

TRAINING GUIDE

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Growing Learning & Caring

California Exempt Provider
Outreach and Training Project

Module One
The Vital Role of the Caring Provider: Safety, Health and Nutrition



TRAINING GUIDE

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Module One
The Vital Role of the Caring Provider: Safety, Health and Nutrition

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TRAINING GUIDE OVERVIEW

Welcome to the *California Child Care Resource & Referral Network License Exempt Training Project*. The purpose of this *Training Guide* is to help you organize your training. It is a helpful tool filled with information, resources and suggestions. Please note that the word “provider” will be used throughout the *Training Guide* for the purpose of consistency. However, you may use other words, i.e. grandparents, relatives, caregivers, people who take care of children, etc., depending on your audience. Some license-exempt providers don’t view themselves as providers, so they may not identify with the terminology. The *Training Guide* is organized as follows:

WORKSHOP ONE: The Role of the Caring Provider

- Activities
- Worksheets
- Overheads
- Handouts

WORKSHOP TWO: Safety As They Grow

- Activities
- Worksheets
- Overheads
- Handouts

WORKSHOP THREE: Healthy As They Grow

- Activities
- Worksheets
- Overheads
- Handouts

BIBLIOGRAPHY

TRAINING GUIDE OVERVIEW

Take the time to become familiar with all the sections of this *Training Guide* and how they are organized. The workshop sections include a sample agenda with a list of activities that vary depending on the length of the training and the size of the group. The length of an activity depends on the time it takes for participants to engage in the activity, understand the concept, ask questions, add comments, and debrief the experience. Adjust your agenda according to the needs of the group. If time is limited, you may have to make some decisions about which key concepts you would like to discuss and which activities support the learning. Each of the activities builds on others, but can also stand alone.

It is recommended that each workshop open with a registration, a pre-assessment, and a welcome with introductions. The agenda should also include a break, a closing and an evaluation. This guide can be followed as is, or it can be adapted to your personal training style and group. You know yourself and your community best, so plan accordingly.

TRAINER'S PREPARATION

Background

Before embarking on the first training, the trainer must be familiar with the License Exempt Training Project. The trainer should have an understanding of the differences and similarities between licensed family child care providers, license exempt providers, nannies, and babysitters. The trainer should also be familiar with the group and know how many people will be participating.

The trainer should be familiar with the *Training Guide* for *Module One: The Vital Role of the Caring Provider: Safety, Health and Nutrition*, each of its sections, and additional resource materials listed.

Materials

The trainer should allow plenty of time to gather training materials for all of the selected activities, collate packets, review any videos, and cue them to the appropriate section.

Space

The trainer should confirm the space ahead of time, get directions to the training location. It's best to arrive at least one hour ahead of the scheduled time to arrange the space to suit the needs of the workshop. This allows time to create an inviting environment that might include: pictures, quotes, tablecloths, quilts, flowers, books, raffles and/or door prizes).

Equipment

Bring or request an easel and easel pads, overhead or power point machine and screen, TV and VCR. Check to make sure that the equipment is working and that an extension cord is available.

TRAINER'S PREPARATION

Thinking About the Adult Learner

Adult learners come with a wide range of experiences and background knowledge. They bring their own expectations, skills, culture, creativity and motivation to the training experience. They also bring their own concerns, fears, pressures and biases. They may have barriers to learning, such as language and literacy skills, health issues, disabilities, or previous negative learning experiences. For these reasons, the facilitator has a responsibility to make the training respectful and relevant to their needs. The trainer should:

- Create a safe and nurturing physical and emotional environment.
- Develop a “Safety Contract” that establishes some groundrules for participation.
- Make the information clear and applicable to their work.
- Allow for mutual, respectful sharing of ideas, knowledge and concerns between participants and you.
- Listen carefully; be completely present.

Thinking About Facilitation

The role of the facilitator is to create a sense of trust, openness and purpose during the training experience. The trainer should plan and prepare the content, schedule, materials, and the physical environment. The trainer should:

- Adhere to the “Safety Contract” developed by the group. Redirect participants if necessary (an example of a safety contract will be included in each workshop).
- Allow for dialogue and exchange of ideas between participants. Keep the dialogue relevant and focused on the subject. For example, *“That’s a good point. It will take more time to discuss it than we have allowed. Let’s wait to discuss that at the end.”*
- Ask open-ended questions to encourage dialogue. (Examples: *“Will you tell me more about...?”*, *“What are some reasons for...?”*, *“What are some examples of...?”*, *“What have you tried and how has it worked for you?”*)
- Expand on the participants’ knowledge by sharing information, resources and materials. (Examples: *“I wonder if you’ve also thought about...”*, *“Another issue to consider might be...”*)
- Make the workshop an interactive, guided learning experience. (There are examples of interactive learning activities throughout the *Training Guide*.)
- Monitor the agenda and adjust accordingly. (There are sample agendas in each workshop.)

1
MODULE ONE
THE VITAL ROLE OF THE CARING PROVIDER:
SAFETY, HEALTH AND NUTRITION

Workshop One



The Role of the Caring Provider

OVERVIEW

The Role of the Caring Provider sets the stage for understanding the importance of the role of the caregiver. It focuses on participants' developing confidence in themselves as caregivers. Strategies for how to develop trust between the caregiver, the child, and the family that they are serving are also explored. Attention is given to the special role that the caregiver has in partnering with parents in the care of the child. It emphasizes that in order to give children the best possible care, you must also care for yourself. Discussion includes how to make daily activities learning moments that support growth and development. Caring for children is an opportunity for the provider to grow as she helps the children grow.

GOAL

To provide an overview of the role of the provider in caring for children, caring for themselves and partnering with parents

OBJECTIVES & MATERIALS

LEARNING OBJECTIVES

Participants will:

- Gain an understanding of their important role as caregiver and their special relationship to the child and family.
- Identify the unique characteristics of the child.
- Learn ways to support the growth and development of the child in their care.
- Explore ways to develop trust and partner with parents.
- Learn strategies for coping with stress and caring for themselves.
- Become aware of additional resources in the community to support their growth and development as providers.

MATERIALS & EQUIPMENT NEEDED

- TV/VCR
- Overhead projector or PowerPoint projector with laptop
- Easel with flip chart paper or white board
- Training folders for *Workshop One: The Role of the Caring Provider*
- Overhead transparencies for *Workshop One: The Role of the Caring Provider*
- Sign-in sheets and nametags
- Sticky notes
- Index cards
- Drawing paper
- Markers, pens, pencils and crayons
- Materials specifically related to each activity

BACKGROUND RESOURCES

The complete information on the background resources listed below can be found in the bibliography at the end of the *Trainer's Guide*.

Books:

- Childcare Health Program of California, The. *Serving Biracial and Multiethnic Children and Their Families*. 2003.
- Gonzalez-Mena, Janet. *Multicultural Issues in Child Care*. 2001.
- Miller, Karen. *Ages and Stages*. 2001.
- Zetes, Kathy (author), Betty Cohen (editor). *Look Again*. 2004.
- Zetes, Kathy (author), Betty Cohen (editor). *Look Who's Coming to Family Child Care*. 1998.

SAMPLE AGENDA

Workshop Length:

2 hours

SUGGESTED TIMELINE

**Registration, Introductions, Pre-Assessment,
Warm-Up and Safety Contract**

20 minutes

- Registration and Housekeeping Items (Activity 1)
- Introductions and Pre-assessment (Activity 2)
- Warm-up Activity: *Ages & Stages* (Activity 3)
- Safety Contract (Activity 4)

Activities: Choose from the following:

35 minutes

- Who Are We? (Activity 5)
- Hopes, Dreams and Special Gifts (Activity 6)
- Sharing Perspectives: Building Partnerships (Activity 7)
- Joys and Challenges of Caring for Children (Activity 8)

Break

5 minutes

Activities: Choose from the following:

45 minutes

- Stress Less (Activity 9)
- Visioning the Role of the Provider: A Journey (Activity 10)
- Using Routines as Learning Moments (Activity 11)

Summary, Closing, Evaluation (Activity 12)

15 minutes

Note: There may not be time to do all the activities.

ACTIVITIES



REGISTRATION AND HOUSEKEEPING ITEMS

Goal

To welcome the participants, introduce the trainer, assess the environment, and review policies regarding food, cell phones and stretch breaks

Materials Needed

- Sign-in sheets
- Markers and pens
- Nametags
- Folders for *Module 1, Workshop 1: The Role of the Caring Provider*

As the participants come into the room, greet them, ask them to sign in and, if they wish, make a personalized name tag. Hand them a folder. Once all the participants have come in and settled, welcome them, introduce yourself and the agency you represent. Thank them for making the time for being there and tell them how to access the restrooms. This is also a good time to assess the temperature of the room and address policies regarding food, cell phones and stretch breaks.



INTRODUCTIONS AND PRE-ASSESSMENT

Goal

To get acquainted with the participants and their expectations for the workshop

Materials Needed

None

Group Sharing

Have the participants introduce themselves and answer the following questions:

- *What attracted you to this session?*
- *What do you expect to gain from this session?*



AGES & STAGES

Goal

To get acquainted with the participants and their expectations for the workshop

Materials Needed

- Drawing paper
- Markers, crayons or pens
- Sticky notes

Group Sharing

Ask participants to put the name of the child they are taking care of on a sticky note. Then ask the participants to introduce themselves and share the name and age of the child that they will be caring for.

When all introductions are done, have participants place the sticky note with the name and age of the child on the *Ages & Stages* poster on the wall. This will help the group see what ages and stages the children are in and what the focus should be for discussion.

Key Talking Points

- Note the range of children's ages and stages in the group.
- Stress the importance of planning for all the ages and stages.



SAFETY CONTRACT

Goal

To establish some ground rules in order for the participants to feel as comfortable as possible during the discussion

Materials Needed

- Easel
- Flip chart paper or white board
- Markers and pens
- Overhead: *Module 1, Workshop 1, Activity 4: Safety Contract*

Opening Statement

Mention that one of the goals of the session is for everyone to feel as comfortable as possible during the discussion. A safety contract can help by establishing some ground rules. Display the *Safety Contract* that is already created and ask if it is acceptable to the group. Modify the contract according to their feedback. Emphasize that sharing personal experiences is not mandatory.

Example of contract:

We will respect each other.

We will speak one at a time.

We will listen to each other.

We will participate as fully as we can.

We will respect confidentiality and personal feelings.



WHO ARE WE?

Goal

To illustrate the special relationship between the provider and children

Materials Needed

- Drawing paper
- Crayons, markers, and pens

Individual Reflection

Ask the participants to draw a picture of one child who will be in their care. The provider may be caring for more than one child, but in the interest of time, each participant should present just one child in their care. When they have completed the picture, ask them to add the following information:

- What is the child's name and age?
- What does the child really like to do?
- Describe the child with as many words as you can.

Sharing

- Ask participants to introduce the child they drew.
- Discuss the various reasons participants have for wanting to take care of this child.
- Explore their special relationship to the child.
- Make note of the different kinds of relationships.
- What do you already know about the child you are caring for? What do you still want to learn about the child?

Note: If the group is large, have participants share in pairs to save time.



HOPES, DREAMS AND SPECIAL GIFTS

Goal

To have participants think about their hopes and dreams for the children in their care, and to identify the special gifts that they have to offer to them

Materials Needed

- Pens or pencils
- Worksheet: *Module 1, Workshop 1, Activity 6: Hopes, Dreams and Special Gifts*
- Overheads: *Module 1, Workshop 1, Activity 9: Hopes Dreams and Special Gifts*
- Handout: *Module 1, Workshop 1, Activity 6: Hopes Dreams and Special Gifts*

Opening Statements

Adults want to do what's best for children. Setting goals and having realistic expectations is key to the development of adult-child relationships. Understanding what children are trying to accomplish at each age and stage is the first step to having realistic expectations.

Individual Reflection

Ask the participants to answer the following three questions. Participants may use the handout to fill in the information.

- *What is a hope or dream that you have for this child?*
- *What is an expectation that you have for this child?*
- *What is a unique gift that you can bring to this child because of your special relationship?*

Sharing in Pairs

Ask participants to share their thoughts with a partner.

Read Aloud

Share the poem The Big Dream aloud.

The Big Dream: For Children's Learning for Living

- **B**elieve in children. **B**uild on their strengths.
- **I**nvolve children in thinking and doing by the way of the BIG DREAM.
- **G**ive your best self for children. **G**row in understanding and knowledge of children.
- **D**raw out children's thoughts and ideas.
- **R**espect each child and each child's efforts; give **R**esponsibility.
- **E**xpect the BEST. **E**ncourage, **E**xtend their thoughts and language.
- **A**cept, **A**ppreciate each child.
- **M**elt away what divides children; **M**eld them together in cooperation.

Key Talking Points

- We all have hopes and dreams for children.
- Children also have their own hopes and dreams for themselves.
- One of our roles in caring for children is to support their hopes and dreams.



JOYS AND CHALLENGES OF CARING FOR CHILDREN

Goal

To engage the participants in a discussion about the joys and challenges of caring for children

Materials Needed

- Handout: *Module 1, Workshop 1, Activity 7: Joys and Challenges of Caring for Children*
- Markers or pens

Individual Reflection

- Give the participants the Handout: *Module 1, Workshop 1, Activity 7: Joys and Challenges of Caring for Children*. Say that there are clearly many joys to caring for children but there are also many challenges.
- Ask them to fold it in half.
- Ask them to list the joys of caring for children on one side and the challenges on the other side.

Key Talking Points

- There are many joys to caring for children. (Examples: watching them grow and develop, teaching them, helping them discover the world.)
- There are also many challenges in caring for children. (Examples: illness, accidents, special needs, not enough resources, lack of support, behavioral issues.)
- The joys are easy to handle, the challenges cause us stress that can affect our health and well-being.



STRESS LESS

Goal

To learn strategies for coping with stress and enhance the care of oneself

Materials Needed

- Plastic, see-through cups, water pitcher, water
- Pebbles, marbles or glass drops
- Box labeled “Stress Reduction Kit”
- Index cards, pens

Demonstration

Stress Glass

Fill a see through plastic glass with water about three quarters full. Show participants a pile of pebbles, marbles or glass drops. Each pebble will be used to represent a challenge or stress that the provider may have while caring for children.

Ask participants to share some of their responses. As the participants share their challenges, drop one or more of the pebbles into the water, depending on the level of stress that the challenge may cause.

Individual Work

“Stress Reduction Kit”

- Put a box labeled “Stress Reduction Kit” in the middle of the table.
- Ask participants to think about ideas that they have for reducing stress and draw or write them on index cards. Put them in the box.
- Shake it up and have the participants reach into the box and read a tip for reducing stress.
- Note the patterns that are coming up.
- Share additional ways to reduce or prevent stress.

Key Talking Points

Stress Glass:

- Stress can come from positive events and events that are challenging to us. Each event can add to our level of stress.
- Stress can overwhelm us. In order to provide the best possible care for children, adults have to take care of themselves.
- It is important to think about ways to prevent stress before it occurs and ways to reduce stress when it occurs.

Stress Reduction Kit:

- Strategies to reduce stress include: breathing techniques, listening to music, exercising, yoga, maintaining a healthy diet, drinking lots of water, spending quiet time alone, journaling, talking with friends.



SHARING PERSPECTIVES: BUILDING PARTNERSHIPS

Goal

To explore ways to develop trust and partner with parents

Materials Needed

- Worksheet: *Module 1, Workshop 1, Activity 9: Sharing Perspectives: Building Partnerships*
- Handout: *Module 1, Workshop 1, Activity 9: Sharing Perspectives: Building Partnerships*

Small Group Work

Sharing Perspectives

Divide the participants into small groups using whatever method seems comfortable for the group. If time is short, have participants complete the phrase on the handout individually and choose a few participants to share in the large group.

Ask the participants to complete the following statement:

- *I want to provide the best possible care for this child.*
What I need and want from the parents is...

Then, ask them to flip the statement to the parent's perspective.

- *I want to have the best possible care for my child.*
What I need from my caring provider is...

Note that what providers want and need mirrors what parents want and need.

Key Talking Points

- Providers need to be aware of what they need and want. They need to be able to communicate this respectfully, honestly and openly with the parents of the child.
- Providers also need to be able to listen to the wishes of the parents, recognizing that there may be differences in styles, values and culture.
- Adults must operate from the place that everyone has the best of intentions for this child.
- Providers must recognize and acknowledge that although they have a special relationship to the child, they are not the child's parents.
- The parent/provider relationship may at times be helpful and at other times challenging. Unlike other child care arrangements, the relationship will continue after the child care stops.
- There may be feelings of jealousy, gatekeeping and competition between the provider and the parent because of their feelings for the child.
- Adults want what is best for the child, but there may be disagreement about what is best.



