

NURSING SCIENCE 112

CARE OF CHILDREN AND FAMILY

APPENDIX

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*** Download these forms from the instructor's Los Angeles Valley College website**

**LOS ANGELES VALLEY COLLEGE
NURSING SCIENCE 112
NURSING CARE OF CHILDREN AND FAMILY
CLINICAL EVALUATION**

Student: _____ **Instructor:** _____

Clinical Facility: _____ **Absent:** _____ **Tardy:** _____

Mid-Term Evaluation Date: _____ **Final Evaluation Date:** _____

Clinical laboratory evaluation is based on verbal discussion, observed clinical behaviors and performance, staff reports, and, written documentation. Each semester has individualized goals and objectives. The student is encouraged to self-evaluate and communicate with the instructor regarding their progress throughout the rotation. Evaluation will be based on clinical performance as well as clinically related written assignments. These assignments are designed to support and direct student learning. Course objectives and clinical laboratory objectives are provided in the course syllabus.

A grading system of pass/fail will be used (see below):

KEY:

- 2 = Student has not been able to meet clinical competency.
- 1 = Student has been consistently below average in meeting clinical competency.
- 0 = Student has satisfactorily met clinical competency and passes in area of practice.
- +1 = Student has been consistently above average in meeting clinical competency.
- +2 = Student excels in meeting clinical competency.
- N/O = No opportunity to meet clinical competency.

Note: A TOTAL score of zero (0) or above is **REQUIRED** on this evaluation tool in order to receive a passing grade for the clinical component of the course, **EXCEPT** where denoted with an *** (asterisk). Those components must have a zero (0) or above I order to receive a passing grade for the clinical component of the course.

Mid-Term Evaluation:

Final Evaluation:

Level of achievement:					Clinical Competency	Level of achievement:				
-2	-1	0	+1	+2	NURSE AS PROVIDER OF CARE	-2	-1	0	+1	+2
					Assessment:					
					1.1 Synthesizes and evaluates age-appropriate relevant data via observation, client/family interview, chart review, and, contributes to data base utilizing Maslow's Hierarchy of Human Needs framework.					
					1.2 Identifies and supports age-					

					appropriate client and family needs based on Maslow's Hierarchy of Human Needs framework.					
-2	-1	0	+1	+2	Analysis/Diagnosis:	-2	-1	0	+1	+2
					1.3 Analyzes and synthesizes relevant data, prioritizes client and family needs and formulates age-appropriate nursing diagnoses based on Maslow's Hierarchy of Human Needs framework.					
		***			1.4 Differentiates problems unique to the client's and family's culture and developmental level.					
-2	-1	0	+1	+2	Planning:	-2	-1	0	+1	+2
					1.5 Collaborates with client and family and health care team members in planning age-appropriate client and family care and clinical decision making.					
					1.6 Utilizes critical thinking strategies and Maslow's Hierarchy of Human needs framework for clinical decision making.					
					1.7 Formulates attainable, measurable, age-appropriate goals that are specific to client and family needs.					
					1.8 Develops an individualized teaching plan based on assessed needs, developmental level and uniqueness of the client and the family					
-2	-1	0	+1	+2	Implementation:	-2	-1	0	+1	+2
					1.9 Implements caring interventions sensitive to developmental level and cultural diversity needs.					
					1.10 Provides rationales for decision making that are evidence-based and reflect application of knowledge and principles. Documents appropriate resources.					
					1.11 Maintains proficiency in previously learned skills.					
					1.12 Implements teaching/learning principles based on client/family assessed needs/developmental level.					
					1.13 Implements interventions in an					

					organized, prioritized manner.					
					1.14 Safely calculates, administers, manages and interprets client's medications incorporating knowledge from pediatric dosage calculations and administration concepts.					
-2	-1	0	+1	+2	Evaluation:	-2	-1	0	+1	+2
					1.15 Evaluates client's responses. Based on client's responses, makes modifications to nursing interventions, medications and achievement of outcomes.					
					1.16 Demonstrates ongoing self-evaluation: identifies strengths and areas needing improvement.					
-2	-1	0	+1	+2	NURSE AS MANAGER OF CARE	-2	-1	0	+1	+2
					(Verbal)					
					2.1 Applies time management skills and effective use of resources when managing care for 1-2 pediatric clients or for pediatric client(s) with complex needs.					
					2.2 Demonstrates advanced leadership skills: self-assurance, progression of knowledge/skills, transfer of theory into clinical application, reduced need for supervision.					
					2.3 Communicates in a professional manner while functioning as a cooperative member of the health-care team (including pre and post-conference participation).					
					2.4 Demonstrates understanding of the advocacy role as it relates to the "Rights of the Child."					
					2.5 Effectively applies therapeutic age-appropriate communication skills to develop the nurse-client relationship.					
					2.6 Provides oral report to instructor, charge nurse and members of the health care team.					
					(Non-verbal)					
					2.7 Effectively communicates via written descriptive nursing notes					

					and documentation in the chart.					
-2	-1	0	+1	+2	NURSE AS MEMBER OF THE PROFESSION	-2	-1	0	+1	+2
					3.1 Listens and responds to questions appropriately. Is consistently on time for client care and pre and post-conferences.					
		***			3.2 Demonstrates accountability and responsibility for safe practice within the legal/ethical parameters of the profession.					
		***			3.3 Maintains client and family confidentiality in accordance with HIPPA and Agency guidelines.					
		***			3.4 As a client advocate: reports suspicions of child abuse to appropriate personnel and takes appropriate action(s).					
		***			3.5 Performs in a manner that reflects the LAVC Student Code of Behaviors and Professional Appearance per the Nursing Student Handbook and Agency Rules and Regulations.					
					3.6 Provides evidence of participation in student and professional activities that promote lifelong learning to enhance practice and self-awareness.					

Mid-Term Evaluation:

Final Evaluation:

Score: _____

Score: _____

Mid-Term Evaluation:

Date: _____

Student's strengths: _____

Areas to improve: _____

Remediation plan: _____

Student's Signature: _____

Instructor's Signature: _____

Final Evaluation: _____ **Date:** _____
Student's strengths: _____

Areas to improve: _____

Final Evaluation comments: _____

Student's Signature: _____ **Instructor's Signature:** _____

5/08, 4/09, 8/10; 8/11 KES

**LOS ANGELES VALLEY COLLEGE
NURSING SCIENCE 112
NURSING CARE OF CHILDREN AND FAMILY
ANECDOTAL REPORT**

Student's Name: _____ Date: _____

Description of incident (to be filled in by instructor or witness):

Objective(s) not achieved: _____

Student's description of event (what, how, why, when):

Instructor's comment(s) and recommendation(s) for remediation:

Student's plan for remediation:

Student's Signature: _____ Instructor's Signature: _____

Los Angeles Valley College
Health Science Department
Registered Nursing Program
Skills Checklist – Nursing Science 112
Care of Children and Family

Fall _____ Rot. # _____ Spring _____ Rot. # _____

The purpose of this record is to enable the student and the instructor to know at any time what skills the student has successfully demonstrated. There is no ideal order in which to achieve these skills as it is often dependent upon the clinical experiences available in the clinical units.

