Child Development, Health, and Safety Basics

Participant Manual

Training brought to you by: Gateways to Opportunity®
Illinois Professional Development System

Child Development, Health, and Safety Basics

Participant Manual · Standardized Version

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Child Development, Health, and Safety Basics

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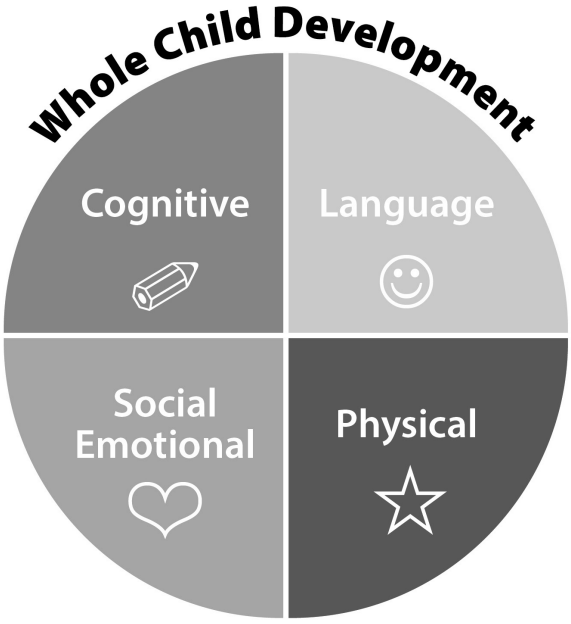
Section 1: Child Development

Learning Objectives

- Summarize the patterns of development in children from birth to age 12
- Discuss developmental domains including cognitive, physical/motor, and social/emotional
- Name characteristics of physical development
- Identify ways to promote large and small motor development in children
- List important functions of play in a child's life
- Describe the role of nutrition in child growth and development

Development Overview



Development is growth and change over time.

Development also takes into account the whole child.
Caregivers must ensure the child care setting supports children's health, well-being, and development across domains; including social-emotional, language, cognitive, and physical.

While the focus may be on one area of development, these areas are constantly overlapping. In real life, it is hard to say, "Oh, this child is developing his language skills." Actually, his language, his intellectual ability, and his social interactions are all being impacted.

Patterns of Development

- **Development progresses from _____ to toe.**
  Think of a little baby. He moves his head, gains strength in his shoulders, discovers his hands, rolls over, crawls, and then walks.
- **Development also progresses from the inside _____.**
  Again, babies roll over with their torsos, crawl with their arms and legs, down to gaining control of their small motor muscles in their fingers and toes.
- **Development follows _____ stages.**
  Typically, a child rolls over, and then sits with support, crawls, pulls to stand, cruises, and then walks.
- **Development progresses from simple to _____.**
  A newborn baby's diet consists of one food and progresses to that same baby being able to enjoy and digest a variety of foods by the end of the first year. The concept of simple to complex can be applied to all areas of development from expressing emotions, to cognitive skills, the type of play, and overall physical coordination.
- **Children develop at _____ rates.**
  Why are children different? Children move through stages at different rates. Not all of us learned to walk at the same time, crawl at the same time, and talk at the same time. Walking, for example, has a range in which it is perfectly normal to begin, anywhere from 10-15 months. The average age for learning to walk is 12 months but I bet you can all think of children that fall in the earlier end and those that fall in the latter end of the range.

It's important to increase your knowledge of child development so you know these stages or milestones in each of the areas of development. Providers are able to individualize care, as well as attend to the whole child if there is a general understanding of child development principles.

Providers can also prepare parents/guardians with information on a child's progress and what to expect next when there is a solid understanding of developmental issues. For example, most children will go through a stage of negativism around 14 months of age. If the provider and parents know this is coming, there are fewer surprises when that typically easygoing toddler suddenly doesn't want to do what he/she is asked to do. Understanding what is normal/typical behavior, will help guide decision making, as well as strengthen communications with the child's family.

Factors that Influence Development

Temperament
Temperament can be defined as _____ that make up an _____ style of _____. Think about your own temperament.

- How resistant are you to change?
- How sensitive are you to changes in room temperature, or scratchy clothing?
- Do you need complete silence to fall asleep?
- Do you need to eat lunch every day at the same time?

These are all traits that make up our temperament. Temperament traits include: activity level, adaptability, approach/withdrawal, distractibility, intensity, mood, persistence, regularity, and sensory awareness.

Genetics
Genetics are physical _____ such as brown hair and blue eyes, including conditions such as diabetes, and traits such as strength and flexibility.

Some children are born with a genetic disorder that may put their health at risk such as Sickle Cell Anemia.

Environment and Culture
Birth order, emotional _____ of the home, ethnicity and _____ , all impact a child's overall development.

The environment also impacts how a child develops. Stimulation from the environment plays a role in the wiring of the brain. Stimulation can include the people, the light, the noise, and interactions in an environment. If the stimulation is **too much** or **too little** the brain will not develop at its optimum ability.

Stress in a child's life causes chemical changes within the brain. If too much stress occurs, the receptors in the brain may close. On the other hand, feelings of safety and comfort can help the receptors open, increasing the connections the neurons are making. Family culture also can impact when some developmental milestones are reached. Some cultures do not want children to look into a mirror, or have eye contact with adults. Other cultures will not encourage children to eat by themselves, and parents will feed their children throughout preschool years. Having the opportunity to crawl also varies throughout cultures. Many factors are a part of environment, including materials, space, people and their attitudes. The availability of all of these and the quality of all of these are important.

Issues in Early Development

Infants

- Shaken Baby Syndrome (SBS)
- Sudden Infant Death Syndrome (SIDS)

Toddlers

- _____ begins around 14 months of age and reflects a child's understanding that his or her thoughts are their own.
- **Autonomy and Independence** is a healthy part of a growing self-concept. Allow for opportunities to be independent in a safe, nurturing environment.
- **Biting** is a normal stage of development and will occur in group care settings.
- _____ is not only a milestone in physical development, but also part of a toddler's social-emotional development.

Preschool-Age Development

- Typically includes children _____ to _____ years old
- Overall brain growth slows down
- Pathways are _____
- Unused pathways are pruned
- Forming _____
- Mastery of skills
- Language explodes to having a working vocabulary (_____ to _____ words)

As a toddler transitions into the preschool years, overall growth slows down and comes in spurts. Brain growth slows and the pathways between neurons are strengthened. Unused pathways are pruned or eliminated. This happens as the child begins to master skills.

The foundation of social and emotional growth is laid during the early childhood with the preschool years serving as the opportunity to gain control of behavior, sustain relationships, appropriately express emotions, and learn to apply and negotiate rules.

Toddlers may become frustrated with not being able to express themselves verbally. As expressive language skills develop during the preschool years, a child's vocabulary will grow tremendously. The average preschooler will have a working vocabulary ranging from 5,000 to 8,000 words.

What can caregivers do to help a preschooler expand his/her vocabulary?

_____

_____

School-Age (Middle Childhood) Development

- Typically includes children ages _____ to _____
- Development during this time can be broken into three stages:

  Ages _____ to _____ Ages _____ to _____ Ages _____ to _____
- Development may seem uneven as children may grow quickly physically, but slower emotionally
- Friends and social acceptance becomes more _____

Learning to read is hard work. Think of the little effort involved in learning to speak compared to learning to read. From the ages of 6 to 10, children are learning to read. Fluency does not occur until 3rd grade, when cognitive thinking becomes more abstract.

Developmental Ages and Stage Chart

	Infants/Toddlers: Ages birth–36 months	Early Childhood/Preschool: Ages 3–6
Physical/ Motor	***Birth to 5½ months:*** • Lift head when lying on tummy • Bring hands to midline • Sit with support • Turn from stomach to back or back to stomach ***5½ months to 8 months:*** • Sit without support • Roll, scoot, stand holding on to stable object • Transfer objects from hand to hand • Bang objects ***8 months to 14 months:*** • Pull to stand • Lower self to sit • Walk • Point with finger • Use thumb and pointer finger to pick up objects (pincer grasp) ***14 months to 24 months:*** • Walk backwards • Throw ball forward • Walk up stairs holding railing • Ride on toy without pedals • Scribble ***24 months to 36 months:*** • Balance on one foot • Pedal a tricycle • Walk up and down steps alternating feet • Begin to use scissors • Build with blocks	***3 to 4 years:*** • Catch a large ball • Throw with more control • Snip with scissors • Build with blocks • Grip pencil with fingers ***4 to 5 years:*** • Climb • Hop • Cut with scissors • Copy simple figures • Button and unbutton ***5 to 6 years:*** • Balance while walking in a straight line • Write own name • Zip and unzip a zipper
Cognitive	***Birth to 5½ months:*** • Gaze at, then track faces and objects with high contrast • Find hands and feet • Bat at objects ***5½ to 8 months:*** • Briefly look at pictures in a book • Put things in mouth • Experiment by throwing, dropping, shaking and banging objects ***8 months to 14 months:*** • Examine small objects and details • Repeat interesting activities • Remember the location of hidden objects ***14 months to 24 months:*** • Say "no" often • Imitate adult behaviors and activities • Try to comfort others in distress • Play by self for a short period of time ***24 months to 36 months:*** • Begin to solve problems more logically • Remember events and places • Match and groups objects that are alike	***3 to 4 years:*** • Notice how things are alike and different • Recite numbers • Predict effects of one's actions ***4 to 5 years:*** • Tell the sequence of events in a story • Try different actions to solve a problem • Organize collections of objects into groups • Say full name an address ***5 to 6 years:*** • Aware of rules and manners • Practice recognizing numerals 1 through 10 • Use logical thinking when playing games • Enjoy following familiar routines and predicting what will happen next

