

# Academic/Career & Technical Related/Demonstration Lesson Plan

Instructor Stephanie Wilfong

Date Blizzard Bag 2

Program/Class ECE

Period Senior Lab

## State Indicator/Competency

- 3.2.2 Communicate main ideas and supporting facts to achieve purpose of communication.
- 5.3.2 Explain and maintain basic sanitation, dietary, health and hygiene principles.
- 5.3.3 Describe strategies to promote wellness in the work environment through routine care and maintenance of materials and equipment.
- 5.3.4 Express students' need for a physically and emotionally safe environment and how it impacts the growth and development of young students, including those with special needs.
- 5.3.5 Explain that safety risks change with each student's developmental stage.
- 7.1.1 Describe the interdependence of the developmental domains (e.g., social, emotional, cognitive, language, sensory, creative, physical, adaptive).
- 7.1.2 Explain developmental sequences, stages and milestones.
- 7.1.3 Discuss the varying rates of development in individual students.
- 7.1.4 Identify developmental results from interactions between the student and the student's early relationships and experience, which include family, language, culture and environment.
- 7.1.5 Explain how attachment significantly impacts all areas of development.
- 7.1.6 Describe the cumulative effects of early experiences and their potential for both positive and negative effects on student growth and development.
- 7.1.12 Explain how play provides the opportunity for young students to grow and develop, incorporating different modes of learning and different ways of representing knowledge and demonstrating skills.
- 7.2.2 Identify basic developmental sequences, stages and milestones of young students.
- 7.2.3 Explain students' developmental levels in relation to age appropriate norms and use that information to meet the general needs of students showing typical development.

## Instructional Objective(s):

- The students will identify steps or procedures to be followed when caring for the safety of infants. (80% accuracy)

## Materials:

Infant Safety Articles provided by Akron Children's Hospital

## Method of Instruction:

Individual work

## Activities:

- The students will read all three attached articles describing how to safely care for infants.
- They will then answer the questions on the worksheet.

## Assessment:

- Caring For Infants' Safety Worksheet (10 – points)

# Tips to Grow By™



Akron  
Children's  
Hospital

A publication of Akron Children's Hospital

## Baby's Skin Care

You've probably noticed that your baby's skin is different from yours: softer and more delicate. It's no wonder that things are said to be "soft as a baby's bottom!" Follow these tips to keep your baby's skin smooth and healthy.

### BATH TIME

One of the most familiar rituals of parenting is baby's bath. Not only are you cleaning your child, but you also are creating a bond through touch and the sound of your voice. Don't go overboard, though — a bath two or three times a week is enough. In fact, too much bathing washes out the natural oils and dries the skin.

Gather everything you need before you begin the bath. **Never leave your baby alone in or near water** — a child can drown in only a few inches of water. If you have forgotten something or if the phone rings, *always* take the baby with you, wrapped in a towel. Never leave the baby unattended.

Always keep one hand on your baby to prevent falls, or use a safety strap. And always check the water temperature carefully with your wrist or elbow before putting your child in the tub. Set the temperature on your water heater to 120° F, or use the "low-medium" setting. Water that is hotter than this can cause burns in two to three seconds.

Until the umbilical cord stub falls off, give your baby sponge baths only. To keep baby from getting too cold, wrap the infant in a towel and expose only the area you are washing. Applying substances to the umbilical cord has been shown to delay the separation of the cord stub. It's best to keep the cord clean and dry. It will usually fall off in one to three weeks. (See Tip #IN226, "Baby's Cord Care.")

Once the cord is gone you can start tub baths in a warm, undrafty room. Use water that is comfortably warm but not too hot, and a mild, unscented soap (such as Dove® or Johnson's Baby Soap). Avoid soaps that are harsh, strongly perfumed or antibacterial, and keep all suds out of your baby's eyes.

Whether you're sponge- or tub-bathing, be gentle (especially on the "soft spot" on baby's head) but thorough. Use a little baby shampoo once or twice a week. Pat the skin dry, making sure to get all moisture out of body creases, under the neck and behind the ears. Most babies' skin will become dry and peel during the first two or three weeks of life. This is normal and will typically go away on its own, so no lotion is needed for this. After this resolves, a small amount of lotion is OK if your baby's skin looks dry, but stay away from oils, creams and powders, which can cause rashes. Use only lotions made specifically for babies.

