bottle- or breast-feeding is good for your baby. Depending on your lifestyle and feelings, either one may be more suited to you. Breast-feeding offers some special extras, especially the antibodies that help the baby fight infections and grow healthier, but both bottle- and breast-fed babies can grow up to be happy and healthy.

“With either breast-feeding or bottle-feeding, you can have a warm, close relationship with your baby. A baby needs only breast milk or formula until the age of four to six months.”

Materials Needed

> A picture of a mother breast- or bottle-feeding her baby
> Index cards (4" x 6") and pencils
> Newsprint, masking tape, and marker
> Slide set “Outside My Mom,” available from March of Dimes, Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, New York 10605, or from your local Cornell Cooperative Extension office
> Copies for all participants of Taking Care of Two: Nutrition for Moms and Babies, Cornell Cooperative Extension publication available from Cornell University Resource Center, 7 Cornell Business and Technology Park, Ithaca, New York 14850
Feeding Your Baby

Whether you breast- or bottle-feed, cuddle your baby and hold him close while feeding.

**Schedule or Self-Demand?**

Most babies set up their own fairly regular feeding times. Some babies may be hungry every four hours, others every three hours, and some prefer to be fed more often than that. Newborn babies drink only breast milk and water or formula and water.

Feeding your baby when he gets fussy or cries will not spoil him. It will help you to be more sensitive to his needs.

Some babies like to sleep for longer periods during the day than at night. If your baby is a lengthy daytime sleeper and stays awake most of the night, you can reverse this pattern. Try waking her for feeding instead of letting her sleep for long periods during the day.

You can get a pretty good idea of your baby's feeding pattern by keeping track of the times when she seems to be hungry. Remember, your baby may not be hungry every time he is fussy. He may need burping, a diaper changed, a drink of water, or just want to be held.

**Breast-Feeding**

The first thing to remember is to RELAX! Being tense and uptight can affect the natural flow of milk. You can sit in a chair or lie down, whichever is more comfortable for you. Your baby's nursing will help your milk to flow. Don't rush. Take your time. This is a learning time for both of you.

During the first few days, your nipples may be slightly tender from your baby's sucking. But as you learn to relax and your milk flows freely, the soreness will disappear. If your breasts remain sore, they may be extra full of milk. Nursing your baby long enough and often enough to empty both breasts will help. Or you may have too much milk and your breast may leak a little. If this happens, tuck a clean handkerchief or a breast pad in your bra. Or gently squeeze some milk from your breasts to relieve the pressure.

Remind yourself that the time you spend relaxing and enjoying your new baby is very important for both of you.

**Bottle-Feeding**

If you have decided to bottle-feed your baby, you will use a formula. Formulas are usually made from cows' milk or other special products to meet the needs of a growing baby. There are three different forms of formula:

- **Powdered formula**—the cheapest and fairly easy to prepare
- **Concentrated formula**—more expensive than powdered formula, and you have to add the right amount of water
- **Ready-to-feed formula**—the most expensive

Whichever formula you use, follow instructions carefully. Make sure that bottles and nipples are washed and clean.

When you bottle-feed your baby, keep the nipple full of formula so she doesn't swallow air. Hold your baby close with her head up. Don't leave your baby alone with the bottle propped up, and don't put her to bed with a bottle.

**Babies Need Water**

Whether you breast- or bottle-feed your baby, offer a bottle of water, especially in hot weather or when he has a fever or diarrhea. Don't add sugar to the water unless prescribed by your doctor, and don't give flavored drinks, soda pop, or even fruit juice to a newborn.
Infancy: The First Year of Life (Part A)

Breast or Bottle?

During her pregnancy, each woman must decide whether to breast- or bottle-feed her baby. The decision is a personal one. It depends on a woman’s lifestyle and needs.

Breast milk
- is made especially for the baby’s needs.
- protects the baby from certain illnesses.
- can help prevent some allergies.
- is always available and at the right temperature.
- is less expensive.

Formula
- is made to be as similar as possible to breast milk.
- makes it easy for other people to feed the baby.

It is important that babies drink only breast milk or formula. Regular cow’s milk is too difficult for babies to digest. Doctors recommend that babies drink breast milk or formula until they are one year old.

They Eat and Eat

Newborn babies grow very fast! In their first few months, they gain about two pounds each month. Babies also have small stomachs that do not hold much milk at one time. And babies cannot tell the difference between day and night so they commonly eat every two or three hours, day and night, for their first few months. That is between 8 and 12 meals per day! It is no wonder that new parents often look tired.

Bottle Basics

Babies have immature digestive systems that react easily to bacteria. It is important to clean bottles thoroughly. Leftover formula that stood at room temperature should be thrown out. Bacteria grow quickly in formula at room temperature. Doctors usually recommend sterilizing bottles, nipples, and formula until a baby is about three months old.

Parents and sitters should hold babies close when feeding them. This helps babies feel secure and loved. It is not good to prop bottles. Babies will not feel secure. They can also choke.

At first, babies should drink only formula and plain water from a bottle. After a year, they may start drinking regular cow’s milk from a bottle.

Babies should not be given sweet liquids such as punch or soda, sugared water, or even fruit juice in a bottle. Sweet liquids can decay babies’ teeth as they begin to grow. Also, babies should not be given bottles in their cribs at naps or at bedtime. As they fall asleep, liquid sits in their mouths and can cause tooth decay.
5. Introducing Solid Food to Your Baby

Objectives
1. To learn when and how to give babies baby food
2. To determine which general types of commercial baby foods are most nutritious
3. To illustrate a suggested feeding sequence for a baby’s first year
4. To give support and encouragement to participants in their efforts to feed their babies properly

Key Concepts
- After four to six months, most babies will be ready for solid foods. (Young babies get all the nutrients they need from breast milk or formula.)
- Not all baby foods are equally nutritious.
- Feeding time should be quiet and relaxed for you and your baby.
- Babies usually want to start feeding themselves between six and nine months of age. They are messy at first but improve with practice.

Activities
   - Most babies do not need any cereal or baby food until they are between four and six months old.
   - Hand out the information sheets “Infancy: The First Year of Life (Part B)” and “What, When, Why?” “Infancy: The First Years of Life (Part B)” provides guidelines for feeding babies. After reading it, parents will work in pairs to answer the questions posed on “What, When, Why?”
   These information sheets describe an “ideal” feeding sequence, but many parents do not follow it exactly. Even so, their babies grow up to be healthy. Following the recommendations, however, can help ensure optimal nutritional health.
   - Discuss the questions on “What, When, Why?”
   - Demonstrate or ask a volunteer to demonstrate how much cereal (about one teaspoon mixed with breast milk or formula) to offer when introducing solid foods to a baby. Increase to one to two tablespoons.
   - Show or ask a volunteer to demonstrate a variety of table foods that are appropriate for older babies. These might include banana or cheese cubes and meat cut in small pieces.

2. Labels Tell All
   - Hand out “Labels Tell All.” Not all baby foods are equal. Look at labels on baby food fruits and fruit desserts and use the information on the labels to complete the handout.
   - Discuss the questions listed on “Labels Tell All.”

3. Eating Time Line
   - To demonstrate their knowledge, parents can create an eating time line to illustrate good infant-feeding practices and schedules for the first year of life. They can find information to make a time line in “Infancy: The First Year of Life (Parts A and B).” Participants can draw pictures or cut pictures from magazines to illustrate the time line.
   - Parents can work in the entire group or in small groups.

Parents may know of people who have not followed the recommendations exactly and yet have had healthy children. Emphasize that the recommendations are only guidelines that can help ensure nutritional health.

4. Discussion/Demonstration: Feeding Your Baby
   Expect first feedings to be messy. Your baby has only been used to sucking up to now.
I hand out “Feeding Your Baby” and base discussion of the following questions on it:

- What are some techniques that work for you in introducing solid foods?
- Do you need special dishes or equipment?
- What about cleanup?

Bring to class examples of a two-handled cup, an unbreakable plate with sides, a baby spoon and fork, and a large, easy-to-clean bib.

Parents can discuss whether these items are helpful or worth what they cost.

If parents express interest in making their own baby food, distribute copies of “Making Baby Food.”

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### Materials Needed

**Handouts (copies needed for all participants):**

- “Infancy: The First Year of Life (Part B)” (page 58)
- “What, When, Why?” (page 59)
- “Labels Tell All” (page 60)
- “Feeding Your Baby” (page 61)
- “Making Baby Food” (optional) (pages 62–69)
- Pencils

**Food and equipment for demonstration:**

- Cereal, formula, spoon, and bowl
- Banana or cheese cubes and meat cut in small pieces
- Commercial baby food jars for fruit and dessert labels
- Baby cup, plate, silverware, and bib
- Roll of butcher paper, colored markers, colored paper, glue
- Magazines with pictures of babies, baby food, and table food
Infancy: The First Year of Life (Part B)

Starting Baby Food

Most babies do not need any solid food until they are between four and six months old. Young babies get all the nutrients they need from breast milk or formula. Young babies also have a suck-swallow reflex that makes it easy for them to suck milk from a nipple. But the same reflex makes it difficult for them to take food from a spoon. They push food out of their mouths with their tongues when they are fed from a spoon. Have you ever seen a baby do that?

Babies are not ready for food until they can hold up their heads and swallow when fed from a spoon. Baby foods should not be fed from a bottle. If babies cannot take food from a spoon, they are too young for baby food.

Babies have sensitive digestive systems. If they eat baby food when they are very young, they are more likely to develop allergies. When they start eating food, they should have only one new food every few days. That way adults can tell if a baby has a bad reaction to a new food.

Homemade or Commercial?

Have you ever noticed the tremendous variety of baby foods available in the grocery store? There is everything from baby beef dinner to baby peach cobbler. You might think that babies need such fancy baby foods. Not at all.

Since they don’t have many teeth, babies do need food that is soft and easy to swallow and that is nutritious. Parents can make their own baby food. If they do, they must be sure to prepare the food carefully so that it doesn’t become contaminated with bacteria. Both store-bought, or commercial, and homemade foods are fine for babies depending on what is chosen.

Not All Solids Are Equal

Not all baby foods are equally nutritious. You can read the labels on baby foods to find out what is in them. Some baby foods contain added sugar, which has little nutritional value. Eating very sweet foods may cause babies to develop a “sweet tooth,” or preference for sweet tastes.

- Avoid baby ‘desserts.” They are high in price, calories, and sugar. Instead, buy plain fruits, which taste sweet to a baby.

Food for a Year

6 to 9 months

Many babies can now sit up in a high chair with support.

- Start plain meats, dried beans, and egg yolks. Plain meats have more iron and protein than combination dinners or soups.

- Start fruit juices.

During this time, babies begin to use their thumb and forefinger (pointing finger?) in a pincer movement to pick up pieces of food. They can grab what they want.

- Practice using a cup. Babies may drink milk, juice, or water from a cup when an adult holds it. Cups with two handles and a spout are easiest for babies to use.

9 to 12 months

At about nine months, babies are able to chew soft foods. They have good muscle control and hand-eye coordination. They may still need help to drink from a cup.

- Start table foods. Babies can eat table foods that are well chopped or mashed. They shouldn’t eat hard foods such as nuts, popcorn, or raw vegetables that could make them choke.

- At twelve months switch to whole milk.

All Ages

- Avoid or limit sweets. Sugary desserts, candy, and liquids contain few nutrients and are not good for a baby’s weight or teeth (or for anyone else either!).

What, When, Why?

Nancy Smith has several questions about what to feed her baby, Kate. Kate is five months old. Nancy’s brother and a friend also have questions. Use the information sheets to help answer their questions.

1. What foods should Nancy feed Kate now that she is five months old?

2. If Nancy decides to stop breast-feeding now, what should she feed Kate?

3. Is it better to give Kate commercial or homemade baby food? Why?

4. John, Nancy’s brother, wonders whether he should give his daughter delicious-sounding baby desserts such as “peach melba” or “dutch apple surprise.” What do you think?

5. Vanessa, Nancy’s friend, has been trying to feed cereal to her two-month-old son, Damien. Vanessa is worried because her baby spits out most of the cereal. Does that baby need cereal? Why or why not?

Source: Tracy J. Farrell and Christine M. Olson, Unit 1: “Spanning the Years,” in Nutrition for Life, Grades 7 and 8 (Ithaca: Division of Nutritional Sciences, Cornell University, 1987), p. 57.
Labels Tell All

Pretend that you are helping Nancy Smith shop for nutritious baby food. Visit a grocery store to look at baby food or examine baby food jars that have been brought to class.

Look at the labels on several jars of baby food fruit dessert and plain fruits. Read the labels and list the ingredients below. Ingredients are listed in order of amount by weight, starting with the greatest amount.

<table>
<thead>
<tr>
<th>Fruit Desserts</th>
<th>Fruits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
</tbody>
</table>

- Which products contain more fruit?

- Which products contain more sugar?

- Which products would you recommend that Nancy buy for her baby? Why?

Source: Tracy J. Farrell and Christine M. Olson, Unit 1: “Spanning the Years,” in Nutrition for Life, Grades 7 and 8 (Ithaca: Division of Nutritional Sciences, Cornell University, 1987). p. 59.
Feeding Your Baby

After four to six months, your baby will be ready to eat solid foods in addition to breast milk or formula.

**When to Feed**

More and more pediatricians recommend that babies not be given solid food until at least four months of age and preferably that parents wait until five or six months to begin feeding cereals and other solid foods. The reason is that before four months, babies do not have full mouth and tongue control and will usually push solids out with their tongues. Therefore, semi-liquid, mushy foods should not be given to your baby before she can sit up with support or has some head and neck control. Check with your doctor, nurse, or clinic before beginning solid foods.

**What to Feed**

After four to six months, your baby will be ready for other foods in addition to breast milk or formula. Usually an iron-fortified infant cereal is first. Choose a single-ingredient infant cereal like rice, oatmeal, or barley. Soon your baby will be ready for a few teaspoons of pureed vegetables and fruits.

**How to Feed**

Put a teaspoon of infant cereal in a dish (not in the bottle) and mix it with formula or breast milk. Don't add sugar, salt, or any seasonings.

For the first few weeks, offer the cereal once or twice a day after breast- or bottle-feeding. Use a baby-sized spoon to feed your baby. Give her just a small taste at first. If she seems interested, give her a few more tastes with the spoon. If she doesn't like it or pushes the spoon away, wait a few weeks and then try again.

Don't force your baby to eat. She will accept solids when she is ready.

Try only one new food at a time. For example, if you start with a few teaspoons of infant rice cereal, continue for several days before introducing infant oatmeal or infant barley.

The first feedings will probably be messy. Don't forget that your baby has only been used to sucking up to now. But she will soon learn how to swallow solids. With a little patience, you can help your baby learn to eat and to like different foods. Try to make mealtime a pleasant time for both of you.

Sometimes a new food can cause diarrhea, a skin rash, or even a runny nose. If you think your baby has an allergy problem, check with your doctor, nurse, or clinic.

Making Baby Food

When your baby is ready to eat solid food, you may want to prepare some baby foods at home. It can be convenient and money-saving to use regular family foods, but most of the family's food—prepared with salt, spices, sugar, or fat—is unsuitable for infants. You will have to take time to prepare foods separately or remove baby's portion before salt, sugar, or other seasonings are added.

Equipment can be as simple as a sieve or strainer, a blender, or a baby food mill. Baby food must be prepared under strict sanitary conditions. The information here will help you prepare baby foods correctly and serve and store them safely. The information applies to babies up to one year of age.

Is Baby Ready for Solid Foods?

More and more pediatricians are recommending that babies not be given solid foods until at least four months of age, and they prefer that parents wait until five or six months to begin cereal and other solid foods. Check with your doctor, nurse, or dietitian before beginning solid foods.

Your baby will not need puréed foods very long. Usually a baby nine to ten months old can begin to eat some "junior" or soft foods.

Cleanliness

Cleanliness is a must when preparing, storing, heating, or serving baby food.

Before handling baby food, wash your hands thoroughly with hot water and soap. Clean your fingernails and check for infected cuts and hangnails. Infections can carry staph bacteria.

Keep equipment spotlessly clean. Wash in hot, soapy water. Rinse under hot running water and air dry. Do not dry with a towel. Use a plastic rather than wooden cutting board.

Equipment for Puréeing Baby Food

1. A fork or potato masher may be used to purée ripe bananas, cooked apples, winter squash, white or sweet potatoes, or carrots. Make sure the food contains no lumps, pieces of skin, strings, or seeds.
2. Cooked foods may be strained through a fine mesh sieve or strainer. A sieve is also useful for steam-cooking small amounts of food for the baby. Be sure that all food particles are removed when the strainer is washed.

3. A blender will purée most foods, including cooked meats. Remove tough peels and seeds from fruits and vegetables before blending or they will be ground into the food.

4. A small, hand-operated baby food mill can be used to prepare either raw or cooked foods. One advantage is that peels and seeds are strained out of the food and remain in the mill. A mill is less satisfactory for preparing meats, except liver and other organ meats.

5. A food grinder may be used to prepare meats. Meats purée smoother if ground with a fine blade first, then finished in a blender. A food grinder alone may be used to prepare meats for an older baby (ten to twelve months old).

Cooking Methods

Steaming is one of the best cooking methods to preserve vitamins and minerals, particularly for vegetables. Use a steam basket, colander, or sieve to hold the food above boiling water and cook in the rising steam. Food may also be steam-cooked in an oven if it is wrapped in foil or placed in a covered roaster.

Roasting or broiling are both acceptable methods of cooking baby foods. Foods will probably need added liquid (meat broth or formula) to purée smoothly.

Microwave cooking is a good method, especially for vegetables that can be cooked quickly in very little water.

Boiling is an acceptable method of cooking vegetables and fruit if you’re careful to use only a small amount of water. Some of the water-soluble nutrients will dissolve in the cooking water. You can save these nutrients by using the cooking water to thin the puréed food to eating consistency. Simmering is a recommended method of cooking lean meat to prepare it for puréeing.

Serving and Storing Home-Prepared Baby Food

Since baby food is usually puréed, ground, or creamed, it will spoil more quickly than other foods. Plan to use the food immediately or freeze it. A refrigerator slows but does not destroy bacterial growth. A general rule of thumb is to store baby’s food in a refrigerator only two to three days.

If you warm baby’s food, do it just before serving. Warming raises the food to a temperature of 65° to 130° F., ideal for bacteria to grow. A baby’s delicate digestive system is easily upset by carelessly handled foods.
Warm the food in a custard cup in a covered pan of water. Warm only the amount needed for each meal and throw away the uneaten portion. Don’t return it to the jar. Baby’s saliva will break down the food and make it runny. Also, bacteria from a baby’s mouth will grow on the food.

Don’t be afraid to serve foods cold. Most babies will accept cold food.

Feed solid foods from a small spoon. Bottle feeders are not recommended by health specialists.

**Freezing Home-Prepared Baby Foods**

Many mothers find it convenient to prepare several servings of baby food at one time and freeze the food in serving-size containers.

Pour puréed food into plastic ice cube trays, cover with wax paper, and freeze. When frozen, transfer cubes to freezer bags or containers. Seal, date, and label contents. Keep frozen at 0° F (-18° C) no longer than one month or pour puréed food into baby food jars leaving a generous (at least one-half inch) head space. Cover with caps and seal tightly. Date and label contents. Freeze. Store at 0° F (-18° C) no longer than one month.

Thaw only what you will need for immediate use. Do not refreeze baby food because there is a danger of bacterial growth when the food is warm.

All meats and other protein foods should be thawed in the refrigerator or quickly in a microwave oven. Fruits and vegetables may be thawed at room temperature.

**Canning**

Canning baby food is not practical because the smallest canning jar available—1 cup—is too large for baby food. Instead, can vegetables unsalted and fruit unsweetened (use plain water instead of syrup).

Purée only what is needed for one meal. When a jar has been opened, use it for baby food or family meals within two or three days.
To Prepare Fruits, Vegetables, and Meat Products for Baby

➤ Fresh and frozen fruit juice without sugar added
➤ Home-canned and frozen fruits and vegetables without sugar, salt, or seasonings
➤ Fresh or frozen meats, poultry, or fish without added salt

Unsuitable Fruits, Vegetables, and Meat Products

➤ Fruit drinks and imitation-flavored fruit ades
➤ Commercially canned fruits and vegetables (unless unsweetened or unsalted and packed in glass)
➤ Meat products with salt, sugar, seasonings, and other additives (bacon, bologna, hot dogs, frozen meat pies)
## Foods

<table>
<thead>
<tr>
<th>Foods</th>
<th>Period of introduction of new foods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0–4 months of age</td>
</tr>
<tr>
<td>Formula (if not breast-fed)</td>
<td>22–29 oz. (660–870 ml)</td>
</tr>
<tr>
<td>Additions</td>
<td>1–2 baby spoons, 1–2 times per day</td>
</tr>
<tr>
<td>Iron-fortified baby cereals</td>
<td>1–2 baby spoons, 1–2 times per day</td>
</tr>
<tr>
<td>Vegetables (include dark green)</td>
<td>1–2 baby spoons, 1–2 times per day</td>
</tr>
<tr>
<td>Fruits</td>
<td>1–2 baby spoons, 1–2 times per day</td>
</tr>
<tr>
<td>Fruit juices (include 1 citrus fruit such as orange or grapefruit juice)</td>
<td>3–4 oz. (90–120 ml) per day</td>
</tr>
<tr>
<td>Meats</td>
<td>1–2 tablespoons, 2 times per day</td>
</tr>
<tr>
<td>Examples: meat, poultry, fish, egg (use yolk only until twelve months of age)</td>
<td>1–2 tablespoons, 2 times per day</td>
</tr>
<tr>
<td>Breads, whole grain or enriched</td>
<td>1/2–1 serving, as desired</td>
</tr>
<tr>
<td>Examples: toast, crackers, hard biscuits</td>
<td>1/2–1 serving, as desired</td>
</tr>
<tr>
<td>Additional vitamins and minerals</td>
<td>Check with your health care provider</td>
</tr>
</tbody>
</table>

**Fluids**—The baby needs more fluids for good health than are in the formula and juice suggested above. Water is the best drink to use.
Basic Recipes for Puréed Baby Foods

Recipes are in one- or two-serving sizes. Recipes may be doubled or tripled if you can store food in a freezer that holds the temperature at about 0°F (-18°C).

Cooked or Home-Canned Fruits

![Cooked or Home-Canned Fruits]

- 1/2 cup freshly cooked or home-canned fruit or cooked dried prunes (all without sugar)
- Use apples, pears, peaches, nectarines, apricots (not dried), or prunes
- 2-4 teaspoons liquid (unsweetened fruit juice, water, or formula)

Remove skin and seeds (except apricot and prune skins). Press through a sieve or place ingredients in baby food mill or blender and purée until smooth. Serve or freeze.

Hint: Cooking apples such as Jonathans and Winesaps are better than Delicious varieties.

Fresh Fruit

![Fresh Fruit]

- 3/4 cup ripe fruit (uncooked peaches, nectarines, bananas (bananas do not freeze well), pears, apricots, apples)
- Do not add sugar.
- 1 teaspoon unsweetened fruit juice
- 1 teaspoon lemon-flavored water (1 teaspoon lemon juice to 1 cup water to prevent darkening)

Remove skin and seeds. Purée ingredients in baby food mill or blender until smooth. Serve or freeze.
Vegetables

Do not add salt, sugar, or fat.

Vegetables

- 1/2 cup cooked fresh, frozen, or canned vegetables without salt (sweet or white potatoes, green beans, peas, carrots, yellow squash)
- 2–4 tablespoons cooking liquid, formula, or water
- Cook fresh vegetables or use frozen or canned vegetables without salt or seasoning. Read ingredient labels to be sure.
- Press vegetable chunks through a sieve or baby food mill. Thin with cooking liquid or formula to eating consistency or place cooked vegetable and liquid in a blender and purée until smooth.

Serve or freeze. Date and label contents and freeze no longer than one month.

Note: After the individual vegetables have been fed several times, some good combinations are potatoes and carrots, potatoes and green beans, and carrots and peas.

Egg Yolk Purée

For babies over six months.

Egg Yolk Purée

- Cook one egg in simmering water 15–20 minutes.
- Remove shell.
- Remove yolk and purée with 1 tablespoon of formula or milk until smooth.

Serve or date and label contents, freeze, and keep no longer than one month.

Note: Use only the yolk. Egg white is often not served until late in the first year to avoid problems with allergies. Use the egg white in the family’s casseroles, salads, or sandwiches.

Meats

Do not add salt or fat.

Meats

- 1/2 cup cooked meat (small pieces of chicken, liver, roast beef, turkey, pork)
- 2–4 tablespoons meat broth, formula, or milk
- Cook lean meat (fat, skin, and connective tissue removed) over low heat in a small amount of unsalted water.
- Purée meat and liquid until smooth.

Serve or date and label contents and freeze no longer than one month.

Note: Meat may be ground in a food grinder for older babies (ten to twelve months old).
Additional Suggestions

➢ Do not give honey to babies under twelve months old. Honey can cause infant botulism, which may be fatal. It is fine to give honey to children older than one year old.

➢ Do not feed spinach or beets to babies under six months old. These vegetables naturally contain relatively high amounts of nitrates. Some authorities suggest that home-prepared baby foods may be more hazardous than commercially canned baby foods because some water supplies may be unusually high in nitrates. Water can be tested by the Department of Health in your community.

➢ Do not feed babies salted foods. Some individuals are more likely to develop high blood pressure than others; studies suggest that feeding babies sodium in the form of salted foods or other sodium additives may help trigger high blood pressure later in life. Some sodium is necessary for good health and is contained in foods naturally. A young baby does not need added salt. Foods that seem bland to an adult are a new taste experience to an infant.

➢ Do not feed your baby raw eggs or raw milk because these raw foods may carry infections. Pasteurizing milk causes little loss of nutrients.

➢ Do not use leftovers to make baby’s food. They are likely to have higher levels of bacteria than freshly prepared food.

➢ Many pediatricians do not recommend combination dishes such as meat-vegetable dinners and fruit desserts. The nutrient and calorie content of these dishes vary greatly and may result in over- or underfeeding a baby. Commercially canned baby “fruit desserts” instead of fruit and “soups” and “dinner” instead of meat and vegetables will provide fewer nutrients than the foods they replace and thus are unsuitable choices.

➢ If you do prepare combination dishes, use them only after you have fed the individual foods several times. This allows you to test for possible allergic reactions.

➢ Consult with your health care adviser (physician, nurse, dietitian) about what is best for your baby.

6. Clothing and Equipment

Objectives

1. To identify equipment that is essential for a baby from birth to one year old
2. To identify at least five safety features to consider when selecting baby equipment
3. To become aware of places in the community where baby equipment can be bought, borrowed, or traded
4. To list the features to consider when selecting children’s clothing
5. To understand safety-proofing measures in all areas of a baby’s environment

Key Concepts

- We believe that a crib, high chair, stroller, and car seat are the essential pieces of equipment one needs for a baby.
- Babies do not need expensive wardrobes because they grow very fast and change sizes almost overnight.
- There are many things to consider when purchasing baby clothing, including size, cost, safety, roominess in arm and leg openings, ease of putting on and taking off, and ease of care. All purchased baby clothing should be clearly marked “flame retardant.”
- There are many things a parent should consider in providing a safe environment for a busy, exploring baby.

Activities

1. Working in small groups, parents will generate a list of baby equipment and then label each item “luxury” or “essential.” Have the groups share their lists and discuss. Stress the importance of the parents’ role in protecting the baby’s safety. Mark every item included on the list for safety’s sake with an asterisk (*).
2. Have the group view the videotape ABC’s of Nursery Safety. Review the standards described in the video using the pamphlet Tips for Baby’s Safety.
3. Distribute and discuss the handout “What Your Baby Wears.” Teachers may want to have samples of babies’ clothing available for parents to look at.
4. Distribute and discuss the handout “Watch Out! Keep Your Baby Safe!” Have available samples of cabinet locks, safety gates, and safety caps for electrical outlets. Demonstrate their proper use.

Challenge

Have parents work in pairs to investigate places in their community where they can buy, borrow, or trade baby equipment. Ask parents to share their findings and generate one resource list for the group.

Materials Needed

- Order the videotape ABC’s of Nursery Safety from Cornell University Resource Center, 7 Cornell Business and Technology Park, Ithaca, New York 14850
- Order copies of Tips for Baby’s Safety from U.S. Consumer Product Safety Commission, Washington, D.C., 20207
- A copy of “What Your Baby Wears” for each participant (page 71)
- Samples of infants’ clothing
- A copy of “Watch Out! Keep Your Baby Safe!” for each participant (page 73)
- Samples of cabinet locks, safety gates, and safety caps
- Newsprint
- Markers
What Your Baby Wears

Your baby doesn't need an expensive wardrobe. Here are some suggestions.

► 2 to 3 one-piece stretch suits or long gowns
► 3 to 4 small undershirts (ones with snaps are easier)
► 4 pairs of waterproof pants
► 2 to 3 dozen cloth diapers (or a supply of disposables)
► 4 diaper pins for cloth diapers
► 3 to 4 small cotton blankets
► 1 or 2 warmer blankets

Some features to look for in clothing for infants

► Are the clothes easy to put on and take off?
► Do they have snap shoulders or button/zipper fronts?
► Do they have roomy arm openings?
► Do they have roomy leg openings?
► Do they have snaps or zippers in legs for easy diaper changing?
► Are they made of stretchy fabrics to make dressing easier?
► Be aware that socks or sleeper feet that are too tight can hamper growth just like tight shoes.
► Sizes 2T and 24 months are similar, as are 4 and 4T. The “T” sizes tend to look as though they are for a younger child. They may be a bit wide and have shorter legs.
The American Academy of Pediatrics advises:

"Do not put shoes on a newborn's feet. Shoes are not necessary until after he begins to walk. Worn earlier they can interfere with the growth of his feet. The same is true of socks and footed pajamas if they're too small and worn for a prolonged period of time" (p. 13).

"As your child begins to walk he'll need shoes to protect his feet. Wedges, inserts, highbacks, reinforced heels, special arches and other features designed to shape and support the feet make shoes more expensive but have no proven benefit for the average child. So look instead for comfortable shoes with nonskid soles that will help your baby avoid slipping on slippery floors. Sneakers are fine. The feet will grow rapidly during the months between 8 and 12 and his shoes will have to keep pace. This first pair of shoes will probably last two or three months, but you should check the fit of his shoes as often as monthly during this formative period" (p. 222).
Watch Out! Keep Your Baby Safe!

To get an idea of what the world looks like to your baby, get down on the floor and look around. Don’t things look big and exciting? Wouldn’t you be tempted to explore? No wonder your baby tries to satisfy her curiosity and touches everything. Now that she is getting better at moving around, it’s a good time to babyproof your home.

- Make sure there are no sharp edges on furniture or loose cords dangling from lamps.
- Keep pot handles turned so they don’t hang over the stove front or sides.
- Insert plastic safety caps in all unused electric outlets.
- Keep drawers and cabinet doors shut.
- Unplug appliances when not in use.
- Remove all plastic bags, especially ones from dry cleaning stores. Throw them away or put them out of your baby’s reach.
- Don’t leave uninflated or burst toy balloons around. Your baby may swallow them.
- Check the house for small objects like buttons, coins, needles, rubber bands, bottle tops, and razor blades. Put them in a safe place.
- Place safety gates at the top or bottom of stairs.
- Open only windows that are out of your baby’s reach. If you must open low windows, open them only a little to make sure your baby can’t fall out.
- Lock all medicines in a medicine cabinet out of reach.
- Remove all cleaning aids (detergents, ammonia, and the like) from under the sink and move them to a high shelf or locked cabinet.
- Keep cosmetic and beauty items out of your baby’s reach.
- Be sure drapery or venetian blind cords are out of your baby’s reach.

In case of emergency, you and your family should know the phone numbers of the nearest hospital and the fire and police departments. Make a list of phone numbers and keep it in a handy place.

Safety information on babyproofing your home is available from the U.S. Consumer Product Safety Commission, Washington, D.C. 20207. You can also call the toll-free Hotline for Consumer Product Safety Information: 1-800-638-2772. (In certain counties, you may not need to dial 1 before the 800. Check with your local operator.)

Source: Parent Express: A Month-by-Month Newsletter for You and Your Baby, 8 Months Old, developed by the Human Relations Program, University of California Cooperative Extension, Berkeley, adapted by Jennifer Birckmayer, Florence Cherry, and Ruth Raimon-Wilson, Department of Human Development and Family Studies, Cornell University.
7. Playing with Babies

Objectives

1. To consider alternative arrangements of living space that will allow babies to explore and play safely
2. To become more aware that parents are the most important teachers their children will ever have
3. To explore interesting, appropriate ways to play with babies

Key Concepts

➤ Play means
  • learning and finding things out.
  • using all the senses.
  • endless exploration.
  • pleasure.
➤ Games help babies learn how to use their bodies, learn language, develop their thinking, feel good about themselves, and feel good about the person taking care of them.
➤ Parents can play with their babies by quietly talking, singing, and reading to them and smiling at them.
➤ A baby’s attention span is different from a parent’s, therefore parents need to let babies play with a specific toy or activity as long as they are interested in it.