	Infants/Toddlers: Ages birth–36 months	Early Childhood/Preschool: Ages 3–6
Language	***Birth to 5½ months:*** • Turn head to find a sound • Make vowel sounds like eee, aah, ooo • Take turns making sounds with parents and care providers • Enjoy practicing sounds ***5½ months to 8 months:*** • Associate some sounds with objects and people • Say single syllables like ba, pa, ma • Repeat sounds like "bababa" ***8 months to 14 months:*** • Respond to simple requests • Understand "no" • Point and gestures to communicate • May say few words including "mama" and "dada" specifically ***14 months to 24 months:*** • Follow a one step direction such as, "Pick up your shoes" • Say about 50 words • Imitate adult inflections • Name some pictures • Point to at least six body parts ***24 months to 36 months:*** • Understand actions and events in simple story books • Use multi-word sentences • Ask and answer simple questions • Listen closely to conversations	***3 to 4 years:*** • Use three and four word sentences • Follow more difficult directions • Make up silly words • Ask "why", how questions • Repeat songs and rhymes • Recognize familiar words and signs ***4 to 5 years:*** • Use longer, more complex sentences • Retell familiar stories and predicts story endings • Use language to expand and extend play ***5 to 6 years:*** • Describe a sequence of events • Negotiate rules • May have trouble pronouncing their r, v, l, th, j, and z sounds
Social-Emotional	***Birth to 5½ months:*** • Make eye contact • Can be comforted by parent or care provider • Comfort self in some way • Respond to familiar faces ***5½ to 8 months:*** • Show separation anxiety • Enjoy simple games like "peek-a-boo" ***8 to 14 months:*** • Know the difference between familiar people and strangers • Play simple, imitative games like "pat-a-cake" • Initiate interactions with familiar people ***14 months to 24 months:*** • Say "no" often • Imitate adult behaviors and activities • Try to comfort others in distress • Play by self for a short period of time ***24 months to 36 months:*** • Begin to express feelings in socially acceptable way • Have fears • Begin to understand and follow simple rules • Desire routines	***3 to 4 years:*** • Use negative words such as "don't" and "won't" • Test limits that are set • Learn to share and take turns • Have difficulty distinguishing real from make-believe ***4 to 5 years:*** • Like to socialize with peers • Enjoy situations away from home • Change moods quickly • Change the rules to benefit self ***5 to 6 years:*** • Understand acceptable/ unacceptable behavior • Show pride and confidence in own accomplishments • Show interest in fairness and making rules • Have preferences in special friends

Meaningful Learning

	School Age Ages 5–7	School Age Ages 7–12
Physical	• Better at running or jumping but awkward at smaller movements like writing • Enjoy structured games like *Simon Says* and *Duck, Duck, Goose* • Losing teeth • Need lots of physical activity and free play • Tend to be in a hurry and rush things	• Rapidly growing bodies • Enjoy group games like soccer or kick ball • Many girls and some boys experience the beginning of puberty • May suddenly be better coordinated • Restless—Can't sit for long period
Cognitive	• Not ready to understand big ideas like "fairness". • Don't think logically (if it is windy and the trees are shaking, then the trees are causing it to be windy) • Almost never see things from another person's view • Curious about things • More aware of similarities and differences	• Enjoy board games, computer games, and puzzles • Like to learn through discovery • Beginning to see the "bigger world" including ideas like fairness and justice • Good at solving problems • Can concentrate for long periods
Language	• Literal—when you say, "Happy as a clam", they may picture a clam dancing and laughing • Think out loud—will say "I'm going on the swings" before they actually do it • Invented spelling such as "I luv to et iscrem" for I love to eat ice cream" • Love jokes and riddles	• Show interest in the meaning of words • Can create stories with beginning, middle and end • Can listen well • Reading to learn instead of learning to read • Appreciate humor—"gets" jokes
Social-Emotional	• Learning about being a friend • Prefer to play with those of the same gender • Need verbal permission from adults—"May I…?" • Don't like taking risks or making mistakes • Sensitive and can react strongly to criticism	• Understand the feelings of others • Enjoy group activities and cooperative work, especially with those of the same gender • Developing a sense of right and wrong—very sensitive to fairness issues • Moodiness

Sources

American Academy of Child and Adolescent Psychiatry (2001). *Facts for Families©*. Normal Adolescent Development: Late High School Years and Beyond. http://www.aacap.org/

American Academy of Child and Adolescent Psychiatry (2001). *Facts for Families©*. "Normal Adolescent Development: Middle School and Early High School Years". http://www.aacap.org/

Cox, N.S. (2006). *Human Growth and Development: A resource packet to assist school districts in program development, implementation, and assessment,* pp.29–31

Gateways to Opportunity (2006). *Level 1 ECE Credential: Training Curriculum, Participant Manual, pp. 1–12 to 1–16*

Gibbs, J. (2000). TRIBES: A New Way of Learning and Being Together. Sausalito, pp. 41-42.

Wood, C. (2007). Yardsticks: Children in the Classroom Ages 4-14, 3rd Edition.

Child Growth and Development "Cheat Sheet"

	Age Range	Developmental Milestones	Challenges/Issues	Discipline Strategies
Infancy	Birth to 9-15 months	• Triple birth weight • 1st 3 months transition from womb to "real world". • Rely on senses to learn about the world. • Diet – liquid to solid food • Walking is the developmental milestone that typically ends this stage.	• Sleep – infants need an average of 15 hours of sleep a day • Sudden Infant Death Syndrome • Shaken Baby Syndrome • Providing a safe stimulating environment • Nutrition/Feeding – liquid to solid foods. Establishing healthy eating habits.	• Reacting proactively by providing a safe environment, understanding child growth and development. • Ignoring • Redirection • Modeling the appropriate behavior.
Toddlers	9 months – 3 years	• Growth slows down considerably • Strive for independence • Love routine and consistency • Language: 25 – 500 spoken words • Potty Training –	• Biting! • Desire for independence in dressing, feeding, etc. • Toilet Training • Temper Tantrums	• See above but can add: • Positive Guidance – telling them what they can do; not what they can't do. • Natural Consequences • Praise!

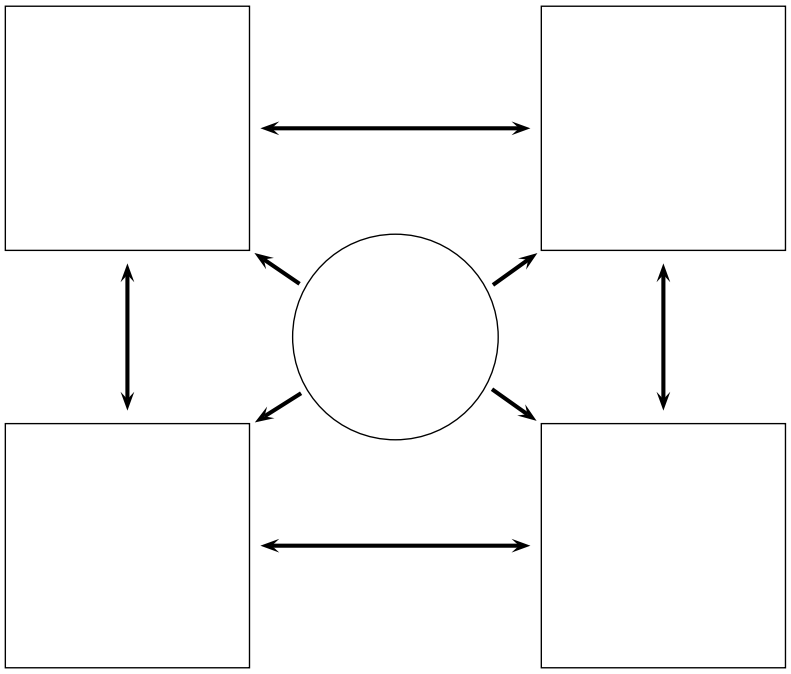
Preschool	3-5 years	• Growth is steady. • Needs time and opportunity to practice both gross and fine motor skills. • Begins to understand that letters form words. • Should master shape and colors • Language grows from 500 – 2000 words. • Can apply and negotiate rules.	• Kindergarten Readiness • Social Competencies such as sharing, being good friend, taking turns, etc. • Learning to express emotions appropriately	See lists above, but can add: • Loss of privileges • "Time Out" • Poor Discipline Techniques: Bribes, Threats and shouting!
Middle Childhood	6 years - puberty	• Growth is steady until the onset of puberty. • Play becomes competitive • Language moves from spoken to written word – very difficult task! • Cross lateral coordination develops	• Peer Acceptance • Moral Development	See Above

Developmental Domains

When discussing development, keep in mind while the focus may be on an individual area, these areas are constantly overlapping in a child. In real life, it is hard to say, "Oh, this child is developing his language skills." Actually, his language, his intellectual ability, and his social interactions are all being impacted.

An analogy may be driving in a car. At any given time, one area of development is driving the car, and another area represents the passengers. We want to see all areas of development progressing forward in a child. During this period all areas of development are being developed but each of them surface at different times. There is a lot going on during each stage of development.

Label the squares in the chart below with the four developmental domains. In the center circle, write an activity that a child in your care might enjoy doing.



Cognitive Development

Encourage cognitive development through:

- Everyday _____
- Play
- _____

Cognitive development can be encouraged through everyday experiences and through play. Activities in the environment and play activities also help children explore and grasp concepts that fall under the cognitive domain such as math and science learning. Much of children's literature contains cognitive concepts. Counting, grouping items, colors and shapes are just a few. Sharing quality books and extending the activities into your home can be a fun and meaningful way to encourage growth in this area of knowledge.

Screen Time

It is important to limit screen time and other _____ activities in the care setting.

Media should always be used to support _____.

Recommended screen time in care centers:

Children 0-2 years:_____

Children 6 years and older (in program more than 6 hours per day): _____

_____

Limiting screen time encourages children to be physically active and stay healthy while promoting development of their motor, social, and cognitive skills.

According to NAEYC and the Fred Rogers Center (2012), "technology and interactive media are tools that can promote effective learning and development when they are used intentionally by early childhood educators, within the framework of developmentally appropriate practice, to support learning goals established for individual children."

The AAP (2011) discourages the use of any screen time for children under two. Illinois DCFS licensing standards for day care centers require children over two years old and in the program for 6 or more hours per day to have a passive screen viewing limit of no more than 60 minutes per day of age-appropriate, educational media. Licensing standards further require that:

- Each uninterrupted, passive screen viewing session shall be limited to a maximum of 30 minutes.
- Children attending a program for less than 6 hours per day shall be limited to a proportionate amount of screen viewing.
- Media shall not be allowed during meal or snack time.
- All screen time must be related to educational program planning developed by the center (DCFS 407.200, September 2014).

Why limit screen time?

- Lack of _____ stimulation
- May lead to _____ problems, childhood obesity, and lowered _____ development.

Tips to limit screen time:

- Provide opportunities for self-directed _____.
- _____ screens when not in use.
- peak to _____ about expectations.

To properly stimulate their brain, children must be engaged through ongoing physical and educational activity. Children who are sedentary and spend excessive amounts of time on screens are prone to sleep problems, childhood obesity, and lowered cognitive and language development. Children under 2 years of age are in a critical period of brain development and are especially susceptible to cognitive delay if theyreceive too much screen time.

There are several steps you can take to limit screen time in your child care setting:

- If you have tasks to complete, give children the opportunity for self-directed play. For example, children can play with pots and pans while you prepare meals. You can also create activity boxes and have craft time to distract children while keeping their minds active and engaged. Nap time can also provide a great opportunity to complete unfinished tasks.

- You can cover and hide screens so they are out of sight. This will help reduce reliance on screens and eliminate the visual reminder so children can stay focused on more active and educational activities.

- You can also educate parents about the importance of limiting screen time both in the care setting and at home. Flyers and bulletins are a great way to share information with parents and to offer tips and strategies for eliminating unnecessary screen time.

