

Sessions 1-3	<h1>Participant Guide</h1> <h2>Supervising for Safety</h2> <h3>Family Child Care</h3>
Revised 2023	6 hours

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Course Description:

This series-based course intended for new Family Child Care providers meets Licensing pre-service requirements as well as the health and safety requirements from the Child Care Development Fund. Participants will explore MN Rule 9502 licensing standards and best practices around supervision challenges experienced by family child care programs. We'll look at strategies a child care provider can implement within their setting.

Supervising for Safety, Family Childcare Session 1: Health and Safety

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas

The Primary Knowledge and Competency Content Areas and the CDA Content Areas are listed here to help participants understand what competencies and content areas are addressed in the training.

[KCF Content Area](#): VIIB: Health, Safety and Nutrition – 2 hours (Level 1)

CDA Content Area: Content Area 1: Planning a safe, healthy learning environment

Learning Objectives

- Describe methods to reduce the spread of infectious disease, including food safety, Standard Precautions, cleaning/sanitizing/disinfecting, handwashing, diapering/toileting, daily health checks, and best practices related to illness exclusion.
- Identify licensing regulations related to allergy prevention/response, reporting of infectious disease, handling/disposal of bodily fluids, medication administration, and mandated reporting.
- Identify types of child maltreatment, including Abusive Head Trauma, and corresponding symptoms.

Session 1 Agenda:

- A. Welcome and Introduction
- B. Children's Health: Injuries, administering meds, allergies, and asthma
 - a. Medication Administration
 - b. Allergies
 - c. Asthma
 - d. Beyond the Basic Injury
 - e. Food Safety
- C. Childhood Illness and Infectious Disease
 - a. Communication
 - b. Prevention and Control of Infectious Disease
 - c. Bloodborne Pathogens
 - d. Caring for Ill Children
- D. Prevention of Abuse and Neglect
 - a. What is Abuse and Neglect?
 - b. Preventing Abuse
 - c. Mandated Reporting
- E. Closing – Wrap Up and Reflection

Required forms/documents for every child in family child care:

- [Admission and Arrangements](#) (Required to be filled out and in every child's file)
- [MDH Immunization Form](#)
- [Liability Insurance Notice](#) (Required if provider does NOT have insurance or coverage changes after a child has enrolled)
- [Allergy Information](#) (Required to be filled out and in every child's file that has any known allergy)
- Prescription and Non-Prescription Medication Administration Permission (written permission is required for medications, sunscreen, bug spray, and diapering products)
- Additional forms will be discussed later in this training and may be required as they apply, such as infant sleep, travel, wading pool/swimming

Cleaning and Disinfecting Sanitizing Solutions

Bleach Water (MDH [How to Mix Bleach Solutions](#)):

- Each day, for disinfecting solution, mix 2 teaspoons 8% 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.



2 teaspoons 8% bleach + 1 quart water + Use in spray bottle

Cleaning, Disinfecting, and Sanitizing Routines (adapted from Caring for Our Children)

- **Cleaning:** mechanical process using **soap or detergent and water to remove dirt**, debris, and many germs. It also removes invisible debris that interferes with disinfecting.
- **Sanitizing:** Chemical process of reducing the number of disease-causing germs on cleaned surfaces to a safe level. This term is used in reference to **food contact surfaces or mouthed toys/objects**.
- **Disinfecting:** Chemical process that uses specific products to destroy harmful germs (except bacterial spores) on environmental surfaces (e.g., **bathroom toilets and floors, diaper changing surfaces, and other surfaces exposed to blood or other body fluids**)

Medication Administration Tips

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

1. **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.
2. **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.
3. **The right dose-** Parents should provide an accurate measuring device with the medication. Administer medication according to the directions.
4. **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.
5. **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.

MEDICATION ADMINISTRATION and ALLERGIES

What are some best practices and requirements for medication administration and allergies?

How will I Maintain a Healthy Environment

- 1.
- 2.
- 3.
- 4.

Session 1 Reflection

Review the list of required forms/documents required for every child in family child care on page 3:

Write down 3 action steps or questions you have related to the licensing requirements and/or the documentation needed to support children's health and wellness ...

