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**RECOMMENDED BASIC STANDARDS
FOR
FAMILY DAY CARE**

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RECOMMENDED BASIC STANDARDS

FOR

FAMILY DAY CARE

April 1967

State of New Jersey

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These Recommended Basic Standards for Family Day Care were prepared by a Sub-Committee of the Day Care Advisory Committee to the Bureau of Children's Services, Division of Public Welfare, New Jersey State Department of Institutions and Agencies.

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Definition

Family day care is a service which provides, within a family other than their own, essential care and protection to children for a major part of the day, on a regular basis. Family day care assures opportunities for physical, emotional and intellectual growth to the maximum of the child's capacities.

Objectives and Philosophy

The purpose of family day care is to provide protection, supervision and guidance to children, in a family setting other than their own home, when their own families are unable to meet their needs without some assistance from the community. Family day care provides the individual care and attention which many children need, as well as healthy and constructive experiences, during the time they require such care. Family day care does not replace but supplements the child's relationship with his own family. Every child needs the security and affection of his own family and sustained relationships with his own parents. It is important that plans be made and sustained for the child to spend as many of his waking hours as possible with his own family.

Family day care provides a home-like atmosphere. This type of care is preferable to group day care for children who are not yet mature enough for group activities and for children who, after a period of group activities, need the direction and individualized attention which can be provided only in a family setting.

Personal Qualifications of Day Care Families

Families applying to care for children during the day should be studied and carefully screened to determine their suitability for assuming such responsibility. Through references, interviews and visits to the home a basis for accepting or denying the application can be established. Requirements should include, but not be limited to, the following:

The day care mother shall be a mature person, over 21 years of age, with sufficient intelligence, stability, energy and flexibility to care for children.

She must love and understand children, appreciating their individual needs and have the ability to plan for meeting these needs. She should be capable of giving the child affection without becoming possessive, particularly since the child returns daily to the natural parents.

The day care mother should respect the child's parents and their views of rearing children and should be comfortable in conferring with them about the child should the occasion arise.

She should be willing to cooperate with them and the auspice agency.

She should be willing to show her home to the child's own parents.

All members of the family should possess reputable characters and ethical standards essential to the well-being of children.

The day care mother should have an appreciation of the young child's need for organization and order and be willing to set up a daily schedule acceptable to the child's own parents and to the auspice agency.

The day care mother should possess the calmness and intelligence necessary to readily handle an emergency situation.

Family Situations for Which Family Day Care is Appropriate

1. Family day care is appropriate when the mother goes to work and in other situations where both parents must be away from home part of the time.
2. Single parent families where the parent is the supporter and must work may also require family day care for their children.
3. Family situations in which parents are unable to carry the entire responsibility for the care of their children due to excessive demands, such as parental immaturity or illness (physical, mental, emotional) limiting the parents' capacity to take care of their children, or illness in another family member which may necessitate a great deal of the parents' time and attention, are examples where family day care for the children would be indicated.

Children for Whom Family Day Care Placement is Appropriate

1. Family day care is appropriate for children from birth to about three years of age.
2. Some older children whose social development is slower than average may also do better in family day care than in group day care.
3. Any child, whose family situation would require care outside his own home, for whom group care would be appropriate but is not available.
4. School-age children to whom any of the pertinent situations (see above) applies, for after-school hours during the day.

Administration of Family Day Care

Application

Any person planning to offer family day care for children shall file an

application with the supervising or licensing agency. The supervising or licensing agency shall be responsible for studying the applicant's home and for determining whether it can be used as a family day care home. Through interviews, references and home visits, pertinent and necessary information shall be obtained and made a part of the agency's record. The health certificates of all family members, as outlined in Appendix II, shall also be included in the agency's record.

Approval

The home shall not be approved as a day care home unless all requirements are met.

Number of Children

No home shall be approved to care for more than five children under six years of age including the day care mother's own children. Not more than two of the children shall be under one year of age. The day care mother is directly responsible for the day care home.

