

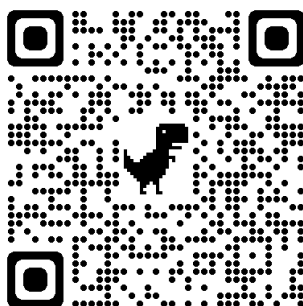
Sessions 1 - 4	Participant Guide Supervising for Safety Legal Nonlicensed (LNL)
Curriculum writer: Janice Hofschulte 2016; revised 2023	8 hours

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Session One

Learning Objectives:

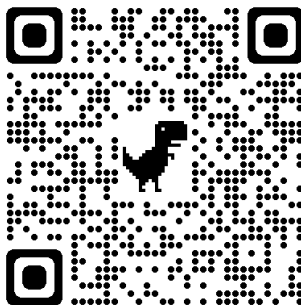
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory, they will be able to:

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

Session 1 Agenda:

- A. Welcome and Introductions
- B. Injuries, Illness, and Medication Administration
- C. Standards Precautions, Cleaning/Sanitizing/Disinfecting, Handwashing, Diapering, and Foodborne Illness
- D. Abusive Head Trauma and Child Maltreatment
- E. Wrap Up and Reflection

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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.

Match the Common Childhood Diseases with the Signs and Symptoms

Choose from: Croup, Pink Eye, Impetigo, Respiratory Infection, Hand/Foot/Mouth

_____	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 for several days. 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.

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**)

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

Determine whether each surface/item should be cleaned, sanitized, or disinfected and how often is recommended ([See: Cleaning, Sanitizing, and Disinfecting Frequency Table](#) from NAEYC):

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

Handwashing

Effective handwashing is one of the best ways to prevent illness and the spread of germs. To wash hands thoroughly and effectively, 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 your hands.
2. Briskly rub the hands together until a soapy lather appears and continue for at least 20 seconds.
3. Thoroughly wash all areas of both hands including between fingers, around nail beds, under fingernails and jewelry, palms, backs of hands, and wrists.
4. Rinse hands thoroughly under running water until they are free of all soap and dirt.
5. Dry hands with a clean, disposable paper towel.
6. Turn water off with a paper towel.
7. 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, thoroughly wash caregiver and child's hands, 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.

Session 1 Field Work:

- 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 or in a public restroom. 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.
- Preview the "Home Safety Checklist" provided in session 2 of your participant guide or an electronic version linked within the course resource guide under Session 2: Indoor Safety.

Session Two

Learning Objectives:

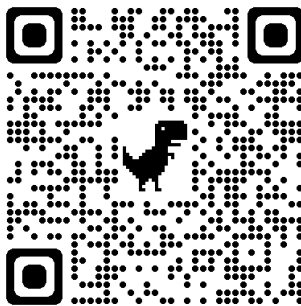
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory, they will learn to:

- Identify standards and best practices of safety, including hazardous materials.
- Identify ways to be proactive to ensure building and physical premise safety.
- Discuss safe sleep practices.

Session 2 Agenda:

- A. Welcome and Overview
- B. Safe Sleep
- C. Physical Premise Safety; Environment and Material Hazards
- D. Outdoor and Vehicle Safety
- E. Wrap Up and Reflection

For additional training references, resources, handouts and more, [visit the course resource page](#) linked here or through the QR code below!



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.

Home Safety Checklist Self-Assessment

Evaluate your home to see if it meets the following criteria

<i>Prevention and control of infectious diseases</i>
<input type="checkbox"/> <i>Individual bedding is provided for each child.</i>
<input type="checkbox"/> <i>Clean towels & washcloths are provided daily or are disposable after use.</i>
<input type="checkbox"/> <i>Caregiver and child’s hands are washed before and after eating and preparing food.</i>
<input type="checkbox"/> <i>Caregiver and child’s hands are washed after changing diapers or toileting.</i>
<input type="checkbox"/> <i>Food is safely handled and properly stored to prevent contamination, spoilage, or a threat to health. This includes proper storage of human milk and infant formula.</i>
<input type="checkbox"/> <i>Caregiver has documentation of all children’s immunization status or legal exemptions.</i>
<i>Reducing the risk of sudden unexpected infant death</i>
<input type="checkbox"/> <i>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).</i>
<input type="checkbox"/> <i>Infants younger than one year of age must be placed to sleep in a crib on their back, directly on a firm mattress.</i>
<input type="checkbox"/> <i>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.</i>
<input type="checkbox"/> <i>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.</i>
<input type="checkbox"/> <i>Nothing is placed in the crib with the infant except for the infant’s pacifier.</i>
<input type="checkbox"/> <i>You agree to comply with safe sleep requirements such as those in Safe Sleep standards and training requirements for child care (DHS-7703)</i>
<input type="checkbox"/> <i>All caregivers agree to comply with the safe sleep requirements in this section.</i>
<i>Abusive head trauma</i>
<input type="checkbox"/> <i>The caregiver has taken a course on Abusive Head Trauma.</i>

