

# Baby Think It Over

Program Packet

GRADE:

***Care of Baby Grade:***

[\_\_\_\_\_\_\_ missed care(s); \_\_\_\_\_\_\_ mishandle(s)] = \_\_\_\_\_\_\_\_\_/100 Points

***BTIO Packet Grade*:**

\_\_\_\_\_\_\_\_\_(5 pts.) Parent/Student Safety Precautions/Parenting Contract

\_\_\_\_\_\_\_\_\_(5 pts.) Birth Certificate/Family Tree

\_\_\_\_\_\_\_\_\_(10 pts.) Readiness quiz

\_\_\_\_\_\_\_\_\_(25 pts.) Baby Care Diary

\_\_\_\_\_\_\_\_\_(25 pts.) Photo Gallery/Collage

\_\_\_\_\_\_\_\_\_(10 pts.) Diary Tally

\_\_\_\_\_\_\_\_\_(10 pts.) Student Reflection

\_\_\_\_\_\_\_\_\_(10 pts.) Parent/Guardian Evaluation

\_\_\_\_\_\_\_\_\_/100 Points

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***The Young Child***  Block\_\_\_\_\_\_\_\_

Weekend Date: *Friday* \_\_\_\_\_\_\_ to *Sunday* \_\_\_\_\_\_\_

Packet Due: *Wednesday* \_\_\_\_\_\_\_

**Parent/Student Safety Precautions Sign-off**

Baby’s Family Tree

Certificate of Birth

Baby’s Name

Born On:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Weight** 6 lbs 8 oz **Length** 21 inches

*Signing this form indicates that you have read and understand all safety precautions that should be observed while your student is caring for Baby*. The student must have this form along with the *Parent/guardian permission form* signed to participate in the parenting simulation.

Driving:

* Baby may cry while the student is driving. Please be aware that the crying may start unexpectedly, and the student should be prepared.
* Do not feed, burp, rock, change diapers, or otherwise care for Baby while driving.
* The student must bring his or her vehicle to a complete stop in a safe location before caring for Baby, or to retrieve a piece of Baby’s equipment that falls.
* Failure to place Baby in a car seat in a motor vehicle could result in Baby or supplies becoming projectiles in the event of a sudden stop or accident.

Location:

* Never leave Baby unattended in a public place given the potential for Baby to be mistaken for a real infant.
* Do not place Baby in or near water.
* Do not place Baby on or near a stove, especially when cooking.
* Baby should sleep somewhere close to the student’s sleeping quarters, but not in bed with the student. Baby may fall out of the bed or the student could roll over on it, causing damage to Baby and discomfort to the student.

Interaction with others:

* Loud crying near people with potentially serious physical conditions, such as those susceptible to heart attack or stroke, should be avoided.
* Do not allow small children to play with Baby. Baby’s hands and feet are small enough to be a choking hazard.
* Baby’s crying or other sounds may cause pets to become agitated or aggressive. Keep Baby out of the reach of pets or other animals.

Physical precautions:

* To avoid straining your arms, use an infant car seat or carrier to transport Baby, rather than holding Baby at all times. Holding techniques are listed on the Student Care Card that accompanies Baby.
* Baby weighs 6.5-7 pounds and could cause discomfort for individuals with back pain.
* Do not operate any type of equipment or attempt tasks requiring the use of both hands while holding Baby.

Simulation rules:

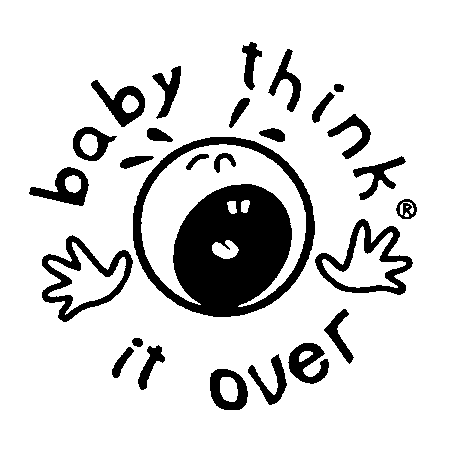
* The student must never remove his or her wristband. Not only will he or she be deducted points, but the ID may be lost, or the student may stumble around in the dark looking for it if Baby cries during the night.
* The student should note in his or her diary where he or she had to delay caring for Baby because his or her safety or the safety of others may have been compromised.
* Baby and all equipment must be returned Monday after the simulation ends. Students cannot take off wristband until that morning when the instructor cuts it off.