In the record of approval the following shall be clearly identified: 1) the name of the day care mother shall be clearly stated; 2) her substitute named to be used in case of need; 3) the address and telephone number of the home approved; and 4) maximum number of children who may be cared for at any one time. The supervisor shall determine how many children may be adequately cared for in a given home.

Supervisory and Re-Evaluation Visits

The auspice agency shall have sufficient social welfare staff to supervise the family day care homes. A minimum of one visit per month is desirable. More frequent visits may be necessary for a variety of reasons.

Fees

The cost of this service shall be determined by cost analysis and shall include a reasonable amount as remuneration to the day care mother. This amount should include the cost of serving two snacks and a well-balanced lunch, laundry, personal care and depreciation of household items. If conditions necessitate other meal arrangements on a regular basis, adjustment in the fee should be made. In some situations the agency may have to assume the cost of the day care. The agency shall have an objective and equitable method for determining the parent's or guardian's ability to pay for the cost of the service.

It is desirable that some portion of the fee be paid by the child's parents. Assumption of financial responsibility helps parents to retain their dignity and to feel that they are being good parents.

Insurance

The day care parents shall be advised to discuss adequate liability coverage with an insurance agent.

Emergency Information

The parent's or guardian's written consent for emergency medical care must be secured by the agency. The day care mother shall be given the agency's telephone number, as well as the telephone number where the parents can be reached and name and telephone number of the person to be called in an emergency. The day care mother shall be informed about proper procedure to be followed in the case of an emergency. The day care mother is responsible to notify the agency of significant changes affecting the child.

Agreement

An agreement specifying the detailed responsibilities of the agency to the day care family and vice versa shall be reviewed and signed by each of the contracting parties and a copy retained by each.

Termination of Service

Under ordinary circumstances the day care mother is entitled to be informed *one* week before her services to a child are to be discontinued or to payment in lieu thereof. The day care mother shall notify the agency *one* week before discontinuing her service to a child.

Appendix I

FAMILY DAY CARE HOME STUDY

I. Identifying Information

Names of day care parents (including first names):

Address (street or post office box number or rural delivery route, and city):

Telephone number:

II. Directions for Reaching Home

III. Home and Neighborhood

Include type of building, number and size of rooms, furnishings of home; sleeping arrangements and play facilities.

Provisions for adequate sleeping arrangements should be determined. Young children should be provided an individual bed or cot with clean, seasonable bedding for napping.

Evaluate the availability of clean, adequate, indoor and outdoor play space free from hazards which might be dangerous to the life and health of children. Outdoor play area shall be securely fenced. Appropriate play equipment shall be provided.

Give type and characteristics of neighborhood; nearness of community facilities including playground.

Observe evidences of homemaking competency and atmosphere of family life.

The day care home selected for a specific child should not be too different from the child's own home; it should not present any health or safety hazards. Every effort should be made to have the day care home located near the child's own home. The travel time between the two homes should be kept to a minimum, especially for very small children. Older children should remain in their own neighborhood for social reasons.

IV. Prospective Day Care Parents

For each day care parent give age, educational level and occupation. Include family background, social relationships, hobbies, cultural interests, participation in community and religious affairs. Give your impression, if any, of their marital relationship; how their early life

Appendix I

experience and family relationships may have influenced them; of their attitude toward their own parents and how they relate to their own children. What are their attitudes toward discipline and punishment? What are their feelings toward the agency and toward the child's own parents? Give special attention to the motivating factors in their wanting a child for day care.

V. Others in the Home

Include name, sex, age and relationship of all other persons in the home. Assess their feelings toward placement of a child in the home and reasons for objections if any. Evaluate these attitudes in terms of the child's well-being.

VI. References

Indicate what references were contacted and worker's impression of references and information obtained.