Please Note: it is the responsibility of the student as an independent learner to practice these skills in the Skills Laboratory to achieve competency.

The goal is to master as many skills as possible. The student will be responsible for transferring previously learned theory into clinical application appropriate for a fourth semester student. A “Skills Practicum Test” will be conducted during the final Skills Laboratory session for the course. Each student will be randomly assigned to demonstrate any skill marked by an “+” at a satisfactory level. Failure to demonstrate the skill at a satisfactory level will constitute an unsatisfactory for NS115 Basic Skills Enhancement Laboratory.

Student Name: _____

Clinical Instructor: _____

Skills Lab Instructor initials & signature: _____

Instructions:

The student and the instructor will initial & date the appropriate column when a skill has been successfully completed.

Skills related to Oxygenation/Circulation Regulation	Skills Lab Initial/date	Clinical Initial/date
Obtains vital signs in age-appropriate sequence: (+) A. Respirations B. Pulse C. Temperature 1. Oral 2. Axillary D. Blood Pressure 1. Auscultation 2. Doppler.		
Performs age-appropriate resuscitation measures: (+) A. PALS B. CPR Media: A. Infant CPR Anytime. (American Academy of Pediatrics & American Heart Association)		
Suctions using age-appropriate technique:		

A. Bulb B. Catheter		
Delivers oxygen using age-appropriate technique: (+) A. Blow-by B. Bubble/Hood C. Mask D. Nasal Cannula E. Tent		
Measures oxygen saturation using age and condition-appropriate technique: A. Continuous B. Intermittent C. Peak Flow Meter		
Performs age and condition-appropriate chest physiotherapy: A. Manual B. Mechanical		
Applies age and size-appropriate electrode pads: (*) A. Apnea B. Cardiac		
Comments:		
Skills related to Nutrition, Fluid and Electrolytes	Skills Lab Initial/date	Clinical Initial/date
Measures linear growth: A. Height B. Length		
Measures weight: A. Grams/Kilograms B. Pounds		
Measures circumference: (+) A. Abdomen B. Chest C. Head		
Performs age-appropriate feeding techniques: A. Oral B. Tube 1. Nasogastric 2. Gastrostomy 3. Lower GI tract		
Calculates in an age-appropriate manner: A. Calories for age B. % consumed		
Plots an age and gender-appropriate growth grid		
Assesses fontanel in an age-appropriate manner: (+) A. Bulging B. Depressed		
Assesses skin turgor in an age-appropriate manner: (+) A. Abdomen B. Thigh		
Calculates intake/output in an age-appropriate manner: A. Oral B. Parenteral		

<ol style="list-style-type: none"> 1. Hourly 2. 24 hour 3. cc/cc replacement. 		
Calculates % of dehydration in an age-appropriate manner		
Inserts age and condition-appropriate gastrointestinal tube: <ol style="list-style-type: none"> A. Intake B. Output C. Decompression D. Drainage 		
Comments:		
Skills related to Elimination	Skills Lab Initial/date	Clinical Initial/date
Applies diaper in an age-appropriate manner: <ol style="list-style-type: none"> A. Cloth B. Paper/Disposable 		
Collects specimens in an age-appropriate manner: (+) <ol style="list-style-type: none"> A. Nasal/Throat <ol style="list-style-type: none"> 1. Culture 2. Smear A. Stool B. Urine <ol style="list-style-type: none"> 1. Cotton ball 2. U-bag 3. 24-hour 		
Inserts age and size-appropriate catheter: <ol style="list-style-type: none"> A. Indwelling B. Intermittent 		
Comments:		
Skills related to Regulation	Skills Lab Initial/date	Clinical Initial/date
Performs Accu-Check in an age-appropriate manner		
Comments:		
Skills related to Sensory/Comfort	Skills Lab Initial/date	Clinical Initial/date
Performs age-appropriate pain assessment: (+) <ol style="list-style-type: none"> A. FACES/FLACC/CRIS B. NIP C. Numbers D. Oucher E. Poker Chip F. Verbal/Word Graphic 		

Plots age-appropriate Glasgow Coma Scale: (+) A. Infant B. Child		
Comments:		
Skills related to Activity/Rest	Skills Lab Initial/date	Clinical Initial/date
Identifies types of age-appropriate play: A. Free B. Structured/therapeutic		
Performs DDST-II in an age-appropriate manner Media: A. Age-Specific Care: Toddlers Through Teens. (Medcom Trainex)		
Selects age-appropriate position for sleep: A. Prone B. Supine.		
Selects age and condition-appropriate positions: A. Prone B. Supine C. Semi-Fowler's D. High-Fowler's E. Right side/upright post-feeding F. Side-lying for procedures		
Comments:		
Skills related to Sexuality	Skills Lab Initial/date	Clinical Initial/date
Identifies age and gender-appropriate sexual development using the Tanner Stages		
Comments:		
Skills related to Safety & Security	Skills Lab Initial/date	Clinical Initial/date
Performs foreign body airway obstruction management/choking maneuver (former Heimlich Maneuver) in an age-appropriate manner (*)		
Administers age and condition-appropriate bath: A. Basin/tub/shower B. Cooling C. Therapeutic		
Applies age-appropriate restraints: (+) A. Board B. Elbow C. Mitten D. Mummy E. Papoose		