I WILL…

* Accept full responsibility for Baby.
* Take care of Baby as if it were a real, live infant.
* Carry Baby, the diaper bag, and all items needed for proper care with me at all times, wherever I go.
* Always use a car seat to properly transport Baby in a vehicle.
* Not drive a vehicle if I am overly tired.
* Not try to care for Baby while driving.
* Not leave Baby alone or with someone else unless previously authorized by my instructor.
* Never abuse or neglect Baby. I will treat it gently and patiently.
* Not tamper with the electronics, ID, or wristband.
* Keep a complete record of all information required for my diary.
* Keep Baby for the entire assigned period time, turn in my completed Baby Think It Over packet at the end of my assigned time, and return Baby only to the instructor or person designated by the instructor.

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_**

**Readiness Quiz**

1. List the four types of care you will provide for Real Care Baby II.



1. List three other sounds Baby makes.



1. Before you can provide care for Baby, you must hear the \_\_\_\_\_\_\_\_\_\_ that means Baby recognizes you.
2. Baby will record neglect if it takes you longer than \_\_\_\_\_\_\_\_ minute(s) to care for Baby.
3. Although real infants may be fussy for long periods of time, Real Care Baby II will not be fussy for more than \_\_\_\_\_\_\_\_ minute(s).
4. List two things that happen if Baby is roughly handled, abused, or its head is not supported.



1. List three things that can permanently stain Baby’s skin.



1. Baby cannot go in or near \_\_\_\_\_\_\_\_\_\_\_\_\_\_ because of the computer inside.
2. How can you simulate bathing Real Care Baby II?
3. What is your biggest fear/concern with taking home Baby?

**Baby Think It Over Diary**

|  |  |  |  |
| --- | --- | --- | --- |
| Start Time | End Time | Care Required | Emotions you were feeling (sad, tired, lonely, happy, frustrated, etc.) |
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**Diary Tally**

Please count the entries from your diary and record below.

* Make sure you count each activity accurately.

These final tallies will be compared with the actual number recorded by the baby’s computer. One point will be deducted for each missed entry or overage.

For example: If you record 21 feedings and the computer reads 23, you will lose 2 points.

|  |  |  |  |
| --- | --- | --- | --- |
| **Care** | **Student Tally** | **Computer Tally** | **Errors** |
| Rock |  |  |  |
| Diaper |  |  |  |
| Burp |  |  |  |
| Feed |  |  |  |

**Baby Think It Over Photo Gallery/Collage**

Directions: While taking care of your infant, you will need to take pictures of your baby throughout the weekend. Be sure to capture the special moments you share with your little bundle of joy. Then create a photo collage to be handed in with this packet.

**Student Reflection**

Reflect about your feelings about yourself in the role of a parent.

Your baby’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle your baby’s gender: Male Female

1. On a scale from 1-10, how would you rate your abilities as the caregiver of an infant (feeding, burping, rocking, changing, soothing, keeping safe and healthy)?
2. What did you like about caring for Baby?
3. What did you find hard about caring for Baby?
4. From your experience in taking care of Baby, how easy or difficult is it to be a single parent? Explain your answer.
5. What qualities would you like your future parenting partner to have? Explain your answer.
6. Was the reality of parenting what you expected? Explain your answer.
7. What did you learn from this experience?
8. Do you have any suggestions for improving the Baby Think It Over Program?

**Parent/Guardian Evaluation**



**\_\_\_ Yes \_\_\_ No** Was having your son/daughter use Real Care Baby II beneficial?

**\_\_\_ Yes \_\_\_ No** Do you feel your son/daughter has a more realistic idea about parenting than before using Baby?

**\_\_\_ Yes \_\_\_ No** Did using Baby initiate good conversations between you and your son/daughter?

**\_\_\_ Yes \_\_\_ No** If you have other children in your family, would you have them use Baby?

**\_\_\_ Yes \_\_\_ No** Would you recommend this experience to other parents?

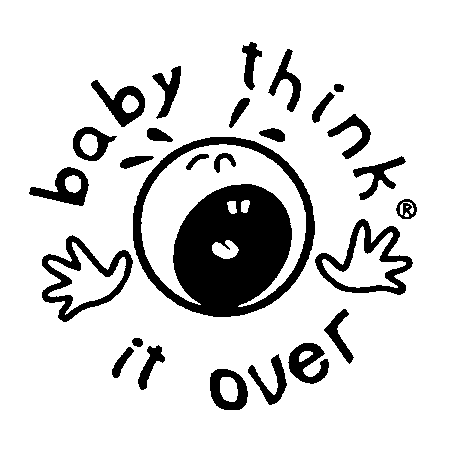
**\_\_\_ Yes \_\_\_ No** Is your son/daughter able to make more informed decisions about parenting after using Baby?

**\_\_\_ Yes \_\_\_ No** Do you think this experience can play a part in deterring teens from early pregnancy?

Has the Baby Think It Over Program had a lasting impact on your son/daughter?

What do you think your son/daughter learned from this experience?

Do you have any suggestions for improving the Baby Think It Over Program?

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_