

Michigan Child Care Matters

Department of
Human Services

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INFANTS - BIRTH TO 12 MONTHS

FROM THE DIVISION DIRECTOR James S. Sinnamon

September is Infant Safe Sleep Month for Michigan. As I prepare to write this article about the importance of safe sleep practices for child care providers, several things come to mind.

Infants are still being placed at risk in sleeping environments in some child care facilities. Earlier this year, a four-month-old child was discovered unresponsive in the crib where he had been sleeping. A licensing consultant is in the process of completing an investigation of the death of a three-month-old infant in a child care home. It was the child's first day back in care after a two week stay at home with mom.

We need to do a better job of getting the Safe Sleep message out to all parents. Recently I had a long conversation with a parent who was very upset with the change in the home rules that prohibits blankets in cribs with infants. This parent felt this rule was unnecessary and was an effort by the state to take away a parent's right to determine what is best for his or her child. She saw no harm in allowing stuffed toys and blankets in cribs. I explained that the American Academy of Pediatrics reports that in the United States, approximately 20 percent of unexpected infant deaths occur while the infant is in the care of a non-parental caregiver. Further, of the infant sleep-related deaths reviewed by the Child Death Review teams statewide between 2000 and 2002, nearly half (49 percent) cited blankets, quilts, comforters, pillows, stuffed toys, sheepskin, or bumper pads as factors present in infant sleep-

related deaths. The ultimate goal of licensing rules is the health and safety of children in child care.

Statistics from 2006 revealed that 52 Michigan babies, or the equivalent of one infant every week, died of accidental suffocation or strangulation while sleeping (Michigan Vital Statistics, 1989-2006 Michigan Department of Community Health). Soft and/or heavy bedding was found to be a factor in 50 percent of the sleep related deaths. These deaths are preventable! You can help make a difference!

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This publication provides relevant information regarding young children who are cared for in licensed child care settings. We encourage child care providers to make this publication available to parents of children in care, or to provide them with the Web address so they may receive their own copy. Most issues are available online at:

www.michigan.gov/michildcare

BASICS OF INFANT CARE

Toni Stagray, Licensing Consultant
Saginaw County

According to the National Association for the Education of Young Children, quality care is about relationships. Infants learn trust through daily interactions with caregivers. During the course of an infant's day, routine tasks offer opportunities for caregivers to be especially attentive to an infant's basic needs.

As an infant caregiver, you will be expected to be patient, loving and to respond to the individualized needs of each infant in your care. It is not always a simple task but a very rewarding one. Determining an infant's needs is the first step in performing caregiving tasks. Since an infant cannot verbalize yet, it is very important to establish a trusting and caring relationship between the caregiver and the infant in order to learn the infant's cues and communication. Caregivers must try different methods to soothe a crying or fussy infant, as well as communicate with the parents about the infant's temperament, likes and dislikes and usual patterns of behavior.

Licensing rules which apply to infant care are listed below. The Technical Assistance and Consultation Manual for both homes and centers is available on the child care licensing Web site (www.michigan.gov/michildcare) to assist providers in complying with these rules:

Topic	Home Rule Number	Center Rule Number
Ratio; supervision	400.1910, 400.1911	400.5201a
Diapering	400.1923	400.5209
Food, formula preparation	400.1931	400.5205 - 400.5205b
Bedding; sleep equipment	400.1916	400.5204
Sleep supervision	400.1912	400.5204a
Daily programming	400.1914	400.5106
Primary care	n/a	400.5202a
Children's records	400.1907	400.5206, 400.5111
Staff training	400.1905	400.5102a

Ratio/Supervision

Having the correct caregiver-to-infant ratio at all times is key to providing appropriate care and supervision. In a center, the ratio is 1:4. In a home setting, a caregiver may only care for two children under the age of 18 months at any one time. Low caregiver to child ratios are most critical for infants because they assure that

appropriate care, supervision and safety are considered at all times.

Diapering

In both centers and homes, diapering must occur in a designated area equipped with a non-absorbent changing pad. Diapers, wipes and cleaning supplies must be within easy reach to ensure safety at all times. This area must be located away from any food preparation areas and within close proximity to a hand washing sink. The area must have a covered container nearby for disposal of only diapers and diapering supplies. This assures for the health and safety of children and reduces the contamination of other areas of the child care home or center.

Caregivers must frequently check diapers and change them when wet or soiled. This helps prevent diaper rash or dermatitis that prolonged contact with urine, feces or both causes. Centers are required to record diaper changes and many home providers choose to do so as well. Gloves may be used for diapering but are not required. Regardless if gloves are used or not, hand washing is always required after diapering.

Food and Formula Preparation

Infants need to be fed often and on demand. Demand feeding meets the infant's nutritional and emotional needs and provides an immediate response, which helps to develop trust and feelings of security. Learning each infant's schedule can be a challenge, but once this occurs, it becomes easier to meet the infant's needs. It will be necessary to have good communication with an infant's parents to learn the infant's schedule.