You may notice small white bumps surrounded by reddened skin or tiny red bumps on your baby's face. This is normal and occurs in about 40 percent of all infants. These bumps will go away on their own in a month or two. A rash that spreads to other areas of the body or one that doesn't go away should be checked by a doctor. (See Tip #IN217, "Diaper Rash," Tip #IN218, "Cradle Cap," Tip #SI720, "Skin Rashes and Infections," and Tip #SI730, "Eczema.")

### EYES, EARS AND NAILS

Newborns have very small tear ducts, which can result in some discharge or tearing of the eyes. If this occurs, clean the eye with a wet cotton ball or washcloth. If you notice redness in the white part of the eye or the eyelid, if swelling occurs, or if your baby appears to be in pain, see your pediatrician.

Never insert cotton swabs into the ear canal. You may just push wax or dirt farther into the ear, and may even puncture the ear drum or ear canal. Clean only the outside of baby's ears. ("Nothing in the ear smaller than your elbow" is old, but good advice.)

Trim your baby's nails frequently, cutting straight across with a pair of cuticle scissors. Remove sharp edges with a nail file, but do not attempt to shape nails. Trimming is easiest when your baby is asleep.

Your child's doctor is an excellent source of information about this and other child health topics. This information is of a general nature and is not intended to serve as a substitute for the advice of a doctor.

Tips to Grow By™ is a public service of Akron Children's Hospital. To receive an order form and to read other Tips, go to [www.akronchildrens.org/tips](http://www.akronchildrens.org/tips) or call 330-543-8760.

**Photocopying of Tips to Grow By™ is prohibited. Photocopied Tips may contain outdated information. If you received a photocopy of this Tip, please call 330-543-8760.**

IN201 © 02/13

# tips to grow by

## The 0-1 Month Well Visit

Parents want to do all they can to help their children grow and develop normally. "Well visits" help your baby's doctor judge your child's growth and development and will help you anticipate problems.

This and subsequent Tips to Grow By<sup>©</sup> on well visits will help you understand your baby and what to expect when you visit the doctor.

### DEVELOPMENT

At 1 month of age, your baby:

- Will be startled by loud noises.
- Can lift her face off the table when lying on her stomach.
- Turns her head toward mother's voice.
- Likes to watch mom's face.

### IMMUNIZATIONS AND TESTS

If your baby didn't receive certain shots at birth, the doctor will give them at this visit. For specific information on the American Academy of Pediatrics' recommended vaccination schedule, see Tip #DP901, "Immunizations."

It's important to get any blood tests done or repeated if your doctor thinks it's necessary. These tests check for conditions that may cause mental retardation, sickle cell disease and/or other blood-related illnesses.

### DIET

Mother's milk is nature's best formula. Please don't stop breastfeeding without talking to your doctor. (See Tip #IN206, "Breastfeeding.")

If you're bottle-feeding, your baby should drink 2 to 4 ounces of formula every three to four hours. Never prop the bottle or leave your baby unattended during a feeding! The baby could choke.

Whether breast- or bottle-fed, babies love to be cuddled and talked or sung to while eating. (See Tip #IN204, "Infant Nutrition.")

### HEALTH TIPS

Be sure to keep your baby's doctor appointments. You also should buy a thermometer so you'll be prepared if your baby becomes ill. (See Tip #IN216, "Taking a Temperature.")

New parents often are unsure about their baby's health. It's normal for your baby to have a fussy time each day, usually in the evening.

Call the doctor immediately if your baby:

- Doesn't look well.
- Has any degree of fever. (See Tip #SI705, "Fever.")

- Is unusually fussy, lethargic or sleeps more than usual.
- Has diarrhea. (See Tip #IN209, "When To Call the Doctor.")

### SAFETY TIPS

- Ohio law requires the use of an approved child safety seat for all children under age 4 and those weighing less than 40 pounds. Children over 4 years and 40 pounds are required to be in a booster seat until they are 8 years old or 4'9" tall. Children of all ages are safest when restrained in the back seat. Approved car seats made for infants should always be rear-facing until children weigh at least 20 pounds and are at least 1 year of age. Use your baby's car seat for every ride in the car. Make sure grandparents, baby-sitters and others who transport your child follow the law. (See Tip #IN208, "Safety Seats.") For further information about the proper installation of child safety seats, contact the Safe Kids Coalition at 330-543-8942 for Akron Children's Hospital, main campus, or 330-729-1387 for the Mahoning Valley campus.
- Never leave your baby unattended or alone with young siblings or pets. Do not sit infant seats on tables or counters.
- Baby's crib should have a snug-fitting mattress. Slats should be less than 2 $\frac{3}{8}$  inches apart.
- Don't use pacifiers with strings! Baby could get tangled in the string and choke.
- Put your baby to sleep on his back, never on his tummy. Don't let him sleep on soft mattresses, pillows, waterbeds or sheepskin-type covers. This could cause suffocation. (See Tip #IN228, "Baby's Sleep Positions.")
- To prevent scalding burns, set your water heater's temperature below 120 degrees F.
- Keep hot liquids at the back of counters and tables. Don't drink hot liquids while holding your baby.
- Install smoke detectors in every bedroom and on every floor of your house.
- Don't allow cigarette smoking around the baby. Secondhand smoke is an extreme lung irritant and may cause lung cancer. (See Tip #DP903, "Smoking and Secondhand Smoke.")