F. Wrist		
Transports in an age and condition-appropriate manner: A. Bassinet B. Canopy crib C. Wagon D. Wheelchair		
*Performs age-appropriate physical assessment of the following body systems based on Maslow's Hierarchy of Needs emphasizing: (+) A. Respiratory/Lung Sounds (Oxygenation) B. Cardiac/Heart Sounds/Peripheral Circulation (Circulation) C. Gastrointestinal/Bowel Sounds (Nutritional/Fluids and Electrolytes) D. Genitourinary/Output (Elimination) E. Neurological/HEENT/LOC & Pain (Sensory/Comfort) F. Musculoskeletal/Developmental (Activity/Rest) G. Reproductive/Tanner's Stages (Sexuality) [*Adolescents ONLY*] H. Integumentary/Skin Lesions/Child Abuse (Safety/Security) Media: A. Child Abuse, Part 1: Physical Abuse. (Medcom Trainex) B. Child Abuse, Part 2: Neglect & Emotional Abuse (Medcom Trainex) C. Child Abuse, Part 3: Sexual Abuse (Medcom Trainex) D. Physical Assessment of a Child, Part 1. (Medcom Trainex) E. Physical Assessment of a Child, Part 2. (Medcom Trainex) F. Physical Examination & Health Assessment 15: Head-To-Toe Examination of the Normal Child. (Jarvis) <i>*See Pediatric Physical Assessment Section of the NS112 Care of Children and Family Nursing Care Plan</i>		
Comments:		
Skills related to Medication	Skills Lab Initial/date	Clinical Initial/date
Calculates and administers medications correctly and in an age-appropriate manner Media: A. Medicating Children. (Medcom Trainex) B. Young Children: Physical Assessment & Administration of Medication. (Concept Media)		
Administers oral medications using age-appropriate techniques: (+) A. Cup B. Dropper C. Nipple D. Spoon E. Syringe		
Administers rectal medications using age-appropriate technique: (+) A. Suppository		
Administers topical medications using age-appropriate technique: (+): A. Ear B. Eye C. Nose D. Skin		
Administers parenteral medications using age-appropriate techniques: (+) A. Intradermal		

B. Intramuscular C. Subcutaneous		
Administers intravenous medications using age-appropriate techniques: (+) A. Heparin/Saline Lock B. Metriset/Buretrol C. Piggyback D. Push E. Syringe Pump		
Administers inhalation medications using age-appropriate techniques: (+) A. IHN B. MDI C. Spacer		
Administers immunizations using age-appropriate techniques: A. Initial series B. Boosters		
Comments:		

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7/07; 7/09; 6/10; 7/10; 1/11; 8/11 KES

NS112 CARE OF CHILDREN AND FAMILY
Pediatric Clinical Conference Topics

TOPICS:	FOCUS:	STUDENT:
A 6 week old infant with Pyloric Stenosis	Special feeding regime & effect on maternal role	_____
A 9 month old infant with Chickenpox	Grandparents step in to assist working parents	_____
A 14 month old toddler with Bronchiolitis	Management of a child with special oxygen needs	_____
A 16 month old toddler with Cleft Lip/Palate	Supporting parents with a "special" child	_____
A 3 year old child with Cerebral Palsy	Specialized equipment and the handicapped child	_____
A 4 year old child with Brain Damage	Mental retardation and its impact on the family	_____
A 5 year old child requiring Cardiac Catheterization	Preparing child and family for the procedure	_____
A 6 year old child with Rheumatic Fever	Management of a child on bedrest	_____
A 7 year old child requiring a Tonsillectomy	Preparing a child for intrusive surgery	_____
An 8 year old child with Nephrosis	Explaining the disease to the child	_____
A 9 year old child with Leukemia	Helping a family cope with long-term disease & possible death	_____
An 11 year old child with Cystic Fibrosis	Continuity of care needs of the preadolescent	_____
A 13 year old adolescent beginning puberty	Helping an adolescent adjust with body image changes (Tanner Stages)	_____
A healthy but orphaned 14 year old adolescent	Grandparents who suddenly become parents again	_____

TOPICS:	FOCUS:	STUDENT:
A 36 hour old infant with Myelomeningocele	Addressing quality of life issues	_____
A 6 month old infant with Non-Organic Failure-To-Thrive	Grandparents serving as mentors for young parents	_____
A 2 year old toddler with AIDS	Dealing with placement issues	_____
A 3 year old child with Deafness	Encouraging communication within the limits of impairment	_____
A 4 year old child with Celiac Disease	Providing adequate nourishment for the finicky eater	_____
A 5 year old child with Sickle Cell Anemia	Educating the family regarding genetic diseases	_____
A 7 year old child with Asthma	Teaching avoidance of triggers	_____
An 8 year old child with Legg-Calve-Perthes Disease	Providing diversional activities	_____
A 9 year old child with Hemophilia	Decreasing risk of injury and preventing complications	_____
A 10 year old child with Juvenile Idiopathic Arthritis	Coping strategies for chronic pain	_____
An 11 year old child with Seizures	Coping with social stigma	_____
A 13 year old adolescent with Scoliosis	Overcoming a negative body image	_____
A healthy but troubled 15 year old in foster placement	"It takes a village to raise a child"	_____
A 17 year old adolescent with Diabetes Mellitus	Implications of chronic illness to the adolescent	_____

**NS112 CARE OF CHILDREN AND FAMILY
PEDIATRIC CLINICAL CONFERENCE TOPICS
INSTRUCTIONS AND GRADING CRITERIA**

INSTRUCTIONS:

1. Each presentation should be approximately 10 minutes in length.
2. Each presentation will be worth a total of 10 points.
3. Each presentation must demonstrate creative and critical thinking while adhering to the primary focus/emphasis of the presentation.
4. 2 – 3 presentations should be scheduled for each clinical conference beginning in the third week of the rotation.

GRADING CRITERIA:

TOPIC:

1. Review of topic with evidence of thorough preparation.
2. Inclusion of pertinent facts regarding pathophysiology.
3. Emphasis on nursing's role.

(Points: _____/3 points)

FOCUS:

1. Adhered to topic focus and maintained primary emphasis of presentation.
2. Incorporated growth and developmental concepts and family centered care into presentation.
3. Emphasis on nursing's role.

(Points: _____/5points)

CREATIVITY/CRITICAL THINKING:

1. Evidenced by skits, role playing, posters, pamphlets, outside agency visits or use of the internet. Sources must be documented/referenced. Presentation must reflect the student's own effort.

(Points: _____/2 points)

Total points: _____/10 points

COMMENTS:

Student's Name: _____ Instructor's Signature: _____
7/07;KES

PHILOSOPHY STATEMENT



The Los Angeles Valley College Campus Child Development Center recognizes the parent as the child's principal teacher from the beginning of life. The child arrives at the Center an eager learner. *Emergent Curriculum* methodology produces the experience.

Comprehensive learning evolves from the interaction of classroom participants; child and teacher. Exploring ideas and concepts, which are socially relevant, intellectually engaging and personally meaningful to the child, creates the framework on which *Emergent Curriculum* builds. *Emergent Curriculum* permits child and teacher to take initiative, to make decisions. Choices for the child reflect social, intellectual and personal values, at the same time, choices for the teacher address planning which is open-ended and responsive to the child. *Emergent Curriculum* directs decision and decides direction, it sometimes means that curriculum is negotiated between what interests the child and what the teacher knows supports growth and development.

