

ACTIVITY GUIDELINES FLOUR SACK BABY

Rationale:

The focus of the activity in this curriculum is centered on preventing teenage pregnancies and in developing an awareness of the serious responsibilities and demands of parenthood. If some type of intervention is not made until high school, in many cases, it is too late. Too many teenagers become pregnant and drop out of school during the 9th, 10th, and 11th grades. The goal is to reduce those numbers through early intervention and awareness. This activity is one step toward that goal. This activity has great impact upon students during this unit. Parents have been extremely supportive--in fact, some have recommended the activity be conducted for two months! However, it is suggested the activity be carried out for one week.

The Logistics of the Activity:

A week before the activity begins, put a copy of the **TEACHER LETTER** on page IV-D-9 in each teacher's box so they will be aware of what is happening, why it is happening, and not be offended by the activity.

A week before the activity begins, give each student a copy of the **FLOUR SACK BABY ASSIGNMENT** (pages IV-D-10 and IV-D-11) and go over the ground rules with them. Clarify any questions that arise.

Cut the **BOY/GIRL SLIPS FOR DRAWING THE SEX OF THE CHILD** (page IV-D-12) apart and place them in a bowl. Have the students close their eyes, draw a slip, and note the time his/her baby is born. Then have the students record the time of the birth on the **BIRTH CERTIFICATE** (page IV-D-14).

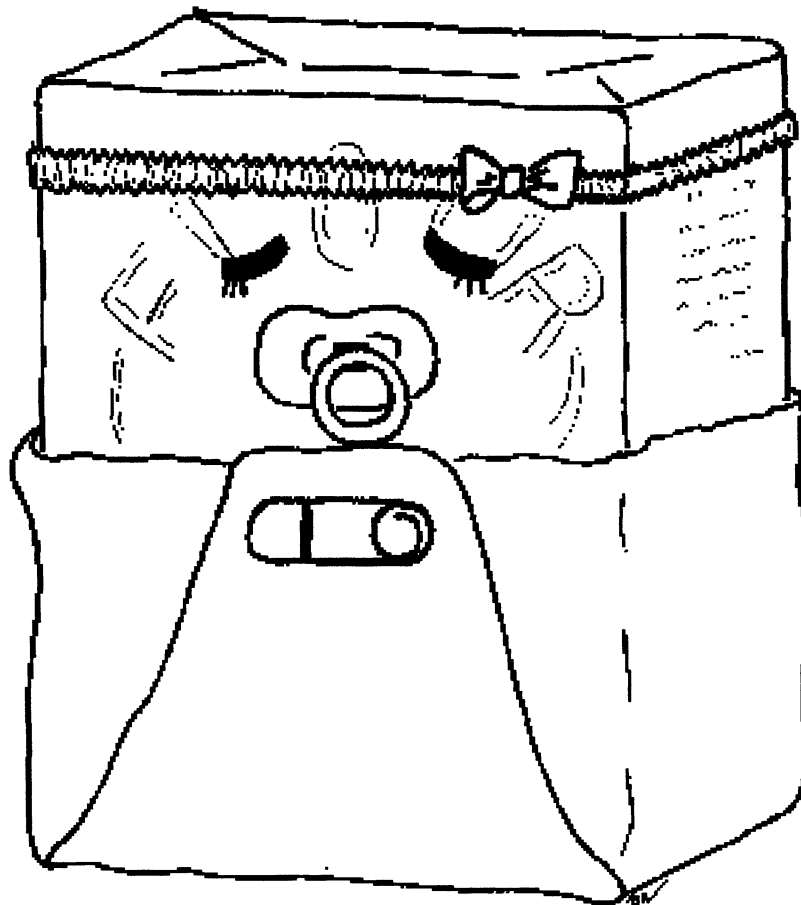
If the student draws a baby with a "Y" behind the gender, the baby was born with a congenital condition and the student needs to draw from those listed on page IV-D-13. If the student draws a baby with a "Z" after the gender, the baby was born with a birth defect and the student needs to draw from those listed on page IV-D-13. These parents will need to research the conditions and special care requirements that accompany this defect or condition. This information needs to be recorded in the **PARENTING LOG BOOK**.