### TOYS AND PLAY

At 1 month, your baby will enjoy a mobile. Be sure strings are short so she can't get tangled in them.

Keep this rule in mind when choosing toys for your child: Anything that is able to be dropped through a toilet tissue roll is too small to be given to a child under 3 years of age.

Remember: Babies can't be "spoiled." They learn to develop trust when they are picked up and attended to quickly. Looking at, talking to and cuddling with your baby are simple steps that are important to growth and development.

### **NEXT WELL VISIT**

Your baby's next well visit will be at age 2 months. At that time, the doctor will examine your child and make sure his immunizations are up-to-date.



One Perkins Square • Akron, Ohio 44308-1062  
www.akronchildrens.org

Your child's physician is an excellent source of information about this and other child health topics. This information is of a general nature and is not intended to serve as a substitute for the advice of a physician.

Tips to Grow By™ is a public service of Akron Children's Hospital. To receive an order form, please call 330-543-8760.

**Photocopying of Tips to Grow By™ is prohibited. Photocopied Tips™ may contain outdated information. If you received a photocopy of this Tip™, please call 330-543-8760.**



Ask Children's  
Health Information & Physician Referral  
330-543-2000  
1-800-358-KIDS

© 11/11

# tips to grow by

## Sudden Infant Death Syndrome (SIDS)

Sudden Infant Death Syndrome (SIDS), also known as crib death, is a medical term used to explain the sudden death of an infant. A lack of answers is what makes SIDS so frightening because most SIDS victims appear healthy prior to death. It's the leading cause of death among infants who are 1 month to 1 year old, and claims the lives of about 2,500 infants each year in the United States. It remains unpredictable despite years of research. SIDS is usually named as the cause of death only after all other possible causes are ruled out.

### RISK FACTORS

SIDS strikes families of all races, ethnicities and socioeconomic origins without warning. Most deaths due to SIDS occur between 2 and 4 months of age, a peak time when babies start to squirm, to pull things over their faces and develop mobility. The incidence of SIDS increases during cold weather. African-American infants are twice as likely, and Native American infants are about three times more likely, to die of SIDS than Caucasian infants. More boys than girls fall victim to SIDS. When considering which babies could be most at risk, no single risk factor is likely to cause a SIDS death. Rather, several risk factors combined may contribute to cause an at-risk infant to die of SIDS. The good news is there are things parents can do to help reduce the risk of SIDS in their infant. **First and foremost, put your infant to sleep on his back if the baby is younger than 1 year old.** Most SIDS deaths are associated with sleep (hence the common reference to "crib death.") Other potential risk factors include:

- smoking, drinking, or drug use during pregnancy
- poor prenatal care
- prematurity or low birth-weight
- mother younger than age 20
- smoke exposure following birth
- overheating from excessive sleepwear and bedding
- stomach sleeping

The striking evidence that stomach sleeping might contribute to the incidence of SIDS led the American Academy of Pediatrics (AAP) to recommend that all healthy infants younger than 1 year of age be put to sleep on their backs. Since the AAP's recommendation, the rate of SIDS has dropped by over 50 percent. Still, SIDS remains the leading cause of death in young infants, so it's important to keep reminding parents about the necessity of back sleeping. (See Tip #IN228, "Baby's Sleep Positions.") Many parents fear that babies put to sleep on their backs

could choke on spit-up or vomit. However, according to the AAP, there is no increased risk of choking for healthy infants who sleep on their backs. For infants with chronic gastroesophageal reflux disease (GERD) or certain upper airway malformations, the AAP urges parents to consult with their child's pediatrician to determine the best sleeping position for their baby. (See Tip #IN230, "Gastroesophageal Reflux.") According to the AAP, placing infants on their sides to sleep is not a good idea because of the risk of rolling over onto their bellies while asleep.

