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## ABSTRACT

The Ute Indian Tribe Day Care Center at Fort Duchesne, Utah, is an expanded Head Start Program serving Ute and Anglo children. The community control of the center is significant: two-thirds of the staff are Ute; parents work as paid staff and volunteers in teaching situations; monthly parent meetings are held; 40% of the parents are involved in a career development program; and the center distributes its own monthly newsletter. Ethnic identity and bilingual communication are stressed in the day care program. Children are taught about their native legends, foods, crafts and dances. Center personnel feel that the emphasis on Ute culture gives Ute children increased tribal pride and Anglo children a better understanding of their Indian neighbors. Children in the center are free to choose their own activities and self-reliance is encouraged. The center provides a full-time nutritional and health program. A floor plan of the center, a community history, an explanation of center and staff organization, a chart of the use of the coordinator's time, and parent comments are included in this document. An appendix provides a sample daily schedule, weekly menu, physical exam form and child information form. (AJ)

DAY CARE PROGRAMS

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"A HOUSE FULL OF CHILDREN"

Ute Indian Tribe Day Care Center  
Fort Duchesne, Utah

Principal Authors: Sally Zeckhauser  
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Ann Heiman  
Edward Owens

*Case Study from Volume II-A*

A STUDY IN CHILD CARE

*sponsored by*

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE/Office of Education  
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## TABLE OF CONTENTS

	<u>Page</u>
At A Glance . . . . .	1
Ute Indian Tribe Day Care Center, November, 1970 . . . . .	3
Notable Elements . . . . .	7
Facility . . . . .	7
Floor Plan . . . . .	8
Community Involvement and Control . . . . .	9
Cultural Curriculum . . . . .	10
Background Information . . . . .	13
History . . . . .	13
Community . . . . .	14
Parents . . . . .	14
Basic Program . . . . .	17
Education . . . . .	17
Food . . . . .	19
Health . . . . .	21
Transportation . . . . .	22
Volunteer Program . . . . .	22
Parent Involvement . . . . .	23
Direct Social Services . . . . .	24
Indirect Social Services . . . . .	25
Community Organization . . . . .	26

<b>Organization . . . . .</b>	<b>29</b>
<b>Policymaking . . . . .</b>	<b>29</b>
<b>Staff Organization . . . . .</b>	<b>31</b>
<b>Staff Meetings and Records . . . . .</b>	<b>31</b>
<b>Organization Chart . . . . .</b>	<b>32</b>
<b>Staff Training . . . . .</b>	<b>33</b>
<b>Staff Roster . . . . .</b>	<b>36</b>
<b>Coordinator Time-Use Chart . . . . .</b>	<b>37</b>
 <b>How Resources Are Used . . . . .</b>	 <b>39</b>
 <b>In Conclusion . . . . .</b>	 <b>41</b>
 <b>Appendix . . . . .</b>	 <b>45</b>
<b>Sample Schedule . . . . .</b>	<b>46</b>
<b>Sample Weekly Menu . . . . .</b>	<b>47</b>
<b>Physical Examination Form . . . . .</b>	<b>48</b>
<b>Child Information Form . . . . .</b>	<b>50</b>

## AT A GLANCE

### GENERAL

SINGLE CENTER in a converted duplex owned by the B. I. A.

SPONSORED BY: Ute Indian Tribe (local government)

ADMISSION CRITERIA: Parents must either be employed, in a training program or enrolled in school; their incomes must be below OEO poverty guidelines

TOTAL CHILDREN: 25 full-time, 5 part-time enrolled/22 A. D. A. (pre-school)

TOTAL PAID STAFF: 9 (7 full-time), 314 hours/week

TOTAL IN-KIND STAFF: 7 (3 full-time), 53 hours/week

HOURS: M-F, 7:30 a.m. - 5:00 p.m., 52 weeks

SPACE (sq. ft./child): Indoor = 50  
Outdoor = 100+

CENTER OPENED: December, 1969

STAFF POSITIONS: Director, Coordinator, 2 Head Teachers,  
3 Guidance Teachers, Nurse, Cook

CONTACT: Coordinator  
Ute Indian Tribe Day Care Center  
P.O. Box 81  
Fort Duchesne, Utah 84026

801-722-2781

### DISTRIBUTIONS

ETHNIC: Children: 87% Ute, 13% Anglo  
Staff: 67% Ute, 33% Anglo

SEX: Children: 47% girls, 53% boys, Staff: 89% women, 11% men

OVERALL ADULT/CHILD RATIO: 1 to 2.7

ADULT/CHILD CONTACT HOUR RATIO: 1 to 3.6

FAMILY STATUS: 80% complete, 14% mother only 6% surrogate  
PARENT EMPLOYMENT: 100% employed, in school or training

### C O S T S

TO PARENTS: None

TO CENTER: \$3,604 per child/year, \$1.59 per child/hour

ESTIMATED FUNDING, 1970-71:

Head Start	\$52,000
In-Kind	<u>25,500</u>
	\$77,500

### N O T A B L E   E L E M E N T S

FACILITY

COMMUNITY INVOLVEMENT AND CONTROL

CULTURAL CURRICULUM

## UTE INDIAN TRIBE DAY CARE CENTER, NOVEMBER, 1970

Fort Duchesne (doo-shané), Utah, is 140 miles east and slightly south of Salt Lake City, near the center of the Uintah Basin. It is a mile high semi-arid plain that supports fewer cattle now than it once did, and is noted by sportsmen for pheasant, fishing, and waterfowl. To the north the Uintah mountains rise to a 13,500 foot peak. To the south, on a very clear day, mountains across the border in Arizona can be seen -- a distance of 200 miles.

You get to Fort Duchesne on Route 40, once a major east-west route, now somewhat displaced by larger interstate highways to the north and to the south. If you are coming from the east, you pass Dinosaur National Monument and cross the Green River just before you reach Vernal, the major shopping center for the area, about a 30 minute drive.

Fort Duchesne is the tribal headquarters of the Ute Indian Tribe. It is also the location of the Bureau of Indian Affairs Uintah and Ouray Agency. The reservation is about the size of Puerto Rico. Its population is 1,270 spread out in small village units.

The Ute Indian Tribe Day Care Center is an expanded Head Start program fully funded by the Indian and Migrant Division, Office of Child Development, in the Office of Education, HEW. Five other Head Start programs are still operating for about 150 children.

The BIA (Bureau of Indian Affairs, Department of Interior) used to run reservation schools, but now Ute children go to school in Roosevelt, nine miles to the east. Roosevelt is an Anglo town. It was reported to the observers that Indian children have a hard time adjusting when they start first grade, even if they have done well in Head Start. The public schools have evidently made little provision for prior school readiness experience.

The deputy sheriff who picked up one of the observers at the Roosevelt lightplane airstrip spent a good deal of time on the radio driving back to town. Two Indian boys who had gotten into trouble were discussed, their worth as human beings questioned, their basic dishonesty affirmed. It was hard not to hear movie western voices saying, "The only good Indian is . . ." It is, certainly, an old story.

In November of 1970 the Ute Indian Tribe Day Care Center occupied one-half of a duplex ex-BIA residence. Originally this space was two apartments but a door was put in so that it all connects.

The center is a very special place. It is adequately staffed, has funds available for good indoor and outdoor equipment, and is quietly and competently run.

Carlene Old Elk is the full-time coordinator of the center. She is Anglo and was the first VISTA volunteer on the Crow Reservation in Montana, then a Head Start teacher-director. It was there she met and married her Indian husband, who now works for the Ute tribe as an economic advisor. She is accorded a warm place among the Utes, a rare privilege for an Anglo these days, and one that can only be earned.

The majority of teachers are Ute; several are older women who lend a sense of dignity, as well as being the embodiment of the language and culture of the tribe. These teachers provide a program of bilingual and bicultural activities geared to the needs of the center children.

The center runs smoothly and quietly, with a quiet born not of fear or passivity, but because the children seem naturally tuned to a world in which words play a secondary role for the young. This is hard to describe to someone who has not seen and felt it. Children will be very intensely involved in single or small group pursuits. There is little or no competition or aggressiveness of the kind one sees in other centers. Long periods of time may go by without hearing a word or



sound from any of the 23 or so children in attendance. The four Anglo children of tribal employees seem to have joined this timeless way of being a small person.

