

Family Child Care	Participants' Guide Active Supervision: Children with Special Needs
This module is part of the mandatory pre-service training for Family Child Care providers 2013	2 hours

Primary Core Competencies and CDA Content Area

The Primary Core Competencies and CDA Content Area are listed here to help participants understand how these topics meet the child care Rule 3 training requirements.

Core Competencies: Health, Safety, and Nutrition

VI-1 Actively supervises and interacts with children to ensure safety indoors

CDA Content Area: Safe, Healthy, Learning Environment

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 MN Rule 2 Licensing standards, National Association of Family Child Care standards, and best practices regarding supervision in inclusive family child care settings.
- Examine and address supervision challenges experienced in an inclusive family child care program
- Examine and address chronic illness in an inclusive family child care program

Session Outline

Introduction and Objective Review	<ul style="list-style-type: none">• Welcome• Presentation• Large Group Activity
Creating and Maintaining Safe, Supervised Environments	<ul style="list-style-type: none">• Presentation• Large Group Discussions• Large Group Activities• Small Group Activities
Dealing with Chronic Illness	<ul style="list-style-type: none">• Large Group Discussion
Closing	<ul style="list-style-type: none">• Presentation• Individual Reflection Activity• Large Group Discussion

Active, Effective Supervision

Effective supervision is a major concern in all family child care programs, and crucial to offering safe, healthy environments on a day-to-day basis. As it pertains to all child care programs, 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. (*Stepping Stones to Caring for Our Children, National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition, 2013*) Often, maintaining even these basic supervision regulations can be challenging.

Supervised by sight and sound at all times is best practice which is often more than the minimal standards of Rule 2 which states:

"Supervision" means a caregiver being **within sight or hearing** of an infant, toddler, or preschooler at all times so that the caregiver is capable of intervening to protect the health and safety of the child. For the school age child, it means a caregiver being available for assistance and care so that the child's health and safety is protected.

<https://www.revisor.mn.gov/rules/?id=9502.0315>

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 learning centers and activities, children-at-play, and program
- Using positive language and proactive strategies to promote safety with the children
 - adapted from(*Stepping Stones to Caring for Our Children, National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition, 2013*)

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.
- Children must be monitored and supervised during rest/nap time to make sure that children have adequate personal space at a distance from other children or supervising adults.
- Caregivers must maintain required ratios and group size regardless of location, activity, or time of day.
 - 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
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The National Association of Family Child Care (NAFFCC) defines supervision as:

Children age 3 and older may be out of the provider's line of sight for short periods of time, as long as the provider is close by and listens carefully to assure all children are safe.

Children under the age of 6 are never inside or outside by themselves. When children are inside, the provider is inside. When children are outside, the provider is outside.

When children are sleeping:

- *The provider can hear them (monitors are permitted)*
- *The provider visually checks on babies under the age of 8 months every 15 minutes (visual monitors are not permitted as a substitute for a visual check).*

<http://www.nafcc.org>

The Center for Inclusive Child Care defines early childhood inclusion as follows:

Inclusion is children of all abilities learning, playing and working together.

<http://www.inclusivechildcare.org>

MEALTIME REMINDERS

With regards to choking, the size and texture of each food item must be considered when it is being prepared and presented. Does anything present a choking hazard? Does any of the food need to be cut into smaller pieces or mashed? What are age considerations?

Avoid Foods that are Known Choking Hazards:

- *Hot dogs (unless cut into bits)*
- *Whole grapes and whole cherry tomatoes...*
- *Hard candies, including jellybeans*
- *Nuts*
- *Popcorn*
- *Raw carrots, celery, green beans*
- *Seeds (pumpkin and sunflower)*
- *Large chunks of any food*
- *Large, thick amounts of peanut butter*

Additional mealtime supervision and safety considerations include:

- *Using serving dishes and utensils that are child sized;*
- *Assisting children in cutting large food portions, serving themselves (particularly hot foods), and pouring beverages, as needed;*

DEALING WITH CHRONIC ILLNESS

The following are suggestions when providing care for a child with a chronic illness:

- *Update medical records frequently.*
- *Post telephone numbers where you can reach parents (and alternate emergency contacts) at all times.*
- *Keep records of the results of special testing that has been done.*
- *Keep dated reports of all injuries or health related incidents that occur while the child is in your care.*
- *Document your health-related communications with the child's parents.*
- *Keep careful, ongoing records of the child's medications.*
- *Be certain that substitute caregivers know the routine medical needs for this child.*
- *Frequently check supplies needed for routine care of the child and that all substitute caregivers know where they are stored.*
- *Be vigilant about following the child's dietary or activity limitations.*
- *Discuss daily activities with the child's parents and ask them to tell you activities that should be avoided or modified.*
- *Check with the child's parents before any field trips, special events, or activities that are out of the ordinary for your program.*
- *All programs that serve young children are required to have careful plans for handling emergency situations. When a child with a chronic health problem comes into your program, make sure you have a specific plan for this child. You should:*
- *Talk to the child's parents to plan in advance for an emergency health crisis.*
- *Understand what might cause a crisis and how often a crisis might occur.*
- *Learn how the child might behave before, as well as during and after a crisis (sometimes there are changes in behavior, level of activity, or other warning signals).*
- *Know when you need to call for additional help.*

Learning Log: 3-2-1 Action Plan

Take a few minutes to reflect on what you have learned in these sessions. Use the spaces below to capture your ideas and plans for action.

3 Important Things I Learned In This Training...

2 Things I Will Implement Into My Program...

1 Action I Will Take Immediately...

RESOURCES

Home Child Care Emergency Planning

<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5299-ENG>

National Resource Center for Health and Safety in Child Care and Early Education

<http://nrckids.org/index.cfm/products/stepping-stones-to-caring-for-our-children-3rd-edition-ss3/>

Stepping Stones to Caring for Our Children, Third Edition and Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition are available online through the National Resource Center for Health and Safety in Child Care and Early Education website

(<http://nrckids.org/CFOC3/index.html>).

MN DHS Licensing Forms

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_028228#CC

DHS Risk Reduction Plan Sample Form

http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_152915.pdf

National Institute of Child Health and Human Development

<http://www.nichd.nih.gov/Pages/index.aspx>

National Association of Family Child Care (NAFCC)

<http://www.nafcc.org>

Family Child Care Environmental Rating Scale

<http://ers.fpg.unc.edu/>

National Association for the Education of Young Children (NAEYC)

<http://www.naeyc.org>

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs

<http://nrckids.org/>

A complete list of reportable communicable diseases can be found at: www.revisor.mn.gov/rules/?id=4605.7040

Public Playground Safety Handbook: www.cpsc.gov/cpsc/pub/pubs/325.pdf

Playground Hazards:

http://www.nrpa.org/uploadedFiles/nrpa.org/Professional_Development/Certification/CPSI/Dirty-Dozen-Playground-Hazards.pdf

National Program for Playground Safety: www.playgroundsafety.org

