Preventing Child Abuse In Family Child Care Settings

A Training Module For Family Child Care Providers
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In Family Child Care Settings

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Family Child Care Providers

Originally prepared by
the Department of Defense,
OFPS & S/University of Minnesota;
Adapted by NACCRRA
for use with military programs
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Family child care can provide an ideal setting in which to care for children, because it is the environment most like their own homes. In this setting, siblings of different ages can be together during the day, an “only child” can experience “siblings” during daytime hours, and parents and children alike have only one provider and family with whom to attach.

Being a family child care provider, however, has its challenges. It can be difficult for you, as a provider, to include babies, toddlers, preschoolers, and schoolagers in the same activities in meaningful ways. Because children of different ages have varying nap needs, it can be difficult for you to get any time to yourself during the day. Being alone with children for long hours, you get no breaks – and no relief from that baby who’s been fussing all day. Parents often want to talk with you at times when you need to be watching the children, and they can be inconsiderate about picking up their children on time. These challenges can stress you, the provider, and your family.

Stress is a part of life for everyone, and it affects our behavior on and off the job. Some stress is personal: marital conflict, trouble with our own children, living away from our relatives and friends, health problems, and drug or alcohol abuse. Other stress is related to the job of caring for young children: children who bite or have temper tantrums, colicky babies, complaining parents who don’t follow established policies. Whatever the cause, when stress gets out of hand, it can cause physical symptoms: depression, anger, or abusive behaviors.

Child abuse can occur in any child care setting, given the right combination of factors: motivation (stress or background), opportunity, and a vulnerable target (child). Sometimes the abuse or neglect is intentional and sometimes it is not. As a provider, you can be accused of abuse in situations where you (or your family) had no intention of harming a child. Stress or lack of skills to handle a situation (or both) can cause you or a family member to lash out at a child, causing injury. Neglect can also cause unintentional injury. For example, a baby left unattended in an infant seat on the table could be pulled over by the 18-month-old and suffer head injuries.

Training and information can assist you in providing the highest possible quality care for children. Family child care homes that provide high quality care are less likely to experience accusations or actual events of child abuse. High quality family child care meets children's physical and emotional needs; it also offers a safe environment in which children can be active and can learn creatively in a home setting. Children trust that the provider will care about them and keep them safe while they play with toys and materials in the home.

Sometimes family child care providers lack the skills they need to guide children’s behavior in a positive way. When this is the case, you, the provider, could find yourself resorting to actions that hurt children. If you believe, because of your own upbringing or personal convictions, that physical punishment is the best way to deal with a child’s misbehavior, then you may have difficulty dealing with problem behaviors under county or state regulations that forbid such punishment. Behaviors such as swearing, lying, biting, or tantrums might trigger an almost instinctive response from you of striking out, shaking hard or making a child feel bad.

You and your family members have needs and feelings of your own, too. Under stress, you can lose control of these feelings and lash out at vulnerable children, who are unable to fight back. Most states child care regulations forbid a provider or family member from harming a child physically. When you use physical violence with young children, you model violence as a resolution to problems. You also destroy the trust that the child and parents have placed in you and your family to keep the child safe. Recognizing the role of stress in the risk of abuse, you are urged, as a provider, to attend training sessions on topics like child development, guiding behavior, and stress management.

Unlike physical abuse, sexual abuse is not usually triggered by stress. The main factor involved in this type of abuse is an adult (or teenager) using a child to meet his or her own desires in a sexual manner. While nobody wants to admit to this type of abuse, it does occur in family child care settings. The abusers are often family members or relatives with access to the children. Do not assume that this could never happen in your child care home. It is better to take safety precautions and remove potential risk for everyone.
In response to reported cases of child abuse in family child care homes, procedures have been established to help protect children and providers, such as:

- Conducting background checks on providers and family members over a certain age.
- Requiring periodic, unannounced home visits by program sponsors, CCR&Rs, outreach workers, and/or state, county, or city licensing staff.
- Requiring providers to follow policies about guidance and touch issues, helpers (i.e., assistants who are never left alone with children), substitutes (i.e., backup providers), and parent access.
- Training providers about child abuse and neglect issues.
- Regulating the use of and requiring training and/or screening of substitutes.

This manual is designed to help you, the provider, keep children safe from abuse while they are in your care, and to help you protect yourself (and your family) from being accused of child abuse.

Providers who are Concerned About Child Abuse in the Family Child Care Setting Know How to:

1. Recognize Possible Child Abuse and Neglect in Your Own Setting

Some examples of abuse and neglect that occur are:

- A provider slaps a child. “Don't you ever talk back to me again!”
- A provider's spouse shakes a baby who has been crying. “Be quiet! Do you hear me?”
- A provider leaves a baby in the care of her six-year-old in the living room. When the baby fusses, the six-year-old hits the baby on the head with a wooden block.
- A provider's teenage son exposes himself to a four-year-old. “Don't be frightened. It's OK for you to touch me.”
- While changing a toddler’s diaper, a provider fondles a child's genitals. “I won't hurt you. I just want to tickle you.”
- A provider uses soap to wash out the mouth of a child who swore. “That'll teach you not to use those words!”
- A provider makes a 2-1/2-year-old sit in his soiled pants until his parents arrive. “Maybe if you have to stay in them and feel icky, next time you’ll remember to use the bathroom like a big boy.”
- A helper threatens a child for misbehavior. “When your daddy gets here, he's going to beat you good!”

2. Prevent Child Abuse and Neglect by Yourself and Others

Some examples of what you, as a provider, can do:

- Make sure that you, your helpers and substitutes all use appropriate guidance with children. (Learning Activity 2 will define appropriate guidance). “Charlie, get the cloth by the sink to clean up the spill; accidents happen.”
- Maintain and model self-control. “Laurie, it hurts me when you hit me. If you need something, ask me.”
- Recognize your own limits and take appropriate action (while keeping children safe). “I'm very upset right now. I'm going to leave the room for a minute to cool off, and when I come back we'll talk.”
- Notice when helpers or family members are too stressed by the children and offer them your support. “Tom, I can see that the kids are really getting to you this afternoon. Maybe you could go to the store and get milk for tomorrow, and I'll stay with this group for awhile.
- Be sensitive to long-term stress within your own family and its effect on care giving. This may be a time to take a break from child care or cut back on the number of children.
- Always provide adequate adult supervision for all children indoors and outdoors. Never leave children in the care of other children or someone not able to provide the quality of care that you provide.
- Screen your helpers and substitutes. Make sure that substitutes know your rules, policies, and routines before leaving them alone with children.
• Have firm policies about discipline that specifically ban physical punishment. *Never* agree to spank children, even if parents request it.
• Seek out training on the normal ages and stages of development and on techniques for guiding behavior with young children, as well as training on how to handle special problem behaviors like biting, tantrums, or crying babies.
• Keep parents informed of what’s going on in your child care home. Make them feel welcome in your home during business hours and help them feel comfortable sharing any concerns or problems with you.
• Do not assign diaper changing or bathroom tasks to young teenage helpers; these routine activities should be learning experiences for young children and should be done by you or your substitute only.

3. Make the Family Child Care Home a Safe Place for Children

Some examples of what you, as a provider, can do:
• Be sure your home is physically safe. Check for broken furniture or toys, sharp edges, poisonous materials; remove or repair them.
• Have rooms in your home as open and visible as possible.
• Look at the play areas, indoors and outdoors, to ensure that you can see all children at all times. Provide play spaces for different ages that still allow you to supervise all children (e.g., a circle gate allows babies to play safely with their toys and keeps them out of the older children’s toys).
• Organize your schedule during the day to meet the physical needs of young children for active and quiet play, eating, and rest.
• Know and follow all state, county, or city licensing standards; USDA food program policies; and CCR&R guidelines designed to protect children and providers.
• Participate in child care training; use the ideas to develop high quality care for children in your home. Remember, providing the highest possible quality care is your best tool for preventing accusations or actual abuse!

