Sessions 1,2,3,4	Participant Guide Supervising for Safety Legally Nonlicensed
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Session One

Learning Objectives:
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:

- Identify best practices around supervision for children.
- Examine and address supervision challenges experienced by legally nonlicensed caregivers.
- Identify signs within a young child of potential neglect and abuse, including abusive head trauma (AHT).
- Discuss and develop safe sleep practices.

Time (Minutes)	Section Overview – Key Concepts	Overview of teaching technique for section
35	**A. Welcome** Introduction to Supervision Basics	• Large group discussion • Individual reflection • Pair/share • Mini-Lecture
20	**B. Daily Supervision**	• Large group discussion • Small group discussion
25	**C. Indoor Hazards**	• Mini-Lecture • Large group discussion • Small group discussion • Pair-share
30	**D. SUIDS/AHT** **Abuse and Neglect**	• Mini-Lecture • Large group discussion • Individual reflection
10	**E. Closing final review of course objectives**	• Larger group reflection and discussion

Session One Field Work 1: Complete the self-assessment on the **Home Safety Checklist** noting if this is part of your practice or you have this item OR you need to strengthen this item. Participants can add to the checklist depending on their individual environments. Be prepared to share next time.

Session One Field Work 2: Complete two sections of the **Supervising for Safety Implementation Plan** identifying your current practice and plan of action. This could be aligned with your self-assessment.

What is my role with Children?

Manager Teacher Nurse Listener Mom Problem Solver

Instructor	Cook	Negotiator	Supervisor	Cheerleader	Encourager
Monitor	Fixer	Boss	Dad	Grandparent	Corrector

Effective Supervision

Effective supervision is a major concern for families and caregivers and crucial to offering safe, healthy environments on a day-to-day basis. As it pertains to those who care for children, the American Academy of Pediatrics recommends infants, toddlers, and preschool age children be directly supervised by sight and sound at all times, while school-age children are supervised by sound at all times. -*National Health and Safety Performance Standards. (2013). Guidelines for Early Care and Education Programs Stepping Stones to Caring for Our Children. 3ed.* Often maintaining even these basic supervision regulations can be challenging.

Effective supervision is proactive, dynamic, and positive. It involves:

- Understanding the developmental skills and abilities of each child in the program.
- Establishing clear, simple safety rules and teaching those to the children.
- Maintaining awareness of potential safety hazards.
- Being strategic with caregiver location in the program (Can the caregiver see and hear every child from their position?).
- Constantly circulating amongst the various activities, children-at-play, and program.
- Using positive language and proactive strategies to promote safety with the children.

Adapted from- *National Health and Safety Performance Standards. (2013). Guidelines for Early Care and Education Programs Stepping Stones to Caring for Our Children. 3ed.*

Additionally:

- Children must be supervised at all times.
- Blind spots or potential hiding areas should be minimized or eliminated.
- Caregivers should intervene quickly when problems arise, promoting conflict resolution and problem solving.
- Remind parents to notify you when their child will be absent. **Look Before You Lock Pledge**: http://www.acf.hhs.gov/sites/default/files/occ/look_before_you_lock_pledge.pdf?nocache=13451442 17

Interaction Scenarios

Reading through the scenarios, answer these questions:

1. What are the potential supervision challenges in this scenario?
2. What could be done to eliminate (or minimize) the potential supervision challenges in this scenario?
3. What would best practices be in each scenario?

It is time to head outside with all of the children. It is a cold day, and the children need boots due to the wet weather as well as hats and mittens. The caregiver helps a few children get ready, and sends them outside as she finishes getting the other children ready. The children run out the door and go around the corner of the house to where the playground is located.

In the past month, Jose's grandchildren have fallen or had other minor accidents on the outdoor playground. Their scheduled times for playing outdoors are 11:00 to 11:45 AM and 3:45 to 4:30 PM. What would you do differently to possibly avoid these accidents?

Mary Ellen is taking care of a friend's children in a downtown area of a major city. It is very close to a city park and an inner-city elementary school. She is concerned about the safety of the neighborhood that her house is in. What steps might she take to maximize the safety of the children in care?