A caregiver has a responsibility to follow feeding practices that promote optimum nutrition, which support growth and development in all children. A written agreement defining who is responsible for providing infant formula or food must be on file at the home or center. If a facility participates in a food program, documentation of this is required to be on file. Best practice is for the caregiver to discuss proper nutrition with parents when necessary. Bottles must be labeled regardless of the number of infants in care. Bottles may be fed cold, but if warmed, the bottle should be run under warm water, placed in a crock pot that is no warmer than 120 degrees or placed in a bottle warmer. **Warming a bottle in a microwave is not permitted.**

Infants who do not hold their own bottles must be held during the feeding period. **Bottles must never be propped or placed with an infant in sleeping equipment.** Cereal cannot be added to a child's bottle without written parental permission. Medications cannot be added to a child's bottle without a written order from the child's physician.

Centers must support and accommodate breast feeding by providing a designated area for this. Centers must also pay special attention to the rules on preparing, storing and feeding breast milk to an infant.

Bedding and Sleep Equipment

All bedding and equipment must be appropriate for the infant and be clean, comfortable, safe, and in good repair, according to the licensing rules. Caregivers must follow the safe sleep rules and guidelines at all times to ensure the safety of infants. *(See related article on page 12 of this issue.)*

In both homes and centers, if an infant requires an alternative sleep method due to a health issue or special need, documentation from the child's health care provider is required **prior** to allowing a child to sleep in anything other than an approved place.

Sleep Supervision

A caregiver must maintain close supervision and frequently monitor the infant's sleep position and breathing for any signs of distress. Video surveillance and baby monitors must not be used **in place** of direct supervision during sleep. Appropriate supervision is basic to the prevention of harm.

Daily Programming

For infants, a daily routine is established and followed in terms of what works for all involved. As infants become more social, they enjoy being a part of a group, interacting with adults and other children. Once they become mobile, a caregiver must allow exploration and provide appropriate toys and equipment. A planned, but flexible daily program that includes opportunity for self awareness, exploration and richness of language is appropriate in all child care settings.

Setting up a safe environment that allows the infant to move freely about is ideal, as it helps the

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PRIMARY CAREGIVING: A VITAL ROLE

Kathleen S. Sinnamon, Area Manager
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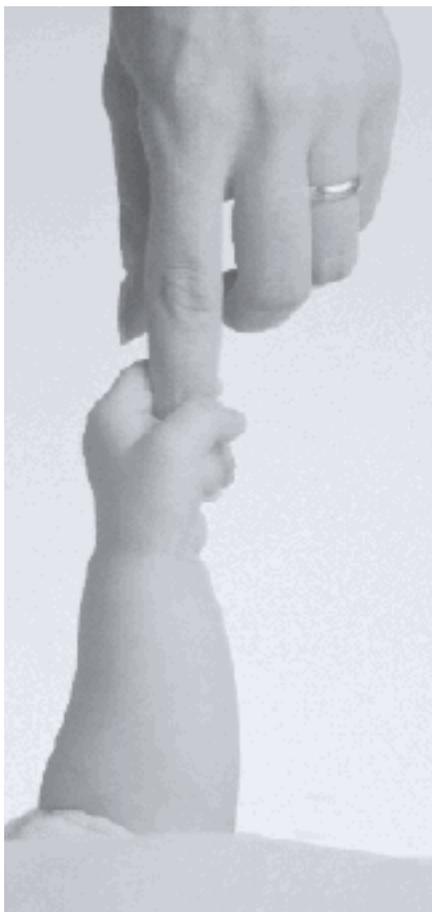
A primary caregiver is essential to an infant's positive emotional and psychological development. Infants have a natural instinct from birth to form attachments with their primary caregivers. Research has found that early relationships between infants and primary caregivers are critical to their emotional well-being. Susan Goldberg, Ph.D., in her article, *Attachment Part One: The dance of the relationship*, writes, "By the end of the first year of life, a child's expectations or internal models with caregivers are established and may prove difficult to change."

It is extremely important that a primary caregiver know the infant well enough to recognize signs of distress and respond to those cues. Goldberg further states, "Attachment involves two components in the infant-parent relationship: the child's need for protection and comfort, and the provision of a timely and appropriate care in response to these needs."

An infant learns to trust his caregivers when attachments occur in a healthy manner. He feels protected, confident that his needs will be met and becomes more secure about exploring his environment. When those attachments do not occur in a healthy manner, the infant and later the child, may experience many difficulties. In his article, *Attachment: The First Core Strength*, Bruce Perry, M.D., Ph.D. states: "If a child has few positive relationships in early childhood or has had a bad start due to problems with the primary-caregiving experiences of infancy, this child is at risk for a host of problems. In a very real sense, the glue of normal human interaction is gone. A child with poor attachment capacity is much harder to 'shape' and teach." These infants then grow

up to be children who often engage in anti-social behaviors, show no remorse when they harm others and are unaffected by positive rewards or attention from adults.

A caregiver's inability to respond consistently, appropriately and sensitively to an infant's needs for comfort and protection generally leads to early attachment problems. The caregiver may be unpredictable and uncaring, as well as physically, emotionally and psychologically unavailable to the child.