As a result of the "Back to Sleep" campaign, pediatricians are seeing more cases of positional plagiocephaly, a condition in which babies develop a flat spot on the back of their heads from spending too much time lying on their backs. This condition is easily treatable by changing your baby's position frequently and allowing for more "tummy time" when he is awake. Of course, once babies can roll over consistently — usually around 4 to 7 months of age — they may choose not to stay on their backs all night long. At this point, it's fine to let babies pick a sleep position on their own.

### REDUCE YOUR BABY'S RISK

In addition to placing healthy infants on their backs to sleep, the AAP suggests the following measures to help reduce the risk of SIDS:

- Place your baby on a firm mattress and in a crib to sleep; never on a pillow, waterbed, sheepskin, or other soft surface. In order to prevent rebreathing (a term used when babies are forced to breathe their own exhaled air, which is mostly carbon dioxide, instead of fresh oxygenated air) do not use fluffy blankets, comforters, stuffed toys, crib bumpers or pillows in the crib or near the baby.
- Make sure your baby does not get too warm while he is sleeping. Keep the room at a temperature that feels comfortable for an adult in a short-sleeve shirt. The American Academy of Pediatrics recommends using "sleep sacks" or "sleepers" instead of blankets during colder months.
- Do not smoke, drink, or use drugs while pregnant and do not expose your baby to secondhand smoke. Infants of mothers who smoked during pregnancy are three times more likely to die of SIDS than those whose mothers were smoke-free; exposure to secondhand smoke doubles a baby's risk of SIDS. (See Tip #DP903, "Smoking and

Secondhand Smoke.”) Researchers speculate that smoking might affect the central nervous system, starting prenatally and continuing after birth, which could place the baby at increased risk.

- Receive early and regular prenatal care.
- Make sure your baby has regular well-baby checkups. (See Tips #WV1001-WV1008, “Well Child Visits.”)
- Breastfeed, if possible. There is some evidence that breastfeeding may help decrease the incidence of SIDS. The reason for this is not clear, though researchers think that breast milk may help protect babies from infections that increase the risk of SIDS. (See Tip #IN206, “Breastfeeding.”)
- If your baby has GERD, be sure to follow your doctor’s guidelines on feeding and sleep positions.
- Put your baby to sleep with a pacifier during the first year of life. If your baby rejects the pacifier, don’t force it. Pacifier use during sleep has been linked with reducing the risk of SIDS.
- While infants can be brought into a parent’s bed for nursing or comforting, parents should return them to their cribs or bassinets when they’re ready to sleep. It’s a good idea to keep the cribs and bassinets in the room where parents’ sleep. This has been linked with a lower risk of SIDS. The American Academy of Pediatrics (AAP) does not recommend sleep

sharing or co-sleeping. Each year, infants die while sleeping; and sharing a bed with an adult is cause for a significant number of these deaths. Adult beds do not have the same safety features as cribs. Adults, older children and other objects, such as soft pillows, bedding and blankets, can smother babies. Babies should always sleep on their backs, alone, in a safety-approved crib.

## SIDS SUPPORT

While no adequate medical explanations for SIDS deaths exist, research is being conducted to learn how and why SIDS occurs. Scientists are exploring how everything from vitamin and nutrient deficiencies, metabolic disorders, brain stem defects, other birth defects and environmental factors may play a role in SIDS. Research may eventually reveal that SIDS has more than one cause. However, since its cause is currently not known, parents should not blame themselves or their child care providers for their baby’s death. For parents and families who have experienced a SIDS death, there are many groups, including the Sudden Infant Death Syndrome Alliance, that provide grief counseling, support and referrals. Growing public awareness of SIDS and the steps to reduce infants’ risk of sudden death hopefully will leave fewer parents searching for answers in the future.



**Akron  
Children's  
Hospital**

One Perkins Square • Akron, Ohio 44308-1062

[www.akronchildrens.org](http://www.akronchildrens.org)

Your child’s physician is an excellent source of information about this and other child health topics. This information is of a general nature and is not intended to serve as a substitute for the advice of a physician.

Tips to Grow By™ is a public service of Akron Children’s Hospital. To receive an order form, please call 330-543-8760.