In the play environment children are able to sequence their own learning and move at their own pace. Play environments are more likely than work environments to permit utilization of materials other than paper and pencils. Children in the play environment are afforded access to the concrete world and its diversity as well as provided with developmentally appropriate preschool and school age curriculum.

The child is a model and a co-player. Teachers are the stage directors; curriculum a teacher responsibility. Teachers organize; set the stage, time the acts and keep the drama together. Teacher ideas and vision guide their exploration. Children provide source curriculum which reflects the complex nature of their lives.

Emergent Curriculum recognizes a need for and requires a safe and nurturing environment, multi-cultural awareness and gender equality to promote self-sufficiency, self-image and self-esteem. It further demonstrates applied teaching experiences, in a classroom setting, for related disciplines and exhibits appropriate practices based on current research for the future early childhood education workforce.

GENERAL INFORMATION

Development
Center

The Los Angeles Valley College Child Development Center is a licensed childcare facility providing developmentally appropriate programs for the children of students, staff, faculty and the community. Student-parents have priority for service. Center programs operate on the academic calendar of Los Angeles Valley College.

LOCATION

The Center is located in the northeast section of the Los Angeles Valley College campus, in parking lot 'D', adjacent to the corner of Oxnard Street and Ethel Avenue.

PROGRAMS

During the FALL and SPRING semesters the Center offers:

PRESCHOOL PROGRAM

AGES Children 3 years of age up to 5 years of age are eligible for the preschool program.
DAYS/HOURS Monday through Friday
7:45 AM - 5:00 PM

SCHOOL AGE PROGRAM

AGES Children in Kindergarten up to 13 years of age are eligible for the school age program.
DAYS/HOURS Mondays, Wednesdays and Thursdays 2:30 PM - 10:20 PM
Tuesdays 1:30 PM - 10:20 PM
Fridays 2:30 PM - 5:00 PM
(Available one (1) or more afternoons/evenings)

SUMMER SESSIONS AND WINTER INTERSESSION

Service for summer sessions and/or winter intercession is offered if funding is available to operate any or all of these sessions. Program days and hours for summer and winter sessions may be different from those offered for the fall and spring semesters. Applications for summer and winter sessions are accepted on an ongoing basis.

APPLICATION

- Applications are available at the Child Development Center office.
- Applications for all programs, for current and upcoming semesters, summer session(s) and winter intercession are accepted continuously throughout the year.
- Applications must be completed and submitted to the Child Development Center office to be considered for service and placement on the appropriate waiting list(s).
- Applications must be complete and accurate for proper placement and processing. Applications with missing or incomplete information can not be processed for placement.

WAITING LISTS

There are waiting lists for all of the Child Development Center programs. The length of the lists varies by program. Student-parents have priority for service.

Preschool (day) waiting list: Typically, applications are on the waiting list for 6 months to 1 year before space becomes available.

School age (afternoon/evening) waiting lists: lists for these programs move more rapidly, most requests for both programs are filled each semester.

FEES

Fees for Child Development Center programs are on a sliding scale. Subsidized service is available to eligible families.

NUTRITION

Breakfast, lunch, dinner and snacks are provided for all children enrolled, at no charge.

VISITS

We welcome and encourage you to visit the Center. An appointment made 1 or 2 days in advance is recommended. Call (818) 947-2931 for appointment.

STUDENT LAB AND EMPLOYMENT

Students, particularly Child Development majors, participate in the programs under the direct supervision of a Lead Teacher. Employment opportunities for assistant teachers are available for those who qualify; applications are available in the Child Development Center office.

LEAD TEACHERS

Lead Teachers at the Center are college faculty. The Lead Teachers supervise assistant teachers, who have completed a required number of Child Development units.

Admission Policy for Child Development Center

The Child Development Center affords all persons full and equal access, regardless of their sex, color, age, ethnic group identification, race, national origin, religion, mental or physical disability (including AIDS), creed, ancestry, pregnancy, marital status, medical condition, sexual orientation, or veteran status. (Reference: Government Code Section 11135, Education Code Section 200, LACCD Board Rule 1202). The Child Development Center programs refrain from religious instruction or worship.

NS 112 Care of Children and Family
Child Development Center
Rules for Observers

1. Be unobtrusive. Whenever possible, sit to observe.
2. Do not feel you must remain “rooted” to the first spot you choose for observing; stay in one place long enough to “see” and then move inconspicuously.
3. Do not initiate conversations with the children but be natural if a child speaks to you.
4. Avoid talking with other adults in the Child Development Center and commenting on the children when close to them.
5. Do not interfere in a situation which seems to need handling unless it involves real danger. This is the teacher’s job.
6. The teacher’s primary responsibility is to the children. The teachers are usually glad to answer questions, but, are often unable to do so during the school sessions. Wait until a rest-nap period to ask questions or discuss a child with the teacher.
7. RELAX and enjoy your experience.

Location: Los Angeles Valley College; Child Development Center; 5800 Fulton Avenue; Valley Glen; CA 91401; 818-947-2931.

Hours for the Experience: 9:00 am to 11:00 am

Attire: Casual but professional street clothes; halter tops, shorts, bare midriffs and flip-flops (thongs) are unsafe and unacceptable. Wear comfortable shoes that have toes and backs (such as your uniform shoes), and, your DOVE name pin. Depending on the time of year and weather, sunscreen, a hat or a light weight sweater are a good idea. No gum, candy, hot beverages or smoking will be permitted. A plastic bottle of water is permitted.

Report in with Instructor: Terry Teplin, Director, will begin the experience with a 10-15 minute orientation and tour of the facility.

Goal of the Experience: To see “well children in action” before beginning your experience with acutely and chronically ill children and to realize the effects of ill health on a child’s growth and development.

Assignment: As outlined in your syllabus.