Some suggestions for promoting healthy, strong attachments with infants include the following:

- Be attentive by recognizing the infant's cues for distress.
- Be responsive by letting the infant know you are aware of his need.
- Be comforting in response to the infant's distress.
- Be consistent in responding to the infant's needs.
- Be accepting of the infant's emotional discomfort.
- Smile and talk to the infant in a soothing voice, using different facial expressions.
- Touch and hold the infant, stroke his face and allow him to hold your finger.

In a child care facility, the primary caregiver is the person who attends to a specific infant's individual needs. That person is responsible for most of the daily routines: greetings and departures, feeding, diapering, napping, tracking developmental milestones and indoor and outdoor play. The primary caregiver comforts and interacts with the infant while building a strong relationship. Working closely with the parents to form a partnership and communicating daily is also a critical responsibility.

The purpose of primary caregiving is to ensure that each infant's needs for intimacy and safety are met in the child care facility. Primary caregiving also fosters trust and promotes positive, healthy emotional and social development. Children can form primary attachments with more than one person.

The three main benefits of primary caregiving ---continuity of a relationship, continuity of care, and appropriate social-emotional interactions--- cannot occur if there are constant changes in the caregivers.

Continuity of a relationship means that each infant must be assigned a primary caregiver. The infant should have as few primary caregivers as possible during any given day or week. These same caregivers should provide the majority of the care for that infant whenever the infant is in attendance.

Continuity of care means the caregiving practices are consistent between caregivers within the facility and between the infant's home and the facility. This allows the infant to experience predictability, have his needs met in a consistent manner by all caregivers and assures a smooth transition between caregivers throughout the day, regardless of staff changes. Communication with the parents also becomes a critical part of ensuring continuity.

Appropriate social-emotional interactions means that all interactions between the infant and the primary caregiver are nurturing and promote positive social and emotional development. For example, the primary caregiver talks or sings to the infant while diapering. During feeding times, it is important to hold infants while talking and looking directly into their eyes. These are times to play and interact with the infant while exploring the environment around them together.

Primary caregiving is critical to the emotional and psychological development of infants. It must be a positive experience that will assist the infant in developing trust in the world around him and assure him that his needs are important and will be met. ❖

Director's Director's Corner, from page 1

Licensing rules require that infants be placed on their backs for resting or sleeping.

Soft objects, bumper pads, stuffed toys, blankets, quilts, comforters, and other objects that could smother a child must not be placed with or under a resting or sleeping infant. Car seats, infant seats, infant swings, bassinets, highchairs, waterbeds, adult beds, soft mattresses, sofas, beanbags, or other soft surfaces are not approved sleeping equipment for infants.

The American Academy of Pediatrics has these additional recommendations:

- Do not smoke when you are pregnant.
- Do not smoke or let others smoke around a baby.
- Do not share a bed with your baby. A safe crib in the parent's room, next to the adult bed is recommended.
- Avoid overheating a baby.
- Encourage "tummy time" when the baby is awake.

Please take some time to share the information in this issue of Michigan Child Care Matters with your parents. Inform and educate parents on safe sleep best practices. Let's make this coming year the safest yet for our children!

James S. Sinnamon, Director
Child Care Licensing Division

**Effective June 3, 2009,
family and group home
providers can no
longer use
blankets in cribs and
porta-cribs with
resting or sleeping
infants.
[R 400.1916(7)]**

SCHEDULING FOR PRIMARY CAREGIVING

Reprint from Issue 71, Spring 2005
Erika Bigelow, Former Licensing Consultant

Planning for primary caregiving is not an easy task. There are no set rules since each center has unique circumstances. The ideal, of course, would be that each child comes every day for a full day and you would have no scheduling problems. The actual situation is that you have a mixture of part-time and full-time children.

First, look at your specific schedule and determine how you can deploy your infant staff in the most effective way. It is easiest if your staff can work a minimum of six hours a day. This provides for two shifts that often overlap.

Secondly, plan for overlap of 15 minutes between shifts. This allows caregivers time to share what has happened in the morning and what the parent has told the first caregiver about the child. These caregivers should also agree on common expectations for the child and these expectations need to be in agreement with the parent.

Any adult observing an infant/toddler classroom should be able to observe children seeking out their primary caregiver for help and comfort and observe caregivers providing individualized care during significant times of the day, such as feeding, nurturing, diapering.

Daily Log

A daily log for infants and toddlers aids communication. It helps caregivers to recall what has transpired in the course of six hours with four children. It establishes patterns from determining guidance techniques. A log also helps when communicating with parents. Some programs have the parents complete a log from the previous evening so the center has a written record of the child's activities and any symptoms of illness that may have occurred at home.

Teamwork

Caregivers should understand that although they have four infants assigned to them for their shift, they are still a part of a team. Each member of the team is an essential support for the others. It

is expected that as needs arise, caregivers will interact with and care for children other than their own within the group.

Jim Greenman outlines the primary caregiver's daily responsibilities in the book, *Prime Times*. He tells us that the job of the primary caregiver includes:

- Making each child feel special.
- Keeping daily records for each child.
- Planning appropriate experience.
- Advocating for the child and the parent.

Not an easy task in anyone's terms! ❖

Adapted from *Primary Care giving – No Easy Task!* by Carol Grates, Better Homes and Centers, Summer/Fall 1998.