Activities

1. Have teens work in small groups to brainstorm answers to the following questions:
   • What are some things babies enjoy playing with?
   • What do babies learn while playing?
   • What have you seen babies do when they play?
List answers on newsprint and draw some conclusions about babies and play.

2. Lead a discussion on things to think about when selecting toys for babies. Try to engage parents in discussion about playpens and their use. Point out that playpens are helpful occasionally when an adult is not able to provide adequate supervision but that babies also need freedom to explore.

3. Distribute and review the handout “Games for Babies.” Encourage parents to choose the games they would like to use with their babies and explain the reasons for their choices.

Challenge

Parents will make a toy appropriate for the age of their baby from the list below.
Birth to 3 months: Mobile
3 to 6 months: Paper plate face to attach to crib
6 to 9 months: Puppet
9 to 12 months: Picture book

Materials Needed

➤ Newsprint
➤ Markers
➤ A copy of the handout “Games for Babies” (pages 75–79) for each participant
➤ Paper plates
➤ Spools and string
➤ Material for picture books
➤ Blanket, toy, household objects such as unbreakable measuring cups, pie tins, and pots and pans that can be used as play materials
Games for Babies

I Can Move to Keep Things in Sight: An eyes-and-body game

Purpose of Game
To teach your baby to use his body and to lift his head and part of his upper body when watching a moving object

How to Play
➢ Put your baby on his stomach and sit facing him.
➢ Use a ring of keys or a box or can filled with buttons or rocks.
➢ Dangle the noisemaking object in front of your baby’s face and say, “Look at the keys.”
➢ Raise the object slowly to encourage him to lift his head and push up with his hands.
➢ Say, “Follow the keys” or “Keep your eyes on the keys.”
➢ Watch your baby and see if he can lift his chest off the floor.
➢ As a variation, move objects slowly behind your baby’s head. See if he will move around to find the object.

Get What You Want: A using-a-tool game

Purpose of Game
To encourage your baby to use objects as tools for getting what he wants.

How to Play
➢ Put your baby in a sitting position on the floor. (You can sit beside or in front of him.)
➢ Place a small blanket within his reach.
➢ Put a favorite toy on the blanket but place it out of reach.
➢ If your baby does not pull the blanket to get the toy, push the blanket toward him until he can reach the toy.
➢ Use action words to describe what he is doing: “See, you got the ball by pulling the blanket.”
➢ You can use towels, pot holders, or pillows instead of a blanket.
Difficult Sounds: A communication game

**Purpose of Game**
To encourage your baby to imitate sounds and words

**How to Play**
- Hold your baby in your arms and let her relax.
- Make sounds like “brr-own,” “grr-ate,” “bzzz-y,” “uh-oh,” and “aaa-all gone.”
- Face her so she can watch your lips.
- Nuzzle or cuddle her after you make the sounds.
- Laugh, smile, or hug her gently when she makes the sounds.
- Other communication games can be played by using any sound or word imitation while facing your baby.

The Mirror: An eyes-and-hands game

**Purpose of Game**
To help your baby be aware of her appearance

**How to Play**
- Stand in front of a mirror with your baby and point to her reflection.
- Using her name, say, “I see Tina. Where is Tina? Find Tina. Look at Tina.” Encourage her to point to herself in the mirror.
- Still sitting in front of the mirror, do the same thing with objects. Pick them up one at a time and move them behind your baby’s head.
- Name the objects, telling your baby something about them, such as “This is a ball, and it’s round.”
- Then ask your baby. “Where is the ball?” and encourage her to point to it in the mirror.
- For other eyes-and-hands games, let your baby play with toys in front of a wall mirror. Let other people sit with your baby in front of the mirror and say their names.

The following play activities are taken from *Parent Express: A Month-by-Month Newsletter for You and Your Baby*, developed by the Human Relations Program, University of California Cooperative Extension, Berkeley, adapted by Jennifer Birckmayer, Florence Cherry, and Ruth Raimon-Wilson, Department of Human Development and Family Studies, Cornell University. These activities appear in developmental sequence for a baby from birth to one year.
Learning to Look: An eyes-and-ears game

Playing with your baby gives her a chance to explore the world and satisfy her growing curiosity. She will enjoy your loving attention and benefit from it.

Purpose of Game
To train your baby’s eyes to follow an object and to pay attention.

How to Play
➢ Put your baby on her back. Stand behind her and put your hand gently on her stomach. Try to keep her from seeing your face. You want your baby to watch the object and not you. (Remove your hand from her stomach if it bothers her.)
➢ Hold a noisemaking object such as a ring of keys about a foot above her face.
➢ Shake the object gently until she looks at it.
➢ Watch your baby’s eyes to see how she follows the object.
➢ Move the object slowly in a circle in the air around her head.
➢ Change the direction of the circle. If your baby can’t follow the object in a circle, make only part of a circle.
➢ For other eyes-and-ears games put mobiles over your baby’s crib so that she can watch them as they move and move objects back and forth in a straight line in front of your baby.

Getting the Feel of Things: A using-the-senses game

Purpose of Game
➢ To teach how to tell the difference between things by looking, feeling, tasting, smelling, and hearing
➢ To encourage your baby to explore the world by using different body movements—for example, banging, mouthing, dropping, and rubbing
➢ To encourage your baby to examine different objects when alone

How to Play
➢ Choose various harmless objects with different shapes and feels (square, round, hard, soft, fuzzy, long, short, sticky).
➢ Show the objects to your baby one at a time and let her examine them.
➢ Watch the movements your baby makes. She will treat each object differently. She is learning to change her body movements to fit the object she is examining.
Little Piggy: A communication game

Purpose of Game
To teach your baby to learn about his body
To help your baby become interested in playing games with others

How to Play
➢ Your baby can be sitting and facing you, lying on his back, or sitting on your lap.
➢ Hold your baby’s big toe between your thumb and index finger and say, “This little piggy went to market.”
➢ Hold the second toe and say, “This little piggy stayed home.”
➢ Hold the next toe and say, “This little piggy had roast beef.”
➢ Hold the next toe and say, “This little piggy had none.”
➢ Hold the little toe and say, “And this little piggy cried wee, wee, wee, all the way home.”

Which Hand Is It In? A things-don’t-disappear game

Purpose of Game
To teach your baby that things don’t disappear just because they are not in sight
To teach your baby to get information from words

How to Play
➢ Hold a small object in one of your hands and show your baby the object.
➢ Switch the object back and forth between your hands several times.
➢ Show both hands closed and say, “Which hand is it in?”
➢ When your baby reaches for one of your hands, say either “No, it’s not in this hand” (quickly open your hand), “This hand is empty. Where is it?” or “Yes, it’s in this hand.” Then quickly open your hand.
➢ For other things-don’t-disappear games, hide a toy under towels or hide a ball under one of several cups.

The Name Game: A communication game

Purpose of Game
To help your baby learn that everything has a name
To encourage your baby to imitate the sounds you make when you’re naming objects
How to Play

➤ Let your baby sit in your lap while you hold a magazine.

➤ Point out and name at least ten objects pictured in the magazine.

➤ Point to the object, name it, and say, ‘See the car. Look at the dog.’

➤ While you are pointing, you can sometimes ask your baby, “What is that?” Wait a few seconds and then say something like “That’s a car!”

➤ Your baby will not understand all the words you use, but he will hear the different tones of your voice. That will help him become aware of language.

Play Ball: An eyes-and-body game

Purpose of Game
To teach your baby to crawl to get things and to find out about them

How to Play
➤ Take a ball that your baby likes and roll it toward, away from, and then to the left and right of your baby.

➤ Say, “Look at the ball. Go get the ball.”

➤ Your baby will try to get the ball by crawling after it.

➤ For another eyes-and-body game, move things away from and back to your baby while he watches. This helps your baby see that distance may affect how things look, but it doesn’t change their size.

Pull the Right String: A using-a-tool game

Purpose of Game
To help your baby learn to use objects as tools to get what she wants

How to Play
➤ Hold your baby in a sitting position on your lap facing a flat surface like a tabletop.

➤ While she is watching, tie one end of a piece of string around a favorite toy.

➤ Place the toy out of reach on the table and say, “Get the toy.”

➤ Your baby will learn to pull the string to get the toy.

For another using-a-tool game, place the toy on a string out of reach again. Place two more strings alongside the string with the toy attached. Your baby will learn to pull the string with the toy attached.
8. Routines and Baby Care

Objectives
1. To learn how to bathe and diaper a baby
2. To discuss effective ways to deal with diaper rash, teething, and other infant care routines

Key Concepts
- Baby’s bathing routine will progress from a sponge bath to a bath in a portable tub to a bath in a bathtub.
- Bath time can be an enjoyable play time for parent and child, leaving a child exercised and relaxed.
- To prevent diaper rash, keep baby’s bottom as dry as possible by changing diapers frequently and using no diaper at all as much as possible.
- To treat diaper rash, you should consult a doctor if there are actual sores or yellow spots. For treatment keep baby on the diaper, not in it, as much as possible and avoid using creams, lotions, and vaseline because they create a barrier, keeping the air off the skin.
- Teething seldom causes problems in babies under five months old; however, the molars, which appear round twelve months, can cause real pain.
- For comfort, supply a teething baby with zwieback or teething rings.
- Teething cannot cause fever, diarrhea, vomiting, loss of appetite, convulsions, or “fits.”
- Although it is important to follow a consistent routine, babies can tolerate some flexibility as, for example, interrupting a nap so the parent can go out occasionally.
- Most babies will accept a reasonable schedule after the first few months.
- Each baby will develop its own daily routine.

Activities
1. View the videotape Baby Basics.
2. Using the handout “Bathing Your Baby,” discuss how to give baby a sponge bath. Demonstrate bathing a baby in a portable tub. Discuss the items needed for bath time and ways parents can interact with their babies while bathing them.
3. Demonstrate diapering, using both cloth and disposable diapers. Discuss treatment and prevention of diaper rash (see above, Key Concepts).
4. Distribute and discuss the handout “Teething Is the Pits.”
5. Ask parents to keep notes about their babies’ sleeping and eating patterns for three days.

Working in pairs, parents will then share these observations about their babies’ schedules. They can give each other sug-
gestions about dealing with their concerns about their babies’ daily routines. A summary of their suggestions can be compiled on a master list on newsprint for the entire group to discuss.

**Challenge**

Parents will compare the costs for one year of using diaper service, buying cloth diapers and washing them at home, and using disposable diapers. Parents might be asked to collect newspaper and magazine articles about the increasing ecological problems caused by the use of disposable diapers. A speaker or panel might be organized to present facts on this issue.

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**Materials Needed**

- Order the videotape *Baby Basics* from Vida Health Communication, 335 Huron Avenue, Cambridge, Massachusetts 02138
- A copy of the handout “Bathing Your Baby” (pp. 82–83) for each participant
- Supplies for bath demonstration:
  - Portable bathtub
  - Mild, pure soap
  - Cotton balls
  - Cotton swabs
  - Soft terrycloth washcloths
  - Bath towels large enough to wrap the baby completely
  - Baby (a real one is preferred, but a large baby doll also works well)
- Supplies for diapering demonstration:
  - Disposable diapers
  - Cloth diapers, diaper pins, waterproof pants
  - Baby
- A copy of the handout “Teething Is the Pits” (page 84) for each participant
- Newsprint
- Markers
Bathing Your Baby

Your baby will be ready for a daily tub bath as soon as his navel (belly button) and circumcision have healed. Until that time, wash your baby with a soft cloth dipped in a basin of warm water.

Some babies like to be bathed before the morning or evening feeding. Others hate to be bathed before eating and like their baths after their meals. Choose a time to suit your baby and yourself.

Babies may cry when they have their first baths, but by the time they are about six weeks old, they usually like the feel of water.

How to Give a Sponge Bath

Make sure the room is warm (between 75° and 80° F) and draft-free. Then fill the tub or basin with warm water. Test the temperature with your elbow or wrist to make sure the water is not too hot. Don’t put any softeners or bath lotions in the water. They may cause a skin rash.

Wrap your baby loosely in a large towel. Keep his diaper on but not pinned. Sit next to the tub or basin of warm water with your baby in your lap. Have the soap, washcloth, and a soft drying towel near you.

Gently wipe your baby’s face and neck. Babies usually don’t like this so get this part over quickly. About twice a week, wash his hair and scalp, rubbing your palms with soap and gently lathering his head. To rinse, hold your baby’s head and back over the basin with your hand and arm in a football-carry hold. Rinse off several times to make sure all the soap is gone and then pat his scalp dry. Avoid getting water in his eyes.

Now move to his chest, arms, and hands. After soaping and rinsing with the warm cloth, pat dry. Patting, instead of rubbing, with a towel is easier on a baby’s tender skin. Turn your baby on his stomach to wash his back. Then turn him on his back again. Take off his diaper and wash, rinse, and dry his stomach, bottom, legs, and feet.

How to Give a Tub Bath

Using a plastic tub filled with warm water and placed on a table or the sink counter will be easier on your back than leaning over a regular sized bathtub. If you are using the kitchen sink, place a towel in the sink as a cushion and turn the faucets away from your baby. Fill the tub or sink with warm water and remember to test the temperature. Start out with just a few inches of water until you
feel more comfortable. Hold your baby securely in the tub or sink by cradling him in one arm and wash him the same way you would in a sponge bath.

**Baby Powder**

After the bath you may want to dust your baby with baby powder. Don’t shake the powder directly onto his skin because he may inhale the fine particles of powder. Powder your hands and gently pat onto your baby’s skin. *Don’t use any baby powders that contain zinc stearate or asbestos.*

**Baby Lotion or Oil**

If your baby’s skin is dry, you can use a baby lotion or a mineral oil. Put a little lotion or oil on a piece of cotton batting and gently wipe his skin.

**A Special Note to Fathers**

If you haven’t tried giving your baby a bath yet, now is a good time to start. You can use bath time for sharing giggles, for being close, and for giving your undivided attention to your little one.

Babies love to coo, splash, and play games with water toys while fathers observe, hum, and carry on a conversation with their babies.

Babies feel especially loved and loving when they are swept up in a big fluffy towel, with a cuddle thrown in, before the dressing game starts.

The happy times that are shared with your baby during his bath will long be remembered.

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Source: *Parent Express: A Month-by-Month Newsletter for You and Your Baby, 1 Month Old*, developed by the Human Relations Program, University of California Cooperative Extension, Berkeley, adapted by Jennifer Birckmayer, Florence Cherry, and Ruth Raimon-Wilson, Department of Human Development and Family Studies, University.
Teething Is the Pits

Here come the teeth! The first tooth will usually pop through when the baby is about six months old, often appearing as a small gleam of white in the lower jaw. Below is a diagram of your baby’s teeth.

![Diagram of baby teeth with ages and positions labeled]

Some Things to Know about Teething Babies

- Generally the first teeth are cut very easily. When a tooth is ready to come in, it may cause a slightly inflamed gum, a bit of dribbling, and a lot of chewing.
- Babies cut their teeth in the same order but at widely varying ages.
- First teeth are not for chewing; they are for biting.
- To comfort a teething baby, you can rub the baby’s gums or give her a cool teething ring or zwieback toast to chew on.
- The first molar may appear when the baby is about a year old. Because of their large, broad shape, these teeth cause more discomfort when they are coming in than the earlier teeth.
- Teething cannot cause fever, diarrhea, vomiting, loss of appetite, convulsions, or “fits.” Be careful not to neglect real illness, mistaking it for teething problems. If your baby acts sick, be sure to consult your doctor.
- Once teeth start coming in, you need to take care of them. Get your baby a toothbrush and let him begin to brush his teeth. Rubbing the gums helps them feel good too!
- Dentists recommend that if a baby takes a bottle to bed, it contain water. Do not allow your baby to go to bed with a bottle of juice or milk because the liquid may pool around the baby’s teeth, causing tooth decay. Help your baby preserve that winning smile.
9. Crying Babies

Red Flag Lesson

Objectives

1. To recognize that crying is normal and that babies cry for many reasons.
2. To learn several ways to comfort crying babies.
3. To evaluate which responses to crying enable infants to develop trust.

Key Concepts

- Responsive care promotes the development of basic trust in babies.
- "Spoiling" is not a concern for babies under nine months.
- Babies under three months of age cannot comfort themselves.
- Babies cry for a variety of reasons.

Activities

1. Have parents complete the handout "Crying Babies."
2. Show the segment of the videotape *Everybody Rides the Carousel* that focuses on building trust in the first stage of life.
3. Lead a discussion based on the handout "What to Do with My Crying Baby." Emphasize reasons why babies cry and suggestions for helping to solve the baby's problem.

Materials Needed

- A copy of the handout "Crying Babies" (page 86) for each participant.
- Order the videotape *Everybody Rides the Carousel* from Cornell University Resource Center, 7 Cornell Business and Technology Park, Ithaca, New York 14850.
- A copy of the handout "What to Do with My Crying Baby" (page 87) for each participant.
1. Babies cry for many reasons. List at least three reasons that you can think of.

2. How do you feel when you hear your baby cry?

3. How do you think you can stop your baby from crying?

4. List specific concerns you have about a fussing or crying baby.
What to Do with My Crying Baby

Your baby may be crying for many reasons. Here are a few with some suggested solutions.

**Too Cold or Too Warm**

Too much cold or warmth can make a baby cry. A good rule of thumb is to dress baby with one more layer of clothing than is comfortable for adults.

**Air Bubbles**

Sometimes babies get air bubbles in their stomachs that make them uncomfortable. Air bubbles keep babies from taking as much food as they need. Try feeding again after burping.

**Loneliness**

Babies may cry because they are lonely and want to be held. Talk to, cuddle, or rock your baby for a while.

**Diaper Rash**

Try leaving diapers off for a while and powdering baby’s bottom with cornstarch. Free circulation of air helps the skin to heal. If the weather is cold, wrap baby loosely in a blanket.

**Boredom**

Baby may be bored. Parents could try to change the baby’s position, hang something for the baby to look at, or play soft music. Sometimes babies just need you to talk or sing to them.

Sometimes there is no evident reason why your baby is crying. Here is a list of some other solutions you might try:

- Walk with the baby.
- Rock the baby.
- Put the baby in a wind-up swing.
- Take the baby for a ride in a stroller.
- Massage the baby’s limbs gently with warmed lotion if the weather is cool.
- Give the baby a cool bath on a hot summer day.
- Let someone else take over for a while. If a family member is not available, consider hiring a sitter for a short time while you get out of the house or apartment for a walk around the block.

Source: Adapted from Nancy Toole, Christine Grasso, and Janice Watts, *Your Baby and You*, Saratoga County Task Force on Child Abuse and Neglect, 24 Circular Street, Saratoga Springs, New York 12866.
10. Out and about with Baby

Objectives

1. To understand that it is simple to go out with baby if you plan and prepare ahead

Key Concepts

▶ Getting out and about is important for both baby and parents; it can be good for the mind and body.
▶ Many experts suggest that babies can go outdoors within their first month.
▶ You can carry a baby in a backpack, baby tote, stroller, or your arms.
▶ Getting out and about with an infant is generally very easy.

Activities

1. Parents brainstorm answers to the following questions. Write all the answers on a master list on newsprint in front of the group.

▶ What plans and preparations do parents have to make before going on an outing with a baby?
▶ List some places where it would be fun and easy to go with baby.
▶ List some reasons why parents should not take their baby out and about.

2. Working in pairs and using the handout “It’s in the Bag,” have parents list the items they should take along on an outing so that baby will be safe and comfortable.

Materials Needed

▶ Newsprint
▶ Markers
▶ Tape
▶ A copy of the handout “It’s in the Bag” (page 89) for each participant
It’s in the Bag
(or is it?)

1. __________________  11. __________________
2. __________________  12. __________________
3. __________________  13. __________________
4. __________________  14. __________________
5. __________________  15. __________________
6. __________________  16. __________________
7. __________________  17. __________________
8. __________________  18. __________________
9. __________________  19. __________________
10. __________________ 20. __________________
11. Adjusting to Parenting

Objectives

1. To learn what postpartum depression is and how to deal with it.
2. To recognize that it’s normal for a new parent to feel stressed, lonely, tired, frustrated, angry, and tied down.
3. To discuss a father’s role in parenting.
4. To identify the enjoyable aspects of being a new parent.
5. To identify ways to deal with sleep deprivation.
6. To recognize the importance of parents taking care of themselves.

Key Concepts

► Many mothers experience baby blues because of the many changes in their bodies after giving birth. This is normal.

► Parents are not always naturally patient, loving, giving, and totally responsible for every aspect of their child’s development. Each of us has to work at becoming a good parent.

► It will take time to feel comfortable in the new role as a parent.

► A new parent has to learn on the job, and the job can require a lot of patience, time, support, and information.

► New parents need to allow themselves time to get to know their baby, experience the joy that comes from finding their own solutions to problems, and discover their own way of living together as a family.

After making sure that their baby is safely taken care of, new parents can set aside 20 to 30 minutes a day especially for themselves.

Activities

1. Parents will participate in a group discussion focusing on the causes of postpartum depression and some ways to deal with it. Remind parents that the mother’s body experiences a hormonal upheaval as the uterus returns to a non-pregnant state and adapts to lactation or the suppression of lactation. Both parents may feel tired and edgy as they adjust to the demands of the newborn. Bouts of weepiness and feelings of being unable to cope are not unusual. Here are a few suggestions:

► Talk to your partner, a family member, or a good friend about your feelings. It helps to talk with someone who is close to you.

► Find out if there are any groups in your community in which parents get together to talk and work out solutions to common problems.

► Call the Mental Health Association (listed in the white pages of your phone book), the Cooperative Extension office, the Parent Teacher Association (PTA) at the nearest school, the local school district, or religious groups in your community for names of groups or for help in solving problems.

► Call the Health Department (listed in the white pages of the phone book under your city or county) and ask about the Public Health Nurse Visiting Service. This service is often free.

► Ask a good friend or a relative to come in for a few hours once a month to watch your baby while you relax, go out, or just have some time for yourself.

2. Have parents do the “New Leaf” exercise. Give each parent a paper leaf. On the front of the leaf they will write their names, the names and ages of their children, and the name of their parenting partner. Then parents write three things they enjoy about being a parent. On the back of the leaf, they write three things they find difficult or frustrating about being a parent. Ask parents to share their information with the group and record it on newsprint. The group will discuss ways to deal with the difficulties of parenting. How can they use the pleasant parts of parenting to get them through the tough times? Encourage parents to take their leaves home and refer to them when the going gets tough.

3. Invite a group of young fathers in to discuss their involvement in parenting their children. Distribute the
handout “Something for Dad.”

4. Distribute the handout “Be Your Own Best Friend” and ask parents to fill it out. Follow this activity by distributing the handout “Coping with Daily Stress” and discuss.

5. Parents will participate in group discussion that focuses on what it’s like to be a new parent and have to get along without a lot of sleep. Have parents brainstorm possible solutions to sleepless nights. Distribute the handout “How to Cope in the Middle of the Night.”

Materials Needed

- Newsprint
- Markers
- Copies of handouts “New Leaf” (page 92), “Something for Dad” (page 93), “Be Your Own Best Friend” (page 94), “Coping with Daily Stress” (page 95), and “How to Cope in the Middle of the Night” (page 96) for all participants

Challenge

Ask parents to write a paragraph about how their lifestyle has changed since their baby was born. Or ask expectant parents to interview someone who has recently had a baby and write a paragraph describing his or her changes in lifestyle.

Tips for Trainers

This is a good time to talk about whether to put babies to bed on their tummies or backs. Ask the health care providers in your community for the most up-to-date recommendations. Be sure to ask more than one provider about this important topic.

A good resource for this workshops is Jeanne W. Lindsay, Rights, Responsibilities, and Joys: Teen Dads (Buena Park, Calif.: Morning Glory Press, 1993).
Within the past few years there has been an attempt to include fathers in the birth and parenting of newborns. Fathers have a different relationship with their children than mothers but are equally important in their babies' lives.

➤ Take the first opportunity you can to hold your new baby. This will help you feel close to him or her.

➤ Even very young babies can see so hold the baby close to you (face to face) and speak gently.

➤ Shortly after the birth of the baby, you will be needed to give mom a break from constant care of the baby. Also, she may be feeling blue and would welcome special attention from you.

➤ You may feel left out. Everyone pays attention to the mother and infant, and sometimes dads are forgotten. Remind yourself that you, too, are important.

➤ The baby will take lots of mom's time, and again you may feel left out. It's important to find different ways or times to be together. You may even feel jealous of your infant. Lots of dads do. It's important to talk with your partner about these feelings.

➤ Although having a child is an added responsibility, many fathers report that being a parent is a lot of fun. Try to pitch in, make time for you and your partner, and, above all, enjoy your infant.

A Special Word for Fathers

Today, with more and more mothers working, more and more fathers are becoming involved in the care of their babies. In some one-parent families, the father is the main caretaker for his child.

There's no question that fathers can form close relationships with their babies. Fathers can love, guide, teach, and nurture their babies. How much should you, the father, be a part of your baby's life? As much as you can!

Source: Adapted from Nancy Toohe, Christine Grasso, and Janice Watts, Your Baby and You, Saratoga County Task Force on Child Abuse and Neglect, 24 Circular Street, Saratoga Springs, New York 12866.
Be Your Own Best Friend—Give Yourself a Pat on the Back!

Remember how you felt just before your baby was born and during those first hectic months? Now may be a good time to think about how your feelings as a parent have changed during these past few months.

Are you feeling more confident and relaxed about bringing up your baby? Are there still times when you feel unsure of yourself and guilty that you’re not the “perfect” parent? Well, you know there is no such thing as the perfect parent.

Often we expect too much from ourselves. It’s impossible to be patient, understanding, and loving all the time. We just try to do the best we can. Yet many parents feel guilty and discouraged if they don’t live up their own expectations. They have a whole list of “should’s”:

➢ I should never get mad at my baby.
➢ I should always put the baby’s needs ahead of mine.
➢ I should be patient at all times.
➢ I should always have dinner ready when my partner comes home, no matter how tired I am.

What are some of your “should’s”? One way to find out is to make a list. Try, for example, to fill in the following sentences. Write down any thoughts that come to your mind:

➢ A good mother should

➢ When my baby cries, I should

➢ When I’m tired and my baby is cranky, I should

➢ As a parent, I should never

➢ As a parent, I should always

➢ Now make up some of your own “should” sentences.

You might want to think about where your “should’s” are coming from—your parents? your friends?

Don’t be too tough on yourself. Instead of putting yourself down with your list of “should’s,” try to accept your feelings and realize it’s not easy to be all things to all people—even little babies. Remember, too . . . nobody’s perfect.

Be a good friend to yourself.

Source: Parent Express: A Month-by-Month Newsletter for You and Your Baby. 7 Months Old, developed by the Human Relations Program, University of California Cooperative Extension, Berkeley, adapted by Jennifer Birckmayer, Florence Cherry, and Ruth Raimon-Wilson, Department of Human Development and Family Studies, Cornell University.
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Be a good friend to yourself.
Coping with Daily Stress

Does your stomach feel tense? Do you often get headaches? Do your muscles ache? Do you sometimes feel like hitting someone? Or crying for no reason? These are some of the signs of stress—and you can do something about them.

Everyone goes through stress or strain at one time or another. Stress builds up from daily worries, from crisis, from life changes—like becoming a new parent, or getting divorced, or changing jobs. For some people, it can build up to the point that they can no longer control their emotions or they strike out at the world around them.

It's easy to ignore the first signs of stress. But if you listen to your body and to your feelings, you can learn to read the warning signals and take action to reduce tension. Here are some suggestions, stress-reducing exercises, places you can contact, and other information that can help.

Suggestions

▶ Put your baby down for a nap and forget what you "should" be doing. Take time to relax. Do whatever makes you feel fresh again.

▶ Don't keep worry and anger bottled up. Talk about these feelings with someone who is close to you.

▶ Set reasonable goals for yourself. Then decide what first steps you want to take.

▶ Try to do everything, plus taking care of your baby, will wear you out. Pick the most important things and don’t worry about the others.

Exercises

▶ Raise your shoulders up to your ears. Hold while counting to 4, then drop your shoulders back to their normal position. Rotate your shoulders back, down, and around, first one way, then the other. Repeat a few times.

▶ Lie on the floor with your feet up on a chair. Place a cool washcloth on your face and think of the most peaceful scene you can imagine. Stay there for at least 5 minutes.

Places to Get Help

If you are worried that your feelings are getting out of hand, it will be important to know how to reach a friend, relative, or organization for help. Talk with other parents in the group or with your workshop leader about local sources of help and support for parents who are stressed.

If tension is so high that your partner reacts by beating you, call the police. They will provide immediate aid and tell you about agencies in your community that can help. The National Coalition against Domestic Violence is a nationwide organization of women’s shelters and domestic violence programs that will give you help or tell you where to get help. The address is 1500 Massachusetts Avenue N.W., Suite 35, Washington, D.C. 20005.

Source: Parent Express: A Month-by-Month Newsletter for You and Your Baby, 4 Months Old, developed by the Human Relations Program, University of California Cooperative Extension, Berkeley, adapted by Jennifer Birckmayer, Florence Cherry, and Ruth Raimon-Wilson, Department of Human Development and Family Studies, Cornell University.
How to Cope in the Middle of the Night

Recent studies show that all babies wake up in the night—not just newborns. The resulting lack of sleep can take a tremendous toll on parents. And if you are a single parent or have sole responsibility for the nighttime duties, sleep deprivation can lower your tolerance for frustration. It may be tempting to take the baby into bed with you. Although some cultures encourage the practice of families sleeping in the same bed, many pediatricians think it is not a good idea. Think seriously about this and discuss it with a person whose judgment you trust.

There are no sure-fire answers, but we offer some suggestions for handling nighttime stress.

Prevention

▷ Why is the baby waking? Often she is hungry, which can easily be solved. If the baby is not soothed by being fed, there may be another problem. (Don’t be tempted to put the baby on solid food, especially if she is under four months old—this is seldom effective and may further disturb her system.) The best advice is to consult your physician.

▷ Other common problems that may be the cause of chronic night waking are diaper rash, illness, loneliness, and allergies. If the baby is nursing, unusual waking may indicate an intolerance for something the mother has eaten.

▷ A stressful daytime environment may cause baby to wake more often.

▷ Babies will often stir during the night. If left alone they will go back to sleep. If you go to the baby’s side each time she moves, you may be encouraging her to wake up completely.

▷ Get yourself a rocking chair. Try to enjoy the hours you spend alone at night with your baby.

▷ Assess your attitude. Perhaps you won’t get a full night of sleep for some time. Blaming the baby for your loss of sleep only makes you resentful and angry. Your baby is not deliberately keeping you awake.

▷ If it becomes too much and you’re really on the edge, remember that it’s better to let the baby cry in the crib than to hurt him or her. Find a supportive adult to talk with about this problem.

Coping Tips for Parents

▷ Sleep when your baby sleeps. Take mini-naps.

▷ Get out of the house with the baby once or twice a day. The fresh air and exercise will help you feel better.

▷ Change the scene by taking your fussy baby to the window or door to look outside.

▷ Try to distract your fussy baby by singing, playing the radio, and so on.

Source: Nancy Toole, Christine Grasso, and Janice Watts, Your Baby and You, Saratoga County Task Force on Child Abuse and Neglect, 24 Circular Street, Saratoga Springs, New York 12866.
12. Discipline for Babies and Toddlers

Objectives
1. To introduce ten principles of guidance for very young children
2. To provide opportunities for parents to identify specific illustrations of effective discipline in everyday caregiving practices

Activities
1. Parents will receive a list of ten principles described on the “Be a Success as a Disciplinarian with Very Young Children” handout.
2. Working in pairs or small groups, parents will find one illustration taken from the sheet “Illustrations” that fits the principle assigned to them by the instructor. If time permits, parents will provide one additional illustration from their own observations or experiences.
3. Each pair or small group will report back to the total group. Each principle will then be presented and illustrated by the parents.

Materials Needed
- Copies of “Be a Success as a Disciplinarian with Very Young Children” (page 98) and “Illustrations” (pages 99–100) for each participant.
Be a Success as a Disciplinarian with Very Young Children

B—be positive. Show or tell babies and toddlers what they can do. Cut down on the use of the word “no” and other negative directions.

E—enjoy yourself and enjoy the children. Pleasure is contagious—let the children catch fun from you.

A—adjust schedules so that children are never overtired or too hungry. Alternate active times with quiet, restful times. Take children outside every day.

S—supervise in an informal, loving, but constant way.

U—understand children’s development so that you have appropriate expectations for behavior. Don’t expect too much too soon. For example, don’t pressure very young children to share too much too soon.