As a family child care provider, you can combine quality care with abuse prevention by being sure that the following features are included in your child care home:

1. Careful supervision
2. Positive self-esteem building
3. Well-managed personal stress
4. Use of discipline not punishment
5. Realistic expectations of self and children
6. Learning through appropriate activities
7. Healthy, safe physical environment
8. Limited, supervised involvement of family members

Place equal emphasis on supervision and learning; on a safe, appropriate environment; on frequent, successful experiences; on well-managed stress; and on general knowledge of child development. All of these factors are important to a child’s well-being, and all must be part of a quality family child care program.

*(This material was adapted from A Child Abuse Risk Assessment Tool for the U.S. Army Family Child Care Program)*
In this lesson, you will learn:

- To identify provider behaviors that indicate high risk of abuse or neglect of children
- To identify provider behaviors that indicate low risk of abuse or neglect of children

Background Information

In the Overview section, you learned how stress and lack of skills can be related to risk of abuse in a family child care setting. You also learned about some examples of abusive behaviors, and some basic steps you can take to prevent possible abuse or neglect in your home.

This first lesson is designed to help you focus more specifically on the behaviors of low and high risk providers in a family child care home. The content of this module was taken from *A Child Abuse Risk Assessment Tool for the U.S. Army Family Child Care Program*.

Some Characteristics of a Low Risk Provider:

- The provider respects each child as an individual and recognizes the changing nature of the child’s growth and development.
- The provider is aware of the changing needs and abilities of the different age levels of the children in her care – infants, toddlers, preschoolers, and school age children.
- The provider recognizes that children need to feel good about themselves and makes sure that each has frequent successful experiences and positive recognition.
- The provider helps each child to express feelings and respects the rights and feelings of the child.
- The provider understands the learning potential in real life experiences and encourages children to participate in activities such as meal preparation, sorting socks, and picking up toys.
- The provider follows regulations pertaining to child care and carries out suggestions and directives from USDA program sponsors and CCR&R staff.
- The provider is aware that personal or family stress can affect her care of the children and takes positive measures to relieve stress.
- The provider carefully supervises children at all times, indoors and out, and is very careful about the selection of substitutes and helpers.
- Members of the provider’s family are aware of safety issues and put hazardous materials out of reach of children.
- The provider establishes positive communication with parents, with emphasis on a good business relationship and the responsibility they share for the child’s well-being.
Some Characteristics of a High Risk Provider:

- The provider's needs, or her family's needs, come first.
- The provider is demanding and expects children to obey on command.
- The provider labels and shames children – “If you’re going to act like a baby, I’ll treat you like a baby!”
- The provider believes that self-esteem is the same as arrogance or conceit – “He’s getting too big for his britches; he needs to be taken down a peg or two!”
- The provider pays attention only to negative behaviors – “You’re always fighting, you bad boy!”
- The provider treats children's attempts to interact with her as irritating demands on her time.
- The provider is hostile and resistant to licensing, USDA, and CCR&R personnel, sees them as intruders, and avoids contact whenever possible.
- The provider often may be frustrated, angry, and blaming; sometimes lashes out physically and often lashes out verbally; has poor control of her own behavior; takes out stress on children and their parents.
- The provider may be severely depressed or may have physical ailments that incapacitate her much of the time; older children frequently care for younger ones, feed them, put them to bed, change their diapers.
- The provider may threaten and frighten children about safety issues – “You bite him again and I’ll bite you so you know how it feels!”
- The provider may spend most of the time on the phone, watching TV, or with visitors; accidents are frequent – severe bites, bruises from falls, babies dropped by older children.
- Children are left without adult supervision while the provider goes to the store or to the neighbor’s; major responsibility for care is given to the oldest child in the house.
- The provider sees parents as the enemy, “out to get her,” like everybody else.

Here are some examples of high risk behaviors that can have tragic results:

- A provider often leaves the baby alone in her high chair for long periods of time. One day the baby slips down and strangles on a strap.
- A provider often watches soap operas on TV while the two babies play in the next room. One day one of the babies bites the other one several times and breaks the skin in a few places.
- A toddler has a great interest in turning the knobs on the provider's gas stove. One day the provider catches her turning the stove on and burns the toddler's hand on the flame, leaving a red mark and blister.

Certain behaviors that could harm children should not be used in family child care settings. These include:

- Slapping, hitting, or shaking a child
- Leaving children unattended or in the care of older children
- Using words that shame or threaten children
- Withholding food or clothing as punishment

Avoiding these practices helps protect children from potential injury or abuse; following these practices also protects providers from being accused of abuse or neglect.

Now do Learning Activity I.
### LESSON I – Learning Activity I

#### IDENTIFYING LOW RISK AND HIGH RISK BEHAVIORS

Listed below in the left column are provider behaviors that could happen in child care. Read the description of the behavior and decide whether the behavior should be ranked low risk or high risk of child abuse or neglect. Mark that column with an X.

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>LOW RISK</th>
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<td>5. Provider calms crying child by picking child up, talking or singing, and rocking.</td>
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<td>6. Children are not allowed to leave the table until all their food is eaten.</td>
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<td>12. Provider’s home is filled with china and antiques that children must not touch.</td>
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<td>15. Provider has policy about discipline that forbids physical punishment and asks each parent to sign it.</td>
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LESSON I – Learning Activity 1
IDENTIFYING LOW RISK AND HIGH RISK BEHAVIORS
(answer sheet)

Check your rankings of high and low risk behaviors against the answers given below.

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LESSON II

GUIDING YOUNG CHILDREN’S BEHAVIOR

In this lesson, you will learn:

• To identify positive principles of guidance you can use with young children;
• To identify common causes for children’s misbehaviors and methods of teaching positive behavior and plan for changing children’s behaviors.

Background Information

Principles of Guidance of Young Children for Family Child Care
(Adapted from a position statement by the Minnesota Association for the Education of Young Children titled, “Developmentally Appropriate Guidance of Young Children”; January, 1988 – This material has no copyright)

Principle One: Children are in the process of learning appropriate behavior.

Think of inappropriate behavior as mistaken behavior. While the behavior is not OK, it happens because the child is young and may not yet know how to act appropriately. The provider’s job is to teach children “what to do instead,” and not just “what not to do.”

For example:

• “We all spill sometimes. Get the sponge to wipe it up. Let me know if you need help.”
• “People are not for hitting. When you hit people it hurts them. Use your words when you are angry. Tell them why you are mad.”

Principle Two: An effective guidance approach is preventive because it respects feelings even while it addresses behaviors.

Providers use methods of guiding children’s behavior that respects their feelings and self-esteem while teaching appropriate behavior. Providers avoid methods that embarrass a child, put the child down, or label the child as “bad” or a “trouble maker.” Providers use methods that deal with behaviors and avoid making negative comments about the child.

For example:

• Providers avoid activities, such as competitive games and work-sheets or coloring books, which may be harmful to the self-esteem of children.
• “Mary, it’s all right to feel mad. Use your words to tell Jake how you feel. Tell him “That makes me mad!”
• “You need to use words instead of biting. I want you to spend some time alone with this puzzle until you’ve calmed down. Then I’ll help you figure out a way to divide the blocks fairly.”

Physical punishment is never appropriate. Also, repeated use of time out and other crisis methods becomes ineffective. They can indicate that a provider needs to learn some new guidance methods or to seek special help for a child. In general, time-out should be no longer than one minute per year of the child’s age, for example, three-minutes would be the maximum time-out for a three-year-old. Time-out should be used to give children time to re-group and not as punishment.
Principle Three: Adults need to understand the reasons for children's behavior.

There are always reasons for children's behavior. Sometimes inappropriate actions are the result of trying out a new behavior. Other times it may be the result of having seen another child do the same thing. Children who show serious inappropriate behavior almost always have trouble in their lives: physical problems (like a hearing loss), or trouble at home or school. These problems may require outside help from doctors, counselors, or other professionals. Otherwise, the provider’s role is to set and maintain limits and to teach appropriate behaviors.

For example:
- “Mary, it’s not OK to color on the table. Let’s get a sponge and wipe that up. Then we’ll get some paper to use with those markers.”
- Child says, “That damned kid makes me so mad.” Provider says, “Peter made you feel mad, and you can tell him or me. But you may not call each other names. He’ll get the message.”

Principle Four: A supportive relationship between an adult and a child is the most critical component of effective guidance.

