

Babysitting Guidebook

*'Any activity becomes creative when the doer cares about
doing it right, or doing it better'- John Updike*



*A guidebook for families to assist with the process of
identifying, screening and supporting babysitters.*



Capital Area Interagency Coordinating Council for Early Intervention Services

What is the Capital Area Interagency Coordinating Council (CAICC)?

We are a group of parents, professionals, and other community members who care about young children with special needs and their families. We are working to ensure quality early intervention services.

What does the CAICC do?

The CAICC provides an opportunity for families and professionals to meet, talk and form partnerships; provides families with an opportunity to be involved in the decisions affecting local services; provides families with information about Early Intervention, community resources and activities.

Who developed this booklet?

*The **Family and Community Connections Committee** of the CAICC developed this booklet in **November 2002**. The Family and Community Connections Committee advocates for the inclusion of young children with disabilities, in community activities and provides information to families, and those who support them, about what the community has to offer young children.*

What if I have ideas to share?

If you have recommendations or suggestions about this babysitting guidebook- please direct them to Courtenay Wilson, 717-975-0611, cwilson@ucpcentralpa.org.

Contents

Identification

Page 4

Screening

Page 5

Support

Page 6

Introduction

It's natural to worry when leaving your child with a babysitter. Most of us have heard one or two bad experiences that a friend has had with a babysitter. Therefore, you may wonder, "Can I trust this person to be as caring and gentle with my child as I am?" This is a legitimate concern. "Parents mistakenly believe that if a sitter is reliable and affectionate toward their children, that's good enough," said Eileen Henzy, MPH, director of Connecticut SAFE KIDS, a program of Connecticut Children's Medical Center that is sponsored by the Connecticut Elks Association. Unfortunately, these qualities won't necessarily keep kids safe. Babysitters not only need to know what to do in an emergency, but they also should be able to predict the kinds of dangers kids, especially toddlers, can get into."

identification

One good way to find a babysitter is to use your local resources. Did you ever think to ask family members, friends, and co-workers about the sitters they use. They can be a great resource. Call local agencies such as the Red Cross or area colleges for babysitter referrals. The list below will give you many possible resources to think about when trying to identify a babysitter.

- ☆ *Neighbors*
- ☆ *Friends*
- ☆ *Extended Family*
- ☆ *Churches/Synagogues*
- ☆ *High Schools*
 - ☆ *Guidance Counselors*
 - ☆ *Family Consumer Science Department*
 - ☆ *Key Club*
- ☆ *Colleges/ Universities*
 - ☆ *Student Employment Service*
 - ☆ *Students Majoring in:*
 - ☆ *Nursing*
 - ☆ *Special Education*
 - ☆ *Psychology*
 - ☆ *Early Childhood Education*
 - ☆ *Human Services*
- ☆ *Red Cross Babysitting Programs*
- ☆ *4-H Babysitting Programs*
- ☆ *Girl Scouts*
- ☆ *Boy Scouts*
- ☆ *YWCA*
- ☆ *Township Babysitting Programs*
- ☆ *Daycare Centers*
- ☆ *In-home Daycare Providers*
- ☆ *Daycare/ Preschool Assistants (not child's own)*
- ☆ *Colleagues/ Coworkers*
- ☆ *Colleagues'/Coworkers' Children*
- ☆ *Newspaper Ads*
- ☆ *Grocery Store Ads*
- ☆ *Associations*

"Without a sense of caring, there can be no sense of community."

-Anthony J. D'Angelo

Screening

Being comfortable with the person you are leaving your son or daughter with is a must. This section of the Babysitting Guidebook offers tips for learning more about your prospective babysitter. These tips will help you decide if the sitter is right for you and your child.

Qualities

- ☆ Comes highly recommended
- ☆ Completed babysitters training course (available through Red Cross, 4H, Girl Scouts(GEM), or YWCA)
- ☆ Completed Pediatric CPR and First Aid Classes
- ☆ Employs a comfort level around children
- ☆ Capable of assuming responsibility
 - ☆ Knows how to keep everyone safe, both inside and outside the house
 - ☆ Skilled in calmly handling emergencies
 - ☆ Knows how and when to summon help
- ☆ Dependable, mature, knowledgeable, adaptable and confident
- ☆ Prior babysitting experience

References- At least three

- ☆ Past employees
- ☆ Parents
- ☆ Friends
- ☆ Teachers

Age

- ☆ Recommended minimum of 12 years of age. Keep in mind that if the sitter is under 16 years of age, parents are held legally responsible if something happens to your child while in the sitter's care.