Juliette who has a children of her own as well as her sisters' children in her care. There is a three-month-old, a six-month-old, a 14-month-old, a two-year-old, and two four-year-old children. What steps should she take to make her home safe for all the children? What difficulties might she encounter?

Creating Safe Sleep Environments

• Infants shall be placed on their back to sleep. • Infants who roll onto their stomach after being placed to sleep may be allowed to remain on their stomach if they are at least 6 months of age. • Infants must be placed in a crib on a firm mattress with a fitted sheet that is appropriate to the mattress size, fits tightly on the mattress, and overlaps the underside of the mattress so that it cannot be dislodged by pulling on the corner with reasonable effort.	• Nothing shall be placed in the crib with the infant except for the infant's pacifier. • If an infant falls asleep before being placed in a crib, the caregiver needs to move the infant to a crib as soon as practicable. • When an infant falls asleep while being held, the caregiver must consider the supervision needs of other children in care when determining how long to hold the infant before placing the infant in a crib to sleep. • Swaddling is not recommended.

Supervising for Safety Implementation Plan

To consider how supervising for safety will work for you, use the following tool.

Key Strategy	Current Practice	Action Step
Identify and limit distractions		
Stay focused		
Set up the environment		
Listen		

Anticipate children's behavior		
Engage and redirect		

Home Safety Checklist Self-Assessment

Evaluate your home to see if it meets the following criteria

Prevention and control of infectious diseases
1. *Individual bedding is provided for each child.*
2. Clean towels & washcloths are provided daily or are disposable after use.
3. Caregiver and child's hands are washed before and after eating and preparing food.
4. Caregiver and child's hands are washed after changing diapers or toileting.
5. Food is handled and properly stored to prevent contamination, spoilage, or a threat to health. This includes proper storage of human milk and infant formula.
6. Caregiver has documentation of all children's immunization status or legal exemptions.
Reducing the risk of sudden unexpected infant death
1. *A safe crib or mesh-sided or fabric-sided play yard, pack and play, or playpen is used for each infant in care. Cribs should be in good condition and not recalled (by the Consumer Product Safety Commission on cpsc.gov).*
2. Infants younger than one year of age in care must be placed to sleep on their back, in a crib, directly on a firm mattress.
3. If an infant is not placed to sleep on their back, there must be documentation from the infant's physician directing an alternative sleeping position in the crib for the infant.
4. The crib's firm mattress must have a fitted sheet, appropriate to the mattress size that fits tightly on the mattress, and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort.
5. Nothing is placed in the crib with the infant except for the infant's pacifier.
6. All caregivers agree to comply with the safe sleep requirements in this section.
Abusive head trauma
1. The caregiver has taken a course on Abusive Head Trauma.
2. Provider has a safety plan for if they are stressed or agitated to avoid taking it out on children.
Administration of medication
1. *The caregiver has prior written permission and written instructions from the child's parent/guardian for any prescription and non-prescription medications dispensed to the child.*