While providers need not love every child they care for, it is important that they respect and care about each child as an individual. Trust and acceptance are the basis on which providers build relationships with children. Children learn about behavior and themselves from the adults who care for them and children who know they are valued tend to feel good about themselves and have less need to act out against the world. Children who act the “worst” often have the greatest need for a helping relationship and trust and acceptance.

For example:
- The provider talks with a variety of other people to gain a better understanding of the child’s behavior (for example, child’s parents, other caregivers).
- The provider helps the child find activities where he or she can succeed.

Principle Five: Adults use forms of guidance and group management that help children learn self-control and responsiveness to the needs of others.

Children need to be provided the opportunities to decide between right and wrong, not based on fear of authority or peer pressure, but on careful thought. Children need many chances to solve problems, make choices, and learn from trial and error.

For example:
- “Karen, you choose. You can either let everyone have a turn, or go work at the coffee table by yourself.”
- “You two seem to have a problem. I want you each to tell me what happened and then we’ll work out an answer together.”

Principle Six: Adults model appropriate expression of their feelings.

Adults have feelings, too. Because we are human we may sometimes jump in too quickly, over-react, or lose our tempers. Providers know that one of the methods for teaching children to express feelings is to model the language and behavior of feelings in a way that is honest but controlled. Providers describe their feelings but do not accuse. Providers also need to monitor their moods and feelings and be aware of how those moods and feelings affect their care.
For example:

- “I am really upset that the water got spilled out of the aquarium, and we need to take time right now to talk about this.”
- “When I see puzzle pieces on the floor I worry that we’ll lose them and then we won’t be able to do the puzzle any more.”
- “I’m angry now, and I’m going to the kitchen to wash a couple of dishes for a minute. I’ll talk to you about it when I calm down and come out of the kitchen.”

Principle Seven: Teachers (Providers) continue to learn even as they teach.

Providers understand that they are learners just like their children.

For example:

- Providers should observe other providers in order to see methods of guiding behavior in action.
- Providers should talk with parents, other providers, licensing staff, USDA program sponsors, or CCR&R or other training staff in order to continue learning.
- Providers should read and attend conferences and workshops in order to get new ideas.

What is the difference between punishment and discipline?*

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<tr>
<th>Punishment</th>
<th>Discipline</th>
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<tr>
<td>Emphasizes past offenses</td>
<td>Teaches what is expected</td>
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<td>Child focuses on punishment and not the problem</td>
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<td>Emphasizes child’s failure</td>
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<td>Makes children ‘pay’ – not necessarily change</td>
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<td>Becomes less effective with older kids</td>
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<td>Is often delayed until later</td>
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<td>Is win/lose (the caregiver, the child or both are unhappy with results)</td>
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<td>Teaches children to avoid adults when they are in trouble</td>
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<tr>
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<td>Using threats</td>
<td>Setting limits</td>
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<tr>
<td>Taking away privileges</td>
<td>Making statements about the child’s inappropriate behavior</td>
</tr>
<tr>
<td>Spanking</td>
<td>Making rules</td>
</tr>
<tr>
<td>Nagging</td>
<td>Being consistent</td>
</tr>
<tr>
<td>Yelling</td>
<td>Giving positive attention</td>
</tr>
<tr>
<td>Lecturing</td>
<td>Giving attention for positive behaviors</td>
</tr>
<tr>
<td>Scolding</td>
<td>Providing alternatives</td>
</tr>
<tr>
<td>Using shame</td>
<td></td>
</tr>
<tr>
<td>Using sarcasm</td>
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</tr>
</tbody>
</table>

(How do you feel if someone uses these on you?)

Children may be behaving inappropriately because:

1. They are receiving inadequate information.
   Children need to be taught how things happen. Their thought processes are different from those of adults and, therefore, they come up with different reasons for events or for the connection between events. Children also need to see and to be actively involved in activities to understand cause and effect. For example, they need to be taught that toys must be picked up by someone; toys don’t pick up themselves. They also need to be taught how to pick them up and where to put them.

2. They need more attention than they are getting.
   Attention is critical to children – they need to feel important and needed. When they aren’t getting enough positive attention, they will find ways to get negative attention and they will do almost anything so the important adults in their lives will notice them. It is important, therefore, for providers to find time to notice children in positive ways (e.g., by reading stories to them, rubbing their backs at naptime, giving them smiles and hugs, pushing them in the swing.).

3. They feel frustrated or discouraged.
   When a child misbehaves often, we need to look at what we are asking the child to do. We may be asking too much, or the tasks may be too hard. We may need to change what we expect. For example, it may be asking too much of preschoolers to sit at the table with nothing to do for 10 minutes while waiting for lunch.

4. They are seeking more control of the situation.
   In some cases, children are put into situations where they have no power or choices. It is a natural reaction to want some control over your life and activities, even as a child. We make children feel powerless when we have too many rules, when we make all the decisions, or when we tell them always what to do and when to do it.

5. They are feeling bored or confined.
   Children need activities that are interesting and that allow them to be active. We squelch their interest when we provide no toys, when the toys and activities are the same every day, when the toys are too simple, or when we no longer plan new and fun activities. Children also need to “blow off steam”, just like adults. They need to run and climb and be active and noisy for a part of every day.

6. They have physical problems.
   Problems such as illness, allergies, a handicap, lack of sleep, poor nutrition, or hunger can contribute to children’s negative behaviors. When problems occur, the possibility of internal causes should be considered and discussed with the child’s parents.

7. They do not understand the language we’re using.
   Children have not yet developed the language of adults and must be talked to in simple, clear language that they can understand without being “talked down to”. They may also benefit from visual cues, such as pictures or pointing or having an adult show them how to do a task.
The bottom line is that, when a child is misbehaving, something is wrong. Finding the reason for the misbehavior helps you, as a provider; choose a solution that teaches the behavior you want.

(Adapted from Special Training for Special Needs; Module 5: “Program Implementation”; by Project ETC, a project of Greater Minneapolis Day Care Association and Portage Project; 1989 – used with permission.)

Situation 1:
Carrie is playing with blocks with two other children. They are building a road for their cars and trucks. You signal that it’s time to clean up for lunch. The children continue playing. You walk over to the children and tell them to clean up again. The other two children start to pick up blocks, but Carrie runs away. “Stop!” you say, but Carrie still runs. You tell her to “stop” again and that she must listen to directions. Carrie ignores you, so you tell her to sit in the time out chair for four minutes. After the time-out, Carrie goes to the lunch table.

Possible reasons for Carrie’s behavior:

For each reason, list one thing you could do to help Carrie with that reason:

Discuss your answers with your trainer, outreach worker, USDA sponsor, CCR&R, or provider group.

Situation 2:
Lately during play time, Billy has been spending a lot of time running around the house, not staying with any one activity but getting into things he’s not supposed to touch. He is not responding to your directions to “settle down”, and he often dumps toys on the floor and then runs off. This behavior seems to be getting worse each day and time-outs are not working.

Possible reasons for Billy’s behavior:

For each reason, list one thing you could do to help Billy learn to deal with that reason:

Discuss your answers with your trainer, outreach worker, USDA sponsor, CCR&R, or provider group.
Children need to learn not only what not to do, but what to do instead. This second need is often hard for adults to remember, and we need to practice this skill.

For each “don’t” or “not” statement, add a “what to do instead” statement:

(Example: Don’t jump on the furniture. You can jump on the furry rug instead.

1. It’s not OK to bite people. ________________________________

2. Don’t run in the house. ________________________________

3. Blocks are not for throwing. ______________________________

4. You can’t climb on the table. _____________________________

5. Bad words are not OK to use. ______________________________

6. Hitting is not OK. ________________________________

7. Don’t whine when you want something. __________________________

8. Don’t walk up the slide. ______________________________

9. Don’t take the baby’s toy away from her. __________________________

10. Don’t scream because you can’t zip your coat. __________________________
Practice doing this with your children for one week and then answer these questions.

Did you remember to add the “what to do instead”? _____________________________

Was it easy or difficult, and why? _____________________________

Was it easier with some children than others? Who? ____________________________

Did it work? Did the children then do what you wanted them to do? Why or why not?