VISIONING THE ROLE OF THE PROVIDER: A JOURNEY

Goal

To think about all that goes into taking care of children and caring for yourself

Materials Needed

- Overheads: *Module 1, Workshop 1, Activity 10: Visioning the Role of the Provider - A Journey*
- Handouts: *Module 1, Workshop 1, Activity 10: Visioning the Role of the Provider - The Role of the Caring Provider*
- Handout: *Module 1, Workshop 1, Activity 10: Visioning the Role of the Provider - Top Ten Tips for Caring Providers*

Guided Visualization

A Journey

Ask participants to take an imaginary journey. Have them close their eyes if they feel comfortable doing so.

Imagine that you are taking this child on a wonderful trip. This will be a journey of a lifetime. This adventure will create many wonderful and lasting memories for you and this child. It will be a trip that will bring you to new and exciting places. It will give you an opportunity to share a special time with friends and relatives. You will be learning many new things in your travels together. Each person will grow from the joys and the challenges of this big adventure.

- *What will you need to do to prepare for this trip?*
- *What will you have to pack for you and the child?*
- *Where will you stay?*
- *Will you be visiting another culture?*
- *Will you be speaking another language?*
- *How will you get around?*
- *What will you do when you get there?*
- *What kind of food will you eat?*
- *How will you keep each other safe?*
- *What will you do if you get sick?*
- *What will you do in an emergency?*
- *How will you communicate with your people back home?*
- *Who will help you on this adventure?*
- *How will you remember your trip?*

Ask the group to share their thoughts.

Share the Handout: *Top Ten Tips for Caring Providers*.

Key Talking Points

- Children and their families depend on us to:
 - Be prepared and be present.
 - Provide loving attention, supervision and guidance.
 - Keep children safe and healthy.
 - Offer a safe and nurturing environment.
 - Consider the child's unique needs and development.
 - Schedule a balance of stimulating activities and quiet times for regrouping and reflection.
 - Help the child learn and grow.
 - Communicate with an open mind and heart.
 - Be respectful of the families' wishes and culture.
 - Be a good role model. Take good care of ourselves while we care for others.
- Providers are not "just" baby sitters or caretakers who are minding the children. They are very important people in the lives of the children. They are teaching them to trust, that the world is an interesting and wonderful place, and that they are capable and enjoyable people. Providers are teaching them love and limits with words and actions. This is done throughout the day during routines and activities.



USING ROUTINES AS LEARNING MOMENTS

Goal

To explore how providers can turn routines into special learning opportunities

Materials Needed

- Overhead: *Module 1, Workshop 1, Activity 11: Using Routines as Learning Moments*
- Video: *It's Not Just Routine-Feeding, Diapering, and Napping Infants and Toddlers* (Be sure it is cued up.)
- Easel paper and markers
- Wet wipes
- Small cups
- Water

Large Group

Ask participants to list their favorite times of day. Chart the responses. Note if any of the times are feeding, diapering or napping. If yes, affirm that these are wonderful intimate moments with children. If not, share that not only are these intimate, potentially wonderful moments with children, if power struggles are not created, but also great learning opportunities for children.

Pairs Work

Hand Washing Simulation

Ask participants to get into pairs. Each pair will be given two washcloths and a cup filled with some water. Ask them to take turns washing each other's hand twice. One participant should play the role of the provider and one should play the child.

- The first time, the participants should be told to wash and dry the hand as quickly as possible, without talking or making any eye contact.
- The second time, the participants should wash and dry each other's hand as gently and lovingly as they can.
- The participant taking the role of the provider should use the appropriate body language and talk to the one playing the child as if she were a child in her care.
- Ask the participants to compare these two different experiences. Then ask them to share their observations with the large group.

Discussion

- What was the first experience like?
- What did it feel like the second time?
- How do you think these two different experiences would feel like to children?
- What message do these experiences send children?

Video Clip

Show the clip (starting with the sleeping blond child and continuing to the end of the tape). This is approximately 1 1/2 minutes. Ask the participants to notice what the providers are doing in the video to make the routine special, not just a chore.

Key Talking Points

- Adults can help make the routine moments through their day into special learning opportunities by:
 - Helping a child transition
 - Paying attention to the child.
 - Looking into the child's eyes.
 - Holding and touching the child.
 - Talking with the child.
 - Helping the child help himself/herself.
 - Modeling for the child.
 - Respecting the child's unique and individual needs.
- What do you think a child learns from these things?
- Positive responses such as trust, attachment, language skills, motor skills, problem solving skills, and self-help skills, support the child's unique growth and development and the child's self-esteem.



CLOSING AND EVALUATION

Goal

To give the participants a chance to reflect on, and evaluate the presentation

Materials Needed

Handout: *Module 1, Workshop 1, Activity 12: Closing and Evaluation*

Closing

Ask the participants to reflect for a few minutes about the session and their thoughts about it. Thank them for attending and ask them to fill out the evaluation form.

MODULE ONE
THE VITAL ROLE OF THE CARING PROVIDER:
SAFETY, HEALTH AND NUTRITION

Workshop One



Worksheets



The Role of the Caring Provider

HOPES, DREAMS AND SPECIAL GIFTS

- What is a hope or dream that you have for this child?
- What is an expectation that you have for this child?
- What is a unique gift that you can bring to this child because of your special relationship?

Worksheet

Module 1, Workshop 1, Activity 6
Hopes, Dreams and Special Gifts

SHARING PERSPECTIVES: BUILDING PARTNERSHIPS

I want to provide the best possible care for this child. What I need and want from the parents is...

I want to have the best possible care for my child.
What I need from my caring provider is...

Worksheets

Module 1, Workshop 1, Activity 9

Sharing Perspectives:

Building Partnerships

MODULE ONE
THE VITAL ROLE OF THE CARING PROVIDER:
SAFETY, HEALTH AND NUTRITION

Workshop One



Overheads



The Role of the Caring Provider

SAFETY CONTRACT

We will respect each other.

We will speak one at a time.

We will listen to each other.

We will participate as
fully as we can.

We will respect confidentiality
and personal feelings.

Overhead

Module 1, Workshop 1, Activity 4

Safety Contract

HOPES, DREAMS AND SPECIAL GIFTS

- What is a hope or dream that you have for this child?
- What is an expectation that you have for this child?
- What is a unique gift that you can bring to this child because of your special relationship?

Overheads (1 of 3)

Module 1, Workshop 1, Activity 6

Hopes, Dreams and Special Gifts

HOPE, DREAMS AND SPECIAL GIFTS

We all hope for the best for each child.

We all want to do what's best for each child.

We all have special gifts to offer children.

We each have a special relationship to the individual child we are caring for.

It is important to set goals for children and have realistic expectations.

In order to have realistic expectations, we must understand what the child is trying to accomplish at each age and stage.

To keep these things in mind, I offer this poem to you.

Overheads (2 of 3)

Module 1, Workshop 1, Activity 6

Hopes, Dreams and Special Gifts

THE BIG DREAM

FOR CHILDREN'S LEARNING FOR LIVING

- **B**elieve in children. **B**uild on their strengths.
- **I**nvolve children in thinking and doing by the way of the BIG DREAM.
- **G**ive your best self for children. **G**row in understanding and knowledge of children.
- **D**raw out children's thoughts and ideas.
- **R**espect each child and each child's efforts; give **R**esponsibility.
- **E**xpect the BEST. **E**ncourage, **E**xtend their thoughts and language.
- **A**ccept, **A**ppreciate each child.
- **M**elt away what divides children; **M**eld them together in cooperation.

Overheads (3 of 3)

Module 1, Workshop 1, Activity 6

Hopes, Dreams and Special Gifts

A JOURNEY

Imagine that you are taking this child on a wonderful trip. This will be a journey of a lifetime. This adventure will create many wonderful and lasting memories for you and this child. It will be a trip that will bring you to new and exciting places. It will give you an opportunity to share a special time with friends and relatives. You will be learning many new things in your travels together. Each person will grow from the joys and the challenges of this big adventure.

Overheads (1 of 2)

Module 1, Workshop 1, Activity 10

Visioning the Role of the Provider

A JOURNEY

- What will you need to do to prepare for this trip?
- What will you have to pack for you and the child?
- Where will you stay?
- Will you be visiting another culture?
- Will you be speaking another language?
- How will you get around?
- What will you do when you get there?
- What kind of food will you eat?
- How will you keep each other safe?
- What will you do if you get sick?
- What will you do in an emergency?
- How will you communicate with people back home?
- Who will help you on this adventure?
- How will you remember your trip?

Overheads (2 of 2)

Module 1, Workshop 1, Activity 10

Visioning the Role of the Provider

USING ROUTINES AS LEARNING MOMENTS

Adults can help make the routine moments through their day into special learning opportunities by:

- Helping a child transition.
- Paying attention to the child.
- Looking into the child's eyes.
- Holding and touching the child.
- Talking with the child.
- Helping the child help himself/herself.
- Modeling for the child.
- Respecting the child's unique and individual needs.

What do you think a child learns from these things?

Overhead

Module 1, Workshop 1, Activity 11

Using Routines as Learning Moments

MODULE ONE
THE VITAL ROLE OF THE CARING PROVIDER:
SAFETY, HEALTH AND NUTRITION

Workshop One



Handouts



The Role of the Caring Provider

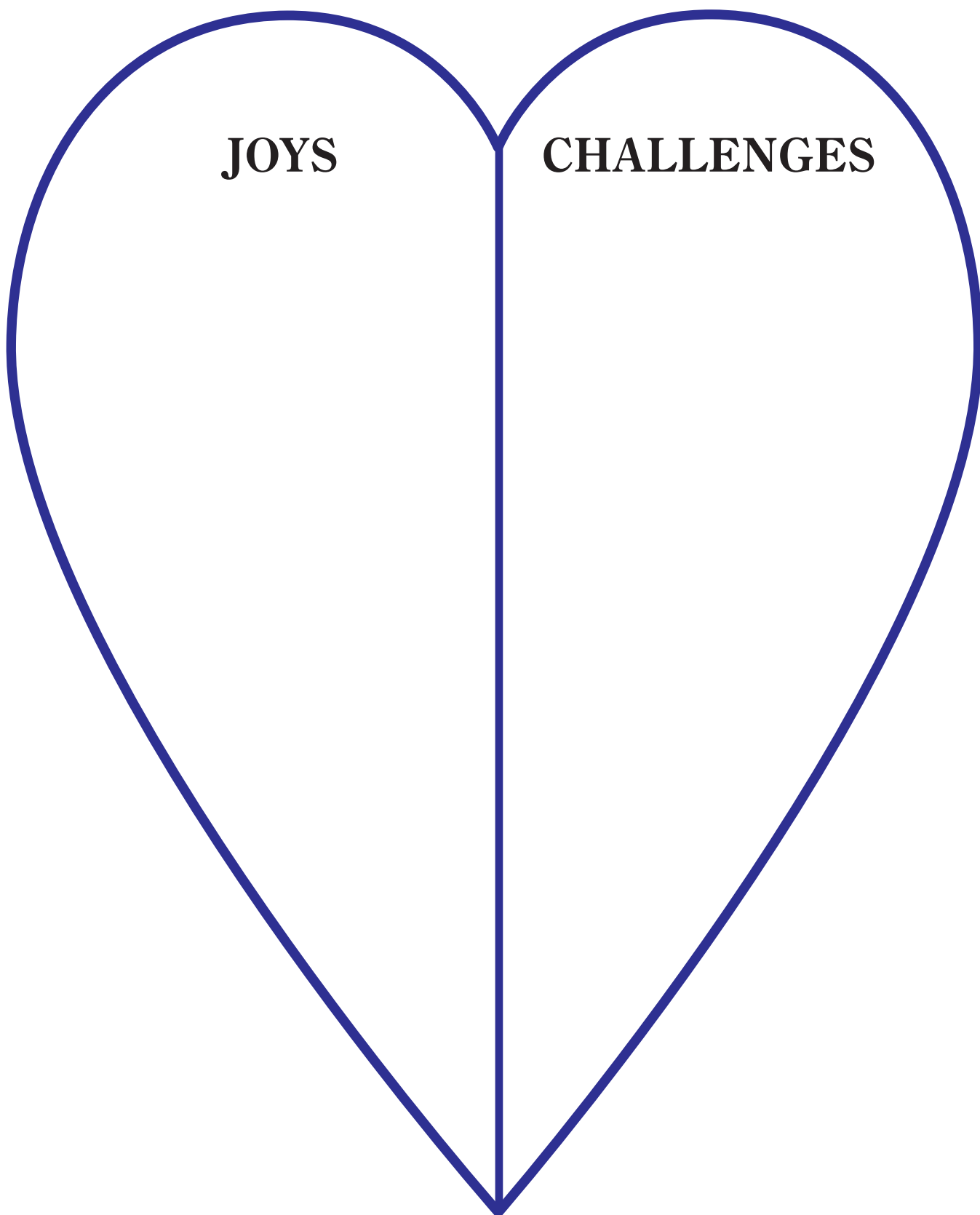
THE BIG DREAM

FOR CHILDREN'S LEARNING FOR LIVING

- **B**elieve in children. **B**uild on their strengths.
- **I**nvolve children in thinking and doing by the way of the BIG DREAM.
- **G**ive your best self for children. **G**row in understanding and knowledge of children.
- **D**raw out children's thoughts and ideas.
- **R**espect each child and each child's efforts; give **R**esponsibility.
- **E**xpect the BEST. **E**ncourage, **E**xtend their thoughts and language.
- **A**ccept, **A**ppreciate each child.
- **M**elt away what divides children; **M**eld them together in cooperation.

Handout

Module 1, Workshop 1, Activity 6
Hopes, Dreams and Challenges



Handout

Module 1, Workshop 1, Activity 7

*Joys and Challenges of
Caring for Children*

CONTINUING CONVERSATION WITH PARENTS

Get to know the family - There are many different types and sizes of families. Get to know family members and how they relate to the child. It will help you to understand and care for the child.

- Ask for names and a family photo when the child enters childcare.
- Get a list of the people who are authorized to pick up the child.
- Invite all significant adults to any parent's conferences.
- Have "family events"- an open house, a picnic, a holiday party.

Build a relationship with parents

- Acknowledge parents as individuals. Be sure to greet them as well as the child
- Use greeting and departure time for friendly daily contact. You don't want your first real conversation to be when something has gone wrong.
- Have something positive to say about their child or their relationship with their child.
- Show interest in the whole family without be intrusive. It will help if you are aware of any major family changes that may directly or indirectly effect the child, but, confidentially must be respected.

Share the child care experience with the family - You can give parents a peek into the childcare scene in a variety of ways:

- Stories about their children can delight parents at the end of the day, so make mental note of something new or interesting that you observed.
- A weekly or monthly newsletter. This can have anecdotes about specific children, notices about events or policy reminders. This is a nice way to announce new families, but be sure to ask their permission first.
- A photo album that shows the events of typical day, labeled and in sequence. This is also helpful for prospective parents to get a feel for your program.
- A photo "story". A single or sequence of photos with little explanation about a special time- a baby noticing and touching another baby or toddlers dancing.
- Videotapes for the children, which parents can borrow.

Handouts (1 of 3)

Module 1, Workshop 1, Activity 9
Sharing Perspectives: Building Partnerships

Tips for communicating when parents have concerns about child care

- Listen. If you cannot take the time at that moment to talk, arrange time soon. Acknowledge that it is important. *I'm glad that you let me know about your concerns. Can we talk about it this afternoon?*
- Listen carefully. Hear them out before you attempt to respond.
- Check that what you heard is what they meant. Summarize and rephrase it. Ask if your understanding matches their intent. *So, Suzy won't go to bed until 11pm, and you think it's because she is sleeping too much in childcare. Is this right?*
- Acknowledge the parent's feeling. *It sounds like this is exhausting and frustrating for you.*
- Ask the parent's advice on what may make the situation better.
- Clarify what you are willing to do. *Maybe Suzy is ready for one nap instead of two. I will see if she can stay awake until after lunch and have an early afternoon nap.*
- Make suggestion for helping the situation at home if the parent is open to this.

Tips for communicating when the problem is outside of childcare - Parents may have a horrible commute, high-stress job, multiple family problems, numerous appointments with health or social service agencies or other stressful events and challenges. You can empathize without “catching” the stress.

- Be clear about personal and professional boundaries-providers do not need to be rescuers, counselors, social workers or doctors.
- Develop good listen skills. Sometimes people just need to be heard. Listening is different from having to do anything about the problem.
- Have some written information available- articles on parenting, a list of parenting classes, parenting hotlines and agencies and resources.

Tips for communicating when you have a concern - Your concern about a child or about someone's parenting skills may or may not match the parent's perception.

- Use “I” messages. *I know it's sometimes hard to understand what Luke wants,* instead of, *You really need to try to understand Luke better.*
- Acknowledge the parent's feelings. *It can be really frustrating.*
- Offer what you have to learn without being the “know it all”. *One of the things that work here in childcare is to have him show me what he wants.*
- Keep the focus on the child. *How do you know when he is hungry?*

When child rearing beliefs and practices differ from yours

Family and cultural values are reflected in child-rearing practices. Differences may feel uncomfortable, but if we acknowledge them, we can possibly expand our own thinking and can bring an appreciation for the rich diversity within our humanity.