Based on what I learned, some things I plan to do ...

This session started me thinking about...

Session 1 - Assignments

- Self-Care Assignment – please take a minimum of 30 minutes to take care of yourself, pamper yourself, or release your stress between now and the next time we meet.

SESSION 1 HEALTH AND SAFETY RESOURCES

- [Administering Medications](#) - Early Childhood National Centers
- [Asthma and Allergy Foundation of America](#)
- [Caring for Our Children: National Health and Safety Performance Standards](#)
- [Hennepin County Infectious Disease in Child Care and Schools website](#)

- [Immunization Schedules from the MN Department of Health](#)
- [MN Rules, Chapter 9502](#) and [MN Statutes, Chapter 142](#) (If you are less familiar with family childcare licensing in Minnesota, please review the [Guide to Becoming a Licensed Family Child Care Provider DHS-8013 \(PDF\)](#) - a handbook for people interested in becoming a licensed family child care provider and consider watching the series of Family Child Care Orientation videos available for on the DHS website.
- [National Center on Shaken Baby Syndrome](#)
- [Prevention of and Response to Emergencies Due to Food and Allergic Reactions](#)
- [Reportable Diseases from the MN Department of Health](#)
- [Resource Guide for Mandated Reporters of Child Maltreatment Concerns publication by DHS](#)
- [Maltreatment of Minors Mandated Reporting Policy](#)
- [Stop It Now](#)
- [United States Department of Agriculture \(USDA\) Child and Adult Care Food Program](#)
- [What's the Difference Between a Food Intolerance and Food Allergy? – Mayo Clinic](#)

Supervising for Safety, Family Childcare Session 2: Safety and Hazards

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas.

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[KCF Content Area](#): VIIB: Health, Safety and Nutrition – 2 hours (Level 1)

CDA Content Area: Content Area 1: Planning a safe, healthy learning environment

Learning Objectives

- Identify MN Rule 2 licensing standards and best practices of safety
- Identify strategies to overcome supervision challenges experienced in family child care environments
- Identify ways to be proactive to ensure building and physical premise safety

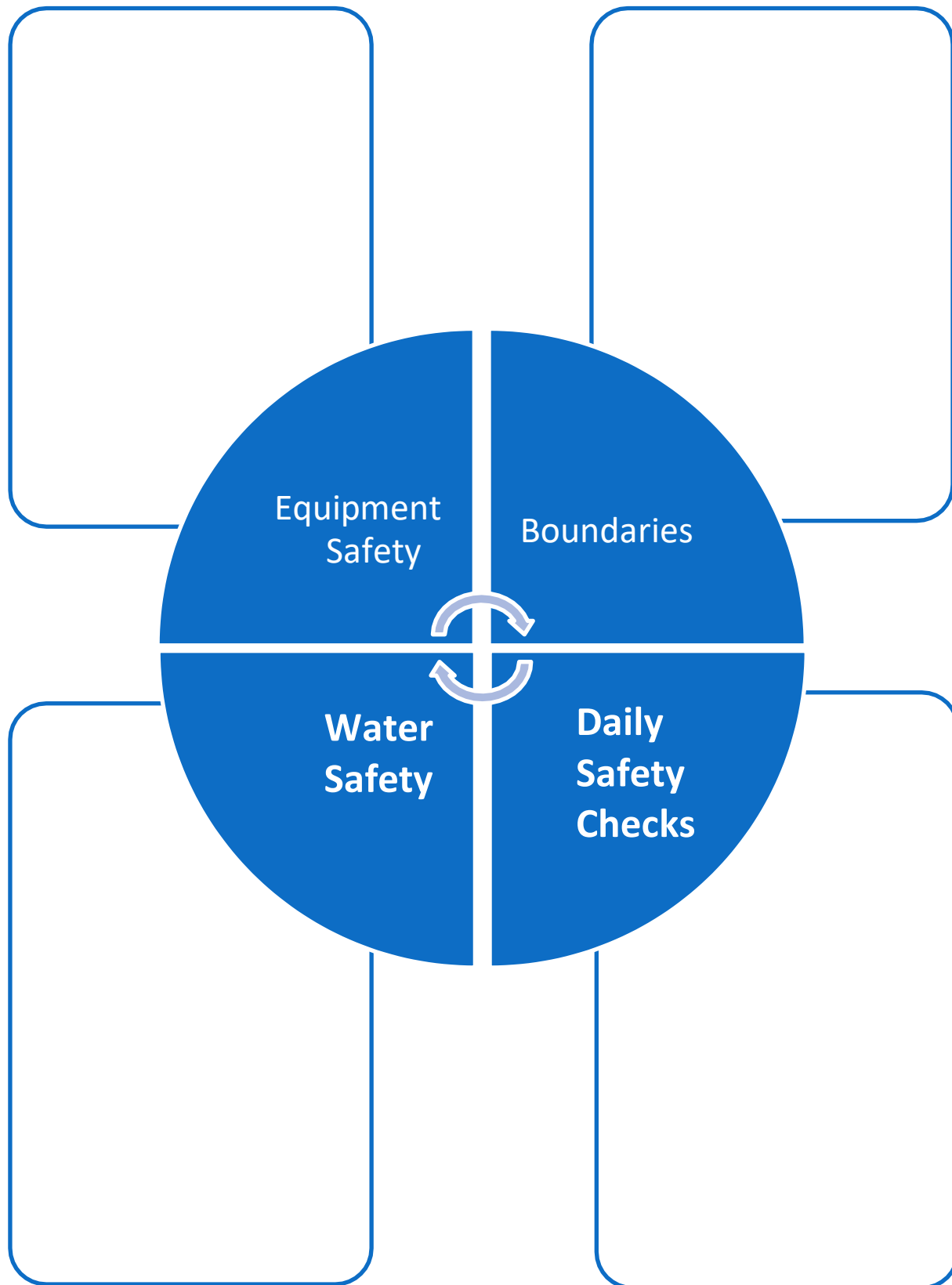
Session 2 Agenda:

