Participants’ Guide
Supervising for Safety
Session A & B

Family Child Care
6 hours
Session A

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
- VI-1 Releases children only to authorized persons.

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 and best practices around supervision
- Examine and address supervision challenges experienced in early childhood education programs; and
- Identify three interaction techniques to utilize while supervising.

Session Outline

<table>
<thead>
<tr>
<th>Time</th>
<th>Section</th>
<th>Overview</th>
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<tbody>
<tr>
<td>35 minutes</td>
<td>Introduction and objective review</td>
<td>• Review</td>
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<td>• Large group discussion</td>
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<tr>
<td>35 minutes</td>
<td>Supervision Basics</td>
<td>• Large Group Discussion</td>
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<td>• Small Group Activity</td>
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<td>40 minutes</td>
<td>Daily Supervision</td>
<td>• Large Group Discussions</td>
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<td>• Small Group Activities</td>
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<td>• Break</td>
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<td>50 minutes</td>
<td>Safe Sleep Practices</td>
<td>• Small Group Activity</td>
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<td></td>
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<td>• Large Group Discussions</td>
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<tr>
<td>20 minutes</td>
<td>Closing</td>
<td>• Small Group Activity</td>
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<td>• Presentation</td>
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<td>• Evaluation</td>
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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=1345144217
**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 and how might that differ from licensing requirements?

1. The family child care provider is serving lunch and then needs to clean up from the meal. She then decides to log on to the food program website to report her totals for the meal. As she is on the computer, three two year olds decide to use the couch as a trampoline.

2. Preparing for nap, the caregiver begins changing diapers. Four of the ten children present are in diapers, and two are toilet-training. While changing diapers, the caregiver focuses all her attention on the child she is changing and often loses track of the other children in the room. As she finishes washing Suzie’s hands, she notices Francis leaving the bathroom without any clothes on, two children fighting over blocks, and John asleep on the child size couch.

3. 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 play equipment is located.

4. It is 5:00 p.m. and several families have arrived to pick up their children. The program is a bit chaotic as the three children are chasing each other and laughing, two children are building block structures and knocking them over and the remaining children are playing hospital while wearing the doctor and nurse dramatic play clothes. While the children play, the caregiver is cleaning the messy science project just completed by the three children now playing chase.
Safe Sleep Practices

Successful naptime or rest-periods are a result of caregiver planning, effective routines, and quality supervision. Listed below are tips to accomplishing a successful naptime, while minimizing supervision challenges.

Supervision – children must be supervised at all times. Caregivers must be awake and present in the program during naptime or rest periods.

Routines – Develop naptime routines that help children prepare to rest. This may include setting out cots, gathering blankets, reading a book, and playing soft music.

Monitors - Monitors for infant sleep are an enhancement to supervision but not a replacement of supervision.

Safe Sleep for Infants - All infants need to be placed on their backs on a firm surface and not left to sleep in a swing, car seat, etc.

Checking on Children - All sleeping children, especially infants, should be checked on every 15 minutes.

Child Placement – Whether using cots or other places for children to sleep, make sure children are strategically located to allow for easy caregiver supervision, and children have been provided individual space for sleeping.

Lighting - Naptime (or rest) areas do not need to be dark. The lighting should be dim enough to allow children to rest comfortably, yet light enough to allow caregivers to easily supervise and see the children.

Quiet Activities – Children should never be forced to sleep. After resting for about 30 minutes, or for non-napping children, prepare quiet activities that can be done while other children are sleeping.

Wake-up Routine – Develop a routine for waking children up and transitioning into the next portion of the day. Having activities prepared and waiting for children as they awaken, will allow children to wake in their own time.

Additional Ideas:
New Information on Infant Sleeping!

SIDS is no longer and the new wording is Sudden Unexpected Infant Death (SUID)

Minnesota Rules around Infant Sleep Practices:

- When a license holder is placing an infant to sleep, the license holder must place the infant on the infant's back, unless the license holder has documentation from the infant's physician directing an alternative sleeping position for the infant. The physician directive must be on a form approved by the commissioner and must remain on file at the licensed location.
- License holders that serve infants are encouraged to monitor sleeping infants by conducting in-person checks on each infant in their care every 30 minutes.
- Upon enrollment of an infant in a family child care program, the license holder is encouraged to conduct in-person checks on the sleeping infant every 15 minutes, during the first four months of care.
- When an infant has an upper respiratory infection, the license holder is encouraged to conduct in-person checks on the sleeping infant every 15 minutes throughout the hours of sleep.
- In addition to conducting the in-person checks encouraged under subdivision 1, license holders serving infants are encouraged to use and maintain an audio or visual monitoring device to monitor each sleeping infant in care during all hours of sleep.