C—create an interesting environment with plenty of playthings. Adult trash is often children’s treasure—but it must be safe.

C—change the environment to keep it safe and interesting. Bored babies and toddlers will find ways to make life more interesting—and sometimes more dangerous.

E—enforce rules clearly, briefly, consistently, and politely. Don’t have more rules than are absolutely necessary.

S—smile and say something positive whenever you can: “You are touching Donald gently and he likes it when you pat him softly.”

S—scoldings and punishments are very rarely useful. If you have to use them, keep them short and sweet.
The following illustrations of good discipline for babies and toddlers are based on the principles described on the sheet “Be a Success.”

1. Susie (eighteen months) watches when Tony (thirty-six months) bumps his head and cries. Susie picks up a truck and holds it out toward Tony. Tony’s dad says, “Thank you, Susie, for helping Tony feel better. In a minute I think he’ll enjoy playing with that truck.”

2. Velma Green notices that her baby seems to enjoy crawling under tables. She brings a large cardboard box into the room and puts it on its side with a blanket half covering the opening.

3. Kenny (ten months) grabs Mary’s hair and pulls. Mary says, “No, no, Kenny, that hurts.” As she disentangles the hair from Kenny’s fist she says, “Touch me gently, like this,” and demonstrates.

4. Two toddlers want the same book. Each tries to pull it away from the other. Their father offers a second book, saying, “There are enough books for each of you.”

5. Seven-month-old Jason has pulled up a corner of the rug and is attempting to chew on it. His mother puts a chewable doll in his hand and moves him to the center of the rug.

6. Eleven-month-old Samantha drops everything off her high chair tray. Her parent removes her from the chair and shows her how to drop small blocks into a large plastic pail.

7. When Mrs. D. enters the room, she sees two twenty-month-old toddlers gently exploring each other’s faces with their fingertips. She moves close to them and watches carefully but does not interfere.

8. Nineteen-month-old Sam wants to run after his dad when he leaves the child care room in the morning. When his caregiver prevents him from leaving the room, Sam throws himself flat on the floor in a tantrum. His caregiver sits next to him, saying, “It’s hard to see your dad leave, but he’ll be back. When you feel better, we’ll find the red truck you like.”

9. When her baby is irritable or crying, Patti often gets out a jar of bubble solution, sits in the rocking chair, and blows bubbles.

10. After trying to help her day care group of twelve-to twenty-month-olds take turns with a talking telephone, Mrs. Green decides they are too young to share such a special toy and puts it away in the closet.

11. Lunchtime in the day care toddler room is chaotic and stressful for adults and children. The staff decides to change the routine by taking the toddlers outside in the midmorning, coming in for a brief quiet time, and having lunch half an hour earlier than usual.

12. There is no door between the living room and adjacent bathroom. Diane’s toddlers love to escape to the bathroom and play in the toilet. Diane decides to put a gate across the bathroom door.
13. Books in Mrs. Z.'s classroom are on a shelf above the children's' heads. Toddlers push chairs over and stand on them to reach a book. A parent suggests putting the books in a basket so they will be more accessible to the children.

14. Andrew (twenty-two months) scoops water out of the sink and pours it on the floor. His father says, "Andrew, keep the water in the sink. See if you can fill this pot with water," and stands nearby to help Andrew remember.

15. The babies and caregivers seem to have a case of mid-winter blahs. Everyone seems bored and irritable. The staff comes in one Saturday morning to rearrange the room, adding a soft, comfortable place for reading and a simple, low climber and exchanging several toys with ones in the toddler room.

16. Alicia Green is surprised to find that her baby spends more time with a large collection of well-washed plastic detergent bottles than with any commercial toys.

17. One-year-old Keith pinches his mother's cheek. She says firmly, "No, Keith, that hurts," puts him on the floor, and finds a toy for him.
Toddlers and Two-Year-Olds

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1. Identifying Interests and Concerns

Objectives
1. To identify interests and concerns about toddlers
2. To plan future sessions about toddlers

Activities
1. Working in pairs, teens will list
   - three things they enjoy about toddlers.
   - three things they find difficult about toddlers.
   - three things that puzzle them about toddlers.

   The group facilitator can work as a member of a pair or can list her own concerns and interests on newsprint to be compared with those identified by the group.

2. Post lists under three major categories:
   - Characteristics we enjoy
   - Characteristics we find difficult to deal with
   - Characteristics that puzzle us

3. The group will develop an outline for study based on the posted lists.

Materials Needed
- Chalkboard
- Chalk
- Eraser
- Newsprint
- Markers

The outlines for individual lessons on the following pages are based on topics that, in our experience, are commonly suggested by parents. The facilitator can use the resources we have suggested to outline discussions of topics we have not included.
2. What Are Toddlers Like?

Objectives

1. To list at least five major developmental milestones during the first year of life
2. To list at least five major developmental events that occur during the second year of life

Activities

1. Working in pairs or small groups, parents will list some of their children's accomplishments during the first year of life. The facilitator and the group will compile a summary list such as the following of the things most babies can do by twelve months of age:
   - Sit without support
   - Crawl (many can walk)
   - Hunt briefly for a hidden toy
   - Use forefinger and thumb to pick up small objects such as peas, cereal, bits of fluff
   - Try to feed themselves
   - Climb out of a crib and up stairs
   - Use one or two words (da-da, ba-ba, for example)
   - Play pat-a-cake or peek-a-boo
   - Show that they understand more than they can express (point to a ringing phone, go to the door if told "Daddy's coming")
2. The facilitator will post a list of developmental tasks and ask the group to indicate those that may be accomplished by children aged between twelve and twenty-four months. For example, by age two, most babies will
   - speak in two- or three-word sentences.
   - run (clumsily!).
   - climb on a couch, chair, or table.
   - enjoy picture books, songs, and rhymes.

Ask the group to think of other things children can accomplish by age two.

3. Using Growing and Toddler Topics as resources, the facilitator will post a list of developmental landmarks for parents to review and discuss. A second list of local resources to help parents who are worried about their children's development should be given to each participant.

Materials Needed

- Growing, available in English and Spanish from Cornell University Resource Center, 7 Business and Technology Park, Ithaca, New York 14850
- Toddler Topics, a series of four bulletins about children ages twelve to twenty-four months, available from Cornell University Resource Center, 7 Cornell Business and Technology Park, Ithaca, New York 14850
- Pencils and notepaper for each parent
- Chalkboard
- Chalk
- Eraser
- Newsprint
- Markers
3. Playing with Toddlers

Objectives

1. To define play as the way children learn about the people, objects, and experiences in their world
2. To describe the important role of adults in making sure that toddlers’ play is safe, interesting, and healthy
3. To review information about easy-to-make, inexpensive toys and activities for toddlers and demonstrate knowledge of appropriate play materials for them

Activities

1. Give each participant a copy of the handout “Almost Anything: Ideas for Baby and Toddler Play.”
   ▶ Demonstrate selected items or activities from “Almost Anything.”
   ▶ Ask participants to discuss
     • whether the item or activity is safe for toddlers,
     • for what age child it is appropriate.
   ▶ Invite participants to share ideas, variations, memories, or success stories from their play experiences with their children.
     • Working in pairs or small groups each parent will list ten to fifteen play activities her child enjoys now or will enjoy soon and describe the toys or materials she plans to provide to make these play activities possible.
     • Working as a whole group parents will draw up a master list of safety hazards and concerns about toddler play. The following list is not complete but is a good starting point. Each situation can best be gauged by knowing the child and the environment in which he or she lives.

Safety Hazards for Toddlers
▶ Furniture or counters with sharp corners
▶ Unprotected electrical sockets and appliances
▶ Water sources (toilet, stream, pools, gutters)
▶ Sharp or heavy objects, especially knives, scissors, and tools
▶ Heat sources (stoves, fireplaces, bonfires, hot water)
▶ Objects that can be wrapped around the neck such as rope, belts, extension cords, drapery or blind cords
▶ Unprotected steps, stairs, or heights
▶ Poisonous substances, especially medicines, chemicals, painting materials, household cleaning supplies, cosmetics, house and garden plants, flowers
▶ Doors, swing chains, and mechanical gadgets that could cause pinching
▶ Sandboxes used by cats or other animals as litter boxes
▶ Small objects that may cause choking such as nuts, grapes, popcorn, balloons, buttons, hot dogs, small toys, and household objects
▶ Old refrigerators, trunks, some hand-me-down cribs, playpens, and safety gates

Challenge

Each participant will make one toy or game that is safe and age-appropriate for his or her child. (The facilitator will have assembled workshop materials based on objects described in “Almost Anything.”)

Materials Needed

▶ Toddler Safety: Lily Thinks Ahead, available from Altshul Group Corp., 1560 Sherman Avenue, Suite 100, Evanston, Illinois 60201 (1-800-421-2363)
▶ A copy of the handout “Almost Anything: Ideas for Baby and Toddler Play” (pages 106-10) for each parent
▶ Exhibit of homemade toys and games from “Almost Anything” (to be made by the parent educator ahead of the meeting)
▶ Material for each parent to design and make one toy
▶ Samples of materials that can be used to make safe toys such as
  • Empty, washed milk cartons
  • Small cardboard boxes
  • Old hats
  • Old wallpaper books
  • Paper cups
  • Used greeting cards
  • Coffee scoops
  • Clothespins (peg type)
  • Old magazines (warn parents that colored pictures may contain lead so should not be given to children who are likely to put them in their mouths)
  • Old clean socks
▶ Equipment to have on hand:
  • Scissors, needles and thread, nontoxic glue, measuring tape, markers, construction paper

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Almost Anything: Ideas for Baby and Toddler Play

It is fairly easy to provide play experiences for children under age two because they are interested in almost everything. We have listed some toys and activities that have worked well for us. They could work well at home, in a center, or in a family day care home. Some ideas are for young babies, some are for one- to two-year-olds. You can judge their usefulness by knowing the young child you are working with and what he or she likes to do.

Toys for Babies and Toddlers

Anything can be a toy for a young child. Any object you have around the house that is safe for a child under two to play with, which includes chewing on it, can be given to the baby or toddler. A toy that is safe, is fun, and encourages the child to use many skills is a good toy. Don't spend too much time, unless you enjoy it, painting things or covering them with contact paper. Young children often prefer them the way they are. Remember, too, that though it is important for young children to learn to enjoy playing alone, toys are not a good substitute for being with and learning from people.

Toys that can be made from objects around the house:

► Shaker bottles Put small, colored, edible (in case the bottle is opened accidentally) pieces inside a clear plastic bottle. Tiny marshmallows, dry cereal, or cake decorations inside shampoo or dishwashing detergent bottles make great toys for babies. Be sure the lid is on tightly.

► Simple hand puppets Such puppets made from socks are a good way for an adult to talk with a baby and may help a caregiver entertain a finicky eater.

► Blocks Use milk cartons of different sizes (half pint, quart, half gallon). Two cartons are needed to make each block. Cut the tops off and put one inside the other so the bottoms of the cartons make the ends of the block. Put a small object inside some blocks so they will make a noise when shaken. Cover blocks with contact paper.

► Texture blocks and scraps Cover blocks of wood (approximately 5" x 3" x 3/4") and sanded to prevent splinters) with brightly colored fabric of different textures (burlap, corduroy, velvet, quilted material, voile, net) or contact paper.

► Dry cereal Offer a baby a cup of dry cereal and see what the baby does with it. One of the first things most babies do is dump the cereal on the floor. Later, babies may try to pick up each piece, using forefingers and thumbs. This provides fine exercise for eye-hand coordination.

► Boxes They come in all shapes and sizes and can be used for walking or crawling into (refrigerator box), sitting in, stacking, nesting, and putting things in and dumping them out. A shoe box with a string attached makes a good pull toy for a toddler.

► Dress-ups Toddlers enjoy putting on hats, wearing necklaces, and carrying purses, especially if there is a mirror around so they can see themselves. Supervise the use of dress-up materials because necklaces can break or choke.

Source: Adapted from the mimeo by the same name by Anne Willis and Betty Redder, Department of Human Development and Family Studies, New York State College of Human Ecology, Cornell University, Ithaca, New York.
Books Use books even with very young babies. Hold the baby and talk about and look at the shapes and colors in the illustrations. You can make a relatively babyproof book by cutting large, bright, interesting pictures from a magazine, pasting them on construction paper, covering both sides with clear contact paper, and putting the pages in a plastic looseleaf notebook. Old wallpaper books are great for babies to use by themselves.

Sorting can Cut the plastic lid of a coffee can so that only certain shapes and sizes (blocks, jar lids, spoons, for example) will fit through. The game is easier if you just cut a large circle out of the lid.

Can of clothespins Arrange peg clothespins around the edge of a can. The baby will enjoy taking them off and putting them in the container. Later the baby can learn to put them on the side of the can.

Hidden objects With the baby watching, put something in a paper bag or box or under a diaper. See if the child will try to find it.

Hanging toys Many objects around the house (paper cups, spools, aluminum foil pie plates) can be attached to a piece of string or yarn and hung for a very young baby to look at. Brightly colored pot holders or pictures (greeting cards, for example) can be hung on the sides of the crib and changed often. When, at about four months, babies begin reaching for objects, suspend those that are safe for the baby to handle. Colored plastic lids with the center cut out (so they look like a flat doughnut) attached to elastic are easy to grasp.

Containers Plastic or metal (be sure edges are smooth) containers of all sizes and shapes can be used for stacking, nesting, putting objects into, and dumping things out of. A can of small objects (spoons, coffee scoops, spools) makes a wonderful toy.

Activities for One- to Two-Year-Olds

In addition to the ideas listed above, we have some suggestions of things to do with one- to two-year-olds, who can be a bit puzzling to play with. Sometimes they play like babies and want to spend lots of time freely exploring interesting objects in their world. At other times, they seem to want more complex and varied play activities than those that occur naturally in the environment. Following are some suggestions for simple toys to make for one- to two-year-olds:

Surprise package Put an interesting small object (an old watch, some masking tape, an egg beater, a set of keys) inside a box and wrap it. Give it to the child to discover what’s inside. Supervise well.

Simple lotto On a piece of poster board or the lid of a box, draw several simple shapes and color them. Cut out duplicate colored shapes and encourage the child to match them. There are many versions of lotto, but in the easiest there are only a few pieces to match (fewer than four) and the pieces are simple and different from each other in both color and shape. To make a more difficult version, make all pieces the same shape, different only in color.

Object-picture lotto Draw pictures of simple objects (spoon, comb, ball, cup) on poster board or a box lid. Collect the objects that the pictures represent and have the child match them.
Between the Two of You

Many of the ideas below are for simple things that we all do with young children. Sometimes it helps to remind ourselves that in spite of their simplicity, they play an important role in babies’ and toddlers’ learning. Most of the ideas are for those who are one to two years old.

Play imitative games. Encourage the toddler to do what you do. For example, hold a block in each hand and hit them together. Play pat-a-cake and peek-a-boo. Play This Little Piggy Went to Market. Make a coughing sound, a “shh” sound, and a “wah wah wah” (with your hand over your mouth) sound.

Ask the child to do simple tasks and praise the child for doing them. For example, say, “Bring me the ball.” “Show me your hair.” Ask questions such as “Where is the window?” The child should respond by looking in the right direction.

Ask the child to point to various parts of his body, then to touch or point to different parts of your body. Collect pictures of body parts from a magazine. Show the child the pictures of parts as the child finds them on his or her body. Point them out on a doll as well.

Demonstrate the meanings of words you use. For example, talk about foods that are hot or cold and use body movements to demonstrate slow and fast. Use words like stop, go, full, empty, big, little, up, and down to describe actions and objects as you and your child play together.

Encourage the child to speak and to label objects. Respond to his attempts to speak even if you don’t understand. He may point to objects you name (in a book or in the room) before learning to name them.

Show the child how to march or dance in rhythm to a coffee can drum, pan, lids, and so on.

Take a walk outside. Talk about what you see.

Play singing games. For example:

Jack is down (child crouches down)
In his box
Up, up he comes. (child jumps up)
This is the way the baby does,
Clap . . . clap . . . clap . . . clap;
This is the way the baby does,
Pee-k-a-boo, I see you;
This is the way the baby does,
Creep . . . creep . . . creep . . . creep;
This is the way the baby does,
Sleep . . . sleep . . . sleep . . . sleep.

I wiggle my fingers,
I wiggle my toes.
I wiggle my shoulders,
I wiggle my nose.
Now no more wiggles
Are left in me;
So I will be still,
As I can be.

Ring-around-the rosy
A pocket full of posies
Ashes, ashes
We all fall down.

Sailing boat, sailing boat (hold child’s hands, move slowly in a circle)
Go so slow,
Sailing boat, sailing boat
Go so fast. (turn in circle)
Mushrooming Motor Skills

► Show a toddler who can walk backward how to pull a toy attached to the end of a string.

► Help the child walk up and down stairs, jump off low things, slide down, and climb under or through.

► Roll a ball back and forth between you.

Cheap, But Good, Ideas for Play

► Fill a large bag or box with plastic containers, jar lids, paper, foil pie plates, paper towel tubes, egg cartons, clothes pins, and other odd items. A toddler will love pulling the things out.

► Show the child how to stack objects and how to put objects inside other objects (blocks in cans, cans in cans, boxes in boxes).

► With the child watching, hide a small toy behind your back, under a pillow, or inside a box or paper bag. Encourage the child to find it.

► Hide a small object under one of three cans or boxes of different sizes. Change the positions of the cans by shuffling them around. Ask the toddler to find the object.

► Provide the toddler with a small basin of water on the floor with a generous supply of newsprint underneath and a few small containers.

► Play “which hand is the toy in.” Let the toddler try to find the toy as you switch it from one hand to another.

► Provide containers—bags, baskets, wagons—for transporting small objects (blocks, any small toys) from one place to another.

► Put some cereal bits or other small objects inside a plastic container or jar with an easy screw-on or snap-on lid. Encourage the toddler to open the container. Give help if needed.

► Place an object inside a matchbox and help the toddler learn how to slide the box to get it out. Put a picture of the object in the bottom of the box.

At Lunchtime

► Encourage the toddler to feed himself, especially finger foods. Sit and talk with the child at lunchtime.

► Let the child eat while looking in a mirror.

► Get the toddler to help you wipe the table after lunch or a snack.

Art Starts

► Show the child how to make marks with a crayon on a large piece of newsprint or a paper bag.

► Make finger paint from soap flakes mixed with food coloring. Let the toddler finger paint on a tray or on a table top.

► Put fairly thin poster paint in roll-on deodorant bottles. Have the toddler paint on big surfaces—boxes, newsprint, or paper bags. Sponge painting with finger paint, wide bowls, pieces of sponge, and newsprint is also manageable and fun.
Make Play Dough

![Play Dough]

3 cups flour mixed with 1 cup salt and enough water to make it the consistency of pie dough.

**To color**, add food coloring to water. Children can help you mix dough with wooden spoons and will enjoy rolling it out with cylinder blocks. Plastic cups or bowls are fun to fill with play dough for pretend coffee or food.

Miscellaneous

- Set up a doll corner with a doll-sized bed, table, high chair, and other items. Encourage the toddler to feed the baby, put the baby to bed, and do other tasks.

- Look at picture books with toddlers. They love it.

- Possibilities for outdoor play are endless. A long board on the ground or several boards placed at angles can be fun to walk along. Old tires make great outdoor equipment—a large tire becomes a sandbox; several placed on edge side by side and roped together become a tunnel. Several stacked pyramid style are a great climbing toy. Drill holes for drainage in tires if you use them as play equipment.
4. Toddlers and Discipline

Red Flag Lesson

Objectives

1. To understand discipline as a positive process of helping children develop self-control
2. To learn to distinguish discipline from punishment
3. To discuss the role of a good disciplinarian as ally, helper, or friend of children as they struggle to acquire self-discipline
4. To describe specific behaviors and constructive disciplinary actions parents can take to deal with those behaviors

Activities

1. Have parents do the exercise “Trigger Questions” and discuss their responses.
2. Show the videotape *The First Two Years: What Lily Learned*. The videotape stresses the importance of having realistic expectations for children’s behavior and developing a strong, loving parent-child relationship. Discussion of the videotape should include the following points:
   - What situations may occur in the next few months that will require discipline? How do you think Lily will respond to them?
   - What did Lily’s mother do that seemed especially helpful to her as a parent?

What do you think Lily should have done differently during the past two years?
What points about good discipline are stressed in the videotape?
3. Ask parents to list some of the behaviors they find difficult to deal with in their children.
4. Ask the group to find one idea from the videotape that might be helpful in dealing with problem behaviors they listed.
5. Ask the group to share other ideas for effective, loving discipline.

Challenge

Each parent will choose one tip from the videotape to try at home or recommend to a friend. At the next session parents will report back on the success or failure of the tip.

Materials Needed

- A copy of “Trigger Questions” (page 110) for each participant
- Order the videotape *The First Two Years: What Lily Learned*, available from the Altschul Group, 14560 Sherman Avenue, Suite 1000, Evanston, Illinois 60201 (800-323-9084)
- Chalkboard
- Chalk
- Eraser
- Newsprint
- Markers
Trigger Questions

What do you think—

1. When toddlers misbehave, they are
   ☐ usually tired and bored.
   ☐ trying to make you mad or get your attention.
   ☐ trying to learn about the world through exploring.
   ☐ in need of supervision.
   ☐ other.

2. If a toddler keeps picking up a breakable item from the coffee table, her parents should
   ☐ slap her hands.
   ☐ put the object away in a safe place.
   ☐ show her how to hold the object safely and explain that it is to be left on the table.
   ☐ make her sit in the corner every time she touches it.
   ☐ other.

3. Well-behaved toddlers have parents who
   ☐ scold and punish a lot.
   ☐ ignore all misbehavior.
   ☐ spend time playing with and talking to them.
   ☐ are firm, gentle, and patient.
   ☐ other.
5. More about Toddlers and Discipline

Red Flag Lesson

Objectives

1. To emphasize the role of the parent/disciplinarian as one who teaches, helps, guides, and supports children as they struggle to establish self-discipline.

2. To outline ten principles to guide parents when toddlers exhibit difficult behavior.

3. To remind parents to have reasonable age-appropriate expectations for toddlers’ behavior.

Tips for Workshop Leaders

A background sheet, “Erikson’s Developmental Stages,” is included on pages 116–17 to help you prepare for this workshop.

Key Concepts

- Adults are allies.
- Practice what you preach.
- Adults should have reasonable expectations.
- Say “do” instead of “don’t.”
- Offer a limited number of choices.
- Use actions and words.
- Have few rules.
- Change the environment.
- Use logical consequences instead of punishment.
- Help children’s IALAC’s grow = I am lovable and capable.
- Give positive attention.

Activities

1. Give each participant a copy of the handout “Guidelines for Discipline” and ask each person to select the guideline he or she feels might work best in helping toddlers achieve self-control. In group discussion, parents can share reasons for selecting the principle they identified as most useful. If you will be doing the unit “Difficult Behavior,” ask participants to keep their copies of the handout for use in that session.

Challenge

Parents will complete the handout “Toddlers and Discipline True/False Statements” and discuss their responses with each other. In our opinion, statements 1, 3, 6, 7, 8, and 9 are true. The others are false.

Materials Needed

- One copy of the handout “Guidelines for Discipline” (page 114) for each participant. Tell them to keep the handout for use in the next section.
- One copy of the handout “Toddlers and Discipline True/False Statements” (page 115) for each participant.
- Chalkboard
- Chalk
- Eraser
- or
- Newsprint
- Markers
Guidelines for Discipline

➤ Adults should be sympathetic and understanding.

➤ Children will imitate grown-up behaviors, including those that are unacceptable.

➤ Parents must know what behavior can reasonably be expected of children at particular ages.

➤ It is often more effective to tell children what to do than to tell them what not to do.

➤ Toddlers may find too many choices overwhelming. Limit the number of choices. Be sure you can accept the child’s decision if you do offer a choice.

➤ Use both actions and words to guide children. Establish a few basic rules and enforce them firmly, consistently, and gently.

➤ Change the environment instead of the behavior. Distraction is a fine technique to use with very young children.

➤ When children deliberately misbehave, use natural or logical consequences instead of punishment.

➤ All discipline should increase children’s feelings that they are lovable and capable.

➤ Give children attention before they have to misbehave to get it.
Toddlers and Discipline

True/False Statements

Mark the following list of statements true or false, and then discuss the statements as a group.

1. Toddlers are self-centered because they are unable to consider the needs, rights, and feelings of other people.
   - [ ] T  [ ] F

2. Children are born knowing right from wrong.
   - [ ] T  [ ] F

3. Healthy toddlers will often assert themselves by saying words like “me,” “no,” or “mine.”
   - [ ] T  [ ] F

4. By age two, toddlers should share toys nicely.
   - [ ] T  [ ] F

5. Parents can behave in any way they want because toddlers will never imitate them.
   - [ ] T  [ ] F

6. Life can be hard for toddlers because there are many dangers and frustrations in their world.
   - [ ] T  [ ] F

7. Toddlers want to be good and please their parents.
   - [ ] T  [ ] F

8. Toddlers sometimes misbehave because they cannot communicate with words.
   - [ ] T  [ ] F

9. Parents must encourage toddlers to be curious while at the same time keeping them safe.
   - [ ] T  [ ] F

10. Scolding, yelling, spanking, or hurting toddlers are the best ways to discipline.
    - [ ] T  [ ] F
Psychologist Erik Erikson has suggested that human beings go through a series of developmental crises or stages as they move from infancy through adulthood. Each of the eight crises Erikson identifies must be resolved if healthy development is to occur. We believe that Erikson’s ideas, loosely interpreted, provide a useful framework for understanding human behavior. We also believe that Erikson’s basic concepts can be used as indicators of techniques that will foster healthy development in children.

1. Infants
   *Birth to fifteen months*
   *Trust vs. Mistrust*

The developmental crisis centers around the baby’s need to perceive the world as basically friendly and comfortable. Parents and caregivers foster an infant’s sense of trust by providing responsive care based on observation of the infant’s behavior, making an effort to make the baby feel loved, respected, and capable of eliciting responses from adults. In addition, the baby gains a feeling of well-being because his or her basic physiological and emotional needs are met. Mistrust occurs when the infant feels abandoned, threatened, or uncared for in a hostile, non-responsive environment. Thus, babies left to cry for long periods in their cribs or left and played with only on overly strict schedules may grow to feel that the adults in their lives are harsh and powerful, indifferent to the needs of a helpless child.

2. Toddlers
   *About fifteen months through two and a half years*
   *Autonomy vs. Shame and Doubt*

The crisis of autonomy occurs when a child perceives his or her separateness from parents and acts to test or gain personal independence. *Autonomy* means self. Toddlers try to develop a sense of self by experimenting, challenging, and exploring. Part of their discovery involves pushing away from the people who so far have controlled them. Thus much of their behavior appears to be negative. “Me do it,” “Mine,” and “No” are often-heard toddler words which indicate that a child is trying hard to be a person in his or her own right. Toddlers need help in the task of becoming independent. Parents and caregivers who remember that a toddler is trying to develop self-control will understand the child’s need for an ally—someone who will help him or her develop autonomy.

Children who are made to feel that they are bad for trying to stand on their own feet or who are severely punished for saying “no” or “mine” or for refusing to share can develop a lasting sense of shame and self-doubt. Toddlers need safe limits and wise adult supervision, but they also need many opportunities to test themselves. Adults need a strong sense of humor, a lot of patience, and determination to help toddlers develop the inner controls they seek so desperately.

3. Preschool Children
   *Two and a half to five years*
   *Initiative vs. Guilt*

For children in this stage, the developmental task or crisis is to establish a sense of initiative—the courage to have ideas and try them out. This is the stage of “I can do it.” Like toddlers, preschoolers are intensely self-centered, but often their behavior is more positive, more active, and more adventurous. The toddler practiced walking, carrying, filling containers and dumping them, going up and down steps, and beginning climbing. Preschoolers can run, hop (sometimes skip), may climb higher than adults would wish, and explore over a wide territory. Most preschoolers have an extensive vocabulary and, in addition to using words they know, experiment with nonsense words or swearing. They enjoy being with children their own age but still require careful supervision be-
Development: A Lifelong Process

Erikson suggests that developmental crises or stages continue through adulthood and into old age. We list them here for your information.

4. School-Age
   Six to twelve years
   Industry vs. Inferiority

5. Adolescence
   Identity vs. Inferiority

6. Young Adulthood
   Intimacy vs. Isolation

7. Adulthood
   Generativity vs. Stagnation

8. Old Age
   Integrity vs. Despair
6. Difficult Behavior

Objectives
1. To describe toddler behaviors that are difficult to deal with
2. To practice using principles of effective discipline to deal effectively with difficult behavior

Activities
1. Ask parents to compile a list of difficult behavior in toddlers. For example:
   - Biting
   - Hitting
   - Spitting
   - Disobeying
   - Refusing to eat
   - Refusing to go to bed
   - Refusing to share
   - Getting into things
   - Whining
   - Throwing tantrums
   - Swearing
   - Climbing
   - Others

Parents will mark each behavior “yes” if it is normal for one-to three-year-olds and “no” if it is not within the range of normal behavior. In our opinion, every behavior we have listed should be marked yes, although few toddlers will exhibit all of the behaviors at any one time.

Challenge
Parents will review the handout “Guidelines for Discipline” and decide which guidelines might be most helpful in dealing with the misbehavior they have selected from the list of difficult behaviors. After selecting the appropriate guidelines, parents will discuss specific words and actions to be used to change toddlers’ behavior.

Materials Needed

- Chalkboard
- Chalk
- Eraser
- Newsprint
- Markers
- One copy of the handout “Guidelines for Discipline” (page 114) for each participant. They should have kept a copy if they used the handout in the previous session.
7. Feeding Your Toddler

Objectives

1. To examine a toddler’s eating skills and behaviors from his or her viewpoint
2. To plan an eating environment appropriate for a toddler’s ability
3. To think of ways to make mealtime with a toddler more pleasant
4. To plan a healthful day’s menu for a toddler, taking into consideration his or her nutritional needs, activity level, and appetite

Activities

1. A Child’s Point of View
   - To help parents understand eating skills and behaviors from a toddler’s viewpoint, present the following situation. Set out a large serving spoon, a flat serving platter, a heavy mug, and a large pitcher full of water. Put a big mound of peas or corn on the platter. Ask parents to imagine that they are sitting in front of the platter with their heads about level with the table, that they are holding the large serving spoon in the opposite hand than they usually use, that they have to pour their water with the opposite hand, and that they are told to eat every single thing on the platter—and that they must not make a mess!
   - Ask participants:
     - How does this situation make you feel?
     - Why might you find it hard to eat the food?
     - What could be done to make eating easier?
     - How does this experience relate to the way toddlers feel or the difficulties they face while trying to eat?

2. Creating an Environment for Eating
   - Divide the group into pairs and ask them to think of eating equipment, eating areas, and family atmosphere that will make mealtime easier and more pleasant for a toddler.
   - For more ideas, see the handouts “Early Childhood: Learning about Food” and “Feeding Your Toddler: 15–18 Months Old.”
   - Lead a discussion based on the ideas raised by the pairs of parents and the handouts.

3. Foods for Toddlers
   - Questions for discussion:
     - Why do toddlers need nutritious snacks, several mini-meals a day, and plenty of water?
     - Brainstorm a list of foods that appeal to toddlers and are also nutritious snacks.
     - Give each parent a copy of the handout “Nutritious Snacks for Two-Year-Olds.”
     - Remind parents that the foods the toddler eats (including snacks) supply the nutrients needed for growth and activity.

As growth slows during the second year of life, toddlers may have smaller appetites than they had as infants. Because of their increased mobility, activity, language skills, and interest in exploring, toddlers may have less time for or interest in sit-down meals.

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4. Planning a Healthful Diet for a Toddler

- Give each parent a copy of the handouts “Feeding Your Toddler: 12–15 Months Old,” “Feeding Your Toddler: 18–21 Months Old,” and “Feeding Your Toddler, 21–24 Months Old.” Ask the group to make up a healthful day’s menu for a toddler based on the information in the handouts. Parents can select the age of the toddler for whom they will plan a menu. This menu might include three or four mini-meals and several snacks. Then ask them to evaluate their menus.

- Do the foods meet the nutritional needs of a toddler?
- Are the portions appropriate for a toddler’s appetite?
- Will the choices appeal to a busy toddler?

5. The facilitator might prepare an assortment of snacks appropriate for toddlers for parents to sample in place of traditional adult refreshments.

Challenge

Invite parents to introduce a new food to their toddlers at home.