There are social moments. Arrival and leaving time has staff hellos and goodbyes to each child. Mealtimes gather everyone into one room for fresh baked bread (now there's a nostalgic odor that starts early and lingers late), and other very home-cooked foods. Then there is a buzz, subdued but vital. And new toys can certainly bring squeals -- but then soon everyone's off playing again.

All of which is to say that the center itself is notable -- a happy joining of people and a warm place providing good care.

## NOTABLE ELEMENTS

### Facility

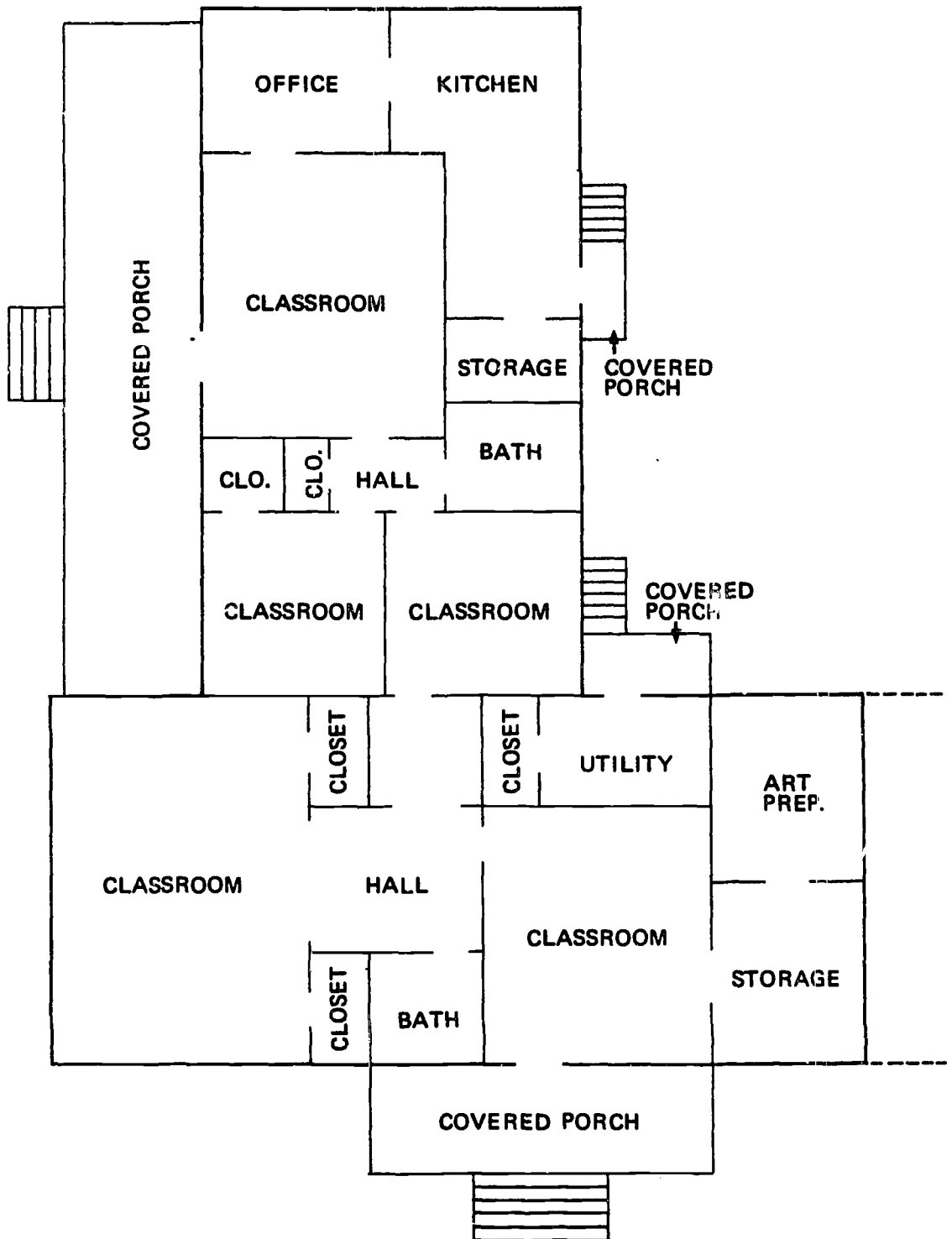
While the facility was not considered a particularly notable element by the center staff, all three observers felt that it worked especially well for day care because it is a house that feels like a home. It is a long rambling U-shaped house surrounded by a chain link fence. The house, formerly a duplex, is nestled in a hollow between some low Utah hills. These hills to the east and west give its location a sense of security and protection. The house seems to radiate a warmth and friendliness which communicates with any visitor, child or adult. It hums with activity from 7:30 a.m. to 5:00 p.m.

The house itself is broken up into eight normal-size rooms with big low windows through which the sun floods in. There are six pre-school classrooms with pictures on the wall, shiny toys and child-sized tables and chairs. Four have closets for storage. Two of these rooms are used for naps only so that cots may be left set up. There is also an entrance room which is used for dining, parent activities and seminars. The office is another multipurpose room. It serves as a staff room, medical room and, if necessary, an isolation room. Details about specific equipment are included in the Education section.

There are two kitchens. The first, bright and sunny with two stoves for cooking, frequently exudes the warm smell of home baked bread. The other kitchen has been converted into a media center which serves the 5 half-day Head Start Center as well as the day care center. There are two bathrooms with adult-sized toilets and washbasins, each with a platform so that the children have no difficulty reaching the facilities.

The Head Start program recently set up the media center in the day care house. Included in the center are materials to prepare

# UTE DAY CARE



SCALE IN FEET

5 0 20

transparencies, projectors, a dark room for review and testing of materials, work areas for preparation of units of interest and a filing and check out system for visual aid materials. Also available for loan are books, records, tapes and various programmed learning aids. The purpose of the media center is to facilitate the preparation of bicultural and bilingual materials. The media center was not yet in full operation during the field visits. All staff seemed proud of the idea and its potential.

### Community Involvement and Control

While it is reasonable to expect community involvement and control in a Head Start program -- the Community Action Program guidelines require participation -- its significance becomes noteworthy in the case of the Ute Indian Tribe Day Care Center. Indian control over their own lives has only recently been reestablished as vital principle, and in the education of Indian children, Indian control has been the exception rather than the rule. As an example, statistics reported in 1969 indicated that less than 10% of the teachers of Indian children were themselves Indian, and that under 2% of Indian students from reservations had decisions made about their education by Indian school boards. In the case of the Ute Indian Tribe Day Care Center, this recovery of the "tribal" way of making decisions has been promoted by the Community Action Program guidelines.

With the exception of Carlene Old Elk and one guidance teacher, all other teachers in the center are Ute. This in itself promotes an indirect bicultural and bilingual program.

This past year both the opportunity and motive for direct involvement has been somewhat diminished by a motel training program for many of the mothers of the center's children. This very intensive program is preparing members of the tribe for positions in the tribal motel when it opens in the late spring of 1971.

Yet the feel of the center in November 1970 was of a service that was an integral part of the community in which it operated, rather than being grafted on to the community. More information about specific involvement is found in the Parent Involvement and the Community Organization sections.

### Cultural Curriculum

An integral part of the Ute Indian Tribe Day Care program is the stress the center places on Ute Indian ethnic identity. This part of the total program is incorporated in almost all phases of center life. Emphasis on ethnic identity plays an important role in social development, educational development, as well as the nutrition program. Many of the Indian children come to the center with a poor self-image. The center employs mostly Indian staff (two thirds of the staff are Ute).

As twenty of the twenty five all day children understand Ute as their native language, bilingual communication is critical. There are bilingual teachers and guidance teachers in all classes. The teachers often try to say everything in both Ute and English which also helps the Anglo kids learn Ute and encourages the Ute children to speak it.