- Relates to the _____ world
- Provides numerous opportunities for a child to explore an item or activity
- Stimulates all of the _____
- Allows the child to ask _____
- Includes _____

What makes learning meaningful for children? Let's personalize this on our adult level and think about it in terms of something we have learned lately.

How did you learn that new skill and why did you want to learn it?

_____

_____

How Children Learn

Conditions That Help Children

- Children learn best when they can move around, test, and experiment.
- When we sit still, we see only one side of an object. By moving around, we see many sides.
- We can feel, hear, smell, and taste.
- Children learn best when they feel good about themselves. Self-acceptance and self-confidence encourage children to improve their skills, to try something harder, and to become more self-reliant.
- Children learn as whole persons. Their physical, mental, social, spiritual, and emotional development interact with their environment to influence their perception of self and of the situation.
- Learning takes time. A pattern of behavior must be reinforced by repetition. Facts must be related to experiences, and mistakes must be recognized.
- Learning is FUN!

How Children Learn

- By experiences: Through their senses, failure and success, and culture.
- By association, and words associated with an experience.
- By interactions with parents/guardians, teachers and other children.
- Through play: Play allows children to express the things they feel. Through activity children use excess energy and work off pent-up feelings. Play is the way children work out problems during a relationship, and learn how to cope with experiences of conflict, strange situations, or illness.
- By asking questions: Questioning allows children to keep their natural curiosity alive.
- By hearing stories: Hearing stories not only helps children understand more about their present situation, it also helps them relate present experiences to their past heritage.

Language Development

Early Literacy - Those skills children need to develop in order to read, write, and understand the written and spoken word.

Literacy - Speaking, writing, reading, and understanding the written and spoken word.

Early Literacy Skills - Skills that begin to develop in the preschool years, such as alphabet knowledge, phonological awareness, writing name, print knowledge, and oral language. Research has shown that these skills may provide a foundation for later-developing, more mature reading and writing skills.

Oral Language Development - The development of knowledge and skills that allow children to understand, speak, and use words to communicate.

Speaking Skills - Producing the sounds of language and understanding what words mean and the connections among words.

- Using words conventionally— for example, to put together words in the right order
- Using conventional forms of words — for example, plurals and appropriate forms of verbs to indicate things that happened in the past or might happen in the future
- Using language for different purposes— to express ideas and feelings, to obtain or communicate information, to negotiate social disagreements, etc.

Listening Skills - Understanding what other people are saying when they speak

- Detecting, manipulating, or analyzing the auditory aspects of spoken language
- Enjoying listening to stories
- Following oral instructions

Communication Skills - Talking, listening, and understanding the social rules of conversation—taking turns, listening when someone else is talking

- Understanding and using the rules of grammar
- Asking questions to get information
- Engaging peers and adults

Vocabulary Skills - Talking, listening, and conversation- understanding a large collection of words and their meanings

- Understanding the inter-relationship among words (e.g., dogs and cats are both types of animals)
- Extending own vocabulary to create new meaning

How do Children Learn Language?

Practice

- Talk, talk, talk with children
- _____ to children
- Respond appropriately to children

Experience

- _____
- Singing
- _____

Patience

- Respond patiently and in a caring way

As a child care provider, you are extremely busy throughout the day. Make sure you make time to talk with children and listen to children. It is important children have the opportunity to practice their communication skills. They will learn a lot by listening to you and others.

Have conversations with children one on one and in groups. Give children individual attention. You will learn so many important things about how children think and feel by listening and asking questions. Respond appropriately, seeking to expand their thinking and deepen the conversation.

Experiences such as singing and reading can help children learn language too. Remember, children are learning communication and language skills even before they begin talking. Create an environment which is print-rich—in other words, expose children to lots of written language, such as books, and signs and labels. Does your home have a quiet, cozy place where children can snuggle with a good book?

Are there books in other areas- such as blocks or dramatic play? Be sure to have print materials in various areas. This helps to give better access to the materials as well as ensure that learning moments and topics are found throughout your program.

Language and Literacy

Children represent their ideas, thoughts, and feelings through the processes of writing, reading, talking, understanding and listening. Listening and reading are the receptive means through which you gain understanding. Talking and writing are the expressive means through which you represent your understanding. Early literacy development is a social process. Children learn the importance of writing by seeing a parent make lists for shopping. They learn the value of reading by seeing adults in their world read every day.

5 Components:

- Speaking
- Listening
- Understanding
- Writing
- Reading

Physical Development

There are two types of physical development:

Larae ( ) motor

Small (_____) motor

The activities you choose to promote physical development in your child care settings should depend on the ability of the child, not the age of the child.

Your goals for the children in your care (for example, learning to cut) can be achieved by adapting the variety of activities you do to the various ages and abilities of the children in your care.

What Impacts Physical and Motor Development?

- Good _____
- General _____ and wellness
- Physical _____
- Caring/supportive child care _____

Benefits of Outdoor Play

- Best place to practice and master emerging motor skills such as leaping, jumping, throwing, catching, etc.
- Manipulative skills such as pumping a swing, pulling a wagon, pedaling and steering a bike can also be practiced and mastered.
- Children burn more calories with outdoor play, and the heart muscles receive more exercise.

Any activity that could be done indoors can also be adjusted for outdoor play. To receive the full benefit of playing outdoors, it is recommended that children have 45 to 60 minutes of uninterrupted outdoor play. Outdoor play offers numerous benefits that cannot be replicated indoors. Pumping a swing, learning to pedal and steer a trike/bike, and swinging a bat are all skills that most indoor environments just do not have adequate space to practice. In addition, the overall health benefits to outdoor play lead to healthier children.

What are some health benefits of outdoor play? _____

_____

What is Your Role?

Choosing Group Games

Children enjoy and benefit from group games. To create a fun experience for you and the children, remember:

- Choose games that will accommodate the _____ of children (and make adaptations if needed).
- Know the game before _____ it to the children.
- Make sure all the children are within your sight, and encourage all the children who can to participate.
- Avoid long_____ _____. It is never a good idea to have young children waiting in one place for too long. Position them when you are ready to begin.

Activity: Create-a-Game!

In a group of 3-4 people, make up a game promoting physical development.
Plan the game, set up the game, create the rules, and then play!
Be ready to demonstrate and/or play the game with the large group.

Notes:

_____

_____

_____

_____

Children with Special Needs

When caring for a child with special needs, be sure to work cooperatively with parents and families to provide needed support in their learning and development. Meet the child where they are developmentally, rather than strictly by their age.

- Be inclusive!
- Allow all children (with or without special needs) to learn in the same environment.
- Allow for services in your program.
- Support each child to be successful.
- Give children additional care and attention as needed.

What is your role in promoting healthy physical and motor development with the children in your care?

_____

_____

List 3 strategies you can use every day to promote healthy physical and motor development.

1. _____

2. _____

3. _____

Let's Move Child Care! is an initiative designed to reduce childhood obesity and encourage lifelong healthy habits. You can visit their website for more information at https://healthykidshealthyfuture.org.

Their top five recommendations are:

- **Get kids moving**—provide lots of opportunities to practice—use your daily schedule to do this; also look at your space and provide good utilization of space both indoors and outdoors to encourage movement and physical activity.
- **Nurture healthy eaters**—provide healthy snacks; model healthy eating habits.
- **Provide healthy beverages**—which includes providing lots of drinking water.
- **Support breast feeding**—if possible, encourage nursing mothers by having a space available for them to breastfeed if needed.
- **Reduce screen time**—put away or cover TV's, computers, and other devices to keep the focus on personal interactions.

Social-Emotional Development: Defined

Emotional Development: The thoughts, feelings, and expectations one develops about_____.

Social Development: The thoughts, feelings, and expectations one develops toward _____and the world.

Social-Emotional Characteristics

What do you hope your children will be like when they grow up?

_____

_____

What characteristics do you want them to have as adults?

_____

_____

Are these things we can teach children? How do we teach them?

_____

_____

_____

Many of the things we want for our children are taught to them in the context of social relationships. Children are not born socialized. It is the job of the adults in the child's life to help the child learn what is and is not "socially acceptable." This is not an easy task.

Characteristics:

- Cooperative _____
- State _____ in words
- Beginning to control impulses
- Developing _____
- Developing manners
- Understanding logical _____
- Enjoys "helping," taking turns
- Enjoys _____ plays

Promoting Social Development

How can we help children achieve social-emotional goals?

- One way is to ask children _____ -_____ questions. Open-ended questions are those that require more than a yes/no response.

- Create a balance of power by offering choices. Let children make food choices, for example, juice or water. Allow children to choose activities, sometimes changing the environment by adding more materials or reducing stimulation is a consideration.

- Another way to encourage social emotional development in young children is by being an appropriate _____ for the children to follow. Demonstrate the kinds of behavior you want the children to have. Model respect. Actions speak much louder than words do.

- A final way to encourage social-emotional development in children is to value risk-taking and making _____. This is sometimes difficult for us to do as adults and remember, not all cultures value risk taking. In these cases, encouraging competence and confidence through everyday activities may be the way to encourage the child.

Indicators of Healthy Emotional Development

The capacity to:

- Trust
- Relate
- Take pleasure in ourselves and others
- Feel effective

Not only are these indicators of healthy development, they are also indicators that children can build healthy attachments with other children and adults.

Promoting Healthy Eating Habits

- Never force a child to _____ .
- Remember that a child needs to be introduced to new foods _____ to _____ times before readily accepting it in their diet.
- Children need _____ and consistency.
- Plan a transition between play and mealtime.
- Do not use food as a _____ or disciplinary measure.

Alternatives to Using Food as a Reward

One in five children is overweight or obese by age 6. The rates have doubled in children and tripled in adolescents in the last 20 years. An overweight 4-year-old is 20 percent more likely to become an obese adult; an overweight teen, 80 percent.

While there are many reasons for this increased obesity rate, one that providers can control is using food to reward, comfort or punish the children in their care. The following statements are common examples of these negative methods:

- *"If you pick up the toys, I will give you each a cookie."* (reward)
- *"I know you got hurt when you fell down, here is a piece of candy."* (comfort)
- *"Eat all of your peas or we will not go to the playground."* (punishment)

Non-Food Alternatives

Avoid these kinds of statements and instead consider non-food alternatives as rewards. Some rewards that work well with young children individually or as a group:

- Sit by friends
- Teach the class
- Have extra art time
- Enjoy class outdoors
- Have an extra recess
- Play a favorite game or puzzle
- Walk with a favorite provider during a transition
- Eat lunch outdoors/ have a picnic
- Eat lunch with a teacher or the director
- Be a helper in another class
- Dance to favorite music in the classroom
- Provider can perform special skills (i.e. sing)
- Field trips
- Provider can read a book of that child's choosing

Normal Consequences

Even more effective than rewards is the delivering of consequences when a child behaves in a way other than the expectation that had been clearly explained. Look for opportunities to provide "normal consequences" whenever possible. "Normal consequences" usually refers to temporary limitations a provider sets that connect with the problem behavior that just occurred. Examples include:

- *"You threw that block so you may no longer play in the block area today."*
- *"You two were fighting over that toy so neither of you may play with it today."*
- *"All of the caps were left off of the markers in our Art Area this morning so they have all dried out. We will not have markers to use for a while."*

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Portion Size

- Rule of thumb for children under 5 years of age:

  ___ _____ per year of age for meats, fruits, and vegetables.
- Portions are larger today than thirty years ago.
- Portion size is different than _____ size.
- Cut large portions into smaller pieces.
- Providing a _____ of foods will assist with controlling portions.