APPROPRIATE INFANT PROGRAMMING

Catherine Edgar, Licensing Consultant
Genesee County

There are many factors that contribute to quality programming for infants in child care centers. Some of the key indicators of a quality infant program are low caregiver to child ratios, small group sizes and implementation of primary caregiving for each infant.

The current center licensing requirement for caregiver to child ratio for infants is at least one caregiver to four infants. Small group sizes for infants are also important. Current licensing requirements limit group size for infants to no more than 12. Smaller group sizes for infants have been shown to reduce the spread of infection as well as the stress level in infants. Infant development and caregiving quality improve when caregiver to infant ratio and group size are both reduced.

Another component of quality infant care is the implementation of a primary caregiver for each infant. The primary caregiver is the one who will feed, diaper and interact with a particular infant. Having one caregiver interact with a particular infant leads to the development of a trusting relationship between caregiver and infant.

Infants thrive in an environment which has a home-like setting. It is important that the infant room provides a variety of soft spaces and natural materials. It is also important to provide new toys for infants to try out each day. Toys should be available on low shelving to allow older infants to choose their own toys. It is a good idea to incorporate a “no shoes” policy in the infant room to ensure that floors are clean and safe for infants. Every infant should be given “tummy time” on the floor in order to build muscle strength.

Some good choices for infant toys are items that stimulate sensory and motor development in infants, such as colorful mobiles for younger infants. Soft books and infant-safe mirrors are good choices as well. Toys that expose

infants to a variety of sounds are important for infant development. Infants should have access to a variety of rattles and sound-producing toys. Activity centers that encourage movement are extremely important for infants to improve motor control. Some other must-have toys for infants are stacking blocks, nesting cups, stacking rings, and shape sorters. Toys that can be manipulated by infants provide hours of active play. It is also important to have a variety of toys and equipment of different textures for the infant to explore.

Caregivers should always ensure that infant toys are clean and in good working order. It is a good idea to have additional toys available for infants to replace toys that become soiled or contaminated throughout the day. Duplicate toys may prevent any possible conflicts between infants. Caregivers must also ensure that all equipment in the infant room is appropriate for the infant’s stage of development. To ensure infant safety, caregivers need to be aware of any toy or equipment recalls. This information can be found at the Consumer Product Safety Commission Web site (www.cpsc.gov). ❖

Good Infant Programming	Poor Infant Programming
Small group size	Large group size
Primary caregiving	No primary caregiving
Clean floor space	Soiled, high traffic area
Variety of age appropriate toys, safe toys	Toys that are broken, missing pieces or beyond a child’s development
Different textures and floor surfaces for exploration	Infants primarily kept in swings, high chairs and bouncy seats
Soothing and inviting setting	Noise, chaotic setting
Music and singing	Television/videos
Flexible daily routine	Strict/no routine
Continuous caregiver/infant interactions	Limited caregiver/infant interactions
Duplicate toys at eye level	Limited toys set out by caregiver
Daily outdoor play	No or limited outdoor play

INFANT BRAIN DEVELOPMENT

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Before birth, infant brain structure is dependent on heredity factors found in the genes of the fetus. After birth, the growth and development of the brain is mostly dependent on the infant's environment. Infants' brains grow and change very rapidly in the first year of life. Every experience that infants have helps their brains make new connections that form the foundation for their physical, social, emotional, and intellectual development.

The type and amount of connections that are made effect the way infants' process information and use the information to interact with others and their surroundings. New and positive connections are made in the brains of infants when caregivers use interactions such as talking to, smiling, holding, rocking, cuddling, and giving eye contact throughout the day. These infants more easily form secure attachments and establish patterns for developing healthy relationships. Infants that have to wait for long periods of time to be comforted when in distress or do not receive positive interactions may form negative or fewer brain connections; thus, the infants have difficulty with trust and forming attachments with caregivers. All brain connections become permanent when caregivers reinforce their interactions through repetition.

Healthy brain development begins with a safe environment in which infants can grow and develop. A safe environment includes responsible caregivers, good health practices, good nutrition, and safe indoor and outdoor play spaces. Infants who feel safe and secure in their surroundings are able to explore and learn freely. They are also able to make many brain connections that will help them relate to other people and develop the ability to regulate their emotions.

Stressful environments have a negative impact on infant brain development. Prolonged stress can be detrimental to all areas of the learning and growing process. In the first year of life, infants learn whether and how their needs will be met. If their needs are met, infants trust that they can depend on caregivers as sources of safety and security. This allows infants to play and interact comfortably so they can feed their brains with all kinds of information. If, however, their needs are not met on a regular basis, infants will focus much of their attention on getting those needs met. They will have difficulty with playing and interacting with others and their surroundings, and their brains will not respond to the stimulation provided by their environment.

New connections are made in the brains of infants when caregivers use interactions such as talking to, smiling, holding, rocking, cuddling, and giving eye contact throughout the day.