Indian foods are frequently served. Children help to make Indian bread. Lesson plans for the spring and summer units on Indian foods include field trips to gather fresh berries, preparing dishes from them and learning how to dry and preserve the native berries.

Children will also gather the wild onions and other roots for use as dye in basketmaking; thus learning the basic principles of the age old art of basketmaking, while enriching their pride in their own Ute culture.

Other activities include playing Indian music, Indian dancing, and reading books on Indian life. The center asks Indian storytellers to come in and tell kids legends. The children also make Indian costumes and take field trips to local schools for Indian culture programs. The center children are taken to the Ute Bear Dance in the spring. Field trips are also taken to tribally owned businesses and offices.

An asset to the center's program is the availability of the media center that is being shared by all the Head Start staff. It is in the media center that culturally oriented learning materials may be prepared, emphasizing the local Ute culture. Teachers use the media center to develop transparencies from drawing by local artists, as well as laminating and testing other locally developed curriculum.

Center personnel feel that the emphasis placed on Ute culture and language gives the Ute children an increased pride in their tribe and their native tongue and the Anglo children a better understanding of their Indian neighbors.

## BACKGROUND INFORMATION

### History

In the late sixties, the Ute Indian tribe became involved in several business enterprises which made jobs available to Indian women as well as men. These enterprises included the Ute Fab, Ltd., a tribal operated furniture factory and the tribal-owned Bottle Hollow motel and recreational complex. The latter operation is a million dollar construction effort on Route 40. A number of center mothers are involved in a training program for potential motel staff. Although a Head Start program already existed on the reservation, these new opportunities created the need for day care.

In the spring of 1969, the Ute tribe expressed its need to the Community Action Program agency which ran the Head Start project. The CAP agency applied to OED for funds for a day care center, and in October 1969 the money became available. During the next two months, a staff was hired and given in-service training in the regular Head Start program by the University of Utah Bureau of Indian Services. The new staff met with various tribal organizations, explained the purpose of day care at various community meetings, and recruited children. The staff also prepared lesson plans and ordered and constructed equipment.

Several problems were encountered during this early phase. There were delays. The staff was not able to move immediately into the building given to them by the tribe. Equipment was slow arriving as most of it had to be transported long distances to reach the reservation. Transportation was also difficult as parents had to travel many miles to bring their children to the center. As a result, in the beginning, children were enrolled in a regular Head Start project and bussed to the day care center for afternoon care. Now the Head Start program is incorporated into the day care center's program, and children spend the entire day at the center.

## Community

The Ute Indian Tribe Day Care Center serves a Community Action Program target area which encompasses most of the Uintah-Ouray Indian Reservation. The Indian population of the reservation is about 1,300. The target population, which is both Indian and Anglo, includes about 3,000 or about 630 families who have incomes under \$3,000 per year. A few Chicanos also live in the area.

According to local sources, unemployment and underemployment are major problems, particularly for the Indian community. During the winter months the Indian unemployment rate may be as high as 50%. During the summer there is fire fighting and agricultural work which brings the unemployment rate down to around 5%. The major Indian employer is the Ute Indian Tribe itself. It owns the largest cattle enterprise in Utah and, as mentioned before, a few industries. Tribal administration is also a livelihood for some. Most non-tribal jobs involve working for the BIA or in agriculture, oil or with livestock.

The only other day care services available in the area are family day care services funded by state welfare.

## Parents

Most of the families served by the project are Indian families. Ninety percent of the families fall under OEO poverty guidelines. Under 20% have incomes from \$4,000 to \$10,000; none fall above that range.

Statistics on parent employment and family status are included in the At A Glance chart at the front of the study.

Most parents ended their schooling before high school graduation, somewhere between grades seven and eleven. A few have finished high



school, and several women have gone beyond high school to receive secretarial or nursing training. No parents started college.

**Parent Educational Achievement**

	<b><u>Mother</u></b>	<b><u>Father</u></b>
6th grade or less		7%
Grades 7 - 11	70%	71%
High School	15%	22%
Secretarial or Nursing Training	15%	

Admission criteria follow OEO guidelines for Head Start programs. Both parents, if there are two, must either be employed, engaged in vocational or WIN training or enrolled in school. To date, all families meeting these criteria have been accepted into the program.

## BASIC PROGRAM

### Education

The basic philosophy of the Ute Indian Tribe Day Care Center is the Head Start philosophy, that is to develop the whole child through various experiences with his environment. Thus, the program has tried to provide as many different kinds of constructive experiences as possible in order to enrich a child's development. The program aims at making the child feel at home in his environment and at developing his self-confidence and self-image. The Indian bilingual and bicultural program, discussed in Notable Elements, plays a strong part in this education. Language development is also stressed as the program believes that the child must be able to communicate verbally before written material can be meaningful to him.

The children are generally grouped by age into two classes. Within the younger class, the toddlers are subgrouped. Since the groupings are based mainly on the individual child's maturity, a child may be placed with a group older or younger than his actual age. There is one guidance teacher for each of these three groups. One of the head teachers is in charge of the two younger groups and another is in charge of the older group. Both groups have thirteen children. The younger group subdivides into five two-year-olds and eight three- and early four-year-olds.

Teachers generally work with a group of children in their own classrooms. During certain times they stay within a specific activity area and work with any children who come to the area. Other times they drift around the room responding to kids involved in various activities.

As the center does not have a formal curriculum, activities are flexible. Teachers make weekly plans, often centering around certain

topics, such as food. However, specific daily plans depend on the children's moods and physical activeness. The teachers feel this frees the children from the pressures of routine so that they may perform their best every day. The children may move at will to different areas and choose their own activities. When activities are scheduled, children may refuse to participate in them.

Generally, children arrive early around 7:30 a.m. and have free play until a morning snack is served around 9:30 a.m. If the weather is good, the kids play outdoors for about forty-five minutes then come back inside for art work, stories, music or dance. After lunch, the children prepare for their naps by brushing their teeth and washing their hands. After the rest period, there is an afternoon snack and more outdoor play time. The day winds up with some indoor activity. The kids break up into small groups and, depending on their wishes, listen to stories, music or participate in some other quiet activity. A sample schedule is included in the Appendix.

The center has a great quantity of educational materials including matching games, pegboards, puzzles, flannel boards, nesting and stacking toys, graded objects, balance scales, counting rods, phonographs, tape recorders and picture books. It also has many art materials, and the teachers make good use out of everyday materials such as egg cartons, plastic containers, and beans in their art projects. Most art materials are within reach of the children, and teachers often do special art projects.

Larger indoor equipment includes riding horses, climbing cubes, mats, a punching bag, an aquarium, toy kitchen equipment and a doll house. Outside there is a sandbox, a playhouse, five climbing cubes, five tricycles and other outdoor wheel toys. Carlene feels that one priority for future funds is more outdoor equipment, possibly jungle gyms, swings, slides and animals on springs.

In general, the center's education program encourages self-reliance. Children are encouraged to hang up their own clothes, serve themselves at meals and choose their own activities. They also clean up after they have finished playing, feed the fish and take care of the plants. As one teacher noted, she teaches the kids always to try and encourages them never to say, "I cannot."

General emphasis is also placed on self-image. The kids play with dress-up clothes and can see themselves in mirrors. Teachers take photographs of the kids and post them in the classrooms.

Language development is stressed within the bicultural curriculum. Children are encouraged to talk freely and to use complete sentences. They play word games, hear records and stories and often tell and act out stories. A tape recorder is used for experiments. One child with a speech problem has received extensive tutoring. Various materials are used to foster the language development. The letters of the alphabet are not taught directly but they are displayed in the classroom. The kids have constant exposure to them. Many objects around the room are labelled. The children play object naming games and are encouraged to count objects such as snack foods.

Education is not limited to the center alone. Field trips have been taken to farms, swimming pools, factories, the arts and crafts center and the museum. Children take nature walks to collect rocks, flowers and other local specimens of nature. They have also had a chance to talk with policemen, nurses, cooks, businessmen and the local game warden.