Stepping Stones to Caring for Our Children, Third Edition

- Infants should be placed for sleep in safe sleep environments; which includes: a firm crib mattress covered by a tight-fitting sheet in a safety-approved crib (the crib should meet the standards and guidelines reviewed/approved by the U.S. Consumer Product Safety Commission [CPSC] and ASTM International [ASTM]), no monitors or positioning devices should be used unless required by the child’s primary care provider, and no other items should be in a crib occupied by an infant except for a pacifier.
- Infants should not nap or sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, play pen or play yard, highchair, chair, futon, or any other type of furniture/equipment that is not a safety-approved crib (that is in compliance with the CPSC and ASTM safety standards)
- If an infant falls asleep in any place that is not a safe sleep environment, staff should immediately move the infant and place them in the supine position in their crib;
- Only one infant should be placed in each crib
1. Examine your home through the eyes of a child. Get down to child level (i.e. on knees, sitting on floor, lying on stomach) and look around. What do you see? What can you touch? What is accessible? What is not? Look at the walls, shelves, furniture arrangement. Are there blind spots, hiding locations, or potential supervision issues?

2. Find or create an indoor and outdoor safety checklist for your program. Conduct each safety checklist between sessions. Jot down any actions you did or will take to correct potential hazards as a result of completing each safety checklist. For those not yet providing care, view the photos of family child care settings and note any safety concerns you would have about the environment.

3. 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.

4. Go to Consumer Product Safety Website and check to see if any equipment or materials you have in your home are on the recall list. http://www.cpsc.gov/en/
Session B

Promoting Health and Wellness: Supervising for Safety, Session B

Date: Location: Primary Core Competency and CDA Content Area

Core Competencies: Health, Safety, and Nutrition
- VI-2 Describes and maintains a safe environment, including equipment and toys, to prevent and reduce injuries
- VI-2 Verbalizes and adheres to emergency, illness, injury, and sanitation procedures

CDA Content Area: Safe, Healthy, Learning Environment

Learning Objectives
- Recognize elements of a safe environment crucial to preventing and reducing injuries
- Describe procedures for dealing with illness and injuries
- Identify (or determine) three emergency preparedness precautions for an early childhood or family care environment
- Conduct a fire drill and summarize the procedures taken
- Determine and discuss evacuation procedures for an early childhood program

Overview of Session

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<tr>
<th>Time</th>
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<tr>
<td>25 minutes</td>
<td>Introduction, assignment review and review of</td>
<td>Review</td>
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<td>session A content</td>
<td>• Large group discussion</td>
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<td>20 minutes</td>
<td>Outdoor and Community Supervision</td>
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<td>• Large group discussion</td>
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<td>10 minutes</td>
<td>Building Security</td>
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<td>• Large group activity</td>
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<td>30 minutes</td>
<td>Emergency and Disaster Preparedness</td>
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<td>• Small group discussion</td>
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<td>45 minutes</td>
<td>Equipment and Materials</td>
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<td>• Small group activity</td>
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<td>20 minutes</td>
<td>Dealing with illness</td>
<td>• Large group discussion</td>
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<tr>
<td>20 minutes</td>
<td>Dealing with Injuries</td>
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<tr>
<td>10 minutes</td>
<td>Closing</td>
<td>• Objective review</td>
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<td>• Evaluation</td>
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What We Know so Far...

Use of Space:

Equipment:

Location of learning areas or activities:

Fall Prevention:

Infant/toddler considerations:

______________________________

Outdoor Supervision Strategies

______________________________

Important Reminders for Outdoor Supervision:
Disaster Preparedness Notes:

Resources or materials to educate children on fire safety:
- [ ] http://www.sparky.org/
- [ ] http://www.usfa.fema.gov/kids/

Survival Kit

Preventable Environmental Risks

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<tr>
<td>What I can do to decrease risk</td>
<td>What I can do to decrease risk</td>
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<tr>
<td>What I can do to decrease risk</td>
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Medication Tips

- Written permission is received from the child’s parent (or guardian) for all over-the-counter and prescription medications.
- Over-the-counter medication is only administered according to the manufacturer’s directions, unless a doctor provides written instructions which are different. If label states “for children under ___ age, physician approval and dosage required”, a physician prescription is required.
- Doctor’s instructions are required for prescription medications. (A prescription label with child’s name and current prescription information on the label can be used as the doctor’s instructions.)
- All medications arrive in their original container and are labeled with child’s name.
- Parents (or guardians) are notified when medicine is given.
- All medications are stored in an area that children cannot access, and preferably locked, location.
- The child receiving the medication matches the name on the label.
- Medication is current or un-expired.
- Providers wash hands prior to administering medication.
- Providers thoroughly read and understand the prescription directions. What is the prescribed dosage? How often, or when, should it be given? Should it be taken with food, following food, 2 hours before eating? Etc.
- Medication is administered per the manufacturer’s directions or prescription label with specific, legible instructions for administration, storage, and disposal.
- Medication is returned to its’ location where children cannot reach after being given.
- Dosage and time administered are written down in medication tracking system.
- Completed medications, expired medications, and empty medication containers are returned to the family for disposal.
- All medications, refrigerated or unrefrigerated, should
  - Have child resistant caps
  - Be kept in an organized fashion
  - Be stored away from food
  - Be stored at the proper temperature
  - Be completely inaccessible to children

Resources:

Home Child Care Emergency Planning  https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5299-ENG


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

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.

In this class I learned...

Based on what I learned,

some things I plan to do ...

This class started me thinking about...