### Materials Needed

- A can of peas or corn, can opener, flat serving platter, large serving spoon, heavy mug, large pitcher full of water, and newspapers to protect the floor
- A variety of nutritious foods appropriate for toddlers’ meals and snacks that can be selected by parents planning a day’s menu
- Copies for each participant of the following handouts:
  - “Early Childhood: Learning about Food” (pages 121–22)
  - “Nutritious Snacks for Two-Year-Olds” (pages 123–24)
  - “Feeding Your Toddler: 12–15 Months Old” (page 125)
  - “Feeding Your Toddler: 15–18 Months Old” (page 126)
  - “Feeding Your Toddler: 18–21 Months Old” (page 127)
  - “Feeding Your Toddler: 21–24 Months Old” (page 128)
Growing Slower, Eating Less

If children continued to grow at the same rate babies do, they would triple their weight every year. A baby who weighed 8 pounds at birth would weigh 1,417,176 pounds by age 12 and 12,754,584 pounds by age 14! Aren't you glad that your growth slowed down after your first year of life?

As children's growth rates slow down, their appetites often decrease. Appetites also become highly variable. A child may eat almost nothing one day and seem to be starved the next day. Many parents and sitters worry when this happens, but it is normal. Adults should not insist that children eat certain amounts. Young children need small portions of a wide variety of nutritious foods. They usually do well eating about six times per day, including meals and snacks.

Eating Patterns

Think about your favorite foods. When did you learn to like them? Young children learn about food during meals and snacks. They learn what they like, how it tastes, and how to eat it. Learning to eat many different foods is important. If young children eat many different foods, they will be more likely to get all the nutrients they need for health. Parents and sitters can help children develop good eating patterns.

- Make eating times quiet and calm. Turn off the television or radio and sit down together at the table.
- Do not insist that children eat all their food.
- Do not use desserts as a reward for eating other food. This makes desserts seem better than other foods.
- Let children help prepare and serve food. Children usually like to eat foods that they have helped prepare.
- Set a good example. Children often copy parents or sitters.

A Positive Approach

Parents and caregivers can help children develop a good attitude about themselves and food. It is best to give children directions in a positive way. For example, instead of saying, "Don't throw the bread," try saying, "Put the bread on your plate." "Don't spill your milk" becomes "Hold your milk carefully with two hands."

See if you can change the following negative statements into positive statements:

1. "Don't talk with your mouth full."
2. "Don't put the spaghetti in your hair."
3. "Don't come to the table with dirty hands."

Wash your hands before eating.

Use your spoon or fork. Eat your spaghetti like this.

Chew and swallow your food. Then talk.
New Eating Skills
You may remember eating with your fingers or spilling your milk when you were young. It's all part of growing up. Young children are trying to be independent. They want to do everything for themselves, and they especially want to feed themselves. But they often make a mess as they learn how to eat. Here are some ways that parents and sitters can help children learn to eat and feed themselves:

- Give children small utensils that are easy to hold.

- Give them plates with edges so that food won't slip off the plate.

- Give them small cups that don't tip over easily.

- Seat them in a high chair, booster seat, or on cushions so they can reach the table.

- Cut their food in bite-size pieces.

- Give them foods they can pick up and eat with their fingers.

- Put small amounts of food on their plates. Large helpings can seem like too much to handle.

Nutritious Snacking
What do you think of when you hear the word “snack”? Maybe you think of nutritious or delicious, or bad, or junk, or important, or unnecessary. Snacks are often important for young children. Children have small stomachs. They can manage several small snacks and meals easier than three large meals. The right snacks can be both delicious and nutritious. What were your favorite snacks when you were young? Now think of several foods that would make nutritious snacks for a young child.

TV Talk
Have you ever noticed the foods that are advertised on TV? Think of some foods that are not advertised very often. Can you draw any conclusions about the foods that are advertised? Many young children watch a lot of television. Some children watch as much as five hours a day. Yet before the age of seven or eight, few children can think critically about the foods they see advertised. Television may influence what they want to eat. They may beg their parents to buy a food that is advertised frequently. Did you ever ask your parents to buy certain foods that you saw on television? Are you still interested in those same foods?

Another problem with television is that it doesn’t take much energy to watch. Children who watch a lot of television may not be very active. Watching too much television may contribute to overweight problems.

The following snacks are nutritious and easy to make, and children think they taste great! Let your two-year-old get into the act by allowing him or her to help with the simpler tasks such as pouring, mixing, kneading, dumping ingredients into a bowl, peeling, and cutting or tearing soft foods.

**Fruity Milk Punch**

1/2 cup juice (not heavy syrup), drained from canned purple plums, cherries, or frozen strawberries
2 cups milk
4 ice cubes

1. Pour the ingredients in order into a plastic bowl or quart jar with a tight lid.
2. Beat or shake into a colorful, flavorful, foamy punch.

*From “Snacks That Count,” Cornell Cooperative Extension, Rensselaer County.*

**Fruit Kabobs**

Help children learn different colors and food tastes by spearing low-cost fruits on a kabob for a snack. Use assorted fresh fruits or fruits canned in their own juice or light syrup such as apricot halves, peach chunks, melon cubes, banana slices, pitted plums, whole strawberries, unpeeled apple wedges, or pineapple cubes.

Narrow plastic straws, coffee stirrers, and apple sticks make good skewers for kabobs. The straws work best. Regular wooden toothpicks are not recommended because they are too small, and children could hurt themselves.

**Finger Gelatin**

3 envelopes unflavored gelatin
12 ounces water
12 ounces frozen juice concentrate (orange, apple, grape), thawed

1. Pour gelatin into the water. Heat to dissolve, stirring constantly.
2. Add juice concentrate. Stir until thoroughly blended.
3. Pour into 9" x 9" pan. Chill until set.
4. Cut into strips or squares for finger food.

*From “Nutrition News and Notes,” Cornell Cooperative Extension, Monroe County.*
Stuffed Cucumbers

Cucumber
4 tablespoons peanut butter

Raisins
1. Peel cucumber and slice in half lengthwise. Scoop out seeds.
2. Fill hollow with peanut butter.
3. Sprinkle with raisins.

Variations: Other delicious stuffings include cottage cheese, cream cheese and raisins or dates, mashed avocado, fruit, yogurt, and cheddar cheese spread.

Unbaked Graham Cracker Favorites

\(\frac{2}{3}\) cup peanut butter
\(\frac{1}{2}\) cup honey
1\(\frac{1}{2}\) cups graham cracker crumbs
1 cup nonfat dry milk powder
\(\frac{1}{2}\) cup raisins or dates
1. Mix peanut butter and honey until smooth
2. Add 1 cup cracker crumbs, dry milk, and raisins or dates.
3. Mix well. Form into small balls and roll in remaining cracker crumbs. Makes 3 dozen.

Fun Snacks

For Hunger

- Eggs
  - Hard-boiled
  - Deviled
  - Salad

- Enriched cereals
  - Plain
  - With milk
  - With yogurt
  - Mixed with dried or fresh fruits

- Whole wheat toast
  - With cottage cheese or ricotta cheese
  - With apple slices and cinnamon
  - With cheese

For Thirst

- Unsweetened fruit juices
- Vegetable juices
- Ice water
- Milk
- Shakes

Juicy

- Citrus and other fruits
  - Plain
  - With dips
  - Skewered
  - In balls, wedges, or chunks
  - With yogurt, peanut butter, or raisins

For Warmth

- Soups

- Hot drinks
  - Cider
  - Hot chocolate
  - Herbal tea
  - Lemon juice

From "Snacks That Count," Cornell Cooperative Extension, Rensselaer County.

Feeding Your Toddler: 12–15 Months Old

During the second year of life, the baby's rate of growth slows down so you may notice that she's not eating as much as she used to or that she's getting picky about what she will or will not eat. If you find yourself worrying about the amount your baby is eating, keep a food diary for a few days. In your food diary record everything the child eats—even if it sounds silly.

Here are some typical entries: 1/4 cup Cheerios, 1 slice apple, 2 oz. apple juice, 1/2 cracker. That's okay! The county Cooperative Extension office can help you figure out if your toddler is getting enough to eat and eating the right foods. Discuss your concerns with your pediatrician, public health nurse, or Cooperative Extension nutritionist or home economist.

Many babies are ready to give up the bottle, breast, or pacifier by now. Watch your child for signs that he is losing interest and offer gentle, loving help as he moves on to more grown-up things such as cups. It may help to introduce a cup of juice (not milk). Your child may drink juice, water, or milk from a cup but continue to prefer one beverage in a bottle. Go along with her preferences for a while. Toddlers may want a bottle at bedtime or when they are sick long after they have learned to use a cup.

Some Mealtime Dos

► Do remember that spills and imperfect table manners are normal at this age; the child is not trying to be naughty. Plan ahead for cleanup by using bibs and plastic table cloths and having sponges close by.
► Do compliment children on their accomplishments and be understanding and helpful when things go wrong.
► Do serve meals before children are tired and fussy. Perhaps a quiet time before eating would be helpful. Toddlers may have to be fed before the rest of the family.
► Do maintain a relaxed atmosphere and try not to rush the toddler. Learning about new foods takes time. Remove uneaten food without a fuss and without threatening or bribing. An empty plate should not be a big deal. Don’t use desserts to bribe children to eat other food.
► Do respect a child’s decision when he or she wants to eat less or more than usual. Try to eat meals and snacks at regular times. Have your child sit at the table or in a high chair when she eats.
► Do recognize your own needs. Family members other than the toddler may be tired and hungry at mealtime. It may help to have a relaxing routine before eating. “First a story, then we’ll wash up, then your bib—and now lunch!” Sometimes toddlers go on a food jag, wanting to eat the same foods at every meal. It’s okay to go along by serving these foods for a few days, but try to provide other foods for your toddler at the same time. If you don’t make a fuss, your toddler will probably taste a few of the good foods you put (in very small amounts) on his plate.

Feeding Your Toddler: 18–21 Months Old

Toddlers develop strong preferences for certain foods—and equally strong objections to other foods. The attitudes children form toward food may be as important as the foods they eat. Try not to force toddlers to eat. Try also not to use foods as reward or punishment.

“How Much Is a Serving?” is a helpful tool to use in planning an adequate diet. Daily selections from all six food groups help to ensure that the toddler’s nutritional needs will be met. Three regular meals and three nutritious snacks can be planned each day. “How Much Is a Serving?” will help you plan how much of each food to offer your child.

➤ **Fruit Group**  
(2–4 servings daily)  
Contains vitamins A and C  
Best sources: Fruits and juices: citrus fruits, cantaloupe, strawberries, apricots, raisins (contain iron), peaches

➤ **Vegetable Group**  
(3–5 servings daily)  
Contains vitamins A, C, E, K, iron  
Best sources: carrots, winter squash, cabbage, spinach, collards and cooked greens, broccoli, green peppers, tomatoes, pumpkin

➤ **Bread, Cereal, Rice, and Pasta Group**  
(6–11 servings daily)  
Contains carbohydrate, thiamin, iron, niacin, protein, riboflavin.  
Best sources: Breads and crackers, hot and cold cereals, rice, pasta (macaroni, spaghetti, noodles), muffins, pancakes, quick breads, tortillas. Use whole-grain or enriched products; some essential minerals and vitamins are lost in grain processing. Does not include cakes, pies, pastries, and “dessert” foods that are high in sugar and fats but low in vitamins and minerals

➤ **Milk, Yogurt, and Cheese Group**  
(2–3 servings daily)  
Contains calcium, riboflavin, protein  
Best sources: Milk, cheese, yogurt, cottage cheese, ice cream

➤ **Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group**  
(2–3 servings daily)  
Contains protein, niacin, iron, thiamin, riboflavin  
Best sources: Meats, poultry, fish, eggs, dried beans and peas, nut and seed butters

A very general rule for determining serving sizes from the six food groups is one tablespoon per year of life. Of course, this varies depending on the foods served. For example, a main-dish casserole combining foods from several groups would warrant larger child-sized servings than a casserole served with other foods. Some typical serving sizes for toddlers are

➤ ½ cup of milk or juice  
➤ ½ slice of bread  
➤ 2–4 tablespoons of rice or cereal  
➤ ½–1 ounce of meat, fish, or poultry  
➤ 2–4 tablespoons of vegetables  
➤ ½ apple  
➤ ¼ cup cooked dry beans, peas, or lentils  
➤ 1–2 tablespoons of peanut butter


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Feeding Your Toddler: 21–24 Months Old

Many parents worry because they think their toddler is not eating enough. The following suggestions may be helpful:

➢ A very general rule for determining serving sizes is one tablespoon per year of life. This means that dinner for a two-year-old might contain approximately 2 tablespoons of meat loaf, 2 tablespoons of carrots, 2 tablespoons of mashed potatoes, and half a fresh peach. These amounts are approximate. Some children will want to eat much more and others may want less. For more information see “How Much Is a Serving?”

➢ Try to avoid unhealthy foods by not having them in the house. Soda, potato chips, candy, cookies, and the like take up valuable tummy space in small children.

➢ Too much milk (more than 24 ounces a day) can interfere with the intake of other foods. If your two-year-old still takes a bottle, it may be a good idea to serve juice with meals. It may be better to serve only water in bottles after your child is 12 to 15 months old.

➢ If your child doesn’t drink enough milk, offer other dairy foods (cheese, puddings, milk-based soups, for example).

➢ Remember that all snacks and treats should be part of the recommended amounts of food over the whole day. Some good snack foods are fruits, soft raw vegetables, whole-grain crackers, cheese, milk, and juice. Hi-C and fruit punch are higher in sugar than plain juice.

➢ Taking care of baby teeth is important. Teach your toddler to brush after every meal. A new toothbrush can be as exciting as a new toy, and tooth brushing can be as much fun as many activities usually thought of as play.

➢ Check with your doctor to be sure your child is adequately protected against disease. Be sure to keep up-to-date on shots. If your child is regularly exposed to other children (as in a day care center) ask you doctor about the Hib’s vaccine.

# How Much Is a Serving?

## Food Group

<table>
<thead>
<tr>
<th></th>
<th>1 Year Old</th>
<th>2 Years Old</th>
<th>3 Years Old</th>
<th>4 Years Old</th>
<th>5 Years Old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breads, cereal, rice, or pasta</td>
<td>¼–½ slice bread 1 Tablespoon cooked cereal</td>
<td>½ slice bread 2 Tablespoons cooked cereal, rice, or pasta ¼–½ cup ready-to-eat cereal</td>
<td>½–¾ slice bread 3 Tablespoons cooked cereal, rice, or pasta ½ cup ready-to-eat cereal 2–3 small crackers</td>
<td>¼–⅔ slice bread 1 muffin 4 Tablespoons cooked cereal, rice, or pasta ½ cup ready-to-eat cereal 4–5 small crackers</td>
<td>1 slice bread 5 Tablespoons cooked cereal, rice, or pasta ½ cup ready-to-eat cereal 4–5 small crackers</td>
</tr>
<tr>
<td>Secretary</td>
<td>6 Servings/Day</td>
<td>2 Servings/Day</td>
<td>3 Servings/Day</td>
<td>2 Servings/Day</td>
<td>5 Servings/Day</td>
</tr>
<tr>
<td>Fruit</td>
<td>1 Tablespoon cooked fruit 1/4 small fresh fruit ½ cup juice</td>
<td>2 Tablespoons cooked fruit ¾–½ small fresh fruit ½ cup juice</td>
<td>3 Tablespoons cooked fruit 1/2 small fresh fruit ½ cup juice 3 Tablespoons dried fruit</td>
<td>4 Tablespoons cooked fruit 1/2–1 small fresh fruit ½ cup juice 3–4 Tablespoons dried fruit</td>
<td>5 Tablespoons cooked fruit 1 small or ½ medium fresh fruit ½ cup juice 3–4 Tablespoons dried fruit</td>
</tr>
<tr>
<td>Vegetables</td>
<td>1 Tablespoon cooked vegetables ½ cup juice</td>
<td>2 Tablespoons cooked vegetables ½ cup juice</td>
<td>3 Tablespoons cooked vegetables ½ cup juice 3 small pieces, raw</td>
<td>4 Tablespoons cooked vegetables ½ cup juice 4 small pieces, raw</td>
<td>5 Tablespoons cooked vegetables ½ cup juice 5 small pieces, raw</td>
</tr>
<tr>
<td>Meat, poultry, fish, eggs, nuts, or dry beans</td>
<td>1 Tablespoon meat, poultry, or fish 1 egg, 3–4 times weekly ½ Tablespoon peanut butter</td>
<td>2–3 Tablespoons meat, poultry, or fish 1 egg, 3–4 times weekly ½ Tablespoon peanut butter</td>
<td>½ ounce meat, poultry, or fish 1 egg, 3–4 times weekly 1 Tablespoon peanut butter</td>
<td>1 ounce meat, poultry, or fish 1 egg, 3–4 times weekly 2 Tablespoons peanut butter</td>
<td>1 ounce meat, poultry, or fish ½ cup cooked, dry beans 1 egg, 3–4 times weekly 1½ cup cooked, dry beans 2 Tablespoons peanut butter</td>
</tr>
<tr>
<td>2 Servings/Day</td>
<td>3 Servings/Day</td>
<td>2 Servings/Day</td>
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<td>3 Servings/Day</td>
</tr>
<tr>
<td>Milk, yogurt, or cheese</td>
<td>¼ cup whole milk ⅔–⅔ ounce cheese</td>
<td>½–½ cup whole or low-fat milk or yogurt ½–½ ounce cheese</td>
<td>½–¾ cup low-fat or skim milk or yogurt ½–⅔ ounce cheese</td>
<td>1 cup low-fat or skim milk or yogurt 1–1½ ounces cheese</td>
<td>1 cup low-fat or skim milk or yogurt 1½ ounces cheese</td>
</tr>
<tr>
<td>3 Servings/Day</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Fats, Oils and Sugars</td>
<td>Use sparingly</td>
<td>Use sparingly</td>
<td>Use sparingly</td>
<td>Use sparingly</td>
<td>Use sparingly</td>
</tr>
</tbody>
</table>
8. Creating Food Experiences

Objectives
1. To explore ways to encourage toddlers to try new foods
2. To recognize the range of learning experiences that food-related activities can offer

Activities
1. Ask the parents to tell about activities, songs, and stories their toddlers enjoy that deal with foods and food preparation.
   • Read The Very Hungry Caterpillar as an example of a book that deals with foods.
   • Distribute the handout “Creative Food Activities.” Ask parents if they might enjoy doing some of these activities with their toddlers.

2. Group Discussion
   How do you manage shopping with toddlers? Here are some suggestions:
   • Shop with another adult (spouse or friend) so that one can watch the child while the other concentrates on shopping.
   • Talk with the child about the products you see as you shop: the contents of packages, the names of foods, how to prepare different foods, the colors of fruits and vegetables.
   • Ask the child to drop some of the unbreakable items into the cart.
   • Make shopping list cards with pictures or labels of foods. In the store, the child can match the pictures to the real items.
   • At home, let the child help you unpack the grocery bags and put food away. Children like to sort fruits and vegetables or canned and refrigerated foods.
   • Shop when the store is likely to be less crowded.

Some parents find that it is simpler to leave the toddler with the other parent or with a sitter. Ask the parents to suggest ways to encourage children to explore the physical and sensory aspects of food—flavor, color, aroma, texture, sound, internal and external parts, and plant components. How could they make foods interesting to a child?

3. Creating Food Experiences
   Ask parents to suggest kitchen utensils that are appropriate for toddlers to play with. Show utensils and suggest activities using them:
   • Fitting lids on pots and pans
   • Parading with a wooden spoon and metal pan
   • Water play using strainers, beaters, funnels, pitchers, and cups
   Ask parents to tell what their toddlers enjoy doing to help with food preparation. For more ideas see 399 DNS Fact Sheet 20, Creating Food Experiences, following page 131.
4. Imaginary Play Area (optional)

Construct and display a stove, sink, or table as described in *Found and Scrounged: Creating Environments for Young Children's Play* by Jennifer Birckmayer to show how these toy appliances could be used for pretend cooking or for very simple food preparation.

**Challenge**

Invite parents to work with their toddlers to make one nutritious snack as described in the handout “Creating Snacks Together.”

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**Materials Needed**


- Stove, sink, or table (optional) constructed from directions given in Jennifer Birckmayer, *Found and Scrounged: Creating Environments for Young Children's Play*, 321 HDFS Fact Sheet 13, available from Cornell University Resource Center, 7 Cornell Business and Technology Park, Ithaca, New York 14850

- Utensils, food, and cooking equipment needed to demonstrate skills and to prepare some recipes.

- A copy of “Creative Food Activities” (pages 132–33) for each participant

- A copy of 399 DNS Fact Sheet 20, *Creating Food Experiences* (following this page), for each participant

- A copy of “Creating Snacks Together” (pages 134–35) for each participant
Creative Food Activities

You and your child might enjoy the following activities as you explore the world of food together.

1. Bring home a fresh pineapple, mango, coconut, or other unusual fruit. Feel the rind. Cut the fruit and allow the child to taste, smell, and feel it. Look at the seeds, then ask, “Do you like the taste? What does the fruit feel like? What color is it? How does it sound when you shake it?”

2. Sound bottles. Fill plastic or film containers or baby food jars with a variety of small, hard foods such as dried peas, beans, corn, rice, salt, and macaroni. Pairs of sounds can be made by filling two containers to different levels with the same item. (Adult supervision is needed for safety.)

3. Smell bottles. Follow the same procedure as for sound bottles, but use a variety of foods with unusual smells, such as onion, vanilla, lemon, peppermint, orange, anise, and almond. For bottles containing liquids, first place cotton in the container and then pour liquid on the cotton. Supervise children carefully.

4. Nesting cups. Using measuring cups of graduated sizes, show how the smaller ones all fit inside the biggest one. These cups are great for sand play.

5. First reading books. Collect large, colorful magazine pictures of foods and of activities like eating, cooking, shopping, and cleaning, which are part of the child’s world. Cut out the pictures, paste on cardboard, and, if possible, cover with self-sticking plastic. Punch holes on the left side and string the pages together or use metal rings.

6. Visit a farm, vegetable stand, dairy, chicken hatchery, or orchard. Talk about the foods produced there: how they look, smell, feel, and taste. Serve the foods at home.

7. Read books to your child that focus on food, eating together, or grocery shopping. The Very Hungry Caterpillar by E. Carle is a book that many children enjoy.

8. Mix it up. Here are two easy-to-make play materials that children love to manipulate. Be sure to prepare for some mess.
Nourishing and Nurturing Two-Year-Olds
Creating Food Experiences

by Hannah Dusto and Christine Olson

Division of Nutritional Sciences Cornell University
Food offers a wealth of learning experiences for the young child. You'll find that it's not hard to use foods and food preparation to teach and reinforce all kinds of skills, from counting to cutting. At the same time, creative food experiences can add enjoyment to the eating environment for both children and adults.

In addition, food activities provide an excellent opportunity for you to help your child develop good eating habits. Such activities can foster the development of eating skills, serve as a vehicle for the introduction of new foods, and help a child acquire a wide range of food preferences.

With some knowledge of the various tasks that most two-year-olds can easily accomplish, along with a little planning, you can provide your child with rich learning experiences based on foods and food preparation. This fact sheet will discuss some of the benefits of involving two-year-olds in food activities and provide some ideas for creating learning experiences.

---

**Learning from Foods and Food Preparation**

Food is a familiar part of the two-year-old's world. It appeases hunger and delights the senses with a variety of tastes, textures, colors, and aromas.

But food also belongs to the fascinating world of grown-ups, who spend much of their day using interesting techniques and often forbidden tools to create meals and snacks for the family. Almost all two-year-olds have scrutinized the actions of the adults around them when it comes to preparing food, from gardening and shopping to cooking and cleaning up. Children are usually curious about this aspect of the adult world and often include food activities in their imaginary play. Given the opportunity, most two-year-olds will eagerly participate in actual food preparation, feeling very grown-up as they master the skills and utensils adults use.

Food activities provide an avenue through which children can assert their independence, perform adult tasks "by themselves," and experience satisfaction and accomplishment in creating and preparing something "for real." Cooking appeals to children because the results are relatively predictable and immediate—and edible!

Learning experiences with food can encompass many tasks and subjects:

- **language skills**—using new words and conversation skills to describe foods and food preparation methods
- **math**—counting out raisins for decorating cookies, or measuring and manipulating quantities of ingredients
- **art**—appreciating the beauty of a crusty loaf of bread, or arranging color wheels of fresh vegetables
- **cultural heritage**—trying foods from different ethnic traditions
- **safety**—learning the correct way to use cooking utensils

In general, food preparation is a fun way for a child to practice motor coordination by pouring, stirring, cutting, and stacking, and to practice social skills by working with an adult to plan and complete a cooking project.

Through activities like these, children also begin to learn about foods and nutrition. How many ways can you eat an apple? Where do foods come from? What is the difference between ripe and unripe? What does a melon look like on the inside? This heightens their interest in foods and sets the stage for learning basic nutrition information.

It is always a good idea to allow for plenty of tasting. This is not only an opportunity to learn about good foods with new flavors and textures, but also to learn which foods are not safe to taste, such as uncooked meats and raw eggs.

And, of course, food always seems to taste better when you have had a hand in the preparation. Children who help to prepare meals and snacks probably learn to like a wide variety of foods early in life. This can foster healthful eating habits that will support good nutrition and provide pleasure in eating throughout life.

---

**A Little Planning Helps**

Careful planning is the first step in involving your two-year-old in the world of food. Adults need to consider the child's attention span, capabilities, and independence when designing food preparation activities. You want to be sure that the experience is one a two-year-old can accomplish without too much adult help.

The kitchen offers many exciting materials for play and exploration but presents dangers to children as well. You can be more relaxed about opening up the kitchen to your two-year-old if you anticipate potential hazards and take a few precautions to minimize the risk of accidents. Some kitchen safety tips are:

- Identify all poisonous substances that are stored in the kitchen, including cleansers, waxes, drain cleaners, and polishes. Put them out of the two-year-old's reach.
- Keep appliances out of reach, and watch out for dangling cords.
- Turn pot handles toward the back of the stove so your child can't reach them.
- Put knives and other dangerous utensils such as skimmers, glass thermometers, and meat forks in a high drawer, preferably one with a safety latch.

If possible, rearrange the contents of cabinets and storage areas so that potentially dangerous items such as heavy canned goods and utensils with sharp edges are out of reach. It would be ideal to set aside one lower cupboard, away from the sink, stove, and refrigerator, as the child's personal territory. This cupboard could contain safe cooking utensils (gelatin molds, plastic containers, pots, pans, lids) and food items (small cans of soup or tuna, unopened boxes, whole foods like potatoes and onions). These items can provide a child with hours of enjoyment while you are working in the kitchen. However, you will still need to supervise the child at play, since the kitchen does contain many hazards.

When it comes to cooking with your two-year-old, the proper equipment will make the activity easier for both of you. A small table and chair at "toddler height" in a corner of the kitchen are great for cooking or art activities, as well as an occasional lunch with a friend. Keeping food preparation activities in the kitchen where the floor is easy to clean helps to eliminate worry over spills and messes. Butcher knives or plastic serrated knives are good for children to use for cutting up soft fruits and vegetables and for spreading. Plastic bowls that do not tip easily make stirring easier, and a wet cloth under bowls and cutting boards helps to hold them in place. Children can pour milk and juice easier with a small plastic pitcher and sturdy, heavy-bottom glasses. And don't forget to keep a plastic tub or basin with soapy water handy for cleaning up.
From the Simple to the Complex

Parents and caregivers can encourage a child’s natural progression into food preparation with creativity and planning. When activities are planned in a stepwise fashion, moving from the simple to the complex, the child can learn the skills necessary for food preparation, be assured of success, and enjoy the experience immensely.

For example, chances are your two-year-old has already begun to use some cooking utensils for play—fitting lids onto pots and pans or serenading you with a wooden spoon and a metal pan. This can evolve into using the spoons and pans for sand and water play. Children find sand and water irresistible and use them endlessly to practice eye-hand coordination and certain manipulative skills such as pouring and measuring. There is no need to buy special toys for this play; actually, the two-year-old would prefer the utensils you use.

Some good utensils for sand and water play are:
- gelatin molds
- muffin tins
- strainers
- pitchers
- an old metal coffee pot
- plastic ice-cube trays
- plastic containers
- funnels
- measuring spoons and cups
- sifters

Experiences with food are most successful if they are introduced when the child is ready. Observe what your child is doing and build on it. For example, a two-year-old who enjoys dumping and filling would probably enjoy dumping ingredients that you have measured into a bowl and filling a grocery bag with small canned goods. Try to offer these experiences casually, taking your cues from the child. Let the child choose from what you have made available, but don’t push if he or she isn’t interested. Your child might be ready to give it a try later, as preferences and abilities change.

By the age of two, most children are ready to do very simple food preparation tasks. It is best to begin with a task that incorporates only one skill, such as pouring rice from cup to pan or sorting dry beans, and to give the child a chance to practice it over and over. Then move on to more difficult tasks or combinations of tasks, such as pouring and stirring briefly. At first, the two-year-old will probably help you by doing one step in the preparation of a snack or dish; for example, stirring eggs in a bowl or squishing bread for French toast. As children gain confidence in their food preparation skills, they will be eager to do all the steps with a little assistance from you.

In fact, your child will probably want to be involved in every aspect of food preparation—growing, planning, shopping, cooking, setting up, eating, and even cleaning up. You can enhance learning from these food experiences with some complementary activities, such as trips to a farm stand or the supermarket and songs and stories about foods. Be sure to allow time for the child to savor the food and the environment. Ask questions and make observations that will stimulate thought and language development: How does the food feel in your mouth? Which lid will fit this pan? What does the melon rind feel like? In this way, exercises with food and food preparation can give your two-year-old an opportunity to practice both motor and intellectual skills, while setting the stage for an awareness of good nutrition and a broad range of food preferences.

Planning meals and snacks
- Attempt to put together a reasonable meal; offer a choice of vegetables for lunch.

Food preparation
- Dump the measured ingredients into a bowl.
- Mix or stir eggs, pancake batter, puddings, applesauce briefly.
- Shape meatballs, cookie dough, and other mixtures into balls or patties.
- Some two-year-olds can crack eggs.
- Let them crack each egg into a separate cup so you have a chance to remove the shell.
- Decorate cookies with raisins (more will be consumed than used for decoration).
- Cut cookies or sandwiches into shapes with glasses or cookie cutters.
- Spread softened butter or margarine, peanut butter, and cheese spreads on toast or crackers.
- "Work" with extra pie dough at the kitchen table.
- Wash vegetables and fruits.
- Make salad. Two-year-olds can tear lettuce, cut strips of green pepper into pieces, and break broccoli and cauliflower into "flowers." They can also cut up bananas with a butter knife for fruit salad, scoop seeds out of cantaloupe, or put a scoop of cottage cheese on a peach half.

Setting the table
- Fold napkins; place utensils. If you want it done right, use a paper place mat that outlines appropriate cutlery, dishes, and glassware; your two-year-old can match them up.
- Pour juice or milk from a small pitcher into glasses.
- Carry some foods to the table; rolls, mashed potatoes, condiments, or any food that is not too hot or cold or easily spilled.

Cleaning up
- Scrape plates; sponge the table.
- Wash dishes in a small basin.
- Water play. Whisks, beaters, funnels, and soap suds make for great water play in the kitchen sink. Have aprons, towels, sponges, and other clean-up accessories handy.
Selected References


Fact Sheets in This Series

Two-Year-Olds: What Are They Like? DNS 16
As the parent or caregiver of a two-year-old, you know better than anyone how terrific and how terrible two-year-olds can be. This fact sheet discusses what makes them tick and provides some helpful clues on living comfortably with two-year-olds.

Nutrition and Growth DNS 17
One common concern of parents and caregivers is feeding two-year-olds. This fact sheet provides guidelines for planning healthy diets by considering how two-year-olds are growing and developing and how this influences their nutritional needs and eating ability.

Eating and Developing DNS 18
Some characteristics of two-year-olds—such as increasing independence and mobility, interest in exploration, and developing language skills—can turn mealtime into a hassle. This fact sheet offers ideas that take advantage of these characteristics in order to promote food discovery, a broad range of food preferences, and good eating habits.

Environments for Eating DNS 19
A pleasant eating environment can be the key to enjoyable meals for both the adult and the two-year-old. In this fact sheet, you will find out how to use the physical, social, and emotional elements of the eating environment to help the two-year-old develop food preferences and eating skills.

Creating Food Experiences DNS 20
Food offers a wealth of learning experiences for the young child. This fact sheet explores the use of foods and food preparation to teach and reinforce all kinds of skills, from cutting to counting. At the same time, creative food experiences can make eating fun for both children and adults.

Nourishing and Nurturing Two-Year-Olds, a program for teaching parents about the nutritional needs and eating ability of two-year-olds, consists of a leader's guide with reference materials, a 7-minute slide set with script, and a set of five fact sheets for parents. Sets of the five fact sheets can be ordered singly or in bulk quantities.

For information on ordering Nourishing and Nurturing Two-Year-Olds, write to: Distribution Center, 7 Research Park, Cornell University, Ithaca, NY 14850.