**Los Angeles Valley College
NS 112 Care of Children and Family
Child Development Center Assessment Tool**

Student's Name: _____ Date of Observation: _____ Total Points: ____/10 points
Age Group Observed: _____ Length of Observation: _____ (hours + minutes)

1. Theoretical Development: (State the age- related developmental milestone as per each theorist and include a behavior demonstrating achievement of the milestone)

- A. Erikson:
- B. Fowler:
- C. Freud:
- D. Kohlberg:
- E. Piaget:

(Points: ____/1 point)

2. Physical Development:

- A. Size: (Estimate height and weight and compare these findings against the following criteria)
 - 1. In comparison to standardized norms:
 - 2. In comparison to other children of the same age who are present in the Day Care Center:

3. In comparison to ethnic/racial/gender/cultural/social background:
- B. Hygiene (Assess for age-appropriate data such as presence/absence of thumb sucking; nail biting; nose picking; washing of hands before/after eating/toileting; etc.)
 1. Indicators of adequate hygiene:
 2. Indicators of inadequate hygiene:
 3. Degree of dependence versus independence attained in self-care hygiene skills:
- C. Nutrition: (Calculate required fluids and calories and evaluate against the following criteria)
 1. Amounts and types of food/fluids ingested:
 2. Likes versus dislikes:
 3. Eating habits:
- D. Dress: (Correlate these findings to gender and activities and the weather)
 1. Indicators of appropriate dress:
 2. Indicators of inappropriate dress:
 3. Degree of dependence versus independence attained in self-care dressing skills:
- E. Coordination: (Correlate these findings to gender and developmental level)
 1. Management of small versus large muscle activities:

2. Management of spontaneous versus non-spontaneous movements:

F. Energy and Rest: (Correlate these findings to gender and culture and developmental level)

1. General activity level:

2. Rest period behaviors:

G. Speech: (Compare these findings to the age-appropriate norms such as pointing versus speaking; number of words in the vocabulary; use of pronouns/nouns/verbs/adjectives/etc.; construction of simple to complex sentences; a good talker but a poor listener or vice versa; comprehension of ideas through language alone versus object/action)

1. General assessment of speech patterns:

2. General assessment of speech behaviors:

(Points: ____/2 points)

3. Intellectual Development:

A. Attention Span: (Note the length of time [in minutes/seconds] required to complete a skill/task)

1. In comparison to standardized norms:

2. In comparison to other children of the same age who are present in the Day Care Center:

3. Child's areas of special interest(s):

4. Child's problem solving abilities/attempts/techniques:

- B. Ability To Follow Directions: (Note actions/reactions and time of response when given instructions)
1. Verbal versus demonstration types of instructions:
 2. Immediate versus delayed types of instructions:
- C. Acquired Level Of Knowledge: (Find out what age-appropriate information is known or unknown. Example: age/numbers/colors/etc.)
1. Demonstrated via direct eliciting:
 2. Demonstrated via indirect eliciting:
- (Points: ____/2 points)
4. Emotional Development: (Assess moods [happy/sad/angry/etc.] as they fluctuate and/or stabilize throughout the observation; control versus lack of control over feelings; need to have “my way”)
- A. Relationship with and reactions to self:
 - B. Relationship with and reactions to other children:
 - C. Relationship with and reactions to family (includes parents/grandparents/extended-expanded family members):
 - D. Relationship with and reactions to teachers/aides:
 - E. Relationship with and reactions to you:
- (Points: ____/1 point)

5. Social Development:

A. Play: (Compare play practices to established criteria and norms)

1. Method of play:

2. Type of play:

3. Child's role in play;

(Points: ____/2 points)

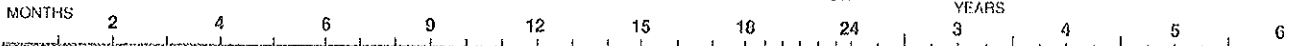
6. Summary Assessment and Comments: (Comprehensively evaluate development based on observed behaviors)

A. Conclusion and recommendations:

(Points: ____/2 points)

Developed By: Kathy Snider, RN, MSN, CNS
7/07; Revised 1/08; 7/09

Denver II

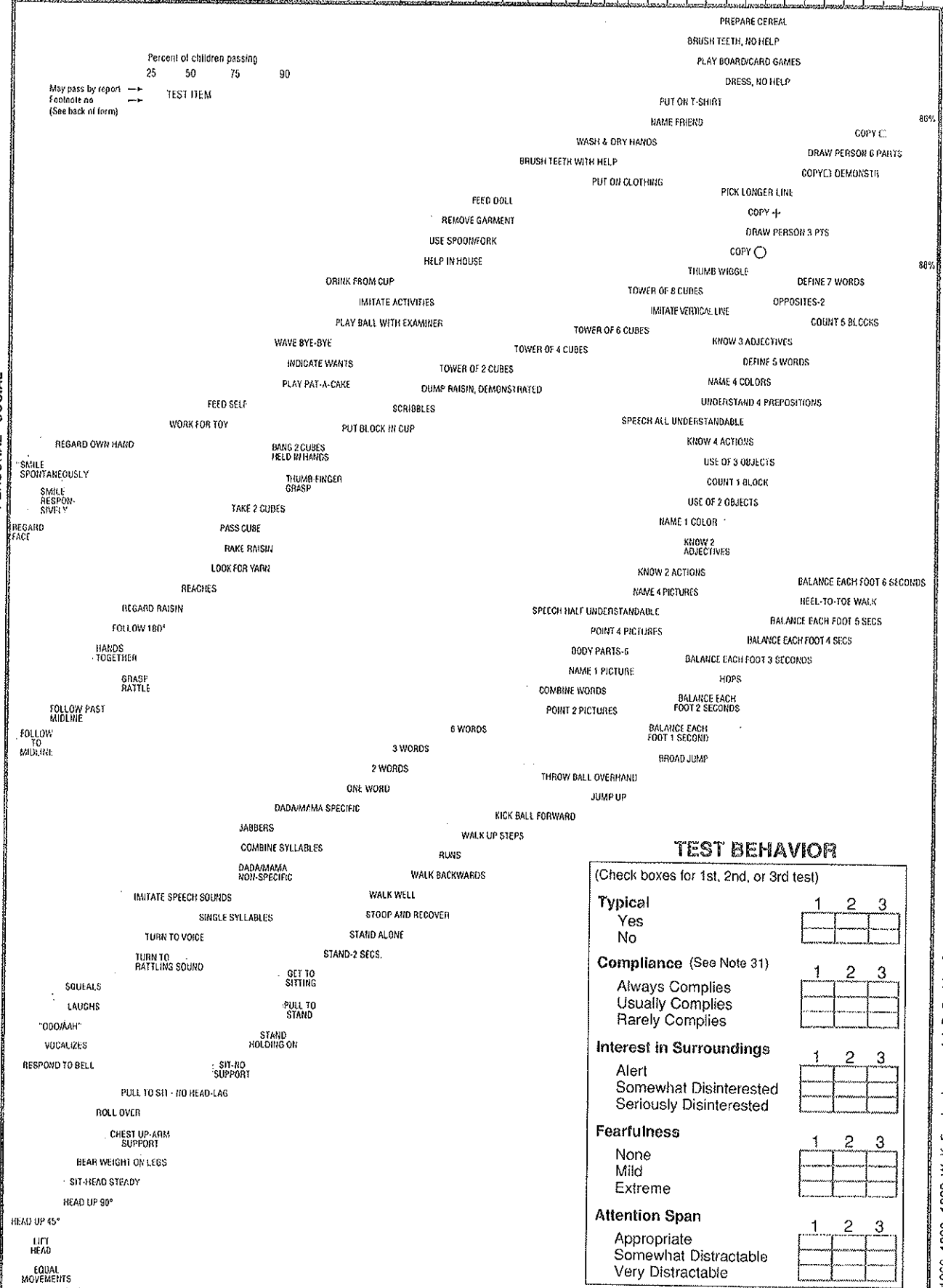


PERSONAL - SOCIAL
FINE MOTOR - ADAPTIVE
LANGUAGE
GROSS MOTOR

Percent of children passing
25 50 75 90

May pass by report
Footnote no
(See back of form)

