

Name _____ Period _____

Flour Baby Book





Baby Instruction Manuel

(if only real babies came with one of these)



Baby Log Instructions

Taking care of a baby is a full time job. To make this as realistic as possible you must use your imagination and your acting skills. You need to pretend that your adorable sack of flour is an actual baby. Make sure to record everything in the lab book. With that in mind you must:

- Feed your baby every 3-4 hours.
- Burp your baby after feeding.
- Change your baby's diaper every 3 to 4 hours.
- The baby must have a bath each day and it cannot be logged in during school or sleeping hours. (remember this is for pretend, don't actually get it wet)
- The baby should be rocked, held, or played with during the day when it is awake.
- The baby must be dressed and covered with a blanket at all times.

Babysitting

You can arrange to have a babysitter if you can not take care of your baby for a short period of time. There are some guidelines that need to be followed.

- The baby may not be left with a babysitter for more than 3 hours at a time.

- A slip must be filled out each time.
- You can only have a babysitter once a day.
- The baby may not be taken care of by ANY OTHER STUDENT during the school day. If another student is caught with your baby you will be docked 25 points.
- If your baby cannot be taken to a certain class, you will need to make arrangements with Mrs. McPhie to tend your baby.

Abuse

Any kind of abuse, such as throwing, hitting, leaving alone or in a locker, etc will be an automatic 50 point deduction. This applies to reports by any teacher, administrator, or student. The baby is to be treated as if it were a real baby. Also, you lose points if your friends are seen abusing the baby, so be careful who you let hold your baby.

Name _____ Period _____

Flour Baby Project Points

1. Birth Birth certificate (5 pts) ____ Baby received a face (5 pts) ____ Baby received a blanket (5 pts) ____ Baby clothed (5 pts) ____ Won baby contest (10 pts) ____	Points /30
2. Flour baby brought to class every day (10 pts each day) Day 1 ____ Day 2 ____ Day 3 ____ Day 4 ____ Day 5 ____	Points /50
3. Baby Book Baby Log Book Day 1 (10 pts) ____ Baby Log Book Day 2 (10 pts) ____ Baby Log Book Day 3 (10 pts) ____ Baby Log Book Day 4 (10 pts) ____ Baby Log Book Day 5 (10 pts) ____ Baby Log Book Day 6 (10 pts) ____ Baby Log Book Day 7 (10 pts) ____	Points /60
4. Baby Sitting Form Baby sitting forms completely filled out if you had anyone baby-sit? (10 pts) ____ Stayed within one babysitter per day. (5 pts) ____	Points /15
5. Baby Care Baby was not abused or neglected by you or anyone else. (10 pts) ____ Free from complaints from teachers and students. (10	Points /100

pts) ____ Illness information or birth defect (10 pts) ____ Child Abuse Worksheet (10 pts) ____ Shaken baby syndrome worksheet (10 pts) ____ Babysat a real baby and fill our an information sheet (10 pts) ____ Demonstrate how to change a diaper and feed a baby (10 pts) ____ Called between 1 AM and 3 AM Day 1 (10 pts) ____ Day 2 (10 pts) ____ Day 3 (10 pts) ____	
6. Teen Parents Costs of Child Care (10 pts) ____ What did you learn? (15 pts) ____ Teen parent stories and questions (10 pts) ____	Points /35
Points A+ = 276+ A = 275 - 247 B= 246 - 220 C= 219 - 192	Total: /290

This will be 10% of your final grade. You have the potential to earn a lot of extra credit points which will help your total grade. 😊

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. _____ | State or Country of Parent's Birth _____
 Name of Parent _____ | 11. _____
 10. _____ | City _____ | Address _____
 Residence-State _____ | _____ | _____
 12. _____ | 13. _____ | 14. _____
 Doctor's Name _____ | Date Signed _____
 15. _____ | 16. _____

Name of Birth Defect or Congenital Condition: _____

What you found out:

What was your source(s)? (parent, doctor, health book, internet)

-----only do one part of this worksheet-----

Symptoms:

What illness does your baby most likely have? _____

What source(s) did you go to find out? (parent, doctor, health book, internet) _____

What you found out about this illness:

Where did you find this information? _____

Baby Log Book: Day 1

Hour	Where is the Baby?	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.			
2:00 P.M.			
3:00 P.M.			
4:00 P.M.			
5:00 P.M.			
6:00 P.M.			
7:00 P.M.			
8:00 P.M.			
9:00 P.M.			
10:00 P.M.			
11:00 P.M.			
12:00 P.M.			