2. *Caregivers ensure sun safety by keeping infants under 6 months out of direct sunlight, limit sun exposure when ultra violet rays are strongest and apply sunscreen with written permission of parents/guardians following manufacturer instructions.*
Prevention and response to emergencies due to food and allergic reactions
1. The caregiver has documentation for each child in their care that shows: • *Whether or not each child has any known allergies.* • *If so, what an allergic reaction may look like for the child, and;* • *How the caregiver can help the child avoid an allergic reaction, and;* • *How the caregiver should respond in the event of an allergic reaction.*
Building and physical premises safety
1. Exit doors and windows are not obstructed and are easily opened from the inside.
2. The wiring appears safe throughout the home; no known hazards exist. Electrical devices accessible to children are not located where they could be plugged in by someone in contact with water.
3. Extension cords are appropriately used and are not used in place of permanent wiring.
4. A fire extinguisher with a minimum rating of 2A:10BC is maintained in the kitchen cooking area.
5. All smoke detectors are properly installed, appropriately located, and maintained in proper operating condition.
6. All interior doors can be unlocked from the outside and the opening device is readily accessible in case of emergency.
7. The water temperature does not exceed 120 degrees Fahrenheit or there is a method to prevent access and/or ensure supervision when water temperature is greater than 120 degrees.
8. Fireplaces, wood burning stoves, and hot surfaces are protected by guards to prevent burns.
9. Knives, tools, matches, and other potentially hazardous materials are inaccessible to children.
10. Combustible items are properly stored at least 36" from any heating sources.
11. Dirt and trash is adequately cleared/contained.
12. Home is free of rodents, insects, and excessive amounts of peeling paint.
13. Weapons and ammunition must not be visible and must be stored separately in locked areas. Parents have been notified if firearms are present in the home and aware of the provider's storage policy.
14. *There is a safe water supply in the residence. Water from privately-owned wells is tested annually by a certified laboratory OR the provider uses bottled water for cooking & drinking.*
15. The sleeping space for children in care has two exits.
16. *Stairs are guarded by safety gates if there are children 18 months or younger cared for in the home.*
17. Accessible electrical outlets are "tamper-resistant electrical outlets" or have safety covers/plugs.
18. Strings and cords long enough to encircle a child's neck are not accessible to children.
19. Children are supervised by sight or sound and protected from hazards indoors and outdoors (water, streets, equipment, etc..). Children under the age of six should never be inside or outside by themselves.
20. If there is climbing equipment on the premises:

• *It is not placed over or immediately next to hard surfaces.* • *It is placed over shock absorbing material.* • *It is checked daily for safety.*
21. *If there are pets in the home:* • *Current rabies vaccination documentation is on site.* • *Pet food and water is inaccessible to children.* • *Animal feces is inaccessible to children (litter boxes inaccessible, yard and other areas free of feces).*
22. *If there is a pool on the premises:* • *Constant supervision should be maintained if a child is in or around water.* • *If an infant or toddler is present, ratio must be 1 adult for each infant/toddler during swimming activities.* • *Supervision for wading or water play should be within arm's length.* • *Pools must have drain covers in compliance with Virginia Graeme Baker Pool & Spa Safety Act.* • *Each pool more than 6ft in width, length or diameter is provided with a ring, buoy, and rope, rescue tube or throwing line and shepherd's hook that will not conduct electricity stored safety and conveniently for immediate access.*
Emergency preparedness
1. *Provider has written emergency procedures*
2. *Emergency numbers, such as 9-1-1 and poison control, are posted in an easily accessible location.*
3. *The provider has a flashlight, telephone and radio that do not rely on electricity to operate.*
4. *The provider regularly practices safety drills with children. Drills are recorded.*
Handling and storage of hazardous materials and appropriate disposal of bio-contaminants
1. *Chemicals, detergents, and other toxic substances are stored separately from food products and are inaccessible to children.*
2. *Medication is inaccessible to children.*
3. *Provider uses universal precautions, including wearing gloves, when handling blood and potentially infectious body fluids.*
4. *Provider use integrated pest management solutions. Toxic pest control materials are inaccessible to children.*
5. *A smooth, non-absorbent surface is used to change diapers on this surface is disinfected when soiled with a solution of 2 tsp bleach to 1 quart of water.*
Precautions in transporting children
1. *When transporting children, age appropriate restraints which comply with state law are used. See https://dps.mn.gov/divisions/ots/child-passenger-safety/*
2. *Provider has written permission from the child's parent or guardian to transport children.*
Recognition and reporting of child abuse and neglect
1. *Phone numbers to report child abuse and neglect are posted in an easily accessible location.*
Developmental needs of children
1. *A sufficient number of safe, developmentally-appropriate play materials are available for the child/ren's use. Materials are checked daily to ensure they are sturdy, safe, in good repair and meet the recommendations of the Consumer Product Safety Commission (CPSC).*