Source: Zetes, Kathy (author), Betty Cohen (editor), *Look Who's Coming to Family Child Care*, California Child Care Resource and Referral Network, San Francisco, California, 1998.

Handouts (2 of 3)

Module 1, Workshop 1, Activity 9
Sharing Perspectives: Building Partnerships

At 20 months old, Jose's hair was very long and curly. Mary, his provider, was concerned about his length because older children and adults thought Jose was a girl. Whenever she mentioned to Isabel, Jose's mother, about how fast his hair was growing, Isabel smiled with pride. Mary wondered if Isabel secretly wished for a girl for her only child. During the next few months, Mary madder more hints about Jose's hair, with no results. Then, one day Jose arrived with a short haircut. It was his second birthday, according to his family's cultural tradition; a boy's hair is not cut until that time.

You can address differences that influence child care by using these guidelines:

- Examine your own practices and underlying values.
- Be able to talk about what you do in child care and why you do it.
- Observe, ask and listen in an effort to really understand the value of what other families do.
- Be willing to negotiate differences.

Summary

- Children in your care belong to families. Your welcome and continuing communication with parents will make the child care experience better for all. Each new family brings new challenges for you as well as another opportunity to expand your world, your perspective and your love.

Source: Zetes, Kathy (author), Betty Cohen (editor), *Look Who's Coming to Family Child Care*, California Child Care Resource and Referral Network, San Francisco, California, 1998.

Handouts (3 of 3)

Module 1, Workshop 1, Activity 9
Sharing Perspectives: Building Partnerships

THE ROLE OF THE CARING PROVIDER

Family child care providers (or caregivers) come to this profession for many reasons. Some have been raising their own children or grandchildren, some want to start a family and be home and some want to have the independence of having their own business. The reasons are attractive; the work is hard. Caring for infants and toddlers calls for your complete presence. Full commitment to this nurturing work can make it mutually satisfying for you and children.

- **Provide a safe environment**

Infants and toddlers have ways of getting into trouble that often surprise us. It takes great vigilance to foresee what could be a hazard to them. Who would have thought that those little knobs on the toilet pedestal would be so inviting, or that the stuffing coming out of the bottom of the sofa would be so tasty? The social environment can also create some challenges. Young infants need to be guarded from feisty toddlers as they learn the gentler ways of interacting. Struggles between two toddlers need gentle guidance to prevent an epidemic of biting or hitting.

- **Provide abundant love and attention**

Babies depend on the kindness of others to survive. The love and attention that a baby receives on a consistent basis transmits what it means to be human and to relate to others in a caring way. You bring humanity to the relationship when you look and touch with affection; share the joy of an infant's new discovery; talk with, not at, the baby; invite a baby's involvement and bring your curiosity about who the child is as a person.

- **Regulate the amount and type of stimulation**

While brain research emphasizes the need for stimulation for a baby's brain to grow, the type and the amount of stimulation needs to be tailored for each baby. The caregiver must find a balance between being overprotective and exposing the child to sensory input and new experiences. Opportunities for the baby to be actively involved and not overwhelmed, promote growth and a sense of competence.

- **Learn to understand non-verbal communication**

While a baby's sparkling smile can be recognized and understood by anyone, other facial gestures, body movements and different types of cries may not be so easily understood. Even the toddler, who has gained some understanding of the spoken language, relies heavily on gestures to communicate. Some babies are easier to read than others. Some are more persistent in getting their message across. Having someone recognize and respond appropriately to particular signals supports a baby's sense of being known. Not being understood or not getting one's needs met can be lonely and dangerous for the baby.

Handouts (1 of 3)

Module 1, Workshop 1, Activity 10

Visioning the Role of the Provider

- **Get to know each child individually**

No two children are alike. Each inherits a mix of the parents' genes and is born with a particular potential for development and a distinctive temperament. From the time of birth, each child is brought into a physical and social environment, which creates unique experiences. No two sets of experience are identical, even in the same family. The child's individuality is revealed through your observation skills and communication with parents. Your knowledge of the child as a whole person brings a fullness to the relationship.

- **Be prepared to change approaches as baby grows**

Young babies need to be held or see their caregivers up close and nearby. As babies grow and become active movers with an interest in the larger environment, the caregiver's role changes. Opportunities for the baby to have a close and nurturing contact are now supplemented with the caregiver's encouragement to go exploring and gentle guidance and redirection to keep them safe. Young toddlers often get lost in child care when the group is of mixed ages. They are not babies and they are not preschoolers. Although they often act like they are independent, they need adults to support their play, be available for hugs and provide a model for language.

- **Communicate regularly with parents**

While child care is a service for parents, it is another world for infants and young toddlers. Clear program policies and agreements can prevent stress in this vital parent/provider relationship. This will enable the adults to exchange insights and information which will help bridge the two worlds of home and child care. Plan to use greeting and departing times to communicate and build your relationship with parents. Arrange parent conferences when necessary.

- Time spent on good planning and personal reflection is time well spent. Although your family child care will grow with each new child, it is necessary to have a sense of your program and role in advance. Your physical, mental and emotional preparation will make the arrival of the infants, young toddlers and their families a welcome event.

Source: Zetes, Kathy (author), Betty Cohen (editor), *Look Who's Coming to Family Child Care*, California Child Care Resource and Referral Network, San Francisco, California, 1998.

Handouts (2 of 3)

Module 1, Workshop 1, Activity 10
Visioning the Role of the Provider

TOP 10 TIPS FOR CARING PROVIDERS

- Be prepared and be present.
- Provide loving attention, supervision and guidance.
- Keep children safe and healthy.
- Offer a safe and nurturing environment.
- Consider the child's unique needs and development.
- Give them a balance of stimulating activities and quiet times for regrouping and reflection.
- Help the child learn and grow.
- Communicate with an open mind and heart.
- Be respectful of the families' wishes and culture.
- Be a good role model. Take good care of ourselves while we care for others.

Handouts (3 of 3)

Module 1, Workshop 1, Activity 10

Visioning the Role of the Provider

WORKSHOP EVALUATION

Three things I learned ...

1.

2.

3.

One thing I will try...

One thing I want to learn more about...

Handout

Module 1, Workshop 1, Activity 12
Closing and Evaluation

MODULE ONE
THE VITAL ROLE OF THE CARING PROVIDER:
SAFETY, HEALTH AND NUTRITION

Workshop Two



Safety as They Grow

OVERVIEW

Safety as They Grow, the second workshop of a three part series, promotes the concept of “safety first”. The need to feel safe is a basic human need, according to Maslow’s Hierarchy of Needs. Children cannot grow and learn in an environment that does not provide a safe physical and emotional climate. A major role of the provider is to ensure that the physical environment is free from potential safety hazards. This allows children the freedom to play and explore safely. Children also need to feel emotionally safe with the adults and other children at home, as well as in the caring environment. This “safety net” supports a child’s continued growth and development. This workshop will explore ways of providing a safe and nurturing care environment.

GOAL

To provide an overview of issues regarding child safety, ways to create a safe environment and how to respond to emergencies

OBJECTIVES & MATERIALS

LEARNING OBJECTIVES

Participants will:

- Learn the elements of child safety.
- Identify ways to create a safe environment for children.
- Brainstorm ways to prevent accidents.
- Identify potential hazards in the home.
- Learn how to childproof.
- Create strategies for keeping children safe during routines.
- Practice making a call to 911.

MATERIALS & EQUIPMENT NEEDED

- TV/VCR
- Overhead projector or PowerPoint projector with laptop
- Easel with flip chart paper or white board
- Training folders for *Workshop Two: Safety as They Grow*
- Overhead transparencies for *Workshop Two: Safety as They Grow*
- Sign-in sheets and nametags
- Markers, pens, and pencils
- Sticky notes
- Large sticky notes
- Index cards
- Tape
- Materials specifically related to each activity

BACKGROUND RESOURCES

The complete information on the background resources listed below can be found in the bibliography at the end of the *Trainer's Guide*.

Books:

- Miller, Karen. *Ages and Stages*. 2001.
- Dorr, Janice Bey. *Guide for Home Based Family Child Care*. 1994
- Koralek, Derry G., Laura J. Caulker and Diane Trister Dodge. *Caring for Children in Family Child Care*. 1993.
- United Way Success By Six, Massachusetts Bright Futures, DPH and Commonwealth of Massachusetts Department of Public Health. *Growing Up Healthy*. 2001.
- Zetes, Kathy (author), Betty Cohen (editor). *Look Again: Infants and Toddlers in Family Child Care*. 2004.
- Zetes, Kathy (author), Betty Cohen (editor). *Look Who's Coming to Family Child Care*. 1998.

Brochures and Poster:

- *Positive Parenting: Ten Ways to Help Your Infant's Brain Develop*. 1999.
- *Tips on Keeping Your Baby Safe*. 1999.
- Poster: *Be Safe in Child Care and At Home*.

Videos:

- *Child Safety at Home*. 1992.
- *It's Not Just Routine: Feeding, Diapering and Napping Infants and Toddlers*. 2000.
- *Safe from the Start*.
- *Safety Starts at Home*. 2003.

SAMPLE AGENDA

Workshop Length:

2 hours

SUGGESTED TIMELINE

**Registration, Introductions, Pre-Assessment, Warm-Up
and Safety Contract**

35 minutes

- Registration and Housekeeping Items (Activity 1)
- Introductions and Pre-assessment (Activity 2)
- Warm-up Activity: “No!” Is Not Enough (Activity 3)
- Safety Contract (Activity 4)

Activities: Choose from the following:

35 minutes

- Setting the Stage for Safety (Activity 5)
- Providers Need Eyes in the Back of their Heads (Activity 6)
- Identifying Hazards (Activity 7)
- Dead Ringers (Activity 8)
- Childproofing in Action (Activity 9)

Break

5 minutes

Activities: Choose from the following:

35 minutes

- Taking Nothing for Granted: Getting Through Routines Safely (Activity 10)
- “911, This is an Emergency!” (Activity 11)

Summary, Closing, Evaluation (Activity 12)

10 minutes

Note: There may not be time to do all the activities.

ACTIVITIES



REGISTRATION AND HOUSEKEEPING ITEMS

Goal

To welcome the participants, introduce the trainer, assess the environment, and review policies regarding food, cell phones and stretch breaks

Materials Needed

- Sign-in sheets
- Markers and pens
- Nametags
- Folders for *Workshop Two: Safety As They Grow*

As the participants come into the room, greet them, ask them to sign in and, if they wish, make a personalized nametag. Hand them a folder. Once all the participants have come in and settled, welcome them, introduce yourself and the agency you represent. Thank them for making the time for being there and tell them how to access the restrooms. This is also a good time to assess the temperature of the room and address policies regarding food, cell phones and stretch breaks.



INTRODUCTIONS AND PRE-ASSESSMENT

Goal

To get acquainted with the participants and their expectations for the workshop

Materials Needed

None

Group Sharing

Have the participants introduce themselves and briefly answer the following questions:

- *What attracted you to this session?*
- *What do you expect to gain from this session?*



“NO!” IS NOT ENOUGH

Goal

To explore ways to protect children and keep them safe

Materials Needed

- Bright red or orange sticky notes
- Poster: *Be Safe In Child Care and At Home*

Large Group Activity

Distribute five bright red or orange sticky notes to participants. Ask participants to take three minutes and place the sticky notes on anything in the training space that they think might be potentially hazardous to infants and children. Then ask participants to go back to their seats and notice what they see in the room.

- Note items that have been labeled as “hot spots”, such as a table, chairs, exits, cords, electrical sockets, equipment, pocket books, etc.
- Ask how they would get out of a space in an emergency. Mention that it is always a good practice to note where the exits are when you enter any new space or building.

Key Talking Points

- There are many potential hazards in any space. It is not enough to have your home childproofed. When visiting a new space with children, we also have to be aware of the dangers there for the child and supervise at all times.
- Children cannot protect themselves; they depend on adults.



SAFETY CONTRACT

Goal

To establish some ground rules in order for the participants to feel as comfortable as possible during the discussion

Materials Needed

- Overhead projector
- Easel and flip chart paper or white board
- Marking pens
- Overhead: *Module 1, Workshop 2, Activity 4: Safety Contract*

Opening Statement

Mention that one of the goals of the session is for everyone to feel as comfortable as possible during the discussion and that a safety contract can help by establishing some ground rules. Display the *Safety Contract* that is already created and ask if it is acceptable to the group. Modify the contract according to their feedback. Emphasize that sharing personal experiences is not mandatory.

Example of contract:

We will respect each other.

We will speak one at a time.

We will listen to each other.

We will participate as fully as we can.

We will respect confidentiality and personal feelings.



SETTING THE STAGE FOR SAFETY

Goal

To brainstorm ways to prevent accidents

Materials Needed

- Worksheet: *Module 1, Workshop 2, Activity 5: Setting the Stage for Safety*
- Two charts posted on the wall, tape
- Large sticky notes
- Pens or markers

Individual Reflection

Have two charts on the wall with the following headings: “Things I Fear” “Things I Do”.

Ask participants to think about their responses to these two statements:

- *One of my worst fears about children’s safety...*
- *One thing I can do to keep a child safe...*

Ask them to write their responses on sticky notes, using one note for each comment. Have participants place their responses under the appropriate heading on the wall.

Example:	<i>Things I Fear</i>	<i>Things I Do</i>
	Falls	Have gates on stairs
	Choking	Cut food into tiny pieces
	Poisoning	Use safety locks
	Drowning	Keep toilet closed
	SIDS	Don’t smoke
	Suffocation	No blankets, toys, bumpers in crib

Ask participants to share one of the fears and/or a suggestion for keeping children safe that they placed on the wall. If time is short, ask for one or the other. Alternate between soliciting fears and safety suggestions.

Key Talking Points

- We all have fears, worries, and concerns about the wellbeing of children.
- The best method of providing safety is prevention of accidents.
- As children become more mobile, there are four primary safety precautions:
 - Providing vigilant supervision by keeping children within eyesight and hearing range
 - Inspecting children's environment
 - Inspecting equipment and playthings; childproofing
 - Being prepared for emergencies.



PROVIDERS NEED EYES IN THE BACKS OF THEIR HEADS

Goal

To discuss strategies to enhance safety in the home

Materials Needed

- Sets of six pictures for each table (Each set includes: Child, Baby and Magic Marker; Child and Police Officer; Dog and Baby; Toddler and Pet Dish; Toddler in Fridge; and Preschooler Totes Guns.)
- Handouts: *Module 1, Workshop 2, Activity 6: Providers Need Eyes in the Back of their Heads*

Small Group

A Picture Is Worth a Thousand Words

Show the pictures of *Providers Need Eyes at the Back of Their Heads* to the participants. Distribute a set of six pictures to each table. (For smaller groups, hand out the pictures individually to the participants.) Ask them to discuss the following questions at their tables.

- What is the danger lurking in this picture?
- What can be done to prevent this situation?
- How do we share “stranger danger” awareness?

Note: If time is short ask participants to focus on only one picture per table or small group.

Key Talking Points

- It only takes a split second! Children must be supervised at all times!
- Infants, toddlers and preschoolers do not understand their own limits.
- Safety outside the home is equally important to safety inside the home.
- Children and pets must be constantly supervised. Don't assume that pets will remain friendly at all times. Homes must be safety-proofed for both children and pets.
- Children should not have access to standing water (examples: pet dishes, toilets, rain buckets, cleaning buckets, wading pools, etc.). Children have been known to drown in as little as one inch of water.
- There must be childproof locks on all doors and cabinets.
- Guns and children don't mix. Children cannot tell the difference between a toy gun and a real gun. Adults must use gun safety in their homes and teach children about gun safety in others' homes.



IDENTIFYING HAZARDS

Goal

To identify hazards and discuss strategies to minimize them

Materials Needed

- Handouts: *Module 1, Workshop 2, Activity 7: Identifying Hazards*

Small Group

Distribute a set of the Handouts: *Module 1, Workshop 2, Activity 7: Identifying Hazards* with the rooms from the poster *Be Safe in Child Care and at Home*. One set should be given to each table. If the group is small, give one picture to each small group or pair.

Ask the participants to look at each of the rooms and identify the potential hazards to children. Ask them to notice how the rooms were made safer for children.

- Note all the potential hazards and safety precautions.
- Note items such as table, chairs, exits, cords, electrical sockets, equipment, pocket books, etc.
- Ask how would they get out of the space in an emergency. Mention that it is always a good practice to know where the exits are when you enter any new space or building.
- Recommend that participants have a comprehensive book and/or video on hand to guide them through childproofing.

Note: Bibliography in training packet.