Discuss your answers with your trainer, outreach worker, USDA sponsor, CCR&R, or provider group.
LESSON II – Learning Activity 2c

CHANGING BEHAVIORS OF YOUNG CHILDREN

Observe a child in your care whose behavior is causing you concern (for example, a child who has tantrums, bites, tattles, won’t eat, etc.). While observing the child (during play time, if possible, or at the time the behavior happens most often), answer these questions:

1. Define the behavior. (Exactly what does the child do that is not OK?) Be specific. (e.g., 3-year-old child bites other children): ____________________________

2. How often does the behavior happen? (e.g., four times in an hour, or twice a day): __

3. What happens, if anything, just before the behavior? (e.g., two other children take her toy): _______________

4. What might be some possible reasons for the behavior? (e.g., no language, frustrated): _________________

5. What’s the result of the behavior? What happens immediately after the behavior? (e.g., does the child get the toy or does another child scream?): _______________________
Now make a plan to change the behavior:

1. What do I want the child to do instead? (e.g., say “Mine!”). Be specific: ______________

2. How will I teach the child this new behavior? (e.g., model the words, praise child for trying): ______________

3. What will happen when the child repeats the behavior that is not OK? (e.g., child will not be allowed to play with toy, child will go to 3-minute time-out): ______________

Now try the plan for at least one week. What changes have you noticed? ______________

Remember, learning new behavior takes time! Sometimes the changes are slow in coming, but it is important to be consistent and positive. Believe that the child can learn and that you can teach!
LESSON III

FAMILY CHILD CARE POLICIES
THAT HELP TO PREVENT CHILD ABUSE

In this lesson, you will learn:

- To develop a policy about discipline for your family child care home;
- To develop a policy about children’s sexuality and sexual abuse prevention for your family child care setting;
- To develop a policy about the screening and training of substitutes and helpers in your family child care home;
- To develop a policy about parent access to your family child care home during business hours;
- To develop a policy about authorized pick-up of children.

Background Information:

Policies are critical to your protection and that of the children and parents you serve. Policies clearly spell out what you and your families can expect of each other while sharing in the care of the child. They offer a chance to discuss your values and practices with parents before disagreements occur. In some cases, sharing policies with parents before they become your clients can “weed out” those who do not agree with your policies.

The following are policies that you should develop and include with your contract or in your parent information packet:

1. **Discipline Policy:** This policy describes your rules and how you will handle inappropriate behavior. It also describes methods you will not use and what you expect of parents in helping to enforce limits. Finally, it addresses how you will handle differences of opinions between yourself and parents concerning discipline methods (e.g., your refusal to spank the child at the parent’s request will be documented in the child’s file).

2. **Sexuality Policy:** This policy describes your family beliefs and values surrounding “normal” child sexual development. In developing your policies be sure to check your state’s and agency’s regulations regarding such issues as when it is no longer appropriate for older children to bathe or shower with adults. Think about how you will handle situations and questions which may arise during the period of your care. Given the very sensitive nature of this subject matter and the widely varying beliefs among providers and parents, it is important that you state your policy clearly. In this policy, you should help parents understand the issues involved and the need for open discussion. Because parents (especially very young parents) may have little knowledge of “normal” child development in this area, it is a good idea to provide additional information in the form of reading resources, printed handouts or verbal discussions.
3. **Parent Access:** This policy describes parents’ rights to have access to their child and to show up at your home without advance notice at any time during business hours. Parents should be encouraged to make such visits, and your “open door” policy should be made known to parents. This policy can also set some guidelines for evening phone calls to and from parents to discuss concerns and problems.

4. **Substitutes and Helpers:** This policy describes how you plan to choose and train any substitutes (i.e., backup providers) and/or helpers (i.e., assistants who are never left alone with children) in your family child care business. It assures parents that any adult or helper caring for their child will be chosen with care and will receive some regular training about young children.

5. **Authorized Pick-Ups:** This policy describes what you will require to allow someone other than the parent to pick up their child. This policy may address older children, separated or divorced parents, non-custodial parents, and whether or not you will require identification from adults unknown to you.

These policies should be made available to parents and a copy kept in your business file. Some providers choose also to file a copy with their CCR&R or USDA sponsor. Ideally, parents should sign a statement that they have read the policies and agree to follow them, and these statements should be filed along with the policies.

Now do Learning Activities 3a-3e, which will help you write out your policies.
A FAMILY CHILD CARE DISCIPLINE POLICY

Every provider should have a clear policy about the guidance and discipline of children in her care, this policy should include:

- Why discipline is important; what children learn from discipline
- Who will do any disciplining in your family child care home
- What methods will be used to correct behavior (e.g., redirection, modeling, expression of feelings)
- What methods will not be used (e.g., corporal punishment will never be used, not even at the request of the parent) and how requests for use of physical punishment will be handled
- When and where discipline will occur
- How parents will be informed and involved in discipline decisions

Describe your FCC discipline policy:

1. Why is discipline important? What do I want children to learn about behavior while in my care? _______________________________________________________

2. Who will / will not discipline children? _____________________________________

3. What behaviors do I expect of children? What behaviors could result in discipline? ___________________________________________

4. What discipline methods will I use to teach positive behavior and to teach that certain behaviors are not OK? Where will the discipline happen? ______________________

5. What discipline methods will not be used while children are in my care, and why not?

6. How will I handle and document any requests from parents to use physical punishment? ________________________________

7. How will I let parents know if I am concerned about their child's behavior? What do I expect from parents in response? ________________________________
Now discuss these statements with your trainer, outreach worker, USDA program sponsor, CCR&R, or provider group and get feedback on your policy.

Any changes I might want to make:  __________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

How and when will I share this policy with parents? (e.g., give each parent a copy, have parents sign and return, post on bulletin board)  ______________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

My final policy is:  ________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________


A FAMILY CHILD CARE POLICY ON SEXUALITY

Because of the often controversial issues involved and the need for honest discussion among provider and parents, every provider should have a policy that addresses young children's developing sexuality and how sexual abuse prevention will be assured in the family child care setting. This policy should include:

- The provider's beliefs and values about children's normal sexual development
- How the provider will handle situations that may arise (such as masturbation and nudity, questions about sex and birth, sex play, and “bathroom” language)
- Whether or not children have the right to refuse certain kinds of touch and under what circumstances
- What kinds, if any, of sexual abuse prevention education will be available to children and parents

Try to answer these questions when developing this policy:

1. What do I believe children should and should not know about sex, and at what ages should they know these things? _________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________

2. How did I learn about sex and my own sexuality? Do I want children to get the same or different messages, and what messages do I want them to have? ________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

3. What do I know about children and their normal sexual development stages? ______
________________________________________________________________________________________

4. Who should teach children information and values about sexuality, and what is my role in this process? What is my obligation to follow parents’ wishes in these matters? __
________________________________________________________________________________________
________________________________________________________________________________________

5. How do I feel about nudity? What rules do I want about child and adult dress during day care hours? ______
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

6. How will I involve parents in decisions about answering questions or handling situations involving sexuality issues? ____________________________
________________________________________________________________________________________
________________________________________________________________________________________
7. What words will I use to describe body parts, sexual acts, and the birth process while talking to children? ___

__________________________________________________________________

__________________________________________________________________

8. Under what circumstances will children in my care have the right to refuse to be touched? When will they not have this right? ________________________________

__________________________________________________________________

__________________________________________________________________

9. What information and activities will I provide to children and parents about sexual abuse prevention? ______

__________________________________________________________________

__________________________________________________________________

Now discuss these statements with your trainer, outreach worker, USDA program sponsor, CCR&R, or provider group and get feedback on your policy.

Any changes I want to make: ________________________________

__________________________________________________________________

__________________________________________________________________

How and when will I share this policy with parents and with substitutes and helpers?

__________________________________________________________________

__________________________________________________________________

My final policy is:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
LESSON III – Learning Activity 3c

CREATING A POLICY ABOUT SUBSTITUTES AND HELPERS

When writing your policy about substitutes and helpers, try to answer these questions:

1. How will I choose my helpers (i.e., assistants who are never left alone with children) and substitutes (i.e., backup providers)? Will I interview them, and what questions will I ask? Will I observe them with the children before hiring them? Will there be a trial period and for how long?