Baby Log Book: Day 2

Hour	Where is the Baby?	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.			
2:00 P.M.			
3:00 P.M.			
4:00 P.M.			
5:00 P.M.			
6:00 P.M.			
7:00 P.M.			
8:00 P.M.			
9:00 P.M.			
10:00 P.M.			
11:00 P.M.			
12:00 P.M.			

Baby Log Book: Day 3

Hour	Where is the Baby?	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.			
2:00 P.M.			
3:00 P.M.			
4:00 P.M.			
5:00 P.M.			
6:00 P.M.			
7:00 P.M.			
8:00 P.M.			
9:00 P.M.			
10:00 P.M.			
11:00 P.M.			
12:00 P.M.			

Baby Log Book: Day 4

Hour	Where is the Baby?	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.			
2:00 P.M.			
3:00 P.M.			
4:00 P.M.			
5:00 P.M.			
6:00 P.M.			
7:00 P.M.			
8:00 P.M.			
9:00 P.M.			
10:00 P.M.			
11:00 P.M.			
12:00 P.M.			

Baby Log Book: Day 5

Hour	Where is the Baby?	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.			
2:00 P.M.			
3:00 P.M.			
4:00 P.M.			
5:00 P.M.			
6:00 P.M.			
7:00 P.M.			
8:00 P.M.			
9:00 P.M.			
10:00 P.M.			
11:00 P.M.			
12:00 P.M.			

Baby Log Book: Day 6

Hour	Where is the Baby?	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.			
2:00 P.M.			
3:00 P.M.			
4:00 P.M.			
5:00 P.M.			
6:00 P.M.			
7:00 P.M.			
8:00 P.M.			
9:00 P.M.			
10:00 P.M.			
11:00 P.M.			
12:00 P.M.			

Baby Log Book: Day 7

Hour	Where is the Baby?	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.			
2:00 P.M.			
3:00 P.M.			
4:00 P.M.			
5:00 P.M.			
6:00 P.M.			
7:00 P.M.			
8:00 P.M.			
9:00 P.M.			
10:00 P.M.			
11:00 P.M.			
12:00 P.M.			

Babysitting Form

Baby's Name _____

Parent's Name _____

Sitter's Name _____

Date _____ Hours Tended _____

Sitter's Signature _____

Parent's Signature _____

Babysitting Form

Baby's Name _____

Parent's Name _____

Sitter's Name _____

Date _____ Hours Tended _____

Sitter's Signature _____

Parent's Signature _____

Babysitting Form

Baby's Name _____

Parent's Name _____

Sitter's Name _____

Date _____ Hours Tended _____

Sitter's Signature _____

Parent's Signature _____

Babysitting Form

Baby's Name _____

Parent's Name _____

Sitter's Name _____

Date _____ Hours Tended _____

Sitter's Signature _____

Parent's Signature _____

Babysitting Form

Baby's Name _____

Parent's Name _____

Sitter's Name _____

Date _____ Hours Tended _____

Sitter's Signature _____

Parent's Signature _____

Babysitting Form

Baby's Name _____

Parent's Name _____

Sitter's Name _____

Date _____ Hours Tended _____

Sitter's Signature _____

Parent's Signature _____

Baby Sit A Real Child

You may baby-sit a real child for points during this unit. The child needs to be between age 0-5. You will be responsible for their needs. Make sure to fill this worksheet out completely and have the child's parent sign it.

Name of Child: _____

Age of Child: _____

Date you babysat: _____

How long you babysat: _____

What did you do to take care of the child? _____

What did you do to spend time with the child? _____

What do you think it would be like to constantly take care of a child?

Your Signature _____

Signature of Parent _____

Teen Parent Stories



Story #1

1. How did Brandy's life change due to her decision about sexual activity?
2. Where do you see Brandy ten years from now?
3. Who has the main responsibility of raising a child? Why?