On the first day the students bring their flour to class, have them introduce their children to the class and tell their names. Emphasize the fact that the **PARENTING LOG BOOK** (page IV-D-15) must be with them at all times. The students are to record the baby's care and whereabouts every hour. It is good to review some of the care requirements for newborns with the students. (See top of page IV-D-11.) Have copies of the **BABYSITTING FORMS** (page IV-D-16) ready for the students to pick up.

ACTIVITY GUIDELINES
FLOUR SACK BABY - Page 2

About three days into the assignment, cut apart the **FLOUR SACK ILLNESSES** (pages IV-D-17 and IV-D-18), place them in a bowl and have the students draw an illness. They can call a family doctor or nurse, ask a parent to help them take care of the baby, or consult a baby care book or family medical guide. The students are to record the illness drawn and the care given in the **PARENTING LOG BOOK**.

At the end of the assignment, give extra points for flour donated to the Family and Consumer Sciences Department or for a note signed by a parent stating that the flour sack made it home safely and the flour has been put to good use.



TEACHER LETTERS

Dear Fellow Teachers,

During the week of _____ my Teen Living classes will be carrying "Flour Sack Babies". If you could find a space in your room that could serve as a nursery during your class, that would be great. We don't want to cause unnecessary amounts of disruption. The class assignment will end on _____.

The focus of the activity in this curriculum is centered on preventing teenage pregnancies and developing an awareness of the responsibilities and demands of parenthood. Too many teenagers are becoming pregnant and dropping out of school. The goal is to reduce those numbers through early intervention and awareness and this activity is one step toward that goal.

The students are responsible for the care of their "flour sack baby" at all times. It is to be considered a newborn infant, is never to be left unattended, and certainly is not to be subjected to any type of child abuse. If you observe a student not caring for his/her baby in an appropriate manner, please make a note of it and report it to me.

I appreciate everyone's cooperation. _____
Teen Living Teacher

Dear Fellow Teachers,

During the week of _____ my Teen Living classes will be carrying "Flour Sack Babies". If you could find a space in your room that could serve as a nursery during your class, that would be great. We don't want to cause unnecessary amounts of disruption. The class assignment will end on _____.

The focus of the activity in this curriculum is centered on preventing teenage pregnancies and developing an awareness of the responsibilities and demands of parenthood. Too many teenagers are becoming pregnant and dropping out of school. The goal is to reduce those numbers through early intervention and awareness and this activity is one step toward that goal.

The students are responsible for the care of their "flour sack baby" at all times. It is to be considered a newborn infant, is never to be left unattended, and certainly is not to be subjected to any type of child abuse. If you observe a student not caring for his/her baby in an appropriate manner, please make a note of it and report it to me.

I appreciate everyone's cooperation. _____
Teen Living Teacher

FLOUR SACK BABY ASSIGNMENT

Objective: The purpose of this assignment is to demonstrate that a parent has the responsibility to care for and protect his/her children at all times. One form of child abuse is called neglect. Neglect is when a parent does not provide the necessary things, both physically and mentally, that a child needs to maintain a healthy and happy life. Some of these things are love, food, shelter, and safety. Safety is one element that a child needs in order to grow up healthy and strong. This is the element we will be focusing on for the next week.