2. What policies and rules do my substitutes need to know before working with the children?

3. What things do substitutes need to know while they are alone with children? (e.g., where emergency forms are kept on each child, how to use the first aid kit, parents’ phone numbers, etc.)

4. What behaviors on the part of substitutes and helpers will be grounds for immediate dismissal? (e.g., hitting a child, leaving young children alone outside, complaints from parents about children’s fear of substitute?)

5. What kinds of training will I require of my substitutes and helpers, and how often? (e.g., a class on ages and stages of development or on guiding behavior, etc.)

6. How will I notify parents when a substitute will be caring for their child?
Now discuss these statements with your trainer, outreach worker, R&R, or USDA sponsor and get feedback on your policy.

Any changes I want to make:

________________________________________________________________________
________________________________________________________________________

How will I share this policy with parents?

________________________________________________________________________
________________________________________________________________________

How will I share this policy with my substitutes and helpers? (e.g., will they sign a copy?)

________________________________________________________________________
________________________________________________________________________

My final policy is:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
A challenge for any provider is attempting to meet everyone’s needs: balancing the children’s, parent clients’, your family’s, and your own personal needs. During the hours of care, however, you are operating a business and a service to parents in your home. A business policy that helps to prevent accusations of abuse is one which allows parents the right to observe or pick up their child at any time during business hours. This does not mean that you cannot set some limits (e.g., parents should knock before entering, or no visiting after hours unless by invitation), but parents have a right (and a responsibility) to check on their child’s care. As a high quality care provider, you accept this as a part of business practice, and you find ways to welcome parents’ presence in the care of their child.

When creating a policy about parent access, try to answer these questions:

1. What are my hours of business?

2. How can I help parents feel that they are welcome to visit or pick up their child at any time, without notice, during those hours? (e.g., will I invite parents to have lunch with us on occasions or stay for breakfast?)

3. What kinds of limits do I want or need to set on parent visits? (e.g., unless they make arrangements to visit, they should consider taking their child with them to avoid further separation difficulties; no visits after 6:00 p.m. unless their child is in evening care)

4. How will I handle parent visits or pick-ups at inconvenient times (e.g., lunchtime, naptime)?
Now discuss these statements with your trainer, outreach worker, USDA program, CCR&R, or provider group and get feedback on your policy.

Any changes I want to make:

__________________________________________________________________________

__________________________________________________________________________

How and when will I share this policy with parents?

__________________________________________________________________________

__________________________________________________________________________

My final policy is:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
CREATING A POLICY ABOUT AUTHORIZED PICK-UPS

As a provider, you need to protect yourself and the children in your care by having a policy about who can and who cannot pick up a child from your family child care home. Parents are often busy and may send someone else – an older child, a teenage babysitter, a neighbor, a relative, or a boy or girl friend – to pick up their children. The result can be chaos for the child and risk for you as a provider. On occasion, the wrong person has shown up for a child and disappeared with him or her for periods of time. Children have even been kidnapped and harmed from family child care homes. There are children who are part of custody disputes that must not be turned over to certain adults, and these arrangements can change frequently. All of this creates confusion for providers and emphasizes the need for a policy about who may pick up children.

When creating a policy about pick-ups, remember these guidelines:

- Parents should sign a statement that includes information on who can and who cannot pick up the child, and provides backup names and numbers to call if parents fail to show up.
- Include any rules you have about pick-ups (e.g., no children younger than 14, only authorized adults, you will require ID of unknown adults, you will not release a child to anyone not approved without a telephone call to the parent for confirmation, even in an emergency).
- Include any information you need from parents in order to handle non-custodial parent pick-ups (e.g., signed or verbal permission, correct papers).
- These statements should be updated once or twice a year, more frequently if parents are separated; it is the parents’ responsibility to inform the provider of any changes, but they may need to be reminded.

1. What is your policy about authorized pick-ups?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Compare your policy to those of at least two other providers and get their feedback. Any changes?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. How will I share this policy with parents and substitutes or helpers?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

My final policy is:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
LESSON IV

PREVENTING EMOTIONAL ABUSE AND NEGLECT
IN FAMILY CHILD CARE

In the companion manual, Identifying and Reporting Child Abuse, you learned how to identify signs of emotional abuse and neglect. You also learned what providers must do when they see these signs. In this lesson you will learn:

- To recognize and change emotionally abusive language and behavior in the family child care setting
- To recognize signs of neglect

Background Information

Typically, emotional abuse and neglect are not reported to officials unless a child has also been abused in some other way. Over a long period of time, however, emotional abuse and neglect can be very damaging to children.

Everyone has bad days. Most of us have been abusive or neglectful to a child at some time in our lives – ignoring a messy diaper, slapping a child, calling a child “dumb” or “silly”, telling a child s/he shouldn’t feel the way s/he does, or shaming a child. It’s when we do it continually that children are likely to be damaged. The first step in stopping the damage is to admit that we, too, are human and can make mistakes; then we can begin to accept ourselves and to believe that we can change!

Now read “The Crippled Child Within” (adapted from a pamphlet written by Mary Lou Gilstd, Early Childhood Studies, University of Minnesota, 1988) and “Neglect (adapted from Child Abuse Digest, Winters Communications, Inc., 1985). These materials have no copyright.

THE CRIPPLED CHILD WITHIN: The Impact of Emotional Abuse

Emotional abuse is the least understood and least talked about form of child abuse. Physical and sexual abuse receive the most attention in our society for two very good reasons: 1) they are the easiest forms of child abuse to detect, and 2) they are far more likely to result in legal charges, prosecution and treatment.

Unlike physical and sexual abuse, emotional abuse is very difficult to identify and, thus, almost impossible to prosecute. This does not mean, however, that emotional abuse is less damaging to children than other forms of abuse. It can be just as crippling to a child’s well-being as physical and sexual abuse, and we cannot afford to ignore the damage it does to children and to society.

Many people have tried to define emotional abuse. One description that is easy to understand is: “Heartless, mean, hurtful treatment that made me feel worthless. I was afraid and anxious all the time. I never pleased them and they belittled and humiliated me constantly. I tried so hard to make them love me, but they wouldn’t do it.”

Another is: “I learned very early that my parents didn’t like me and would never approve of me or anything I did, so I tried not to care. I didn’t do well in school and left home as soon as I could. Now I have trouble holding a job, and I was divorced about a year after I married. Nothing ever seems to work out for me.”
Still another is: “I used to wake up in the morning not knowing whether my mother would yell at me, smile at me or not speak to me at all. Sometimes she wouldn't talk to me for days and I never knew what I’d done to make her so cold and angry. I knew it was my fault, that I’d been bad in some way, but I didn’t dare ask about it and she never told me.”

Some of the results of emotional child abuse may be:

1. Personality difficulties such as low self-esteem, learning problems, behavior problems, failed relationships, and the inability to get and keep a job
2. Increased rate of suicide
3. Increased rate of running away
4. Chemical dependencies and eating disorders

While these results of child abuse are usually associated with physical and sexual abuse, they are equally true of emotional or psychological abuse. For instance, we can understand why a child who is beaten or sexually assaulted might want to run away or turn to alcohol or other drugs, but emotional damage done to children can have the same effects.

Although some effects may be the same for various types of child abuse, there is one significant difference between physical or sexual abuse, and emotional abuse. Most children grow up and eventually get away from their physical abusers, at least from any further hands-on damage. Victims of emotional abuse, however, may continue to suffer well into adulthood, often for as long as their parents or guardian live.

A boy who is beaten by his father for mistakes and offenses ultimately can refuse to take further abuse by defending himself or leaving home. A girl whose uncle or brother sexually abuses her can refuse further advances, eventually, because she, too, grows up and takes charge of her life. For the rest of their days they will bear the scars of child abuse and struggle with some of the results, but there is a sense that “the worst is over” and “I am in control.”

Emotional abuse victims, however, often remain children regardless of their chronological ages. Some parents remain in charge of their children's lives, pulling emotional strings much like puppeteers. It is difficult for a child to assert him or herself enough to gain control if the parent won't free the child psychologically to make an adult life of his or her own.