Child Compatibility

- ☆ Invite prospective sitter over to meet child (play date/mother helper) and observe their interaction.
- ☆ If possible, interview several prospective sitters to find the best match for your child.

Payment

- ☆ Confirm hourly rates
- ☆ Compare rates with friends and neighbors
- ☆ Negotiate a rate that is acceptable for all parties

Support

It is important to provide a sitter with information about your home, rules, routines, and needs of your children in order to optimize the experience for everyone. Consider the following non-exhaustive list of ideas to prepare the sitter and your children for their time together. Sample forms are included in the Forms section as a guide for sharing emergency, family, and child-specific information.

Prior to arrival

- ☆ ***Complete applicable forms (examples available in the forms section of this guidebook)***
 - ☆ *Sitter Information Form*
 - ☆ *Emergency Form*
 - ☆ *Medical Release*
 - ☆ *Understanding our Child*
- ☆ ***Talk with child about expected behavior while in the care of the sitter***

Upon arrival

- ☆ ***Obtain personal information***
 - ☆ *Full Name*
 - ☆ *Address*
 - ☆ *Driver's License and Auto Insurance information, if applicable*
- ☆ ***Discuss family routine in the presence of the child***
 - ☆ *Television*
 - ☆ *Snacks*
 - ☆ *Naps/bedtime*
 - ☆ *Phone*
 - ☆ *Bath*
 - ☆ *Play (where and with whom)*
 - ☆ *Off limit areas*
 - ☆ *Behaviors*
 - ☆ *Personal needs and preferences of each child*
 - ☆ *Special Considerations*

Support cont.

Upon arrival continued

- ☆ **Tour the house**
 - ☆ *First aid equipment and medication*
 - ☆ *Telephones*
 - ☆ *Doors and other potential alternate exits*
 - ☆ *Off limit items and areas*
 - ☆ *Operation of appliances*
 - ☆ *Rules about visitors (child and sitter)*
 - ☆ *Location of fire extinguishers and flashlights*
- ☆ **Safety instructions**
 - ☆ *Lock all doors at all times*
 - ☆ *Identify household hazards and chemicals*
 - ☆ *Review procedure for answering the telephone*
 - ☆ *Review medical procedures- include medication dosage and frequency and any allergies.*
 - ☆ *Review instructions for public outings*
 - ☆ *Transportation (car seat, seat belt, stroller, etc)*
 - ☆ *Necessary supplies (diapers, change of clothes, snacks, medical equipment, etc)*
 - ☆ *Restroom instructions*
 - ☆ *Review list of emergency numbers*
 - ☆ *Review medical release form*
- ☆ **Miscellaneous information**
 - ☆ *Payment*
 - ☆ *Sitter's use of telephone and computer*
 - ☆ *Allowable food and drinks*
 - ☆ *Expected return time*
 - ☆ *Pet instructions*

Upon return

- ☆ *Privately discuss experiences, feelings or concerns with sitter*
- ☆ *Privately discuss experiences, feelings or concerns with child*

*"We deceive ourselves when we fancy that only weakness needs support.
Strength needs it far more."*

-Madame Swetchine, [The Writings of Madame Swetchine](#)

Forms

Screening Guide
Sitter Information Sheet
Understanding Our Child
Emergency Information Form for Children with Special Needs
Medical Release Form

- These forms have been made available for your convenience. Please feel free to modify to meet the individual needs of your family.

Screening Guide

Date of Birth _____

First Name _____ Last Name _____

Address _____

City, State Zip _____

E-mail _____ Phone _____

Days and Hours you are available:

Day	Start Time	End Time	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

What ages of children do you have experience with ?

___newborn ___Toddler(1-3) ___Preschool(3-5) ___Elementary

Are you Pediatric CPR Certified? _____ Date: _____

Are you certified in first aid? _____ Date: _____

Do you swim? _____

Do you have a valid drivers license? _____

Do you have access to a car or require transportation? access or require transportation

On a scale of 1-5, with 5 being highest, rate the following characteristics.