**For the next seven days,
you will be completing the following assignment:**

- You will obtain a 10-pound sack of flour and wrap it in plastic or duct tape. Put your name on the bottom of your flour sack. (If there is a problem getting the flour, check with the teacher.)
- The sack of flour must be wrapped in a piece of cloth or you may dress it if you desire. The flour sack must have a face either glued or attached to it.
- The sack is to be cared for at all times. If you can't watch the baby, you must get a babysitter. However, your baby cannot be tended by someone else more than **FOUR TIMES** during the week of your experience. Babysitters must be paid a minimum of \$____ an hour. You must fill out the necessary babysitting form and include that in your log book. Points will be deducted for unattended babies. Flour sack babies are not to be left at school--ever!
- Any damage to the sack or mistreatment (tossing, punching, leaving unattended, etc.) will be considered child abuse and points will be deducted.
- Record the baby's care and whereabouts in your **PARENTING LOG BOOK** each hour and turn it in at the end of the week. (See page 2 for instructions)
- You will be given 35 points a day or a total of 245 points for the whole assignment. Points will be awarded for properly filling out the log book and caring for the flour sack.
- If you are not mature enough to handle the assignment (throwing sack at others, emptying contents, etc.), you will be excluded from the assignment and given a "0" grade.
- After the assignment, the flour sack is to be immediately taken home or given to the teacher. No flour is to be left at school!

FLOUR SACK BABY ASSIGNMENT - Page 2

Baby Log Book:

- * Your log book can be a spiral notebook or folder with the necessary pages kept in it.
- * There should be a page for each day with each hour marked on each page and the date at the top of the page.
- * An entry should be made hourly as to where baby is, how the baby is doing, care the baby has needed, and who is with baby. (See example below)
- * Remember, you are totally responsible for this flour sack baby for seven days.
Newborn infants need to be bathed at least once a day, their diapers changed every 2 to 3 hours, fed about every 3 hours for 10 to 15 minutes, dressed, their formula prepared, and held, loved, and comforted several times a day.

| HOUR | WHERE IS THE BABY? | HOW IS THE BABY DOING? | CARE NEEDED BY THE BABY | WHO IS WITH BABY? |
|------------|--------------------|------------------------|-------------------------|-------------------|
| 1:00 A.M. | | | | |
| 2:00 A.M. | | | | |
| 3:00 A.M. | | | | |
| 4:00 A.M. | | | | |
| 5:00 A.M. | | | | |
| 6:00 A.M. | | | | |
| 7:00 A.M. | | | | |
| 8:00 A.M. | | | | |
| 9:00 A.M. | | | | |
| 10:00 A.M. | | | | |
| 11:00 A.M. | | | | |
| 12:00 A.M. | | | | |

**PARENTING LOG BOOK AND FLOUR SACK BABIES
ARE DUE _____**

Parent Signature

BOY/GIRL SLIPS FOR DRAWING SEX OF CHILD

Directions for teacher: Duplicate this sheet as needed to accommodate all of the students in your class. Place the cut slips in a bowl and have each student draw one to determine the sex of his/her flour sack baby. The piece of paper is then glued to the birth certificate as proof of sex. One set of twins can be born per class. The babies marked with an "X" have birth defects, and the babies marked with a "Y" have congenital conditions.

| | | | | | | |
|----------------------|-----------------|-----------------------|-----------------|---------------------------|-----------------|-------------|
| GIRL | BOY | GIRL | BOY | GIRL | BOY | GIRL |
| BOY | GIRL | BOY | GIRL | BOY | GIRL | BOY |
| GIRL | BOY | GIRL | BOY | GIRL | BOY | GIRL |
| BOY | GIRL | BOY | GIRL | BOY | GIRL | BOY |
| GIRL | BOY | GIRL | BOY | GIRL | BOY | GIRL |
| BOY | GIRL | BOY | GIRL | BOY | GIRL | BOY |
| GIRL | BOY | GIRL | BOY | GIRL | BOY | GIRL |
| BOY | GIRL | BOY | GIRL | BOY | GIRL | BOY |
| GIRL | BOY | GIRL | BOY | GIRL | BOY | GIRL |
| BOY | GIRL | BOY | GIRL | BOY | GIRL | BOY |
| GIRL - Y | BOY - Y | GIRL - Y | BOY - Y | GIRL - Y | BOY - Y | GIRL |
| BOY - X | GIRL - X | BOY - X | GIRL - X | BOY - X | GIRL - X | BOY |
| TWIN BOYS | | TWIN GIRLS | | TWINS BOY/GIRL | | |