Story #2

1. Why did Tawny's boyfriend leave her? Was it his choice?
2. Why do some guys give up the responsibility for parenthood?

Story #3

1. How did Trisha's life change due to her decisions about sexual activity?
2. It isn't impossible for Trisha to achieve her goals, but how will it be more difficult?

3. Why is it hard for teen parents to finish school?

Story #4

1. What are some ways Craig showed that he was responsible?

2. What did Craig value? Why?

3. What was so amazing about Craig's accomplishments?

The Cost of Raising a Child

1 st Month	
44 oz milk per day	
11 diapers per day	
	Per day
	Per month

5 th Month	
14 oz milk per day	
2 servings oatmeal	
2 $\frac{1}{2}$ serving fruit and vegetables	
5 Diapers	
	Per Day
	Per Month

Clothing		
Item	Individual Cost	Yearly Cost
Undershirts		
Outfits		
Socks and Tights		
Booties and Shoes		
Pajamas		
Sweater		
Snowsuit or Jacket		
Hats, Mittens		
Other		

Sundries		
Item	Individual Cost	Yearly Cost
Shampoo		
Soap		
Oil and Lotion		
Powder/Ointment		
Cotton Balls		
Baby Wipes		
Laundry Detergent and Fabric Softener		

Supplies	
Silverware, Dishes	
Bottles	
Nail Clippers	
Child Proof Covers and Locks for doors	
Latches for cupboard Doors	
Electrical Outlet Safety Plugs	
Crib Mobile and Toys	
Waterproof Mattress Covers	
Sheet and Mattress Pads	
Bumper Pads for Crib	
Receiving Blankets	
Camera and Film	

Hospital / Doctors	
Birth w/ insurance	
Birth w/o insurance	
Doctor visits w/ insurance	
Doctor visits w/o insurance	

Equipment	
Bathtub, Bathinette	
Crib and Mattress	
Bassinette or Cradle	
Playpen	
High Chair	
Car Seat	
Stroller	
Baby Swing	
Walker	
Baby Carrier	

Name _____ Date _____ Period _____

TEEN PARENTS AND CHILD ABUSE

1. Define *child abuse*: _____

2. Give the four types of child abuse and their description:

Type	Description
1.	1.
2.	2.
3.	3.
4.	4.

3. _____ is a major factor in child abuse. Some stress is related to: _____

4. Physical signs of child abuse are: _____

5. Some behaviors associated with abuse are: _____

6. Adult abusive behavior can be: _____

7. List some services available to help victims of child abuse and/or abusers:

- a. _____
- b. _____
- c. _____
- d. _____

8. Some ways that child abuse can be prevented are:

- a. _____ b. _____
- c. _____ d. _____

Shaken Baby Syndrome

1. Most babies cry _____ hours a day fro the first _____ months of life. _____ to _____ is often a fussy time.

2. A parent responding to an infant's cry is a vital part of _____. It will help the baby learn to _____ and _____ with the parents or caregivers.

3. The 4 Basic Cries

- a. _____
- b. _____
- c. _____
- d. _____

4. When a baby is crying, check the following things:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

5. Check to see if the baby is sick;

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

6. When the caregiver is _____ and the baby _____ a lot it is natural to feel _____. There is a high risk of _____. That is why it is important to _____ what to do.

7. List ways of coping with crying

- a. _____
- f. _____

- b.
- c.
- d.
- e.
- g.
- h.
- i.
- j.

8. What is shaken baby syndrome?

9. What do you know?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Signs and Symptoms of Shaken Baby Syndrome:

- a.
- b.
- c.
- d.
- e.
- f.
- g.

Results of Shaken Baby Syndrome:

- a.
- b.
- c.
- d.
- e.
- f.
- g.

Helpful Hints:

- a. _____ of infants, babies and small children.
- b. If upset - _____ before dealing with your child.
- c. When playing, never _____ your child.
- d. _____ carefully. Know their temperament.

What did you learn?

What did you overall think of this experience? _____

What was the best part of this experience? _____

What was the worst part of this experience? _____

How was this experience like having your own child? _____

How was this experience not like having your own child? _____

Are you ready to have a child as a teenager? Why or Why Not? _____