Key Talking Points

- Childproofing should be done on a regular basis before the child's new spurt in development. There should be a daily inspection for hazards to prevent accidents and injuries.
- There are many potential hazards in any space. It is not enough to have your home childproofed. When visiting a new space with children, we also have to be aware of the dangers there for the child and supervise at all times.
- Children cannot protect themselves; adults have to do it for them.
- We all have fears, worries, and concerns about the well being of children. The best method of providing safety is prevention of accidents.
- **IMPORTANT NOTE:** The most current safety recommendations as seen in the video *Safe From the Start*, hosted by Gloria Estefan, First 5 California, say that there should be no crib bumpers, pillows, blankets, or stuffed toys in a baby's crib for the first six months. Crib slats should be no more than 2 3/8 inches apart. Crib corner posts should be no more than 1/16 of an inch above the height of the crib. No cribs should be used that were manufactured before 1991 because they are unsafe.
- As children become more mobile, there are four primary safety precautions:
 - Providing vigilant supervision by keeping children within eyesight and hearing range
 - Inspecting children's environment, equipment and playthings
 - Childproofing
 - Being prepared for emergencies

Key Talking Points Continued

SUGGESTIONS FOR IDENTIFYING HAZARDS

- Discuss that the best way to childproof your home is to think like a child. Start on the floor. Infants and children spend a great deal of time on the floor. Look at the various levels of the room. Consider the height of children. Think about how children climb and what props could be used in climbing.
- Remember that outside areas need patrolling, too! This includes any transportation being used. Any place you go for a little fieldtrip should be checked. Neighborhood parks, pools and ponds can be enjoyable as long as there are no accidents or injuries.
- If guns are in the house, they should be unloaded and locked up. They should have trigger locks. The ammunition should be locked up separately.
- Prevent electric shock by locking up all unused cosmetic appliances and unplugging all kitchen counter appliances. Cover all electrical outlets with the larger size outlet covers to prevent choking and shocks.
- Prevent accidental drowning by closing the lid on the toilet, emptying any cleaning buckets, emptying rainwater from outside receptacles, making sure pet dishes are not accessible to children, and putting a five foot, self-closing, latched fence around any pools, empty wading pools.
- Prevent falls by using window guards, gates at the bottom and top of the stairs and removing slippery area rugs. Watch out for furniture being used as climbing apparatus.
- Walkers with wheels should not be used. They are one of the leading causes of accidents in children under one.
- Prevent cuts by removing all sharp objects out of child's reach including knives, razors, scissors and serrated edges. Furniture's sharp edges should be covered.
- Most importantly, children and pets should be supervised at all times! It only takes a second for a child to get into trouble. Remember the old saying, "An ounce of prevention is worth a pound of cure!"
- Be your own "Paramedic." Take an authorized First Aid/CPR course so you will be ready in an emergency. Inspect the house for choking hazards and possibilities that children may suffocate. Keep small toys, plastic bags, and balloons out of children's reach. Prevent suffocation by tying or taping back all cords. Remember to have appropriate, safe sleeping arrangements for each child. Do not use waterbeds or bean bag chairs. Always put babies to sleep on their backs. Do not prop bottles when feeding infants or let them bring bottles to bed. Do not tie "binkies" around a child's neck. Jewelry for children is not recommended. Take drawstrings out of hooded sweatshirts and jackets. Check toys for breakable parts and age recommendations on the package.
- Be a "Poison Patroller" and lock up all medicines, cosmetics and personal care products, household cleaners, gardening supplies, and chemical products. Always store items in their original containers. Do not call medicine "candy." Teach the children to ask first before they take food. Do not have poisonous plants in children's areas. Know the names of your plants inside and outside. Hiding the poisons is simply not enough! Children can get into all kinds of places. Remember, there is really no such thing as a "childproof cap."
- Be your own "Fire Marshall." Make sure your house has smoke alarms, a radon detector, and a carbon monoxide protector. Do not smoke, leave candles burning, or leave matches unlocked. Prevent burns and fires. Do not carry a child while carrying something hot; do not use tablecloths; turn pot handles to the back of stove; make sure the water temperature is set below 120 degrees Fahrenheit to prevent scalding. Never allow children to take things out of the microwave and do not heat bottles in the microwave. Have a fire extinguisher readily available. Have a fire escape plan and practice it on a regular basis.



“DEAD RINGERS”

Goal

To identify potential poisonous hazards and discuss strategies to prevent poisoning

Materials Needed

- Cloth to hide the “Dead Ringers”
- Handout: *Module 1, Workshop 2, Activity 8: Dead Ringers*
- Five sets of “Dead Ringers” (keep original containers)
Examples of “Dead Ringers”:

Toxic

Mr. Clean
Windex
Contact Capsules
Aspirin
Borax

Non-Toxic

Apple Juice
Blue Gatorade
Good & Plenty Candy
Altoids
Powdered Sugar

Large Group Demonstration

“Dead Ringers” should be placed on a table in advance and covered with a cloth until it is time for this exercise. Reveal the items with the labels of the original containers turned away from the group.

Ask the participants to identify the items. Ask the group what the danger is and how it can be prevented.

Review the steps that providers should take if there should be an accidental poisoning.

Note: Point out the handout on “What to do if there is an Accidental Poisoning” in their training packet.

Key Talking Points

- Approximately 1,000,000 children are poisoned every year in homes.
- Seven out of ten calls to Poison Control are for children five and under.
- Poisons can be eaten, inhaled, swallowed, absorbed or injected.
- Providers should conduct “Poison Patrols” and look for poisons including cleaning agents, cosmetic and personal care items, cigarettes, plants, topical agents, pesticides and medicines.
- It’s important that adults be aware of hazards such as radon, carbon monoxide and insect bites.
- There are four main preventative actions:
 - Supervision at all times.
 - Childproofing-keeping poisons in original containers, up high and locked up. (Examples: mouthwash, iron supplements, antifreeze, alcohol, lamp oil, drain opener)
 - Teaching children about poison safety and to ask before they eat something. (Never call medicine candy!)
 - Being prepared in emergencies.

Note: See handout on “Being Prepared for Emergencies” in the training packet.

(Sources: Videos-Child Safety at Home and Safety Starts at Home)



CHILDPROOFING IN ACTION

Goal

To discuss strategies to child proof children's environments

Materials Needed

- Video: *Safe from the Start*, hosted by Gloria Estefan, First 5 California.
- Handout: *Module 1, Workshop 2, Activity 9: Childproofing in Action*

Large Group

Introduce the video by saying, “We have talked a lot about the importance of keeping children safe by childproofing. Now, let’s see how this is done.”

Video: *Safe from the Start*, hosted by Gloria Estefan, First 5 California. Cue video to Gloria Estefan saying, “As your baby reaches eight months or so...” It is about 13 minutes into the tape.

- Play the video until the end. The segment is approximately 10 minutes long.
- Stop the video if you feel it needs further discussion.
- Ask providers to make note of anything that hasn’t been covered so far in the workshop.
- What stuck in their minds the most about the things mentioned in the video?
- Discuss with providers whether they think that the things in the video related to childproofing are easily done or not.
- If some of the childproofing ideas are challenges for the providers, discuss what other options they might have.



TAKING NOTHING FOR GRANTED: GETTING THROUGH ROUTINES SAFELY

Goal

To discuss strategies to enhance safety during daily routines

Materials Needed

- Glass jar labeled “Routine Jar”
- Slips of paper
- Chart paper

Preparation

On each of the slips of paper write down one routine. There should be enough slips for each participant to select one. Put all of the slips into the “Routine Jar”.

Examples of routines include: Feeding, Diapering, Toileting, Bathing, Hand Washing, Brushing Teeth, Sleeping, Transporting, Preparing Meals, Outdoor Play, Visiting, Indoor Play, Greeting, Reunion.

List the routines on the chart paper in columns.

The Routine Jar

Display the “Chart of Routines” and solicit other ideas from the participants. Make notes on easel pad if time allows.

Ask participants to choose a routine from the “Routine Jar.” Encourage the providers to come up with ways to make the routine as safe as possible. Have participants share their ideas with a partner.

Key Talking Points

SUGGESTIONS FOR GETTING THROUGH ROUTINES SAFELY

Feeding:

- Breastfeeding is safest for babies. Mothers should be encouraged to continue breastfeeding whenever possible.
- When feeding formula, the top of the container should be wiped off and directions should be followed.
- Bottles should not be put in the microwave.
- Babies need to be held to be fed and bottles not propped. Babies should not be put in bed with bottles because it causes teeth to rot and could lead to suffocation.
- New foods need to be introduced one at a time to avoid allergies.
- It is essential to ask the child's family about any allergies. Allergies can be potentially fatal.
- Do not give children under six years old any hotdogs, grapes or cherry tomatoes, seeds, raisins, carrots, celery, or apple chunks that are not cut up into very small pieces. "Bite size is the right size."
- Do not let children under six years old have hard candy, popcorn or nuts.
- Spread peanut butter thinly on crackers and don't give large chunks.
- Make sure children are secured in their seats during mealtime, not walking around the house while eating.
- Teach the children the universal sign for choking (hands placed across the chest at the base of the neck).
- Know how to do the Heimlich maneuver.

Hygiene:

- Never leave child alone while diapering, toileting or bathing.
- While diapering, keep sharp objects and appliances out of reach.
- Keep toilets closed, bathtubs drained, poisons locked out of reach.
- Check water temperature before washing hands or bathing. It should be no more than 120 degrees Fahrenheit.

Sleeping:

- Always put the child on his or her back to go to sleep.
- Keep cribs away from window or window cords.
- Cribs should be 35" maximum height; slats no more than 2 3/8 inches apart; corner posts only 1/16th of an inch. No cribs bought before 1991 should be used.
- There should be no blankets, pillows, bumpers or stuffed animals in the crib with a baby under eight months old.
- Make sure that the mattress is no more than two fingers from edge.

Key Talking Points Continued

Outdoor Play:

- Always supervise children at play.
- Be sure to put on sunscreen.
- Watch for bug bites and be prepared. Some children have severe allergies.
- Watch for all standing water including pools, puddles, buckets, ponds and hot tubs.
- Most accidents involve falls; play on soft surfaces.
- Children under five years old should use swing seats.
- Do a safety check when playing outside.
- Check any play equipment and toys.
- Watch for animals.
- Watch for poisonous plants.

Indoor Play:

- Children must always be supervised.
- Be aware of lead paint danger. Be sure not to have peeling paint accessible.
- Do not use walkers.
- Use window, radiator and fireplace guards.
- Use gates on stairs.
- Have at least one room fully childproofed to allow for free play and avoid accidents.

Greeting and Reunion:

- Never allow a child to play in or around cars.
- Always look behind the car first when ready to pull out of the street or driveway.
- Always make sure that the child is securely strapped in a car seat.
- Never leave a child unattended in a vehicle; not even for a moment!
- Never drive under the influence of any drugs or alcohol.
- Develop a policy about what to do if you feel a parent is under the influence of drugs or alcohol and shouldn't be driving.
- Always consider the child's well-being and safety first. Be aware of any signs of abuse or neglect. When in doubt, check it out! (*See handout on signs of abuse and neglect.)
- Never allow the child to be taken by anyone other than the people authorized to pick up the child.
- Most accidents occur within three miles of home.



“911: THIS IS AN EMERGENCY!”

Goal

To practice making 911 calls

Materials Needed

- Handouts: *Module 1, Workshop 2, Activity 11: “911: This is an Emergency!”*
- Video: *Child Safety at Home: Before Calling 911-All you need to know about your child’s safety in the household. 1992.*

Large Group Discussion

Ask the participants if anyone in their family ever had to make a call to 911. Give participants the opportunity to share a few examples.

Video Viewing

Cue the video *Child Safety at Home* to emergencies – making the call to 911. It is about 1 1/2 minutes long at the end of the tape, and show the segment.

Role Play

Break participants into pairs. Have participants each role play making a call to 911. The partners should give each other feedback on what they observed.

Key Talking Points

- No matter how vigilant we are, accidents can still happen. The children and their families depend on us to react in a responsible and caring manner. It is difficult to “keep our cool” in a crisis but it is very important that we do not panic.
- The child’s well-being is in our hands.
- It is essential that we are prepared in case of accidents, fires, or other medical emergencies. Having the appropriate phone numbers at our fingertips as well as any documentation necessary is essential. It is a good idea to role play calling 911. It is important for the children to be able to place a 911 call as well as soon as they are capable. You never know when the provider might have a personal emergency herself.



CLOSING AND EVALUATION

Goal

To give the participants a chance to reflect on, and evaluate the presentation

Materials Needed

- Easel, chart paper and pens
- Handouts: *Module 1, Workshop 2, Activity 12: Closing and Evaluation*

Until We Meet Again

- Ask how people are feeling at this point. Are people more anxious or do they feel more prepared?
- Is there anything else that the participants feel they need further assistance in regarding the topic: Safety as We Grow?
- Chart any responses on the easel pad for follow-up.
- Ask providers to share one safety tip they will be using in caring for children in their homes.
- Ask the participants to reflect for a few minutes about the session and their thoughts about it. Thank them for attending and ask them to fill out the evaluation form.

Key Talking Points

- Participants may feel both a little more anxious and more prepared. This is to be expected because, hopefully, their level of awareness has been raised about the need to be vigilant in their supervision of the child in their care.
- Adults should be aware that it is not just “things” that can cause a child harm but in some cases, it is the people they know and may even love.
- Adults cannot prevent all that may be harmful to children but they can try to do no harm. The children are vulnerable and depend on their caregivers until someday, they can take care of themselves and others. They learn how to do this from the adults around them.

MODULE ONE
THE VITAL ROLE OF THE CARING PROVIDER:
SAFETY, HEALTH AND NUTRITION

Workshop Two

Worksheets



Safety as They Grow

THINGS I FEAR, THINGS I DO

- One of my worst fears about children's safety ...

- One thing I can do to keep a child safe ...

Worksheet

Module 1, Workshop 2, Activity 5
Setting the Stage for Safety

MODULE ONE
THE VITAL ROLE OF THE CARING PROVIDER:
SAFETY, HEALTH AND NUTRITION

Workshop Two

Overheads



Safety as They Grow

SAFETY CONTRACT

We will respect each other.

We will speak one at a time.

We will listen to each other.

We will participate as
fully as we can.

We will respect confidentiality
and personal feelings.

Overhead

Module 1, Workshop 2, Activity 4

Safety Contract

MODULE ONE
THE VITAL ROLE OF THE CARING PROVIDER:
SAFETY, HEALTH AND NUTRITION

Workshop Two

Handouts



Safety as They Grow

WHAT IS THE DANGER LURKING IN THIS PICTURE?
WHAT CAN BE DONE TO PREVENT THIS SITUATION?



Handout (1 of 6)
Module 1, Workshop 2, Activity 6
*Providers Need Eyes in the Backs of
Their Heads*

WHAT IS THE DANGER LURKING IN THIS PICTURE?
WHAT CAN BE DONE TO PREVENT THIS SITUATION?



Handout (2 of 6)
Module 1, Workshop 2, Activity 6
*Providers Need Eyes in the Backs of
Their Heads*

WHAT IS THE DANGER LURKING IN THIS PICTURE?

WHAT CAN BE DONE TO PREVENT THIS SITUATION?



Handout (3 of 6)

Module 1, Workshop 2, Activity 6

*Providers Need Eyes in the Backs of
Their Heads*

WHAT IS THE DANGER LURKING IN THIS PICTURE?
WHAT CAN BE DONE TO PREVENT THIS SITUATION?



Handout (4 of 6)
Module 1, Workshop 2, Activity 6
*Providers Need Eyes in the Backs of
Their Heads*

WHAT IS THE DANGER LURKING IN THIS PICTURE?
WHAT CAN BE DONE TO PREVENT THIS SITUATION?



Handout (5 of 6)
Module 1, Workshop 2, Activity 6
*Providers Need Eyes in the Backs of
Their Heads*

WHAT IS THE DANGER LURKING IN THIS PICTURE?

WHAT CAN BE DONE TO PREVENT THIS SITUATION?