BIRTH DEFECTS

Congenital Heart Murmur

Webbed Fingers

Hearing Impaired

Sight Impaired

Birthmarks

Downs Dyndrome

Cleft Palate

Spina Bifada

CONGENITAL CONDITIONS

Premature

Low Birth Weight

Jaundice

Fetal Alcohol Syndrome

AIDS

Hemopheliac

Drug Addicted

Underdeveloped Lungs

BIRTH CERTIFICATE

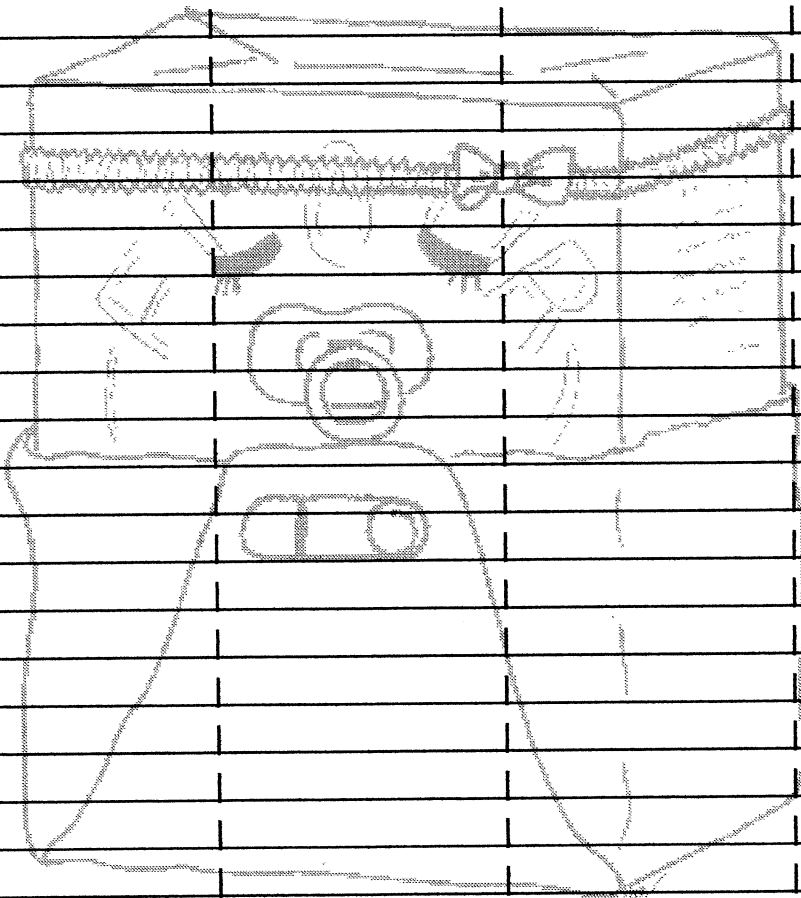
STATE OF UTAH
DEPARTMENT OF FAMILY AND CONSUMER SCIENCE
TEEN LIVING
VITAL STATISTICS
CERTIFICATE OF BIRTH

Child's Name: First _____ Middle _____ Last _____ Date of Birth (mo.,day,yr) _____ Hour _____
 1. _____ | 2. _____ | 3. _____
 Sex _____ | Multiple Birth? _____ | County of Birth _____
 4. _____ | 5. _____ | 6. _____
 City or Location of Birth _____ | State of Birth _____ | School Name _____
 7. _____ | 8. _____ | 9. _____
 Name of Parent _____ | State or Country of Parent's Birth _____
 10. _____ | 11. _____
 Residence-State _____ | City _____ | Address _____
 12. _____ | 13. _____ | 14. _____
 Doctor's Name _____ | Date Signed _____
 15. _____ | 16. _____