2. *Children are not exposed to adult-only media content. Adult-only media content could include films rated PG-13 and above, TV rated TV-MA, music with Parental Advisory labels and video games with ESRB ratings of Teen, Mature 17+ and Adults Only 18+.*
3. *No child shall be subject to corporal punishment or emotional abuse. Behavior guidance used by caregivers must be constructive, positive and suited to the age of the child. Methods of intervention, guidance, and redirection must be used.*
4. *Children have access to areas for large motor play including outdoor play when weather permitting.*
5. *If there are children in care with special needs, provider has a written plan completed by the child's health care provider and/or parents.*

First Aid and CPR

1. *Provider has sufficient first aid supplies to treat injuries that could occur. Supplies include:*
   - *Disposable, non-porous gloves*
   - *Adhesive Band-Aids of assorted sizes*
   - *Sealed packages of alcohol wipes or antiseptic wipes*
   - *Scissors*
   - *Tweezers*
   - *Thermometer*
   - *Bandage tape*
   - *Sterile gauze pads (2" and 3")*
   - *Flexible roller gauze (1" and 2" widths)*
   - *Triangular bandages*
   - *Cold pack*
   - *Water*
   - *Soap*
   - *Resealable plastic bags (one gallon size) for soiled materials*
   - *Pen/pencil and notepad*
   - *Current First Aid Guide (Academy of Pediatrics or American Red Cross)*
   - *Emergency phone numbers (911 emergency notification, Poison Control Center, etc.)*
   - *Emergency medications or supplies prescribed for each child with special health needs*

2. *The provider brings the first aid kit with on trips or has a separate first aid kit in the vehicle when transporting children.*

Other

1. *Tobacco, alcohol and illegal drugs are not be used on site or in vehicles when children are present and are in accessible to children.*
2. *Clean, sanitary drinking water is readily accessible indoors and outdoors throughout the day. Infants are not given water in the first 6 months of life, but can be given extra human milk or formula on hot days.*
3. *Infant bottles and foods are served cold or, if warmed, are not warmed in a microwave. Warming devices are inaccessible to children.*
4. *Caregivers ensures meals meet the USDA guidelines and do not contain choking hazards for children under four years of age.*
5. *Caregivers maintain confidential files for each child. Each file contains:*
   - *Contact and other important information needed to care for the child.*
   - *Initial and updated health care assessments completed and signed by the child's health care provider.*
   - *Authorization for emergency medical care.*
   - *Record of persons authorized to pick up child.*

USDA Food Guidelines *for more information see:* **https://www.cnpp.usda.gov/dietary-guidelines**

- Follow a healthy eating pattern across the lifespan. Eating patterns are the combination of foods and drinks that a person eats over time.
- Focus on variety, nutrient-dense foods, and amount
- Limit calories from added sugars and saturated fats, and reduce sodium intake
- Shift to healthier food and beverage choices
- Support healthy eating patterns for all Healthy eating patterns include a variety of nutritious foods like vegetables, fruits, grains, low-fat and fat-free dairy, lean meats and other protein foods and oils, while limiting saturated fats, trans fats, added sugars and sodium.

Session Two

Learning Objectives:
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will be able to:

- Define the difference between cleaning, sanitizing and disinfecting.
- Identify five components necessary to maintain a clean and healthy environment.
- Describe effective hand-washing techniques and when they should be utilized.
- Explain appropriate diapering and toilet-training procedures.
- Recognize potential infectious diseases and blood-borne pathogen exposure incidents and identify procedures for effective prevention, exposure precaution, containment and proper disposal.
- Distinguish potential environmental hazards and identify procedures for effective handling, storage and disposal of bio containments.

Time (Minutes)	Section Overview – Key Concepts	Overview of teaching technique for section
10	**A. Intro and Welcome** • Review of field work	• Large group discussion • Pair share
10	**B. Universal and Standard Practice**	• Large group discussion • Small group discussion • Small group activity
20	**C. Clean, Sanitize & Disinfect**	• Large group discussion • Brainstorm
10	**D. Handwashing**	• Large group discussion • Role Play
15	**E. Diapering and Toileting**	• Large group discussion • Small group activity
20	**F. Health and Wellness Maintenance**	• Large group discussion • Individual Activity and Reflection
25	**G. Environmental Hazards**	• Large group discussion • Brainstorm
10	**H. Closing & final review of course objectives**	• Large group discussion

Cleaning and Disinfecting Sanitizing Solutions

Bleach Water:

• Mix ¼ cup bleach in 1 gallon of water, or mix 2 tablespoon bleach in 1 quart of water.

