Infant Child Care: Heed These Warning Signs

In our *Parenting Exchange* column, “Child Care: What’s best for baby?” tips on what to look for in high quality infant child care are offered. It’s also important to know some of the warning signs of substandard infant care. It is not a pleasure contemplating what could go wrong in care. It’s a depressing topic to focus on. However, we can’t put our heads in the sand and pretend bad child care doesn’t exist. It does. And if child care is poor, it’s up to parents to address it. Depending on the severity of problems they discover, parents need either to work for improvements or find better care. Your child’s happiness and sound development depends on it. As does your conscience. These are warning signs:

**Parent-Provider Communication**
- Parents are discouraged from visiting during work breaks or lunches.
- Parents can’t drop in unannounced or must call before dropping in for a visit.
- Caregiver is unnecessarily rude to you. (However, if you are a half hour late after closing because you stayed at happy hour, you deserve the rudeness.)
- Caregiver takes most comments defensively as if it’s a criticism or you’re unreasonable.
- Requests about your child’s care are rarely accommodated. For instance, caregiver forgets to apply sunscreen to your baby when taken he/she is taken outside to play.
- You are told you are “too picky” all the time.
- Staff complain to you about other parents.
- Staff talk negatively about co-workers and criticize their work.

**Cleanliness and Sanitation**
- In the morning tables or high chairs are still dirty from the day before. Kitchen floor, bathroom, and/or diapering areas look and feel visibly dirty.
- Caregiving areas smell of used diapers, trash, or dirty laundry.
- Caregivers fail to wash hands frequently, especially after coughing, before and after serving food, changing diapers, or wiping a child’s nose.
- Diapering and food service areas aren’t cleaned with disinfectant before and after use.

**Health**
- Upon enrollment, provider doesn’t request a current medical proving your child is free of contagious disease.
- More than one infant sleeps in the same crib.
- You consistently find your infant sleeping on his/her tummy, rather than back or side. (SIDS — Sudden Infant Death Syndrome — is much less prevalent in babies who are back or side sleepers.)
- Caregivers working with children have obvious symptoms of contagious illness.
- Illness is chronic among children most of the time.
- The diapers in your child’s bag aren’t depleted as they should be. If chronic diaper rash occurs as well, baby may not be changed often enough.
- At evening pick up, your child’s face or clothes have dried mucus, spit up, or vomit.

**Safety**
- People, other than those caring for your child, have easy access to your child. (Inquire how volunteers, family members, or neighbors who visit are screened.)
• The telephone number of your child’s home or classroom is almost always busy.
• You walk into a room (or outside) and children are alone without supervision.
• There are frequently new people you don’t know in your child’s caregiving area.
• You smell cigarette smoke, alcohol, or suspect drug use when picking up your child. Safety hazards are evident (iron plugged in where babies crawl, electrical sockets aren’t plugged, a lighter or pocket knife is sitting within children’s reach).
• Caregiver fails to use safety restraints when transporting your child.
• Vehicle transporting children is in unsafe disrepair, including seat belts that don’t work.
• Caregivers ignore dangerous behavior in your child, or others’, such as biting or hitting.
• There are an excessive number of injuries, (or injuries in unlikely body areas,) that can’t be explained reasonably.

**Staff Stability and Performance**
• There is frequent staff turnover. Reasons may include minimum wage pay and few, if any, benefits. Nonetheless, constant staff turnover can be a symptom of program problems.
• When the director is out, no one knows where she is or when she’ll return.
• Babies are crying often and for long periods. Crying babies aren’t responded to by staff right away. Staff label and name call babies: “She’s the crybaby of the bunch.” “He’s just spoiled.” “That’s our little trouble maker.”
• Caregivers use harsh tones or seem blasé about children.
• Within children’s earshot, staff speaks negatively about children, their siblings, or parents.
• Caregiver shows no interest in training opportunities related to caring for kids.

**Child’s Emotional and Physical Well-Being**
• After a period of adjustment, child cries the minute you put him/her in the car each morning, or the minute you install the car seat.
• Children eat voraciously at home and appear overly hungry.
• Toddler sleeps excessively at home, as if over-stressed or unable to rest during the day.
• Staff respond exactly the same to all babies without treating them like individuals.
• Staff don’t talk to your child. Silence, rather than pleasant conversation is the norm.
• Staff don’t smile; their eyes don’t light up when your child arrives or coos.
• Your child consistently responds negatively (with sounds, words, or actions) to a particular staff member.
• Caregiver snaps at children often; he/she has a short fuse.
• Before you get into the classroom or home, you can hear children fighting or crying.

**Toys and Activities**
• There aren’t enough toys or toys don’t match your child’s developmental abilities.
• Toys are out of reach of children and look perfectly new, like they’ve never been used.
• Baby develops bald spot from sitting back in one position for too many hours a day.
• Baby becomes unusually withdrawn and passive, almost tuned out.
• At the end of the day, the caregiving area looks too clean. Too neat and clean could mean kids are left in front of a television, or in a crib or play pen all day long with little stimulation or social interaction. You want to see signs of activities engaged in.
• Your child is mixed with much older children who run roughshod over him.

**Legalities and Liabilities**
• Your provider is unlicensed, even though required by law.
• Group size is larger than allowed by law. Legal ratios relating to number of adults to children are not maintained or outright ignored.
• Provider who transports children doesn’t have current driver’s license or insurance.

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**About the Author** — Karen Stephens is director of Illinois State University Child Care Center and instructor in child development for the ISU Family and Consumer Sciences Department. For nine years she wrote a weekly parenting column in her local newspaper. Karen has authored early care and education books and is a frequent contributor to *Exchange*. 

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