

<p>Family Child Care</p>	<p>Participant Guide</p> <p>Active Supervision: Preventing Child Injuries in Family Child Care Settings</p>	
<p>This two-hour module meets the Rule 2 training requirement for supervision training.</p> <p>Updated 2/2024</p>	<p>2 Hours</p>	

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Session Overview

Minnesota's Knowledge and Competency Framework (KCF) for Early Childhood Professionals Content Area, Child Development Associate (CDA) Subject Area

Minnesota's Knowledge and Competency Framework for Early Childhood Professionals Content Areas and the Child Development Associate (CDA) Subject Areas are listed here to help participants understand what competencies, content, and subject areas are addressed in the training.

KCF Content Area: VII.B. Ensuring Safety

CDA Subject Area: Planning a safe, healthy learning environment

Learning Objectives:

At the end of this training, participants will be able to:

- Define MN DHS Rule 2 licensing standards regarding supervision in family child care settings.
- Identify the leading causes of injuries and common hazards that children encounter during early childhood.
- Analyze strategies to prevent child injuries and procedures to follow if an injury occurs.

Learning Objectives must be reviewed at the beginning of each session and effort made to link content and participant responses back to the objectives of the session.

Session Overview

Section Time	Key Concepts	Teaching Techniques
15 minutes	Welcome/Introductions Objectives overview	Mini lecture Large group discussion
30 minutes	Factors associated with childhood injuries	Large group discussion Individual reflection
30 minutes	Planning for safety using risk assessment	Large group discussion Small group activity Individual reflection
20 minutes	Evaluating child injury data using hazard mapping	Small group activity Large group discussion
15 minutes	What to do when injuries occur	Mini lecture Large group activity
10 minutes	Objectives Review/Closings	Individual reflection Large group discussion
Total Time: 2 hours		

Supervision Definitions

MN Rule 2 for Family Child Care

Minnesota DHS Rule 2 (9502.0315, subp. 29a) defines supervision as:

"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."

Best Practice: Caring for our Children

Caring for our Children: National Performance and Safety Standards defines best practice:

"Caregivers/teachers should provide active and positive supervision of infants, toddlers, preschoolers, and school-aged children by sight **and** hearing at all times, including when children are resting or sleeping, eating, being diapered, or using the bathroom (as age appropriate) and when children are outdoors.

Resources

[Hazard Mapping for Early Care and Education Programs](#)
[Consumer Products Safety Commission \(CPSC\) Recalls](#)
[Subscribe to CPSC recall emails](#)
[MDH Psychological First Aid \(PFA\)](#)

Licensing Links and Statutes

- [MN Rule 2 for Family Child Care](#)
- [Minnesota Statutes, Chapter 245A Human Services Licensing Act](#)
- [Family Child Care Information and Forms](#)
- [Family Child Care Licensing Inspection Checklist \(ELICI\)](#)
- [Requirements for substitute caregivers and emergency replacements in family child care](#)

Additional Professional Resources

- [Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs](#)
- [NAEYC Code of Ethical Conduct and Statement of Commitment](#)
- [Tips for keeping children safe: A developmental guide](#)
- [Help Me Grow MN Developmental Milestones](#)
- [Center for Inclusive Child Care \(CICC\)](#)

Factors Impacting Safety Practices and Decisions

Caregiver Characteristics

Attitudes regarding:

- Socializing for 'safety' (parenting goals, permissiveness, caregiver personality, conscientiousness, parental worry or anxiety regarding injury)
- The usefulness, effectiveness or importance of safety equipment (usefulness of helmets)
- Child risk-taking (personal growth vs injury concerns)

Beliefs about the:

- Benefits to children from injury (example, child "learns a lesson")
- Preventability of injuries
- Best strategies for prevention (supervision, teaching, hazard reduction)
- Their ability to succeed in implementing prevention practices
- Expectations, social, and cultural norms about injury and preventative measures that are communicated by others

Cognitive Appraisals – how individuals identify and interpret:

- Hazards and environmental risks
- Children's vulnerability to injury, the danger to the child
- The likelihood of injury or severity of injury
- The costs and benefits of implementing precautions (time, stress, finances, convenience)
- Things that contribute to injuries (bad luck, the child, the caregiver, the environmental conditions)

Distractibility of the caregiver (Caregiver attention)

- The caregiver's mood or emotional state
- Health status including the caregiver's mental health, physical health
- Engaging in ongoing distractions or activities that take their eyes, ears, and minds off of the child including household chores, technological devices - phone calls, texting, conversations with other adults or children, the children's needs and activity level of the environment, etc.