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Cornell Cooperative Extension
Helping You Put Knowledge to Work

This publication is issued to further Cooperative Extension work mandated by acts of Congress of May 8 and June 30, 1914. It was produced with the cooperation of the U.S. Department of Agriculture, Cornell Cooperative Extension; and College of Agriculture and Life Sciences, College of Human Ecology, and College of Veterinary Medicine at Cornell University. Cornell Cooperative Extension provides equal program and employment opportunities. Lucinda A. Noble, Director.

Produced by Media Services at Cornell University
Reprinted 4/89 8M MS E90169M
Mix several spoonfuls of cornstarch with a few drops of water to make a paste. Children enjoy the way it feels as they squeeze it through their fingers.

Mix one envelope of unflavored gelatin with boiling water (about half the amount recommended on the package). Allow it to set in the refrigerator. When firm, it's ready for play.

9. Watch it grow. Sprout some seeds or dried beans. Show your child what they look and feel like before and after they have sprouted. Let your child taste the sprouts. Serve them alone, in salads or sandwiches, or sautéed with onions and peppers.

10. Make fruit pops. Talk about how the "pop" changes from a liquid to a solid. Let your child taste it before and after it is frozen.

11. Other activities two-year-olds enjoy:
   - Learning the names of dishes and utensils
   - Helping dry dishes and silverware
   - Helping to decide what foods to eat for a meal, snack, party, or picnic
   - Going on a treasure hunt for lunch
   - Making their own sandwiches for lunch. Put out an assortment of nutritious fixings and let your child concoct his or her own delicious creation. For variety, serve tacos or pita bread.
   - Cutting sandwiches into interesting shapes with a cookie cutter or glass
   - Making designs or faces on bread—first spread peanut butter, ricotta cheese, or cheese spread on bread, then make a design with cooked carrot circles or sticks, cucumber rings, raisins, orange circles, grated coconut, cheese, cabbage, or lettuce leaves.
   - Helping with such tasks as scrubbing vegetables with a brush, wrapping potatoes with foil, rolling meatballs with both hands, peeling hard-boiled eggs, kneading dough, and beating with an egg beater.

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Fruit Pops

Fruit juice, any kind

Drained canned peaches, pears, or chopped crushed pineapple

Flat wooden sticks

1. Pour juice into ice cube trays or small paper cups. Place fruit in each section or cup.

2. When cubes are partially frozen, insert flat wooden sticks. Freeze solid (at least 4 hours).

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Creating Snacks Together

Vegetable Sticks and Dip

**Equipment**
Vegetable peeler, sharp knife for the adult, butter knife or serrated plastic knife for the child, cutting board, strainer, spoon, plastic bowl, measuring cups and spoons.

Several soft raw or cooked vegetables—carrots, zucchini, cucumbers, mushrooms, tomatoes, lettuce, spinach, cabbage, broccoli, cauliflower.

<table>
<thead>
<tr>
<th>Vegetable Sticks</th>
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</thead>
<tbody>
<tr>
<td>1. Wash vegetables thoroughly.</td>
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<tr>
<td>2. Peel and cut up carrots; break broccoli and cauliflower into florets. Cook until just tender.</td>
</tr>
<tr>
<td>3. Cut cucumbers, tomatoes, zucchini, and mushrooms into circles or other shapes.</td>
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<tr>
<td>4. Roll up lettuce, spinach, and cabbage leaves.</td>
</tr>
<tr>
<td>5. Use vegetable pieces to scoop up the dip.</td>
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<table>
<thead>
<tr>
<th>Dip</th>
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<tbody>
<tr>
<td>½ cup cottage cheese</td>
</tr>
<tr>
<td>2 tablespoons yogurt</td>
</tr>
<tr>
<td>¼ teaspoon herbs and spices (dill, onion powder, etc.)</td>
</tr>
</tbody>
</table>

1. Put cottage cheese through a strainer.  
2. Add yogurt and spices.  
3. Mix well.
Fruit Salad

Equipment
Sharp knife for the adult, butter knife or serrated plastic knife for the child, cutting board, large bowl

<table>
<thead>
<tr>
<th>Fruit Salad</th>
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</thead>
<tbody>
<tr>
<td>1 apple, cut into chunks</td>
</tr>
<tr>
<td>1 banana, cut into chunks</td>
</tr>
<tr>
<td>1 pineapple slice, cut into chunks</td>
</tr>
<tr>
<td>½ orange, sectioned</td>
</tr>
<tr>
<td>½ cup raisins</td>
</tr>
<tr>
<td>1. Combine all ingredients in a large bowl.</td>
</tr>
<tr>
<td>2. Stir and eat.</td>
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</table>

Banana Yummies

Equipment
Butter knife or serrated plastic knife for the child, measuring cup

<table>
<thead>
<tr>
<th>Banana Yummies</th>
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<tbody>
<tr>
<td>2 bananas</td>
</tr>
<tr>
<td>½ cup orange juice</td>
</tr>
<tr>
<td>½ cup wheat germ or shredded coconut</td>
</tr>
<tr>
<td>1. Peel banana and cut into bite-size pieces.</td>
</tr>
<tr>
<td>2. Dip pieces in fruit juice and roll in wheat germ, shredded coconut, or both.</td>
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</tbody>
</table>

Individual Pizzas

Equipment
Cookie sheet, spoon

<table>
<thead>
<tr>
<th>Individual Pizzas</th>
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</thead>
<tbody>
<tr>
<td>1 package refrigerator biscuits</td>
</tr>
<tr>
<td>Vegetable oil</td>
</tr>
<tr>
<td>Tomato sauce or catsup</td>
</tr>
<tr>
<td>Oregano</td>
</tr>
<tr>
<td>Parmesan cheese</td>
</tr>
<tr>
<td>1. Flatten biscuits on greased cookie sheet (children love doing this).</td>
</tr>
<tr>
<td>2. Spread with vegetable oil.</td>
</tr>
<tr>
<td>3. Spoon on tomato sauce or catsup.</td>
</tr>
<tr>
<td>4. Shake on oregano and Parmesan cheese.</td>
</tr>
<tr>
<td>5. Bake at 425°F for 10 to 15 minutes, until biscuits brown and cheese melts.</td>
</tr>
</tbody>
</table>

9. Bedtime for Toddlers

Objectives

1. To help parents develop a sympathetic, gentle, and relaxed approach to bedtime for toddlers

2. To discuss some of the reasons why children who may have gone to bed early and happily as infants become resistant and unhappy about it when they become toddlers

3. To evaluate a list of tips for a pleasant bedtime to determine their usefulness in developing feelings of independence and security in children and increasing their images of themselves as lovable and capable

4. To discover parents' techniques for ensuring that they are rested and relaxed

Activities

1. Ask parents to share memories of their own bedtime experiences as young children and list ways they rest or relax as parents.
   - What made you feel worthwhile and secure at bedtime?
   - What made you feel lonely, abandoned, and scared at bedtime?

2. Have the group develop a list of tips for assuring that their toddler has a pleasant bedtime, for example, a bath or shower, snack, brushing teeth, story or song, cuddle or hug, night light, using special blankets or security objects.

3. Ask parents to describe bedtime behaviors that are difficult to deal with and list approaches to solving the problems. For example, the child cries when parents leave the room at bedtime. Ask parents to evaluate the following possible solutions:
   - Ignore the crying and leave, checking five minutes later to be sure the child is safe.
   - Say “Goodnight—see you in the morning” firmly and leave.
   - Stay with the child until he goes to sleep.
   - Let the child stay up until she falls asleep on the couch, then carry her to bed.
   - Allow more time.
   - Others?

The child goes to sleep but wakes and gets into bed with parent(s). Ask parents to evaluate the following possible solutions:
   - Return the child to her own bed and say firmly, “This is your bed.”
   - Allow the child to stay.
   - Go and sleep with the child.
   - Put a sleeping bag on the floor for the child.
   - Others?

The child awakes screaming from a nightmare. Ask parents to evaluate the following possible solutions:
   - Ignore the child.
   - Comfort the child quickly.
   - Tell him to be a big boy.
   - Others?

4. Ask each parent to write on a scrap of paper the number of minutes it should take to put a young child to bed. The facilitator should collect the papers and list all the times on the board. Parents can discuss what time period seems best for accomplishing a relaxed and pleasant bedtime. (We estimate 30 to 60 minutes.)

Challenge

Ask each parent to bring to the next meeting a book or song that has been helpful at bedtime.

Materials Needed

- Chalkboard
- Chalk
- Eraser
- Newsprint
- Markers
- Paper and pencil for each participant
10. Toddlers and Language Development

Objectives

1. To stress the importance of language development during toddlerhood
2. To present the use of books, stories, and songs as a pleasant way to help children develop language

Activities

1. The facilitator should provide a display of twenty or more books appropriate for children under age two. If funds are not available to purchase books, the children’s consultant for the public library system may be able to loan them. (It may be necessary to request them four to six weeks before the display is needed.) Emphasize that picture books containing few words are best for toddlers, that children understand language before they use it, and that talking and singing with toddlers are important activities.

   ➤ Include cloth, plastic, and heavy-duty cardboard books for infants and toddlers in the display. (Beg or borrow from friends if the library doesn’t have them.)

   ➤ Show parents how to examine picture books for racial or sexist stereotyping. For example:
      • Are all the boys active and mischievous?

   ➤ Ask parents to select one book they would enjoy using with their child. Divide the group into pairs and ask parents to explain to each other why they chose the books they did.

2. Ask parents to list the words and phrases they have heard used by children under age two. Tell the group that the ability to understand and use words is one way of knowing that a child is developing well. If children are not talking at all or do not respond to spoken words with interest by age two, special help should be obtained. Give parents a list of local resources to use if they are worried about a child’s language development. School social workers and psychologists should be able to provide the names of helpful individuals and agencies.

   ➤ To make a book, each parent can combine several luggage tags on a notebook ring. Use stickers to illustrate each page. Explain to parents that limiting themselves to one sticker per page makes it easier for the toddler to focus attention and for the adult to talk about the picture.

   ➤ During the book-making activity, records or tapes appropriate for very young children can be played. Informal discussions can focus on the fun and importance of using music and books to foster language development.

<table>
<thead>
<tr>
<th>Materials Needed</th>
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<tbody>
<tr>
<td>➤ Display of twenty or more good books for toddlers and infants</td>
</tr>
<tr>
<td>➤ Luggage tags, extra-large notebook rings, stickers (enough for each parent to make a five- or six-page book)</td>
</tr>
<tr>
<td>➤ Tapes or records of music appropriate for infants and toddlers. Ask a teacher in a good early childhood program that cares for infants and toddlers to lend you some that very young children will enjoy.</td>
</tr>
<tr>
<td>➤ Tape recorder or record player</td>
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</tbody>
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11. Parent-Child Separation at the Child Care Center

Objectives

1. To reassure parents that their feelings and the feelings of their child about separation are acceptable and shared by others.

2. To discuss ways to ease parent-child separation and to comfort children who are distressed.

Key Concepts

1. Parents and children vary in their emotional reactions to separation; some are very distressed and some are relieved or happy to have time away from each other.

2. Children who are distressed can be comforted in a variety of ways.

3. Parents should always acknowledge that they are leaving by saying good-bye to their children.

Activities

1. Give each parent a copy of "Trigger Questions." Ask them to check the response (or responses) they agree with. Use these responses to begin a discussion about separation. Use "Breaking Up Is Hard to Do: Authors' Responses to Trigger Questions" to round out the discussion.

2. Give each parent a copy of "Breaking Up Is Hard to Do." Review each suggestion with the group. Allow sufficient time for a leisurely discussion of this important issue. Each parent, each baby, and each toddler will have a unique reaction to separation. Taking time now to explore these reactions may result in less distress later.

Materials Needed

- A copy of "Trigger Questions: Breaking Up Is Hard to Do" (page 139) for each participant.

- A copy of "Breaking Up Is Hard to Do: Authors' Responses to Trigger Questions" (page 140) for each participant.

- A copy of "Breaking Up Is Hard to Do, or How to Make Separation Easier for You and Your Child" (page 141) for each participant.

Tip for Trainer

The pamphlet *So Many Goodbyes* by Janet McCracken can be ordered from NAEYC, 1834 Connecticut Avenue N.W., Washington, D.C. 20009, and is an excellent resource for this workshop.
Trigger Questions:
Breaking Up Is Hard to Do

What do you think?

1. When leaving my child in the child care center, I
   a. try to sneak out of the room when my child isn’t looking.
   b. hug and kiss my child and then say good-bye.
   c. keep running back in the room if I hear my child crying.
   d. make sure my child has something—or someone—to play with before I leave.

2. When parents leave their child in someone else’s care, children often
   a. are happy and busy with toys or other children.
   b. cry a little but are easily calmed down.
   c. cry for a long time.
   d. are quiet and want to be close to the caregiver.

3. When parents leave their children in someone else’s care, they may feel
   a. guilty.
   b. worried.
   c. confident.
   d. relieved.

4. Which of the following factors influence how a child separates from his or her parents?
   a. the health of the child
   b. parents’ attitudes and level of trust in the child’s caregiver
   c. each child’s unique temperament
   d. the child’s trust of the caregiver
First Question
Sneaking out of the room—or house—is often easier for the parent but terrifying for a child. Most babies think that someone who is out of sight is gone forever. Because establishing a sense of trust is important for babies, this strategy is not recommended.

Running back into the room to comfort a child actually prolongs and repeats the separation process. It is painful for everyone involved: the child, parent, and caregiver.

Settling a child in a child care situation, hugging and kissing a child, and saying good-bye are the preferred options. Good caregivers are familiar with momentarily painful good-byes and know how to comfort, hold, and reassure a child that parents always come back.

When parents are calm and confident, very young children are more likely to feel calm and confident too.

Some children find it hard to adjust to child care. There is nothing wrong with them or their parents. The child care director will help parents and children when difficulties occur or when children are distressed. Sometimes parents will be asked to stay until the child is comfortable with the caregiver.

Second Question
All answers are correct. Many parents are concerned that their child’s response to being left in child care is not normal. A child’s unique temperament will dictate his or her “separation style.” It is helpful for parents to tailor their “good-bye response” to fit their child’s personality. A daily routine—a good-bye ritual—is comforting to both the parent and child.

Third Question
It is important for parents to understand that each of these responses is normal and for caregivers to realize that their role is to be supporters in the care of the child, not substitutes.

Fourth Question
Mildly ill children need to be comforted and cuddled and may have difficulty saying good-bye. An ill child will often regress, displaying less mature behaviors that seemed to have been outgrown.

A parent who is confident in the quality of care a child is receiving will, knowingly or unknowingly, express that feeling to a child.

Accepting each child’s temperament and working with, rather than against, the child is essential for healthy growth in the home, as well as the child care center.

Children need to trust and know their caregiver before they are left on their own in child care.
Breaking Up Is Hard to Do, or How to Make Separation Easier for You and Your Child

Here are a few hints on how to make saying good-bye a bit easier for both of you.

- Follow a morning routine at home before dropping your child off at child care. This helps children to feel safe and confident.
- Relax. If you keep calm, your child will relax too.
- Share any special needs your child might have that day with the child care staff.
- Say good-bye. Let your child know when you are ready to leave.
- Favorite toys are usually welcome in child care centers. Some toys help to ease the transition from home to child care. Young children are not expected to share their toys with other children. Some children find it comforting to “take care” of a parent’s sweater, book, or empty purse in child care.
- Give a hug, a kiss, and a cuddle and then say good-bye with confidence. (You can fake it.) You might say, “I am going to school/work now. I’ll be back.”

If your child is crying or upset, bring him or her to a staff person to comfort and then leave.

Know that

- you can help your child adjust to child care.
- crying or being upset does not mean a child is not adjusting to being at child care.
- Adjustment is a process of learning to trust other caring people and learning to feel good and safe in a brand new, fun place.
- Adjustment takes patience, confidence, and time.
12. What Is a Good Child Care Program Like?

Objectives

1. To provide a clear picture of a high-quality child care program for infants and toddlers

2. To give parents a set of criteria for finding a child care program that meets the development needs of their children

Tips for Trainers

Preview the videotape and familiarize yourself with the facilitator's guide that accompanies it and with the pamphlets before the workshop.

Activities

1. Introduce the videotape by saying in your own words, “Today we’re going to think about good child care for infants and toddlers. As you watch the tape, think about whether you or your child would be comfortable and happy with the arrangements you see. We’ll talk about some of your reactions after we’ve watched the video.”

2. When parents have seen the videotape, begin the discussion by asking, “What did you like best about the programs you saw? What did you see that you would not want for your child? What did you think about the family day care provider who kept a notebook about each of the babies in her care?”

3. Ask the group to list the key components parents might look for in choosing child care and record responses on a chalkboard or flip chart. It may be useful to make columns with headings for categories of topics such as caregiving staff, environment/setting, activities, health and safety, communication (with children, parents, others), equipment, materials, accessibility and affordability, or other subjects relevant to the group with which you are working.

4. Suggest that parents copy the lists you are making and that they put asterisks beside the items they consider to be of particular importance.

5. At the conclusion of the workshop give each parent a copy of the fact sheet Choosing Child Care for Infants and Toddlers. Explain that at the next meeting they will hear a panel presentation about child care. If parents from the group have helped make arrangements for the panel, ask them to explain who the presenters will be and why they were chosen. Suggest that parents think of questions for the panelists.

It may be an added incentive for parents to know that refreshments will be served at the next workshop.

Materials Needed

- Videotape My Kind of Place: Identifying Quality Infant/Toddler Care (24 minutes). Order from Greater Minneapolis Day Care Association, 1628 Elliot Avenue South, Minneapolis, Minnesota 55404, 612-341-1177. This is one of the best videos about child care we have seen. If you purchase it, a facilitator's discussion guide is included.

- Pamphlets, Developmentally Appropriate Practice in Early Childhood Programs Serving Infants and Developmentally Appropriate Practice in Early Childhood Programs Serving Toddlers. Order from National Association for the Education of Young Children, 1509 16th Street NW, Washington, DC 20036-1426; 800-424-2460.

- A copy for each participant of Choosing Child Care for Infants and Toddlers; 321HDFS Fact Sheet 24, available from the Cornell University Resource Center, 7 Cornell Business and Technology Park, Ithaca, New York 14850
13. Choosing Child Care

Objectives

1. To determine criteria for selecting good-quality child care
2. To list the responsibilities of child care providers
3. To identify parents’ responsibilities in establishing continuity and excellence of experiences for children in child care
4. To outline strategies for effective communication between parents and child care providers

Activities

1. Parents will plan a panel discussion,* inviting a director of a day care center or Head Start program, a family day care provider, and a parent who has used day care (either group or family) as panelists. Discussion might focus on questions such as those listed on “Getting What I Want from a Guest Speaker.”

- What does a day care provider expect of a parent? (punctuality; payment; information about the child’s health, interests, fears, and so on; emergency phone numbers; extra clothes)
- What can a parent expect of a day care provider? (constant loving supervision, interesting activities, healthy food, attention to health and sanitation, information about the child, immediate notification of any problem, good news about the child)
- How can parents and caregivers communicate clearly and often about the needs and progress of the child?
- Can parents visit the child care program?
- Can parents and caregivers talk by phone, at the beginning and end of the day, and in writing?
- Parents should be given ample opportunities for discussion and questions.
- How much do you have to pay for good child care?
- What sources of help are available to you in meeting the costs of good child care? (Even if the school, program, or Department of Social Services is paying for child care, parents should be aware of its cost.)
- What are the most important things to look for in evaluating child care?
  - Health and safety
  - Nutrition
  - Observable relationships between children and adults
  - Other points from the fact sheets

* See Introduction (question 5 in the section “Questions Parent Educators Ask”) for comments about parents as planners of panel discussions.

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Materials Needed

- Refreshments
- Copies of “Getting What I Want from a Guest Speaker” (page 33) for each participant

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14. Terrific and Terrible Two-Year-Olds

Objectives

1. To identify major developmental accomplishments expected by 24 months
2. To describe two-year-old behavior
3. To learn about local resources to help parents when children’s development lags or seems outside expected norms

Activities

The facilitator will describe the central task of two-year-olds as the establishment of autonomy (independence). Two-year-olds are trying to show that they are independent people, capable of making their own decisions.

- They may be defiant, saying “no,” “mine,” or “me” a lot.
- They insist on doing things for themselves.
- They change from one moment to the next, as though they are human yo-yos. All grown up one minute, they regress to babyhood in the next.

Group activity

Use the word autonomy to think of other words that describe two-year-olds. Ask parents to think of a descriptive word for each letter. For example:

A — active: Twos are very busy.
U — uncoordinated: Twos fall easily, drop things, and so on.
T — terrific and terrible: Twos can be both wonderful fun and difficult to live with.
O — original: Twos are inventive, imaginative, and exploratory. They want to find out about everything—and they get into everything.
N — new: Twos haven’t lived long enough to know that matches, electrical sockets, knives, and poisons are not safe for exploring.
O — ornery: Twos can be persistent, even stubborn, and parents will have to be loving, gentle, and firm.
M — mommy and mine are favorite words.
Y — One of the favorite questions twos will ask—why!

Challenge

Parents will share information about community resources of interest to parents of infants and toddlers. A master list should be compiled, with a copy for each participant.

Tips for Trainers.

Two particularly useful resources are Developmental Profiles, Pre-Birth through Eight by K. Eileen Allen, and Lynn Marotz (Albany: Delmar, 1994), and Parentmaking by Annye Rothenberg (Menlo Park, Calif., Banster, 1983).

Materials Needed

- Terrific and Terrible Two-Year-Olds, 321 HDFS 4, can be ordered from the Cornell University Resource Center, 7 Cornell Business and Technology Park, Ithaca, New York 14850, for use as a resource or a handout.
- Chalkboard
- Chalk
- Eraser
- Newsprint
- Markers
15. Two-Year-Old Play

Objectives

1. To discuss the importance of an appropriate play environment for two-year-olds
   - Safety considerations
   - Freedom to explore
   - Interesting materials
   - Opportunities for exercise
   - Opportunities for privacy
   - Opportunities for play with others
   - Opportunities to pretend and make believe
2. To discuss the importance of other people in two-year-olds’ play.
   - Adult supervision and companionship
   - Peer relationships

Activities

1. Parents will work in pairs to examine the poster “Learning Is.”
   - Identify safety hazards as, for example,
     - Unsupervised child in bathroom
     - Old trunk with lid
     - Child with long cape tied around neck
     - House plants
   - Talk about how to correct safety hazards
   - Identify eight categories of activities:
     - Construction (blocks)—for very young toddlers, blocks offer the opportunity to explore safe, interesting toys that will later be used for building
     - Pretend play—imitating the world of grown-ups, for example, talking on the phone, driving, dressing up, cooking, caring for baby dolls
     - Books, stories, puppets
     - Music—songs, records, tapes, simple fingerplays, and circle games
     - Art—painting with water, poster paint, play dough, sand
     - Science—eating a new food, playing with water
     - Exercising large muscles—jumping, running, crawling, climbing
     - Exercising small muscles—using peg toys, putting small objects into containers, using crayons, doing simple puzzles
2. Show the slide-tape program “Come in and Play” and discuss the ways adults interacted with children to
   - keep them safe.
   - keep them happy.
   - help them learn that playing with others is fun and something they do well.
4. Parents will engage in role-playing exercises to demonstrate appropriate adult involvement in child’s play, for example,

- looking at a picture book.
- doing a simple puzzle.
- pretending to cook supper for a teddy bear.

Many teens are uncomfortable doing role plays because they fear they will appear to be stupid or ridiculous. It may work best to have the facilitator take the part of the child while the group as a whole talks about appropriate responses from a parent. It may also be effective to have someone such as a friendly adult or a colleague come in for the express purpose of role playing.

5. Special questions for group discussion

- It’s asking a lot to expect two-year-olds to play with other children. Often they are more interested in grabbing and hoarding all the toys than they are in playing with friends. How can parents help them have a good time while at the same time acting in a socially acceptable fashion? (Have duplicate toys, provide adult companionship, keep play times with other children brief.)

- It takes time for little ones to learn that other children have the same feelings they have—that their friends hurt when they are hit or kicked just as they would hurt if they were hit or kicked. Hitting a child for hitting or biting back a child who has bitten another sets a bad example. How can parents teach their toddlers to communicate with words instead of slaps, bites, or kicks?

**Challenge**

Parents will plan one interesting activity for a family with a two-year-old and discuss the necessary safety precautions and supervision the activity they have planned would require from parents.

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**Materials Needed**

- The poster “Learning Is . . .”, available from Cornell University Resource Center, 7 Cornell Business and Technology Park, Ithaca, New York 14850
- Slide projector and tape recorder
- The slide-tape program “Come in and Play” is available from Cornell University Resource Center, 7 Cornell Business and Technology Park, Ithaca, New York 14850
16. Toilet Learning

Objectives
1. To consider the importance of a sympathetic, relaxed, and gentle attitude toward toilet learning
2. To identify toddler behaviors that indicate readiness for toilet learning
3. To discuss a variety of approaches and techniques that will help toddlers use a potty or toilet

Tips for Trainers
The resources “Toilet Learning Readiness Indicators” on pages 148-49 and “A Protocol to Determine Readiness for Toilet Training” on page 150 will help you with this workshop. We suggest that you order Toilet Learning in Group Care as an additional resource. There is an order form on page 151.

Activities
1. Give each parent a copy of the handout “Toileting Readiness Checklist.” After parents have read the list, discuss the points raised. Ask parents to check items that pertain to their toddlers.
2. Have parents work in pairs or small groups to compile lists of methods or techniques they have heard about or tried for helping toddlers learn to use a potty or toilet.
3. Combine the lists made up by the pairs or small groups and in a discussion ask the group to evaluate each item on the list to determine whether it would
   - help a toddler feel lovable and capable.
   - help a toddler develop feelings of independence.
   - help a toddler feel in control of his or her body and body functions.

Challenge
Parents who checked “yes” for most of the items on the “Toilet Readiness Checklist” will make up a brief written plan for approaching toilet learning with their child.

Materials Needed

- Chalkboard
- Chalk
- Eraser
- Newsprint
- Markers
- One copy of “Toilet Readiness Checklist” (page 152) for each participant
- Paper and pencils for each participant
Toilet Learning Readiness Indicators

1. **Is the child at least 18 months old?**
   Children develop the muscles and bladder capacity to begin the toilet learning process between the ages of 18 months and 3 years. It is at least useless and possibly harmful to expect any child to do something that he or she is physically unable to do.

2. **Does the child show an interest in the toileting process by asking about it or wanting to watch while others use the toilet?**
   Does the child imitate toileting through dramatic play such as setting a doll or toy animal on the toilet?
   Does the child ask to go to the potty with friends or other people he or she knows?
   These actions all indicate that the child is aware of the potty and interested in it. Interest in the potty and the process is essential and must come from the child. It doesn’t matter how interested caregivers or the child’s parents are if the child doesn’t care.

3. **Does the child trust the adults who care for him or her and feel comfortable (not fearful) with them?**
   The child will have great difficulty learning this new skill if he or she doesn’t trust the adult caregivers.

4. **Does the child show pride in learning new skills?**
   No matter how much adults want the child to learn this skill, the child is in control. A child who does not seem interested or take pride in accomplishing new tasks and mastering new skills will have trouble with this one.

5. **Does the child know and acknowledge when he or she is wet or has a bowel movement?**
   The child will not be able to learn to use the toilet if he or she is not aware of being wet or having a bowel movement.

6. **Does the child tell you or indicate that he or she is uncomfortable in wet or soiled diapers?**
   If the child feels comfortable with wet or soiled diapers, he or she will find no reason to give them up. A child who is ready to begin the toilet learning process will pull or tug at diapers that are wet or soiled or indicate in another way that he or she is uncomfortable and wants to be changed.

7. **Can the child follow simple verbal directions?**
   The child will need to be able to follow directions and communicate with you during this process. He or she needs to be able to follow simple, one-step directions.

8. **Can the child answer simple yes or no questions?**
   The child needs to be able to answer yes or no when asked if he or she is wet, wants to use the toilet, and so on.

9. **Are the child’s diapers dry for periods of several hours at a time?**
   This is an indication that the child is able to hold urine rather than urinating several times an hour.
10. **Can the child sit still without assistance for 5 minutes?**  
   If the child can't sit anywhere for 5 minutes, he or she won't be able to sit on a potty for any length of time.

11. **Can the child undress enough to sit on the potty?**  
The child needs to be able to do as much of the process independently as possible. He or she needs to be able to pull down his or her own pants so this can become a self-help skill. It will be very difficult to get to the potty in time if the child always has to wait until an adult can undress him or her.

12. **Is the child able to get to the potty?**  
   Again, the child needs to be able to take him or herself to the potty without help from adults. An ambulatory child should have been walking at least 4 or 5 months before beginning toilet learning.

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A Protocol to Determine Readiness for Toilet Training

Parents considering toilet training?

Yes

Recent major change in family such as new baby, mother starting work, child ill?

No

Child has walked well for four to five months and stoops and recovers well?

Yes

Is child appropriate age (1½ to 2 years at earliest)?

No

Give anticipatory guidance: Usual ages, signs of readiness.

Yes

Postpone this added demand until all are adjusted to change.

Discuss with parent. Muscles controlling release retention of stools not well enough developed yet. Walking uses and strengthens these muscles.

No

Postpone training until he can do so.

Can he sit still playing with toys for five to ten minutes?

Yes

No

Will he release a toy he is holding when requested? Indicates ready to let go of stool.

Yes

No

Does he know when diaper is wet or soiled?

Yes

This awareness can be used as cue to help child learn to control stools.

No

Not necessary indicator; do not need to postpone training if other signs present.

Does he usually respond to directions or requests with "No"?

Yes

Willingness to cooperate needed for toilet training.

No

Parent(s) has time and is willing to be consistent with training, especially during early days.

Yes

Allow child to observe others and to imitate behavior if he wishes. (May use small potty while older sib uses toilet.)

No

Are parents or older sibs comfortable letting him observe them in bathroom?

Yes

No

Does he imitate others? (adult, other children)

No

Not socially or emotionally ready for training

Yes

Does he imitate others? (adults, other children)

Yes

Postpone. Will become a battleground for his independence.

No

Do not use this method if not comfortable. A child in day care can observe other, older children and imitate them.
Toilet Learning in Group Care

*Toilet Learning in Group Care: A Resource for Child Care Programs and Parents* is a unique resource to help child care programs and parents deal with the very real issues involved in helping young children in group care learn to use the toilet. People outside the field of toddler care may find it amusing to be so concerned about learning to use the toilet, but it is anything but funny and can be one of the main sources of conflict between parents and caregivers. And a frustrated toddler is never, ever amusing!

This 61-page book was developed by a task force of twenty-five experienced toddler caregivers. It includes information on thirteen issues ranging from readiness indicators to dealing with children who use the process for control. The resource guide is in a three-ring binder so individual pages may be copied for parents and caregivers. In addition, there are letters to parents formatted to be copied directly onto a program’s letterhead.

To order, complete the form below. Only prepaid orders can be accepted.

Please send _____ copies of *Toilet Learning in Group Care: A Resource for Child Care Programs and Parents* to:

Name ___________________________________________________________

Street Address __________________________________________________

City _______________ State ___________ Zip ______________

Enclose $19.00 ($15.00 plus $4.00 shipping/handling) for each book. New York State residents add $1.05 (7% sales tax) for each book.

Tax exempt number if tax exempt. __________________________________

Make checks payable to Child Care Council of Onondaga County, Inc.

Mail to

Child Care Council of Onondaga County, Inc.,
3175 E. Genesee St., Suite 5,
Syracuse, NY 13224
## Toilet Readiness Checklist

**Can your child**

- Stand up  
  - [ ] Yes  
  - [ ] No
- Sit down  
  - [ ] Yes  
  - [ ] No
- Point to or lead parent to potty on request  
  - [ ] Yes  
  - [ ] No
- Pull pants up and down independently  
  - [ ] Yes  
  - [ ] No
- Sit with contentment for up to ten minutes (not on potty)  
  - [ ] Yes  
  - [ ] No
- Sit on toilet or potty without fussing  
  - [ ] Yes  
  - [ ] No
- Follow verbal directions generally (not only about toileting)  
  - [ ] Yes  
  - [ ] No
- Tell whether pants are wet or dry  
  - [ ] Yes  
  - [ ] No
- Use words or gestures to indicate the need to go  
  - [ ] Yes  
  - [ ] No
- Show interest in the toileting process and want to watch others  
  - [ ] Yes  
  - [ ] No
- Tug on diapers when they are wet or soiled  
  - [ ] Yes  
  - [ ] No
- Remain dry for two hours at a time  
  - [ ] Yes  
  - [ ] No
- Indicate when an accident has occurred  
  - [ ] Yes  
  - [ ] No
- Show awareness that urine and BM come from his or her body  
  - [ ] Yes  
  - [ ] No
- Generally show that he or she likes to be neat and tidy  
  - [ ] Yes  
  - [ ] No
17. More about Toilet Learning

Objectives
1. To continue discussion about when and how children are ready for toilet learning
2. To consider developmentally appropriate strategies for helping children learn to use a potty or toilet

Activities
1. Show the videotape *Once Upon a Potty*
2. Lead a discussion about the videotape. Include the following questions:
   - About how old were the children who seemed ready for potty learning? (We feel that the weakness of this tape is that the children seem to be younger than those most usually interested in toilet learning. Caution parents that their children may not exhibit the same degree of interest until they are older. Point out that some of the babies in the opening scenes are too young for toilet learning but enjoy playing with potties.)
   - How do you think the main character felt about his or her experience? (*Once Upon a Potty* has one version for boys, another for girls. It is also possible to purchase dolls, play potties, and books to use with the videotape.)
   - What did you like about the behavior of the adults on the tape?
   - Many adults think toilet training has to be strictly enforced and accidents should be punished. What do you think?
   - What suggestions from the tape can you use with your child (or children)?
3. After the discussion of the videotape, pass around the collection of children’s books you have borrowed from a library or purchased. (If parents in the group find reading difficult or do not enjoy it, read three books aloud to them.) Ask parents to respond to the following questions:
   - Which book would you use with your child?
   - Of the books you see here, which one do you think is best for children? Which is second? Which is third? Why do you rank the books as you have?
4. Young parents often are subjected to disapproval or suggestions about child rearing from many people, including grandparents, neighbors, and strangers who intend to be helpful. Tell parents that one way to respond to such advice or criticism is to say something like "We've talked about toilet learning in our parenting workshops. Our teacher had each of us write a plan for our child (or children) and I'm trying to stick to the plan I wrote."