Infants learn through playing, and they begin playing early in life. Early play can be as simple as picking up and shaking an object. Simple play stimulates the development of positive brain connections that

allows later play skills to become more complex. Play is one of the most important ways infants learn about their world. Infants need to be provided with opportunities to play and explore. When the environment around them is safe and the caregivers are nurturing and attentive, they will learn more easily and quickly, and they can build many connections in the brain for enhanced development.

From birth to one, the brain is growing more rapidly than any other time in life. It is vital that caregivers respond to infants timely and in a nurturing manner, and provide them with an environment that will allow them to explore safely to build the most positive brain connections. ❖

Basics of Infant Care, from page 3

child gain a sense of independence and fosters physical, social and emotional development.

Infants need opportunities to be in an environment that allows for their normal development, rather than being in one that constantly says “no.” Television is **never** appropriate in an infant setting.

Children’s Records

Basic to infant care is maintaining appropriate records. For home care, the parent provides documentation that the infant is in good health, has no restrictions and is in the process of completing immunizations required by the Department of Community Health. In center care, an infant must have on file a current medical report and records documenting immunizations given. This report must be kept updated.

For infants, centers are required to provide parents with a written daily record that includes at least all of the following:

- Food intake; time; type of food and amount eaten.
- Sleeping patterns; when and how long infant slept.
- Elimination patterns, including bowel movements, consistency and frequency.
- Developmental milestones.
- Changes in the infant’s usual behaviors.

Centers may wish to develop and keep a chart for each infant that includes the five categories listed above. Entries should be made in a timely manner and shared with other caregivers during the day. It is advisable that centers maintain a copy of daily records. Homes are not required to provide this record, but many choose to do so.

Training

Annual training is a requirement for all caregivers of young children. Specific to caring for infants is the requirement for current CPR and First Aid training, training on sudden infant death syndrome and shaken baby syndrome **prior** to caring for them. In center settings, an infant lead caregiver must have completed 3 semester hours or 4.5 CEUs in infant/toddler development to assume this role.

Deciding to provide care for infants is a unique choice, so be honest about your feelings around

infants. Invest time in learning each infant’s unique way of communicating, invest time in building the “whole child,” respect infants as worthy individuals, build security by teaching trust, and be concerned about the quality of development in each stage. And remember – relationships don’t just spring into being – they grow. ❖

Flu season will soon be upon us!

The Michigan Department of Community Health (DCH) has developed flu information materials for child care homes and centers to post in an area for staff and parents to review.

When you share this information with parents, it is important to remind them that to be protected, children need to be given the flu vaccine **every year**.

For more information on flu and flu vaccines, please go to the department’s Web site at www.michigan.gov/michildcare >Information for Parents >Immunization Information.

For general information on immunizations, go to the DCH Web site at www.michigan.gov/immunize.

FOR NOW AND FOREVER
BUILDING INFANT SOCIAL AND EMOTIONAL HEALTH
 Mary Mackrain, Child Care Expulsion Prevention Program and Training Director

Just like learning to walk, talk and eat independently, children need guidance to develop the skills necessary to get along with others and manage their emotions. These critical skills are part of social and emotional health. Caregivers play a very important role in supporting an infant's social and emotional growth. The skills associated with social and emotional health are learned within the context of relationships infants have with the caring, safe and nurturing adults in their lives.

In our concern for children's success, it is beneficial to be mindful of the role that social and emotional health plays. Social and emotional health sets the "playing field" for school readiness and lifelong success. Research shows that children who have healthy social and emotional skills tend to learn better, are more likely to stay in school and will be better able to make and keep lifelong friends.

The caregiver's most important task in helping guide infants along in their journey for healthy development is to understand:

1. Social and emotional health.
2. How to *recognize* key social and emotional behaviors.
3. How to *respond* to an infant's cues and messages.

Social and Emotional Health

Social and emotional health includes an infant's growing ability to:

- Form close relationships with other people.
- Express and manage emotions.
- Explore new environments.

Developing these abilities sets the foundation for infants to be able to communicate effectively with others, make and keep long term friendships, ask for help, laugh and smile, resolve conflict, and be resilient.

Social and Emotional Behaviors

Listed below are some behaviors that you might see as infants develop social and emotional skills:

Form Relationships

- Smile at and smile back to familiar people in their lives.
- Respond to their name.
- Anticipate being held or fed and move their body to respond.
- Enjoy being cuddled.
- Look at you and elicit your attention.
- Show preference for a caregiver.
- Hesitate around strangers.

Express and Manage Their Emotions

- Cry when upset.
- Calm down when comforted and held gently by a caregiver.
- Wave their arms and legs in excitement.
- Coo and babble to maintain attention and express feelings.
- Comfort themselves by sucking their thumb or by holding a special toy or blanket.
- Laugh and giggle during play.
- Smile when happy.

Explore and Learn

- Observe their own hands.
- Reach for things.
- Enjoy simple games and songs like "peek-a-boo" and "itsy, bitsy spider."
- Imitate the actions of others.
- Enjoy looking at pictures in books or of familiar people.
- Show interest in surroundings.

Many of the things caregivers do every day with infants are building their social and emotional skills. It is never too early to start building the future of a young child. What you do now can help foster success forever! Here are some simple tips for supporting infant social and emotional health.