Name _____ Period _____ Date _____

BABY LOG BOOK

| HOUR | WHERE IS THE BABY? | HOW IS THE BABY DOING? | CARE NEEDED BY THE BABY | WHO IS WITH BABY |
|------------|--------------------|------------------------|-------------------------|------------------|
| 1:00 A.M. | | | | |
| 2:00 A.M. | | | | |
| 3:00 A.M. | | | | |
| 4:00 A.M. | | | | |
| 5:00 A.M. | | | | |
| 6:00 A.M. | | | | |
| 7:00 A.M. | | | | |
| 8:00 A.M. | | | | |
| 9:00 A.M. | | | | |
| 10:00 A.M. | | | | |
| 11:00 A.M. | | | | |
| 12:00 A.M. | | | | |
| 1:00 P.M. | | | | |
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| 7:00 P.M. | | | | |
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| 9:00 P.M. | | | | |
| 10:00 P.M. | | | | |
| 11:00 P.M. | | | | |
| 12:00 P.M. | | | | |



NOTE: This sheet can be duplicated and given to the students if desired.

BABYSITTING FORMS

BABYSITTING FORM

BABYSITTING FORM

| | |
|--|--|
| Baby's Name _____ | Baby's Name _____ |
| Parent's Name _____ | Parent's Name _____ |
| Sitter's Name _____ | Sitter's Name _____ |
| Hours tended _____ Amount paid _____ | Hours tended _____ Amount paid _____ |
| Sitter's Signature _____ | Sitter's Signature _____ |
| Parent's Signature _____ | Parent's Signature _____ |
| This form must be included in log book! | This form must be included in log book! |

BABYSITTING FORM

BABYSITTING FORM

| | |
|--|--|
| Baby's Name _____ | Baby's Name _____ |
| Parent's Name _____ | Parent's Name _____ |
| Sitter's Name _____ | Sitter's Name _____ |
| Hours tended _____ Amount paid _____ | Hours tended _____ Amount paid _____ |
| Sitter's Signature _____ | Sitter's Signature _____ |
| Parent's Signature _____ | Parent's Signature _____ |
| This form must be included in log book! | This form must be included in log book! |

FLOUR SACK BABY ILLNESSES - Page 1

Teacher Directions: Duplicate these pages of 27 infant illnesses, cut them apart and place in a bowl for the students to draw.

| | | | |
|---|---|---|---|
| <p>Red swollen, watery eyes; sneezing, headaches, spasmodic coughing; hives, rash, eczema</p> | <p>Thick mucus is secreted; breathing becomes difficult, labored; wheezing, coughing. Attacks most common at night.</p> | <p>Low-grade temperature usually accompanies cough. Cough usually loose; may be dry, hacky. Loss of appetite; lethargy; headache.</p> | <p>Fever may appear 1 day prior to observance of initial skin lesions. Lesion is small, clear blister, about the size of a match head. Usually starts on face and scalp and moves downward.</p> |
| <p>Sneezing; running or stuffy nose; flushed cheeks; dull-looking eyes; little appetite; may have a slight fever or cough.</p> | <p>Hard, persistent crying; red face; and hard abdomen.</p> | <p>Sudden onset, usually without fever; starts with a barking cough; difficulty in breathing; usually occurs at night when child is lying down.</p> | <p>Appear in crops. Blisters easily broken, quickly form itchy crusts or scabs on spots.</p> |
| <p>Small red pimples or patches of rough, shiny, itchy red skin. Pimples may develop whiteheads or become raw. Tissues may swell. Diapers will have an ammonia smell.</p> | <p>Frequent, loose watery bowel movement. Stools may become green or contain mucus or blood. Abdominal discomfort, irritability, restlessness, lethargy, refusal to eat, fever. Skin, tongue and lips become dry.</p> | <p>Cold may precede infection; infants become irritable, fussy; sleep short intervals; awaken crying; act hungry; may pull at ears.</p> | <p>Patches of light red or tannish-pink rough thick, scaly skin on face, in folds of arms, and backs of knees. Scales like dried salt. Scales later become moist, deeper red, and itchy.</p> |
| <p>Mild fever, headache, nasal discharge, and enlarged glands behind ears, head and neck. Small red spots appear on the face and spread rapidly to neck, trunk and arms, and legs. There may be some rash inside the mouth.</p> | <p>Swelling of eyelids, lips, hands, feet; raised welts, pale in center; may itch unbearably.</p> <p>Difficulty breathing; deep, dry cough, pain in chest or abdomen not unusual; vomiting may occur.</p> | <p>Starts as a small runny blister, often on the face. Sometimes develops into infected sore. Generally has light tan or honey-colored crust.</p> | <p>Onset is abrupt; usually high fever; fretfulness; irritability; poor appetite. Does not appear seriously ill; may be playful. On 4th day, fever drops to normal. Blotchy red rash appears on head and trunk. Lasts for 3 days. Usually appears in infants or children under 3.</p> |