• Place bleach water mix in labeled (with date when made) spray bottles out of reach of children.

• Wash surfaces first with soap or detergent and water.

• Spray on sanitizing solution and allow to air dry.

• Replace solution daily.

2 Tablespoons Bleach + 1 quart water + Use in spray bottle

Commercial Disinfecting Sanitizing Solutions:

- Mix per directions on the label.
- Place disinfecting sanitizing solution in labeled (with date when made) spray bottles out of reach of children.
- Wash surfaces first with soap or detergent and water.
- Spray on sanitizing solution and allow to air dry.
- Replace solution daily (or as outlined on label).

Cleaning, Disinfecting, and Sanitizing Routines

Cleaning: All-purpose liquid detergents and water are used to remove dirt, urine, or vomit by washing and scrubbing.
Sanitizing: Soap, detergents, and abrasive cleaners are used to remove filth, soil, and a small amount of bacteria. To be considered sanitary, surfaces must be clean and germs must be reduced to a level at which disease transmission is unlikely.

Disinfecting: A solution of bleach and water is used to eliminate practically all germs from surfaces.
*adapted from Robertson, C. (2015). *Safety, nutrition, health in childcare*. Boston, MA: Cengage Learning

Determine the Routine Cleaning/Sanitizing/Disinfecting for the following:

- **Diaper changing area, toilets, and potty chairs**
- **Bathroom**
- **Food preparation surfaces and kitchen**
- **Play Areas**
- **Mops and cleaning rags**
- **Cribs and Cots**
- **Toys**
- **Large toys/materials**
- **Countertops, tables, and chairs, highchairs**
- **Floors**
- **Garbage**

Handwashing

Effective hand-washing is one of the best ways to prevent illness and the spread of germs.

To thoroughly and effectively wash hands, follow these steps:

1. Turn on the water and adjust to a warm temperature.

2. Wet both hands under the running water.

3. Apply liquid soap to hands.

4. Briskly rub the hands together until a soapy lather appears and continue for at least 20 seconds.

5. Thoroughly wash all areas of both hands including between fingers, around nail beds, under fingernails and jewelry, palms, backs of hands, and wrists.

6. Rinse hands thoroughly under running water until they are free of all soap and dirt.

7. Dry hands with a clean, disposable paper towel.

8. Turn water off with a paper towel.

9. Throw the paper towel into a lined trash container.

Diaper Changing

Diaper changing is a simple procedure that quickly becomes routine. Follow the safe, sanitary process listed below to decrease the spread of illness and promote wellness among children and caregivers.

Step 1: Get organized. Before bringing the child to the diaper changing area, perform hand hygiene, gather and bring supplies to the diaper changing area.
Step 2: Carry the child to the changing table, keeping soiled clothing away from you and any surfaces you cannot easily clean and sanitize after the change.
Step 3: Clean the child's diaper area.
Step 4: Remove the soiled diaper and clothing without contaminating any surface not already in contact with stool or urine.
Step 5: Put on a clean diaper and dress the child.
Step 6: Wash the child's hands and return the child to a supervised area.
Step 7: Clean and disinfect the diaper-changing surface.
Step 8: Wash hands

Match the Common Childhood Diseases with the Signs and Symptoms

Croup, Pink Eye, Impetigo, Respiratory Infection, Hand, Foot and Mouth

Common Childhood Diseases	Signs and Symptoms
	Redness, itching, pain and drainage from the eyes, possibly fever
	Runny nose, low grade fever, sore throat, blister like rash in mouth, palms and fingers of hands, bottom of feet or buttocks.
	Sores on the skin that may have thick golden yellow discharge that dries, crusts, and sticks to the skin.
	Runny nose, sore throat, mild cough and fever. Several days There may be a dry cough and hoarseness. Rapid breathing or making a noise when taking a breath. Cough may be worse at night.
	Runny nose, chills, muscle aches, sore throat. Sneezing and coughing more than usual. May include fever.