Summarize briefly the points on the "Toileting Readiness Checklist" that you consider the most important based on your reading of "Toilet Learning Readiness Indicators" and "A Protocol to Determine Readiness for Toilet Training."

5. Give each parent one stamped postcard. Ask parents to write one piece of advice to themselves about toilet learning on the cards, address the cards to themselves, and write the date they would like to have them mailed. Promise to mail the postcards on the date they specify.

6. Keep your promise! Put the stack of postcards in a prominent place on your desk. Note on your calendar the date each card should be sent. Try to find time to write a card every time you send one, telling each parent something you remember and enjoyed about her, wishing her luck with toilet learning, and perhaps reminding her of a tip she didn’t include in the advice to herself.

Materials Needed

- Videotape *Once Upon a Potty* (can be found in most large bookstores).
- A collection of toilet training books for children (ask your local children’s librarian to help you find four or five)
- A stamped postcard for each participant
15. Getting Help When You Worry about Your Child

Objective

➢ To learn about local resources if you have a problem or are worried about your child

Activity

➢ As suggested in the introduction, parents can organize a panel discussion with local experts.

➢ These panelists will suggest resources for parents who have special questions about their child’s development or behavior. Panelists might include three or more of the following:

• Head Start or social services personnel or education coordinator
• WIC program staff
• Pediatrician or nurse practitioner
• Staff from an early childhood directions center
• School psychologist
• Speech therapist
• Staff from a child care council or director of a day care center
• Pastor, priest, or rabbi
• Family counselor
• Substance abuse counselor
• Cooperative Extension home economist

Panelists should be selected on the basis of their ability to communicate clearly and sympathetically with teens.

➢ Instruct panelists as follows:

• Ask them to introduce themselves and give a brief description of their agency and the help it can provide.

• Ask them to present a list of three to five indicators that would suggest to them that a family needs help.

➢ After three to five experts have given brief presentations, give parents an opportunity to ask questions. The facilitator might have a few questions prepared ahead of time as ice-breakers and models. For example,

• My child won’t drink milk and wants her juice in a bottle.

• My child is two and a half and my mom thinks I should potty train her.

• When I go back to school in a month, I have to find a sitter. How do you know who is good?
Health and Safety

1. Identifying Interests and Concerns
2. A Safe Home
   - Trigger Questions: A Safe and Healthy Home
   - Dangerous Object Game
   - Safety in the Home
   - Keep Your Kids Safe
3. Poison Prevention
   - Do You Know Why Children Get Poisoned?
   - Protecting Our Children from Poisons: A Room-by-Room Guide
   - My Own Plan for Poison-Proofing
4. Car Safety
   - Car Safety Checklist
5. Safe and Healthy Play
   - Thinking about Safe and Healthy Play
   - Play It Safe: Choose Toys Wisely
6. Caring for Your Child’s Teeth
   - Tooth Trivia Game
7. Healthy Sexuality
   - Trigger Questions: Healthy Sexuality
   - Beyond the Birds and Bees
8. Working with Your Child’s Doctor
9. Well-Baby Checkups
10. When Should a Parent Call a Doctor?
    - Calling the Doctor
    - Taking Baby’s Temperature
11. Caring for Your Sick Child at Home
12. Preparing Your Child for Medical Care
13. Immunizations
    - What Do You Think about Immunizations?
    - Helping Babies and Toddlers Cope with Immunizations
    - A Care Kit for Parents
14. Emergencies (Red Flag)
15. Comforting a Child with a Minor Injury
    - Boo-Boo Bunnies
1. **Identifying Interests and Concerns**

**Objectives**

1. To identify concerns about keeping infants and toddlers safe and healthy
2. To plan a learning program centering around health and safety issues

**Activities**

1. Working in pairs, parents will list
   - three health and safety issues that cause them concern.
   - three issues in working with their child's doctor that cause them concern.
   - three emergency situations that cause them concern.

2. The group facilitator can work as a member of a pair or can list her points on newsprint to be compared with those suggested by the group.
3. Have the group develop an outline for study based on the posted lists.

The outlines for the individual lessons on the following pages are based on topics which, in our experience, are commonly identified by parents. The facilitator can use the resources we have provided to outline discussions of topics we have not included.
2. A Safe Home

Objectives

1. To list at least ten potential safety hazards to look for in a young child’s home environment.
2. To describe corrective action for each of these potential hazards.
3. To discuss ways a safe environment:
   - makes parenting easier.
   - allows babies and toddlers to learn and play.
   - leads to a more harmonious family life.

Key Concepts

- Babies and toddlers need to explore and learn in a safe, welcoming environment.
- Babypoofing makes the often difficult job of parenting much simpler because it lessens a parent’s need to say “no.”
- A “yes” environment encourages the healthy development of children’s feelings of positive self-esteem and promotes their importance as members of the family.

Activities

1. Give parents the handout “Trigger Questions: A Safe and Healthy Home.” Ask them to answer the questions and discuss their responses.
   - Divide the group into pairs and conduct a “safety hunt.” This hunt requires each pair to list all the hazards for babies and toddlers they can find in the immediate environment and to make specific suggestions for improvement. A master list can then be compiled. Even sterile-looking adult classrooms will have safety hazards such as unprotected electrical outlets, furniture with sharp corners, pencils, and pocketbooks containing pills, cosmetics, and other dangerous items.

3. A second game, “Dangerous Objects,” can be played. This is a version of the old tray game in which several objects are placed on a tray and participants are given thirty seconds to look at them. The tray is then removed and participants attempt to list as many of the objects as they can remember. (See “Dangerous Objects Game” on page 160.)

Challenge

Instruct teens to use the handout “Safety in the Home” to conduct a safety check of their homes. They should note on the handout any improvements and babypoofing measures they have taken. Encourage them to use the handout “Keep Your Kids Safe” to check for other hazards.

Materials Needed

- Tray
- Objects listed on the page “Dangerous Objects Game”
- A copy of the handout “Trigger Questions: A Safe and Healthy Home” (page 159) for each participant
- A copy of the handout “Safety in the Home” (page 161) for each participant
- A copy of the handout “Keep Your Kids Safe” (page 162) for each participant
- Pens or pencils
- Newsprint and marker
Trigger Questions: A Safe and Healthy Home

What Do You Think?

1. Babyproofing a home will
   - allow your child to explore and play safely
   - lessen your need to say "no" all the time
   - reduce the number of childhood accidents
   - probably spoil your child

2. Poisons include
   - makeup
   - cigarettes
   - medicine
   - plants

3. A parent might babyproof a home by
   - getting down on her hands and knees to check for safety hazards and looking at her home as her infant or toddler views it
   - buying plastic outlet covers for all electrical outlets
   - storing all poisons in a cabinet out of infants' and toddlers' reach
   - lowering the temperature of the hot water in the bathroom by adjusting the water heater
Dangerous Objects Game

The “Dangerous Objects” game is a version of the old tray game in which objects are placed on a tray and participants are given thirty seconds to look at them. The tray is then removed and participants attempt to write down the names of as many of the objects as they can remember.

A prize could be given to the participant with the most correct answers. The group could then point out the particular dangers in each object and ways to correct each hazard.

The following objects could be used:

- tablecloth
- sharpened pencil
- lipstick
- ivy or other potted plant
- nail
- paper clip
- an electrical appliance
- a grape
- household cleansers
- scissors
- a small toy
- hard candy
- household cleanser stored in a food container
- medicine
- pill container without a child-resistant cap
- a knife
- a balloon
- broken toy
- a tack
- popcorn
- breakable mirror
- a beaded necklace
- a hot dog
- a glass of water
- stapler
- rope
- a vegetable parer
- peanut butter
- marbles
Safety in the Home

Bedroom

Kitchen

Bathroom

Playroom
Keep your kids safe!

Use smoke detectors.
Lock away household cleansers, medicines, alcohol and other poisons.
Remove lead paint safely.
Have a family meeting place in case of fire.

Stay with children near water.

Stay with kids near mop pails.
Check wiring and appliances.

Ask friends to smoke away from children.

Lower water temperature.
Stay with children in wading pools.

Wear helmets.

Stay out of the back of pickups!

Always buckle your seat belt.

Don't drive with anyone who has been drinking.

Don't play in driveways.

Skateboarding is for kids over five, and they should always use safety equipment.
3. Poison Prevention

Objectives

1. To increase parents’ awareness of the dangers of poisonous substances in the home
2. To help parents make a list of emergency telephone numbers

Key Concepts

- Most poisonings happen to children under age six because they are likely to taste or drink anything they find.
- Parents can approach their home room by room to get rid of poisons.
- Parents should have the poison control center’s phone number prominently posted near a phone.

Activities

1. Present a mini-lecture on poison prevention using the handouts, “Do You Know Why Children Get Poisoned” and “Protecting Our Children from Poison.”

   ▶ Set up an exhibit of look-alikes listed in the materials section to provide a concrete, visual prop for parents. By comparing these poisonous and nonpoisonous items, parents can gain an understanding of how easy it is for poisoning to occur—and how important it is for them to take responsibility for preventing poisoning. Point out that children think things that look good and smell good will taste good. Sometimes children will eat things that do not smell or taste good to adults.

   ▶ Ask parents to work in pairs or small groups to write up a plan for poison proofing. List their plans on large sheets of newsprint.

2. Have parents create a phone message board. Hand out colored tagboard, stickers, and markers. Have parents use markers to write emergency phone numbers, such as those of the poison control center, doctor, fire department, police, ambulance, neighbors, relatives, and emergency room on tagboard. Decorate the border with stickers. Leave some blank space for phone messages. Cover the front and back with clear contact paper. Punch one hole in the top center of the message board. Loop a ribbon bow through this hole to hold the dry erase marker. The message board can be wiped clean with a napkin or paper towel. (If parents don’t have a phone, suggest that they ask a neighbor to hang the board next to his or her phone so emergency numbers will be available nearby.)

Challenge

Have parents hang their phone message boards near their phones. Ask them to list the five most important numbers to put on the message board.

Materials Needed

- Copies of the handouts “Do You Know Why Children Get Poisoned?” (page 164), “Protecting Our Children from Poisons” (page 165), and “My Own Plan for Poison Proofing” (page 166) for each participant

  ▶ Look-alike items:
    - Blue-colored glass cleaner
    - Blue-colored soft drink or fruit punch
    - Oven cleaner
    - Nonstick cooking spray
    - Lemon-scented furniture polish
    - Lemonade

  ▶ Newsprint
  ▶ Markers
  ▶ Pens or pencils
  ▶ Colored tagboard
  ▶ Stickers
  ▶ Phone books or a list of emergency phone numbers
  ▶ Clear contact paper
  ▶ Hole punch
  ▶ Thin ribbon
  ▶ Scissors
  ▶ Dry erase marker
Do You Know Why Children Get Poisoned?

Eighty percent of all poisonings happen to children under age six. Here are some reasons why.

➤ Many poisons look and smell like familiar food products. Children who find them are likely to taste or drink them.

➤ Most poisons are swallowed. Poisonings of children most often happen around mealtimes, when parents are busy getting the meal ready and children are hungry. Some children will taste, eat, or drink anything they find.

➤ Children like to imitate adults. Many children like to help clean house and don't understand that most home cleansers are poisonous.

➤ Children can't read. They may think that anything that comes in a pretty package similar to that of food products must be good to eat, drink, or taste.
Protecting Our Children from Poisons:
A Room-by-Room Guide

The Kitchen
➤ Keep all harmful products on high shelves, out of children’s reach.
➤ Keep all harmful products in their original containers. Don’t pour cleansers in drinking glasses or soda containers.
➤ Buy products with safety packaging that children cannot open.
➤ Recognize that some poisons look and smell like familiar food items. Be especially careful with them.
➤ Keep garbage off limits.

Bedrooms
➤ Keep purses out of reach. (Cigarettes are poisonous.)
➤ Keep makeup items and cosmetics out of reach.
➤ Put the baby’s diaper bag off limits, too. Medicine, ointments, and powder kept in the bag can be harmful.

The Bathroom
➤ Get a metal toolbox and a lock to keep medicines (even vitamins) where very young children can’t get to them.
➤ Many cosmetics are poisonous: makeup, mouthwash, deodorant, and perfume.
➤ Keep all poisons out of reach.
➤ Even products with child-resistant closures need to be kept out of reach.
➤ Keep medicines in their original containers.
➤ Keep a bottle of syrup of Ipecac in the medicine cabinet. You do not need a prescription to buy this at a pharmacy.

The Garage or Shed
➤ Never leave a child unattended in a garage or shed. Most products stored in these areas can kill very young children if they eat them.
➤ Be careful when visiting friends and family. Their homes may not be poison-proofed.
My Own Plan for Poison-Proofing
4. Car Safety

Objective
1. To list at least three ways to keep children safe in a car

Key Concept
To be safe, children must be restrained and comfortable when they travel by car.

Activities
1. Invite a guest speaker from a community program that has a car safety program or perhaps one that has car seats available for loan. Ask the guest to discuss car seat safety and demonstrate the proper use and care of car seats. Ask the guest to give a brief description of the agency and the help it can provide. Car seats should be available during the presentation so parents can get hands-on experience with them. Encourage parents to ask questions. Stress the importance of using car seats correctly.

2. Parents will make a Travel T. In this activity they will practice the skills learned in the “Sewing Skills” work-

shop, page 00. Ask them to bring in an old favorite T-shirt. They will sew the neck and arm openings shut, stuff the T-shirt with polyester fiberfill, and sew the bottom shut. The Travel T can be used as a safe floor pillow or changing pad for an infant and as a nap pillow for toddlers. It can be rolled and tied with a ribbon for travel.

3. Give teens the handout “Car Safety Checklist” and, after they have answered questions, discuss it.

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Materials Needed

<table>
<thead>
<tr>
<th>Materials Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Supplies for the Travel T</td>
</tr>
<tr>
<td>- A copy of the handout “Car Safety Checklist” (page 168) for each participant</td>
</tr>
</tbody>
</table>
Car Safety
Checklist

➤ I keep my car in good repair.
   Yes  No

➤ I obey all traffic laws.
   Yes  No

➤ I never leave my child alone in the car, not even for a second.
   Yes  No

➤ I keep my doors locked at all times.
   Yes  No

➤ I pull off to the side of the road to tend to my child, rather than try to reach her or a dropped toy or bottle while I'm driving.
   Yes  No

➤ I load and unload my child from the passenger side.
   Yes  No

➤ I put my child in a federally approved car seat during every car trip.
   Yes  No

➤ I secure my child in the car seat according to the manufacturer's directions.
   Yes  No
5. Safe and Healthy Play

Objectives
1. To examine a selection of toys and everyday objects and assess their safety and play value for children
2. To make and practice using a no-choke testing tube to measure whether toys are too small for very young children

Key Concepts
- Parents, as well as gift-giving friends and relatives, have a responsibility to select safe, age-appropriate toys for infants and toddlers.
- Very young children need close, constant, and careful supervision during play.
- Parents are responsible for the care and maintenance of toys and for being sure toys are used properly.

Activities
1. Ask the group to divide into pairs, preferably according to the age of their children so parents of similar aged children are working together. In pairs they will complete the handout “Thinking about Safe and Healthy Play” and discuss their answers with the whole group. Parents of very young infants can evaluate the toys and everyday objects provided by the facilitator.
2. Show parents how to make a no-choke testing tube. Cut an empty toilet paper tube to 7 centimeters (cm) long. Measure 2½ cm from one end and make a 4-cm slit in the front. Roll the tube to the back and measure ½ cm from the end opposite the first measurement. Make a 4-cm slit. Insert a 4-cm-wide cardboard rectangle through these slits and tape securely.

This cardboard no-choke testing tube is approximately 1½ cm larger than commercially prepared tubes, but we feel it is better to err slightly on the safe side. Some toys that would pass a commercial tube test could fail a cardboard tube test.

No-choke testing tubes can be ordered from Lakeshore, P.O. Box 6261, Carson, California 90749; phone 213-537-8600; or Toys to Grow On, P.O. Box 17, Long Beach, California 90801.

An alternative to the homemade no-choke testing tube would be to give each parent a film can. Film cans are slightly larger than the no-choke testing tube from Toys to Grow On.

Show parents the proper way to use the tube and ask them to test for safety some household items and toys gathered on a tray.

Objects that fit inside the no-choke testing tubes or film cans are possible choking hazards for 0–3-year-olds. Do not count on this test as the only way to evaluate a choking hazard.

Challenge 1
Ask parents to think of three small objects often left within reach of small children. Suggest that they try the no-choke tube test on these objects and report on the results at the next meeting. The group might compile a master list of small objects and record whether the objects are choking hazards as they find and test them.

Challenge 2
Parents will call the Consumer Product Safety Commission at 1-800-638-2772 with questions the group has raised about toy safety.

Materials Needed
- Toilet paper or paper towel roll
- Scissors
- Tape
- Metric tape measure
- Tray of items to test (for example, earring, paper clip, balloon, hard candy)
- Collection of safe and unsafe toys and everyday objects
- A copy of the handout “Thinking about Safe and Healthy Play” (page 170) for each participant
- A copy of the handout “Play It Safe: Choose Toys Wisely” (page 171) for each participant

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Thinking about Safe and Healthy Play

➢ The age of my child:

➢ Five toys that are fun and safe for my child:
  1.
  2.
  3.
  4.
  5.

➢ Five ways that toys could be unsafe for my child:
  1.
  2.
  3.
  4.
  5.

➢ The age of your child is a very important consideration in selecting toys for safe and healthy play. List five toys that you might select for your child one year from today.
  1.
  2.
  3.
  4.
  5.

➢ When you have filled in the blanks on this page, use the handout “Play It Safe: Choose Toys Wisely” to see how your answers compare with the suggestions given.
Play It Safe: Choose Toys Wisely

Babies like toys that
➢ make noise.
➢ can be chewed.
➢ are brightly colored.
➢ are easy to hold.
➢ are soft and smooth.

Some suggestions: squeak toys, washable dolls, crib mobile, busy box, unbreakable mirror, mom’s pots, pans, and wooden spoons, cloth books, cardboard boxes, and floating bath toys

Toddlers like toys that
➢ can be stacked or nested.
➢ can be pushed or pulled.
➢ can be ridden.
➢ can be used for “pretend” play.

Some suggestions: nesting toys, milk carton blocks, washable stuffed dolls, push and pull toys, shopping cart, doll carriage, tip-proof riding toys, jack-in-the-box, bath toys, beach ball, toy telephone, dress-up hats, and books

Two-year-olds like toys that
➢ can be climbed on.
➢ let them imitate what they see adults doing.
➢ can be ridden.
➢ can be filled and dumped, sorted, carried, and put together.
➢ allow for independent play.

Some suggestions: cardboard boxes, tip-proof riding toys, foam ball, books, puzzles, toddler lego, blocks, dress-up clothes, play dishes, puppets, wooden cars, trucks, animals, and people, bath toys, crayons, and a low rocking horse

When choosing toys, remember to avoid toys that have sharp edges, make loud noises, or are made of sharp, brittle plastic. The noisemakers in squeak toys should be nonremovable. Read labels. Avoid toys that carry the warning “Not Suitable for Children under Three Years.” Make sure cloth toys are labeled “flame resistant” or “nonflammable.” Painted toys, as well as children’s art materials, should be labeled “nontoxic.” Avoid toys with small parts and toys that are poorly constructed. Make sure riding toys are stable and not easily tipped over.
6. Caring for Your Child’s Teeth

Although we generally expect children of teens to be cared for in another room while their parents meet, this lesson contains some activities for parents to do with their children. Perhaps children can play with the child care provider while parents complete the first two activities. Then parents and children can come together for Activity 3.

Objectives

1. To promote proper dental health care practices
2. To encourage positive interaction between parent and child through age-appropriate dental health activities
3. To provide dental health care information

Activities

1. Lead parents in the “Tooth Trivia” game.
2. Have parents make an “I Can Brush My Teeth” chart for their children to serve as a reminder for children and parents to brush daily.

- Instructions
  Using a ruler and pencil, outline a large toothbrush shape on a piece of poster board. Decorate with crayons or markers. If desired, bristles can be made by cutting thin strips of poster board, being careful not to cut all the way to the end of the “toothbrush.” Parents can help toddlers decorate the “I Can Brush My Teeth” chart with a sticker after daily brushing and care of their toddlers’ teeth.

3. Ask participants to form small groups according to the age of their children.

- Parents of infants will review information found in The Care of Your Children’s Teeth and brainstorm ways parents can prevent nursing-bottle mouth. Have parents practice wiping their baby’s teeth with a warm, wet washcloth.

- Parents of toddlers will help their children brush their teeth.

Materials Needed

- “Tooth Trivia Game” (page 173) to be made by the facilitator or a committee of parents before the meeting
- Mirrors for toddlers
- Washcloths for infants
- Individual toothbrushes and toothpaste for toddlers
- Materials to make “I Can Brush My Teeth” chart: rulers, pencils, poster-board, markers or crayons, scissors, and stickers

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Tooth Trivia Game

To Prepare for the Game

A Tooth Trivia game board must be prepared in advance. Draw a large circle on heavy tagboard. Divide the circle into four pie-shaped pieces. Color each piece a different color. Next, using index cards in the same four colors as the game board, copy one statement and answer on the same side of each card.

Sample Questions

➤ It is fine to give a child a sweetened drink in a bottle at nap time.
  False

➤ Infants cut their first lower incisors at around six months.
  True

➤ Allowing your child to chew on a clean, cool washcloth is often a comfort during teething.
  True

➤ Anything other than water in a naptime or bedtime bottle is bad for your child’s teeth.
  True

➤ If your baby bites you while you are breast-feeding, a gentle slap on his hand is the most effective way to get him to stop.
  False

➤ If your child eats sweets, try to have him drink a glass of water after the sweet.
  True

➤ Sucking a bottle may make your child miserable if he is teething.
  True

➤ Your toddler will be teething throughout almost all her second year.
  True

➤ A healthy diet has little to do with forming strong teeth.
  False

➤ Your child does not need calcium or vitamin C until she is three.
  False

➤ A child does not need to have his teeth brushed until he can handle the task on his own.
  False

➤ Plain water is not useful for helping your child rinse milk and food out of his mouth.
  False

➤ A child should have fluoride treatments when she is six years old.
  False

➤ Sweet food eaten quickly will do less harm than chewy sweets that stick to the teeth.
  True

➤ You can feed your baby sweets before he or she starts cutting teeth without any cause for concern.
  False

➤ Raisins are a sensible snack and promote good oral health and hygiene.
  False

➤ Dipping your child’s pacifier in honey will help soothe teething pain.
  False

➤ If you must give your child something to suck on in the crib, give her a pacifier or plain water.
  True

➤ It’s not necessary to take your child to the dentist until she has lost all her baby teeth.
  False

➤ Healthy baby teeth help a child’s jaw grow properly.
  True

➤ Your child will have a complete set of baby teeth at around two and a half years of age.
  True

➤ Teething causes pain in newborn babies.
  False

➤ The first molars are cut at around a year and are often very painful.
  True

Other Materials Needed for the Game

➤ A die

➤ A set of four different markers or game pieces
Playing the Game

- Parents split up into four groups. Each group gets a pile of cards of the same color. Cards are placed face down, and each group places its playing pieces on the game board.

- One group rolls a die and moves its piece along the board the correct number of spaces.

- A statement is read to the group from the corresponding color-coded pile. The group, as a team, decides whether the statement is true or false.

- The facilitator or parents are welcome to comment about the question.

- Then the next group takes a turn.

- The game continues until all the cards have been used or as time allows.

- If a group lands on the color of its cards, it can challenge another group to respond to that statement.
7. Healthy Sexuality

Objectives
1. To recognize that parents should play the primary role in the sex education of their children
2. To discuss the age at which sex education and gender stereotyping begin

Key Concepts
- Teaching young children to respect their bodies is an important task that parents, as children’s primary sex educators, can fulfill.
- Young children’s curiosity about human bodies is as matter-of-fact as their curiosity about anything else.
- Masturbation is normal and common among very young children.
- There is no one way to discuss sex with children; there is especially no single “right” way.
- From infancy, individuals are sensual beings and experience the world through their senses.
- Parents, even when they stammer, blush, and blunder, are uniquely qualified to respond sensitively to their children regarding sexuality issues.

Activities
1. The facilitator will present a brief lecture on healthy sexuality using the Key Concepts above.

2. Show the video *Where Did I Come From?* Use the video as a basis for discussing the “Trigger Questions.”

3. Pass out the handout “Trigger Questions: Healthy Sexuality,” ask parents to complete it, and discuss their answers. Statements 1, 2, 3, 4, and 5 are true; the others are false.

Challenge
While changing their baby’s diapers or bathing the baby, parents will name different body parts as a game with the baby.

Materials Needed
- Videotape *Where Did I Come From?* available from LCA/Consolidated Video, New World Videos, Los Angeles, California, and also in many commercial video stores
- A copy of the handout “Trigger Questions: Healthy Sexuality” (page 176) for each participant.
- A copy of 321 HDFS Fact Sheet 8, *Beyond the Birds and Bees: Helping Parents Discuss Sex with Young Children*, is included as a resource for facilitators.
What Do You Think?

1. Parents begin teaching their baby how to behave like a boy or a girl from birth. □ T □ F

2. Babies dressed in blue are treated less gently than babies dressed in pink. □ T □ F

3. It is okay to allow boys to play with dolls. □ T □ F

4. Babies often discover that touching their genitalia feels good. □ T □ F

5. Girls should be allowed to compete in sports with boys. □ T □ F

6. Adults should not talk about private body parts in front of children younger than six. □ T □ F

7. Children should be taught about their own sexuality when they are around ten years old. □ T □ F
Helping Parents Discuss Sex with Young Children

"Mommy!" a piercing voice echoes through the crowded supermarket. "Look at that lady! Why is her tummy so fat?"

Although questions like this do not always arise in supermarkets, young children do not restrict their curiosity about any aspect of human life or sexuality to the privacy of their homes. All too often parents who want to do a good job of answering their children's questions are caught off guard by a child who does not realize that parents find some subjects easier to discuss in nonpublic places. Even when a parent attempts to answer the initial question on the spot, children may persist:

"Mommy! Why is that lady's tummy so fat?"
"She has a little baby growing in her uterus."
"Why?" asks that insistent (and loud!) voice.
"I guess she thought it would be nice to have a baby to love and take care of."
"How will it get out of her?"

At this point most parents give up on the marketing and remove the child to the car, where they try to explain that babies are born through a special opening between the mother's legs called a vagina.

"Does it hurt the mommy?" the small questioner wants to know.

"Sometimes it hurts, but there is always a doctor or a daddy or a good friend with the mother who knows how to help her and the baby. And having a new baby is so exciting most mothers almost forget about the pain when they see a new little daughter or son."

By now the parent is beginning to feel more comfortable as she recalls previously rehearsed words and phrases. The child, however, is ready to move on to other issues. Questions such as "Can we stop at McDonald's?" or "Why do caterpillars go up in bumps when they crawl?" indicate that human sexuality is an interesting topic, but perhaps no more absorbing than many of the other practical and scientific aspects of life. The questions about babies and birth will come back again, and yet again, as the child grows older, absorbs information, and fits it into an ever-changing understanding of how the world works. As the child grows, parents expand their responses to questions, adapting their information and values to the ability of the child to understand and accept an increasingly mature view of sexuality. The following principles may provide some useful guidelines:

- There is no "one way" to discuss sex with children; there is especially no single "right" way. Even within the same family, parents will find themselves changing explanations and discussions to meet the special characteristics of individual children.
- Many parents feel inadequate as sex educators and wish that the school or a book, as an "expert", could do the job instead. However, it is the opinion of many professionals who work with families that parents—even when they stammer, blush, and
blunder—are uniquely qualified to respond sensitively to their children.

Children themselves often help their parents over rough spots in communicating about major issues, including human sexuality. Parents who say to their children, "I find it hard to explain this but let's give it a try," or "When I was little we couldn't talk about things like sex, but I really want to learn to talk with you about it," often find their children to be warm and sympathetic listeners, as well as skilled, insistent questioners. The essential characteristic of parents who want to be the primary sex educators of their children seems to be a willingness to try to communicate. How and what we say as parents is probably much less important than remaining open to, and unshocked by, the questions and comments of our children.

• An important beginning can be made by parents who take time to listen carefully to the questions. Most of us have enjoyed the story of the little girl who inquired, "Where did I come from?" and received from her mother a lengthy explanation of conception and birth ending with the question, "Now do you think you understand?" "No," said the child, "Susie comes from Buffalo, and Bobby comes from New York, but I still don't know where I came from!" Short, simple answers specifically directed to the question can avoid this kind of confusion.

• Young children's curiosity about human bodies and body functions is as matter-of-fact as their curiosity about anything else. Parents can provide factual answers to questions from very young children, reserving a discussion of ethics and morality until children are old enough to understand. Although parents are sometimes surprised when young children think that sexual behavior is funny, this reaction is not uncommon among children.

• Some of the common behaviors parents worry about in young children include masturbation, examining themselves and the bodies of their friends, preferring to be nude rather than dressed, and using sexual language in their play. Unless these behaviors are extreme, in that they occupy most of a child's waking hours, they should not be regarded as "problems."

Children acquire information about and attitudes toward sex whether or not their parents intend for them to do so. Friends, magazines, television, and the attitudes, conversation, and behaviors of adults they observe have a great influence on a child's emerging concept of sexuality. Parents can choose to provide their children with accurate information presented with respect and dignity, or they can allow their children to pick up the information and the misinformation that is all too widely available. It would be difficult indeed for any parent to prevent comments and impressions about sexual behavior from reaching a child in an American community. And it would be even more difficult to insure that healthy attitudes will occur without direct parental guidance and support.

Answering direct questions is only one of the ways in which parents impart information about sexuality to their children. Basic feelings of respect for the human body and an understanding of body functions may begin in infancy as a result of the gentle care and accepting attitudes of those who care for the baby. During the early years,
children learn labels for parts of the human body, usually checking their own bodies and often those of other people as they attempt to define the people who have breasts, or a penis, or other attributes indicating differences between male and female, child and adult. Many women have experienced a toddler’s casual exploration of their breasts, and many men have been accompanied to the toilet by curious babies anxious to watch again the wonderful way in which males urinate.

Often the process of learning about human bodies includes doctor games in which one child is the patient and another is the examiner who pays particular attention to the patient’s genitalia. Parents who discover such a game in progress often wonder how to react. “I don’t want to make them feel guilty or bad because I know they’re not really doing anything wrong, but I really don’t want them to do that,” seems to be a fairly common parental reaction. We would suggest that while it may be bewildering to a child if the parent exhibits shock, anger, or fear, it is appropriate for parents to react honestly, as for example, “I’d rather you kept your clothes on when you play together,” or “People’s bodies are private. We can find some books at the library and you can see how people are made by looking at the pictures,” or “I want you to play something else — I don’t feel comfortable about this game.”

Parents who feel comfortable with the doctor game need not comment or interrupt except to insure that children will not hurt each other (as, for example, “giving shots” with sharp objects or introducing foreign objects into a body opening). Usually when the children’s curiosity is satisfied they move on to other activities. Adult fears that information about sex will lead children to experiment with sexual activities do not seem to be borne out in real-life situations.