Child Characteristics

- Developmental level (physical development, cognitive understanding, attention)
- Behavioral attributes – history of risk taking, energy level
- Temperament/personality
- Injury history

Environmental Characteristics

- Number and types of hazards and risks in the environment
- Types of hazards and risks in the environment

Macro-level Context

Current influences of:

- Economics
- Cultural and societal norms and expectations

Adapted from Morrongiello BA, Corbett M. Elaborating a conceptual model of young children's risk of unintentional injury: the importance of considering causal attributions. Health Psychol Rev. 2008; 2:191-205.

Risk Assessment :

Children involved	Who is at risk?	Identify Hazards	Identify Safety Measures

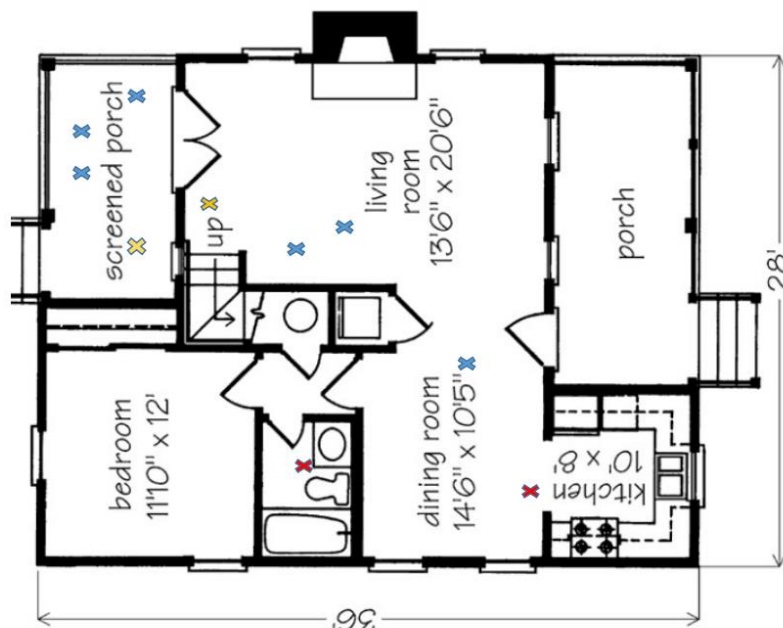
What is the likelihood of harm occurring? Almost certain Likely Possible Unlikely Rare
 What is the severity of impact? No first aid necessary First Aid required Medical treatment required Hospital Admission Death

Risk Assessment for Early Education and Care Programs:

1. **Identify who is at risk.** What is the recommended age or developmental level of this activity? Who will be in the environment (e.g., crawlers who are not involved but nearby)?
2. **Identify the potential hazard.** Why are children at risk of harm? What are the hazards involved? Where is it located? What could happen?
3. **Identify safety measures.** Evaluate the risks and decide on what precautions need to be taken. How will you supervise the situation if you cannot eliminate the risks?
4. **Assess the overall impact.**
 - a. What is the likelihood of harm occurring? (Almost certain, likely, possible, unlikely, rare)
 - b. What is the severity of impact? (No first aid necessary, first aid required, medical treatment required, hospital admission, death).
5. **Choose how to proceed.** Decide how to proceed based on your assessment. Is this activity safe for the children in care? What is the best time and place for this activity, or should this activity be avoided?