1. Hold and cuddle infants.

Warm nurturing touch not only supports critical bonding that leads to attachment, it also generates brain connections that support every area of infant development.

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CALMING A CRYING INFANT

Jessica Coates, Licensing Consultant
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Infants cry to communicate their needs to their caregivers. This occurs when they are hungry, tired, in need of a diaper change, ill, in pain, uncomfortable, oversimulated, or bored. Soothing an infant that is hungry or needs a diaper change is not usually difficult, but more creative techniques may need to be employed for an infant that is upset for other reasons.

Many caregivers have an internal checklist of possible ways to soothe crying infants. Usually they include checking the child's diaper, feeding them if they haven't eaten recently, trying to put them to sleep if they haven't just taken a nap, and checking for signs of illness. But what can be done when a seemingly healthy, well-fed, well-rested infant in a clean diaper continues to cry? The following techniques can be used to calm a crying infant when more obvious solutions are unsuccessful.

Infant's experiences in the womb are usually defined by the many movements of their mothers. Once they are born, much of the movement stops and that can often be frightening and disconcerting to them. There are many ways to introduce movement to a crying infant.

- **Dancing with the infant:** This stimulates the balance sensors located behind the ear (vestibular system). Slow and gentle dances that include up and down, side-to-side and back and forth movements are most effective in comforting a crying infant.
- **Swinging:** This can be incorporated by using either an infant swing or holding the infant while swaying on a swing or glider. Rocking is also a great way to incorporate a swinging motion.
- **Take a walk:** Take the infant for a walk outside or put her in an infant carrier to be walked around the house. This stimulates the movement she experienced while in the womb.
- **Roll on a ball:** Kneel on the floor and drape the baby tummy-down on a beach ball. Hold

the infant securely and gently roll from side-to-side.

Certain sounds can also help to calm crying infants, especially ones that remind them of being in the womb. Sounds to try include a running fan/air conditioner or a television/radio set to static. Recordings, such as classical music, ocean waves, waterfalls, or other natural sounds, can be purchased for this purpose. Homemade recordings of a vacuum cleaner, hair dryer or the sound of mom or dad's voice can also be used. Whispering or "shushing" in an infant's ear is also effective.



Visual stimulation may also help calm a crying infant. Ceiling fans, aquariums, running water, or waves on the beach are visually interesting to infants and can help calm them when upset. Many companies have television channels that continuously display some of these items. Allowing infants to look in a mirror and see their reflection is also effective.

Certain touches can also help soothe a crying infant. Infant massage is very popular with colicky babies. Classes should be taken on the subject to assure the proper techniques are used. Swaddling infants while holding them is also a good way to provide comfort.

Other suggestions include allowing the infant to suck on a pacifier or teether or having the infant's diet and that of the mother's (if breastfed) evaluated for possible allergens. Crying can also be triggered by an over-stimulating environment. Move into a quiet and calm area to alleviate over-stimulation.

If the infant cries for several hours at a time and at the same time each day, it may be a result of colic. The infant should be evaluated by a physician. There are medical treatments for colic that can help alleviate much of the infant's discomfort.

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SAFE SLEEP PRACTICES FOR INFANTS

Colleen Nelson, Child Care Program Consultant
Eaton County

Governor Jennifer M. Granholm has declared September Infant Safe Sleep Month. In her proclamation, Governor Granholm declares, "The month of September is an opportunity to inform or remind all caregivers to check infant sleep environments to help prevent needless tragedies."

Child care providers must follow the American Academy of Pediatrics (AAP) recommendations on safe sleep practices for infants per child care licensing rules 400.1912, 400.1916, 400.5204, and 400.5204a. When the AAP's recommendations are followed, tragic infant deaths due to accidental suffocation are prevented.

In 2006, 103 Michigan babies died in sleep-related deaths. Fifty-two of those infants died of accidental suffocation or strangulation in bed. The other 51 infant deaths in 2006 were classified as Sudden Infant Death Syndrome (SIDS). Soft/heavy bedding was found to be a factor in 50 percent of the 103 sleep-related deaths. Four out of every five of the deaths due to suffocation occurred in an adult bed or on a couch or recliner. Due to the way infant deaths are coded, an infant death listed as undetermined by the medical examiner will be categorized as SIDS in mortality statistics. Regardless of the cause of death designation (SIDS, suffocation or undetermined) most of these deaths share very similar risk factors in the infant's sleep environment. [Michigan Vital Statistics, 1989 - 2006, Department of Community Health and *Child Deaths in Michigan - 2005 Annual Report*, DHS/Michigan Public Health Institute.]

The following pictures are reenactments of how infants have died when placed in unsafe sleeping environments. These pictures demonstrate the rationale for the AAP's recommendations on safe sleep practices for infants and why Michigan's licensing rules require that these practices be followed.



This infant died when his head got entangled in a blanket that was placed in the crib.



This infant died when his face became pressed against a soft bumper pad and he was unable to move away.