Food portion sizes are two to five times bigger than they were thirty years ago. Beverage portions have grown as well. In the mid-1970s, the average sugar-sweetened beverage was 13.6 ounces compared to today's 16.2 ounce drink. In 1955, a child's drink at McDonalds was 7 ounces, today a child's drink at McDonalds is 12 ounces. In total, we are now eating 31% more calories than we were forty years ago– including 56% more fats and oils and 14% more sugars and sweeteners. The average American now eats 130 pounds of sugar a year.

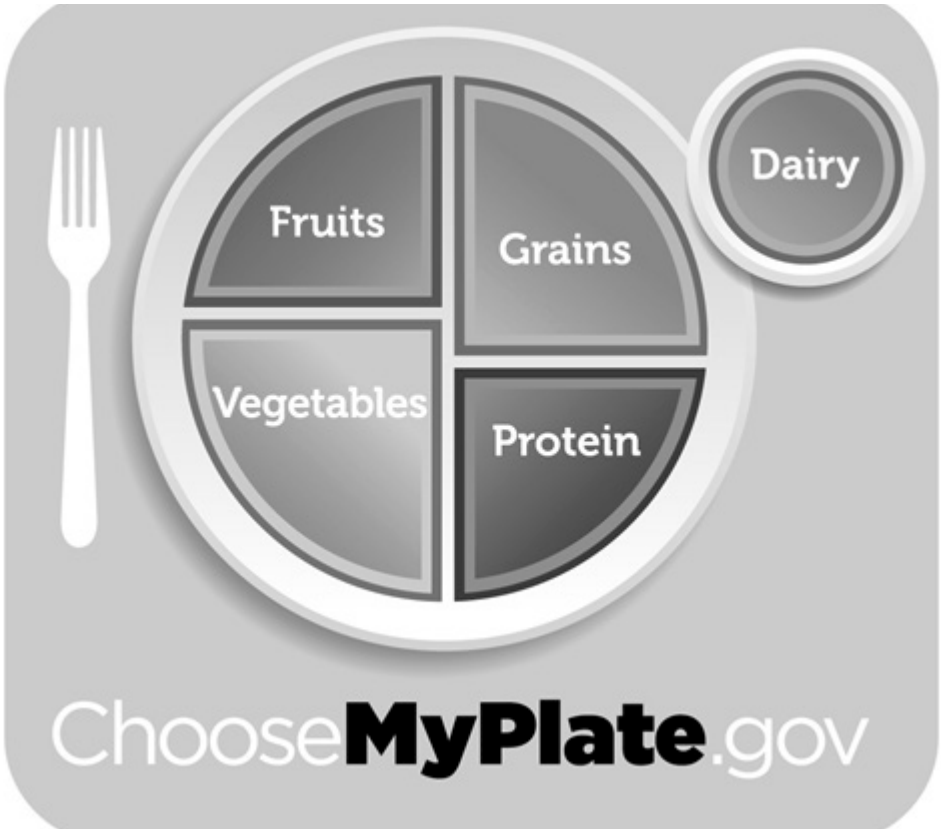
Menu Planning

- Aim to plan for the entire week; not _____.
- Look for variety throughout the week.
- Including a variety of textures, temperatures, shape, and color will typically include all _____ needed.

Activity: Making Nutrition and Meal Planning Part of the Curriculum

Directions:

On the next page, plan a meal for the children in your care. The meal can be breakfast, lunch or dinner. List the food components in the appropriate place on the plate. After your meal is planned, list ways to encourage the children to help with meal planning and meal preparation.



List ways to encourage children to help with meal planning and preparation:

Healthy Snacks

- Good nutrition is important during snack time as well as meals.
- Easy preparation and easy access often lead us to rely on prepackaged snacks which can be high in sugar, salt, fat and empty calories.
- Snack time can be a time to promote self-help skills such as pouring a drink or cereal, cleaning up after oneself, or social skills such as sharing.

Depending on the facility, snack time can be a source of a great deal of wait time for children. Waiting in line to wash hands, to be served, etc. Children also may not be hungry at the same time. As a result, having a "Snack Center" stocked with healthy snacks and child friendly utensils is a suitable alternative. Even toddlers can "serve" themselves and others at snack time, provided the environment is set up to encourage self help and clear and consistent expectations are followed.

Seven Highly Effective Habits for Food Safety

- **Don't be a dope, wash with _____**
  Follow hand washing procedures before, during, and after meal preparation and service.

- **Make it a law, use the fridge to _____**
  Always thaw food, especially meats in the refrigerator. Do not use the counter or microwave to thaw frozen foods.

- **Watch that plate, don't cross-contaminate**
  Do not let juices from raw meat, poultry, or seafood come in contact with foods that have been cooked or will be eaten raw. Also put meat that is being thawed in a container and place it below fruits and vegetables in the refrigerator.

- **_____ it right before you take a bite**
  Cook foods thoroughly. Meats should be cooked to an internal temperature of at least 165° F. Use a meat thermometer to assure meat and poultry have reached a safe internal temperature.

- **Hot or cold is how to hold**
  Avoid holding foods in the danger zone (between 41° F and 135°F). Harmful bacteria multiply the fastest in foods that are held at 70° F and 125° F.

- **More than _____ is bad for you**
  Do not leave perishable foods at room temperature for more than two hours (infant bottles; one hour). This two hour limit includes preparation and serving time.

- **Don't get sick, _____ it quick**
  Place foods in shallow containers to allow food to cool quickly and not have hot spots.

Section 2: Health

Learning Objectives

- Discuss current health issues and practices that ensure the well-being of children
- Identify typical signs of communicable diseases
- Observe proper handwashing and diapering steps
- Locate types of immunization and their schedules
- List steps to follow in caring for children who are mildly ill and excluding those who are ill

Allergies

- Can develop at any _____ / _____ of life
- Consider how children with allergies are _____ for
- Need a _____ treatment plan
- How is the _____ "cared for" to support children with allergies

Children and adults can have allergic reactions from things they touch, eat, or breathe. Recommend that parents consult with health professionals and nutritionists when the children in your care have allergies. When children have mild allergies, the most effective approach is to figure out the causes of the allergic reaction and avoid exposing the children to them.

To reduce allergens from spreading, children's clothing is not allowed to touch other children's clothing, so if cubbies are used for more than one child, clothing must be kept in a separate, non-plastic bag. Also, spaces that have carpeted areas tend to have higher concentrations of allergens than non-carpeted spaces.

Examples:

Asthma
Bouts of asthma can be triggered by allergens in the environment. Asthma is a common reaction to inhaled allergens, but not always. Changes in the weather, family history, obesity, and other respiratory conditions can trigger an asthma attack.

Insects
Bites and stings can be fatal for some children and the presence of certain insects can cause severe respiratory allergies (e.g. bee stings, dust mites, cockroaches).

Food Allergies

A child can have an allergic reaction to food at any time.

Common food allergies include:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The American Academy of Pediatrics has reversed its 2000 decision to avoid foods that are at a high risk for food allergies until the age of 3. Today's recommendation includes introducing the foods to the diet sooner, so the child develops a resistance to the allergen. Studies also have concluded that breastfeeding the first year drastically reduces one's chance of becoming allergic to foods.

Introducing one new food at a time over a period of 5-7 days to infants is one way to determine if a child is allergic to it.

Food allergies and food intolerance are two different things. A food allergy is an immune response that occurs in the body. An allergy can be dangerous and even fatal. A food intolerance occurs when a food is unable to be digested and is typically not life threatening. Once a food allergy has been diagnosed and confirmed by a doctor, providers need to include this information in the child's file and work with the parents to develop a food plan that will not be harmful to the child.

When children with food allergies attend a child care setting, the child care provider shall have on record a care plan prepared by the child's doctor, to include: Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food; a detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive. The plan should include specific symptoms that would indicate the need to administer one or more medications.

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Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: **[ ] Yes (higher risk for a severe reaction) [ ] No**

PLACE PICTURE HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: _____

THEREFORE:

[ ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

[ ] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS

LUNG
Short of breath, wheezing, repetitive cough

HEART
Pale, blue, faint, weak pulse, dizzy

THROAT
Tight, hoarse, trouble breathing/ swallowing

MOUTH
Significant swelling of the tongue and/or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting, severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

NOSE
Itchy/runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea/ discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM **A SINGLE SYSTEM** AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

_____

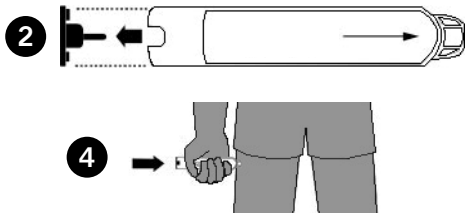
PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) 5/2014

FARE Food Allergy Research & Education — FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

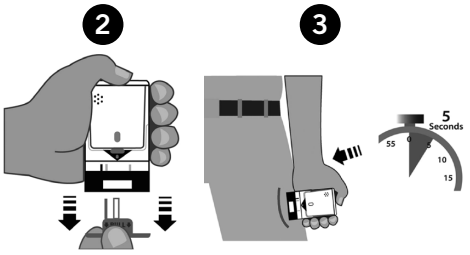
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled “1” and “2”.
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.)**:**

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) 5/2014

Infectious Diseases

What is the definition of communicable disease?

_____

_____

What are the most common communicable diseases?

_____

_____

Why are small children more susceptible to disease?

_____

_____

What are some ways you can cut down on germ spreading in your child care setting?

_____

_____

How to Reduce the Spread of Illness

Gloves
Gloves do not prevent contagious diseases from spreading; however, they do create a barrier of protection to reduce the risk of spreading and contracting a communicable disease.

When should gloves be worn in a child care setting?

_____

_____

Gloves are **NOT** a substitute for hand washing. Gloves must be disposable and waterproof and always used when you come in contact with blood, vomit, or stool. If you have children allergic to latex, use vinyl gloves instead.

As discussed in the last section, proper food handling is also important to reduce the spread of illness. Be sure to wash hands before, during, and after meal preparation and use gloves as necessary.