An emotionally abused child, whether 10 or 40, may try hard and long to please his parent, to make the parent as proud and loving as he is in the child’s dream. No matter how creative and sophisticated the effort over the years, the child always fails. He then repeats the cycle, hoping always for love and approval, but he is doomed to defeat. As a result, he tells himself that it is his own fault because he is such an unlovable and unworthy person. This feeling about himself then colors his whole life, affecting other relationships, his occupation, and the degree to which he can lead a full life.

Another child tries to put as much distance between herself and her family as possible, both geographically and psychologically, because she believes she’ll be OK if “mother can't get to me.” It is tragic when children must run from their parents, at any age, in order to be free to grow and mature emotionally. In our society this happens much more frequently than we realize, and we must try to help both the abusers and the victims.

Parents and child care providers who shame and humiliate children, or who never hug, smile, or speak caringly to a child, must understand the damage they are doing. Children need approval, love, and someone to show genuine, positive interest in them. We know that children, who do not get enough food, or the right kind of food, suffer physical malnutrition. Children who are not loved and valued suffer emotional malnutrition. Both are very serious and have life-long consequences.
Emotional abuse can be more subtle than other forms of abuse. When we hit a child we know we've done it. When someone sexually molest a child, the act is consciously performed. We are not always aware, however, of the emotional damage we are doing to children. So a parent or child care worker who is concerned about whether he or she may be emotionally abusing children could find these ideas helpful:

- Try to listen to yourself when you are with children to hear how you sound; use a tape recorder, if possible.
- Get feedback from other adults about how you talk to children and what your body language is saying to them.
- Watch for children's reactions to you; if you see anxiety, hurt feelings or avoidance of you, these are clues that something's wrong.
- Deliberately hug the children, smile at them and see the results.
- Try consciously to say warm, caring things like “I love you”, “I like you a lot”, and “I’m sorry;”. Look directly at the children when you speak to them and see the results.
- Keep track of how much time you give to your children and what you do with the time; assess the quality and the quantity because both are important.

It's hard in this busy world not to yell at children when we are trying to control their behavior. It's hard not to punish them psychologically for wrong-doing, especially when we do not believe in spanking. But we must be conscious of the emotional damage we can inflict so easily and permanently, and commit ourselves to the vigilance, time and effort it takes to avoid emotional abuse.

NEGLECT
(Adapted from Child Abuse Digest; Winters Communications, Inc.; 1985 – no copyright.)

Neglect is a condition that may result either from a chronic failure to provide adequately for children or from caretaker actions that are adverse to the child’s welfare. **Children who are neglected may be:**

- Abandoned, destitute or homeless;
- Malnourished, without adequate food, clothing or shelter;
- Deprived of necessary medical care;
- Living in an environment that may be injurious to physical and emotional welfare;
- Receiving inadequate care and supervision from parent or guardian.

**Child's Condition** (signs of neglect);

- Consistently dirty, unwashed, hungry, or inappropriately dressed;
- Constantly tired or listless;
- Has unattended physical problems or lacks routine medical care;
- Is exploited, overworked, or kept from attending school;
- Is unsupervised for extended periods of time or when engaged in dangerous activities;
- Has been abandoned.
**Child’s Behavior May Include:**

- Child sleepy or lethargic;
- Refuses to eat, eats very little, is frail;
- Will stuff, hoard food, or dig in garbage cans;
- Excessive seeking out of adults for attention and affection;
- Inconsistent attendance

(This material adapted from *The Bruises Don't Always Show*; Minnesota Curriculum Services; White Bear Lake, MN – no copyright)

**Caretaker’s Behavior May Include:**

- Misuses alcohol or other drugs;
- Maintains chaotic home life;
- Shows evidence of apathy or futility;
- Is mentally ill or of diminished intelligence;
- Has long-term chronic illnesses;
- Has history of neglect as a child.

There are two types of neglect with children. They are:

- **Physical neglect** – not providing food, clothing, shelter, health care, education, supervision for a child; neglect can cause “failure to thrive” because of a lack of nurture.
- **Emotional neglect** – being consistently unresponsive to a child’s emotional needs for love, approval and affection; not interacting with a child who seeks support; not comforting a child who is upset.

Physical neglect can contribute to poor health, poor nutrition, and to the risk of physical danger to a child. Children who are physically neglected may be killed or severely injured (e.g., a baby was left unsupervised in the living room with a preschooler who crushed the baby’s skull with a wooden dinosaur).

Emotional neglect may not result in physical injury to a young child, but it can be just as damaging. This type of neglect leaves a child feeling worthless, unable to trust that anyone will think s/he is important, and unable to give love to anyone else. This damage remains with a child into adulthood and causes many problems in later adult relationships.
You may be concerned that a child you are caring for is being emotionally abused or neglected by his or her own parents. It's very easy in these situations to start believing that you could “parent” this child better than the actual parents. Or you may feel that the child is spending more waking hours with you than the parents (and you may be right). Comparing yourself to the child's parents, or competing with them for the child's affection, can damage the child's self-esteem and your relationship with the parents. Here's how:

- It's difficult not to let the child hear or see your negative reaction or feelings toward his parents, and this makes him feel bad about himself and his family.
- You can start finding fault with the parents for little, unrelated behaviors (e.g., forgetting to bring extra pants) when you really believe their parenting skills are lacking.
- You can find yourself being taken advantage of (e.g., the child being left with you beyond normal hours, feeding dinner to the child regularly), and your resentment of the parents can be taken out in subtle ways on the child, through words or actions – you can start resenting the child, too.
- If concerns arise over the child’s health or behavior, you may become defensive or irritable if the parents don’t respond the way you want them to.

These feelings and behaviors get in the way of understanding parents’ stresses and of communicating openly about their child. This child is part of another family. Becoming so invested in a child that you set yourself against parents will result, eventually, in burn-out or resentment – which are potentially harmful to a child’s emotional development.

Now do Learning Activity 4.
LESSON IV – Learning Activity 4

LISTENING TO YOUR MESSAGES TO CHILDREN

Using a tape recorder, record yourself talking to the children at a time when you are talking naturally (for example, during lunch or playtime, not during story time). Try to forget that the tape recorder is on; record yourself and the children talking for at least 1/2 hour. Listen to the tape later and answer the following questions:

1. How many positive messages did you give the children? (e.g., “I like the way…”; “Thanks for helping”; “You did a good job of picking up blocks”): ______________

2. How many negative messages did you give the children? (e.g., “Don’t”; “Stop”; “I don’t like …”; “You always …”): ________________________________

Choose one of the following ideas to try during the next week to change those negative messages:

- Say three positive things to each child each day.
- Spend some individual time with each child each day; do one activity with that child that s/he likes to do.
- Give out “Happy Notes” to each child each day to take home; on it write one nice thing about the child that day.
- At lunch time each day, you and the older children practice saying one positive thing about each child at the table (don’t forget the baby!).

After trying this idea for one week, answer the following:

a. How did you feel as you did this exercise at the beginning of the week? ___________

b. Did it get easier to do as the week went on? Did you feel differently about the children? _____________________________

c. What changes did you notice in the children? ________________________________

d. Did you notice any changes in the parents’ attitudes? ________________________________

Preventing Child Abuse In Family Child Care Settings
LESSON V

ASSESSING YOUR OWN POTENTIAL

In this lesson, you will learn:

- To assess your own current stress level;
- To assess your level of support in coping with stress;
- What to do to relieve personal and family stress.

Background Information:

As a family child care provider, you are alone much of the time. There may not be other adults in your home to share the work and stresses of caring for active, sometimes difficult children. Knowing those facts, you must understand that you are vulnerable both to charges of abuse or neglect and to actual abuse of children in your care.

There is another stress for family child care providers that is not experienced by child care providers who work in day care centers. You are providing services in your own home, which means that you cannot close the door on your personal and family problems and go to another work setting. You are dealing with personal struggles and job frustrations in the same environment. Some prefer it that way and cope very well. Others may not handle these circumstances as well and will need help to manage their lives better.