Creativity _____

Patience _____

Control of temper _____

Ability to speak up _____

Maturity _____

Neatness _____

Honesty _____

Common Sense _____

What is your current educational status?

Do you have a physical disability to prevent you from performing specific kinds of work?

What do you see as your personal strengths?

What do you see as your personal weaknesses?

Why do you want to babysit?

Please list at least three references. When possible list information on other babysitting positions you have held.

Name	Phone	Ages of Children	Responsibilities	Reason for Leaving

Additional information:

I certify the information contained in this application is true and complete to the best of my knowledge.

_____Signature _____Date

Sitter Information Sheet

Our Name _____ Phone _____

Address _____

Names and Ages of Children _____

We Can Be Reached at _____ Phone _____

We Will return by _____

Police Department _____ Fire Department _____

Poison Control _____

Nearest Neighbor or Friend _____

Name

Address

Phone

Family Doctor _____ Phone _____

Special Instructions

Meals

Sleep

Bath

Toilet Routine

Play

Messages

Name

Phone

Message

***Understanding Our Child- SAMPLE**

Here is a useful tool that you can use to help your sitter understand the subtle and not so subtle gestures, sounds, and behaviors your child uses to tell others what they want or need and what would be the best way to respond. (blank follows)

<p>*When this is happening.....</p> <p>Chris is around too much noise.</p>	<p>* The child does (describe behavior)</p> <p>Chris will pull his ears and scream.</p>	<p>*We think it means</p> <p>He hates to be in the situation.</p>	<p>*We should</p> <p>Take Chris to a quiet place.</p>
<p>*When this is happening.....</p> <p>Chris is eating food in his highchair.</p>	<p>* The child does (describe behavior)</p> <p>Chris pushes food off the tray and turns his head when you try to give him more food.</p>	<p>*We think it means</p> <p>He is done eating.</p>	<p>*We should</p> <p>Tell him "all done", wipe his face and take him out of the highchair.</p>
<p>*When this is happening.....</p> <p>Getting an ear infection.</p>	<p>* The child does (describe behavior)</p> <p>Pulls at his ears.</p>	<p>*We think it means</p> <p>Ears are hurting.</p>	<p>*We should</p> <p>Take temperature, call parents to get next steps.</p>

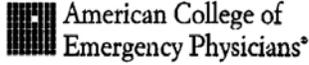
***Understanding Our Child**

Describe behaviors that you know would be useful for a sitter to understand and respond in a way that will be helpful to your child.

Think of sounds, words or gestures your child uses to communicate, think of obvious or subtle behaviors that your child uses to tell us what they need, want, like or dislike, what is important to your child, etc.

*When this is happening.....	* The child does (describe behavior)	*We think it means	*We should
*When this is happening.....	* The child does (describe behavior)	*We think it means	*We should
*When this is happening.....	* The child does (describe behavior)	*We think it means	*We should
*When this is happening.....	* The child does (describe behavior)	*We think it means	*We should

Emergency Information Form for Children With Special Needs



American Academy of Pediatrics



Date form completed	Revised	Initials
By Whom	Revised	Initials

Last name:

Name:		Birth date:	Nickname:
Home Address:		Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:		
Signature/Consent*:			
Primary Language:	Phone Number(s):		
Physicians:			
Primary care physician:	Emergency Phone:		
	Fax:		
Current Specialty physician:	Emergency Phone:		
Specialty:	Fax:		
Current Specialty physician:	Emergency Phone:		
Specialty:	Fax:		
Anticipated Primary ED:	Pharmacy:		
Anticipated Tertiary Care Center:			

Diagnoses/Past Procedures/Physical Exam:	
1.	Baseline physical findings:
2.	
3.	Baseline vital signs:
4.	
Synopsis:	Baseline neurological status:

*Consent for release of this form to health care providers

Diagnoses/Past Procedures/Physical Exam continued:	
Medications:	Significant baseline ancillary findings (lab, x-ray, ECG):
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	Prostheses/Appliances/Advanced Technology Devices:
5. _____	_____
6. _____	_____

Management Data:	
Allergies: Medications/Foods to be avoided	and why:
1. _____	_____
2. _____	_____
3. _____	_____
Procedures to be avoided	and why:
1. _____	_____
2. _____	_____
3. _____	_____

Immunizations (mm/yy)									
Dates						Dates			
DPT						Hep B			
OPV						Varicella			
MMR						TB status			
HIB						Other			