FLOUR SACK BABY ILLNESSES - Page 2

| | | | |
|--|--|---|---|
| <p>1st symptom: usually earache and fever before swelling noticed. 2nd symptom: swelling beneath ear at angle of jaw; spread out onto face, behind jaw, frequently under chin, one or both sides involved.</p> | <p>Begins with a mild cough and gradually increases in severity. Cough is more frequent at night. Not until the end of the second week do the coughing paroxysms and respiratory whoop appear.</p> | <p>Bacterial; sudden onset; relatively high fever; later in illness sore throat; difficult swallowing bad odor to breath; mushy-sounding voice.</p> | <p>Sore throat; fever; lethargy; loss of appetite; possible vomiting. Fine pinpoint rash appears within 24-48 hours. Most noticeable under arms, abdomen, thighs; face usually flushed, pale around mouth; tongue has strawberry-like appearance.</p> |
| <p>Red, tender, swollen eyelid; usually comes to a head, breaks and requires no further treatment.</p> | <p>Stiffness of muscles in neck and jaw; inability to open jaw; difficulty in swallowing and speaking follow rapidly; severe, repeated convulsions; some fever.</p> | <p>Small white sores in mouth like spots of milk. If severe, mouth may be quite sore; child may refuse to nurse vigorously.</p> | <p>Gradual onset; preceded by hoarseness during the day; fever usually present.</p> |
| <p>Sore red eyes; yellow discharge.</p> | <p>Fever; fleeting pains in joints which are frequently red, swollen, hot; fatigue, irritability; loss of appetite; skin rashes; nosebleed.</p> | <p>Small clusters of pink, raised rash; first appear on neck and shoulders. Tan-looking rash may appear later.</p> | |