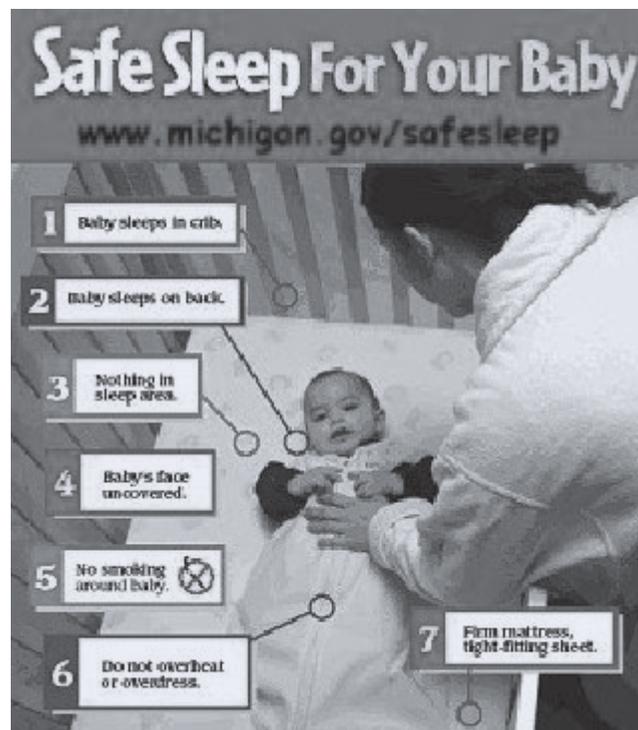


When placed on a pillow to sleep, this infant died when he was unable to move his face away from the soft material of the pillow.

Child care licensing rules require that the following safe infant sleep practices are followed:

- Infants must rest or sleep in an approved crib or porta-crib. All cribs or porta-cribs must have all of the following:
 1. A firm, tight-fitting mattress.
 2. No loose, missing or broken hardware or slats.
 3. Not more than 2 3/8 inches between the slats.
 4. No corner posts over 1/16 inches high.
 5. No cutout designs in the headboard or footboard.
 6. A tightly fitted bottom sheet that covers a firm mattress with no additional padding placed between the sheet and mattress.
- Soft objects, bumper pads, stuffed toys, blankets, pillows, etc. must not be in crib or porta-crib. An infant may be swaddled while being held by the caregiver. If an infant falls asleep while swaddled, the infant must be un-swaddled before he is placed in the crib or porta-crib.
- An infant's head must remain uncovered during sleep.
- Blankets must not be draped over cribs or porta-cribs.
- Infants must be placed on their backs for resting and sleeping. Infants unable to roll from their stomachs to their backs and from their backs to their stomachs, when found face-down, must be placed on their backs. When infants can easily turn over from their backs to their stomachs, they must be initially placed on their backs, but allowed to adopt whatever position they prefer for sleep.
- If an infant falls asleep in a car seat, infant seat, swing, highchair, etc., the infant must be moved to a crib or porta-crib.

Additional information on safe sleep practices for infants can be found at the Department of Human Services Safe Sleep Web site (www.michigan.gov/safesleep). ❖



Technical assistance on the child care licensing rules can be found on the department's Web site at:

www.michigan.gov/michildcare

**>Information for Providers
>Technical Assistance**

For Now And Forever, from page 10

2. Respond to all efforts of communication.

When infants cry, pick them up and comfort them, when they smile, smile back, when they coo and babble, coo and babble with them. Responding immediately and gently to an infant's attempts at communication sends a message that he matters. By being responsive to infants, they will develop capacity to regulate their own behavior and be more able to respond to others positively.

3. Engage in uninterrupted play every day.

Getting on the floor and engaging in rich one-on-one play with infants tells them they are important. These special times elicit smiles and laughter and a sense of safety. Spending time with infants will help them learn the skills needed to successfully play with others. It will also help to encourage curiosity and zest for learning.

4. Use daily routines as a time to connect.

Caregivers spend a lot of time changing diapers, putting children to sleep, helping them to wake up, and feeding them every day. Use these times to smile, talk and sing with infants.

5. Try to stop, take a deep breath and step back from behavior that challenges you.

Infants engage in behavior that can be challenging because they are trying to give you a message that something isn't right. The infant may be hungry, scared, frustrated, sick or sad. The infant needs you to figure out what is wrong and make it better.

Caregiving is an emotional job. In order to give infants all of the joy, love and security they need, it is important to give those same things back to

yourself. If you continually give all that you have away with out replenishing, you and the children pay the price. Take time every day to be good to yourself--you deserve it. ❖

Calming a Crying Infant, from page 11

Using the above techniques should help calm an upset infant, but if they do not work, and the crying is becoming too much to handle, it is important for caregivers to know that they must never grab or shake an infant. Infants have large heads and weak necks. Shaking them or playing too rough can cause their brains to bounce around inside their skull. This can result in serious brain damage, hemorrhaging, blindness, paralysis, or death. These injuries can occur after only a few seconds of being shaken.

If an infant's crying is upsetting and causing a feeling of loss of control:

- Take a break, don't shake.
- Place the infant in a safe place, walk away and take a deep breath.
- If needed, call someone for assistance.
- Don't hesitate to call the infant's parents.