Antibiotic prophylaxis:

Indication:

Medication and dose:

Common Presenting Problems/Findings With Specific Suggested Managements		
Problem	Suggested Diagnostic Studies	Treatment Considerations

Comments on child, family, or other specific medical issues:	
Physician/Provider Signature:	Print Name:

Medical Release Form Information

A medical release is a document that states that the parents of a child are giving permission for their child(ren) to be transported and to receive emergency medical treatment in their absence. It gives permission to two parties: the babysitter who makes the decision for transport and the physician(s) or the medical facility who provide the care. It removes all liability from the two parties for making this decision. It does not however, protect a physician(s) or medical facility from the type or quality of treatment that they provide. Following are the key parts and words to be included in a release, as well as an example form.

Key parts:

Names of children and their date of birth

Name of sitter

Both parents signature and date

Key Words:

An agent

Informed intent

Save harmless

Medical Release Form

In the event I cannot be reached to give my consent, I, the undersigned parent/legal guardian of _____, a minor (Date of Birth), hereby authorize _____ to consent for me to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed necessary or advisable by a licensed physician during the period of _____ through _____.

I give informed intent and will save harmless any person who relies on this document.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Parent's Daytime Phone

Parent's Evening Phone

Name of Health Insurance Coverage

Policy Number

Potential Scenarios to Discuss with Sitter

What would you do if a stranger knocks on the door?

What would you do if you smell smoke?

What would you do if the kids started fighting over toys?

What would you do in the event of a nosebleed?

What methods of discipline do you use with children?

What would you do if an infant is unusually irritable and cries frequently?

What would you do if a 1-year-old cries when his parents leave?

What would you do if a 2-year-old has a tantrum when it's time for a nap?

What would you do if a 3-year-old hits their younger sibling?

What would you do if a 4-year-old wants to go outside on a rainy day?

What would you do if you found the child you were caring for carrying an empty medicine bottle?

Concerns About Child Development?

If you are concerned that your child is not talking, walking, moving, seeing, or learning like other children you may want to look into early intervention.

Pennsylvania's Early Intervention Program is an entitlement program, which was developed in order to provide services to children with developmental needs and their families. The County Mental Health/Mental Retardation programs are responsible for coordinating these services to children from birth through three years of age.

*Early Intervention services are provided at **no cost** to the family. Services are based upon the strengths, concerns, priorities, and resources as they are identified by a family. Services are designed to meet the needs of children and respect the choices made by their families.*

Early Intervention is much more than just services.

Early Intervention can also provide:

- *information on how children develop;*
- *services to help your child move his or her body;*
- *ideas for how your family can help your child at home and the community; and*
- *ideas for how you can help your child grow and learn.*

Early Intervention services are meant to promote a child's development and may include speech, physical, occupational, and developmental therapy. Services are provided in settings that are a part of the family's daily routine, including home, play groups, child care centers and preschool programs.

*If you live in **Cumberland or Perry County** and your child is **between birth and three** and you are interested in learning more about Early Intervention, please contact:*

Cumberland/ Perry Mental Health- Mental Retardation Program

16 West High Street Carlisle, PA 17013

717-240-6325

West Shore residents 717-697-0371 ext. 6325

Shippensburg residents 717-532-7286 ext. 6325

Perry County residents 1-866-240-6320

<http://www.ccpa.net/index.asp?nid=2494>

*If you live in **Dauphin County** and your child is **between birth and three** and you are interested in learning more about early intervention, please contact:*

Dauphin County Early Intervention/ Case Management Unit

100 North Cameron Street Harrisburg, PA 17101

717-441-7034

<http://www.cmu.cc>

If you live in another county in Pennsylvania, you can locate your local MH/MR by visiting the following site:

Department of Public Welfare- Office of Mental Retardation

<http://www.dpw.state.pa.us/ServicesPrograms/MentalRetardation/>

*If you live in **Dauphin, Cumberland or Perry County** and your child is **between the ages of three and five** and you are interested in learning more about early intervention, please contact:*

Capital Area Intermediate Unit

55 Miller Street P.O. Box 489 Summerdale, PA 17093

717-732-8400

<http://www.caiu.org/>

If you live in another County in PA you can locate your nearest Intermediate Unit by visiting the following site:

<http://edna.ed.state.pa.us>