VII. Summary of Findings and Recommendations

Appendix II

HEALTH ASPECTS OF FAMILY DAY CARE

Health Standards for Family Day Care Building

1. Location
2. Structure, Safety and Sanitation of Building
3. Water Supply and Sewage Disposal
4. Space Requirements
5. Wall and Floor Sanitation
6. Lighting
7. Ventilation
8. Heating
9. Washing Facilities
10. Toilets
11. Food Preparation
12. Isolation for Illness

Health Certification of Day Care Family

Health Services for Children Receiving Family Day Care

1. Pre-Admission Medical Examination
2. Periodic Health Examinations
3. Immunizations
4. Dental Services
5. Day Care Parent Observation
6. Daily Medical Care
7. Mental Health Services
8. Services for Handicapped Children
9. Health Records

Appendix II

Health Standards for Family Day Care Building

1. *Location:* The day care home should be located as near as possible to the child's own home.
2. *Structure, Safety and Sanitation of Building:* The building should be sound in structure, safe for children, and fire-resistant. It should comply with all local building, fire and sanitation laws.

It should be inspected prior to approval and at least annually by the local building, fire and health departments, who should send reports of conditions found to the responsible agency.

3. *Water Supply and Sewage Disposal:* Should be approved by the local health department.
4. *Space Requirements:* At least 50 square feet of floor space per child should be available in the rooms in which the children are expected to spend the major part of their time in the home.

At least 200 square feet of safe outdoor play area per child should be available; this should be fenced in for young children.

5. *Wall and Floor Sanitation:* Walls and floors should be covered with materials which can be cleaned easily.
6. *Lighting:* Each room used by the children should have outside windows, the area of which is at least 10 per cent of the floor area of the room. Artificial lighting should provide at least 25 footcandles.
7. *Ventilation:* Fresh air should be available through windows which can be opened, or air conditioning. Windows and doors that are opened should be screened against insects with the screens securely fastened.
8. *Heating:* The temperature of the rooms should be maintained as close to 68-70 degrees as possible. Radiators should have protective coverings. Open fireplaces, electric heaters and portable heaters should not be used.
9. *Washing Facilities:* Washing facilities, with both hot and cold water, should be provided. The temperature of the hot water should be controlled automatically so that it cannot rise above 120 degrees in the basins used for washing the children.

Steps should be provided to allow children to reach the basins safely. Each child should have his own towel and washcloth, kept in a sanitary condition, or disposable towels and washcloths should be provided.

Appendix II

10. *Toilets:* Toilets should be easily accessible from the rooms used by the children. For children under three years of age and infants appropriate toilet seats or potty chairs are desirable.
11. *Food Sanitation:* Kitchen facilities should be located so that food can be readily transported and served at appropriate temperatures. The kitchen should be well-lighted, clean, and orderly.

Adequate provision should be made for refrigeration of food, for thorough cleansing of dishes, utensils and silverware, and for sanitary disposal of garbage.

Chipped or cracked dishes should not be used. Sharp flatware should not be given to children.

12. *Isolation for Illness:* An area shall be available in which a child found to be ill can be separated from other children present. The home should be equipped with the first-aid supplies necessary to treat simple medical emergencies.

Health Certification of Day Care Family

Day care parents should be responsible adults. They, and others regularly involved in the care of the children, should be in good health and required to present, prior to approval, a health examination record form by a qualified physician for each individual, certifying to his health, including freedom from tuberculosis as determined by skin tests or x-ray examinations of the chest. This should be repeated annually.

Day care parents who have colds or other infections should not come into contact with children. Arrangements for substitute care should be planned in advance. If a day care parent or someone in the family becomes ill, the responsible agency should be immediately notified.