**FLOUR SACK BABY ILLNESSES - Page 1
TEACHER KEY**

| | | | |
|---|---|---|---|
| <p>Red swollen, watery eyes; sneezing, headaches, spasmodic coughing; hives, rash, eczema</p> <p>Allergies</p> <p>Sneezing; running or stuffy nose; flushed cheeks; dull-looking eyes; little appetite; may have a slight fever or cough.</p> <p>Common Cold</p> <p>Small red pimples or patches of rough, shiny, itchy red skin. Pimples may develop whiteheads or become raw. Tissues may swell. Diapers will have an ammonia smell.</p> <p>Diaper Rash</p> <p>Mild fever, headache, nasal discharge, and enlarged glands behind ears, head and neck. Small red spots appear on the face and spread rapidly to neck, trunk and arms, and legs. There may be some rash inside the mouth.</p> <p>German Measles</p> | <p>Thick mucus is secreted; breathing becomes difficult, labored; wheezing, coughing. Attacks most common at night.</p> <p>Asthma</p> <p>Hard, persistent crying; red face; and hard abdomen.</p> <p>Colic</p> <p>Frequent, loose watery bowel movement. Stools may become green or contain mucus or blood. Abdominal discomfort, irritability, restlessness, lethargy, refusal to eat, fever. Skin, tongue and lips become dry.</p> <p>Diarrhea</p> <p>Swelling of eyelids, lips, hands, feet; raised welts, pale in center; may itch unbearably.</p> <p>Hives</p> <p>Difficulty breathing; deep, dry cough, pain in chest or abdomen not unusual; vomiting may occur.</p> <p>Pneumonia</p> | <p>Low-grade temperature usually accompanies cough. Cough usually loose; may be dry, hacky. Loss of appetite; lethargy; headache.</p> <p>Bronchitis</p> <p>Sudden onset, usually without fever; starts with a barking cough; difficulty in breathing; usually occurs at night when child is lying down.</p> <p>Croup</p> <p>Cold may precede infection; infants become irritable, fussy; sleep short intervals; awaken crying; act hungry; may pull at ears.</p> <p>Ear Infection</p> <p>Starts as a small runny blister, often on the face. Sometimes develops into infected sore. Generally has light tan or honey-colored crust.</p> <p>Impetigo</p> | <p>Fever may appear 1 day prior to observance of initial skin lesions. Lesion is small, clear blister, about the size of a match head. Usually starts on face and scalp and moves downward. Appear in crops. Blisters easily broken, quickly form itchy crusts or scabs on spots.</p> <p>Chicken pox</p> <p>Patches of light red or tannish-pink rough thick, scaly skin on face. in folds of arms, and backs of knees. Scales like dried salt. Scales later become moist, deeper red, and itchy.</p> <p>Eczema</p> <p>Onset is abrupt; usually high fever; fretfulness; irritability; poor appetite. Does not appear seriously ill; may be playful. On 4th day, fever drops to normal. Blotchy red rash appears on head and trunk. Lasts for 3 days. Usually appears in infants or children under 3.</p> <p>Roseola</p> |
|---|---|---|---|

**FLOUR SACK BABY ILLNESSES - Page 2
TEACHER KEY**

| | | | |
|---|--|---|--|
| <p>1st symptom: usually earache and fever before swelling noticed. 2nd symptom: swelling beneath ear at angle of jaw; spread out onto face, behind jaw, frequently under chin, one or both sides involved.</p> <p>Mumps</p> <p>-----</p> <p>Red, tender, swollen eyelid; usually comes to a head, breaks and requires no further treatment.</p> <p>Sty</p> <p>-----</p> <p>Sore red eyes; yellow discharge.</p> <p>Conjunctivitis</p> <p>-----</p> | <p>Begins with a mild cough and gradually increases in severity. Cough is more frequent at night. Not until the end of the second week do the coughing paroxysms and respiratory whoop appear.</p> <p>Whooping Cough</p> <p>-----</p> <p>Stiffness of muscles in neck and jaw; inability to open jaw; difficulty in swallowing and speaking follow rapidly; severe, repeated convulsions; some fever.</p> <p>Tetanus</p> <p>-----</p> <p>Fever; fleeting pains in joints which are frequently red, swollen, hot; fatigue, irritability; loss of appetite; skin rashes; nosebleed.</p> <p>Rheumatic Fever</p> <p>-----</p> | <p>Bacterial; sudden onset; relatively high fever; later in illness sore throat; difficult swallowing bad odor to breath; mushy-sounding voice.</p> <p>Tonsillitis</p> <p>-----</p> <p>Small white sores in mouth like spots of milk. If severe, mouth may be quite sore; child may refuse to nurse vigorously.</p> <p>Thrush</p> <p>-----</p> <p>Small clusters of pink, raised rash; first appear on neck and shoulders. Tan-looking rash may appear later.</p> <p>Prickly Heat</p> <p>-----</p> | <p>Sore throat; fever; lethargy; loss of appetite; possible vomiting. Fine pinpoint rash appears within 24-48 hours. Most noticeable under arms, abdomen, thighs; face usually flushed, pale around mouth; tongue has strawberry-like appearance.</p> <p>Scarlet Fever</p> <p>-----</p> <p>Gradual onset; preceded by hoarseness during the day; fever usually present.</p> <p>Laryngitis</p> <p>-----</p> |
|---|--|---|--|