<input type="checkbox"/> <i>Provider has a safety plan for if they are stressed or agitated to avoid taking it out on children.</i>
Administration of medication
<input type="checkbox"/> <i>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.</i>
<input type="checkbox"/> <i>Caregivers ensure sun safety by applying sunscreen with written permission of parents/guardians following manufacturer instructions, limit sun exposure when ultra violet rays are strongest, and keeping infants under 6 months out of direct sunlight.</i>
Prevention and response to emergencies due to food and allergic reactions
<input type="checkbox"/> <i>The caregiver has documentation for each child in their care that shows:</i> <ul style="list-style-type: none"> • 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
<input type="checkbox"/> <i>Exit doors and windows are not obstructed and are easily opened from the inside.</i>
<input type="checkbox"/> <i>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.</i>
<input type="checkbox"/> <i>Extension cords are appropriately used and are not used in place of permanent wiring.</i>
<input type="checkbox"/> <i>A fire extinguisher with a minimum rating of 2A:10BC is maintained in the kitchen cooking area.</i>
<input type="checkbox"/> <i>All smoke detectors are properly installed, appropriately located, and maintained in proper operating condition.</i>
<input type="checkbox"/> <i>All interior doors can be unlocked from the outside and the opening device is readily accessible in case of emergency.</i>
<input type="checkbox"/> <i>Fireplaces, wood burning stoves, and hot surfaces are protected by guards to prevent burns.</i>
<input type="checkbox"/> <i>Knives, tools, matches, and other potentially hazardous materials are inaccessible to children.</i>
<input type="checkbox"/> <i>Combustible items are properly stored at least 36" from any heating sources.</i>
<input type="checkbox"/> <i>Dirt and trash is adequately cleared/contained.</i>
<input type="checkbox"/> <i>Home is free of rodents, insects, and excessive amounts of peeling paint.</i>
<input type="checkbox"/> <i>Weapons and ammunition 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.</i>
<input type="checkbox"/> <i>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.</i>
<input type="checkbox"/> <i>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.</i>
<input type="checkbox"/> <i>The sleeping space for children in care has two exits.</i>
<input type="checkbox"/> <i>Stairs are guarded by safety gates if there are children 18 months or younger cared for in the home.</i>
<input type="checkbox"/> <i>Accessible electrical outlets are "tamper-resistant electrical outlets" or have safety covers/plugs.</i>
<input type="checkbox"/> <i>Strings and cords long enough to encircle a child's neck are not accessible to children.</i>
<input type="checkbox"/> <i>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.</i>
<input type="checkbox"/> <i>Tobacco and alcohol are inaccessible to children and not used while children are present.</i>
<input type="checkbox"/> <i>Home is free of illegal drugs</i>
<input type="checkbox"/> <i>If there are pets in the home:</i> <ul style="list-style-type: none"> • <i>Current rabies vaccination documentation is on site.</i>

<ul style="list-style-type: none"> • Pet food and water is inaccessible to children. • Animal feces is inaccessible to children (litter boxes inaccessible, yard and other areas free of feces).
<input type="checkbox"/> If there is a pool on the premises: <ul style="list-style-type: none"> • 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 safely and conveniently for immediate access.
<input type="checkbox"/> 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, and is checked daily for safety.
Emergency preparedness
<input type="checkbox"/> You have written emergency procedures — use <i>Keeping Kids Safe: Child Care Provider Emergency Planning Guide, (DHS-7414)</i> to develop your plan and <i>Legal Nonlicensed (LNL) Child Care Emergency Plan (DHS-7414B)</i> as a template to document your emergency plan.
<input type="checkbox"/> Emergency numbers, such as 9-1-1 and poison control, are posted in an easily accessible location.
<input type="checkbox"/> The provider has a flashlight, telephone and radio that do not rely on electricity to operate.
<input type="checkbox"/> The provider regularly practices safety drills with children. Drills are recorded.
<input type="checkbox"/> Maintain confidential files for each child which includes: <ul style="list-style-type: none"> • Contact and other important information needed to care for a child • Written authorization for emergency medical care • A record of people authorized to pick up child
Handling and storage of hazardous materials and appropriate disposal of bio-contaminants
<input type="checkbox"/> Chemicals, detergents, and other toxic substances (including pest control materials) are stored separately from food products and are inaccessible to children.
<input type="checkbox"/> Medication is inaccessible to children.
<input type="checkbox"/> Provider uses standard precautions, including wearing gloves, when handling blood and potentially infectious body fluids.
<input type="checkbox"/> Provider uses integrated pest management solutions. Toxic pest control materials are inaccessible to children.
<input type="checkbox"/> 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
<input type="checkbox"/> When transporting children, age-appropriate restraints which comply with state law are used.
<input type="checkbox"/> Provider has written permission from the child's parent or guardian to transport children.
Recognition and reporting of child abuse and neglect
<input type="checkbox"/> Phone numbers to report child abuse and neglect are posted in an easily accessible location and suspicions of child maltreat are reported immediately (within 24 hours) and followed up with a written report within 72 hours.
Developmental needs of children
<input type="checkbox"/> 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).