**Photocopying of Tips to Grow By™ is prohibited. Photocopied Tips™ may contain outdated information. If you received a photocopy of this Tip™, please call 330-543-8760.**



**Akron  
Children's  
Hospital**

**Ask Children's  
Health Information & Physician Referral**

330-543-2000  
1-800-358-KIDS

© 03/12

## Immunizations

Diseases such as diphtheria, tetanus, whooping cough and measles once killed thousands of children and caused countless misery for millions more. At one time, the only way to prevent these diseases was luck. But now, thanks to a strong commitment by parents and medical professionals, immunizations can protect your child from most of these diseases.

Immunization is not only good for the individual child; it's good for all of us. If parents didn't have their children immunized, we'd be back to fighting epidemics. And it's a key component of preventive medicine. You're giving your child protection from diseases that otherwise might bring pain, permanent damage or even death.

### CHANGES IN THE IMMUNIZATION SCHEDULE

The vaccine schedule is changing yearly as new vaccines are available to protect children from a variety of serious illnesses. The most current vaccine information statements (VIS) are available on the sites mentioned below and from your pediatrician's office. They tell you about the vaccines, the diseases they help prevent, schedules and side effects.

- The Immunization Action Coalition at [www.vaccineinformation.org](http://www.vaccineinformation.org)
- The American Academy of Pediatrics at [www.aap.org/immunization/](http://www.aap.org/immunization/)
- The Centers for Disease Control's National Immunization Program at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Here is a short description of the newer vaccines:

- The new HPV (Human Papilloma Virus) vaccine helps protect adolescents and women from cervical cancer. It also prevents genital warts in males. HPV is a three-dose series and is routinely recommended for boys and girls 11-12 years of age; however, doctors may give it to children as young as 9 years of age. HPV also is recommended for anyone 13-26 years of age who did not receive it at 11-12 years old.
- Rotavirus is a virus that causes severe diarrhea. Many infants and young children are admitted to the hospital each year with this illness. Rotavirus vaccine is 98 percent effective in preventing severe diarrhea caused by rotavirus. There are other viruses that also cause diarrhea, so you should still be careful about diaper and hand hygiene. The vaccine is given by mouth as drops and consists of two or three doses. The first dose must be given between 6 and 14 weeks of age.
- A meningococcal conjugate vaccine (MCV4) is recommended at the 11-12-year-old well visit. The

MCV4 helps protect adolescents from a deadly form of meningitis. If your adolescent has not received MCV4, it is recommended that he receive it now. He should receive a booster dose at age 16.

- A diphtheria, tetanus and pertussis (Tdap) booster is recommended at the 11-12-year-old well visit. The Tdap booster replaces the traditional tetanus-diphtheria (Td) booster since adolescents can catch and pass whooping cough (pertussis) to young infants who are not yet protected by immunization. Pertussis can be very serious and even deadly for infants.
- Hepatitis A vaccine (Hep A) is recommended between 12 and 18 months, and a second dose six months later. Children with Hepatitis A often have no symptoms, but are very contagious. They catch the virus from other children and can pass it to adults in their home and child care center, who then can become seriously ill. If your child did not receive Hep A at 1 to 2 years of age, ask your pediatrician if he should receive it now.
- Influenza vaccine (flu shot) protects children against influenza, an infection that can be very serious (three to seven days of high fever, bad cough, headaches, muscle pain and other complications) to healthy children and fatal to both healthy children and children with some medical conditions. Children also can bring influenza home and give it to their younger siblings, parents and/or older relatives in whom the illness also can be life-threatening. People lose sight of the seriousness of influenza because many refer to colds and stomach viruses as "the flu." Influenza vaccine is recommended for everyone. Household contacts of children birth to 5 years and household contacts and child care providers for children of any age with certain chronic conditions such as asthma, diabetes, or heart problems especially need to get the flu vaccine to protect these children.

### RISKS VS. BENEFITS

Just as common sense tells you immunization is good for your child, it also tells you nothing's perfect. Side effects of immunizations can make your child uncomfortable and although rare, even be related to serious problems.

Some children should not receive every vaccine. Please speak to your child's doctor if:

- Your child has had a serious reaction to a vaccine.
- Your child has a serious allergy to gelatin, egg or neomycin.



# Immunizations (continued)

- Your daughter is in the first trimester of pregnancy.

Some children should not receive a live virus vaccine (measles, mumps and rubella "MMR," chickenpox, nasal flu vaccine, or rotavirus). Please talk with your child's doctor if:

- Your child has an altered immune system, as with leukemia, lymphoma, other cancers or HIV/AIDS.
- Your child takes steroid medications by mouth.
- Your child is on chemotherapy or receiving radiation therapy.
- Your daughter is pregnant or could become pregnant in the next few months.