- A. Welcome and Assignment Review
- B. General Safety; Material and Environment Hazards
 - a. Pet Safety and Pest Control
 - b. Indoor and Outdoor Contaminants
 - c. Hazardous Materials
 - d. Materials and Product Safety
- C. Indoor Safety
 - a. Indoor Safety Hazards
 - b. Supervision of Indoor Spaces
- D. Safe Sleep
- E. Outdoor and Vehicle Safety
 - a. Outdoor Hazards
 - b. Outdoor Safety
 - c. Thinking Ahead
 - d. Outdoor Supervision Strategies
 - e. Vehicle Safety
- F. Wrapping Up and Reflection

OPTIONAL RISK REDUCTION QUIZ

1. The water temperature in sinks/tubs accessible to children must not exceed _____degrees Fahrenheit to prevent children from scalding themselves.	110, 120, 130, or children may only use cold water
2. Stairways of three or more steps must have handrails.	True or False?
3. The open area between the handrail and stair tread must be enclosed with a protective guardrail. The back of the stair risers must be enclosed.	True or False?
4. Gates or barriers must be used on stairs when children between what ages are in care?	5 - 12 months, 5 - 15 months, or 6 - 18 months
5 Stairways must be well-lighted, in good repair, and free of clutter and obstructions.	True or False?
6 Diapering must not take place in food preparation areas.	True or False?
7 All food and cooking utensils must be stored to protect them from:	Dust, Vermin, Pipe leakage, Other contamination, None of these, All of these
8 Appliances used in food storage and preparation must be safe and clean.	True or False?
9 Pet cages must be located and cleaned away from any food preparation, storage, or serving areas.	True or False?
10 All medicines, chemicals, detergents, poisonous plants, alcoholic beverages, and other toxic substances must be inaccessible to children.	True or False?
11 Toilet training chairs, chairs, stools, and seats must be washed with soap and water when soiled,and at least_____.	Hourly, Every morning/afternoon, Daily, or Weekly
12 Every bathroom door lock must permit opening of the locked door from the outside and the opening device must be readily accessible to all caregivers.	True or False?
13 All electric receptacles accessible to children under first grade must be tamper-proof or shielded when not in use.	True or False?
14 All major electrical appliances must be properly installed, grounded in accordance with the state electric code, and in good working order.	True or False?
15 Extension cords can be used as a substitute for permanent wiring.	True or False?
16 Extension cords and flexible cords can be affixed to structures, extended through walls, ceilings, floors, under doors or floor coverings.	True or False?
17 Electrical wiring must be sized to provide for the load and be in good repair.	True or False?
18 Excess accumulations of storage (clutter) can cause fire loading, entrapment, or difficulty in removing victims from an emergency situation.	True or False?
19 Window blinds can cause a strangulation hazard. Best practice is to use cordless or inaccessible cord window coverings, and not to place beds, cribs and furniture near windows.	True or False?
20 Furniture hazards may include tipping and upholstered furniture fires. Best practice is to anchor furniture to the wall or floor. Place TVs and other large equipment on low, sturdy bases. Keep heat sources (cigarettes, space heaters, etc.) away from upholstered furniture. <i>(Activity answers provided on pg 9)</i>	True or False?