Health Services for Children Receiving Family Day Care

The health care of the child remains the responsibility of his parents unless this responsibility legally has been given to other persons or agencies. During the time the child is in the day care home, however, the day care parents are responsible for emergency treatment of conditions requiring it. The general care of the child should include the following services:

Appendix II

1. *Pre-Admission Medical Examination:* Pre-admission medical examination by a qualified physician, done within a reasonable time before the child begins to receive family day care services, is required. The determination of "reasonable time" may be made by the responsible agency, but should not exceed three months in the case of a child less than one year of age, or six months in the case of a child more than one year of age. Significant medical data about the child should be provided to the responsible agency on appropriately detailed form.
2. *Periodic Health Examinations:* Periodic medical examinations should be performed in conformity with the standards recommended by the State Dept. of Health.
3. *Immunizations:* Immunization procedures should be carried out in conformity with standards established.
4. *Dental Services:* Dental examinations and care should be provided for all children. The examinations should be performed by a dentist annually for all children over three years old.
5. *Day Care Parent Observation:* Routine observation of the child should be done by the day care parents, and evidence of illness should be called to the attention of the parents and the responsible agency. Medical information, significant to the care of the child, should be provided to the day care parents.
6. *Daily Medical Care:* Medications, physical treatments and special diets required for the care of a child should be given by the day care family only on written order of a qualified physician.
7. *Mental Health Services:* Children who are observed to have potentially serious deviations in personality or behavior should be referred for psychiatric consultation or treatment.
8. *Services for Handicapped Children:* Children with handicaps should be referred to appropriate diagnostic and treatment sources.
9. *Health Records:* The responsible agency should maintain a health record showing the child's significant health data, and should make appropriate information available to the day care family.

Appendix III

PLANNING FOOD FOR CHILDREN IN FAMILY DAY CARE

Introduction

Children, as adults, have varying food needs and preferences. Experiences show that children, when provided with a varied and adequate choice of foods, will tend to select an adequate diet to meet their individual nutritional needs.

If a child persists in refusing to eat or in selecting an unbalanced diet, this may be for physical, emotional or cultural reasons and should be investigated.

It should be recognized that eating habits of children are influenced by eating patterns at home. The adjustment of a child to new experiences in the day care home and new foods offered there may present temporary difficulties. By and large children enjoy eating.

In a five- to seven-hour day children in the family day care home should be served food which will provide at least one-third to one-half of the Recommended Daily Dietary Allowances of the National Research Council in one meal and two snacks. Children in family day care longer than seven hours, at least two-thirds of the Daily Dietary Allowances should be provided by serving two main meals and two snacks.

Feeding Infants Under One Year of Age

Prescribing of formula, type, amount and schedule of feeding, as well as of additional foods and vitamins is the physician's responsibility. Prepared formula bottles should be brought daily by the mother with the child to the day care home. The number of such bottles should be sufficient to meet the infant's need for the time of stay in the day care home plus an extra bottle, which could be used in case of accidental breakage or clogged nipple. (If not used at the day care home, the mother can use this extra formula bottle for feeding the child on his return home.) The day care mother will place the prepared formula bottles immediately in the refrigerator, and will warm each bottle before use, as indicated.

The day care mother should be informed about the child's feeding schedule including what, how much, when and in which manner foods other than formula should be offered the infant. It is important for the day care mother to know the particular feeding habits and preferences of the baby.

Appendix III

As a rule, pasteurized whole cow's milk is given, instead of formula, by age six months, cereals are introduced about the third month, sometimes in the second month. In the third month pureed fruit and vegetables may be introduced. By the fourth month meat may be fed in small quantities. In the fifth month, egg yolk may be started and mashed potatoes given. By the sixth month crisp toast or infant biscuits can be offered. As the child grows older, a greater variety of foods should be introduced.

Before the age of one year a gradual change should have been made from pureed foods to coarser, lumpier consistency. At this time raw bananas, avocados, scraped apples can be offered. Between the ages of one and two years, raw vegetables can be introduced such as shredded carrots, peeled tomatoes, etc.

The following pattern for meals and snacks can be used for children two to six years of age.