Handwashing
Washing hands is the single most effective way of reducing the spread of infection. Proper and frequent hand washing reduces the spread of illness by at least 80%.

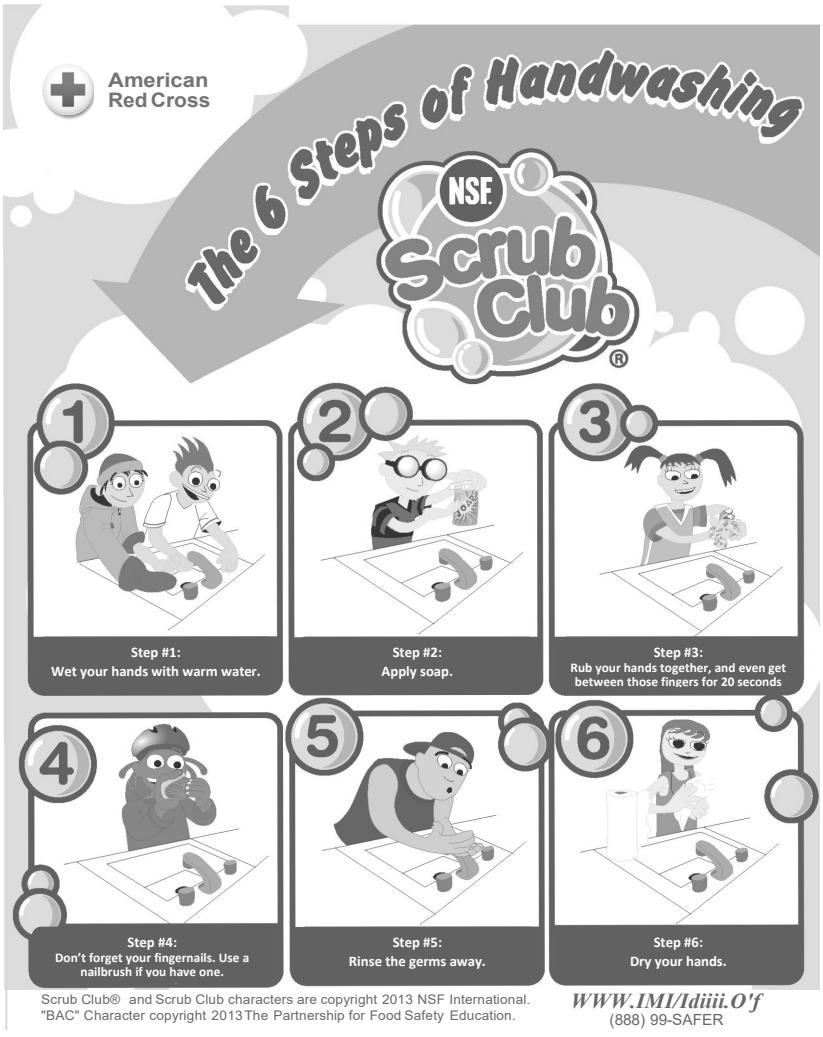
Child care providers often put the soap on first and do not wet hands first. Please remember that water comes before soap and to wash hands for a minimum of _____ to _____ seconds.

Hand sanitizers
Hand sanitizers may be used when running water is not be available, such as on a field trip. Beware that they contain alcohol and should not be used with infants and toddlers.

Paper towels
Shared cloth towels may transmit infections, which is why paper towels are commonly used in the child care setting.

Video: Handwashing

Notes:



Keeping the Environment Healthy: Clean vs. Sanitized

Sanitized = free of disease causing _____

What are some overlooked areas in your care setting?

_____

_____

Disinfecting the child care setting

Bleach water:

- Make _____
- Use _____
- Follow _____ label for dilution
- Keep a _____

Toys and equipment should always be cleaned after being mouthed by a child. Hard surfaces should be sanitized daily. "Soft" materials such as stuffed animals, dolls, dress-up clothes, and squishy infant toys should be laundered daily.

How to Reduce the Spread of Illness (continued)

You can promote health and the spread of illness through prevention strategies.

Diapering

- Must have a designated _____ for diapering This area must be away from food preparation areas. Just as a bathroom is a major source of germs, so is the diaper changing area.
- Potential to spread disease if proper _____ are not followed

Video: Diapering

Notes:

_____

_____

Proper Diapering Procedures

1. Gather all materials needed BEFORE placing child on clean surface. This includes removing wipes from the container.
2. Always change children's diapers or clothing on a smooth, non-absorbent, easily cleanable surface.
3. A new pair of DISPOSABLE, non-permeable gloves must be worn during each diaper change to protect your health. Gloves are only required in family child care if a child has watery or bloody stools.
4. Place child on diapering table. Remove clothing to access diaper. If soiled, place clothes into plastic bag.
5. Remove soiled diaper and place into lined, hands-free, covered trash container. (To limit odor, seal in a plastic bag before placing into trash container.)
6. Use wipes to clean child's bottom from front to back.
7. Use a wipe to remove soil from adult's hands.
8. Use another wipe to remove soil from child's hands.
9. Throw soiled wipes into lined, hands-free trash container.
10. Put on clean diaper and redress child.
11. Place child at sink and wash hands following the "hand washing procedure."
12. Spray diapering surface with a soap-water solution to clean. Wipe dry with disposable towel.
13. Spray diapering surface with bleach-water solution and wait at least 2 minutes before wiping with disposable towel or allow to air dry. The surface cannot be sprayed and immediately wiped. Change Bleach Solution Daily!
14. Wash own hands using the "hand washing procedure," without contaminating any other surface.

Administering Medication

- Only administer prescription medications from their original _____ with instructions from a health _____.
- Parents must give _____ permission.
- One adult is responsible for dispensing medication.
- Keep a medicine _____ when you administer ANY medication. The log can be as simple as spiral notebook where you record the child's name, what medicine was given, how much and at what time. You can also design a simple form that will provide appropriate blanks for you to fill in the information. This type of documentation will be helpful should any questions or problems arise.
- Written _____ should be kept and shared with parents. Written consent must include instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given.

Activity: Administering Medication

Complete the medicine log using the following information:

Per parent permission and instructions, today before lunch you gave Nick one 125 mg capsule of Depakote sprinkles. Shortly after waking from his nap at 2:30 PM, you notice a rash on Nick's forearms.

Group Activity: Recording the Dose of Medication: Nick

Medication Log

PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child _____ Weight of child _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/amount					
Route					
Staff signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/amount					
Route					
Staff signature					

Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.

Date/time	Error/problem/reaction to medication	Action taken	Name of parent/guardian notified and time/date	Caregiver/teacher signature

RETURNED to parent/guardian	Date	Parent/guardian signature	Caregiver/teacher signature
	/ /		
DISPOSED of medicine	Date	Caregiver/teacher signature	Witness signature
	/ /		

Other Medications

- Over the _____ (e.g. bug spray and sunscreen)
- Many _____ medications and/or substances resemble candy, fruit, drinks, etc.

Sunscreen tips for babies and young children

Consumer Reports News: May 28, 2010 03:10 PM

Babies younger than 1. A new baby's skin burns more easily, so try to avoid any sun exposure, especially direct exposure, until he is at least 6 months old. Keep his skin covered, even in the shade. It's OK to use sunscreen if you find yourself in a situation where you can't keep him out of the sun. (Check with your pediatrician about sunscreen, as well.) If your baby is less than 6 months old, apply the sunscreen to a small area of his back first to make sure there is no irritation, and then apply only to face and hands, And keep the rest of him covered up.

Children age 1 year and older. Young children should stay out of the sun as much as possible, but of course that gets harder to accomplish as they get older and more active and independent. When your child reaches one year, you can apply sunscreen 30 minutes before she goes outside and reapply it every two hours—more often if she goes swimming or is sweating. Be careful not to get sunscreen on the eyelids. As with babies, use a waterproof, broad spectrum sunscreen made for children with a SPF of at least 30.

Don't rely on sunscreen alone. Kids should wear a hat with a 3-inch brim or a bill facing forward and a long-sleeved shirt and long pants made from tightly-woven cotton provide smart protection against the sun. Sand and concrete reflect the sun's rays, increasing the chances of a burn, and most rays make it through a cloud cover and they also travel through water, so an overcast day or staying in the pool doesn't provide protection. Limit your sun time, and seek shade during the hottest hours of the day.

How much to use. For full-body protection, adults should apply 2 to 3 tablespoons of lotion or cream (less for children) before going out in the sun. When it comes to sprays, there aren't any clear guidelines about how much to use. We recently checked the labels of the sunscreen sprays we tested and found that most simply recommended applying "evenly" and "generously" or "liberally." (Most also recommend using in well-ventilated areas.) Some say to rub the sunscreen into the skin, while others don't. All warn to keep the product out of the eyes and not to spray directly on the face. So read directions carefully.

Other tips:

- **Don't spray or rub sunscreen on clothes.** Most of the products stained fabrics when applied directly and left for a day.
- **Don't use sunscreen after its expiration date** because it might have lost its potency. If your sunscreen has no expiration date on the bottle when you buy it, mark one yourself with a permanent marker and throw out after two years.

Immunizations and Licensing Standards

- DCFS Licensing Standards list specific requirements child care providers must follow.
- **Whether or not you are licensed**, you must insist that the children in your care are immunized. Be aware that infants and toddlers are often at different stages in their immunization schedules. Older children can expose younger ones to a variety of illnesses and diseases if precautions are not taken!

A recommended immunization chart is available for your reference on page 34.

Written Health Policies

- Caregivers need to determine how they will care for an _____ child. This hould be written in policies and shared with parents and should also include when a child can return to care.
- Include your policies on handwashing, cleaning, sanitizing, and _____ surfaces.
- Consider required _____ (e.g. immunizations, health records, parent contact information, medicine, permission forms).
- Health _____ policies include a list of mild illness, regulations for excluding sick children, licensing standards that relate to health, and procedures for medication dispensing. The Illinois Department of Children and Family Services (IDCFS) regulations also list specific timelines children need to be excluded from care for many childhood illness. For example, vomiting, diarrhea, rash, fever, strep throat, head lice, etc.
- Include how you will dispose of materials that may contain germs or _____.

There is more information regarding when a child is too sick to be in care on pages 37-38.

2018 Recommended Immunizations for Children from Birth Through 6 Years Old

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
HepB	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV13	PCV13	PCV13	PCV13					
		IPV	IPV	IPV						IPV
				Influenza (Yearly)*						
					MMR					MMR
					Varicella					Varicella
					HepA§					

Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE:
If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

When is a Child too Sick to be in Care?

Many times when children have an infection they have been contagious long before the symptoms occur. Because other children in your care have already been exposed, excluding ill children will do nothing to control the spread of the contagious infection.