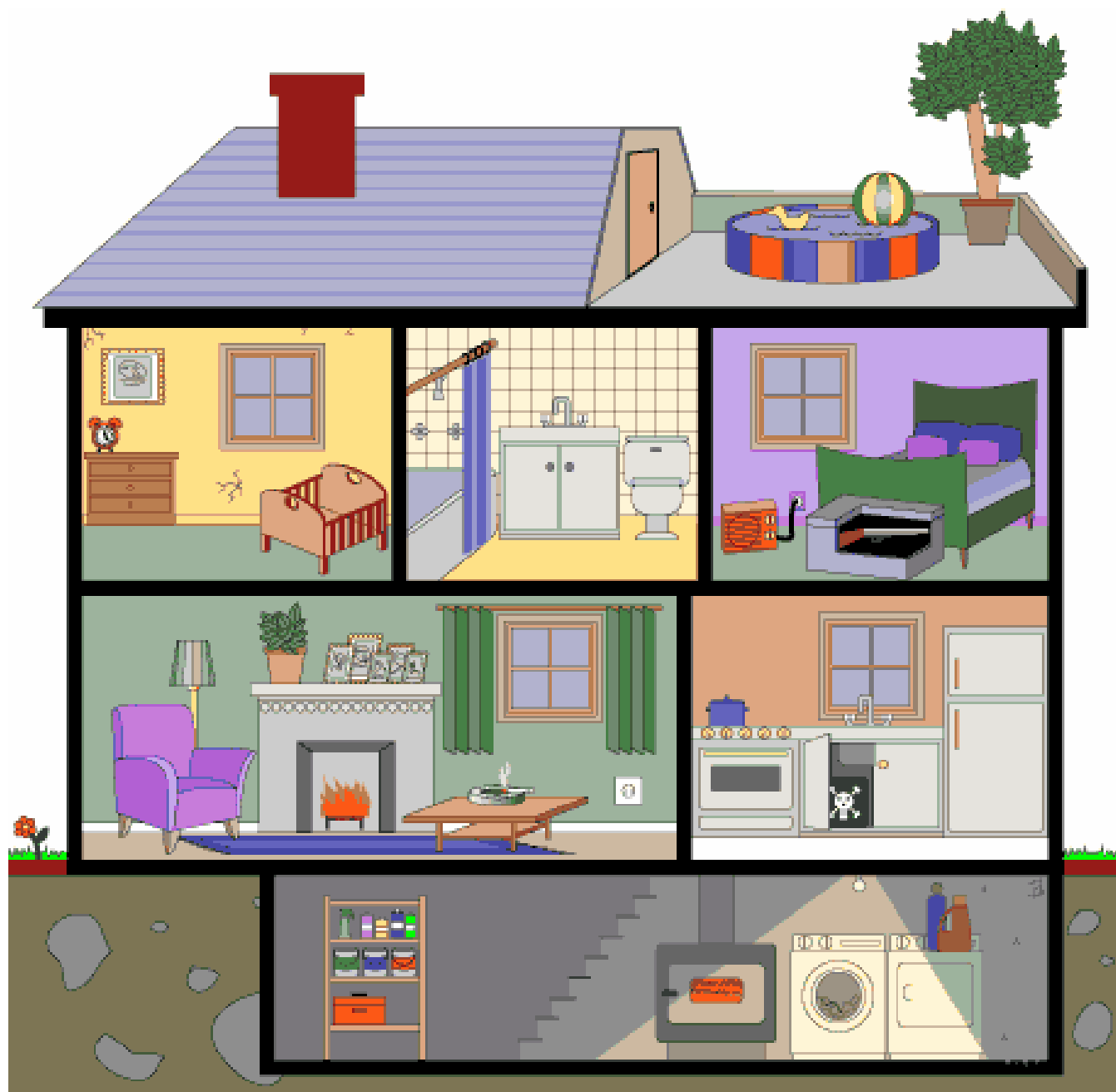


Handout (6 of 6)

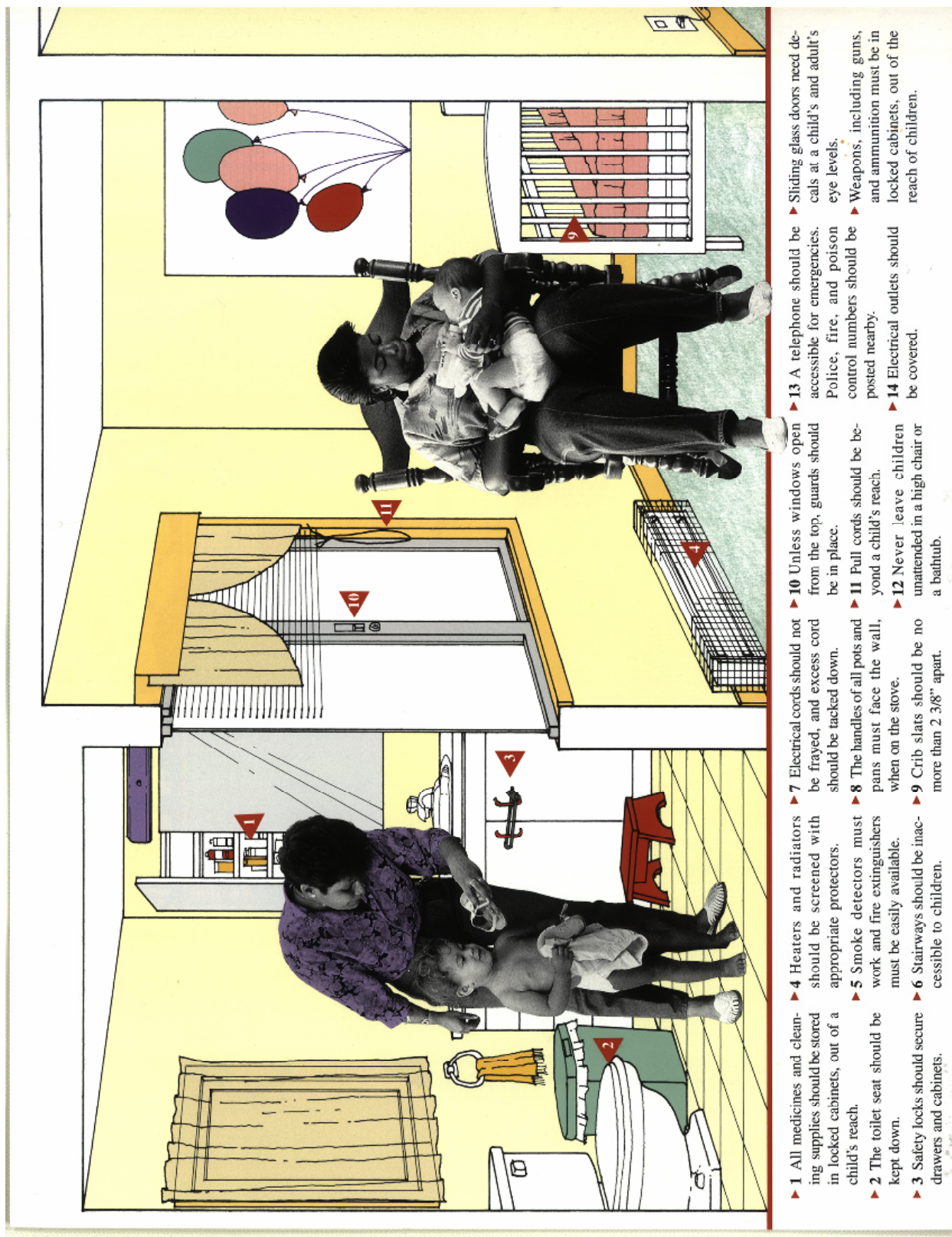
Module 1, Workshop 2, Activity 6

*Providers Need Eyes in the Backs of
Their Heads*

NO IS NOT ENOUGH! LET'S CHILDPROOF



Handouts (1 of 4)
Module 1, Workshop 2, Activity 7
Identifying Hazards



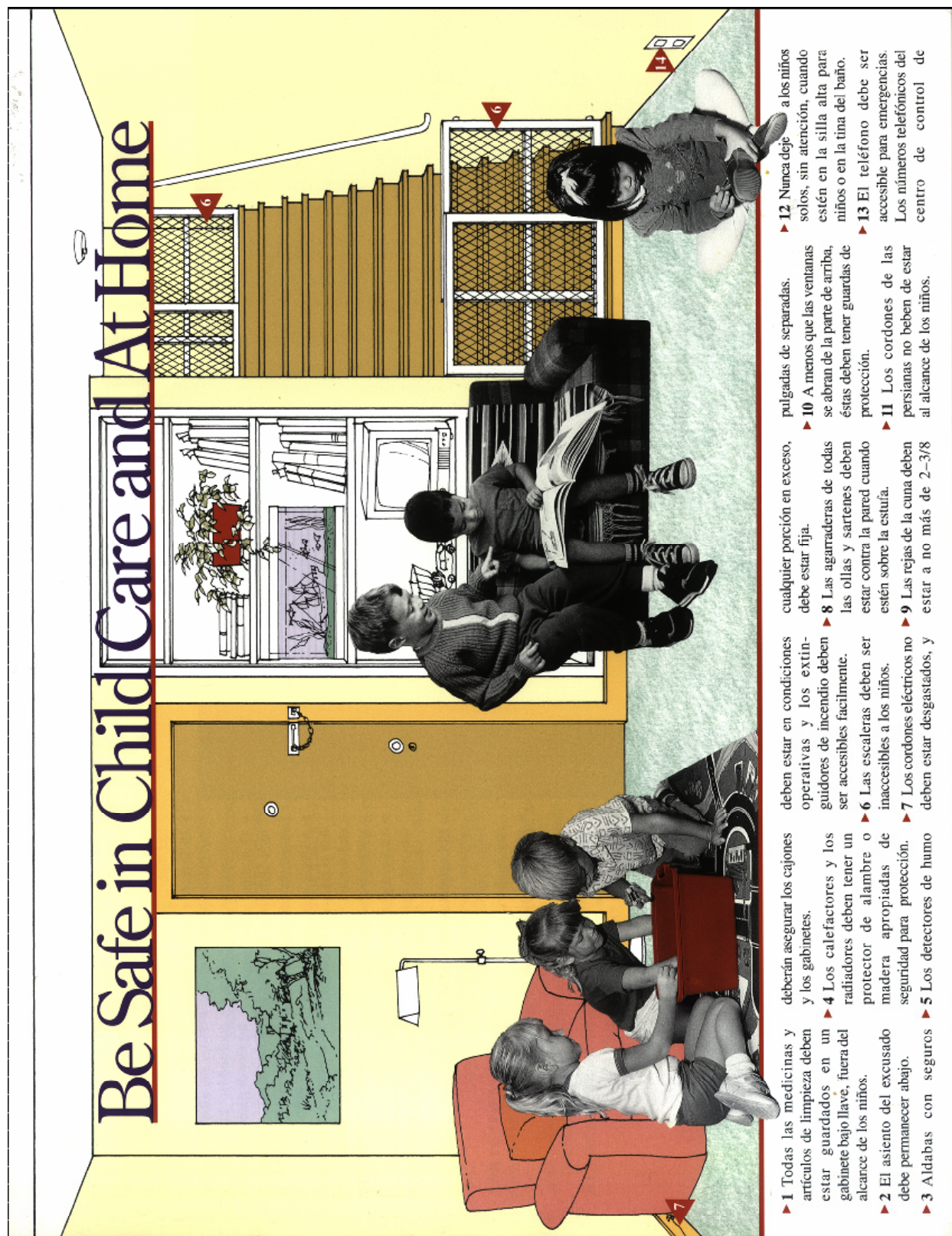
- ▶ 1 All medicines and cleaning supplies should be stored in locked cabinets, out of a child's reach.
- ▶ 2 The toilet seat should be kept down.
- ▶ 3 Safety locks should secure drawers and cabinets.
- ▶ 4 Heaters and radiators should be screened with appropriate protectors.
- ▶ 5 Smoke detectors must work and fire extinguishers must be easily available.
- ▶ 6 Stairways should be inaccessible to children.
- ▶ 7 Electrical cords should not be frayed, and excess cord should be tacked down.
- ▶ 8 The handles of all pots and pans must face the wall, when on the stove.
- ▶ 9 Crib slats should be no more than 2 3/8" apart.
- ▶ 10 Unless windows open from the top, guards should be in place.
- ▶ 11 Pull cords should be beyond a child's reach.
- ▶ 12 Never leave children unattended in a high chair or a bathtub.
- ▶ 13 A telephone should be accessible for emergencies. Police, fire, and poison control numbers should be posted nearby.
- ▶ 14 Electrical outlets should be covered.
- ▶ Sliding glass doors need decals at a child's and adult's eye levels.
- ▶ Weapons, including guns, and ammunition must be in locked cabinets, out of the reach of children.

Handouts (2 of 4)

Module 1, Workshop 2, Activity 7

Identifying Hazards

Be Safe in Child Care and At Home

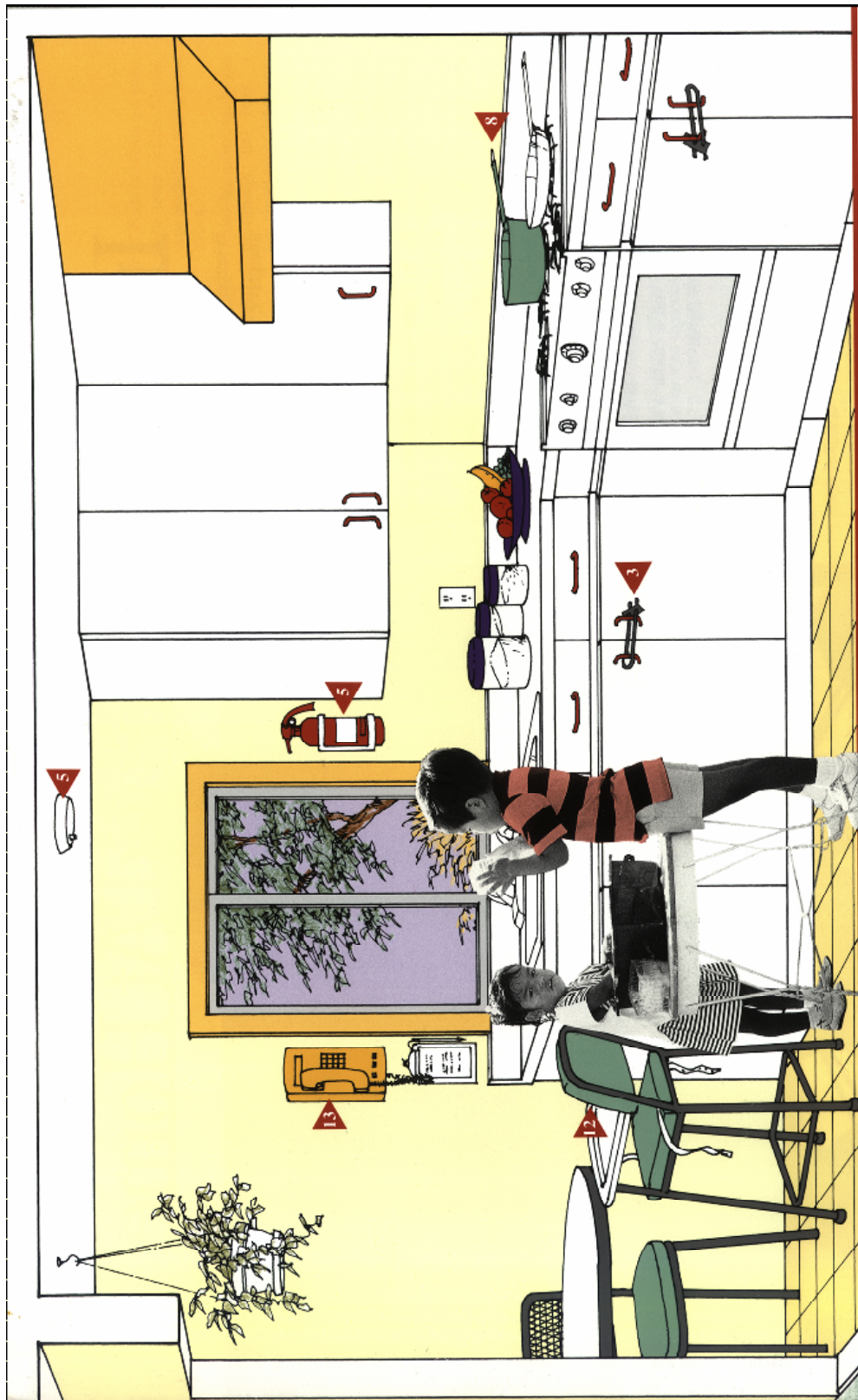


- ▶ 1 Todas las medicinas y artículos de limpieza deben estar guardados en un gabinete bajo llave, fuera del alcance de los niños.
- ▶ 2 El asiento del excusado debe permanecer abajo.
- ▶ 3 Aldabas con seguros ▶ 4 Los calefactores y los radiadores deben tener un protector de alambre o madera apropiadas de seguridad para protección.
- ▶ 5 Los detectores de humo deben estar en condiciones operativas y los extinguidores de incendio deben ser accesibles fácilmente.
- ▶ 6 Las escaleras deben ser inaccesibles a los niños.
- ▶ 7 Los cordones eléctricos no deben estar desgastados, y cualquier porción en exceso, debe estar fija.
- ▶ 8 Las agarraderas de todas las ollas y sartenes deben estar contra la pared cuando estén sobre la estufa.
- ▶ 9 Las rejas de la cuna deben estar a no más de 2-3/8 pulgadas de separadas.
- ▶ 10 A menos que las ventanas se abran de la parte de arriba, éstas deben tener guardas de protección.
- ▶ 11 Los cordones de las persianas no deben de estar al alcance de los niños.
- ▶ 12 Nunca deje a los niños solos, sin atención, cuando estén en la silla alta para niños o en la tina del baño.
- ▶ 13 El teléfono debe ser accesible para emergencias. Los números telefónicos del centro de control de

Handouts (3 of 4)

Module 1, Workshop 2, Activity 7

Identifying Hazards



- envenenamiento, la policía, y los bomberos deben ser colocados cerca de éste.
- 14 Los enchufes de electricidad deben estar cubiertos con tapones de plástico.
- Las puertas de vidrio, que se deslizan, deben tener calco-
- manías a la altura de los ojos de los niños y de los adultos.
- Las armas, incluyendo las pistolas y las balas, deben estar en gabinetes cerrados con llave y fuera del alcance de los niños.
- 1 藥物及清潔劑，應儲藏在孩子拿不到的上鎖櫃內。
- 2 廁所蓋板，應經常蓋著。
- 3 抽屜抽屜，應用安全扣鎖好。
- 4 熱水爐及暖爐，應用安全繩罩上，內放好。
- 5 滅火器及防煙警鐘，應安裝在常醒處，並需按時檢查其操作是否正常。
- 6 樓梯口應用柵欄擋住，以防孩子發生意外。
- 7 電線外線不可留有破損缺口，多餘部份應纏上或扣好。
- 8 廚房爐頭的鍋鏟手柄，應向牆內放好。
- 9 嬰兒床周圍的柵欄間距不能超過 2 - 3/8 吋。
- 10 除了由上方開啓的窗戶，所有窗戶都應用安全扣鎖穩。
- 11 可拉長的電線，應放在孩子找不到的地方。
- 12 不應讓孩子獨自在高椅，或浴缸中。
- 13 電話應放在常醒處，以備緊急時求救使用。警署，消防署，中毒處理中心的電話，應貼在電話機旁邊。
- 14 所有電擊插口應封好。
- 透明玻璃滑門，要分別在成人和孩子的視平線範圍，貼以標紙，避免誤撞玻璃發生意外。
- 一切武器，包括手槍，保鏢一定鎖在孩子找不到的地方。

Handouts (4 of 4)

Module 1, Workshop 2, Activity 7 Identifying Hazards

DEAD RINGERS

- Approximately 1,000,000 children are poisoned every year in homes.
- 7 out of 10 calls to Poison Control are for children five and under.
- Poisons can be eaten, inhaled, swallowed, absorbed or injected.
- Providers should conduct “Poison Patrols” and look for poisons including cleaning agents, cosmetic and personal care items, cigarettes, plants, topical agents, pesticides and medicines. (Examples: mouthwash, iron supplements, antifreeze, alcohol, lamp oil, drain opener, radon, carbon monoxide, insect bites)
- There are four main preventative actions:
- Supervise at all times.
- Childproof-keep poisons in original containers, up high and locked up.
- Teach children about poison safety and to ask before they eat something. (Never call medicine candy!)
- Be prepared in emergencies.