Main Meal

Milk	1 serving
Cooked meat, fish, poultry, cheese or egg or cooked dried beans or peanut butter	1 serving
Vegetables and fruits (one fruit or vegetable should be dark green or yellow)	2 or more servings
Bread (enriched or whole grain), butter	1 serving

Additional foods will be used to round out the meals such as rice, macaroni, simple desserts such as fruits, milk puddings, plain cake and cookies.

Mid-Morning Snack

Fruit juice or a piece of fruit or raw vegetable	1 serving
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Mid-Afternoon Snack

Milk	1 serving
A plain cookie or bread and butter sandwich or a piece of fruit	1 serving

In instances when children arrive without having had breakfast at home, breakfast should be served soon after they arrive.

Breakfast

Whole grain enriched cereal, or bread	1 serving
Egg	1 serving
Butter or margarine	
Milk (may be served as part to drink and part on cereal)	1 serving

Appendix III

The same type of food may be served to children of different ages, body build or activity. It is the amount of these foods served that will differ.

NOTE: Carbonated and non-carbonated soft drinks shall not be substituted for fruit juice or milk.

FEEDING GUIDE FOR CHILDREN AGED SIX YEARS AND OVER

	Approximate Quantity Needed Daily	Average Size of Serving
MILK GROUP Part or all of the milk may be fluid, skim milk, buttermilk, evaporated milk or dry milk. Cheese and ice cream may replace part of the milk. 1-inch cube cheddar type cheese - 2/3 cup milk, 1/2 cup cottage cheese - 1/3 cup milk, 2 tbsp. cream cheese - 1 tbsp. milk, 1/2 cup ice cream - 1/4 cup milk.	Children 6-10 years 3-4 servings	6 oz.
	Children 10 years and older 4 or more servings	8 oz.
MEAT GROUP Beef, veal, lamb, pork, variety meats such as liver, heart, kidney, poultry, eggs, fish and shellfish. (Dry beans, peanut butter, lentils may be used as substitutes occasionally.)	2 or more servings	2 or 3 oz. of lean cooked meat, poultry or fish - all without bone; 2 eggs; 1 cup cooked dry beans, dry peas, or lentils; 4 tbsp. peanut butter
VEGETABLE, FRUIT GROUP <i>Good sources of Vitamin C</i> Oranges, orange juice, grapefruit, grapefruit juice, cantaloupe, raw strawberries (in season), broccoli, green pepper <i>Fair sources of Vitamin C</i> Watermelon, raw cabbage, collards, mustard greens, kale, potatoes, sweet potatoes cooked in jackets, spinach, tomatoes or tomato juice, turnip greens <i>Sources of Vitamin A</i> Dark green and deep yellow vegetables, carrots, chard, collards, pumpkin, spinach, sweet potatoes, turnip greens, and other dark green vegetables, winter squash Other vegetables and fruits may be served as variety	4 or more servings including: 1 serving of a good source or 2 servings of a fair source of Vitamin C and 1 serving every day of a good vegetable source of Vitamin A	Count as 1 serving 1/2 cup of vegetable or fruit or a portion as ordinarily served, such as 1 medium apple, banana, orange, or potato; half a medium grapefruit or cantaloupe or the juice of 1 lemon
BREAD, CEREAL GROUP	4 or more servings	1 slice bread, 1 oz. ready-to-eat cereal, 1/2 to 3/4 cup cooked cereal, cornmeal, grits, macaroni, noodles, rice, spaghetti
FATS Butter or fortified margarine (good source of Vitamin A)	some each day	
OTHER FOODS Dessert, sugars, sweets	small amount occasionally	