There are times though when a child, care provider or parent/ guardian may have an infection that poses a risk to others and should not be in your care setting. The following are suggested criteria the American Academy of Pediatrics has for care settings. Licensed care providers must follow Illinois state guidelines.

Children should not be in care if they have:

- An illness that prevents them from comfortably participating in program activities.
- An illness that results in a greater need for care than what you can provide with- out compromising the health and safety of other children.
- A fever, is lethargic, irritable, persistently cries, has difficulty breathing, or manifests other symptoms of possible severe illness.
- Diarrhea or stools that contain blood or mucus.
- E coli O157:H7 or Shigella infection, until diarrhea resolves and two stool cultures are negative for these organisms.
- Two or more episodes of vomiting in 24 hours, unless vomiting is determined to be caused by a noncommunicable condition and there is no danger of dehydration.
- Mouth sores, unless the health care provider states that it is not infectious.
- A rash with a fever or behavior change, until a health care provider has determined that the illness is not a communicable disease.
- Conjunctivitis, until they have been examined by a health care provider and are approved for readmission with treatment.
- Tuberculosis, until a health care provider states that they are not infectious.
- Impetigo, until 24 hours after treatment has been initiated.
- Strep throat, until 24 hours after treatment has been initiated.
- Head lice, until after the first treatment.
- Scabies, until after treatment has been given.
- Chickenpox, until all lesions have dried and crusted (usually 6 days).
- Whooping cough, until 5 days of appropriate antibiotic therapy have been completed.
- Mumps, until 9 days after onset of parotid gland swelling.
- Measles, until 4 days after onset of rash.
- Hepatitis A virus (HAV) infection, until 1 week after onset of illness or jaundice (if symptoms are mild).

It is important to be mindful of the "typical" behavior of each individual child. Many cases need to be considered on an individual basis. Exclusion for illness is not always a strict policy. The main point to remember is "if the health of the other children is being compromised" then the child needs to be excluded from care.

It is your responsibility as a care provider to clearly communicate with parents/ guardians when their children are too ill to attend and when they can return to the care setting.

- Upon placing their child in care, parents/ guardians need to receive a copy of your health policy.
- Help parents/guardians with alternate care plans before the fact. Many times parents/ guardians don't think about alternate care plans upon enrollment. They think that their plans are in place when they choose care with you and are not thinking about what they will do when their children are ill.

When children are in group care, they may get more colds or mild illnesses than other children. In some cases, separating a mildly ill child from the rest of the children is not necessary. In most cases the child has already been contagious before symptoms occur.

If you feel the child is too ill to be in care, you should do the following:

- Call the parent/guardian to pick their child up from care.
- Separate her/him from the other children. Provide a quiet, comfortable space where you can continue to observe her/him as well as supervise the other children.
- Inform all the families in your care of the possible exposure to the illness and the need to watch for certain symptoms in the other children.

After a child with a contagious illness leaves your care setting, sanitize items that she/he may have used. Wash and bleach her/his bedding and cot. Sanitize toys and items she was using. If you have been holding her/him, change your smock or shirt before holding another child and of course, WASH YOUR HANDS.

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Guide to Childhood Illnesses

ILLNESS	WHAT YOU SEE	WHAT TO DO	WHEN CAN CHILD GO BACK TO CHILD CARE?
5th DISEASE (Erythemia infectiosum)	Fever, headache and very red cheeks. Lace-like rash on chest, stomach, arms and legs that lasts 3 days to 3 weeks. You may see the rash off and on. Usual for ages 5-14 and is unusual in adults.	Consult with child's doctor and ask about using over the counter pain/fever medicine. Give child plenty of fluids. Prevent scratching by trimming fingernails and putting gloves on the child during the night. Pregnant women exposed to this disease should consult with their doctor.	Keep child home if fever is present.
CHICKEN POX (Varicella)	Itchy, blistery rash with mild fever. Blisters usually occur in clumps and are more commonly seen on the stomach, chest and back. After several days, blisters scab over. Some children have only a few blisters, others can have several hundred.	Consult with child's doctor. Calamine lotion or cool baking soda in water bath can help to reduce itching. Prevent scratching by trimming fingernails and putting gloves on the child during the night.	Child should stay home, until all the blisters are crusted with no oozing scabs
COLD SORES & MOUTH SORES	Fever, painful, small, fluid-filled or red blisters on mouth, gums or lips. The sores are usually reddish or purple and can appear one-at-a-time or in little bunches. Children with hand, foot and mouth disease may also have a small red rash on hands and feet.	The sores should be kept as dry and covered as possible. Do not allow children to share toys.	If the child is drooling and has sores, consult child's doctor before returning to child care. Otherwise, child does not need to miss child care.
EAR, NOSE AND CHEST INFECTIONS	May include mild symptoms such as cough, runny nose, watery eyes, sore throat, chills and tiredness associated with the common cold, croup, pneumonia, respiratory syncytial virus (RSV), bronchitis and ear infections.	Make sure the child gets plenty of rest. Ask child's doctor about using over the counter pain or fever medicine. The child and those caring for him should wash their hands often. Seek medical treatment immediately if child has the following signs of difficulty breathing: -Blue or gray skin around the nose, mouth or fingernails -Struggles to breathe -Makes noisy, high-pitched sounds when breathing	Child who is listless or with fever should stay home. Child without fever does not need to miss child care as long as child can participate easily in activities.
DIARRHEA	The child's bowel movements are more frequent, loose and watery than usual. Stool may contain blood.	Make sure the child gets plenty of rest and give a diet of clear liquids. Breastfeeding can continue. If symptoms continue, fever occurs, or if blood appears in stool, call your doctor. The child and care givers should wash hands frequently.	Child can go back to child care when diarrhea is gone and the child feels better. *There are special exclusion rules for E. coli O157:H7 and Shigella
FEVER	An increase in body temperature above normal. It does not always indicate serious illness. A fever may be present if the child's temperature is 101 degrees measured by the mouth. The most common causes of fever in children are sickness, teething and recent vaccination.	Call child's doctor if your child is uncomfortable or has a change in behavior. If a child under 8 weeks of age has an armpit temperature of 100 degrees, call your doctor.	Child does not need to stay home unless child has a fever AND behavior changes, signs or symptoms of illness.
FLU (Influenza)	Fever, chills, sore throat, cough, headache, muscle aches, extreme sleepiness. Some children may develop pneumonia with influenza. Children with influenza may have nausea, vomiting or diarrhea but never without respiratory symptoms.	Consult with child's doctor. Make sure child gets plenty of rest. Ask doctor about over-the-counter fever/pain relievers and antiviral medicine. All children older than six months are recommended to get an influenza vaccination every year.	Child can go back to child care after the child feels well.
HEPATITIS A	Stomach pain, sick feeling, fever and diarrhea. Skin and white part of eyes might turn yellow.	Consult with child's doctor IMMEDIATELY.	Child can go back to child care one week after the start of symptoms.
IMPETIGO	Skin sore with a yellow, honey colored scab. It may ooze and drain. Most sores are on the face, around the nose and mouth.	Consult with child's doctor. Your doctor may give you medicine and will tell you how to take care of the sores. The child and care givers should wash hands frequently.	Child can go back to child care 24 hours after the child started medicine from the doctor.
LICE (Pediculosis)	Lice (bugs) and eggs (nits) in hair near scalp, especially on top of head, behind ears, and back of neck causing scalp to itch.	Use regular shampoo and cream rinse daily for 14 days. Comb hair everyday with a fine toothed comb while cream rinse is still in the hair.	There is no need for child to be sent home from child care the day of diagnosis and should be allowed to return after first treatment. Call 800-369-2229 and request "Getting Rid of Head Lice" brochure.
MENINGITIS (Viral or Bacterial)	Fever, headache and stiff neck are common symptoms in anyone over 2 years old. Newborns and small infants may appear over-sleepy or inactive, be irritable, vomit or feed poorly.	Consult with child's doctor IMMEDIATELY. Viral meningitis is only spread when someone has contact with an infected person's stool. Bacterial meningitis can be spread through the air, so close contacts may be given medicine to prevent illness.	Children with bacterial meningitis may return to child care 24 hours after starting antibiotics. Children with viral meningitis may return when feeling better.
MRSA – community acquired (Methicillin resistant Staph aureus)	A boil or pimple that can be swollen red and painful and have drainage. Often mistaken for a spider bite.	Consult with child's doctor. Treat and cover all open wounds. Reinforce hand washing and environmental cleaning.	Child or staff does not need to stay home if the wound is covered.
MUMPS	Rare in children with 2 doses of the measles, mumps and rubella vaccine. Fever, swollen and sore glands at the jaw. Sometimes children also have a cough and runny nose.	Consult with child's doctor and ask about using over the counter pain/fever medicine. Give plenty of liquids.	Child can go back to child care 5 days after start of symptoms or until symptoms are gone, whichever is longer.
PINK EYE (Purulent Conjunctivitis)	Eyes are red/pink with creamy or yellow discharge and the eyelids may be matted after sleep. Eyelids and around the eyes may be red, swollen and painful.	Consult with child's doctor. Child without fever should continue to be watched for other symptoms by parents or child care providers.	Child ma y return to child care when all symptoms are gone.
RASH ILLNESS	Usually red, splotchy areas on the skin, sometimes with bumps that may or may not be whitish in color. Child may have a fever or behavioral change.	Consult with child's doctor if child develops a fever and acts differently with the rash.	If the child has no fever or behavioral change with rash, then the child may return to child care.
RINGWORM	Ring shaped, scaly spot on skin or head. May leave a lighter spot on skin or a flaky patch of baldness on head. May have a raised donut-shaped appearance.	Consult with child's doctor. Ringworm is spread by direct skin to skin contact. Cover the area to prevent spread. Do not let your child share personal items (combs, brushes, clothing, towels, bedding). Dry skin thoroughly after washing and wash bathroom surfaces and toys daily.	Child does not need to miss child care. Child should not go to the gym, swimming pools or play contact sports. It is important to know that treatment may take at least 4 weeks.
SCABIES	Severe itching that can be worse at night. You may see small red bumps on the skin or burrows between fingers, on wrists or elbows, in armpits, or on waistline.	Consult with child's doctor.	Child can go back to child care 24 hours after first treatment.
STREP THROAT	Sore throats can be due to many causes. Strep throat is a severe form of a sore throat. Common symptoms include: sore throat, hard to swallow, fever, enlarged glands and extreme fatigue.	Consult with child's doctor. Give all medicine for the entire time directed. Antibiotics are not recommended f or treatment without a positive laboratory test.	Child can go back to child care 24 hours after antibiotics are started.
VOMITING	Common causes of vomiting are sickness and upset stomach.	Consult with child's doctor if fever is present. Call doctor immediately if child is unable to keep fluids down for more than 24 hours.	Child can return to child care once symptoms are gone.
WHOOPING COUGH (Pertussis)	Persistent, deep-sounding cough. Some children may have a "whoop" sound in cough. Some may vomit or lose their breath during and after coughing.	Consult with child's doctor. Give all prescribed medicine for the entire time directed. Doctor may prescribe medicine to close contacts to prevent illness.	Child can go back to child care after 5 days of antibiotics or 21 days of cough if no antibiotics are given.