Handout

Module 1, Workshop 2, Activity 8

Dead Ringers

IMPORTANT NOTE

The most current safety recommendations as seen in the video *Safe From the Start*, hosted by Gloria Estefan, First 5 California, say that there should be no crib bumpers, pillows, blankets, or stuffed toys in a baby's crib for the first six months. Crib slats should be no more than 2 3/8 inches apart. Crib corner posts should be no more than 1/16 of an inch above the height of the crib. No cribs should be used that were manufactured before 1991 because they are unsafe.

Handout

Module 1, Workshop 2, Activity 9

Childproofing in Action

EMERGENCY PHONE NUMBERS LIST

Emergency Phone Number: For MEDICAL, FIRE, and POLICE: 911

Poison Control: 1-800-222-1222 (This is the national number, it connects to the local poison control.)

Fill in these phone numbers today

Our name: _____ Our phone: _____

Our address: _____

Mom's work phone: _____ Mom's cell phone: _____

Dad's work phone: _____ Dad's cell phone: _____

In case of emergency,
please inform: (name) _____ Phone: _____

Address: _____

Doctor name: _____ Phone: _____

Address: _____

Health insurance company: _____ Medical record number: _____

Phone: _____ Member ID number: _____

Hospital name: _____ Phone: _____

Dentist name: _____ Phone: _____

Pharmacy: _____ Phone: _____

Neighbor's name: _____ Phone: _____

Babysitter's name: _____ Phone: _____

School name: _____ Phone: _____

Other health information numbers: (Ask your doctor, nurse, or health insurance company for other places to call for health advice. Write the numbers down here.) _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Mayer, Gloria, R.N. and Ann Kuklierus, R.N. , *What To Do If Your Child Gets Sick*. La Habra, California, Institute for Health Care Advancement, 2003, v.

Handouts (1 of 3)

Module 1, Workshop 2, Activity 11

"911: This is an Emergency!"

WHEN TO CALL THE DOCTOR OR CLINIC

Sometimes you need to call the doctor or get help right away. Here are some of those times.

- Your child has trouble breathing
- Bleeding will not stop
- Any injury that you think might lead to your child's death
- Blood in your child's pee (urine) or BM (bowel movement)
- Coughing or throwing up blood
- Diarrhea and no pee for 6 hours
- The soft spot on the baby's head is bulging or sunken
- Pain in the ear or liquid, pus or blood coming out of the child's ear
- Your child has a hard time swallowing or won't eat
- Your child has both a fever and a stiff neck
- Fever of 100.2 degrees F (rectal), if your baby is younger than 2 months old
- Fever of 101 degrees F (rectal) if your baby is between 2 and 6 months old
- Fever of 103 degrees F (rectal) if your baby is between 6 months and 2 years old

This is a short list of when to call the doctor or get help right away. You should call the doctor whenever you have a concern, doubt, fear or question. Read this book for other times to call your doctor or nurse, *What To Do If Your Child Gets Sick* by Gloria Mayer, R.N. and Ann Kuklierus, R.N.

Handouts (2 of 3)

Module 1, Workshop 2, Activity 11

"911: This is an Emergency!"

KEEPING SAFE

IN CASE OF EMERGENCY

For serious injury or sudden, severe illness, call 911. If you think your child may have swallowed something poisonous, first call the Poison Control Center at 1-800-222-1222. This is the national number. It connects to the local poison control. Keep this number next to your telephones and put it in your cell phone directory.

Try to stay calm. When you call, be prepared to give:

- Your child's age
- Your child's weight
- Your child's temperature
- A description of the problem
- The address where you are and the phone number

Do not hang up first, in case more information is needed. To be prepared for an emergency, have these things together and out of the child's reach:

- Scissors
- Thermometer
- Tweezers
- Bandages
- Gauze
- Cotton Balls
- Antiseptic spray or ointment
- Children's pain reliever, such as acetaminophen or ibuprofen.**
Never give your child aspirin unless your doctor tells you to.
- Syrup of Ipecac ** Never give Syrup of Ipecac
unless your doctor tells you to.

Handouts (3 of 3)

Module 1, Workshop 2, Activity 11

"911: This is an Emergency!"

FAMILY VIOLENCE

Family Violence can take many forms: a spouse, girl/boyfriend or lover hurting his or her partner; parents, siblings, relatives or caretakers hurting children; or an adult hurting an older person. Some types of abuse and common examples are:

Emotional Abuse:

- Name-calling
- Controlling
- Making threats
- Making it hard to stay close to family and friends

Physical Abuse:

- Hitting or slapping
- Pushing
- Kicking
- Choking
- Burning
- Shaking

Sexual Abuse:

- Any sexual contact that is not wanted
- Refusing to practice safe sex or birth control
- Any sexual behavior with a child by someone older
- Making sexual remarks or showing body parts in a hurtful way

CHILDREN, VIOLENCE, ABUSE AND NEGLECT

Children are hurt by seeing violence and being victims of violence. Children can be abused by almost anyone. Children are also affected by watching someone get hurt.

Signs that children may have seen violence or been abused:

- Bruises and other injuries
- Fear and anxiety
- Learning problems
- Sleeping or eating problems
- Aggressive behavior
- Very shy behavior
- Problems being close to others
- Sexually transmitted diseases
- Inappropriate sexual talk, behavior or knowledge

Always believe your child if he or she says that someone is hurting him or her. Protect your child:

- Teach your child what abuse is.
- Teach them the correct names for body parts.
- Teach your child that he or she never deserves to be hurt.

Let your child know that you want to be told if anyone touches him or her or makes him or her feel uncomfortable.

Never leave your child with someone you don't feel comfortable with and trust.

If you suspect that a child has been abused, it is your responsibility to protect the child and report it.

Handouts (1 of 3)

Module 1, Workshop 2, Activity 12

Closing and Evaluation

GETTING SAFE

If you feel that you can not protect yourself or your children, you need to get help. There are many people who want you to be safe. Talking about it with someone you trust is the first step in getting help and protecting yourself.

Get information and support from a hotline, advocate, counselor, or trusted friend. These people can help you find a way to get safe. These ways can be:

- Staying in the relationship safely
- Leaving the relationship or place in a safe way
- Getting to a new, safe place
- Staying safe
- Getting help with housing, food and clothes

VIOLENCE, TV, MOVIES AND TOYS

Children learn violent behavior from seeing it, doing it and believing it is okay. Some movies, television shows and toys made for children encourage violence. Watching people hitting and shooting watch other on TV can make your child more likely to hit and kick. It can also make her more afraid and less aware of other people's feelings. Violent toys, movies and TV teach that:

- Violence is the best way to solve problems
- Violence is heroic
- Violence is fun and entertaining.

You can help your child :

- Limit or avoid TV
- Select non-violent programs and videos
- Do not choose toy weapons
- Choose toys that help your child be creative
- Watch TV together and talk about any violence you see
- Talk about non-violent ways to solve problems
- Do not choose toys that are linked to violent characters

Handouts (2 of 3)

Module 1, Workshop 2, Activity 12

Closing and Evaluation

WORKSHOP EVALUATION

Three things I learned ...

1.

2.

3.

One thing I will try...

One thing I want to learn more about...

Handouts (3 of 3)

Module 1, Workshop 2, Activity 12

Closing and Evaluation

MODULE ONE
THE VITAL ROLE OF THE CARING PROVIDER:
SAFETY, HEALTH AND NUTRITION

Workshop Three



Healthy as They Grow

OVERVIEW

Healthy as They Grow, the third workshop of a three part series, focuses on health and nutrition. As with safety, health and nutrition are considered basic needs of children and adults. You may have some experience with health and nutrition already. With all the information on health and diet available to us through the media, most of us seem to know what we need to do but we just don't do it! We are supposed to go for our healthy check-ups in a timely way. We are supposed to exercise at least ½ hour daily and eat nutritious meals and snacks without overeating. When we are caring for children, it is not enough to recite the “shoulds.” We must practice what we preach because literally, their future is in our hands. Children do not have enough knowledge or experience to make their own health decisions. We have to teach them, guide them and help them along the way. “Providers play a crucial role in the development of healthy eating and physical activity patterns for children. Play times and mealtimes are two important experiences children participate in as they grow, develop and form habits that will carry them into adulthood. Children tend to emulate those around them and often look to their adult role models to guide them in their behaviors and decisions. Keeping this in mind, the adults’ actions can positively influence the mental and physical development of the child in care. Providers also serve as educational resources on childhood nutrition and physical development for families.” (Source: H.E.A.L.T.H.Y. Kids, a collaboration by the Massachusetts Department of Education, Nutrition Programs and Food Services, Harvard Prevention Research Center, and the Massachusetts Office of Child Care Services.) Also, we need to take care of ourselves in order to care for others. In this workshop, participants will explore ways to keep themselves healthy and well nourished.

GOAL

To provide an overview of important issues regarding health and nutrition, strategies for providing a healthy caring environment, and teaching children good habits

OBJECTIVES & MATERIALS

LEARNING OBJECTIVES

Participants will:

- Identify the elements of a healthy environment and its importance to children and families.
- Learn strategies for keeping themselves and the children healthy.
- Understand the importance of routine methods to prevent illness.
- Learn to recognize illness and know when to call the doctor.
- Identify the elements of a well balanced diet for babies, toddlers, preschoolers and school-age children.
- Become aware of food safety issues.
- Be able to create a healthy daily schedule of exercise, nutritious meals and snacks.

MATERIALS & EQUIPMENT NEEDED

- Overhead projector or PowerPoint projector with laptop
- Easel with flip chart paper or white board
- TV/VCR
- Training folders for *Workshop Three: Health and Nutrition as They Grow*
- Overhead transparencies for *Workshop Three: Health and Nutrition as They Grow*
- Sign-in sheets and nametags
- Markers, pens, pencils and/or crayons
- Sticky notes, small and large
- Index cards
- Tape
- Materials specifically related to each activity

BACKGROUND RESOURCES

The complete information on the background resources listed below can be found in the bibliography at the end of the *Trainer's Guide*.

Books:

- American Institutes for Research, for the California Department of Education, Child Development Division. *Supporting Early Learning: Guidelines for Home Care Settings*. 2004 Draft
- Dorr, Janice Bey. *Guide for Home Based Family Child Care*. 1994
- Koralek, Derry G., Laura J. Caulker and Diane Trister Dodge. *Caring for Children in Family Child Care*. 1993.
- Miller, Karen. *Ages and Stages*. 2001
- Zetes, Kathy (author), Betty Cohen (editor). *Look Again*. 2004.
- Zetes, Kathy (author), Betty Cohen (editor). *Look Who's Coming to Family Child Care*. 1998.

Brochure:

- *Ten Tips for Feeding Your Toddler Without a Fuss*. 1998.

Videos:

- *Your Healthy Baby*. 2001.

SAMPLE AGENDA

Workshop Length:

2 hours

SUGGESTED TIMELINE

**Registration, Introductions, Pre-Assessment, Warm-Up
and Safety Contract**

35 minutes

- Registration and housekeeping items (Activity 1)
- Introductions and pre-assessment (Activity 2)
- Warm-up activity: Things to Keep Us Healthy (Activity 3)
- Safety contract (Activity 4)

Activities: Choose from the following:

35 minutes

- Food for Thought (Activity 5)
- You Are What You Eat (Activity 6)
- Let's Get Physical! (Activity 7)

• **Break**

5 minutes

Activities: Choose from the following:

35 minutes

- Ball Toss (Activity 8)
- Your Perfect Day (Activity 9)

Summary, Closing, Evaluation (Activity 10)

10 minutes

Note: There may not be time to do all the activities.

ACTIVITIES



REGISTRATION AND HOUSEKEEPING ITEMS

Goal

To welcome the participants, introduce the trainer, assess the environment, and go over policies regarding food, cell phones and stretch breaks

Materials Needed

- Sign-in sheets
- Markers and pens
- Nametags
- Folders for *Workshop Three: Healthy as They Grow*

As the participants come into the room, greet them, ask them to sign in and, if they wish, make a personalized nametag. Hand them a folder. Once all the participants have come in and settled, welcome them, introduce yourself and the agency you represent. Thank them for making the time for being there and tell them how to access the restrooms. This is also a good time to assess the temperature of the room and address policies regarding food, cell phones and stretch breaks.



INTRODUCTIONS AND PRE-ASSESSMENT

Goal

To get acquainted with the participants and their expectations for the workshop

Materials Needed

None

Group Sharing

Have the participants introduce themselves and briefly answer the following questions:

- *What attracted you to this session?*
- *What do you expect to gain from this session?*



THINGS TO KEEP US HEALTHY

Goal

To brainstorm and discuss strategies that promote health

Materials Needed

- Easel and flip chart paper
- Markers
- Worksheets: *Module 1, Workshop 3. Activity 3: Things to Keep Us Healthy*
- Handouts: *Module 1, Workshop 3. Activity 3: Things to Keep Us Healthy*
- Pencils and pens

Reflection

What I think...

Complete the following statement on the worksheet:

Healthy Children Are...,

When participants have had some time to consider the question, ask for feedback and chart the key ideas.

What I Do...

Ask the participants to reflect on these two statements for a moment, using the second worksheet:

Things I do to keep myself healthy ...

Things I do to keep a child healthy...

Small Group

- Break the participants into two groups. Half of the tables or groups should chart their answers to the statement: “Things I do to keep myself healthy...”
- The other half of the tables or groups should chart their answers to the statement: “Things I do to keep a child healthy...”

Note: Be sure to ask them to pick a recorder before they start.

- When they have finished, ask them to star the top three responses.
- Ask a volunteer from the groups to share the top three things they do to keep themselves or a child healthy. Note the similarities and differences.
- Note how similar the two lists are.

Key Talking Points

- We need to take care of ourselves if we are responsible for taking care of children. As the saying goes, “Put on your oxygen mask first!” Emphasize the following strategies to promote health:
- Provide a well- balanced day. Be quiet, active, indoors, outdoors, rest, sleep, eat, snack, drink water, speak, listen and read!
- Use and encourage good hygiene: frequent hand washing, bathing, brushing and flossing, diapering and toileting.
- Exercise regularly and actively. Use and encourage healthy eating habits; provide nutritious food.
- Drink plenty of water; limit sugary liquids.
- Make sure to avoid alcohol, of course, while caring for children!
- Prevent germs from spreading. Use bleach solution to disinfect; keep sick children isolated; wash hands frequently.
- Prevent illness and accidents. Encourage well-child check-ups and immunizations (Keep up to date with health care recommendations.); use medications appropriately; do not smoke; be aware of allergies.
- Use stress relief strategies: breathe slowly and deeply, drink water, exercise, meditate, take time for yourself when the children are not in your care.
- Suggest they watch the *I am Your Child* video, Your Healthy Baby, hosted by Phylicia Rashad, produced by New Screen Concepts.