<input type="checkbox"/> 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+.
<input type="checkbox"/> 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.
<input type="checkbox"/> Children have access to areas for large motor play including outdoor play when weather permitting.
<input type="checkbox"/> Clean, sanitary drinking water is readily accessible indoors and outdoors throughout the day. Infants are not given water in the first six months of life but can be given extra breastmilk or formula on hot days.
<input type="checkbox"/> 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
<input type="checkbox"/> Provider has sufficient first aid supplies to treat injuries that could occur. Supplies include: <ul style="list-style-type: none"> • Adhesive Band-Aids of assorted sizes, Scissors, Thermometer, Bandage tape, Sterile gauze, Cold pack for immediate use, Mild liquid soap, 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 • Other items may include: resealable plastic bags (one gallon size) for soiled materials, pen/pencil and notepad, sealed packages of alcohol wipes or antiseptic wipes, disposable, non-porous gloves, tweezers, triangular bandages, water
<input type="checkbox"/> The provider brings the first aid kit along when out of the house or on trips or has a separate first aid kit in the vehicle when transporting children.
<input type="checkbox"/> You completed first aid training and understand ongoing training requirements
<input type="checkbox"/> You completed CPR training and understand ongoing training requirements
Other
<input type="checkbox"/> Infant bottles and foods are served cold or, if warmed, are not warmed in a microwave. Warming devices are inaccessible to children.
<input type="checkbox"/> Caregivers ensures meals meet the USDA guidelines and do not contain choking hazards for children under four years of age.

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

- 1) Follow a healthy eating pattern across the lifespan. Eating patterns are the combination of foods and drinks that a person eats over time.
- 2) Focus on variety, nutrient-dense foods, and amount.
- 3) Limit calories from added sugars and saturated fats and reduce sodium intake.
- 4) Shift to healthier food and beverage choices.
- 5) 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 2 Field Work:

- Complete the self-assessment on the **Home Safety Checklist** above or on the [DHS website](#) noting if this is part of your current practice or if you have this item OR if you need to strengthen this practice or obtain a specific item. Participants can add to the checklist depending on their individual environments. Be prepared to share next time.
- Bring a copy of the emergency plan, or an electronic device you can pull up the plan from and work on it electronically (the emergency plan is available on the [DHS website](#) in a PDF format)

Session Three

Learning Objectives:

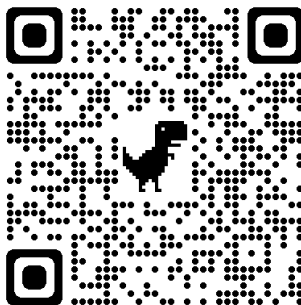
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory, they will learn to:

- Identify best practices around supervision for children, indoors and outdoors.
- Examine supervision challenges experienced by Legal Nonlicensed caregivers.
- Determine supervision needs in five emergency preparedness precautions.

Session 3 Agenda:

- A. Welcome and Overview
- B. Supervision Basics & Daily Supervision
- C. Outdoor Supervision
- D. Emergency Preparedness, including children with diverse abilities and needs
- E. Wrap Up and Reflection

For additional training references, resources, handouts and more, [visit the course resource page](#) linked here or through the QR code below!



What is My Role with Children?