Appendix III

Feeding Guide for Children 1-6 Years - Approximate Daily Quantities of Food*

	Approx. Quan. Needed Daily	Average Serving for Each Age		
		1 Year	2-3 Years	4-5 Years
MILK to drink or in food Milk equivalents in calcium: 1-inch cube hard, mild cheese = 2/3 cup milk, 1/2 cup cottage cheese = 1/3 cup milk, 2 tbsp. cream cheese = 1 tsp. milk, 1/2 cup ice cream = 1/4 cup milk	2-4 cups	1/2-1 cup	1/2-1 cup	1 cup
BREAD - whole grain, enriched, restored	1-1/2-3 slices	1/2-1 slice	1 slice	1-1-1/2 slices
EGGS	1	1	1	1
FATS: butter or fortified margarine	Some each day			
FRUIT or VEGETABLE for C: Orange, grapefruit, tomato (whole or juice), raw cabbage, broccoli, fresh strawberries, guava, mango, papaya	1-2 servings	1/3-1/2 cup	1/3-1/2 cup	1/3-2/3 cup
OTHER FRUIT (apples, apricots, bananas, pears, peaches, most berries)	1-2 servings	1/4 cup	1/3 cup	1/2 cup
MEAT, FISH, POULTRY (dry peas, dry beans, peanut butter, mild cheese occasionally in place of meat)	1-2 servings	1 tbsp.**	2-3 tbsp.	4 tbsp.
RAW VEGETABLES (tomatoes, lettuce, cabbage, carrots)	1 serving	Small portion, such as 1/4 of a medium-sized carrot		
VEGETABLES FOR VITAMIN A: Dark green and deep yellow - such as greens, broccoli, carrots, sweet potatoes	1 serving	2 tbsp.	3 tbsp.	4 tbsp.
OTHER VEGETABLES including potatoes, white or sweet	1 serving	2 tbsp.	3 tbsp.	4 tbsp.
OTHER FOODS: desserts, sugars, sweets	Small amounts occasionally			

*Adapted from Children's Bureau, U.S. Department of Health, Education and Welfare: **YOUR CHILD FROM ONE TO SIX**, Publication 30, revised 1962, Washington, D.C.

**One tablespoon means a level tablespoon. A rounded tablespoon is equal to two level ones.

NOTE: 1) Nuts, foods containing seeds or pits, popcorn, pieces of raw carrots, and kernel corn may be aspirated by young children; they are unsuitable for children under 2 years of age.

2) Food intake of children during the preschool period is very irregular; this should not cause concern. *Forcing or cajoling children to eat is inadvisable.*

Appendix III

The following is a suggested plan for serving food in the day care home to children six years old and over.

Main Meal

Cooked meat, beef, lamb, pork, poultry, cheese or eggs	1 serving
Green or yellow vegetables, or tossed green salad	1 serving
baked potato	1 serving
fresh fruit in season	1 serving
bread with butter or margarine	1 serving
milk	1 serving

Snacks

Peanut butter, meat or cheese sandwiches or graham crackers with peanut butter	1 serving
fruit in season	1 serving
fruit juice or milk	1 serving

Breakfast

Fruit juice or fruit	1 serving
cereal or bread with butter or margarine	1 serving
milk (may use part on cereal)	1 serving
eggs	1/2-1 serving

NOTE: Carbonated and non-carbonated soft drinks shall not be substituted for the fruit juice or milk.

CLOTHING - INFANTS AND PRESCHOOLERS

Infant's clothing needs to be safe, clean and protective. Infant's clothing should include enough diapers, shirts and bibs to provide for necessary changes. As a minimum, between 6-10 diaper changes a day is recommended. Diapers of light weight, moisture absorbent, non-bulky fabrics are best. Infant's clothing should be of soft cotton fabric that will not irritate tender skin. For bed time or naps, gowns or sacques, with drawstring closure at the bottom, and which are long enough to insure freedom of leg movement, plus light blanket when needed, are all that is necessary.

Toddler's and preschooler's clothing should be simple, of good fit, comfortable and easy to care for. Children's clothing should provide for: weight to be supported from the shoulders, easy fitting neck and waistlines, adequate width in armholes, seat and at knees, and ample length in the crotch for bending and stooping. Garments should be easy to take off and put on, so as to encourage children to dress themselves. Overalls, coveralls of sturdy wash fabrics and cotton knit jerseys or shirts are the main stay of preschooler's wardrobe. Underwear of soft cotton knit fabric is comfortable and warm. Socks must fit well and allow for free movement of the toes. For emergencies, it is desirable that a change of all clothing be kept at the family day care home.