Other issues related to a child’s understanding of human sexuality during the early years also raise questions in the minds of many parents. Sometimes a child encounters evidence of a mother’s menstruation — tampons stored in an accessible place, for example, or stains on clothing. Some parents feel it is most appropriate to ignore or evade their child’s questions. “That (tampon) is just something of mine. Please put it back where you found it,” or “I guess I cut my finger and wiped it on the back of my skirt.” These responses are often made by parents who feel preschoolers cannot or should not understand menstruation. Other parents report that they have tried some simple explanations that their children seem to understand and accept. For example, “That’s called a tampon. Older girls and women put the soft little pad inside their vaginas when they menstruate.” Sometimes, rather than the parent’s surprise, children will say “Oh” and go off about their business. Sometimes a child will ask, “What’s menstruate?” One mother answered, “Menstruation is the way a woman’s body keeps a special place inside her uterus ready for a baby to grow. Every month a little bit of blood leaves her body through her vagina. It doesn’t hurt her because it’s not a bump or a cut. The blood carries away the old lining of the uterus. Each month a new lining starts to grow so that her uterus is always ready for a baby should one start to grow.” Other parents have used part of this explanation, feeling that their children were not ready for it all.

One great benefit of a simple explanation of menstruation at an early age is that these children are usually very matter-of-fact and unsurprised, whereas an eight or nine year old who has never discussed it before may become difficult to talk with, giggly, or embarrassed. It would seem important for both parents to be informed about any explanation that has been given to a child so that clarification can follow if their child seems confused. Parents should also decide whether or not boys as well as girls should be included in any discussion of menstruation.

Evidence increasingly suggests that masturbation is engaged in by many healthy and mature adults. Babies delight in the discovery of their undiapered genitalia. Older babies examine their own bodies with great care and interest and soon find the sensitive areas that feel good when touched or rubbed. By two, many children have developed particular ways of acquiring pleasant physical sensations. Some rock back and forth on a pillow between their legs, or spend a good deal of time on a rocking horse, or fondle their genitalia before sleeping, or otherwise indicate that people learn early to obtain comfort and pleasure through self-stimulation. Parental attitudes toward these behaviors can influence children’s feelings about themselves either as good people worthy of self-respect or as people who do “bad” and “dirty” things about
which they should feel guilty and ashamed. Although parents should not attempt to use any childrearing principle or technique that is at variance with their religious and moral standards, I believe young children are fortunate when they experience acceptance and understanding as they explore and fondle all parts of their bodies.

However, even the most understanding parents should not tolerate behavior that is embarrassing to them or other people. It would be appropriate for a parent to say privately to a child who is openly masturbating in the middle of the living room or in front of guests, "I know that touching yourself in that special way makes you feel good, but that's something people do in private. You can find a private place in your room." One mother recalled an episode with her three-year-old daughter and two-year-old son as they rode along the aisles in the supermarket cart. As they progressed past the vegetables she heard Betsy say, in loud and reproving tones, "Bobby, you know you're not 'sposed to hold your penis in public — wait 'til we get home to do that."

Young children have earned their reputation as the world's greatest imitators. If they see a machine, an animal, or a person participating in an interesting activity or making an interesting sound, they are quite likely to imitate in their play what they have seen or heard. Children may imitate adults they have seen or heard engaging in sexual activities or using sexual terms in their conversations, but this does not mean they have precocious sexual interests or will become deviant — or even "morally loose". It means that they are testing out new information and experiences, as they test out other phenomena they observe. Through play, children try to achieve a sense of mastery and accomplishment, which enables them to move on to other experiences and issues.

Often children raise questions about components of human sexuality that are difficult to answer. When this happens, the parents' intimate knowledge of the child, their understanding of the child's learning style, and their basic commitment to honest communication — even when it's hard — will usually help them deal sensitively with the questions. In a recent parent meeting, one mother reported that her four-year-old son had asked her what an abortion was. Other parents indicated that a television show had raised the same question among their children. Another parent told the group that her daughter had seen two men kissing each other on the street and had been told by a teenaged friend that they were "gay". The group agreed that children are encountering more varied and more puzzling human behaviors than previous generations and that the job of being a parent becomes more challenging with every new question.

Sometimes additional challenges seem to arise as children grow older. For example, parents of children approaching puberty often voice concern over the fact that feelings and experiences the family had earlier discussed openly and frankly are now no longer mentioned at all. The children who had accepted their own bodies and, perhaps, the nude bodies of family and friends, now begin to demand privacy. Bedroom and bathroom doors are firmly shut, and parents may even find themselves excluded from dressing rooms while shopping for a child's new clothes. Efforts by parents to talk about body changes or reproduction or love — or any other "embarrassing" topic — may be met with "Oh Dad-dee" or, what may seem worse, silence or withdrawal. When this happens parents may feel guilty, wonder what they did wrong, and try desperately to reestablish verbal communication about important issues with their child. At the very least, parents who feel they had been able to talk with a child at an earlier age feel disappointed. Sometimes parents feel afraid as they wonder what will happen during adolescence if they and their child "can't talk" now.

The fact that teenagers may not be verbally communicative with parents about sexual issues does not necessarily mean that parents have failed in their efforts to communicate. The teenager has not forgotten the discussions engaged in with parents in the past. The information and attitudes received from parents
may be being tested and tailored to fit the needs of an adolescent struggling to become an adult. Attitudes and values continue to be conveyed through the ways in which parents listen (or fail to listen) and respond to the feelings and behavior of others and exhibit feelings and behavior themselves. Children continue to need strong, loving support and sound information from parents during their teens. The challenge is to provide that support in ways that may be more subtle and more varied than those used previously.

In addition to hoping that their children have developed attitudes of liking and respect toward their own bodies, most parents hope also that their children will be able to respect the morality of others whose views may be different from their own. And, perhaps, because memories of their own teen years are still vivid, parents understand too well the adolescent need to behave in ways that are acceptable to one’s peers.

It may be reassuring to know that several careful studies of adolescents in America indicate that some of the impressions we have received from public media about teenagers may be misleading. The teen years, while difficult, are not necessarily more difficult than other life stages. Also, most teenagers feel that their families are important to them and that the attitudes and values of their parents continue to influence them. A child entering adolescence does not suddenly become a different person, cut loose from parents. While some adolescents are troublesome, or troubled, or experimenting with activities that are unacceptable to adults, many deal with the pressures of growing up according to standards quite similar to those of their parents.

All of us hope our children will develop a sense of basic and enduring decency. Most of us hope also that our children will grow up proud of their own healthy bodies, respectful of the bodies and feelings of others, and able to move into a joyful sexual relationship with another loving adult. The attitudes, behavior, and expressed values of their parents have a profound effect on children. Adults who have felt inhibited, guilty, or ashamed of their own sexual inadequacies have often struggled hard and managed to communicate successfully with their children. These adults, who may also understand the value of sex education programs in schools, churches, and community groups, acknowledge their responsibility as the primary sex educators of their children. They are among the many parents who acknowledge that communicating with their children about human sexuality can be funny, scary, hard, bewildering, illuminating, fun — and very important.

Selected References

The following books have been selected to demonstrate the variety of existing approaches to explaining “the facts of life” to young children. Parents and teachers should exercise great care in matching appropriate books with the interests, capabilities, and family values of each child.


For more suggestions, contact the Sex Information and Education Council of the United States, 130 W. 42nd Street, 25th Floor, New York, NY 10036. Request Growing Up: A SIECUS Annotated Bibliography of Books about Sexuality for Children and Adolescents.
Would you like our free catalog of Cornell Cooperative Extension publications and audiovisuals? Send to:
Resource Center
Cornell University
7 Business & Technology Park
Ithaca, NY 14850

This publication is issued to further Cooperative Extension work mandated by acts of Congress of May 8 and June 30, 1914. It was produced with the cooperation of the U.S. Department of Agriculture; Cornell Cooperative Extension; and College of Agriculture and Life Sciences, College of Human Ecology, and College of Veterinary Medicine at Cornell University. Cornell Cooperative Extension provides equal program and employment opportunities. William B. Lacy, Director.
8. Working with Your Child’s Doctor

Objectives

1. To understand the importance of a competent doctor as a partner in the comprehensive health care of a baby or toddler

2. To discuss concerns about working with their child’s doctor

Activities

1. Ask parents to list on a piece of paper
   - Three things I want the doctor to know about my child
   - Three things I want to ask the doctor about my child
   - Three things I learned during my child’s last visit to the doctor

2. Parents will share their lists with the group.

3. Concern cards: On 3” x 5” index cards, parents can write their concerns or questions about working with their child’s doctor. The facilitator can gather the cards in a basket and read them to the group. Parents are encouraged to comment and offer support.

Challenge

Parents make a list similar or identical to the one in Activity 1 to guide them in asking questions during their child’s next doctor visit.

Materials Needed

- 3” x 5” index cards
- Pencils
- Basket
- Chalkboard
- Chalk
- Eraser

--- or ---
- Newsprint
- Markers

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9. Well-Baby Checkups

Objectives
1. To establish a health record for their children
2. To discuss the importance of regular medical check-ups
3. To hear and talk with local medical resource person(s) about what to expect during a health care check and concerns they have about health care

Key Concepts
- Well children should be examined by a pediatrician at the ages of 2 weeks, 1 month, 2 months, 4 months, 6 months, 8 months, 10 months, 12 months, 15 months, 18 months, 21 months, and 24 months.
- During a routine medical exam, children will be weighed and measured, examined to be sure they are developing well, and given appropriate immunizations.
- A good doctor will answer all parents’ questions about child care, health, and development.

Activities
1. Each parent will make a notebook titled “My Child’s Growth and Development” containing space to record height and weight at stated intervals, physical and developmental gains (teething, sitting without support), and a section for questions and comments to discuss with the doctor during the child’s next visit. Suggest that they illustrate the notebook with snapshots of their child.

2. Parents will work as a group to compile a list of questions to ask a local health care professional(s) whom they will invite to visit the class. This list of questions can be posted on newsprint and referred to during the health care professional’s visit. Parents will contact health professionals and invite them to come to discuss basic health issues and the list of questions the group has compiled.

Challenge
Parents will use their “My Child’s Growth and Development” notebooks before, during, and after a well-child checkup and report back to the group on its usefulness.

Materials Needed
- Newsprint and marker
- Notebooks, paper, and pens
- A camera and film may be required if parents wish to illustrate their notebooks. The facilitator may be able to take pictures as children arrive at or leave the child care room.
10. When Should a Parent Call a Doctor?

Objectives
1. To know what information they should give a doctor if their child needs medical attention
2. To list at least ten symptoms of illness in children
3. To observe the correct method for taking a young child’s temperature

Key Concepts
➤ Parents should call a child’s doctor any time there is reason for concern. A list of reasons for concern can be found in Penelope Leach, *Your Baby and Child* (New York: Knopf, 1986), pp. 463–64.
➤ Parents need to be able to explain clearly to the doctor what is wrong with their child. They should learn to identify symptoms of illness in their children.

Activities
1. Give a brief lecture on the following key points when preparing to phone the doctor:
   ➤ Take the child’s temperature and write it down on a piece of paper.
   ➤ Write down the child’s symptoms.
   ➤ Make sure the child is safe and comfortable.

When calling the doctor,
➤ keep a pad and pencil handy.
➤ tell the doctor the name and age of the child.
➤ tell the doctor the child’s temperature and describe the symptoms.
➤ ask, “What should I do?”
➤ take notes.
➤ read these notes back to the doctor.

When Should the Parent Call the Doctor Back?
➤ Parents should call the doctor back if fever doesn’t go down, if new symptoms appear, if old symptoms worsen, or if the child begins to vomit or have diarrhea.

2. Ask parents to brainstorm a list of symptoms of childhood illnesses and write their remarks on newsprint. Then distribute the “Calling the Doctor” handout and compare the lists with it.

3. Demonstrate, or have a parent volunteer to demonstrate, procedures for taking a child’s temperature. Hand out the sheet “Taking Baby’s Temperature.”

Challenge
Parents will use the “Calling the Doctor” handout the next time they call the child’s doctor.

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**Materials Needed**
➤ Newsprint and marker
➤ A copy of the handout “Calling the Doctor” (page 180) for each participant
➤ A copy of the handout “Taking Baby’s Temperature” (page 181) for each participant
➤ Baby thermometer
➤ Parents might want to order a “Family Medical Record” from National Foundation March of Dimes, Box 2000, White Plains, New York 10602

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Calling the Doctor

Doctor's name, address, and phone number

Call the doctor if your child has any of the following symptoms:
➤ Fever
➤ Red, watery, or draining eyes
➤ Ear discomfort (rubbing of ears, draining ears)
➤ Difficulty breathing
➤ Diarrhea or vomiting
➤ Head lice
➤ Coughing or sneezing
➤ Pale or flushed skin color
➤ Loss of appetite
➤ Irritable, cranky, will not be comforted
➤ Any head injury

Be Prepared!
➤ Take the child’s temperature. Temperature is ________ degrees F.
➤ Write down your child’s symptoms.
➤ Make sure your child is in a safe place while you call the doctor.

What to Say
➤ Keep pad and pencil handy.
➤ Tell the doctor your child’s name and date of birth.
➤ Tell the doctor your child’s temperature and describe the symptoms.
➤ Take notes when your doctor tells you what to do.
➤ Read these notes back to the doctor.

When Should I Call the Doctor Back?
Parents should call the doctor back if
➤ the child’s fever doesn’t go down.
➤ new symptoms appear.
➤ old symptoms worsen.
➤ the child begins to vomit or have diarrhea.
➤ the doctor’s instructions were not clear.
Taking Baby’s Temperature

A baby’s temperature responds easily and quickly to illness. You may first notice her flushed appearance and hot-to-the-touch skin. A fever is a signal that something is wrong. Do not give the baby any medicine (including aspirin) unless you have checked with your doctor.

➤ Usually it is best to take an infant’s temperature rectally.

➤ Before you start, hold the thermometer by the end (not the bulb end) and shake it to force the mercury column below 97 degrees F.

➤ Smear vaseline on the bulb end.

➤ Place the baby on his back or front on your lap or a table.

➤ Put the tip that has the vaseline into his rectum, sliding it in easily 1 to 1 1/2 inches. Do not insert it too far. Give the baby an interesting object to look at or play with so that she will keep still.

➤ Keep the thermometer in place 2 to 3 minutes. During this time, keep the baby’s legs anchored.

➤ After reading the thermometer, clean it with water and wipe it with alcohol.

➤ A rectal temperature of 101° F or higher is considered above normal.

➤ If your infant does have a fever, you should call the doctor.

➤ You may be able to lower the temperature by removing as much of the child’s clothing as possible. A bath in lukewarm water will also help bring a fever down.

Adapted from Nancy Toole, Christine Grasso, and Janice Waits. Your Baby and You. Saratoga County Task Force on Child Abuse and Neglect. 24 Circular Street, Saratoga Springs, New York 12866.
11. Caring for Your Sick Child at Home

Objectives

1. To share the feelings parents and their children have when the child is ill
2. To discuss ways to comfort and reassure parents and their children when children are sick

Key Concepts

► Caring for a sick child at home is demanding and requires that parents be patient, understanding, and nurturing.

► Parents experience a variety of emotions and concerns when their children are sick.

Activities

1. Ask parents to work in pairs to list several words or phrases to complete the following two sentences:

► When my child is sick, she acts _____________.

(Examples: cranky, tired, achy, moody, babyish, quiet, whiny)

► When my child is sick, I feel _________________.

(Examples: responsible, helpless, worried, tired, scared, exhausted, frustrated, guilty)

2. Parents will then choose a word from each sentence and write the letters of the word under each other down a piece of paper. Then have them think of coping and caring tactics for both parents and children for each letter. For example, if the child was described as cranky, think of a coping tactic for each letter:

C—cool-to-warm tub baths help bring down a fever.
R—rocking, singing, and cuddling work wonders.
A—a tea party encourages toddlers and two-year-olds to drink plenty of liquids.

N—noses—especially stuffy or runny ones—breathe easier when children are sitting up. Try a car or infant scat.
K—keep your child comfortably dressed. Avoid overdressing.
Y—your patience is needed in dealing with babylke behavior.

If parents described their own feeling as tired, they could try the following coping mechanisms:

T—take a bubble bath.
I—if possible, ask a friend or relative to help out.
R—read a magazine.
E—eat a special snack.
D—do nap when the child is napping.

3. Parents will create a kit to be used as a special surprise or comfort when their child is ill. A cardboard soda six-pack beverage container or a box can be covered with contact paper, fabric, or wallpaper scraps and used to store surprises for the child.

Challenge

Parents will write down a list of toys, snacks, and surprises to gather in the surprise kit.

Materials Needed

► Newsprint and marker
► Cardboard container or box for each participant
► Glue
► Scissors
► Contact paper
► Fabric scraps
► Wallpaper scraps
► Tape
► Paper
► Pens or pencils
12. Preparing Your Child for Medical Care

Objectives

1. To learn about at least one learning center set up to explore the tools, information, and creative activities useful in helping families cope with illness and hospitalization of children.

Key Concepts

- Ongoing medical care, hospitalization, or repeated medical treatments are a family affair.

- Preparation for any prolonged medical treatment should take into account the needs of the child, parents, and rest of the family.

Activities

1a. Set up three separate interest centers in the room—books, dramatic play, and a make-your-own-coupons center. The theme of these centers will be preparing your child for medical care.

1b. Each interest center will be designed to present different toys, tools, tactics, and information that would be useful in helping a very young child, parents, and other family members cope with extended medical care.

1c. A task card, to be completed by the parents, either individually or in pairs, will be located at each interest center.

1d. All interest centers will have a creative activity for every parent to complete. These activities will include making books, puppets, and coupons. Instructions for these activities will be printed on an activity card.

2. Interest Centers

2a. Bibliotherapy is using books to help children and parents cope with difficult issues such as medical care.

2b. This center will contain a collection of children's books and books for parents dealing with visits to the doctor, hospitalization, and prolonged medical care. Ask the children's consultant at your local public library to help you assemble a collection of books for very young children.

2c. Task cards, containing suggested activities, will be located at this center. The following is an example of a task card:

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**Task Card**

- Books can be a useful tool in enhancing, teaching, and reinforcing life skills. They can also help both children and adults understand and deal with the pleasures and problems of life.

- Browse through some of these books.

- Are they appropriate for toddlers or two-year-olds? _____

- Why or why not? __________________________

- What resource books would you recommend for a parent whose child was undergoing medical care? __________

- Why did you find this book useful? ________________

---
Instructions for all creative activities will be printed on an activity card, such as the example to the right.

**Activity Card**

- **Instructions:**
  Make a book for a very young child that might be used to begin a conversation about a hospital stay or a doctor visit.

**Task Card**

- Using specific toys for dramatic play often helps very young children prepare for, act out, and gain a sense of control over real-life situations.
- How might these toys be useful in helping a child cope with medical treatment and care? ________________
- List three activities you might share with your child using these toys:
  __________________________
  __________________________
  __________________________

**Creative Activity Card**

- Using these materials, make a set of paper plate puppets such as a doctor, nurse, child, or parent that a very young child undergoing medical care could use for dramatic play. When constructing the puppets, please remember that women are competent doctors and male nurses are compassionate professionals.
c. Make your own coupons is a strategy for helping parents and other family members cope with a child’s medical treatment.

- This center will contain informational materials designed to relieve stress and anxiety that can occur to any member of the family as a result of medical problems.

- Task cards containing suggested activities will be located at this center. An example is shown below.

## Task Card

- List three needs or concerns a parent might have during a child’s illness:
  
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

- List three needs and concerns the child’s family might have during a child’s illness:
  
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

- List three people a parent can talk to about these needs and concerns:
  
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

- List three people the family can talk to about these needs and concerns:
  
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

---

## Materials Needed

- **A. Bibliotherapy**
  - Library books for both parent and child that deal with childhood illness or hospital care. Ask your librarian for suggestions.
  - Materials for making your own books: construction paper, scissors, tape, stapler, ribbon, stickers, magazines, markers, clear contact paper

- **B. Dramatic Play**
  - Doctor’s kit(s), dolls, stuffed animals, small cardboard boxes for beds, and scraps of material for blankets

- **C. Make Your Own Coupons**
  - Strips of colored paper, markers, stickers
13. Immunizations

Objectives
1. To reinforce the importance of immunizations for very young children.
2. To help parents minimize the discomfort experienced by babies and toddlers when getting shots.

Key Concepts
- It is important for parents to follow the recommended immunization schedule, especially during the very early years of a child’s life. Childhood diseases are most dangerous for babies and toddlers.
- State laws require that children be properly immunized before attending day care, nursery school, or public or private school. Always check with your local health department or health care provider for the most recent recommended schedule of immunizations.

Activities
1. Ask parents to answer the questions on the handout “What Do You Think about Immunizations?” This activity can be completed individually, in pairs, or in small groups.
2. Discuss their responses with the whole group. Pass out “ Helping Your Babies and Toddlers Cope with Immunizations.” Ask parents to add hints that they have found helpful.
3. Have each parent make a care kit. The handout “A Care Kit for Parents” can be tucked inside each kit.

Tip for Trainers
It is important to caution parents that the items contained in the care kit are small enough to be choking hazards for very young children. Remind parents to keep this kit out of reach of their child(ren).

Materials Needed
- Copies of the handout “What Do You Think about Immunizations?” (page 187), “Helping Babies and Toddlers Cope with Immunizations” (page 188), and “A Care Kit for Parents” (page 189) for each participant
- Pencils or pens
- Pinwheels or party blowers
- Each parent will need an adhesive bandage, a smooth stone, a candy kiss, a tissue, a paper clip, a rubber band, and a small bag.
What Do You Think about Immunizations?

➢ Recall your child’s first or most recent immunization. Describe how your health care provider administered the immunization.

➢ How did your child react?

➢ How did you feel?

➢ What was a good memory of your child’s first—or most recent—immunization?

➢ What would you have changed?
Helping Babies and Toddlers Cope with Immunizations

Holding
► Ask the health care provider if you (or another adult) can hold the baby while the immunization is being given.

Distracting
► Have a toy ready to jingle and wiggle to distract the baby.

Bottle or Pacifier
► Sucking is comforting. Let your baby have a bottle or pacifier.

Blowing
► Most toddlers are able to blow a pinwheel or a party blower (find these near the card section of any department store). It might help to suggest that they “blow the hurt away.” Save this hint just for the time the shot is being given. Allowing the child to play with the toy beforehand could lessen the surprise value.

Comforts
► Some babies and toddlers find it soothing to hold a blanket or “lovey.”

Singing
► Often the sound of your voice or a favorite song will comfort your child.
► My Personal Plan for Helping My Baby or Toddler Cope with Immunizations
A Care Kit for Parents

It's hard to be a parent at any age. Often it is much harder to be a young parent. There are probably times when you feel alone or afraid. This care kit is to remind you that you can do it!

Your kit contains

► A paper clip to help keep things together when they seem to be slipping out of control
► A rubber band to remind you that there will always be someone to offer you a hug or to be close to when you need it
► A tissue to wipe away a tear—your own or someone else's
► A candy kiss to help you remember that life is sweet
► A small, smooth stone to remind you that rough times help refine and polish us all for smoother tomorrows
► An adhesive bandage to help you remember that life follows a natural plan of hurt, healing, and hope
14. Emergencies

Red Flag Lesson

Objectives

1. To perform calmly and appropriately during emergencies.
2. To be able to recite the appropriate procedures in specific emergencies such as choking or bleeding.
3. To find additional information about first aid and emergency procedures.
4. To practice selected emergency procedures.

Key Concept

➢ In emergencies, stay calm, call for help, or, if the situation is very serious, give immediate first aid.

Activities

1. Invite a community member or volunteer trained and certified in emergency first aid to make a series of presentations on emergency first aid.

   These presentations should include:
   ➢ information on where to call for help.
   ➢ a demonstration of emergency first aid.
   ➢ a list of first aid supplies for your medicine cabinet.

   First aid treatment of emergencies such as choking, bleeding, injuries from falls, insect, animal, or human bites, shock, fire, electric shock and burns, drowning, and poisoning could be covered.

2. A first aid chart, with instructions for emergencies, can be ordered from American Academy of Pediatrics, 1801 Hinman Avenue, Evanston, Illinois 60204.
15. Comforting a Child with a Minor Injury

Objectives

1. To emphasize the importance of assessing injuries and of following recommended procedures when children are hurt or ill.

2. To introduce a simple first aid procedure: applying a cold compress to a superficial scrape or minor injury.

3. To discuss the importance of giving psychological comfort to a child with a minor injury.

4. To provide an appealing, easy-to-make, inexpensive comfort aid.

Materials Needed

- An inexpensive solid-color washcloth
- A sturdy rubber band
Boo-Boo Bunnies

(Sometimes Known as Washcloth Wabbits)

Open the washcloth on a table in front of you in the configuration of a baseball diamond:

Step 1. Roll home base and second base in two equal folds so that they meet at the middle.

Step 2. Bring first and third bases together.

Step 3. Pinch and shape a rabbit face under the first and third bases and secure with a rubber band. Separate and shape the points to make ears. Your boo-boo bunny is complete. Keep it in the refrigerator, and when a child is in need, tuck an ice cube into the bunny's pocket, apply the cold compress to the injured area, and sing

"The boo-boo bunny comes hop-hop-hop
To make the boo-boo stop-stop-stop."

Squeeze the fabric so the ice makes a cold compress but do not let the ice contact the skin directly.
Evaluation and Resources
You undoubtedly measure your effectiveness as a facilitator by verbal and nonverbal feedback from participants. For many reasons, however, it is important to elicit more than just this informal response to class activities. Written evaluations are useful for accountability, planning future programs, and professional growth. In addition, requesting feedback from participants is empowering for them.

The expertise and financial resources needed to conduct a comprehensive evaluation may not be available each time a class is offered. You can compile useful evaluative information, however, by asking participants for feedback at the end of each class session and series. Combined with your own information, this feedback can provide the basis for much useful in-house evaluation.

A variety of feedback forms are available. Samples are included here. Some can be used with people who are not comfortable with the written word; others require a fairly high literacy level.

Growth cannot be charted on a “good-bad” continuum. Feedback from participants and your own debriefing will help you identify techniques that are most effective and those that could benefit from change. Your repertoire as a workshop facilitator will increase, and the fit between parents’ needs and this class will benefit from a frank review of the information provided through this process.
Participants' Feedback Form

➢ Look at the faces below.

➢ Circle the number that matches how you feel about today's class.

➢ You may jot down a few words to explain why you feel this way.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terrible</td>
<td>Not so good</td>
<td>So-so</td>
<td>I'm satisfied</td>
<td>I feel great</td>
</tr>
</tbody>
</table>

➢ Comments:


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Participants’ Feedback Form

- Look at the circles. Indicate the circle that matches how much you feel you are included in our group.
- You may want to jot down a few words to explain why you feel this way.

- Comments:

Participants’ Feedback Form

- List three seeds planted in your mind during the class.

1.

2.

3.

- How will you nurture these seeds so they can grow under your direction?
Participants’ Feedback Form

- On top of the world!
- Pretty high! It was worth the climb.
- Started up the ladder, but it wasn’t worth going further.
- Pretty low! Barely reached the first step.
Participants’ Feedback Form

➢ Please chart the progress of our group from our first session to today.
➢ Label our ups and downs or turning points.
Participants’ Feedback Form

➤ List two ideas you found helpful in our day together.

➤ List one or two suggestions for the teacher.

➤ To what extent has this class helped you as a parent?

1 _______ 2 _______ 3 _______ 4 _______ 5 _______
Not at all    Slight    Fair    Good    To a great extent

➤ As a result of this class, what action do you plan to take?

➤ Thank you for your comments.

Source: Christiann Dean, *Cooperative Communication between Home and School: An In-Service Education Program for Elementary School Teachers*, Family Matters Project (Ithaca: Cornell University, n.d.).
<table>
<thead>
<tr>
<th>County</th>
<th>Address</th>
<th>Contact Details</th>
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<tr>
<td>ALBANY</td>
<td>P.O. Box 197, Martin Rd., Voorheesville 12186-0497</td>
<td>518-765-3500</td>
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<td>ALEGGANY</td>
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<td>*16-268-7644</td>
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<td>BROOME</td>
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<td>CATTAROAUG</td>
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<tr>
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<td>716-664-9502</td>
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<td>CHENANGO</td>
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<td>CLINTON</td>
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<td>COLUMBIA</td>
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<td>518-828-3346</td>
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<td>CORTLAND</td>
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<td>DELAWARE</td>
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<td>607-865-6531</td>
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<td>DUTCHESS</td>
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<td>914-677-8223</td>
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<td>ERIE</td>
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<td>ESSEX</td>
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<td>LIVINGSTON</td>
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<td>MONROE</td>
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<td>MONTGOMERY</td>
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<td>ONONDAGA</td>
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<td>ORANGE</td>
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<td>OTSEGO</td>
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<td>SCHENECTADY</td>
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<td>518-234-4303</td>
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SCHUYLER
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Montour Falls 14865
607-535-7111

SENECA
321 East Williams St.
Waterloo 13165
315-539-9251

STEUBEN
3 E. Pulteney Sq.
Bath 14810
607-776-9631

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Riverhead 11901-3086
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401 North Main St.
Warsaw 14569
716-786-2251

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Penn Yan 14457
315-536-3381
**Annotated Bibliography**  
by Katherine Mabb

1. Careers  
2. Sexuality and Pregnancy  
3. Special Concerns of Adolescent Parents  
4. Activities for Babies and Toddlers  
5. Child Rearing and Child Caring  
6. Day Care and Caregiving  
7. Discipline  
8. Health and Safety  

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<td>Sexuality and Pregnancy</td>
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<td>Special Concerns of Adolescent Parents</td>
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<tr>
<td>Activities for Babies and Toddlers</td>
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<td>Health and Safety</td>
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More Choices stresses the intricate balancing of career and family that can occur with careful planning, rejecting the “Father Knows Best” approach to life planning and accepting that many working women are heads of households, single parents, in poverty, and under stress. The authors clearly point out the unrealistic attitudes many women still have about their futures. This book promotes greater awareness through journal keeping and builds on the Choices and Challenges books.

Bingham, M., S. Stryker, and J.
Edmson. Changes: A Teen
Woman's Journal of Self-Aware-
ness and Personal Planning. Santa
Barbara, Calif.: Girls Incorpo-
rated of Greater Santa
Barbara, 1993.

The book is in a journal for-
mot with thought-provoking quotations and high-quality illus-
trations by Rose Margaret
Braiden, Pam Hoeft, and Itoko
Maeno. It encourages young
women to think about their
futures, make decisions and set
realistic goals, assert themselves,
and evaluate their career and par-
tnership options. A work-
book is provided for teens to
write in. It is a great resource for
any adolescent.

Bingham, M., and S. Stryker.
More Choices: A Strategic Plan-
ing Guide for Mixing Career
and Family. Santa Barbara,

Bingham, M., J. Edmondson,
and S. Stryker. Challenges: A
Young Man's Journal for Self-
Awareness and Personal Plan-
ning. Santa Barbara, Calif.: Ad-

This book provides adoles-
cent males with the tools to
plan their future and a journal
in which to record their
thoughts, feelings, and plans
for tomorrow. It advocates the
importance of keeping a jour-
nal. Many quotations support
the text and thinking-writing
activities. Illustrations by J.
Blair, W. Hoffman, R.
Howard, and I.
Maeno add to the keepsake
nature and creative appeal of
this book.

Bingham, M., J. Edmondson,
and S. Stryker. Choices: A Teen
Woman’s Journal of Self-Aware-
ness and Personal Planning. Santa

This book is about the woman
who reads it because its journal
style encourages her to write
down her dreams, thoughts, and
plans. It is an important re-
source in dealing with change
and discusses learning strate-
gies involved in making in-
formed decisions. Many
thoughtful, spiritual quotations
are included as well as beautiful
illustrations by I.
Maeno, J.
Blair, D.
Lackner, and P.
Hoeft.

Edmondson, J., M. Bingham,
S.
Stryker, S. Fajen, M.
Jackman,
K.
Peter, P.
Paine, and L.
Quinn.
Instructor's Guide for Choices,
Challenges, Changes, and More
Changes. Santa Barbara, Calif.: Ad-

Educators can help improve
students’ skills and increase their
understanding of their needs in
making clear, thoughtful deci-
sions. The accompanying text-
books encourage students to
express their ideas, feelings, and
opinions. Topics include equal
partnership, career choices,
balanced living, and empower-
ing people to live the life of
their choosing. An interesting
addition is the author’s recom-
endation to use a “song of the
day” to celebrate culture and to
explore media messages. Other
sections include suggestions for
working with teens, group dy-
namics, and classroom tech-
niques. Each lesson includes
objectives, presentation strate-
gies, activities, follow-up exer-
cises, and a resource list.