SAFETY CONTRACT

Goal

To establish some ground rules in order for the participants to feel as comfortable as possible during the discussion

Materials Needed

- Overhead projector
- Easel and flip chart paper or white board
- Marking pens
- Overhead: *Module 1, Workshop 3, Activity 4: Safety Contract*

Opening Statement

Mention that one of the goals of the session is for everyone to feel as comfortable as possible during the discussion and that a safety contract can help by establishing some ground rules. Display the *Safety Contract* that is already created and ask if it is acceptable to the group. Modify the contract according to their feedback. Emphasize that sharing personal experiences is not mandatory.

Example of contract:

We will respect each other.

We will speak one at a time.

We will listen to each other.

We will participate as fully as we can.

We will respect confidentiality and personal feelings.



FOOD FOR THOUGHT

Goal

To introduce the topic of nutrition through individual reflection

Materials Needed

- Overhead projector or PowerPoint
- Overhead: *Module 1, Workshop 3, Activity 5: Food for Thought*

Large Group Sharing

Have the participants line up in two lines. Participants should be facing each other. Give them a minute to share the answer to each of these questions:

- *What is your favorite food?*
- *What food do you hate?*
- *When you think of home cooking, what do you think of?*
- *When you eat out, what kind of food do you generally choose?*
- *Do you have any food allergies? If yes, which foods do you have allergies to?*
- *Have you ever gotten sick from any food you've eaten?*
- *What kind of snacks do you eat?*
- *If you could only eat one kind of food group for the rest of your life, what would it be?*

Key Talking Points

- We all have likes and dislikes of food.
- We make food choices everyday.
- Food habits and patterns start at home in childhood.
- Food allergies impact our eating patterns and our health. It is very important to be aware of them.
- Ethnic cooking can be very important to us. Culture needs to be respected.
- Snacks count as part of our nutritious food intake.
- We have to be careful about food preparation.
- It's important to eat from all the food groups.



YOU ARE WHAT YOU EAT

Goal

To introduce the food pyramid and discuss tips for healthy eating

Materials Needed

- Worksheet: *Module 1, Workshop 3, Activity 6: You Are What You Eat*
- Handouts: *Module 1, Workshop 3, Activity 6: You Are What You Eat*

Individual Reflection

My Pyramid

Ask participants to fill in the first column of the *My Pyramid* Worksheet.

Large Group Discussion

Ask the participants to give some examples of what they had for breakfast, lunch, dinner and snacks.

Chart the responses.

Next, put up a chart of the food groups and goals for nutrition:

Example:

- | | |
|------------------|--|
| • Grains | 6 ounce equivalents (1 ounce is about 1 slice bread, 1 cup dry cereal, or ½ cup cooked rice, pasta or cereal) |
| • Vegetables | 2 ½ cups (Choose from dark green, orange, starchy, dry beans and peas, or other veggies.) |
| • Fruits | 1½ cups |
| • Milk | 3 cups (1 cup yogurt or 1½ ounces of cheese = 1 cup milk.) |
| • Meat and Beans | 5 ounce equivalents (1 ounce equivalent is 1 ounce meat, chicken or turkey, or fish, 1 egg, 1T. peanut butter, ½ ounce nuts or ¼ cup dry beans.) |

Key Talking Points

- It is important to be up to date with the recommended nutritional guidelines.
- Some food choices may not appear on the pyramid. These foods don't fit into any food group because they are mainly fat and sugar and we must limit our intake of them.
- Let the pyramid guide your food choices and the choices you make for children.
- Choose a variety of grains daily, especially whole grains.
- Keep food safe to eat, watch for allergies. (Example: nuts, dairy products, no honey for infants under one year, no popcorn, hard candy, peanuts, uncut grapes or hotdogs for children under four years old.) (Source: Video: *Your Healthy Baby*. 2001.)
- Avoid cross contamination of food during cooking; keep knives and surfaces clean. Make sure foods are refrigerated properly and cooked thoroughly.
- Choose sensibly. Choose a diet low in saturated fat and cholesterol. Avoid beverages and foods with sugar as a main ingredient. (Example: 1 can of soda has approximately 10 teaspoons of sugar. If you show them this, people are typically amazed! The tendency to choose soda over nutritious beverages starts with preschoolers. By the time they are teenagers, they are drinking approximately 26 ounces a day!)
- Choose and prepare foods with less salt.
- "As parents and educators, it is our job to create a new culture for health, one where we role model good eating habits, provide regular and shared meals and set limits on foods with little nutritional value." (Source: *Feeding Kids Newsletter*. December 2001.)



LET'S GET PHYSICAL

Goal

To discuss the importance of physical activity as it relates to children's fitness and health

Materials Needed

- Handout: *Module 1, Workshop 3, Activity 7: Let's Get Physical*
- Index cards
- Markers
- One container for each table (Example: box, basket)

Individual Work

What Did You Like to Do as a Child?

Ask participants to think about a physical activity they did as a child. Then ask them to draw a representation of the activity on the index card. Have them label the picture. Participants should then place their index cards in the container.

Small Group Work

Let's Play Charades!

Ask each of the participants to choose one of the index cards depicting an activity and have them act it out. Ask the participants to share how the activity benefits children.

Participants may pass, however, they should be encouraged to try a charade. It helps if the trainer models one of the activities first. This models the willingness to take a safe risk within the group.

Key Talking Points

Physical activity is important for children for the following reasons:

- Children's health
- Basis for a healthy life style
- Reduction of risks for health problems throughout life
- Essential for obtaining and maintaining a healthy level of body fat - 1 out of 5 children are obese in the United States. (Source: the Center for Nutrition Policy and Promotion, U.S. Department of Agriculture, 1120 20th Street, N.W., Washington, D.C., 1998.)
- Obesity has replaced malnutrition as a national epidemic.

Recommendations for children's activity level are as follows:

- Children need at least an hour per day of active, physical, age- appropriate play.
- They should have intermittent vigorous activity like running or jumping, lasting 10-15 minutes.
- They should not have extended periods of inactivity like computer play or TV viewing.
- They should participate in a variety of activities, not repetitive activities.

Recommendations for adolescents and adults are similar:

- Adolescents and adults need a minimum of ½ hour of moderate daily activity.
- Three days a week, at least, adults should have a minimum of 20 minutes of vigorous activity. This needs to be increased if you are trying to lose weight. (Source: the Center for Nutrition Policy and Promotion, U.S. Department of Agriculture, 1120 20th Street, N.W., Washington, D.C., 1998.)
- Sometimes, as adults, we stop doing the things that were so much fun as children. Taking care of children gives us a wonderful opportunity to revisit the simple pleasures of our childhood.
- It is wonderful to share our cultural differences with each other regarding childhood activities



BALL TOSS

Goal

To brainstorm ways to include physical activity in everyday life

Materials Needed

- Handout: *Module 1, Workshop 3, Activity 8: Ball Toss*
- Ball or other soft item

Small Group

Ball Toss

Work in small groups. If the total group size is not over 12, this activity could be done in one large group.

Part One:

Ask the group to form a circle. Have each person throw the ball to another participant in the circle. As the participant catches the ball, the person should say her name and shout out the answer to this question:

What is a physical activity you like to do as an adult?

Part Two:

Continue the pattern above. Ask participants to answer this question:

What is a physical activity you like to do with children?

Part Three:

Have the participants turn to the person next to them and discuss this question:

How could you incorporate these activities into your day?

Key Talking Points

Adapted from H.E.A.L.T.H. Y. Kids, a collaboration by the Massachusetts Department of Education, Nutrition Programs and Food Services, Harvard Prevention Research Center, and the Massachusetts Office of Child Care Services.

- Send the message that “Fitness is fun.”
- The American Heart Association recommends “Healthful life style training should begin in childhood to promote improved cardiovascular health in adult life.”
- Move around the room whenever you can. Teach responsibility while encouraging physical activity by putting household chores to music and dance!
- Use stairs. Teach children how to go up and down stairs carefully.
*Always supervise young children. Don’t forget to lock the safety gates when you are not using the stairs as an activity!
- Go on outings (examples: walking, bicycling, fieldtrips).
- Take advantage of your city’s recreation options, playgrounds and parks.
- Play outside daily in all kinds of weather except extreme heat or cold (examples: play tag, ball games, races, diaper derbies, circle games, hopscotch, jump rope, create obstacle courses and Olympic events).
- Limit or turn off the TV and computer. Children are spending 35 hours a week sitting in front of a screen.
- Limit sedentary activities and encourage children to move.
- Let’s model good habits because the children are watching us!



YOUR PERFECT DAY

Goal

To imagine a perfect day and reflect on all that goes into making a day successful

Materials Needed

None

Individual Reflection

Visualization

Ask the participants to sit comfortably and relax. They may close their eyes if they wish. Read them the following script:

Imagine your perfect day. You've had a good night's rest and you are waiting for the child to come today.... What are you doing to get ready for him or her?...A smile comes to your face thinking about the child...What are you thinking about?...You greet the child and his or her parents...What are you saying to each other? You spend the whole day together doing the things the two of you like to do together...What are you doing?...You take the time to make your favorite meals and snacks...What are they?...You have time to rest and snuggle...When do you do that?...You have quiet time and active play...What are some things you have done? It's time for the child to leave. The parent comes to pick up the child....What do you say to the child and parent?...The door closes, you sit down and think about the perfect day....How do you feel?

Discussion

What are some of the things that happened in your perfect day?

Key Talking Points

- Adults are always models for children: they must take care of themselves so that they can provide quality care for children.
- Every day can't be perfect but planning ahead can help.
- What adults do and say affects children, and vice versa.
- It is the adults responsibility to provide a healthy environment for children, including nutritious meals and snacks,
- Good health and nutrition support optimal growth and development in children.



CLOSING AND EVALUATION

Goal

To give the participants a chance to reflect on, and evaluate the presentation

Materials Needed

- Easel and Chart paper
- Markers or pens
- Handout: *Module 1, Workshop 3, Activity 10: Closing and Evaluation*

Large Group Discussion

- Today we have talked about many health issues and ways to take care of ourselves and children.
- Ask how people are feeling at this point. Are people more anxious or do they feel more prepared?
- Is there anything else that the providers feel they need further assistance in regarding the topic: *Healthy as We Grow?*
- Chart any responses on the easel pad for follow-up.
- Ask providers to share one tip they learned regarding health and nutrition that they will be using in caring for children in their homes. Thank them for being present and inform them of the next training date.
- The reality is that participants may feel both a little more anxious and more prepared. This is to be expected because, hopefully, their level of awareness has been raised about the need to be vigilant in their supervision of the child in their care.

Closing

Ask the participants to reflect for a few minutes about the session and their thoughts about it. Thank them for attending and ask them to fill out the evaluation form.

MODULE ONE
THE VITAL ROLE OF THE CARING PROVIDER:
SAFETY, HEALTH AND NUTRITION

Workshop Three

Worksheets



Healthy as They Grow

HEALTHY CHILDREN ARE...

Worksheet (1 of 2)

Module 1, Workshop 3, Activity 3

Things to Keep Us Healthy

**THINGS I DO TO KEEP
MYSELF HEALTHY ARE...**

**THINGS I DO TO KEEP A
CHILD HEALTHY ARE...**

Worksheet (2 of 2)

Module 1, Workshop 3, Activity 3







Things to Keep Us Healthy

MyPyramid Worksheet

Name: _____

Check how you did yesterday and set a goal to aim for tomorrow

MyPyramid FOR KIDS

Write in Your Choices From Yesterday		Food and Activity	Tip	Goal (Based On a 1800 Calorie Pattern)	List Each Food Choice In Its Food Group*	Estimate Your Total
Breakfast:			Make at least half your grains whole grains.	6 ounce equivalents (1 ounce equivalent is about 1 slice bread, 1 cup dry cereal, or ½ cup cooked rice, pasta, or cereal)		____ ounce equivalents
			Color your plate with all kinds of great tasting veggies.	2½ cups (Choose from dark green, orange, starchy, dry beans and peas, or other veggies).		____ cups
Lunch:			Make most choices fruit, not juice.	1½ cups		____ cups
Snack:			Choose fat-free or lowfat most often.	3 cups (1 cup yogurt or 1½ ounces cheese = 1 cup milk)		____ cups
Dinner:			Choose lean meat and chicken or turkey. Vary your choices—more fish, beans, peas, nuts, and seeds.	5 ounce equivalents (1 ounce equivalent is 1 ounce meat, chicken or turkey, or fish, 1 egg, 1 T. peanut butter, ½ ounce nuts, or ¼ cup dry beans)		____ ounce equivalents
			Build more physical activity into your daily routine at home and school.	At least 60 minutes of moderate to vigorous activity a day or most days.		____ minutes
Physical activity:						

How did you do yesterday? ☐ Great ☐ So-So ☐ Not So Great

My food goal for tomorrow is: _____

* Some foods don't fit into any group. These "extras" may be mainly fat or sugar—limit your intake of these.

My activity goal for tomorrow is: _____



Worksheet

Module 1, Workshop 3, Activity 6
You Are What You Eat

MODULE ONE
THE VITAL ROLE OF THE CARING PROVIDER:
SAFETY, HEALTH AND NUTRITION

Workshop Three

Overheads



Healthy as They Grow

SAFETY CONTRACT

We will respect each other.

We will speak one at a time.

We will listen to each other.

We will participate as
fully as we can.

We will respect confidentiality
and personal feelings.

Overhead

Module 1, Workshop 3, Activity 4

Safety Contract

FOOD FOR THOUGHT

- What is your favorite food?
- What food do you hate?
- When you think of home cooking, what do you think of?
- When you eat out, what kind of food do you generally choose?
- Do you have any food allergies? If yes, which foods do you have allergies to?
- Have you ever gotten sick from any food you've eaten?
- What kind of snacks do you eat?
- If you could only eat one kind of food group for the rest of your life, what would it be?

Overhead

Module 1, Workshop 3, Activity 5

Food for Thought

MODULE ONE
THE VITAL ROLE OF THE CARING PROVIDER:
SAFETY, HEALTH AND NUTRITION

Workshop Three

Handouts



Healthy as They Grow

STAYING HEALTHY

- We need to take care of ourselves if we are responsible for taking care of children. As the saying goes, “Put on your oxygen mask first!”
- Provide a well-balanced day. Be quiet, active, indoors, outdoors, rest, sleep, eat, snack, drink water, speak, listen and read!
- Use and encourage good hygiene: frequent hand washing, bathing, brushing& flossing, diapering and toileting
- Exercise regularly and actively. Use and encourage healthy eating habits; provide nutritious food.
- Drink plenty of water; limit sugary liquids, (Make sure to avoid alcohol, of course, while caring for children!)
- Prevent germs from spreading. Use bleach solution to disinfect (See handout); keep sick children isolated; wash hands frequently.
- Prevent illness and accidents. Encourage well-child check-ups and immunizations; keep up to date with health care recommendations; use medications appropriately; do not smoke; be aware of allergies.
- Use stress relief strategies; breathe slowly and deeply, drink water, exercise, meditate, take time for yourself when the children are not in your care.
- Watch the *I am Your Child Video, Your Healthy Baby*, hosted by Phylicia Rashad, produced by New Screen Concepts.

Handout (1 of 4)

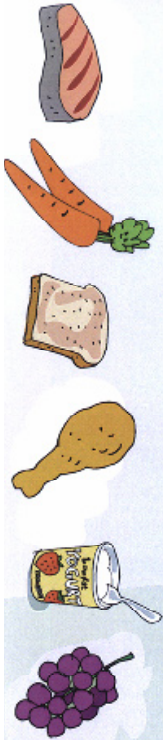
Module 1, Workshop 3, Activity 3

Things to Keep Us Healthy

TIPS FOR FAMILIES

EAT RIGHT

- 1 Make half your grains whole.** Choose whole-grain foods, such as whole-wheat bread, oatmeal, brown rice, and lowfat popcorn, more often.
- 2 Vary your veggies.** Go dark green and orange with your vegetables—eat spinach, broccoli, carrots, and sweet potatoes.
- 3 Focus on fruits.** Eat them at meals, and at snack time, too. Choose fresh, frozen, canned, or dried, and go easy on the fruit juice.
- 4 Get your calcium-rich foods.** To build strong bones serve lowfat and fat-free milk and other milk products several times a day.
- 5 Go lean with protein.** Eat lean or lowfat meat, chicken, turkey, and fish. Also, change your tune with more dry beans and peas. Add chick peas, nuts, or seeds to a salad; pinto beans to a burrito; or kidney beans to soup.
- 6 Change your oil.** We all need oil. Get yours from fish, nuts, and liquid oils such as corn, soybean, canola, and olive oil.
- 7 Don't sugarcoat it.** Choose foods and beverages that do not have sugar and caloric sweeteners as one of the first ingredients. Added sugars contribute calories with few, if any, nutrients.