TEST ITEM



TEST BEHAVIOR

(Check boxes for 1st, 2nd, or 3rd test)

Typical	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance (See Note 31)	Always Complies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Usually Complies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rarely Complies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in Surroundings	Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Somewhat Disinterested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Seriously Disinterested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearfulness	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extreme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	Appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Somewhat Distractable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very Distractable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIRECTIONS FOR ADMINISTRATION

1. Try to get child to smile by smiling, talking or waving. Do not touch him/her.
2. Child must stare at hand several seconds.
3. Parent may help guide toothbrush and put toothpaste on brush.
4. Child does not have to be able to tie shoes or button/zip in the back.
5. Move yarn slowly in an arc from one side to the other, about 8" above child's face.
6. Pass if child grasps rattle when it is touched to the backs or tips of fingers.
7. Pass if child tries to see where yarn went. Yarn should be dropped quickly from sight from tester's hand without arm movement.
8. Child must transfer cube from hand to hand without help of body, mouth, or table.
9. Pass if child picks up raisin with any part of thumb and finger.
10. Line can vary only 30 degrees or less from tester's line. ✓
11. Make a fist with thumb pointing upward and wiggle only the thumb. Pass if child imitates and does not move any fingers other than the thumb.



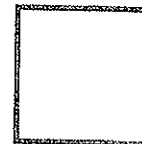
12. Pass any enclosed form. Fail continuous round motions.



13. Which line is longer? (Not bigger.) Turn paper upside down and repeat. (pass 3 of 3 or 5 of 6)



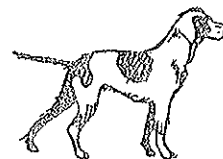
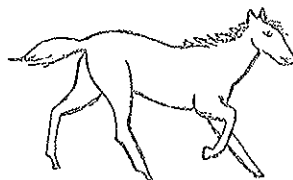
14. Pass any lines crossing near midpoint.




15. Have child copy first. If failed, demonstrate.

When giving items 12, 14, and 15, do not name the forms. Do not demonstrate 12 and 14.

16. When scoring, each pair (2 arms, 2 legs, etc.) counts as one part.
17. Place one cube in cup and shake gently near child's ear, but out of sight. Repeat for other ear.
18. Point to picture and have child name it. (No credit is given for sounds only.)
If less than 4 pictures are named correctly, have child point to picture as each is named by tester.



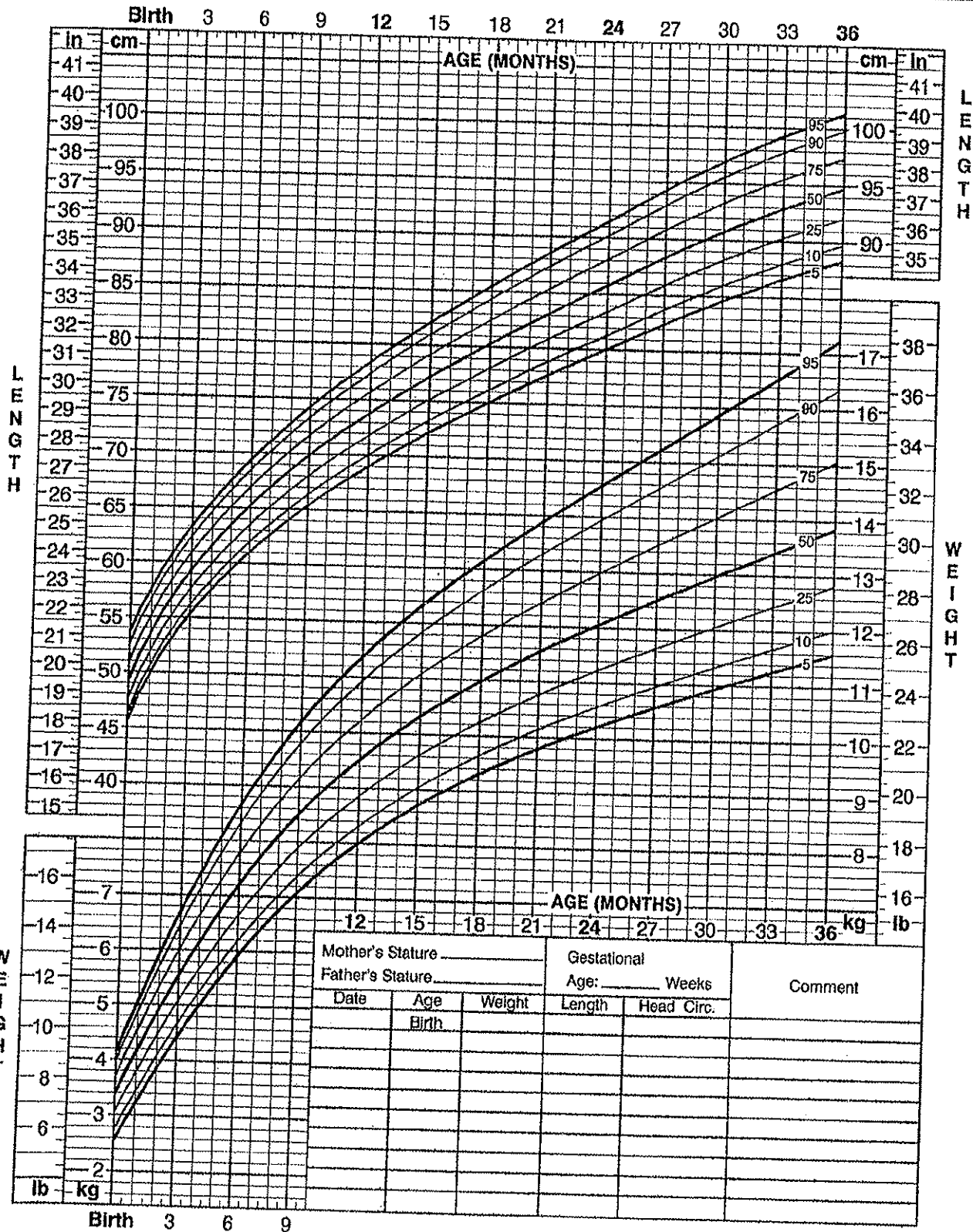
19. Using doll, tell child: Show me the nose, eyes, ears, mouth, hands, feet, tummy, hair. Pass 6 of 8.
20. Using pictures, ask child: Which one flies?... says meow?... talks?... barks?... gallops? Pass 2 of 5, 4 of 5.
21. Ask child: What do you do when you are cold?... tired?... hungry? Pass 2 of 3, 3 of 3.
22. Ask child: What do you do with a cup? What is a chair used for? What is a pencil used for?
Action words must be included in answers.
23. Pass if child correctly places and says how many blocks are on paper. (1, 5).
24. Tell child: Put block **on** table; **under** table; **in front of** me, **behind** me. Pass 4 of 4.
(Do not help child by pointing, moving head or eyes.)
25. Ask child: What is a ball?... lake?... desk?... house?... banana?... curtain?... fence?... ceiling? Pass if defined in terms of use, shape, what it is made of, or general category (such as banana is fruit, not just yellow). Pass 5 of 8, 7 of 8.
26. Ask child: If a horse is big, a mouse is ___? If fire is hot, ice is ___? If the sun shines during the day, the moon shines during the ___? Pass 2 of 3.
27. Child may use wall or rail only, not person. May not crawl.
28. Child must throw ball overhand 3 feet to within arm's reach of tester.
29. Child must perform standing broad jump over width of test sheet (8 1/2 inches).
30. Tell child to walk forward,  heel within 1 inch of toe. Tester may demonstrate.
Child must walk 4 consecutive steps.
31. In the second year, half of normal children are non-compliant.