Session Two Field Work 1: Use the information about Universal Sanitary Hand Washing Procedures to critique hand washing. You will observe hand washing practices by watching **two** people wash their hands. If you cannot do this in your own home setting, you can do this assignment anywhere --- with your family when they are in the kitchen, in a public bathroom. If you do this in a public setting, you may not want to be too obvious and freak everyone out ☺ Pay attention to how you wash your hands (you can be one of the people you observe). Did they wash their hands correctly? What steps did they miss? What areas of their hands or wrists were missed? Explain.
Session Two Field Work 2: Complete two sections of the **Supervising for Safety Implementation Plan** identifying your current practice and plan of action.

Session Three

Learning Objectives:
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:

- Discuss how you expect children to act (what to do, what not to do).
- Discuss how routines and surroundings make a difference for children's behavior.
- Notice and plan for challenging behavior.

Time (Minutes)	Section Overview – Key Concepts	Overview of teaching technique for section
25	**A. Welcome**	• Large group activity/discussion • Presentation • Individual Reflection
15	**B. Rules**	• Brainstorming • Large group activity/discussion
15	**C. Guidance Strategies**	• Individual Reflection • Large & small group discussion • Mini-lecture
20	**D. Role of Environments & What Child Development Scientists say**	• Large group discussion • Mini Lecture • Pair-share
20	**E. Family Routine Guide**	• Large Group Discussion • Case study • Pair-share
20	**F. Problem Solving and Talking with Parents**	• Role Play • Presentation • Reflection
5	**G. Wrap Up and Close**	• Larger group discussion • Reflection and Pair-Share

Guiding behavior:

Ways adults may teach children what they are supposed to do and not do*

Describe what you expect to see Show/model the behavior Ask the child to tell you the rule Use a loud voice (yell) Take away something the child likes Threaten to take away something the child likes Notice and say when the child is doing something right Be proactive: stand near the child who seems to be starting to have a problem.	Teach by telling a story Redirect Be proactive: notice another child who is behaving appropriately ("Miriam is sitting and ready to eat. Thank you, Miriam.") Take a break Tell the child not to do something Tell the child's parent Give the child a choice (For example, "you can pick up the blocks or you can pick up the doll clothes.") Explain *why* a behavior is ok or not ok.

To think about:

What other approaches or strategies can/do you use?
Which strategies correct behavior and what helps the child know what TO do?
Which strategies result in compliance in the moment and which ones are more likely to teach for long term benefits?
How do you adjust your strategies by the age of the child? How do you adjust by the individual child's personality?

**Not all of these strategies are effective or recommended. They are a list of things that adults may do, but the purpose is to think about what is most effective for helping the child manage their own behavior over the long term.*

Family Planning Sheet

What _____(child name) does during _____ (routine).
Why I think he/she does this?

What can I do to prevent the problem behavior?	***What can I do if the problem behavior occurs?***	***What new skills should I teach?***

Session Three Field Work 1: Think about a past challenging behavior you are coping with or even a current one. Use the internet to obtain at least two resources designed to assist you in constructively dealing with children with this challenging behavior (examples could include: hitting, biting, or transition from leaving parents in morning). Write the names of the resources and how to find them on paper. Be prepared to share resource with the class next session.

Session Three Field Work 2: You are a caregiver about to begin your first year in an encouraging environment. You wish to begin on a positive note and help focus the children positively. Explain whether you will establish routines, schedules and rules as you help the child to settle into daily classroom activities and experiences. Write down a typical schedule you will follow for the day, the rules you will have for children and routines in the environment.

Session Three Field Work 3: Complete two more sections as they relate to this session of the **Supervising for Safety Implementation Plan** identifying your current practice and plan of action. Bring these to class.