A light-weight sweater for infants and preschoolers will provide added warmth when needed. Children should not be overdressed. A waterproof windbreaker jacket will be comfortable for chilly days. For colder days, a snowsuit which is of a washable, light-weight windproof and water resistant fabric will give necessary protection. For maximum warmth, neckband and collar, ankle and wrist cuffs should fit snugly. Garment should be roomy enough to be worn with a light-weight sweater and be designed to be easily put on and taken off. In addition, a hat or mittens, and rubbers or boots, will be needed according to weather.

Children's shoes must fit properly and be kept in good repair.

All clothing should be kept clean. Each child's clothing should be stored separately in a plastic bag which is properly identified. All individual clothing items shall be labeled.

Provision and maintenance of clothing is the parent's or guardian's responsibility.

Appendix V

PRINCIPLES IN PLANNING DAILY PROGRAM

The daily program for any child in family day care should reflect knowledge and understanding of basic needs, growth and development of children and concern for all aspects of each individual child's life. A day in any child's life involves eating, sleeping, toileting and his "work" whether it be play, going to school or both. All that happens to him in the 24 hours of each day influences his growth and development in some way. The activities involved during the time that a youngster is in his family day care home should be dovetailed with those in his own home so that transitions back and forth will create as little confusion for him as possible.

The youngster's basic sense of security will be strengthened if the day care family's approaches to habit learning, discipline, etc. are related as closely as possible to those practiced by his own family. In some instances, it is very possible that there will be inconsistencies which could create a feeling of insecurity, even anxiety, in a child who may already be under stress.

It is anticipated that, although the majority of children in family day care homes will be toddlers and preschoolers, there will be some infants as well as school-age children and adolescent children who are not ready for group experiences or who need a daytime home-base away from home.

Infants and young children, particularly, gain security from routines and consistency. This is a principle which can well be applied in planning daily programs. By nature an infant is hungry at regular intervals. With increasing maturity, he soon is ready for three meals a day. A young infant requires a great deal of sleep and will do so between feedings if he is comfortable, warm and dry. By his first birthday, a child usually has a pretty definite pattern for sleeping and waking. He should be having a long night-time sleep (about 12 hours) and one or two naps during the day. A toddler often will resist going to bed, even though tired ("chronic resistance to sleep") because he does not want to miss anything. Sometimes this resistance is due simply to his not being sleepy. This usually indicates readiness to give up one of his day-time naps. Going to bed should be pleasant and the toddler's rituals which often are a part of going to bed should be shown consideration. A schedule approved by the natural parent or auspice agency should provide for a balanced day of activity and rest suitable to meet the needs of the child. There must be arrangements made for young children to have an individual bed or cot with clean, seasonable bedding for napping.

Appendix V

As with bed-time, meal-time should be pleasant. The infant should be held for his bottle, and time given for socialization. Attitudes toward food can be influenced by early feeding experiences. New foods, introduced one at a time and with patience, will perhaps avoid food dislikes in the future. Force is unpleasant and defeats the objective of developing a happy anticipation of meal-time. Toddlers experience a natural seeming disinterest in food which, if understood, makes things much easier for all concerned. Readiness to learn self-feeding will be evident when the child reaches for his food, grasps it and endeavors to place the food in his mouth. By two years of age many children can do pretty well. Finger foods, such as carrot sticks, zwieback, cut-up pieces of cheese, meat, etc. will help in the process.