Lindner, A. Career Survival Kit
for Teen Education and Em-
ployment: Staff User Guide for
Teen Parent Program and
Implementation. Madison: Uni-
versity of Wisconsin-Madison,

A guide for educators who
work with teen parents, this
book deals with the critical is-
issues in addressing barriers and
needs, increased awareness of
successful program elements,
alternatives to address the needs
of at-risk youth, gender equity,
minority issues, and adoption.
Also included is a helpful sec-
tion on supporting the teen fa-
thor, an element missing from
many teen parent programs. An
appendix details useful comp-
etencies for economic self-suffi-
ciency, the group process
model, and facts on U.S. work-
ring women.

Lindner, A. Life Skills Workbook:
A Guide to Personal Growth.
Madison, Wisc.: Vocational Stud-
A valuable resource guide for educators to use with young adults, this book is filled with helpful activities and lessons designed to increase a young parent’s life skills and provide students with the opportunity to explore personal characteristics that will lead to obtaining jobs. Included are sections on assessing and prioritizing needs, building a support network, self-awareness and self-esteem, identifying strengths and values, communication, decision making, managing stress, time management, balancing a budget, establishing paternity, preventing child abuse and maltreatment, and looking for child care. Especially of interest is the author’s use of journal writing as a coping and self-growth mechanism.


This book for educators addresses sex equity issues, including changing roles and lifestyles, gender bias and sex roles stereotyping, equity in the workplace, individual and institutional opportunities to promote gender equity, exploring selective equity topics and issues, and sexual harassment in the workplace. The well-organized manual provides an outline, definitions, and suggestions for the instructor with every chapter. The looseleaf notebook format for duplication of materials is helpful. Many activities and articles address issues of equity.


This is a curriculum guide that emphasizes new and reentry workers, single parents, and AFDC recipients. The book’s intent is to help develop life skills such as taking responsibility for oneself, communicating effectively, balancing family, school, and self, stress and time management, budgeting, parenting, divorce, and looking for child care. It includes a resource list and great handouts.


Career opportunities for women are detailed through interviews with women in different cultures and nontraditional careers. Special qualities a person pursuing a particular career might have, education and training, salary range, and places of employment are covered.


This guide provides an alphabetical compilation of jobs and careers and includes work description, working conditions, workplaces, workers’ comments, getting the job, pay and employment, advancement, and sources to write for more information.

Video


A police officer, a heavy equipment operator, a plumber, and a business owner— all of whom were teen mothers—discuss the importance of exploring nontraditional careers. Some reasons they cite are self-satisfaction, opportunity to do better for oneself and one’s family, and higher wages. The fast-paced video consists of women’s conversations with each other and to the audience. 17 minutes.

Sexuality and Pregnancy


A woman who “survived” adolescent pregnancy offers practical life skills to help young pregnant women understand their alternatives and choices. Relevant information is presented in decision-making skills and in dealing with the physical—and socioemotional—aspects of pregnancy. There is an excellent discussion of postpartum depression and the stresses of being a young mother. The book is upbeat, supportive, and empowering.


This is a textbook to be used specifically with pregnant adolescents during a parenting or
health class. Topics include prenatal health care, nutrition, fetal development, preparation for labor and delivery, decision making, and emotional effects of adolescent pregnancy.


Designed for educators who work with pregnant adolescents, this book provides a complete course outline, lesson plans, and resource material to accompany each topic in the student text. Especially helpful are the introductory chapters, which provide insight, information, and guidance in working with young mothers.


This is the adolescents’ version of Our Bodies, Our Selves and is extremely helpful for youth from the onset of puberty through adolescence. Topics include homosexuality, drugs and alcohol, emotion, and medical concerns. Information on contraception, pregnancy, and sexually transmitted diseases is presented in the framework of needing to take personal responsibility for one’s own actions. The book contains graphic quotes from young people.


This book for educators emphasizes the importance of comprehensive sex education that includes encouraging adolescents to make decisions about their sexuality. Creative, playful lesson plans, which actively involve students, are provided as a resource for teachers. Practical information on the variety of birth control methods is offered in an innovative manner.


An informative and useful resource for parents as well as educators, the book attempts to show adults how to assist teenagers to be “sexually sane.”


Comfort and Comfort provide adolescents with all aspects of sexuality written in straightforward language. This book focuses on personal responsibility within relationships rather than just presenting a lesson in anatomy. The illustrations by Howard Pemberton and Bill Prosser are vivid and natural, enhancing the “realness” of the book and supporting the authors’ encouragement of youths’ acceptance of their sexual selves.


This guide addresses how a “best odds” diet will increase a pregnant woman’s chances of having an easier pregnancy and delivery and a healthier baby. Includes a month-by-month guide on how diet can diminish the discomforts of pregnancy. Enjoyable to read, this comprehensive book includes a wealth of information on everything from vitamin supplements to junk food and even a collection of healthy, easy-to-prepare recipes for main dishes, side dishes, breads, nonalcoholic drinks, and low-fat, naturally sweetened desserts.


The authors address the special needs of pregnant adolescents by reminding teens that parenting starts with pregnancy. Fetal development, the importance of early medical care and healthy living practices, preparing for labor and delivery, and caring for a newborn baby are described for youth with limited literacy skills. The standard edition is grade level 6, and a special edition is offered at grade level 3.
To help girls deal with their sexuality and their transition to young womanhood, this is a guide for both parents and daughters and stresses honest communication during teachable, casual moments, rather than the one-shot mother-to-daughter talk. The author offers advice to parents in communicating issues of sexuality so that girls can recognize puberty as survivable. Of special interest is the author's sensitivity to topics very important to young girls such as bras, pimples, and cramps. There is good discussion material on sexual decision making. It is written for girls nine to fifteen years of age.

The book defies the old male mystique that boys automatically know everything about sex and that puberty is no big deal for them. The author provides basic information to boys about what's happening to their bodies. The intention is provide "puberty" education, but Madaris does devote a few chapters to "sex" education—sexual intercourse, childbirth, birth control, STDs, AIDS, and romantic and sexual feelings. The book is straightforward and readable and is appropriate for boys nine to fifteen years of age.

The authors provide information on changes in teenagers' bodies, changes in their feelings, "beauty," special medical concerns, contraception, pregnancy, and parenthood. The book is written directly to teenagers and contains numerous quotations throughout the text.


To help parents talk to children about AIDS, the authors stress the use of age-appropriate responses to children's questions and focus on techniques to help children understand how diseases are transmitted. Especially useful is a question and answer section devoted to common concerns about AIDS shared by most children.

Videos


This 39-minute video offers information on diet, exercise, drug use, and meal planning. It effectively uses clips from a neonatal intensive care unit in contrast with clips of healthy newborns, illustrating the importance of the mother's healthy lifestyle in influencing the healthy development of a baby. It is culturally sensitive and devotes some time to the unique nutritional needs of adolescent parents.


This video has an almost soap-opera-like appeal to young adolescents. It is a story about Mary, who is a teenager pregnant with her first child and who is supported by an older friend, Anne, who points out the dangers of smoking, drinking, and using drugs during pregnancy. Without getting preachy and with an air of The Young and Restless, this 25-minute video is effective in getting its message across.


Presented by the March of Dimes Foundation, this videotape educates women about ways they can improve their unborn babies' chances for a healthy birth. Topics such as prenatal care, fetal development, sex during pregnancy, drug use, health and nutrition, and labor and delivery are addressed. Although comprehensive and informative, it is lengthy (90 minutes) and medically oriented. Brief, specific sections should be used to present topics that are uniquely pertinent to a young woman.


This is the classic Emmy Award–winning video that takes its viewer on a fascinating "journey" into and through the human body as a baby is conceived and develops. The moment of conception is captured on film, as is the subsequent
development of the embryo and fetus. Amazingly vibrant colors and intricate shapes are all the more incredible because they are a part of what shapes a new life.

**Special Concerns of Adolescent Parents**


The true story of an adolescent's journey from childhood into the reality of an unwanted pregnancy is a touching portrayal of the necessity to contend with adult issues using adolescent resources. This book stresses the importance of making informed choices. All options were contemplated by this young woman, and the book recounts her indecisions and fears. The author, rejected by the father of the baby, details the pain and uncertainty of making a decision and, finally, giving her child up for adoption. An appendix includes a plan of action for just pregnant youth and a listing of organizations that deal with all aspects of crisis pregnancy counseling. Although it explores all the options, this book might be construed as a pro-life publication and thus may not be appropriate for all pregnant teenagers.


In this easy-to-read workbook written for adolescents at risk of dropping out of school, the author addresses reasons why young people drop out of school and stresses the importance of planning for one's immediate future, as well as setting long-term goals. The book promotes making intelligent, informed decisions; exercises are included to assist youth in decision-making skills and developing some skills in acting on their decisions. It is quick reading and a good treatment of the subject of dropping out.


This very informative guide for parent educators discusses how they can be most effective in assisting parents in workshop groups. The authors discuss organizing and conducting an interesting first session, approaches to selecting content of the sessions, activities, and difficult moments. They include a chapter on educating and assisting parents in special circumstances such as abusive parents, single parents, and adolescent parents. An extensive resource list, an inventory of self-help groups and parent organizations, and a listing of parent group models are included.


This is an important book for all educators of children. It expresses the author's anger and outrage because some of America's schools remain overcrowded, understaffed, with outdated texts and unsafe buildings and yet purport to be educating our children. It is an appeal for quality, change, and preservation of the childhood of America's poor and minorities.


This book is for preschoolers and tells about living with mom and not knowing who dad is. It includes a special section for single parents in which adolescent parents and counselors discuss absent-father and never-married issues. Black and white illustrations by Cheryl Boeller realistically portray the story's characters. Especially helpful is the author's attention to the guilt a single parent feels, as well as the importance of same-sex role models and support from family and friends.


In an overview of the new world of adoption, this book includes accounts of many birth
parents' experiences in choosing adoptive parents for their babies and details how contact is maintained between the two families. The author also describes adoption services' responsibility in assuring open, honest communication. The appendix includes a thorough resources section.

**Lindsay, J.** *Pregnant too Soon: Adoption Is an Option.* Buena Park, Calif.: Morning Glory Press, 1980.

This book is essentially a conversation with adolescent mothers who made the difficult and socially unpopular decision to allow their children to be adopted. Intertwined with their personal histories is information on adoption options and other aspects of adoption, including grieving. The book acknowledges the tough issues surrounding adoption. It is appropriate for birth mothers and birth parents.


This is a resource book for the parents of adolescent parents that addresses the issues of parenting young parents by including interviews with individuals involved in this three-generation situation. It is a personal approach to an emotional issue with a focus on how a teen pregnancy crisis can often lead to a deep familial commitment, a serious, frank portrayal of teen pregnancy’s impact on families written with optimism and hope.


Lindsay provides chapter study guides, writing assignments, projects, suggested speakers, and quizzes to support the key concepts of incorporating ways to make an existing relationship work. This guide is helpful to parent educators in assisting teen students increase their understanding of the realities of teen partnerships. Also helpful for educators are the many attitudes toward marriage expressed by different teenagers in this guide.


Addressing adolescent parents on the realities of marriage, the author includes a nationwide survey of over 3,000 adolescents’ attitudes toward marriage and vignettes of in-depth interviews with married teen couples. Partner abuse, jealousy, open communication, child rearing and child care, housekeeping, sex, and budget are covered. The appendix provides a scorecard for predicting success of teenage marriage, a marriage attitudes questionnaire, and a thorough list of resources.

**Lindsay, J.** *Teen Dads: Rights, Responsibilities, and Joys.* Buena Park, Calif.: Morning Glory Press, 1993.

In this guidebook written specifically for adolescent fathers, the author realistically outlines a father’s responsibilities to his pregnant partner and stresses effective, practical parenting strategies for dads with children from birth through three years of age. Partnership challenges, planning for the future, and birth control options are discussed. The reading level is for low literacy, and it is multiculturally comprehensive.


Focusing on the importance of recognizing each parent as an expert on her own child, Lindsay encourages building self-esteem, being sensitive to each parent’s needs, and keeping parent education personal and relevant to the teen mothers’ lives.


This curriculum guide designed for parent educators provides lesson plans, group activities, puzzles, projects, and case studies. Interesting is the author’s use of “reader theater.” Lindsay provides sound advice to educators who work with
adolescent parents, and especially important is the inclusion of a curriculum for teen fathers. It is also a good resource on making toys for children under age three.


The author of this book offers case histories and poetry intermingled with the text in exploring partner abuse. In simple language, the reader is walked through a step-by-step decision-making process as to whether to leave or stay in an abusive relationship with a partner. Included is a chapter on lesbian battering, and the difficult, unique issues that surface from being battered by another woman. A wealth of practical information is packed into this self-help book validating abused women's fears and helping them recognize that they are not alone and can get help.


This reference book assists parents in making child care choices: examining child care options, handling difficult situations, counseling parents, and child care research. At the end of each chapter are excellent resources for additional reading.


The book is about four teenagers who are pregnant and the adolescent fathers in—and not in—their lives. An interesting twist on this book's layout is that the reader can help create the story. At the end of each chapter the author offers the reader a "chance to continue the action." The story line is held together by the characters' affiliation with a local counseling center.


This is a novel for adolescents about a fifteen-year-old whose plans include college. She becomes pregnant and then struggles with the isolation that occurs when she becomes an adolescent parent who receives little support from the father of her child or from her family. It was created from a school program serving the needs of adolescent moms and their babies.


This is a novel about a twelve-year-old girl who is fondled by the father of the children she baby-sits for. This author sensitively delves into the confusion and fear of being molested and offers positive actions—telling and getting help. It could be a cathartic resource for incest survivors to recognize their feelings so that healing can occur.


This guide for adolescent parents provides concise information on obtaining social and legal aid and practical advice on welfare, paternity, visitation rights, health, and the law. The book is both comprehensive and easy to read. The author's attention to self-respect issues while in the process of obtaining aid is important.

Video

Teenage Parents: Making It Work. Vocational Studies Center, Center on Education and Work.

This 17-minute video is essentially one young woman's conversation with the audience. This teen mother talks about child support issues, single parenting, isolation and living alone, day care, holding a job, birth control, and career plans. She stresses the importance of planning for one's future and of having support people in one's life. Because the video is conversational in nature, the messages come across as very real.
Activities for Babies and Toddlers


The book is a practical invitation for parents and caregivers to play with infants and toddlers. The author uses what child development experts know about infants' and toddlers' socioemotional development and physical and cognitive growth to offer activities that will foster these areas of development and growth. The easy-to-locate activities are developmentally appropriate, concise, and free of technical jargon.


This book encourages parents and educators to imbue children with a love of reading. The author offers suggestions for helping kids learn to love books, when to start reading to a child, and a list of read-aloud books for preschoolers through preteens. It gives hints on raising readers and tips for busy parents and TV watching.


This hands-on, easy-to-read book illustrates the importance of play for a young child’s development. Everyday, inexpensive items can be used to create play experiences encompassing art, music, science, food, stories, and games. It also contains a good resource list.


The purpose of this cookbook is to support the development of basic skills and concepts through cooking experiences. The recipes are fun projects that can support a child’s self-concept (face beads), “celebrate” (orange sippers), and teach science concepts (grow your own veggies). It is most appropriate for preschoolers and has some recipes easy enough for toddlers.


This is a songbook written for very young children and is geared toward the day-to-day life of a one-year-old or a two-year-old. It also includes games with no melody and fingerplays. This book will encourage taking genuine pleasure in songs, games, and fingerplays—and taking genuine pleasure in the child.


The author encourages parents to spend more time with their children. Most activities in this book take approximately ten minutes to complete. There are lots of creative, fun ideas for babies, toddlers, and preschoolers if one can overlook the emphasis on preacademics.


The entire book is about the joys of block play. Based on Piagetian theory, the author explains the process of concept formation and how learning occurs through action and through manipulation of materials. The book outlines the importance of block play, defines the art and the science of block building, discusses dramatic play, and makes suggestions for props for block play.


The book is actually two kits consisting of individual activity cards, a user’s guide, and supporting materials, including a puppet in each kit, that is appropriate for parents, parent education classes, day care center staff, and other early childhood professionals. Small Wonder is a valuable resource that encourages playful, loving interactions between an adult and an infant. Activity cards are divided according to the child’s age and encompass all areas and stages of infant development. A diary is included to record an infant’s milestones. A unique look book that the adult creates is a plastic book with transparent slipcover pages that can display a variety of picture cards. The first kit is for infants up to eighteen months; the second provides activities for toddlers to thirty-six months.
A wealth of games and activities are provided to encourage responsiveness in parenting and caregiving. This book is virtually packed with rhymes, songs, fingerplays, games, and activities. The author recommends becoming partners in children's play and suggests keeping a diary of activities enjoyed together.


This book about fun, physical activities to be done with a child is most appropriate for preschoolers. It encourages parents and children to play together.


The author supports the importance of learning through play and developing a sense of self through shared activities with a caring adult. This book includes ideas from people who are actually working with toddlers and two's. The learning activities are simple to read and easy to use, employing many homemade objects. Each chapter begins with a mini-primer on an aspect of child development. It discusses different play spaces and interest centers for home or day care.


A wealth of ideas and activities are provided for parents and caregivers to share with important two-year-olds in their lives to help adults "tune in" to toddlers. Helpful is the section on simple, inexpensive toys to make to encourage creative toddler play.


The book is about how to use everyday activities such as feeding, bathing, and diapering to nurture and encourage fun learning experiences. The author offers plain, easy-to-read instructions and focuses on homemade items and using simple, everyday objects in playing with babies. It is appropriate for caregivers and parents.


A game-a-page format makes this guidebook to encourage language, creativity, coordination, and problem solving clear and easy to read. The author offers a variety of games originating from different cultures and ethnic backgrounds as a natural way for parents (and caregivers) to interact with toddlers.

Weissmann, J. Games to Play with Babies. Overland Park, Kan.: Miss Jackie Music Company, 1988

More than 100 games were submitted to the author by parents and grandparents. This compilation is divided into growing and learning games, games to play in the kitchen, games to play in the bath, loving and having fun games, art and singing, and special games. Simple-to-read activities and guidelines for growth are included.

Child Rearing and Child Caring


Written for parents, child care development students, and caregivers, this book points out that infants are active learners in their environment. Chapters are devoted to creating a play environment that encourages learning and nurturing a responsive relationship between the adult and the infant that strengthens the development of a sense of trust. A variety of physical activities to be shared with infants so that they might develop and discover a sense of self through movement are provided, as well as many suggested readings.

This book is useful for parents as a guide in procuring high-quality day care services for their toddlers or for caregiver training for those who work with toddlers. It outlines a typical day in day care, from early morning preparations to the end of the day routines. The author includes guidelines for discussion and suggestions for workshop use. How to set up a good toddler day care program, providing different areas for play, criteria for selection of equipment, and space usage considerations are covered. The author points out that a key consideration of a good program would be the capability of the staff to establish warm, responsive relationships with toddlers, parents, and each other.


This useful resource is based on the principles of Adler and Dreikurs that consider child development and individual temperament in discussion of the goals of misbehavior. Based on the classic S.T.E.P. and S.T.E.P. for Teens, the authors cover the topics of building self-esteem, encouragement, cooperation, problem ownership, and nurturing a child's emotional development. Integral to this book are the strategies of development and of effective communication, including reflective listening and I messages.


This is a handy guide for parents and caregivers who want to keep track of their baby's emotional and physical development month by month. Each chapter is brief but gives details on how to care for the baby and specifies guidelines for early learning and play. It includes research updates on infant care and development.


This book contains an incredible amount of information. The author discusses optimal, as opposed to adequate, child care services in meeting the self-esteem and self-discipline needs of very young children. It considers the importance of staff development so that caregivers can deal effectively and compassionately with individual child in a group context.


This book offers a framework for parents and caregivers in understanding a young infant's emotional development. It stresses the importance of observation and active, responsive caregiving and parenting that focus on the baby's feelings. The authors outline a positive approach to understanding children—their uniqueness and complexities—and see the parent's role as one of offering support and encouragement. This concept of “tuning in” is detailed in each chapter with a special milestone in emotional development, suggestions on how to observe a baby within the context of that special milestone, and techniques for caring for a child's emotional development.


This is the classic guide to child care and development. The book discusses all of the baby basics and includes a reference section on emergencies, first aid, safety, and common illnesses. Leach is an expert in her field—sensitive to parenting styles and supportive of children's needs. She reminds parents that they are experts on their own children so they should “go by the baby and not always the book.”

This is a book on parenting written for adolescent parents, easy to read, in a simple, straightforward style. Much of the text was written by adolescent parents, who offer practical suggestions on feeding, coping with crying, safety-proofing, health care, and enjoying parenting. It encourages the father's participation in the care of the baby.


Child-rearing tips are provided for coping with a toddler's emerging independence. The author discusses child development and care of a toddler, games, and activities and draws attention to the teen parent's own needs, planning for the future, and relationships with partners. There are input and advice from experienced teen parents. Especially engaging are the photographs; one shows a toddler boy playing affectionately with a doll.


A positive approach is presented to helping young children learn to use the toilet. Part 1 contains a parent's (or caregiver's) guide to helping a child learn to use the toilet, and Part 2 is a picture book for kids about other children, parents, and people using the toilet.


Seventy-three profiles of successful family support and education programs from around the country are described.


This classic resource book for parenting has been updated to include the current special needs of families. Spock addresses single and working parenthood, choosing child care, sex-role stereotyping, and the father's role in child rearing. Some things remain the same: Spock's tradition of reminding parents to "trust themselves" is still apparent. He offers a comprehensive guide for parenting from birth to eleven years old. His in-depth coverage of childhood illnesses is helpful. A section on emergencies is included.

Van der Zande, I. *1, 2, 3, the Toddler Years: A Practical Guide for Parents and Caregivers*. Santa Cruz, Calif.: Santa Cruz Toddler Care Center, 1992.

This book clearly and simply describes how high-quality child care centers care for toddlers. Although few centers would disagree about developmentally appropriate practices, actually to do them is more difficult. This is a fast-reading text, supporting Magna Gerber's work in infant care that expresses a philosophy of respecting and appreciating toddlerhood.


This is a student workbook that explains how babies grow from birth through three years old and discusses specific parenting concerns of teen mothers such as meeting one's own needs and decision-making skills. The entire program includes a text, audiotape, and computer lessons. Appendixes include things to do with one's child as well as a listing of agencies that would be helpful to the young parent.

*Videos*

*The Baby Care Workshop* (English and Spanish). Handling, diapering, dress; calming the baby; when your baby is sick; safe and sound; playtime; bathtime. Professional Partnership, P.O. Box 2153, Salinas, Calif. 93902.

The basic skills of caring for babies are presented in a clear, matter-of-fact way.


This 13-minute video depicts an adolescent parent and her daughter. In an engaging monologue, the mother describes what she has learned about her child's development. The video is full of parenting issues and covers topics ranging from child's play to determining if a child needs to visit the doctor. It
is pertinent to and geared for pregnant and parenting adolescents.

**Day Care and Caregiving**


This is a comprehensive manual for day care directors and trainers to use in workshops to train caregivers. Training sessions can be designed to take place around the children’s naptime, which makes this guide unique and practical. It integrates health practices, communicating with parents, “tuning in” to the child’s unique temperamental differences, and ideas for infant and toddler play into a compact, usable guide. Based on sound theory and research, the authors have brought together a wealth of knowledge about children and day care. Reproducible handouts make the trainer’s task even easier.


This is a convenient little cookbook that contains two parts. Part 1 covers the nutritional needs of children, their eating patterns, and a description of the Child and Adult Care Food Program. Part 2 contains USDA-approved menus and recipes that are nutritionally sound and appropriate for very young children. The recipes also adhere to recommendations made by the American Academy of Pediatrics and the American Heart Association. There are excellent guidelines on choking prevention in group care.


The kit provides over 300 forms created by the Early Childhood Directors Association for use in day care centers and early childhood programs. It includes records for marketing and long-range planning, registration and enrollment, financial planning, personnel and staff orientation, parental consent, curriculum, and health safety.


This book promotes a nonsexist, multicultural curriculum for preschoolers, including those with disabilities. Toward that goal, three units encompass these concepts through “Same/Different,” “Body Parts,” and “Transportation.” Young children are encouraged to celebrate unique differences by being aware of individual differences and stereotypes.


This book is a masterpiece focusing on the ways we create indoor and outdoor spaces and how these spaces affect the children we care for. Interspersed with poetry and humor are ideas for improving the physical environment in which children spend an important part of their day.


This comprehensive, easy-to-use resource for evaluating quality of care infants and toddlers receive in their day care center includes full instructions and can be used by day care staff for self-assessment or by parents concerned with the quality of care their children are receiving. The reliability and validity of the scale have been established, which makes it even more useful in program improvement.


Although it is directed especially to inner-city schoolteachers, this book is dedicated to all children. It is a source book of language arts ideas to aid young children in speaking and listening and older children in speaking, listening, reading, and writing. Aimed at primary grades...
but appropriate for preschool children as well, this book is a self-concept-enriching, play-oriented approach to education.


In this resource guide for educators of toddlers, the authors provide practical suggestions for common issues such as relating to parents, guiding behavior, and planning an environment for toddler play. Included are extensive appendixes on play, low-cost materials, problem behaviors, developmental records, and newsletters.


This book for educators and parents is an important resource for helping children learn to live with differences in people. An antibias, nonexist, multicultural curriculum is presented in an effort to make little children comfortable talking about differences. Implications for staff, learning from parents, and evaluating resources are discussed. It is an approach to meeting the individual child’s needs in a group setting.


The book studies the dramatic, sobering impact of violence on very young children’s lives and discusses actions adults can take in making schools, homes, and communities safer places for young children. The publication includes a variety of topics that delve into the consequences of violence, such as perspectives on parenting and assessment and treatment of infants and toddlers experiencing violence in their lives. This topic is a necessary consideration for those who work with and care about children.


“Toddlers are a special, wonderful class of people,” the author begins. This is a useful, real-world book about toddler care that balances realities with standards of child care. It describes toddlers and the environments that work best for them such as those that are toddler-centered, have flexible routines, deal effectively with discipline issues and the toddler’s desire for independence, and encourage creativity. Trusting Toddlers has a dual meaning: first, those who care for toddlers can establish trusting relationships with children, and second, toddlers learn well among accepting adults who can provide a secure base for their emerging sense of self.


This textbook explains how to design curricula for infants and toddlers and how to develop a learning and caring environment. The author outlines developmental profiles that caregivers can use to identify a child’s behavior and record practicing behaviors and proficiency behaviors. It is designed for individuals training to work with infants and toddlers and for caregivers already in the field.

Video

My Kind of Place. Greater Minneapolis Day Care Association, 1628 Elliott Avenue South, Minneapolis, Minnesota 55404. 612-341-1177

Discipline


This is a highly pragmatic, readable guide to discipline written with young children in mind but adaptable for other age groups. The author invites the reader to think about the meaning of discipline, then discusses seven realistic principles of discipline and offers activities, discussion questions, exercises, examples, and homework assignments in which these principles are put to use with one’s own children. The beauty of this guide is its simplicity and that it can be used with equal success with both child care staff and parents. The principles are based on a sound framework of child development, and, with practice, they truly work.

Written specifically for adolescent parents, this book includes practical ideas for avoiding—as well as handling—discipline problems. It explores many basics of discipline: infants can’t be “spoiled,” yelling and hitting don’t help children learn, punishment is not discipline. Quotations from adolescent parents keep the guidelines and topics real. Lindsay has a firm understanding of the developmental level of adolescent parents and has written an essential resource for working with them.


This guide defines discipline as helping young children gain self-control. Although it was written specifically for caregivers and other early childhood professionals, the quick-to-read guide is appropriate for parents as well. Important aspects of discipline include assuring that the room is arranged with the children in mind, how an adult’s behavior and manner affect children’s behavior, and learning skilled ways of talking with children. The author offers suggestions for dealing with specific situations such as spitting, biting, and hitting.

**Video**


After presenting four vignettes of stressful situations, the video discusses alternatives to punishment. In the first scene, a single mom cannot get her baby to stop crying at night; in the second scene, a toddler gets spanked for “getting into things”—exploring his environment. Another scene shows an older boy who refuses to get off his bike to come in for dinner. The last scene depicts a father’s impatience with his daughter when she doesn’t clean her room. After each of the four scenes, the viewer is asked to stop the video and brainstorm solutions; when the video continues, nonviolent strategies for disciplining are presented. It is excellent for both staff training and parent education.

**Health and Safety**


This is a clearly written and concise book on childhood illnesses, with photographs and descriptions of health principles.


The book is a comprehensive catalog of guiding principles of health standards, rationales for maintaining these standards, and accompanying competencies for day care and early childhood programs. It is essential for any day care center concerned with quality of care as it relates to the health and safety of children and staff. It includes thorough, lengthy, and medically technical coverage of health issues for staff, activities, protection and promotion, of health, nutrition, equipment, physical facilities, and infectious diseases. It is most appropriate for day care and early childhood staff, but many parents will find useful information on health and safety as well.


Clearly illustrated and printed in large print, this handbook gives step-by-step instructions and illustrations for dealing with common childhood emergencies. It explains precisely what to do as well as what not to do in specific emergencies. There is a quick reference index for first aid, as well as a list of necessary emergency first aid supplies to keep on hand. A parent’s emergency information page is at the back of the book.

This book provides a checklist and quick reference resource pages. A useful listing of health and safety systems and agencies and mail order companies for specific safety supplies is included. Information on fire safety, home heating safety, safe and poisonous plants, poisoning, burns, and a wealth of other information is provided on reproducible sheets for parents and for use on posters and in staff training.


The book focuses on helping parents and caregivers create a safe environment. The author provides guidelines for general safety practices and room-by-room safety-proofing techniques. Of special interest to low-income parents would be the book's instructions on do-it-yourself techniques to assure safety-proofing. Appendixes list poisonous plants, toxic household products, emergency phone numbers, resources for child safety information, and child safety statistics.

**Videos**

*Family Child Care: Health and Safety, a Video for Family Child Care Providers.* Massachusetts Department of Health; distributed by Redleaf Press.

This 18-minute video discusses health and safety issues that family day care providers need to address to comply with family day care regulations. Attention is given to the potential dangers of used baby equipment that no longer meets safety standards. A stop-and-start video format gives step-by-step instructions on safety-proofing. It is also useful for day care center staff and parents.


As a health training program for day care staff, this video discusses what germs are, how to prevent spreading germs by improving hygiene and creating a healthy environment, how to recognize symptoms and illnesses, and how to work with parents and health professionals. It includes a practical, usable parents' guide to health and child care and suggested training activities. Handouts on germs, handwashing, diapering, sanitizing, conducting health checks, and developing health policies are included, as is a resource list for additional reading.


This video points out that the leading accidents causing deaths among children—falls, burns, and poisoning—are preventable. Creating an ouchless house begins the day a parent brings a baby home from the hospital. Choosing and using a child-safe car seat, bathtub safety, safety-proofing, and choosing toys wisely are covered in this video. Special sections on lead poisoning and on first aid and emergency CPR are included. The American Academy of Pediatrics no longer recommends putting a newborn to sleep on his or her tummy, as this video suggests. Rather, infants should be placed on their backs to prevent suffocation.

*Baby’s Basics* can be obtained from VITA Health Communications, 335 Huron Avenue, Cambridge, Mass. 02138. This tape contains eight sections: the newborn; caring for yourself postpartum; first days at home; daily care; feeding; health and safety; crying and sleeping; and growth and development.

*Where Did I Come From* is produced by LCA/Consolidated Video, New World Videos, Los Angeles, California, and is available in many commercial video stores.

*The Baby Care Workshop* (English and Spanish) shows handling, diapering, and dressing; calming the baby; when your baby is sick; safe and sound; playtime; bath time. Order from Professional Partnership, P.O. Box 2153, Salinas, Calif. 93902.

*Shaking, Hitting, Spanking: What to Do Instead* can be ordered from Family Development Resources, 3160 Pinebrook Road, Park City, Utah 84060.

*The First Two Years: What Lily Learned and Toddler Safety: Lily Thinks Ahead* (English and Spanish) can be ordered from Altschul Group, 1560 Sherman Avenue, Suite 100, Evanston, Ill. 60201; phone 800-323-9084.
It is hard to be a parent before you have become a grown-up. Reaching teen parents is a challenge for educators.

The popular Cornell Cooperative Extension facilitator’s guide *Teens as Parents of Babies and Toddlers* has been completely revised and is now in its second edition.

Fifty-one workshop outlines are divided into four sections to make it easy to use:

- **The Social World of Teen Parents**
  Sets a foundation by covering support networks, personal resources, parents living with their parents, and violence

- **Babies** and **Toddlers and Two-Year-Olds**
  Discuss temperament, discipline, feeding the baby and making baby food for an older child, clothing, playing with the baby, child care, and toilet learning

- **Health and Safety**
  Addresses safety and poison-proofing a home, safe toys, tooth care, caring for a sick child, immunizations, and emergencies

This 220-page guide includes an extensive annotated bibliography of recent books and videos on child care and adolescents as parents. The listing makes it easy to find additional useful resources.

The authors, nationally known experts in early childhood development, have provided a treasure trove of information that is invaluable for educators.