The Early Childhood Studies Program at the University of Minnesota developed a Family Child Care Self-Awareness Profile to help providers understand their risk of being abusers, and to provide some suggestions, should providers need them. In the Learning Activity, you complete three sections of the Profile: Current Personal Stress, Family Child Care Stress, and Dealing with Stress (this material is used with permission). Answer the questions as honestly as you can; you will not be required to show your answers to anyone. Following the three sections of the Profile, there will be suggestions for help if you decide you need it.

Now do Learning Activity 5.
LESSON V – Learning Activity 5

THE SELF-AWARENESS PROFILE

Most of the questions in the following check lists require only Yes, No, or NA (not applicable) responses. Pick the response that is closest to how you feel. There are some questions that ask you to reflect on other possibilities, which you may fill in as notes to yourself. Best wishes to you as you discover more about yourself as a family child care provider!

- Now begin –
LESSON V – Learning Activity 5

Personal Stress Check List

Begin each statement with, “In the past two years, have I experienced ...” and check “Yes” or “No”.

YES  NO

1. Death of a close family member?

2. Marriage or marital separation?

3. Marital or partner unfaithfulness?

4. Major personal injury or illness?

5. Sex difficulties?

6. Change in finances?

7. Death of a close friend?

8. Loss of a close friend?

9. Change to a different kind of work for you or your spouse / partner?

10. Trouble with in-laws?

11. Change in living conditions or standard of living?

12. Change in residence?

13. An arrest or jail term for a member of your family?

14. Phone, heat, or water shut off for non-payment?

15. Children having trouble in school?

16. Alcohol or other drug problems in family?

17. Frequent family arguments?

18. Increased debts because of credit cards or charge accounts?

19. Physical or sexual abuse or other violence in the home?

20. A child ran away from home?
21. Unemployment of self, spouse, or partner?

22. Not enough money for food, clothing, car expenses?

23. Delay in receiving child support payments?

24. New baby in the home?

25. Foreclosure of mortgage or a loan?

    Total “Yes” Responses = __________

    Enter this number in the Profile plot at the end of the check list.

If you did not check any “Yes” boxes, that does not mean your life is without stress; our list includes some common stresses that people report. List below any other stresses which have affected you:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
LESSON V – Learning Activity 5

Family Child Care Stress Check List

Begin each statement with, “At this time, do I have a problem …” and check “Yes” or “No”.

1. Getting the children to do what I ask them to do?
   YES  NO

2. Controlling the noise or energy level?

3. Understanding the reason for children’s problem behavior?

4. Getting parents to give me accurate, up-to-date information about the children?

5. Getting the children to share or take turns?

6. Knowing how to handle children’s aggressive behavior?

7. Getting parents to drop off or pick up their children on time?

8. Dealing with a child who cries or whines frequently?

9. Getting parents to keep their children home when they are sick?

10. Getting children to clean up?

11. Dealing with parents who say their child is toilet trained when s/he is not?

12. Knowing how to help the child with special needs?

13. Spending personal time doing bookkeeping, shopping, and other chores for my family child care business?

14. Meeting the required provider-child ratios at all times during the day?

15. Getting children to learn and follow my rules?

16. Finding enough time for planning and preparation?

17. Getting parents to pay fees on time?

18. Getting parent cooperation with toilet training?

19. Getting children to sleep or rest quietly without disturbing others during nap time?
20. Getting parents to provide appropriate seasonal clothing and extra clothing for emergencies or accidents?

21. Finding good substitute help when I need it?

22. Feeling positive toward a child who frequently misbehaves?

23. Knowing what to do when I or some member of my family is sick?

24. Keeping one child’s problem behavior from affecting other children?

25. Finding training experiences that are appropriate to my level of skill and knowledge?

26. Meeting an individual child’s needs without neglecting the group?

27. Getting children who are toilet trained not to wet their pants?

28. Helping parents understand and deal appropriately with their child’s behavior?

29. Knowing how to counteract a child’s negative home environment?

30. Knowing if parents are abusing or neglecting their children?

31. Finding time for my own family’s needs when children in care are still there?

32. Meeting the needs of all the children in a multi-age group?

33. Giving adequate attention to the child with special needs without neglecting other children?

34. Dressing and undressing children for cold weather outdoor play?

35. Understanding the public attitude that family child care is just babysitting?

Total “Yes” Responses = __________

Enter this number in the Profile plot at the end of the check list.

(Adapted from the Pre-kindergarten Teacher Problems Checklist by John M. Johnston, University of Wisconsin-Milwaukee as published in Child Care Information Exchange, September, 1986 – used with permission)
LESSON V – Learning Activity 5

**Dealing with Stress**

Again, check “Yes” or “No” for each item.

<table>
<thead>
<tr>
<th>Part A</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you involved in your neighborhood?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you trade favors with neighbors (lend tools or household items, share rides, share babysitting, etc.)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are there any organized groups (social, community, sports) that are a source or support for you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you talk on the phone with your family and / or friends at least once or twice a week about your family child care activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you visit with your family and / or friends at least once or twice a week in your home or theirs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do you have a relationship with a spouse or steady partner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. At present, do you have someone with whom you can share your most private feelings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. If you are upset or angry, would you have someone to whom you could talk honestly about your problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. When you are happy, is there someone with whom you can share your joy – someone who would be happy because you are happy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Are there any other sources of emotional support that have not been mentioned here?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### LESSON V – Learning Activity 5

**Part B**

11. Do you use alcohol or other drugs to relax or to relieve your stress?

12. Do you binge on food to make yourself feel better or to comfort yourself?

13. Do you go on shopping sprees, spending more than you can afford?

14. Do you gamble for entertainment, losing more that you can afford?

15. Do you take out your anger and frustrations on those around you?

16. Are there any other things of this nature that have not been mentioned here?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Total “No” Responses in Part A = ________
Total “Yes” Responses in Part B = ________

Enter these numbers in the Profile plot at the end of the check list.
Self-Awareness Profile

Personal Stress
FCC Stress
Deal w/ Stress A
Deal w/ Stress B

_______  _______  _______  _______
Explaining Your Profile

In general, if any of your Section scores fall into the shaded area of the Profile, you are at some level of risk as a result of your answers to questions in those Section(s). This should not make your feel like a “walking criminal.” The fact that you are spending the time to draw your Profile suggests that you care about what you are doing as a family child care provider and you want to improve yourself.

Let's consider certain portions of the Profile separately.

Personal Stress reflects the current level of stress you are experiencing in your personal life. You will note that even one point in this area can place you at risk; if you listed other areas of stress, you should wonder about the effects of these pressures also. Risks from one's personal history and risks from current problems could potentially work together to heighten one's vulnerability for being abusive toward young children.

FCC Stress identifies those problems with which every family child care provider must cope at some time. If you are having difficulties with ten or more of these questions, it can be overwhelming and affect your satisfaction as a provider. You might need to get help to deal with these problems.

Dealing with Stress (A) provides some indication of the emotional support systems upon which you can draw for help. If you have four or more points, then it is possible you are not getting the back-up that each of us needs to cope with daily problems and issues. Major strengths in this area can be important in reducing the risks in other Sections.

Dealing with Stress (B) gives some indication of your use of ineffective ways of dealing with stress. Even one point in this area can place you at risk.

Looking at your total Profile, the more “your line” moves up into the shaded area, the more likely you are to be “at risk” and would profit from some degree of assistance. Keep in mind, however, that there are important differences among us regarding how we respond to the same stresses and problems. It is possible that someone with fewer points in a particular Section than someone else might actually be struggling more and might be more likely to need assistance. Therefore, it is possible that even if your Profile is not in the shaded area, you might profit from the advice suggested in the next paragraph.

Now, What Can I Do?

If your Profile was in the shaded area, then some suggestions might be helpful to you, but it is possible that you are already coping well with your “history” and current stresses. Even if your Profile is not in the shaded area, you might find these suggestions helpful.
Self-Help Suggestions

It is important for all of us to have a friend or relative who helps us to feel cared about and safe. You may have someone to talk to whom you already trust or believe you could trust, if necessary. On the other hand, you may not have a friend who is close, or perhaps you are not ready to discuss these issues about abuse with someone you know well and see often. In either case, there are steps which you can take that will help you get the understanding and support you need now, and the assistance you should have to plan for your future. If you have been the victim of child abuse or neglect and have faced squarely the unpleasant memories – what happened, who did it, how it felt – you first need comfort, and second, assurance that you are a valued person to many people who know you. It is very hard to realize that we are considered worthwhile by others when we feel once again like that hurting child of the past – maybe we cannot expect to be self-sufficient and provide what we need for ourselves at this time.