OBSERVATIONS:

Birth to 36 months: Girls Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 4/20/01).
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



SAFER • HEALTHIER • PEOPLE™

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB	HepB	HepB		HepB		HepB		HepB			
Rotavirus ²				RV	RV	RV ²						
Diphtheria, tetanus, Pertussis ³				DTaP	DTaP	DTaP	see footnote ³		DTaP			DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴		Hib				
Pneumococcal ⁵				PCV	PCV	PCV		PCV			PPSV	
Inactivated Poliovirus ⁶				IPV	IPV			IPV				IPV
Influenza							Influenza (Yearly)					
Measles, Mumps, Rubella							MMR		see footnote ⁸			MMR
Varicella ⁹							Varicella		see footnote ⁹			Varicella
Hepatitis A ¹⁰							HepA (2 doses)				HepA Series	
Meningococcal ¹¹											MCV4	

Range of recommended ages for all children

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967. Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

Doses following the birth dose:

- The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
- Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
- The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.

2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days.
- If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- Hibrix should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13).
- A single supplemental dose of PCV13 is recommended for all children aged 14 through 59 months who have received an age-appropriate series of PCV7.
- A single supplemental dose of PCV13 is recommended for all children aged 60 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.

- The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7. See *MMWR* 2010;59(No. RR-11).

- Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.

6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

7. Influenza vaccine (seasonal). (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- For healthy children aged 2 years and older (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- Children aged 6 months through 8 years who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010–2011 seasonal influenza vaccine. See *MMWR* 2010;59(No. RR-8):33–34.

8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.

9. Varicella vaccine. (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer 2 doses at least 6 months apart.
- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

11. Meningococcal conjugate vaccine, quadrivalent (MCV4). (Minimum age: 2 years)

- Administer 2 doses of MCV4 at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
- Persons with human immunodeficiency virus (HIV) infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
- Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
- Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years if the first dose was administered at age 2 through 6 years.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/recs/acip>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

Department of Health and Human Services • Centers for Disease Control and Prevention

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2011

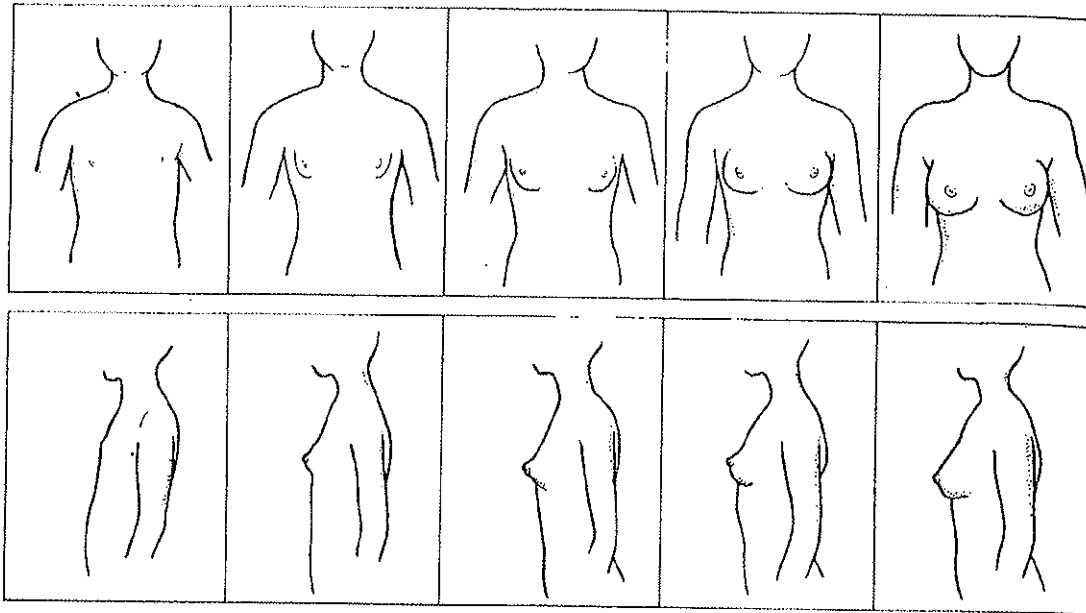
For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, Diphtheria, Pertussis ¹			Tdap	Tdap	Range of recommended ages for all children
Human Papillomavirus ²	see footnote ²		HPV (3 doses)(females)	HPV Series	
Meningococcal ²		MCV4	MCV4	MCV4	Range of recommended ages for catch-up immunization
Influenza ⁴		Influenza (Yearly)			
Pneumococcal ¹		Pneumococcal			Range of recommended ages for certain high-risk groups
Hepatitis A		HepA Series			
Hepatitis B		Hep B Series			
Inactivated Poliovirus ³		IPV Series			
Measles, Mumps, Rubella		MMR Series			
Varicella ⁵		Varicella Series			