THINKING AHEAD IN OUTDOOR ENVIRONMENTS



Session 2 - Assignments

Approach the space where your program is or will be located through the eyes of a child. Get down to a child level (i.e. on knees, sitting on floor, lying on stomach, etc.) and look around. What do you see? What can you touch? What is accessible? What is not? Look at the walls, shelves, furniture arrangements. Are there blind spots, hiding locations, or potential supervision issues? Write down your observations.

Go to the Consumer Product Safety Website and check to see if any equipment or materials you have in your environment are on the recall list. <http://www.cpsc.gov/>

Identify at least 5 hazards listed below, then identify at least 1 way to address each hazard (action to take). Use Minnesota Rules, Chapter 9502 as a reference guide to determine if any of the hazards are addressed by licensing requirements

INDOOR/OUTDOOR RISK REDUCTION PLAN		
Hazards	Actions to Take	Rule Requirements

Page 7 Optional Risk Reduction Quiz Answers: 1. 120 degrees, 2. True, 3. True, 4. 6-18 months, 5. True, 6. True, 7. All of these, 8. True, 9. True, 10. True, 11. Daily, 12. True, 13. True, 14. True, 15. False, 16. False, 17. True, 18. True, 19. True, 20. True

SESSION 2 RESOURCES

Below are resources for each of the safety topics discussed; these resources can provide valuable information, guidelines, and best practices to support you in creating a safe and secure child care setting.

- **Childhood Proofing and Safety:**
 - Consumer Product Safety Commission (CPSC) provides guidelines, recalls, and safety tips related to childproofing and safety equipment. www.cpsc.gov.
 - Local Fire and Safety Departments: Contact your local fire and safety departments to inquire about home safety inspections and educational materials. They often provide valuable insights and resources.
 - Toy Safety Standards: Familiarize yourself with the toy safety standards established by organizations such as ASTM International (www.astm.org)
 - Safe Kids Worldwide offers resources and tips on product safety for children. www.safekids.org.
- **Developmentally Appropriate (DAP) Materials:**
 - National Association for the Education of Young Children (NAEYC) provides guidelines and resources on selecting developmentally appropriate materials. <http://www.naeyc.org>.
 - Early Childhood Learning & Knowledge Center (ECLKC) offers resources and articles on DAP materials for early childhood educators. eclkc.ohs.acf.hhs.gov/.
- **Hazardous Materials; Contaminants - Radon, Lead, Biological:**
 - Environmental Protection Agency (EPA) provides information on hazardous materials, including guidelines for safe handling, storage, and disposal. www.epa.gov. Lead Safety <https://www.epa.gov/lead>
 - MN Pollution Control Agency <https://www.pca.state.mn.us/>
 - MN Poison Control <https://mnpoison.org/>
 - Centers for Disease Control and Prevention (CDC): The CDC offers resources and guidelines on biological contaminants, including prevention and control measures. Visit their website at www.cdc.gov.
- **Poisonous Plants:**
 - National Capital Poison Center: The Poison Control website offers information on poisonous plants and plant identification. www.poison.org.
 - American Association of Poison Control Centers: The AAPCC provides resources on poisonous plants and emergency protocols. www.aapcc.org.
 - [MN DHS Guidance on Poisonous Plants in Family Child Care](#)
- **Pest Control:**
 - Environmental Protection Agency (EPA) offers resources on integrated pest management and safe pest control practices. Visit their website at www.epa.gov.
 - Centers for Disease Control – Mosquito Control <http://www.cdc.gov/westnile/prevention/index.html>
 - National Pest Management Association (NPMA): The NPMA provides information on pest control practices and resources for pest management professionals. www.pestworld.org.
- **Daily Safety Checks:**
 - Child Care Aware of America: Child Care Aware offers resources on daily safety checks and child care environment inspections. Visit their website at www.childcareaware.org.
- **Supervision and Monitoring:**
 - American Academy of Pediatrics (AAP) offers guidelines on supervision and monitoring in childcare settings. www.aap.org.
 - National Association for Family Child Care (NAFCC) provides resources and training on effective supervision practices for family childcare providers. www.nafcc.org
 - Early Childhood Learning & Knowledge Center (Head Start) Active Supervision Safety Practices <https://eclkc.ohs.acf.hhs.gov/safety-practices/article/active-supervision>
- **Vehicle Safety:**
 - MN Department of Public Safety – Office of Traffic Safety <https://dps.mn.gov/>
 - Dept of Health and Human Services “[Look Before You Lock Pledge](#)”