### Food

The Ute Indian Tribe Day Care Center has a compensatory nutrition program. The main nutrition problems of the children seem to be an excessive amount of carbohydrates and not enough fresh fruits and

vegetables in their diets. Carlene felt this may be in part the explanation for the high incidence of illness such as flu, colds and ear infection among the children.

The center tries to supply one-third to one-half of a child's daily nutritional needs and serves two snacks and a hot lunch every day. The morning snack consists of hot or cold cereal or fruit juice and crackers. This serves as a breakfast to many kids who do not receive breakfast at home. The lunch is a well-balanced meal of meat, a vegetable, bread, milk and dessert. The afternoon snack is generally fresh fruit. A sample menu is included in the Appendix.

If a child is lacking in vitamins or iron, he is given supplements at the center. Such supplements for specific needs are made in cooperation with an Indian health doctor. The effects of the program are evaluated through height and weight charts, medical examinations, general appearance and health. If a large number of children seem to be coming down with colds, the amount of vitamin C is increased in the daily diet.

The greatest problem facing the nutrition program is the availability of fresh fruits and vegetables in this area in the winter months. As a substitute, the center uses more canned goods during this time.

The center has a full-time cook who consults with a volunteer nutritionist on the planning, preparation and serving of the meals. Other staff members also make suggestions. Menus are planned on a weekly or semi-weekly basis, and the cook is responsible for ordering the necessary food. Food is obtained from retail and wholesale sources as well as from the surplus food program. Donated food is also used.

Children eat at scheduled times. If they say they are hungry at other times, they are given extra snacks. Children help themselves at both snack and mealtimes. They assist in serving and cleaning up.

Occasionally, they help make special snacks such as popcorn balls or pudding. During the classtime food units, children make suggestions on the kinds of foods they want. These suggestions are often followed.

### Health

A registered nurse spends four hours a day at the center. She checks the children daily for diseases, infections and bruises. She provides emergency care for minor accidents and inoculates the children as needed or during epidemics. She sees that all children receive annual physical, dental, vision and hearing examinations. All three and four-year-olds are thoroughly checked for lazy eye each year. The nurse follows up on all health needs and keeps records on all of the children.

Parents are generally responsible for their child's physical examination. If they do not or cannot take the responsibility, the center does. Ute children may use a free Indian health clinic. The Anglos use a private doctor who is paid by the center.

All center children receive dental care from a dentist contracted to Head Start. The nurse makes appointments for the initial checkup. The dentist not only makes the initial examination of all children, but cleans and fluoridates all teeth, then does all dental work required subsequently. The children are taken to the dentist during center hours. The dentist also helps to educate the children on good tooth care and supplies them with a toothbrush and toothpaste at their initial visit.

If a child becomes sick while at the center, he is isolated and his parents are contacted. If the illness is serious, the parent must arrange for the child to be picked up immediately. If a parent cannot be located, center staff acts upon prior written approval by parent, and the Tribal Police are called to transport the sick child to the doctor or to the hospital depending on the emergency. If a child is sick for a long period of time, his parents must make private arrangements.

### Transportation

The area covered by the center is large, and transportation poses a problem for many parents. There is no public transportation available on the reservation.

The center does not provide transportation except for field trips or visits to the dentist or doctor. Carlene feels that center providing transportation is a priority item for additional funds. Parents are responsible for bringing their children to and picking them up from the center. Most transport their kids going to and from work or their training program. Some parents have arranged car pools, and some receive car mileage reimbursement from their training programs. Four children ride the public school bus and walk a short distance from there to the center.

Parents generally travel long distances to bring their children to the center; some traveling 26 miles. The average distance for a center child to travel is ten miles.

### Volunteer Program

Although volunteers are not essential to the operation of the center, they are a definite asset. Volunteers include parents, grandparents, community residents, members of teen-age organizations and Head Start assistants from other projects. These volunteers contribute, on the average, about five hours a day or approximately 100 hours per month. They usually do not receive training. Carlene Old Elk feels that the use of volunteers serves several important functions: the adult-child ratio is lowered; new ideas and attitudes are brought into the program; and the children are able to interact closely with people other than regular staff members.

## Parent Involvement

Parents are involved in the center's operation in several ways. Some work as volunteers. The paid staff seemed divided over the benefits of such parent volunteers. Most felt that it was good for the Ute children to see their parents in teaching situations, helping to improve the child's self-image. Also, as volunteers, the parents have the opportunity to learn both about center activities and, by working with experienced teachers, about child development and nutrition. Other staff members, however, felt that more training was needed for parent volunteers, especially when working in the same classroom with their own children.

Parents are also involved in center decisions. The Parent Committee and the Policy Advisory Committee are composed entirely of parents. Because parents participate in the policymaking process, they feel a part of the program. Such control seems to make the parents feel as though the program really belongs to them. They have a sense of responsibility toward it and a stake in its success. As a result, there has been little parent friction. Instead, there is a real sense of cooperation. This attitude seems to facilitate the volunteer program and to encourage the continuation of center activities in the home. In addition, the feeling of power the parents experience is generating more involvement in both the public school system and general community affairs. Parents are beginning to learn how they can do something about their children's education and the environment in which they live.

Monthly parent meetings have included lectures, a pot luck supper, business meetings, discussions with the teachers about children, visits to classrooms to see child projects and reports by the director and coordinator on general center progress. This year parents plan to make curtains for the center and to hold fund-raising drives in order to provide additional items which the available funds do not cover.



There is no parent education program as such, but center parents (along with staff members) have the opportunity to participate in the career development classes sponsored by the CAP. About 40% of the parents have participated in some aspect of this program. There is no charge for poverty level families. Courses cover topics such as nutrition, health, general education, child development and art. Class size has varied from 20 to 30 participants. Each course meets in class for 16 hours every month. Through these classes, parents may work toward their high school diploma, career goals, or personal development. The monthly parent meetings also include educational lectures by guest speakers.

Teachers have several opportunities to visit center families. Such visits occur immediately after a child is enrolled, when special medical or dental problems arise, when a child is absent for more than three days, and at least one other time during the year.

Carlene and the teachers talk to parents about individual children and their progress when they are brought to the center and picked up. In addition, Carlene counsels parents about general child care and specific child problems. She meets formally with the parents as a group once a month and sees parents informally several times each week.

Carlene estimates that about 30% of the parents are directly involved in center programs. Indirect participation has come through parent suggestions which have been incorporated into the program. Examples include suggestions about guidance techniques, center equipment and changes in the menu.

#### Direct Social Services

The goal of the social services program is to provide assistance to center families as necessary. One social problem is alcoholism which may result in absenteeism from work. Racial discrimination

and broken families were also mentioned as serious problems. The following table indicates the services provided at the center directly to families.

**Direct Social Services**  
(Those Provided at Center)

	% Parti- cipation	Done by:
<b>Counseling</b>		
Job	10	Coordinator
Child	100	Coordinator and Teachers
<b>Health</b>		
Medical	100	Nurse, Doctor
Dental	100	Dentist
Family Planning	*	Coordinator
<b>Other</b>		
Provide sewing machines	20	

\* Just begun.

**Indirect Social Services**

Health services available in the area include a free Indian health clinic, a general health clinic, maternity health services, special child health services, a mental health clinic, visiting nurses and an Indian dental clinic. The center has referred children with special health problems (20%) to the special state service in Salt Lake City and parents with mental problems (10%) to the mental health clinic. Some families have been referred to an available family planning service. Five families have been referred to the Ute Tribe community health workers who deliver medicine and check on health problems.

Nutrition services in the area include a food stamp program and an emergency food program. Almost 25% of center families have been referred to the food stamp program.

The center has referred about 50% of the families to the Department of Welfare's Division of Family Services to arrange for home care for children under two. There has been some problem with the apparent indifference of the state's family services staff. According to the center sources, there is often a long wait before referrals are processed and commitments have not always been fulfilled. Several center staff and parents emphasized the fact that infant care had become an important need for many families.

A number of employment referrals have been made. Ten parents with job problems or looking for new jobs have been sent to the Employment Security Office. Those who want to change jobs are usually been referred to the Ute Tribe Employment Assistance Office. Fifteen parents have been referred to manpower training programs. The Bottle Hollow Training Program (for the Ute motel complex mentioned earlier), the Head Start Career Development and Supplementary Training Program, Job Corps and Neighborhood Youth Corps have all received referrals from the center.