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

- Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum age: 10 years for Boostrix and 11 years for Adacel)
 - Persons aged 11 through 18 years who have not received Tdap should receive a dose followed by Td booster doses every 10 years thereafter.
 - Persons aged 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
 - Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Human papillomavirus vaccine (HPV).** (Minimum age: 9 years)
 - Quadrivalent HPV vaccine (HPV4) or bivalent HPV vaccine (HPV2) is recommended for the prevention of cervical precancers and cancers in females.
 - HPV4 is recommended for prevention of cervical precancers, cancers, and genital warts in females.
 - HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts.
 - Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- Meningococcal conjugate vaccine, quadrivalent (MCV4).** (Minimum age: 2 years)
 - Administer MCV4 at age 11 through 12 years with a booster dose at age 16 years.
 - Administer 1 dose at age 13 through 18 years if not previously vaccinated.
 - Persons who received their first dose at age 13 through 15 years should receive a booster dose at age 16 through 18 years.
 - Administer 1 dose to previously unvaccinated college freshmen living in a dormitory.
 - Administer 2 doses at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
 - Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
 - Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
 - Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older).
- Influenza vaccine (seasonal).**
 - For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
 - Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- Pneumococcal vaccines.**
 - A single dose of 13-valent pneumococcal conjugate vaccine (PCV13) may be administered to children aged 6 through 18 years who have functional or anatomic asplenia, HIV infection or other immunocompromising condition, cochlear implant or CSF leak. See *MMWH* 2010;59(No. RR-8):33–34.
 - The dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
 - Administer pneumococcal polysaccharide vaccine at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.
- Hepatitis A vaccine (HepA).**
 - Administer 2 doses at least 6 months apart.
 - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, or who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
- Hepatitis B vaccine (HepB).**
 - Administer the 3-dose series to those not previously vaccinated. For those with incomplete vaccination, follow the catch-up schedule.
 - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.
- Inactivated poliovirus vaccine (IPV).**
 - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- Measles, mumps, and rubella vaccine (MMR).**
 - The minimum interval between the 2 doses of MMR is 4 weeks.
- Varicella vaccine.**
 - For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
 - For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
 - For persons aged 13 years and older, the minimum interval between doses is 4 weeks.

NS 112 Care of Children and Family
Tanner's Stages of Sexual Development



STAGE 1
Preadolescent;
elevation of papilla
only

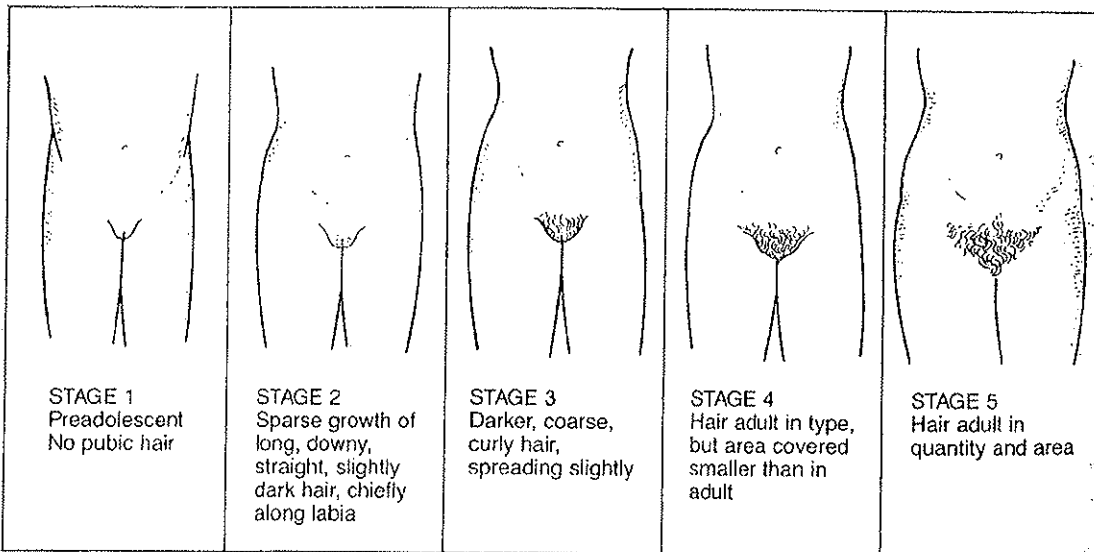
STAGE 2
Breast bud stage;
elevation of breast
and papilla as
small mound;
enlargement of
areolar diameter

STAGE 3
Further
enlargement of
breast and areola
with no separation
of their contours

STAGE 4
Projection of
areola and papilla
to form secondary
mound above level
of breast

STAGE 5
Mature;
projection of
papillae only;
recession of areola
into contour of
breast

5 Stages of Female Breast Development



STAGE 1
Preadolescent
No pubic hair

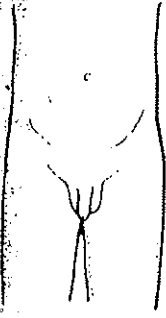
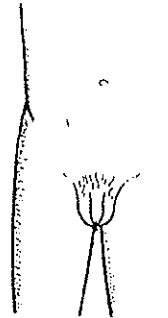
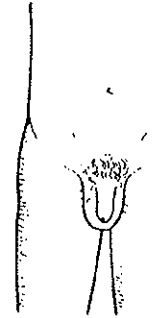
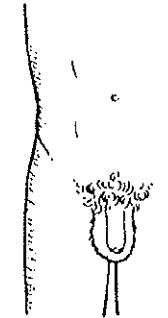

STAGE 2
Sparse growth of
long, downy,
straight, slightly
dark hair, chiefly
along labia

STAGE 3
Darker, coarse,
curly hair,
spreading slightly

STAGE 4
Hair adult in type,
but area covered
smaller than in
adult

STAGE 5
Hair adult in
quantity and area

5 Stages of Female Pubic Hair Development

				
<p>STAGE 1 Preadolescent: genitals are the same size and proportion as childhood No pubic hair</p>	<p>STAGE 2 Enlargement of scrotum and testes, but not penis; scrotal skin reddens and changes texture Sparse growth of downy, straight, slightly dark hair, chiefly at base of penis</p>	<p>STAGE 3 Penis enlarges in length; further growth of scrotum and testes Darker, coarse, curly hair, beginning to spread out</p>	<p>STAGE 4 Penis increases in breadth and growth of glands; darkening of scrotal skin Hair adult in type, but area covered smaller than in adult</p>	<p>STAGE 5 Genitals adult in size and shape Hair adult in quantity and distribution</p>

5 Stages of Male Genital Development