Supervising for Safety, Session 3: Supervision and Emergency Planning

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas

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CDA Content Area: Content Area 1: Planning a 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 be able to:

- Compare Minnesota family childcare licensing supervision requirements to best practices
- Identify best practices for supervision of young children, indoors, outdoors, and during emergencies
- Identify resources for family childcare emergency planning

Session 3 Agenda:

- A. Welcome and Assignment Review
- B. Supervision Basics and Daily Supervision
 - a. Supervision Challenges
 - b. Active Supervision
 - c. Supervision Throughout the Day
- C. Emergency Preparedness
 - a. Emergency Plan
 - b. What is an Emergency or Disaster?
 - c. Evacuations
 - d. Shelter-in-Place
 - e. Building Security
 - f. Notifying Families
- D. Proactive Planning for Children with Diverse Needs and Abilities
- E. Closing – Wrap Up and Reflection

Supervision

Rule 2 Definition

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.

Caring for Our Children Standards

Caregivers should supervise infants, toddlers and preschoolers by sight and hearing, even when children are going to sleep, napping or sleeping, are beginning to wake up, or are indoors or outdoors. School age children should be within sight or hearing at all times.

Effective Supervision Is:



Factors to Consider when Supervising:

- Understand the developmental skills and abilities of each child
- Establish clear, simple safety rules and teach those to children
- Maintain awareness of potential safety hazards
- Have a plan for where supervision of children can be done most effectively to reduce problem behaviors and make sure children are safe. Can the provider see and hear every child from where they are in the space?
- Use positive language and proactive strategies to promote safety with the children

-adapted from: Caring for Our Children: National Resource Center for Health and Safety in Child Care and Early Education

EMERGENCY PREPAREDNESS

1. *Review and Update Frequently*

- It is required that you have a written plan; always access and review to stay up to date with the most recent “[Emergency Preparedness Plan](#)” (note: providers are no longer required to post or share their full emergency preparedness plans with parents or guardians; however, you must continue to make the plan available for review).
- Update frequently—3 times per year is suggested—and as family information changes. The plan must include how you will accommodate infants, toddlers, and any children with special needs in an emergency (e.g. allergies, medical, medicine, mobility, etc.).
- Have signed parent consent forms on file.
- Several copies of updated contact list, one to keep near house exit, one to go with you when traveling, one in shelter-in-place location in the house.
- Providers can use copies of page one of the [FCC Admission and Arrangements form](#) as the child specific data. Providers are to keep copies of the child information ready with their emergency supplies, but they are not to post the child information with their plan or provide the child information to parents as part of the [plan](#).