Once readiness for toilet learning is recognized, consistency at home and in the family day care home is essential. Real bowel control can only be taught to most children after they learn to walk. Bladder control, also, is most easily accomplished when the child is physiologically (and psychologically) ready. Many children are ready around one and one-half to two years of age. It is to be remembered, though, that the fact that the child is in a family day care setting away from his own home may slow him down temporarily. Children who have recently established toilet habits may show signs of regression in a new setting. This may be particularly evident if the child has experienced a stressful situation. In all habit learning, it is recognized that a child works on one thing at a time. Consequently, regression, advancement, plateaus are to be expected.

Play

Play is the work of children and as such is an aid to growth, development and learning about things and people. Provision of safe opportunities for play and an atmosphere in which children can be free to experiment in their play, to explore places and things, to contemplate are essentials. Children cannot play freely and learn through play unless they are permitted to do so by adults who understand that children need to test things out, to be messy, to get dirty, to be noisy and really "let loose" once in a while. Children with special needs may require help in learning to play and to use play materials.

Space should be provided both indoors and outdoors for the children to play actively and imaginatively. It is not necessary to provide an abundance of toys, but thought should be given to safety and suitability for the ages of the children in the particular family day care home. In general, toys and other play equipment should be selected from each of the following groups:

Appendix V

1. For dramatic, imaginative play.
2. For construction and special skill development (so called "educational toys").
3. For large muscle development and energy release.
4. For sensory and creative experience.

Discipline

Discipline has been written about as "understanding guidance," as attainable through affection and, unfortunately, in a narrow sense, has been defined as punishment.

Young children need reasonable limits set for them and in fact are more secure when these exist.

Learning to live within limits is an important lesson for life.

There must be consistency within the family day care home, within the natural home, and between the two, if the youngster is to be protected from confusion and frustration in learning acceptable modes of behavior.

Selected References

1. *Infant Care*
2. *Your Child From One to Six*
3. *Your Child From Six to Twelve*
4. *The Adolescent in Your Family*
5. *Home Play and Play Equipment*
6. *A Creative Life for Your Child*
7. *Healthy Personality for Your Child*

The above Children's Bureau publications are available from the U.S. Government Printing Office.

8. *Obedience Means Your Child's Safety*
American Academy of Pediatrics
9. *Parents Ask*
Ilg, Frances L. and Ames, Louise Bates
Harper, 1962
10. *The Psychology of Early Childhood*
Landreth, Catherine
Knopf, 1962
11. *Learning About Children*
Shuey, Rebekah M., et al
Lippincott, 1938
12. *Your Preschool Child*
Burnett, Dorothy Kirk
Holt, 1961
13. *Licensing of Family Homes in Child Welfare*
Costin, Lela B. and Gruener, Jennette R.
Wayne State University Press, 1965

Selected References

14. *In Quest of Foster Parents*
Hutchinson, Dorothy
Columbia University Press, 1943
15. *Building Self-Confidence in Children*
Ridenow, Nina
Science Research Association, 3431 North Knox Avenue, Chicago, Ill.
16. *Young Minds Need Something to Grow On*
Ward, Muriel
Row Peterson & Co., White Plains, N.Y., 1957
17. *The Nursery School: Adventure in Living and Learning*
Christianson, Rogers and Ludlum
Houghton Mifflin Co. — Boston, 1961
18. *The Guidance Nursery School*
Pitcher, Evelyn Goodenough & Ames, Louise B.
Harper & Row, 1964
19. *“Family Day Care: A Protective and Preventative Child Welfare Service”*
California Department of Social Welfare
Training Aid No. 17
Report of Workshops, 1960
20. *“Family Day Care: What It Means for the Parent”*
The Family: Vol. XXVI, pp. 54-60, April 1945
21. *Day Care — “One of the Community’s Services to Children”*
Child Welfare: Vol. XXXIX, pp. 6-10, Oct. 1960
22. *Newsletter*
National Committee for the Day Care of Children
44 East 23rd Street, New York, N.Y.
23. *Standards for Day Care Services*
Child Welfare League of America, 1965
44 East 23rd Street, New York, N.Y.

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