EXERCISE



- 1 Set a good example.** Be active and get your family to join you. Have fun together. Play with the kids or pets. Go for a walk, tumble in the leaves, or play catch.
- 2 Take the President's Challenge as a family.** Track your individual physical activities together and earn awards for active lifestyles at www.presidentschallenge.org.
- 3 Establish a routine.** Set aside time each day as activity time—walk, jog, skate, cycle, or swim. Adults need at least 30 minutes of physical activity most days of the week; children 60 minutes everyday or most days.
- 4 Have an activity party.** Make the next birthday party centered on physical activity. Try backyard Olympics, or relay races. Have a bowling or skating party.
- 5 Set up a home gym.** Use household items, such as canned foods, as weights. Stairs can substitute for stair machines.
- 6 Move it!** Instead of sitting through TV commercials, get up and move. When you talk on the phone, lift weights or walk around. Remember to limit TV watching and computer time.
- 7 Give activity gifts.** Give gifts that encourage physical activity—active games or sporting equipment.

HAVE FUN!



Handout (2 of 4)

Module 1, Workshop 3, Activity 3
Things to Keep Us Healthy

STOP GERMS

WASH YOUR HANDS



Use SOAP and
RUNNING WATER



RUB your hands back
and forth

WASH ALL PARTS OF YOUR HANDS



BACKS OF
HANDS



WRISTS



BETWEEN
FINGERS



UNDER
NAILS



RINSE with water



DRY hands with
a paper towel



TURN OFF WATER WITH
PAPER TOWEL not with hands

Handout (3 of 4)

Module 1, Workshop 3, Activity 3

Things to Keep Us Healthy

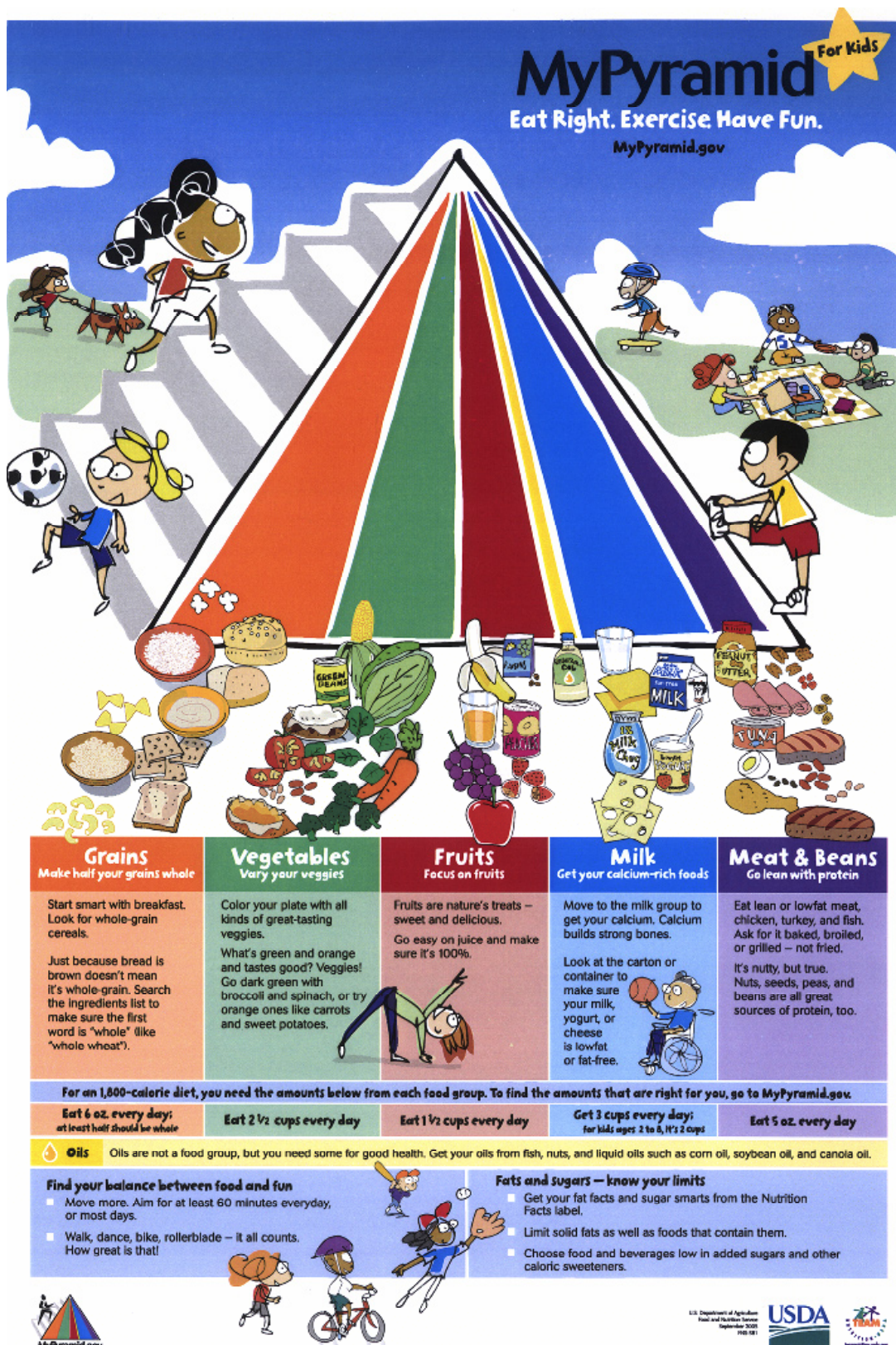
HEALTHY ENVIRONMENTS: GERM PREVENTION

BLEACH SOLUTION

Add 1 tablespoon of bleach to 1 quart of water (1/2 cup of bleach per 1 gallon of water).

- Mix a fresh solution each day.
- Use it to clean and sanitize items and surfaces.
- Dispense from a spray bottle that you keep out of the reach of children
- Be sure that you label the bottle *Bleach Solution* and lock it up when it is not in use.

Handout (4 of 4)
Module 1, Workshop 3, Activity 3
Things to Keep Us Healthy



Handout (1 of 2)
Module 1, Workshop 3, Activity 6
You Are What You Eat

YOU ARE WHAT YOU EAT TIPS

- Some food choices may not appear on the pyramid. These foods don't fit into any food group because they are mainly fat and sugar and we must limit our intake of them.
- Let the pyramid guide your food choices and the choices you make for children
- Choose a variety of grains daily, especially whole grains.
- Keep food safe to eat, watch for allergies.(Example: nuts, dairy products, no honey for infants under one year, no popcorn, hard candy, peanuts, uncut grapes or hotdogs for children under four years old.)* Source: Video: Your Healthy Baby.) Avoid cross contamination of food during cooking; keep knives and surfaces clean. Make sure foods are refrigerated properly and cooked thoroughly.
- Choose sensibly. Choose a diet low in saturated fat and cholesterol. Avoid beverages and foods with sugar as a main ingredient. (Example: 1 can of soda has approximately 10 teaspoons of sugar. If you show them this, people are typically amazed! The tendency to choose soda over nutritious beverages starts with preschoolers. By the time they are teenagers, they are drinking approximately 26 ounces a day!)
- “As parents and educators, it is our job to create a new culture for health, one where we role model good eating habits, provide regular and shared meals and set limits on foods with little nutritional value.” (Source: *Feeding Kids Newsletter*, December 2001.)
- Choose and prepare foods with less salt.

Handout (2 of 2)

Module 1, Workshop 3, Activity 6

You Are What You Eat

Physical activity is important for children for the following reasons:

- Children's health
- Basis for a healthy life style
- Reduction of risks for health problems throughout life
- Essential for obtaining and maintaining a healthy level of body fat.
- Obesity has replaced malnutrition as a national epidemic. 1 out of 5 children are obese in the United States. (Source: the Center for Nutrition Policy and Promotion, U.S. Department of Agriculture, 1120 20th Street, N.W., Washington, D.C., 1998.)

Recommendations for children's activity level is as follows:

- Children need at least an hour per day of active, physical, age- appropriate play.
- They should have intermittent vigorous activity like running or jumping, lasting 10-15 minutes
- They should not have extended periods of inactivity like computer play or TV viewing.
- They should participate in a variety of activities, not repetitive activities.

Recommendations for adolescents and adults are similar.

Adolescents and adults need a minimum of $\frac{1}{2}$ hour of moderate daily activity. Three days a week, at least, adults should have a minimum of 20 minutes of vigorous activity. This needs to be increased if you are trying to lose weight. (Source: the Center for Nutrition Policy and Promotion, U.S. Department of Agriculture, 1120 20th Street, N.W., Washington, D.C., 1998.)

Sometimes, as adults, we stop doing the things that were so much fun as children. Taking care of children gives us a wonderful opportunity to revisit the simple pleasures of our childhood.

It is wonderful to share our cultural differences with each other regarding childhood activities.

Handout

Module 1, Workshop 3, Activity 7
Let's Get Physical

SEND THE MESSAGE THAT “FITNESS IS FUN.”

- The American Heart Association recommends “Healthful Life style training should begin in childhood to promote improved cardiovascular health in adult life.”
- Move around the room whenever you can. Teach responsibility while encouraging physical activity by putting household chores to music and dance!
- Use stairs. Teach children how to go up and down stairs carefully.
- Always supervise young children. Don’t forget to lock the safety gates when you are not using the stairs as an activity!
- Go on outings: (Examples: walking, bicycling, fieldtrips,.)
- Take advantage of your city’s recreation options, playgrounds and parks.
- Play outside in all kinds of weather except extreme heat or cold, daily. (Examples: play tag, ball games, races, diaper derbies, circle games, hopscotch, jump rope, create obstacle courses and Olympic events.)
- Turn off the TV and Computer. Children are spending 35 hours a week sitting in front of a screen. Limit sedentary activities and encourage children to move.
- Let’s model good habits because the children are watching us!

Handout

Module 1, Workshop 3, Activity 8

Ball Toss

WORKSHOP EVALUATION

Three things I learned ...

1.

2.

3.

One thing I will try...

One thing I want to learn more about...

Handout

Module 1, Workshop 3, Activity 10

Closing and Evaluation

BIBLIOGRAPHY

BOOKS:

American Institutes for Research, for the California Department of Education, Child Development Division. *Supporting Early Learning: Guidelines for Home Care Settings*. Sacramento: California Department of Education, 2004 Draft.

Dombro, Amy Laura and Kathy Modigliani. *There's No Place Like Home, A Training Guide for Family Child Care Providers*. Boston, Massachusetts: The Family Child Care Project, Wheelock College, 1996.

Dorr, Janice Bey. *Guide for Home Based Family Child Care, A Manual for Family Day Care*. Lawrence, Massachusetts: Community Day Care Center of Lawrence, Inc., 1994.

Carlebach, Diane and Beverly Tate, illustrations by Miguel Luciano. *Creating Caring Children, The First Three Years*. Miami, Florida: Peace Education, 2002.

Childcare Health Program of California. *Serving Biracial and Multiethnic Children and Their Families*. The Childcare Health Program, Berkeley, California, 2003.

Gonzalez-Mena, Janet. *Multi-Cultural Issues in Child Care*. Mayfield, California: Mayfield Publishing Company, 2001.

Johnson-Foote, Barbara. *Cup Cooking*. Ithaca, New York: Early Educators Press, 1998. P7

Koralek, Derry G., Laura J. Colker, Trister Dodge. *Caring for Children in Family Child Care*. Washington, D.C.,: Teaching Strategies, 1993.

Mayer, Gloria, R.N. and Ann Kuklierus, R.N. , *What To Do If Your Child Gets Sick*. La Habra, California: Institute for Health Care Advancement, 2003, v.

Miller, Karen. *Ages and Stages*. West Palm Beach, Florida: Telshare Publishing Company, Inc., 2001.

Office of Child Care Services, Massachusetts Department of Education, Food Safety and Climate, and the Harvard Research Center. *H.E.A.L.T.H.Y. Kids Health Education Activities and Life Time Habits for Young Children*.

United Way Success by Six, Massachusetts Bright Futures, Massachusetts Department of Public Health. *Growing Up Healthy*. Boston, Massachusetts: Massachusetts Office of Child Care Services, 2001.

Sale, June Solnit, MSW, Child Care Consultant, Editor and Patricia Siegel, Executive Director. *Family Child Care Handbook*. San Francisco, California: California Child Care Initiative Project, 1999.

Zetes, Kathy (author) and Betty Cohen (editor), *Look Again, Infants and Toddlers in Family Child Care*. San Francisco, California: California Child Care Resource and Referral Network, 2004.

Zetes, Kathy (author), Betty Cohen (editor). *Look Who's Coming to Family Child Care*. San Francisco, California: California Child Care Resource and Referral Network, 1998.

BIBLIOGRAPHY

VIDEOS:

Child Safety at Home: Before Calling 911 All you need to know about your child's safety in the household. Chino Hills, CA: KidSafety of America, 1992. VHS

The Essential Childproofing Guide: Child Safety at Home. Boulder, Colorado: Injoy Videos, 2003.

It's Not Just Routine - Feeding Diapering and Napping Infants and Toddlers. Sacramento, California: Child Care Video and Magazine, developed collaboratively by California Department of Education and WestEd, California Department of Education, 2000.

Safe from the Start. First 5 California, produced by New Screen Concepts, developed by the I Am Your Child Foundation.

Safety Starts at Home. Kidsafety of America, 2003.

Your Healthy Baby. Funded by the California Endowment, produced by New Screen Concepts, developed by the I Am Your Child Foundation, provided by First 5 California. 2001.

POSTERS:

"Ages & Stages – 10 Annoying Behaviors Which Show a Child is O.K." San Francisco, California: California Child Care Resource and Referral Network, 2006.

"Be Safe in Child Care and At Home." San Francisco, California: California Child Care Resource and Referral Network.

ARTICLES and NEWSLETTERS:

The American Academy of Pediatrics. "NEW SIDS ALERT! October 10, 2005." 2005. www.aap.org/ncepr/sids/htm

Feeding Kids Newsletter, December 2001. Washington, D.C.: The Center for Nutrition Policy and Promotion, U.S. Department of Agriculture, 1998.

BROCHURES:

NoodleSoup. "Positive Parenting: Ten Ways to Help Your Infant's Brain Develop." Cleveland, Ohio: Weingarten Design. 1999.

Noodle Soup. "Tips on Keeping Your Baby Safe." Cleveland, Ohio: Weingarten Design. 1999.

Noodle Soup. "Ten Tips for Feeding Your Toddler Without a Fuss." Cleveland, Ohio: Weingarten Design, 1998.

PHONE NUMBERS:

Auto Safety Hotline (800) 424-9393

National Poison Hotline (800) 222-1222

Radon Testing Kit (800) 55-radon

SIDS Hotline (800) 641-7437

Smokers Quitline (800)-784-8669

Child-At-Risk (800)-792-5200

BIBLIOGRAPHY

WEB SITE RESOURCES:

American Academy of Pediatrics: www.aap.org

Alliance to End Childhood Lead Poisoning: www.aeclp.org

American Red Cross: www.redcross.org

American SIDS Institute: www.sids.org

American Association of Poison Control:
<http://www.1-800-222-1222.info/1800/home.asp>

Baby Center: <http://www.babycenter.com>

Car safety seat information: www.seatcheck.org/
www.nhtsa.dot.gov/CPS/safetycheck/MinuteChecklist

Children and second hand smoke: www.entnet.org/healthinfo/tobacco/secondhand_smoke.cfm

Child safety:
www.nlm.nih.gov/medlineplus/childsafety.html

Consumer Product Safety Commission: www.cpsc.gov

Environmental Protection Agency: <http://www.epa.gov>

Feeding Kids Newsletter: <http://nutritionforkids.com/emlnews/FK-December01.htm>

Handwashing: www.caringforkids.cps.ca/healthy/handwashing.htm

Health/nutrition: www.mypyramid.gov/kids/index.html

Home/traffic safety: www.nhtsa.gov/

Injury prevention: www.injuryfree.org/

Juvenile Products Manufacturers Association:
www.jpma.org

Shaken Baby Alliance: www.shakenbaby.com

National Fire Protection Agency: www.nfpa.gov

National Capitol Poison Center: www.poison.org

National Safe Kids Campaign: www.safekids.org

National Safety Council: www.nsc.org

Nutrition and dietary guidelines: www.health.gov/dietaryguidelines/dga2005/document/html/brochure.htm

The Panic Proof Parent: www.thesafetyexpert.com

Personal safety and violence prevention for children:
www.kidpower.org/School-age.html

Product hazards: www.kidsindanger.org/04v1/

Preventing accidental injury: www.safekids.org/

Preparing for emergencies: www.redcross.org

Reducing Risk of SIDS: www.aap.org/ncepr/sids.htm

Underwriters Laboratories, Inc.: www.ul.com

U.S. Fire Administration: www.usfa.fema.gov