2. *Train yourself to respond to emergencies.*

- CPR and first aid training, as required by licensing.
- Teach older children the basic task of dialing 9-1-1 in emergencies.

3. *Make your home and vehicle safe and ready.*

- Smoke detector on each level and a fire extinguisher, as required by licensing.
- Carbon monoxide detectors within 10 feet of each room used for sleeping
- Establish fire escape routes from the house and keep them clear of clutter.
- Keep emergency supplies in your home and in all vehicles: emergency plan, first aid kit and book, flashlight with extra batteries, battery-operated radio, phone, and parent contact info.
- Consult DHS: [Family Child Care Licensing Checklist](#). Includes home safety details

4. *Protect your child care business.*

- Insurance, including flood insurance if warranted.
- Safe storage of child care records.

5. *Know your local emergency warning systems*

- Wireless Emergency Alerts (WEAs) are messages sent to cell phones. Go to your county’s emergency management web page (or call them) to find out how to get these warnings.
- NOAA Weather Radio (all hazards version). You can buy them and get reception at [these Minnesota locations](#).
- Outdoor warning sirens. Explain these to new immigrant families who have kids in your care.
- Commercial broadcast radio and television. Tune in when you see bad weather or other crisis.
- Battery-operated radio. Keep one in your home shelter in case the power goes out.

6. *Identify your neighborhood’s special emergency risks and resources.*

- Examples: chemical plant, major freeways or railroads, flood plain, nuclear power plant.
- Contact your county emergency manager to find out if there are other special emergency risks in your neighborhood.
- Partner with a neighbor to sub for you if (1) you must leave for an emergency, or (2) if you and the kids need temporary shelter during a utility failure (power, water outage). Substitute caregivers must have a completed background study and must have completed required training.

7. *Plan and practice how you will respond to emergency risks and share parts of your plan with parents. Make sure parents have contact information to reach you in case of emergency. Three response options, depending on the emergency:*
 - **Evacuate the premises:** Plan how you will get the children out, with special consideration for babies and children with disabilities. Pick a spot outside the house where everyone will meet.
 - **Shelter-in-place:** in a safe spot in your home. In weather emergencies like tornadoes, stay away from doors and windows in a basement room reinforced with concrete. Lock down in place when escaping from a violent incident.
 - **Isolate** in a confined area away from others (in the case of infectious disease outbreak). Have parents pick up sick children as soon as possible to prevent the spread of disease. Listen for guidance from licensing authorities on pandemic flu if there is an outbreak.
8. *Practice your plan.*
 - Pick a time during the month when this can be regularly done, such as when the practice siren goes off on the first Wednesday of the month. This is also a good reminder to do your regular planning and updating of emergency contact info.
 - When practicing, tell the children what to do in a very direct and calm manner. Use short easy-to-understand phrases like “Go out now.”
9. *When disaster strikes*
 - Stay calm and use simple, direct commands to the kids: “Go to the basement now.”
 - Contact the children’s parents as soon as possible.
 - Prepare the licensing paperwork if any of the kids need medical treatment from the crisis.
 - After a major disaster in the area, be sensitive to the needs of the children. Let them take the lead in talking about the disaster. Keep the TV off; young children can believe that when an event repeats over and over again on the news, it’s really happening over and over again.