*Your child's doctor or health clinic is the best judge of whether or not an immunization is appropriate.*

## IMPROVING THE ODDS

How can parents make the odds against these diseases even better for their children?

- Check for the most recent recommendations on the previously noted Web sites or at your pediatrician's office.
- Your pediatrician's immunization schedule may vary. Pediatricians may use combination vaccines that lessen the number of shots your child has to receive, and some children will need a different schedule due to a medical condition.
- Your doctor will recommend a schedule, but it's your responsibility to make sure your son receives his immunizations.
- Keep a record of your daughter's immunizations in case of an emergency or if you move or change doctors.
- Try to stay on schedule; the entire series must be given to ensure protection. If the duration between doses is prolonged, the series need not be restarted.
- Ask your child's physician what symptoms to watch for whenever she receives a vaccination or other medication. Make sure you receive a Vaccine Information Statement before you leave the office. Vaccine Information Statements are available in many languages at [www.immunize.org](http://www.immunize.org)

## COMBINATION VACCINES

There are several combination vaccines available (injections that contain two or more of the usual vaccines). These can decrease the number of injections that your child

receives. Combination vaccines that have been approved by the FDA show that each of the individual vaccines in the combination is effective. If your pediatrician uses a combination vaccine he will record the individual components on your child's shot record. Your pediatrician may or may not have these combination vaccines available for your child as they are not always available from the manufacturer. Keep in mind that it usually takes the insurance companies and Vaccines for Children some time after approval to agree to pay for combination vaccines.

## COMMON SIDE EFFECTS

All immunizations: Slight fever; soreness at injection site. Read the VIS (vaccine information statement) given to you by your child's health care provider.

DTaP: Slight fever; irritability for one to two days; soreness and swelling at injection site.

MMR: Fever; possible rash; soreness at injection site; mild swelling of the glands of the neck; aching or swelling of joints.

Varicella (chickenpox): Fever; mild rash 10-21 days after immunization.

## DANGEROUS SIDE EFFECTS

If the following symptoms occur after any immunization, you should call 9-1-1 or take the child to the emergency room:

- Severe allergic reactions such as hives or trouble breathing.
- Fever of greater than 104 degrees F within 48 hours of a shot. **However, any degree of fever in an infant age 3 months or less should be reported to your pediatrician immediately. (See Tip #SI705, "Fever.")**
- Persistent, high-pitched cries lasting for 3 hours or more.
- Seizures, fits or convulsions within three days of a shot.
- Child is limp and hard to awaken.

Children who have experienced an immediate, severe, allergic reaction or a severe, acute, central nervous system disorder within seven days of receiving a vaccine should not receive any further doses of that vaccine. Parents of children with any of the other severe side effects noted above should discuss with their physician the advisability of additional doses.



Your child's doctor is an excellent source of information about this and other child health topics. This information is of a general nature and is not intended to serve as a substitute for the advice of a doctor.

Tips to Grow By™ is a public service of Akron Children's Hospital. To receive an order form and to read other Tips, go to [www.akronchildrens.org/tips](http://www.akronchildrens.org/tips) or call 330-543-8760.

**Photocopying of Tips to Grow By™ is prohibited. Photocopied Tips may contain outdated information. If you received a photocopy of this Tip, please call 330-543-8760.**



## Caring For the Safety of Infants Worksheet

Name \_\_\_\_\_

Date \_\_\_\_\_

After reading the provided articles, circle the "t" if the statement is completely correct. If the statement is not completely correct, circle the "f" for false.

- T F 1. A child can drown in only a couple inches of water.
- T F 2. Parents should shape their infant's nails with nail trimmers so that they are rounded on the edges to prevent scratches and cuts.
- T F 3. It's normal for babies to have a "fussy" time each day, usually in the evening.
- T F 4. Babies can't be "spoiled" by holding them too much or giving them attention too often.
- T F 5. Babies should be placed on their tummy to sleep on a soft and comfortable mattress.
- T F 6. Research shows that the use of pacifiers during sleep with infants under the age of one year has been linked to reducing the risk of SIDS.
- T F 7. Immunizations can provide protection from diseases that otherwise might bring pain, permanent damage or even death.
- T F 8. Immunizations may cause side effects such as fever, hives, swelling around injection site, or even seizures in infants.
- T F 9. Combination vaccinations provide protection to multiple diseases with just one injection, and have been approved for use by the FDA.
- T F 10. Infants should be bathed only two to three times per week because of the risk of drowning.