Hazard Mapping for Early Care and Education Programs:

1. Create a visual map of your family child care home and outdoor play area. Be sure to include licensed and unlicensed areas.
2. Place a “dot” or “X” on the map to show where the injury occurred. Include all minor or major injuries.
3. Write a note describing the details of the injury. Remember, you will look back at these notes to evaluate trends in 3-6 months, so make them detailed. Include:
 - **Who** was involved? (child alone, other children, you, another adult, etc.)
 - **Where** did the injury occur?
 - **What** happened? If you observed the injury as it happened, what was the cause? **What** was the severity of the injury? For example, a small cut of the skin that can be treated with a Band-Aid versus a serious cut requiring stitches.
 - **When** did the injury occur? (time of day, day of week, season).
4. Analyze the data. Use your reports from the past 3-6 months to identify where injuries commonly occur.
5. Identify the number of incidents that resulted in minor injury (scratch, pinched finger, small abrasion) and major injury (a burn from hot water, or an injury that required evaluation by a physician).
6. Evaluate **how** to reduce or prevent injuries from occurring based on the data you’ve collected. Determine necessary changes to the environment or supervision practices to improve children’s safety.



- X Kitchen:** A preschool child entered the kitchen when the provider was preparing lunch. The child touched a pan on the stove in an effort to “help,” which resulted in burned fingers. The injury required a trip to Urgent Care. The physician reported minor injury and applied burn ointment with a protective wrap.
- X Bathroom:** A toddler wandered into the bathroom alone and climbed onto the step stool to wash her hands. She slipped and fell because the stool was wet from a previous child. The child hit her head on the tile floor resulting in a large bruise. The parent was called and transported the child to urgent care. The child was evaluated by a physician and sent home for rest and monitoring.
- X Living room:** The home is a split level without a child safety gate in place at the top of the stairs by the living room. A 9-month-old is crawling near the stairs and begins to teeter on the top stair. The provider was nearby and able to reach the infant to prevent the infant from sliding down the stairs. Other children were present but not near the infant. The infant was startled and began to cry but was not injured.
- X Living room:** A preschool-age child pinched her finger while playing with a toy dump truck during morning free play. Other children were present but not involved. The child cried for a few minutes. The provider observed minor redness and applied a cold pack for a few minutes. No swelling was visible. The child continued playing with the dump truck.
- X Living room:** Two preschoolers and a toddler are taking turns jumping on and off of a play couch. One of the preschoolers bumps into the toddler and the toddler falls on the ground, hitting his leg on a nearby doll house. The provider checked the child for injury, and none were observed. Later, while changing the toddler’s diaper, the provider noted a small bruise on the child’s upper thigh.
- X Three-season screened porch:** The porch has large motor equipment, including a small climber and slide, ride-on toys, and a sensory table filled with seasonal manipulatives. The child care provider is able to observe the porch from the living room. A 2-year-old and a 3-year-old ran to the slide. They were both “first.” They began to push each other, and the 2-year-old bit the 3-year-old. Teeth marks were visible, but the bite did not break the skin. The child care provider washed the wound, applied a cold pack, and called the parent to notify them of the injury.
- X Screened porch:** 3 children were playing “super-hero.” One child came to the provider crying and bleeding from a scrape on the hand. The child care provider did not see the injury occur and the children were not able to explain what happened. The provider washed the child’s hand with soap and water and applied a band-aid.
- X Screened porch:** 3 preschoolers are playing on the climber. A child slipped and hit his chin on one of the rungs of the ladder. The child care provider is in the living room observing the children’s play. The child has slight redness and swelling, along with a little bruise. The child care provider applies a cold pack.
- X Screened porch:** 2 four-year-olds are playing with rubber balls and ramps. One child catapults a ball into the air. It hits a toddler in the forehead. The toddler appears unphased. The action leaves no marks.
- X Dining room:** A toddler is watching the child care provider make snack and climbs onto an adult-sized dining room chair. She slips and falls, landing on her outstretched arm. She cries and isn’t moving her arm. The child care provider calls the parent, and the parent takes her to the Emergency Department where she is treated for a fractured arm.