Response to specific emergencies

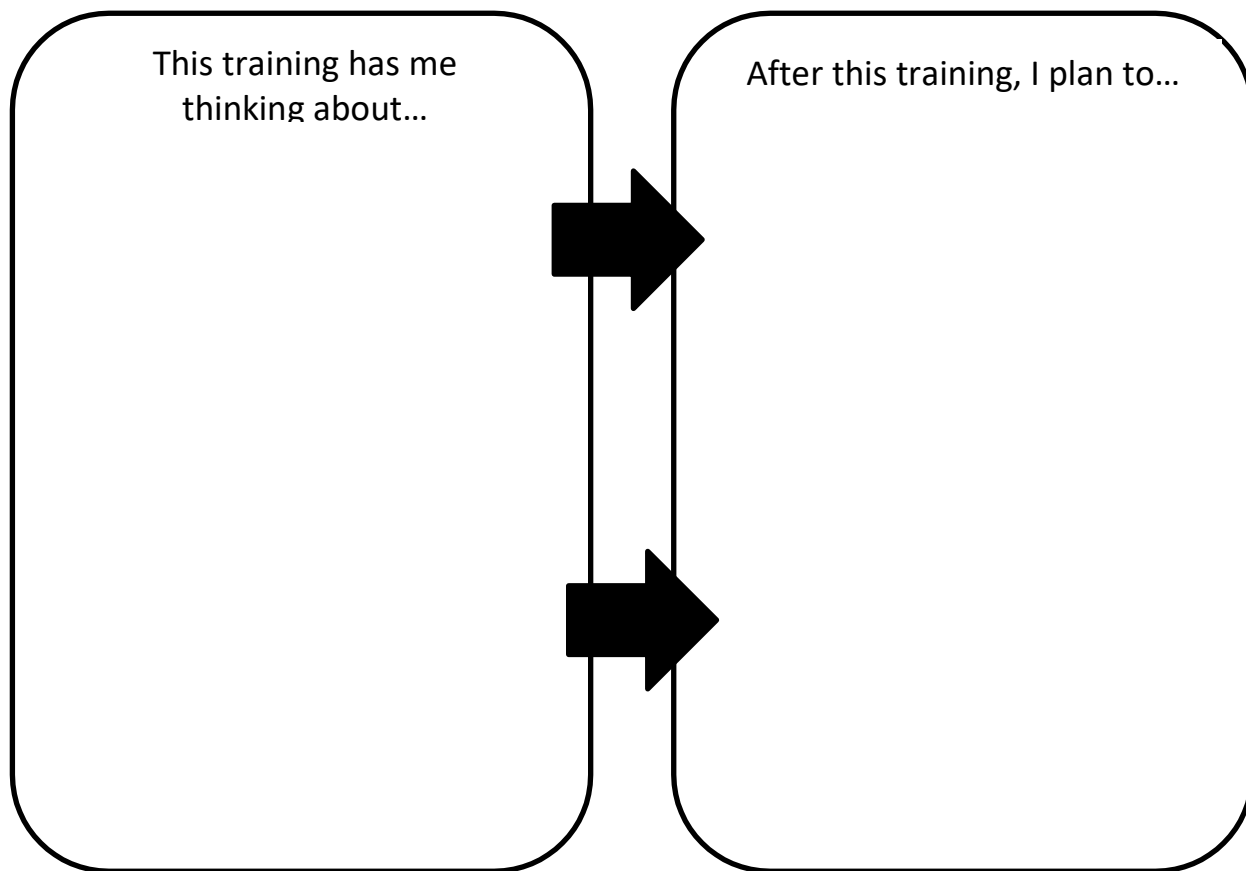
Below is a table listing emergencies may need to consider, with a checkmark for the usual response to each emergency. Change your response if the situation calls for it, especially if directed by local authorities to do something different.

Emergency type	Evacuate	Shelter-in-place	Isolate
Fire	X		
Floods, flash floods	X		
Gas/chemical leaks	X		
Hazardous materials incidents	X		
Heat wave (not necessary to “shelter-in-place”)		Stay Indoors	
Infectious disease outbreak			X
Nuclear power generating plant incident	Follow local instructions		
Snowstorms & other winter weather hazards		X	
Thunderstorms		X	
Tornadoes		X	
Violent incidents (Lock down in place)		X	

For more information and emergency planning forms – review the Minnesota Department of Human Services. (2017, October). [*Keeping Kids Safe: Child Care Provider Emergency Planning Guide*](#).

REFLECTION – SESSION 3

<p>This training has me thinking about...</p>	<p>After this training, I plan to...</p>
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K-W-L-A-Q Chart

Know	What do you already know about the health/safety topic?
Wonder	What are you wondering about?
Learned	Write ideas/concepts you learn about throughout the training.
Action #1	
Action #2	
Action #3	
Action #4	
Action #5	
Action #6	
Action #7	
Action #8	
Action #9	
Action #10	
Questions	Make a list of follow up questions to ask others (licensor, mentor, etc.):