Session Four

Learning Objectives:
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:

- Identify supervision techniques for a safe environment outside and in the community.
- Determine supervision needs in five emergency preparedness precautions.
- Recognize elements of a safe environment crucial to preventing and reducing injuries and illnesses.

Time (Minutes)	Section Overview – Key Concepts	Overview of teaching technique for section
10	**A. Intro to Session**	• Presentation • Small group discussion
30	**B. Outdoor Supervision**	• Presentation • Large group activity and discussion • Individual Activity
10	**C. Material Hazards**	• Presentation • Small group discussion
25	**D. Emergency Preparedness**	• Presentation • Large Group Discussion • Brainstorm • Individual Activity
25	**E. Injury, Illness, Medication Administration, Allergies and Asthma**	• Presentation • Small group discussion • Brainstorm
10	**F. Special Circumstances**	• Large group discussion
10	**G. Closing final review of course objectives**	• Individual reflection and discussion

Tips for Supervising Outdoors

Tips for Emergency Preparedness

Medication Administration Tips

If a caregiver must give medications, follow these requirements and best practices as outlined in the 5 rights of Medication Administration:

The right patient*- Before administering medication, make sure the name of the child on the medication and the child receiving the medication are the same person.*

The right drug*- Compare the instructions on the label to the instructions the parent wrote with the written permission to give the medication to be sure they are the same. Make sure the medication is current or un-expired.*

The right dose*- Parents should provide an accurate measuring device with the medication. Administer medication according to the directions.*

The right route & procedure*-Wash hands prior to administering medication. Medications are designed for the specific opening and surface of the body where they are to be used, such as: Mouth (oral liquids/drops, tablets, capsules), Eye (ophthalmic drops and ointments), Ear (otic drops), Nose (nasal drops and sprays), Airway (inhaled aerosols and powders), Rectum (rectal — usually suppositories), Skin (lotions, creams, ointments) therefore follow the directions provided by the health care professional. Never mix medication in a baby bottle, in water, or juice unless the instructions to do so come from the child's health care professional.*

The right time *- Check with the parent daily to see when the last dose was given to be sure when the next dose is due. Doses that must be given multiple times each day should be as evenly spaced during the*

child's waking hours as possible. Record the dosage and time medication was administered. When a medication course is complete, expired, or empty, return medicine containers to families for disposal.

And finally, all medication (including caregiver over-the-counter or prescription medications) should be stored in an inaccessible location.

Supervising for Safety

Adapted from Early Childhood National Centers (2016). *Active supervising at-a-glance.* Retrieved from, http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/safety-injury-prevention/safe-healthy-environments/active-supervision.html

The strategies listed below assist child/ren to safety explore the environment. Review the Supervising for Safety Implementation Plan to determine action steps.

Set Up the Environment Caregivers set up the environment so that they can supervise children and be accessible at all times. When activities are grouped together and furniture is at waist height or shorter, adults are always able to see and hear children. Small spaces are kept clutter free and big spaces are set up so that children have clear play spaces that caregivers can observe.	**Listen** Specific sounds or the absence of them may signify reason for concern. Caregivers who are listening closely to children immediately identify signs of potential danger. Caregivers that think systemically implement additional strategies to safeguard children.
Attention Caregivers are always able to account for the children in their care. They continually scan the entire environment to know where everyone is	**Position** Caregivers carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so

and what they are doing. They count the children frequently. They are attentive to children's needs.	that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Caregivers stay close to children who may need additional support. Their location helps them provide support, if necessary.
Anticipate Children's Behavior Caregivers use what they know about each child's individual interests and skills to predict what he/she will do. They create challenges that children are ready for and support them in succeeding. But they also recognize when children might wander, get upset, or take a dangerous risk. Information from the daily health check (e.g., illness, allergies, lack of sleep or food, etc.) informs caregivers' observations and helps them anticipate children's behavior. Caregivers who know what to expect are better able to protect children from harm.	**Engage and Redirect** Caregivers use what they know about each child's individual needs and development to offer support. Caregivers wait until children are unable to solve problems on their own to get involved. They may offer different levels of assistance or redirection depending on each individual child's needs.

References

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