There have been several referrals to the Ute Tribe Alcohol Counseling and Rehabilitation Service. A state Department of Rehabilitation is also available to help parents.

About 30% of center families have been referred to the Community Action Program outreach workers for help with transportation and family problems. These outreach workers have also helped to recruit families for the center.

### Community Organization

The center provides the community with constant information on its progress. Articles on the center's activities and goals are often submitted to the monthly issue of The Ute Bulletin. The center also distributes its own monthly newsletter. About 40 copies are made of

each edition, and they are sent to parents, staff, members of the CAP administration and the Ute Tribal Business Committee. Items such as announcements of parent meetings, job notices and national news on day care are included in the newsletter. The director and the center coordinator also report on center activities to meetings of the four main communities on the reservation. (They rotate attending these monthly meetings.) This communication has resulted in increased community knowledge of and cooperation with the goals of the center.

The center is also part of the Community Action Program, the Ute Advisory Committee, and the Ute Indian Tribe community organization efforts.

## ORGANIZATION

### Policymaking

The Ute Indian Tribe Day Care Center is a part of the total Head Start policymaking structure. The director of the center is also the director of the area's Head Start program. Therefore, he spends less than half his time at the center.

The center has a formal Parent Committee which elects a five-man board responsible for helping to set center policy. Priority is given to this committee's concerns. The Parent Committee also sends two representatives to the Policy Advisory Committee for the overall Head Start program. The PAC is composed of at least eight Head Start parents as well as delegates from the Community Action Program Office. PAC members meet at least once a month at the Head Start office at Fort Duchesne. Term of office is one year, and to provide continuity within the PAC, three members remain as ex-officio members of the group for a second year. Generally, PAC sets and evaluates policy for the whole Head Start program. It has the right to evaluate each of the centers, their equipment, staff, both paid and volunteers and the food program. It also attempts to establish good relationships with collaborating agencies. The PAC also holds a seat on the CAP Personnel Committee which does all the hiring, the Career Development Committee, the Ute Advisory Committee, and the Budget Planning Committee.

Policy issues specific to the Ute center are dealt with by its own parent committee. The director, coordinator and other staff members attend Parent Committee meetings only when they can provide help or information on specific issues.

The Community Action Program Office provides advice to the center when needed. As the Tribal Business Committee approves the use of buildings and activities taking place on tribal grounds, it is the

ultimate Ute governing board. Both the Parent Committee and the Policy Advisory Committee refer to this committee on such matters.

Planning--The Head Start Policy Advisory Committee, the director, coordinator, teachers and parents are all involved in program planning. The Community Action Program can also make suggestions. The Ute center's own Parent Committee has the final word over program planning.

Budgeting--The Executive Director of the Community Action Program, the Head Start director and a parent from the Policy Advisory Committee meet with the Tribal Business Committee to develop the budget.

Staff--The Community Action Program Personnel Committee is responsible for the hiring and firing of staff. It is a non-partisan committee composed of the Chairman of the Parent Advisory Committee and five community members appointed by the Ute Business Committee. The director of the center is asked to review staff applications and recommend whom-ever he considers best suited to the position. In dismissing any staff member (it has never occurred), the director would recommend action to the CAP Personnel Committee, which would review the recommendation and take final action.

Operations--Decisions about daily program activities are made by the head teachers for their individual groups. The director, coordinator, Parent Committee and Policy Advisory Committee make suggestions as they see fit. In case of a conflict, the parent committee would have the final decision-making authority.

In general, the policymaking process seemed to be well-coordinated and effective with minimal conflict between staff, parents and committee members.

### Staff Organization

As the director is also in charge of all other Head Start programs in the area, he spends only 35% of his time concerned with matters at the Ute day care center. The remaining 65% is spent with other Head Start projects. The coordinator, Carlene Old Elk, spends full time on center activities. She does administrative and publicity work, parent and teacher counseling and acts as a general resource person in all areas of the center's operations. Most of the staff members interviewed felt that Carlene was the most influential person in the program.

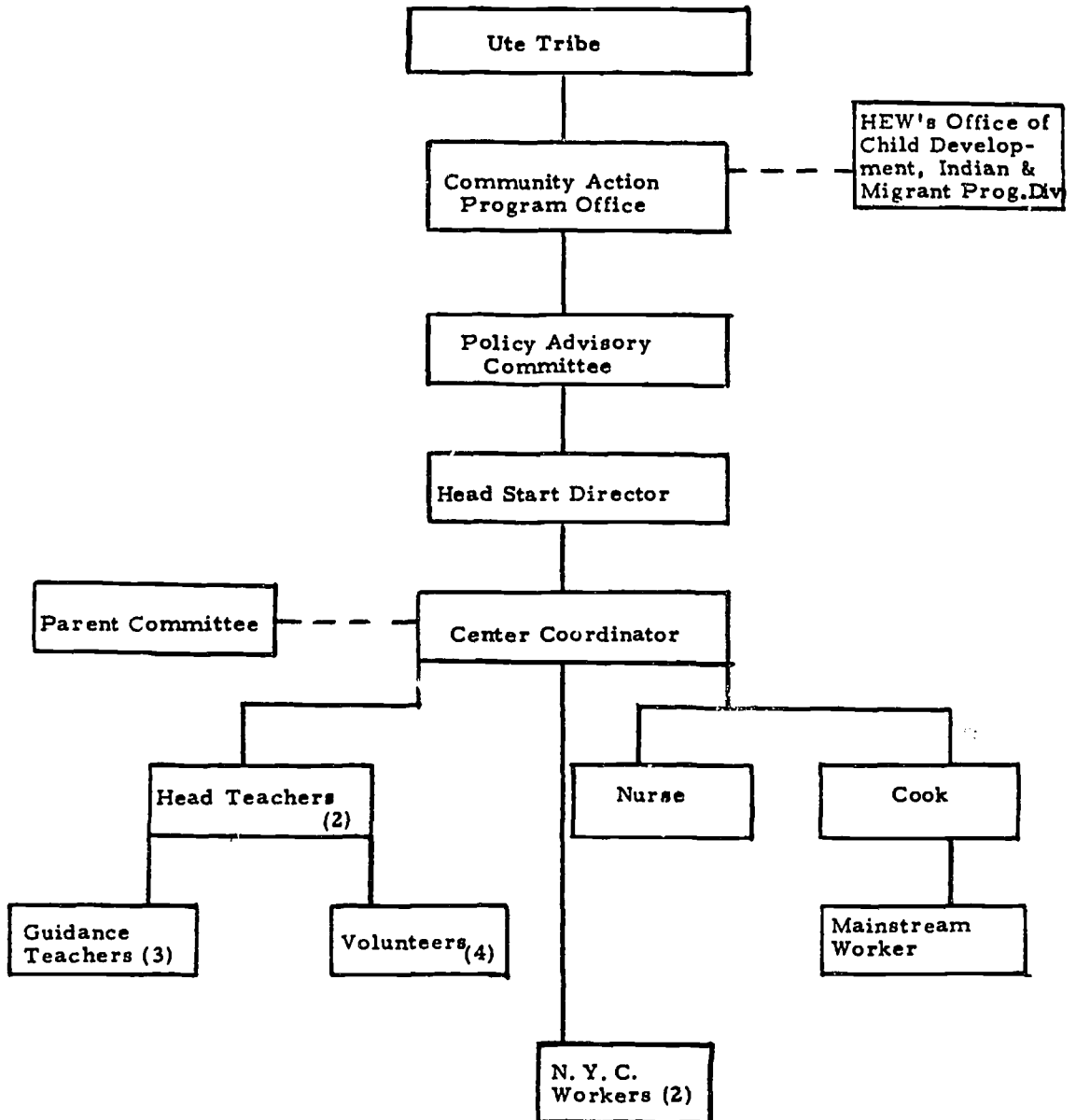
The teachers are in charge of planning and carrying out daily classroom activities. They also keep child records, inform parents of their children's progress and obtain the necessary materials and equipment.