Breastfeeding

- The American Academy of Pediatrics recommends babies be breastfed exclusively for the first _____ months.
- Breast milk protects infants against multiple health problems.
- The care setting should support the needs of nursing mothers:
    - Designate a _____ space for nursing mothers and a _____ location for breast milk.
    - Create and share a breastfeeding _____.
    - Include breastfeeding in your infant _____ plan.

The American Academy of Pediatrics recommends that babies be breastfed exclusively for the first six months of life, introduced to complementary foods around 6 months of age, and continue breastfeeding until at least 12 months of age.

Breastfeeding can provide multiple health benefits for both infants and mothers. Infants who are breast fed are protected against various diseases and conditions, including: bacteremia, diarrhea, respiratory tract infection, eye infection, urinary tract infection, diabetes, lymphoma, leukemia, and obesity, among many others. There is also evidence to suggest that mothers who breastfeed have a decreased risk of breast and ovarian cancers as well as a decreased risk for postpartum depression (AAP, 2018).

The care setting should always support the needs of nursing mothers. There are many ways to be supportive in your child care setting:

- Have a designated breastfeeding station that includes a comfortable chair, small table, and electric outlet. Mothers should also have access to a sink, refrigerator space, and a waste basket.
- Mothers may not be aware of breastfeeding support you offer. A breastfeeding policy should address how breast milk is stored, the resources and support you offer, and encouragement for breastfeeding mothers.

Breastfeeding Policy

A breastfeeding policy is an important resource for child care providers. It assists providers in supporting breastfeeding mothers and helps protect the health of infants in their care.

A breastfeeding friendly child care policy will address a certain standard of care:

- Mothers will be welcome to breastfeed on-site;
- Families will receive accurate information about breastfeeding, and;
- Child care providers are trained to provide breastfeeding information and support to help mothers continue to breastfeed when they return to work or school.

Sample Child Care Center Breastfeeding Policy

The ABC Child Care Center is committed to providing ongoing support to breastfeeding mothers. Well-defined research has documented a multitude of health benefits to both the mother and infant. The ABC Child Care Center subscribes to the following policy:

Breastfeeding mothers shall be provided a place to breastfeed or express their milk.

Breastfeeding mothers, including employees, shall be provided a private and sanitary place to breastfeed their babies or express milk. This area has an electric outlet, comfortable chair, and nearby access to running water. Mothers are also welcome to breastfeed in front of others if they wish.

A refrigerator will be made available for storage of expressed breast milk.

Breastfeeding mothers and employees may store their expressed breast milk in the center refrigerator. Mothers should provide their own containers, clearly labeled with name and date.

Sensitivity will be shown to breastfeeding mothers and their babies.

The center is committed to providing ongoing support to breastfeeding mothers, including providing an opportunity to breastfeed their baby in the morning and evening, and holding off giving a bottle, if possible, when mom is due to arrive. Infant formula and solid foods will not be provided unless requested by the mother. Babies will be held closely when feeding.

Staff shall be trained in handling breast milk.

All center staff will be trained in the proper storage and handling of breast milk, as well as ways to support breastfeeding mothers. The center will follow human milk storage guidelines from the American Academy of Pediatrics and Centers for Disease Control and Prevention to avoid waste and prevent food borne illness. Special precautions are not required in handling breast milk.

Breastfeeding employees shall be provided flexible breaks to accommodate breastfeeding or milk expression.

Breastfeeding employees shall be provided a flexible schedule for breastfeeding or pumping to provide breast milk for their children. The time allowed would not exceed the normal time allowed to other employees for lunch and breaks. For time above and beyond normal lunch and breaks, sick/annual leave may be used, or the employee can come in earlier or leave later to make up the time.

Breastfeeding promotion information will be displayed

The center will provide information on breastfeeding, including the names of area resources should questions or problems arise. In addition, positive promotion of breastfeeding will be on display at the center.

Promoting breastfeeding in the care setting:

- Providers demonstrate safe _____ and _____ of breastmilk, e.g. use of proper labels.
- Infant _____ plans are designed to avoid large feedings before mother's scheduled arrival.

Bottle-feeding a breastfed baby:

- Breast fed babies eat more frequently than _____ fed babies.
- Feed the baby in a way that _____ breastfeeding.
- Feed _____ and stop when the baby is ready.

All providers, assistants, and staff should be oriented to the breastfeeding policy, including the ability to promote healthy and safe breastfeeding in the care setting:

- Employees must be able to locate and promote the use of a private space for nursing mothers.
- Providers and staff should also properly handle, store, and label breastmilk. Gloves are not required for handling breastmilk.
- Infant care plans should be developed with family members to design babies' individual breastfeeding support schedule, noting to avoid large feedings right before mother's arrival.

There are also many things to keep in mind when bottle-feeding a breastfed baby, including:

- Breast milk is digested quickly and easily so breastfed babies typically eat less in one sitting and eat more frequently than formula fed babies. Feeding times may range between 1.5 to 3 hours.
- Babies should be fed in a way that mimics breastfeeding. For example, hold the baby in an upright position and be sure to change his or her position from the right to left arm midway through feeding.
- The baby should have some control during the start of the feeding and you should never force the bottle nipple in the baby's mouth. Also, babies should be fed slowly. Take time to burp the baby, switch sides, and talk to the baby while they are feeding to avoid overfeeding.
- Always stop feeding when the baby is ready and never force a baby to finish the last of a bottle.

Section 3: Safety

Learning Objectives

- Recognize the warning signs of child abuse and neglect, which includes the responsibilities of a mandated reporter
- Describe the characteristics of safe environments for children, as well as the steps to take to reduce potential hazards to children
- Describe the importance and features of emergency plans which includes first aid emergencies as well as environmental threats

Child Abuse and Neglect

Types of maltreatment (abuse/neglect):

- 79.5% _____
- 18% Physical abuse
- 9% Sexual abuse
- 2.3% _____ neglect
- 10% Other

Child neglect is overwhelmingly the most common type of maltreatment nationwide. Research indicates that poverty and socioeconomic status are contributors to the number of neglected children.

Mandated Reporters
State law mandates that workers in certain professions must report if they have reasonable cause to suspect abuse or neglect.

All licensed and license-exempt providers receiving CCAP payments are _____to complete a two-hour Mandated Reporter training offered free through the Department of Children and Family Services.

Early care and education professionals play a _____ role in identifying and reporting suspected abuse and neglect.

While most of these reports lead to unsubstantiated findings, _____% result in the child being found victim of abuse or neglect.

Should a phone call to the National Child Abuse Hotline (1-800-422-4453) need to be made, the caller will need to provide the child's name, documentation of the abuse, and the abuser's name and address. The role of a mandated reporter also includes confidentiality. As professionals, providers should not gossip or share their opinions with others should they have to report suspected abuse or neglect.

For Mandated Reporters ONLY

Who are mandated reporters?
Members of the general public are encouraged to report suspected child abuse and neglect. However, state law mandates that workers in certain professions must make reports if they have reasonable cause to suspect abuse or neglect. Mandated reporters include:

- **Medical Personnel:** Physicians, psychiatrists, surgeons, residents, interns, dentists, dentist hygienists, medical examiners, pathologists, osteopaths, coroners, Christian Science practitioners, chiropractors, podiatrists, registered and licensed practical nurses, emergency medical technicians, substance abuse treatment personnel, hospital administrators and other personnel involved in the examination, care or treatment of patients.
- **School and Child Care Personnel:** Teachers, administrators, certified and non-certified school employees, school board members, educational advocates assigned to a child pursuant to the School Code, truant officers, directors and staff assistants of day care centers and nursery schools, and child care workers.
- **Law Enforcement:** Truant officers, probation officers, law enforcement officers, and field personnel of the Department of Corrections.
- **State Agencies:** Field personnel from the Department of Children and Family Services, Department of Public Health, Department of Corrections, Department of Human Rights, Department of Healthcare and Family Services, and Department of Human Services. Supervisors and administrators of general assistance under the Illinois Public Aid Code are also included.
- **Others:** Social workers, counselors, social service administrators, substance abuse treatment personnel, domestic violence program personnel, crisis line or hotline personnel, foster parents, homemakers, recreational program or facility personnel, registered psychologists and assistants working under the direct supervision of a psychologist, funeral home directors and employees, and members of the clergy.

Mandated reporters who make good faith reports have the same immunity from liability under the law as non-mandated reporters. **However, a mandated reporter's willful failure to report suspected instances of child abuse or neglect to DCFS constitutes a Class A misdemeanor.** A second or subsequent violation is a Class 4 felony.

Does reporting my suspicions to a superior satisfy my mandated reporter requirement?
No. While you may also inform your superiors (such as the school principal or an administrator) of your suspicions, this does not satisfy your mandated reporter requirement that you call the hotline.

Am I still a mandated reporter if someone who is now over 18 years old tells me he or she was abused as a child?
If the person reporting the abuse has reason to believe that the alleged perpetrator has had, or currently has, access to children under 18, you should call the hotline. In cases where the alleged perpetrator does not have access to children, contact your local law enforcement agency.

How should mandated reporters make reports?
Call the child abuse hotline as soon as possible. You must also send written confirmation to the appropriate DCFS field office within 48 hours. The department will provide a form to use when sending this confirmation. If you suspect a child's death may have been caused by abuse or neglect, you must also call your county's coroner or medical examiner.

NOTICE
Any person who knowingly transmits a false report to the department commits the offense of disorderly conduct under subsection (a) (7) of Section 26-1 of the Criminal Code of 1961. A first violation of this subsection is a Class B misdemeanor, punishable by a term of imprisonment for up to one year, or by a fine not to exceed $500, or by both such term and fine. A second or subsequent violation is a Class 4 felony.

How can I learn more?
The DCFS publication *A Manual for Mandated Reporters* is available in English and Spanish, and can be downloaded from the department's website (www.DCFS.illinois.gov). Additional training opportunities will also be advertised on the DCFS website.

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Illinois Department of DCFS Children & Family Services

Care Enough to Call

To Report Child Abuse and Neglect

1-800-25-ABUSE

Toll-Free • 24 Hours

Care Enough to Call

Protecting children is a responsibility we all share. It is important for every person to take child abuse and neglect seriously, to be able to recognize when it happens, and to know what to do next. Care enough to call the state's child abuse hotline:

1-800-25-ABUSE
(1-800-252-2873)
1-800-358-5117 (TTY)

What are child abuse and neglect?