The best advice is to see someone very soon and talk to him or her about the experience you have just had in drawing your Profile. This person may be a friend, a relative, your clergy person, or another provider you have come to know – choose someone you feel will be sympathetic, supportive and nonjudgmental. Often a person who has strong, protective feelings about children is a good choice, because you are introducing the hurting child within you to your support person.

When you talk to the person you have chosen, you can use the Profile as a guide if you feel you want some help to get you started. You probably will discover that you will not use it for long, but it's there for you if you need it. It will help if you expect to receive what you need from your support person – comfort for the hurt and assurance that you are a good person, liked and appreciated by many people. Do not be surprised if your friend is angry about what happened to you. That is a normal reaction from the type of person you will choose to hear about this hard part of your life.

Please remember, too, that many people are not always completely predictable. Your friend may only show sympathy and / or be angry on your behalf. If you do not receive everything you need, ask for it. You might say, “I need to be told that I’m an OK person.” That is a big need for someone who was abused as a child; it is good to help the person trying to help you. After all, he or she is not a trained counselor, but rather someone reaching out to you in compassion and friendship, so be sure to do your part to make this experience all that it should be for you.

The next step is for you to talk to your friend about the concerns you have about working with children. Ask this person if he or she is willing to think through with you how you can reduce the stress in your life and improve your support system. If your friend is willing to help you in this way, and depending on how confident you feel about the help he or she can give, this may be all you need. In addition to your friend’s help, however, you may want to find other providers who have had similar experiences and, with them, form a support group. We guarantee that there are other providers who have had experiences like yours. They need you as much as you need them. The best advice we can give you might be to find them as quickly as possible, so you all can be sure that the children in your care will always be safe.
Seeking Professional Help

Maybe the advice offered here is just not enough. You are encouraged to seek professional help if your need is driven by these factors:

1. Your abuse was comprehensive and severe, and you need the special help that counseling or therapy can provide for you, and / or

2. Your stress level is high and your support system is not equal to the task of providing the personal and professional support you need.

Do not panic or despair. Other people are in the same circumstances you are in and don’t know it! The fact that you need help with your problems does not make you mentally ill, dangerous, a bad person, or unworthy of respect as a human being. You should just understand that you need a special kind of attention that cannot be given by family members and friends alone.

A primary source of professional help is your local social service agency. They can describe the counseling services available and the related costs, if any. Or, you may wish to seek help from a member of the clergy who has had training and experience in counseling youth and families.

There are several issues you will want to discuss with a counselor or therapist:

1. Should you be working with children at this time? Should you take a “sabbatical” for, perhaps, six months?

2. Should you employ a helper for a time to reduce the stress of working with young children?

3. Should you join, or start, a support group for people like yourself who are child care providers?

One more question must be asked: Are you in an abusive situation now? Are you currently being physically, sexually or emotionally abused? If so, we urge you to seek help right away. It is critical that you do so, for your own well-being and that of all the children in your care – your own children and those who come to your family child care home.

The authors of this Self-Awareness Profile have helped you open the door and shed light on this dark part of your life. This is the first step toward improving your well-being. You are encouraged to take advantage of the suggestions that are offered as further steps to becoming a healthier, happier you. This is important both to you and to the children and families you serve each day.
LESSON VI

CHILD ABUSE PREVENTION CHECK LIST

In this final lesson, you will learn to use the “Child Abuse Prevention Check List” as a means of documenting your efforts to prevent abuse and neglect in your FCC home.

**Background Information**

**ABOUT THE CHECK LIST**

This check list has been written to help you understand some of the things that go into keeping children safe from harm. Some of the questions are about you. Others are about your family, the children you care for and their parents. Answer each question with True or False. At the end of the check list, you will see a place for you to write the changes you want to make to improve your services.

As you use the check list, you will see the connection between quality care and the risk of child abuse. If the quality of care is high, the risk of abuse is low – and, vice versa. The checklist is designed to help you look at both concerns – quality care and child abuse prevention – on a regular basis.

Think carefully about each question. Be as honest with yourself as possible. Each True answer indicates that you are doing OK with that particular concern. Each False answer tells you that you need to make a change in the way you are managing that specific area.

You should use the check list as a once-a-month reminder of how you are doing in the child abuse prevention part of your operation. Keep your completed check lists in your permanent file. They are a record of the efforts you have made to keep your home a safe and happy place for children.

Now do **Learning Activity 6** and use the check list for this month.
CHILD ABUSE PREVENTION CHECK LIST

ABOUT ME

1. I am a cheerful, friendly person. True False
2. I am personally clean and neat. True False
3. My home is clean and neat. True False
4. When I have a problem, I handle it well. True False
5. I am a flexible person, not demanding of others. True False
6. I have a positive attitude about my work. True False
7. I am in good health, mentally and physically. True False
8. I feel good about myself most of the time. True False
9. I can handle a crisis, an emergency or unexpected things that happen in a positive way. True False
10. I have friends I see often, and I know how to have fun. True False

ABOUT MY FAMILY

11. My spouse approves of my family child care business. True False
12. My spouse willingly helps me when s/he can. True False
13. My children approve of my family child care business. True False
14. My children willingly help me when asked. True False
15. I supervise the family member helpers as carefully as I do anyone else who helps me. True False
16. Members of my family are friendly and cheerful when with the children in care. True False
17. Members of my family understand the family child care regulations and they follow them. True False
18. I do not leave family members alone with the children in my care. True False
ABOUT THE CHILDREN IN CARE

19. The children are happy to be with me in my home. True False

20. The children enjoy being with members of my family. True False

21. I know how to handle misbehavior in positive ways. True False

22. I never spank, hit, shake or humiliate the children in my care. True False

23. I try to make all the children feel good about themselves. True False

24. We do interesting things every day that help children grow and develop positively. True False

25. I do not yell at children or threaten them when they misbehave. True False

26. I provide meals and snacks that are good for children. True False

27. I provide careful supervision, both inside and outside. True False

28. Every room in my home and my yard are safe places for children to be. True False

29. I am careful about adults who come uninvited to my home during child care hours. Whether they are friends or strangers, they are never alone with the children. True False

ABOUT PARENTS

30. I see myself as a partner of the parents who choose my home for care. True False

31. I help parents feel a part of what happens during the day. True False

32. I treat parents with respect, but I stand up for myself if someone tries to take advantage of me. True False

33. If parents ask me to use physical punishment, I refuse in writing and keep a copy for myself. True False

34. I have discipline and sick-day policies and I discuss them with parents. True False
MORE ABOUT ME

35. I know how to identify abused children and how to report to authorities. True False

36. I understand why regulations are made to keep children safe and I follow them. True False

37. I value training opportunities provided and I go to workshops whenever I can. True False

38. Training has changed my way of thinking about things and doing things. I use what I learn. True False

39. I ask for help when I have a “difficult” child, or one who is “different” from others. I know whom to ask. True False

40. I am careful about the substitutes I choose to be in my home when I must be away. I want the quality of care to be as high when I am gone as when I am home. True False

ARE THERE CHANGES I SHOULD MAKE?

This month I have answered ________ questions with a “True,” and _________ questions with a “False.”

This is what I will do to change each “False” to a “True:”

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Your name: ____________________ Date: __________
This material – The Child Abuse Prevention Check List for Family Day Care Providers has been developed by Early Childhood Studies, University of Minnesota. Used with permission.

Closing Remark
In this manual you have been given a lot of information to read and asked to do a good deal of self-evaluation about a topic most of us would prefer to avoid. While it’s difficult to believe anyone could be capable of harming children, it is unfathomable to us that a child could be harmed while in our care. It can be painful to examine ourselves this closely, and this is a normal reaction. However, having the courage to do so, and then making any necessary changes, can make the difference between risk of harm and quality care for children. While self-examination and change require courage, it produces strong providers who can be assured that they are taking what measures they can take to prevent harm to the children in their care.