Staff performance is evaluated informally, whenever necessary, by the director, coordinator and consultants which include a Head Start Specialist. These evaluations may result in promotions or probations. The National Office of Child Development recently evaluated the entire Head Start Program including the day care center.

### Staff Meetings and Records

All center staff, except the director, meet regularly once a week. The director participates about once a month. The meetings may involve discussions of certain children's problems, general curriculum, overall child activity and participation or possible changes in rules or policy. The staff may meet with the director individually when necessary. Staff communication also takes place on an informal basis or through memos.

**UTE INDIAN TRIBE DAY CARE CENTER  
ORGANIZATION CHART**





Although teachers do not keep a formal assessment of each child's performance, they do maintain some anecdotal accounts of each child's progress. I.Q. and cognitive test data and psychiatric or social-emotional diagnostic data are kept only for those children suspected of having problems. (Currently, there is one child with emotional problems and one with muscular difficulties attending the center.) Staff members follow up on the general school progress of children after they leave the center.

In general, the morale of the staff seemed to be good. However, there did seem to be some feeling that more staff were required so that the teachers would not have to be involved in custodial work, kitchen duties or telephone answering. They felt that such diversions were taking away from productive teacher-child time. (Since November, 1970, two mainstream workers have been added to the staff to take care of these duties.)

### Staff Training

The Ute Indian Tribe Day Care Center has an extensive plan for staff development and training. The plan includes a Career Development Committee, a career ladder, regular and in-service training programs and high school and college level extension courses for credit.

A Career Development Committee is in charge of carrying out a career development program for all Head Start and day care staff members. It has designed a career development ladder which gives all interested staff a chance for promotion either within or outside the system. Staff may participate to whatever extent they desire in the program. The Career Development Committee consists of a head teacher, a guidance teacher, the director, the coordinator, a cook, a Tribal Business Committee member, a local and state educational representative, a BIA employee, and Employment and Title I program officials.

In the past, all teachers and aides have received regular Head Start training provided by the University of Utah Bureau of Indian Services, either for two weeks to a month for credit, or for one week without credit. This year the center is carrying out its own initial training program. During the first month of employment, all of the teaching staff receive about ten hours of in-service training per week in the areas of child development, curriculum planning and local problems. In-service training continues throughout the year at staff meetings, at the discretion of the director and at several sessions conducted by personnel from the University of Utah Bureau of Indian Services. These sessions, usually one or two days in length, are conducted by University consultants on such topics as working with two-year-olds, reading readiness and constructing equipment. Last year one head teacher and one guidance teacher attended a special one week training program in Seattle, Washington. Also, in February, 1971, a head teacher participated in an Indian Cultural Curriculum Workshop conducted by the University of Utah Bureau of Indian Services.

In addition, the Community Action Program sponsors a Career Development Program in which all staff are eligible to participate. Classes are given by Weber State College and the Utah State University Uintah Basin Center for Continuing Education. They include general education classes aimed at the preparation for the GED high school equivalency test, undergraduate and graduate level courses in art, psychology, child psychology, business administration, science, general education, health, nutrition and languages, etc. Center staff participate in these classes, receiving credits which help them to climb the career ladder. At present, three staff members are taking English, two are taking biology, three are taking nutrition, two are taking ceramics and one is taking Spanish.

The staff benefits from this training through promotion and growth. All of the day care guidance teachers were able to be hired because of the center's training program. To date, three guidance

teachers have been promoted to head teachers. Carlene feels that the program has benefitted greatly through a better qualified staff with more enthusiasm for their jobs.

# UTE INDIAN TRIBE DAY CARE CENTER STAFF ROSTER

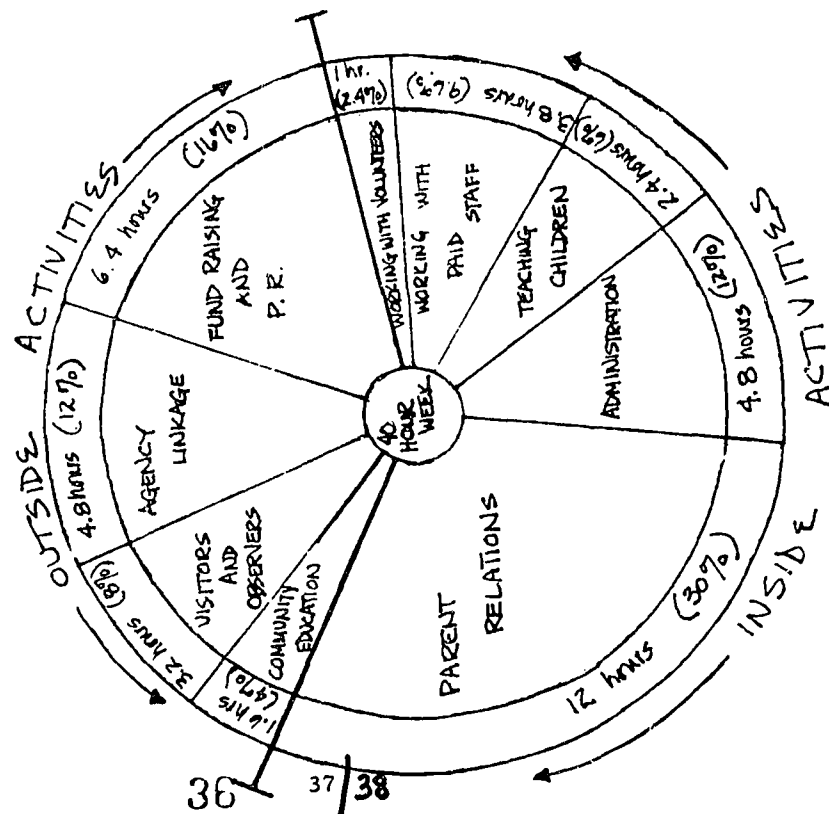
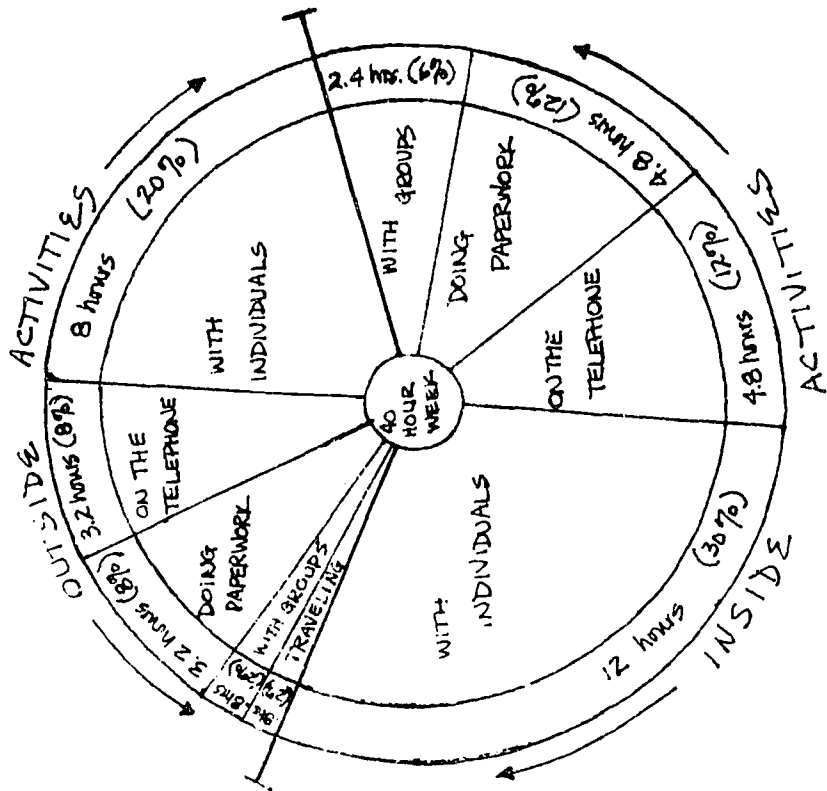
STAFF POSITIONS			Hours/Week (Av. Position)		Child Contact Hours/Week (Av. Position)		OVERALL PAID STAFF PROFILE	
Total Staff (16 - 9.2 full-time equivalent)			367	269			Sex:	
Paid Staff (9 - 7.8 full-time equivalent)			314	245			Male	1
DIRECTOR			14	-			Female	8
COORDINATOR			40	30				
HEAD TEACHERS (2)			80 (40)	70 (35)			Ethnicity:	
GUIDANCE TEACHERS (3)			120 (40)	105 (35)			Ute Indian	6
NURSE			20	20			Anglo	3
COOK			40	20				
In-Kind Staff (7 - 1.3 full-time equivalent)			53	24			Parents of Project Children:	2
VOLUNTEERS (4)			8 (2)	8 (2)				
MAINSTREAM WORKER			35	10				
NEIGHBORHOOD YOUTH CORPS WORKERS (2)			10 (5)	6 (3)				