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Manager | <input type="checkbox"/> Cook | <input type="checkbox"/> Fixer |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Negotiator | <input type="checkbox"/> Boss |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Dad |
| <input type="checkbox"/> Listener | <input type="checkbox"/> Cheerleader | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Mom | <input type="checkbox"/> Encourager | <input type="checkbox"/> Corrector |
| <input type="checkbox"/> Instructor | <input type="checkbox"/> Monitor | <input type="checkbox"/> Problem Solver |

Effective Supervision

Effective supervision is a major concern for families and caregivers and is 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, active, 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- Caring for Our Children

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.](#)

Helpful Mealtime Supervision Strategies

- 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.
- Being aware of spills. Spills will occur at mealtime and caregivers need to clean them up immediately to prevent unnecessary slips and falls from occurring.
- Planning relaxed meals that encourage children to eat appropriately. Supervising children to ensure they are taking small bites, chewing before swallowing, and not gulping to minimize the risk for potential choking.
- Serving meals family style, with caregivers sitting, eating, and talking with the children; this allows the caregiver to maintain close supervision.
- Offering water to children throughout the day. When children are thirsty between meals and snacks, water is the best choice.
- If a child has a food allergy that is highly dangerous (i.e., an anaphylactic reaction) the caregiver must think about where this child will eat, the possibility of cross-contamination, accidental sharing, and what to do if an allergic reaction occurs.
- Awareness of foods that pose choking hazard such as: popcorn, raw veggies, nuts & seeds, hot dogs, whole grapes, hard candy, etc...

Tips for Feeding Infants

It is important to talk to parents often about their child's feeding needs especially during the infancy stage.

- Wash hands carefully before preparing a bottle.
- Store prepared bottles in the refrigerator. Store frozen breast milk in freezer until time to feed infant and then thaw it in the refrigerator. If necessary, thaw under warm running water.
- Prepare commercial infant formula according to instructions.
- Do not warm bottle in microwave as it can create hot spots.
- Only feed the mother's milk to her own infant.
- At around six months of age to one year some infants may be developmentally ready to feed themselves or drink from a cup. Create a plan with the parents to meet the infant's needs.
- Hold baby and hold bottle; plan ahead if other children are present how you can ensure they are engaged and you can effectively supervise the other children

Emergency Preparedness

Visit the [DHS website to download/access the most current Emergency Preparedness Plan](#).

Session 3 Field Work:

- Complete the **Supervising for Safety Implementation Plan** identifying your current practice and plan of action (consider areas of need/opportunities identified within your "Home Safety Checklist").

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 children to safely explore the environment.

<p>Set Up the Environment</p> <p>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.</p>	<p>Listen</p> <p>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.</p>
<p>Attention</p> <p>Caregivers are always able to account for the children in their care. They continually scan the entire environment to know where everyone is and what they are doing. They count the children frequently. They are attentive to children’s needs.</p>	<p>Position</p> <p>Caregivers carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so 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.</p>
<p>Anticipate Children’s Behavior</p> <p>Caregivers use what they know about each child’s individual interests and skills to predict what each child will do. They create challenges that children are ready for and support them in succeeding. 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.</p>	<p>Engage and Redirect</p> <p>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.</p>

Supervising for Safety Implementation Plan

To consider how supervising for safety will work for you, use the following tool. For each strategy listed on the left, identify your current strengths and/or struggles. Then, identify things that you might try to help support your implementation of each strategy.

Key Strategy	Current Strengths	Current Struggles	Things I Can Do to use this strategy:
Stay child aware and limit distractions			
Focus and proximity to children			
Set up the environment			
Listen			
Anticipate children's behavior			
Engage and redirect			

Session Four

Learning Objectives:

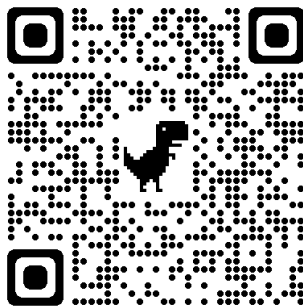
While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory, they will learn to:

- Identify age-appropriate developmental expectations of young children.
- Discuss how routines and surroundings make a difference for children's behavior.
- Explore strategies to partner with other caregivers in meeting children's diverse and developmental needs.

Session 4 Agenda:

- A. Welcome and Overview
- B. Rules and Expectations of Children
- C. Guidance Strategies
- D. Role of Environments & What Child Development Scientists Say
- E. Family Routine Guide
- F. Problem Solving and Talking with Parents
- G. Wrap Up and Close

For additional training references, resources, handouts and more, [visit the course resource page](#) linked here or through the QR code below!



Guidance Strategies

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
- Stand near the child who seems to be starting to have a problem.
- Teach by telling a story
- Redirect
- Highlight 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.

**Not all strategies listed are effective or recommended. The above list includes strategies that some adults may do, however the participant is encouraged to further consider what is most effective for helping a child manage their own behavior over the long term.*



More 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?

Family Planning Sheet (adapted from [NCPMI Family Routine Guide](#))

Family Planning Sheet		
What _____ does during _____.		
(child name) (routine)		
Why do I think they do 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 Four Field Work:

- 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). Use the Family Routine Guide process to brainstorm alternative approaches and opportunities to support your work.
- Consider/plan for how you will establish routines, schedules, and rules/expectations as you help each child to settle into daily 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.

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.):