Infants cry for a variety of reasons. Many techniques are available to soothe a crying infant when the obvious solutions do not work. It is important to remember that no matter how frustrating an infant's crying may be, she is trying to communicate a need. She cannot be spoiled by being held when upset. Learning how to appropriately respond to an infant's crying and address her needs is a great way to ensure a good day for both infant and caregiver. ❖

Centers had until 12/6/08 to come into compliance with Rule 400.5117(7). See the department's Web site (www.michigan.gov/michildcare) for the revised technical assistance on playground inspections and a list of certified playground safety inspectors approved by the Child Care Licensing Division.

UPCOMING PROFESSIONAL DEVELOPMENT SEMINARS, CLASSES AND OTHER TRAINING OPPORTUNITIES

Annual Michigan Parenting Awareness Conference
 October 9, 2009
 Marquette, MI
 November 9, 2009
 Lansing, MI
 Prevention Network
 (800) 968-4968

UPAEYC Early Childhood Conference
 October 10, 2009
 Marquette, MI
www.4c-up.com/conferences.php

Child Abuse & Neglect Conference: Prevention, Assessment & Treatment
 October 19-20, 2009
 Plymouth, MI
<http://cme.med.umich.edu/events>

Early Childhood Challenge - Early Childhood Investment Corporation
 October 21, 2009
 Lansing, MI
www.ecic4kids.org

Michigan After-School Collaborative Conference
 October 22-23, 2009
 Detroit, MI
www.miafterschool.com
 (517) 241-4290

Michigan's Premier Public Health Conference
 October 28-29, 2009
 Acme, MI
www.malph.org/page.cfm/6/
 (517) 485-0660

2009 *Early On*® Annual Conference
 November 5-6, 2009
 East Lansing, MI
<http://eotta.ccesa.org>
 (866) 334-5437

Kent Regional 4C Annual Early Childhood Conference
 January 23, 2010
 Grand Rapids, MI
www.4cchildcare.org/default.aspx
 (616) 451-8281

Michigan Collaborative Early Childhood Conference
 January 27-29, 2009
 Dearborn, MI
www.MiAEYC.org
 (517) 336-9700

A comprehensive list of conferences that are scheduled for 2009 - 2010, including national conferences, can be found at:
www.michigan.gov/documents/Early_Childhood_Conferences_2006_149277_7.pdf

ONGOING PROFESSIONAL DEVELOPMENT CLASSES

(Call organization for classes, dates, and times.)

Michigan 4C Association, www.mi4c.org, (866) 424-4532

Michigan State University Extension, <http://bkc.fcs.msue.msu.edu/>, (517) 432-7654

Child Care Expulsion Prevention (CCEP), Social and Emotional Training Series, (248) 739-1414 or email mackrain@aol.com

T.E.A.C.H. (Teacher Education And Compensation Helps), www.mi4c.org/teach, (866) MITEACH or (866) 648-3224

HighScope Training Opportunities, www.highscope.org, (734) 485-2000, ext. 234

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CONSUMER PRODUCT SAFETY COMMISSION (CPSC) INFANT/CHILD PRODUCT RECALLS (not including toys)

These recalls have been added since Issue 84 of MCCM (May 2009):

- Kolcraft Recalls 1 Million Play Yards Due to Fall Hazard .
- Pacifiers Recalled by Gromex Due to Choking Hazard.
- Simplicity Drop Side Cribs Recalled by Retailers Due to Risk of Death from Suffocation.
- LaJobi Recalls Babi Italia Pinehurst and Bonavita Hudson Drop Side Cribs; Risk of Entrapment and Suffocation.
- LaJobi Recalls Bonavita "Cabana" Drop Side Cribs Due To Entrapment and Strangulation Hazards.
- Outdoor Playset Gliders Recalled by Backyard Play Systems Due to Fall Hazard; Repair Kit Provided.
- Bugaboo Recalls Strollers Due to Risk of Brake Failure.
- Outdoor Play Sets Sold Exclusively at Toys "R" Us Recalled by Step2® Due to Fall Hazard; Swings Can Break.
- Gothic Cabinet Craft Recalls Bunk Beds Due to Fall Hazard.
- Eddie Bauer Play Yards with Rocking Bassinets Recalled by Dorel Juvenile Group Due to Suffocation Hazard.
- Jardine Announces Second Recall Expansion of Cribs Sold by Babies'R'Us; Cribs Pose Entrapment and Strangulation Hazards.
- SportsPlay Equipment Recalls Playgrounds Due to Violation of Lead Paint Ban.
- Simplicity Play Yards Recalled by Various Retailers Due to Fall and Entrapment Hazards.
- Pacifiers Recalled by Healthtex Due to Choking Hazard.
- SunKids Convertible Cribs Recalled by Suntech Enterprises Due to Entrapment and Suffocation Hazards.
- Evenflo Recalls Envision™ High Chairs Due to Fall and Choking Hazards.
- Evenflo Expands Recall of Majestic™ High Chairs Due to Fall and Choking Hazards.
- Pacifiers Recalled by OKK Trading Due to Choking Hazard.
- Fisher-Price Recalls 3-in-1 High Chairs Due to Fall Hazard.

Details on these product recalls may be obtained on the CPSC's Web site at www.cpsc.gov.

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