\* Estimated

This is the way Ute Indian Tribe Day Care Center's Coordinator spends her time:

This is what she spends it on:

And this is how she spends it:



## HOW RESOURCES ARE USED

On the next page is the functional breakdown of the way 1970 - 71 income (shown in At A Glance) will be used. The In-Kind column may include one or more of the following types of donations: materials, facilities, underpaid labor, volunteer labor, and labor paid for by another agency.

For the sake of clarity, expenditures are divided into four categories. Together, the first three make up basic child care costs:

### I. STANDARD CORE

This category shows costs commonly incurred in day care operations:

- A. Child Care and Teaching--personnel, curriculum and general classroom supplies.
- B. Administration--personnel, equipment depreciation, office supplies, staff travel, telephone, insurance, audit.
- C. Feeding--personnel, food stuffs, other food related expenses.

### II. VARYING CORE

This category shows costs which can be assumed either by operators, or by parents, or by both:

- D. Health--personnel, supplies, health related services.
- E. Transportation--personnel, operating expenses, maintenance, insurance.

### III. OCCUPANCY

Because occupancy costs vary widely, they are shown separately. Included: rental value of property, utilities, taxes, property insurance, custodial personnel and supplies.

### IV. SUPPLEMENTAL SERVICES

This final category shows program enrichment elements above and beyond basic care which have significant dollar costs or revenues associated with them.

UTE INDIAN TRIBE ESTIMATED \$ AND IN-KIND EXPENDITURES 1970-71\*

SUMMARY:	<u>% of total</u>	<u>total cost</u>	<u>cost/child year</u>	<u>cost/child hour</u>	<u>Personnel costs make up:</u>
Standard Core	77%	\$59,800	\$2,781	\$ 1.23	80 % of \$'s
Varying Core	14%	11,100	516	.23	73 % of In-Kind
Occupancy	9%	6,600	307	.13	78 % of Total
TOTALS	100 %	\$77,500	\$3,604	\$ 1.59	(\$ + In-Kind)

\*costs to nearest \$100.  
% to 1.0

BASIC CARE					
	<u>I. STANDARD CORE COSTS</u>	<u>% OF TOTAL</u>	<u>TOTAL</u>	<u>= \$ COST</u>	<u>+ \$ IN-KIND</u>
A. Child Care and Teaching	39%		\$30,200	\$26,000	\$ 4,200
B. Administration	19%		14,900	10,800	4,100
C. Feeding	19%		14,700	10,600	4,100
<u>II. VARYING CORE COSTS</u>					
D. Health	14%		11,100	4,600	6,500
E. Transportation	-		-	-	-
<u>III. OCCUPANCY COSTS</u>					
	9%		6,600	-	6,600
TOTALS	100%		\$77,500 (100%)	\$52,000 (67%)	\$25,500 (33%)

## IN CONCLUSION

It seems reasonable to let parents speak about the impacts the program has made on their children and their family lives and to let the staff speak for themselves.

What parents like for their children:

"I like the language development part of the program the best." "The teachers show interest in the children and treat them as individuals." "My little girl is happier." "The lunch program is good. The children have their own sized silverware so they always have something they can handle." "The program teaches the child he is an Indian and to be proud." "He has always eaten well but now he shares what he eats."

"He has learned to share and talks more." "The teachers keep the children interested so bad behavior is no problem." "The better the care (my child receives) the better she feels and she is happy there." "I think the ethnic mix is good for the children." "My child now takes more interest in cultural activities." "Now they eat carrots!"

"I know my child is not only being taken care of but is learning things I never had a chance to." "The teachers can relate to the children because the program has Indian teachers." "She is more attentive at mealtime because of the routine." "The boys now work together more than when they were at home." "She has learned manners and gets along with others." "He loves it and says, 'My day care.'" "He would have become withdrawn if he had been left at the baby-sitter."

What the parents like for themselves:

"I needed day care so that I could go to school and this was the only one." "I feel I can talk to anyone at the center." "I have the satisfaction of knowing they are taking good care of my children." "I don't see my children as often and don't have to scold them as often. I am happy to see them." "Everyone is glad to see each other." "I don't think I'm better and I don't want my children to believe so." "I have learned to be more patient with my children."



What parents don't like, or would like to see:

"The center should have more young teachers. "I would like the children to rest ' not sleep. They won't go to bed at night." "I like the naps least in the program." "I need care for infants, too." "Teachers sometimes want parents to come pick up a child early so that they can go home early." "Teachers could be a little more affectionate." "I would like a little more time talking with the teacher and would like to spend a day there."

What the staff has to say:

"This center serves needs well. There should be more of them." "The children are getting things here they don't receive at home." "Salaries should be getting higher." "I like working with smaller children; I like the opportunity to help these children." "The amount of hours with this age children is too long; we need some break from the children before naps."

"There is not enough staff. Teachers have to double up on job assignment. They must answer phones, clean up." "The program helps the parents who are trying to better themselves, and this is a place where children have a place to learn and have care for as long as they need."

This case study has not attempted to deal in depth with the issues and the problems facing the Ute Indian Tribe Day Care Center. Of course, there are problems. A summary of concerns, as defined by Carlene Old Elk, the coordinator of the center, follows:

"Housing which meets Utah State Day Care requirements has been the most critical problem for the Ute Tribe Day Care Center. The building which houses the center at the present time is owned by the Bureau of Indian Affairs. The state licensing inspector has made a number of recommendations for changes in the building interior. However, it has been impossible to implement these structural changes because of the federal status of the building.

"As the need for day care increases on the Ute Indian Reservation, more space will be needed to accommodate more children. It is not known whether the Bureau or the Ute Indian Tribe will have buildings to make available for day care.

"The Ute Indian Tribe Day Care staff hopes that some housing guidelines for federally funded programs in areas where housing is so scarce will be formulated. Additional funds made available for construction of centers would be ideal. An alternative would be some guidelines to help in locations where it is impossible to meet state regulations."

It was the judgment of the observation team which visited the Ute Indian Tribe Day Care Center in November 1970, that the basic care elements were present -- nutrition, protection, tender loving care, general stimulation of mind and body, health care and transportation. In addition, there is a mixture of program elements which is meeting many of the developmental needs of the children, staff, parents and community:

For children -- skill teaching in self-reliance, language development and positive self-image, communication, peer cooperation, community awareness, cultural appreciation, health and nutrition;

For staff -- advancement through training, in-service support, adequate pay, chance to work with children, classroom freedom, chance to further education, cultural appreciation;

For parents -- chance to work, awareness of adequate care for child, maintenance of parent role, cultural appreciation, social services and referral to local social service agencies, parent decision-making, further education, social events.

For the community -- more understanding of human values,  
chance for volunteer opportunities, use of  
other social service agencies, flow of information about center activities.

The Ute Indian Tribe Day Care Center runs smoothly and effectively. To children, staff, community and parents, it is a job well done. They can be proud of themselves and each other, and that means a lot.

## **APPENDIX**

**This appendix consists of illustrative materials drawn directly from the center. Included are:**

**Sample Schedule**

**Sample Weekly Menu**

**Physical Examination Form**

**Child Information Form**

### DAILY SCHEDULE

7:30 - 8:30	Arrival, inspection of children, greeting, free play, and conversation.
8:30 - 9:30	Conversation, small group, free play, drink of water and toilet as needed.
9:30 - 10:00	Toilet, snack, table conversation
10:00 - 10:30	Outdoor play
10:30 - 11:30	Creative experiences, story time, music, dance, free expression, art experience (paint, clay or other)
11:30 - 11:45	Preparation for lunch, washing hands
11:45 - 12:15	Lunch
12:15 - 12:30	Preparation for naps, brushing teeth, washing hands
12:30 - 2:15	Nap time
2:15 - 3:00	Waking, toilet, afternoon snack
3:00 - 4:00	Outdoor Play
4:00 - 4:30	Creative experience
4:30 - 5:00	Indoor free play, may choose story, music, or other for small groups

**UTE INDIAN TRIBE DAY CARE CENTER**

**Sample Menu**

<u>A.M. Snack</u>	<u>Lunch</u>	<u>P.M. Snack</u>
<u>Monday</u>		
Cold cereal and milk	Roast beef and gravy whipped potatoes Celery sticks rolls and butter milk jello and fruit	Oranges
<u>Tuesday</u>		
Toast, butter and juice	Lunch meat sandwiches vegetable soup crackers milk cookies	bananas
<u>Wednesday</u>		
Oatmeal and milk	Meatballs and Wraps Mashed potatoes Lettuce Wedges Carrot sticks Vanilla pudding	Apple wedges
<u>Thursday</u>		
Graham crackers and juice	Meat Patties Tomato Sauce Rice, butter Assorted veg. sticks Milk Applesauce	Hard boiled eggs
<u>Friday</u>		
Cream of Wheat and milk	Salmon Loaf Buttered Carrots Pickles Mixed vegetables (canned) Milk Fruit cocktail	Peanut butter cookies Juice

# **PHYSICAL EXAMINATION AND RECOMMENDATIONS FOR CARE OF CHILDREN IN DAY CARE CENTERS**

**TO DAY CARE CENTER OPERATORS:** Children must be given a physical examination by a physician before they will be permitted to enter a day center for care and training. This examination must be performed within 30 days prior to the child's acceptance into a day care center. Physical examinations should be repeated once each year, or more often, if recommended by a child's physician. Children requiring daily medicine because of a condition or handicapping disease, should receive new instructions from a physician at least once each year. Day care center operators are instructed to have applying parents complete Section I of this Form. Section II shall be completed by the physician at the time of the physical examination.

## **Section I TO BE COMPLETED BY PARENT:**

Name of Child \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_  
(Last) (First) (Birthdate) (Address)

Name of Parent or Guardian: \_\_\_\_\_

## **Section II TO BE COMPLETED BY PHYSICIAN:**

<u>DISEASES</u>	<u>DATE</u>	<u>DISEASES</u>	<u>DATE</u>
1. Poliomyelitis	_____	7. Seizures	_____
2. Streptococcus Infection	_____	8. Diabetes	_____
3. Rheumatic Fever	_____	9. Cerebral Palsy	_____
4. Tuberculosis	_____	10. Meningitis	_____
5. Urinary Disease	_____	11. Encephalitis	_____
6. Ear Infection	_____	12. Other	_____

**DEFECTS:** 1. None \_\_\_\_\_ 2. Hearing Loss \_\_\_\_\_ 3. Vision \_\_\_\_\_ 4. Speech \_\_\_\_\_  
5. Orthopedic \_\_\_\_\_ 6. Heart \_\_\_\_\_ 7. Neuro Muscular \_\_\_\_\_

**NEEDED IMMUNIZATIONS:** (Unless physician says such immunizations are inadvisable for medical reasons)

Smallpox Vaccination Date: \_\_\_\_\_; Year of revaccination Date: \_\_\_\_\_

DPT Immunization (Series Completed) Date: \_\_\_\_\_ Year of last booster \_\_\_\_\_

Oral Poliomyelitis (Number of Inoculations) \_\_\_\_\_ Year of last booster \_\_\_\_\_

Red Measles Date: \_\_\_\_\_; Other: \_\_\_\_\_

**TESTS:** (If the following tests have been given, please give date and results.)

1. PKU	Date: _____	Results: _____
2. Tuberculin (Mantoux)	Date: _____	Results: _____
3. Other	Date: _____	Results: _____

## **MISCELLANEOUS RECOMMENDATIONS, IMPRESSIONS, AND INSTRUCTIONS:**

- Recommendations for physical activity: Regular \_\_\_\_\_ Limited \_\_\_\_\_  
(Explain and give duration) \_\_\_\_\_
- Impression of child's social, mental and emotional development: \_\_\_\_\_
- Diagnosis of existing condition or handicap: \_\_\_\_\_
- Physician's instructions regarding medication to be administered at day care center, if any: \_\_\_\_\_

Date \_\_\_\_\_ M.D.

### INSTRUCTIONS

**Form 88, Physical Examination and Recommendations for Care of Children in Day Care Centers.**

**USE.** Form 88 shall be used by parents to obtain a physical examination for their child before the child will be permitted to enroll in a day care center. Form 88 is also used by physicians when giving the physical examination.

**DISTRIBUTION.** One copy of Form 88 is required. When the Form has been completed by parent and physician, it shall be filed in the child's folder at the appropriate day care center and shall be available for review by a representative of the Welfare Department and of the Utah State Department of Health, as long as the child is enrolled at the day care center.

**PREPARATION.** Section I of the Form 88 is self-explanatory and shall be completed by the parent prior to submittal of Form 88 to the child's physician. Section II of Form 88 is self-explanatory and shall be completed, in full, by the physician at the time the physical examination is given.



This form is filled out by teacher during an interview with parent.

PERSONAL INFORMATION FORM (NO. 2)

UTE TRIBE DAY CARE CENTER

Uintah & Ouray Reservation

This form should be filled out by teacher during interview with parent.

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
FRANCIS REGENS \_\_\_\_\_

Does your child enjoy his food? \_\_\_\_\_ Which meal does he enjoy most? \_\_\_\_\_

Is there anything unusual about his eating that you believe we should know before  
he eats at Day Care Center? \_\_\_\_\_

What is your child's usual bed time? \_\_\_\_\_ Usual waking time? \_\_\_\_\_

Does he/she take an afternoon nap regularly? \_\_\_\_\_ How long is nap? \_\_\_\_\_

What is your child's attitude toward going to bed? \_\_\_\_\_

Toward taking a nap? \_\_\_\_\_

	Bladder	Bowel
At what age was your child toilet trained?		
How does he state his need?		
How dependable is he?		
Any special information		

When did your child walk \_\_\_\_\_ Talk \_\_\_\_\_ Does he take any medicine  
regularly \_\_\_\_\_

PLAY AND SOCIABILITY

Does your child play alone? Always \_\_\_\_\_ Often \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

Does he like to play alone? \_\_\_\_\_

Are his playmates: Girls \_\_\_\_\_ Boys \_\_\_\_\_ Younger \_\_\_\_\_ Older \_\_\_\_\_

What is usually the size of his play groups? \_\_\_\_\_

What play materials does he use most indoors? \_\_\_\_\_

What materials does he use most outdoors? \_\_\_\_\_

Where does he play outdoors? \_\_\_\_\_

Where does he play indoors? \_\_\_\_\_

What experiences with music does he have at home? \_\_\_\_\_

What opportunities for hearing stories are offered? \_\_\_\_\_

PERSONALITY AND EMOTIONAL DEVELOPMENT

Do you regard your child as affectionate? \_\_\_\_\_ To whom? \_\_\_\_\_

Does he accept new people easily? \_\_\_\_\_

Does he seek adult attention? \_\_\_\_\_ Whom \_\_\_\_\_

How? \_\_\_\_\_

Has he any fears? \_\_\_\_\_ Of What \_\_\_\_\_

Is he usually happy? \_\_\_\_\_

When you find it necessary to exert authority with your child, what do you usually do? Mother \_\_\_\_\_

Father \_\_\_\_\_

Write below any further information about your child or your family which you believe will be helpful to us in understanding your child's behavior:

Date \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Signature of interviewer