This year hotline workers will handle approximately 70,000 reports of child abuse and neglect. Child abuse is the mistreatment of a child under the age of 18 by a parent, caretaker, someone living in their home or someone who works with or around children. The mistreatment must cause injury or harm, or put the child at risk of injury or harm. Child abuse can be physical (such as bruises, burns or broken bones), sexual (such as fondling, penetration, exposure to pornography, or incest) or emotional.

Neglect happens when a parent or responsible caretaker fails to provide adequate supervision, food, clothing, shelter, medical care or other basics for a child.

When should I call the hotline?

You should call the child abuse hotline whenever you believe that a person who is caring for the child, who lives with the child, or who works with or around children may have caused injury or harm or put the child at risk of injury or harm as defined in the Illinois Abused and Neglected Child Reporting Act.

Some examples of situations in which you should call the hotline include:

- If you see someone beating a child or hitting a child with an object.
- If you see marks on a child's body that do not appear to have been caused by accident.
- If a child tells you that he or she has been harmed by someone.
- If a child appears to be undernourished, is dressed inappropriately for the weather, or is young and has been left alone.

Use your own judgment and call the hotline whenever you think a child may have been abused or neglected.

When should I NOT call the hotline?

Some situations do not require calling the hotline. Use good judgment. Call only when you think a child may have been or will be injured or harmed as described above. Some examples of when you should **not** call the hotline include:

- Situations where a child is causing a problem that concerns you, but the problem is not related to abuse or neglect. In some cases you may wish to call law enforcement or talk to the child's parents or relatives.
- Domestic situations where family stress is evident, but the child has not been abused or put at risk of abuse. Community service agencies are often available to help.
- If you're seeking information about DCFS or its programs, the Office of Communications is available to answer questions. Call 312-814-6847, or you may call your local DCFS office.

What should I report?

Hotline staff are workers with special training in determining what constitutes child abuse and neglect under Illinois law. Details are important. Ideally, you should be able to tell the hotline worker:

- The child's name, address and age.
- The nature of the suspected abuse or neglect, including when and where it occurred.
- The names of suspected perpetrators, if known, and their relationship to the child (parent, teacher, etc.).
- Any other information you think may help.

What happens when I call the hotline?

When you call, a hotline worker will listen to what you wish to report. The worker will then ask questions to help gather enough information to determine whether to take a formal report. If there is not enough information to make a report, the worker will tell you so and answer any questions you may have.

If a formal report is taken, an Investigation Specialist will begin the investigation within 24 hours–much sooner if the child is considered in immediate risk of harm.

How am I protected?

People who report alleged child abuse or neglect in good faith cannot be held liable for damages under criminal or civil law. In addition, their names are not given to the person they name as the abuser or to anyone else unless ordered by a hearing officer or judge. Members of the general public may make reports to the hotline without giving their names.

Should I call the police?

Always call the child abuse hotline to report suspected child abuse or neglect. However, you should also consider calling the police–especially in emergencies, when the child has been injured, or when the child is in immediate danger of being harmed.

How else can I help?

The Illinois income tax check-off program enables anyone to donate to the Child Abuse Prevention Fund when they file their state income tax returns. The money is used to support community-based family education programs designed to help parents improve their parenting skills and to help them learn how to cope with family life.

You can also be an important part of improving foster care in your community. There are many ways you can make a difference, including becoming a foster parent, mentoring a foster child, volunteering at your local foster care agency, and helping to change the way people think about foster care. For more information, call 888-4 R KIDS 2 (toll free) or visit www.fosterkidsareourkids.org.

Activity: Care Enough to Call

Notes:

_____

_____

_____

_____

The U.S. Advisory Board on Child Abuse and Neglect has declared child abuse and neglect a national crisis. As a nation, the instances of children being reported with suspected abuse or neglect has been on the rise. While these reports are on the rise, the number of substantiated abuse cases is not. Increased training on the roles and responsibilities of a mandated reporter contributes to this rise in reports.

- Nationwide, _____ million children were referred to reporting agencies as suspected victims of abuse or neglect.
- _____% of these referrals were made by mandated reporters.
- Children under the age of _____ make up the highest percentage of abused or neglected children.
- Illinois follows national trends:

  _____ % of victims under 1 year

  _____ % of victims ages 1-3 years

Our youngest children are the most vulnerable. Illinois follows national trends in which most victims of child abuse and neglect fall to those under the age of three. While abuse and neglect statistics are often reported together, neglect does account for 69% of the cases in Illinois. Another sobering fact is that 74% of child abuse and neglect fatalities are children under the age of three.

Characteristics of Children at Risk

Any kind of abuse can be found in families at any economic or social level in the community. A family whose members are experiencing stress, marital problems, substance abuse, emotional immaturity, or emotional disturbance are families facing critical issues. Children in these families are at risk of abuse or neglect. Some children have characteristics which place them at a higher risk to be mistreated. It has been found children with special needs are more likely than other children to suffer abuse. The following characteristics may contribute to a child being a victim of abuse and/or neglect:

- Small stature or _____ in the family
- Low birth-weight
- _____ infants
- Socially _____

Reporting Suspected Abuse

What to report:

- The child's _____ , _____ and address
- The parent's _____ and _____
- Objective, documented description of _____
- National Child Abuse Hotline: **(800) 422-4453**

The call you make to the child protective agency is a Mandated Reporter Referral. The agency can give you some community resources and referrals for the family or they will investigate the family. You may never know the outcome of your referral. Other ways you can support the family are to:

- Give the parent information on child development. Parents who have a better understanding of behaviors are better able to cope with them.
- Share a variety of discipline techniques. Suggest methods you use such as natural consequences, distraction, or redirection.
- Talk with the family about stress, acknowledging the difficulties of parenting, and point out their efforts to be good parents.

Shaken Baby Syndrome (SBS)

- Shaken Baby Syndrome (SBS) is a form of abusive_____ _____ (AHT) that results in brain injury.
- SBS is most common in children under the age of _____, with children under age _____ having the highest instances.
- It is estimated as many as _____ to _____ children are victims of SBS annually.
- One in four of these incidents are _____.
- The remainder suffer permanent _____ _____.

Video: Shaken Baby Syndrome

Notes:

_____

_____

_____

Shaken Baby Syndrome (SBS) (continued)

- The most common trigger for shaking a child is inconsolable _____.
- Because their heads account for _____% of their body weight, and their neck muscles are developing, babies under _____ year of age are at the greatest risk of injury.
- _____ may not appear immediately. Some may take several days to show up and may be mistaken as an _____.

Shaken baby syndrome is caused by vigorous shaking of an infant or young child by the arms, legs, chest or shoulders. Forceful shaking can result in brain damage leading to intellectual or developmental disabilities, speech and learning disabilities, paralysis, seizures, hearing loss and even death. It may cause bleeding around the brain and eyes, resulting in blindness. A baby's head and neck are especially vulnerable to injury because the head is so large and the neck muscles are still weak. In addition, the baby's brain and blood vessels are very fragile and easily damaged by whiplash motions, such as shaking, jerking, and jolting.

Sudden Unexplained Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS)

Sudden Unexplained Infant Death (SUID)

- The unexplained death of an infant under _____ months of age
- Most occur due to an _____ sleep environment
- _____ deaths annually

Types of SUID

- Sudden Infant Death Syndrome (SIDS)
- Suffocation/_____
- Unknown cause

While the actual cause of death cannot be determined through testing or autopsy, an unsafe sleep environment is often a contributing factor in the infant's death. SUID includes Sudden Infant Death Syndrome (SIDS), accidental suffocation/strangulation in bed (ASSB), and other ill-defined causes. Almost half of all SUID cases result from SIDS. The remaining are either ASSB or ill-defined causes.

When baby can't stop crying…what can you do?

All babies cry. It is how they tell you they need something. A crying baby may:

- Be hungry or gassy.
- Have a wet or soiled diaper.
- Be sick or in pain.
- Be frustrated or bored.

Sometimes babies cry for no apparent reason. Sometimes babies can't stop crying no matter what you do. When this happens, feeling frustrated is normal.

Having a plan to cope with crying can help.

Here are some ideas you can try. Be sure to add your own ideas and the phone numbers of people you know can help you.

To soothe the baby, I can…

- Check if he is sick or in pain.
- Feed her slowly and burp her often.
- Change his diaper.
- Take her for a walk.
- Wrap him in a blanket.
- Play soothing music.
- Run the vacuum.
- Gently massage her tummy or back.
- Snuggle him against my chest.
- Gently rock her.
- Sing, read, or talk softly.
- Put him in a baby swing.
- Carry her in a carrier or sling.
- Give him a warm bath.
- Encourage her to suck.
- Reduce noise, light, and movement.

To calm myself, I can…

- Gently put baby where he will be safe, like his crib, and leave the room for 10 minutes.
- Listen to music.
- Call a friend or relative.
- Take a shower or bath.
- Exercise
- Do housework—shake a rug.
- Read.
- Write down the 5 best things about myself.
- Write down the 5 best things about baby.
- Close my eyes and take deep breaths.
- Count to 100.
- Ask a friend to come and help.
- Talk to someone about my feelings.
- Concentrate on something like a crossword puzzle.
- Use positive self-talk such as "I can calm myself" and "the baby knows I am trying."

I can call anytime during the day…

_____

_____ _____

In an emergency, I can call…

_____

_____

_____ _____

Other ideas to soothe baby…

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Other ideas to calm myself…

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

NEVER shake a baby for any reason.

Remember, it's more important **to stay CALM than stop the crying.**

Sometimes babies just need to cry.

It's okay to ask for help.

Parents:
Please show this to everyone who cares for your baby.

Babies cry. Have a plan.

Get your license to care—the special Celebrate Children license plate—at http://wctf.state.wi.us.

Provided by
Wisconsin Children's Trust Fund
110 East Main Street, Suite 614
Madison, WI 53703
608-266-6871 • http://wctf.state.wi.us

PFS-4116 07/07

Adapted with permission from the Alberta, Canada, Shaken Baby Syndrome Prevention Network.

Creating a Safe Sleep Environment

Safe - crib with no moving _____

Simple - no blankets, pillows, stuffed toys, or _____

Sleep - place infants on their _____ to sleep

DCFS Licensing Standards, which took effect December 2012, state that cribs manufactured prior to June 28, 2011 are not to be fixed, resold, or donated. Immobilizing the drop-side of a crib or attempting to fix a crib to make it safe does not make the crib compliant with the Federal regulation. In addition to crib safety, playpens and play yards have undergone more rigorous testing.

While it may be tempting to "tuck" babies in for sleep, **the only thing in the crib should be the baby.** Providers may want to consider using a sleep sack for napping infants. Further, placing babies on their backs to sleep has dramatically reduced the instances of SIDS. In addition, recent research indicates using pacifiers after one month of age also decreases the instances of SIDS.

Babies should **ALWAYS** be put to sleep on their back at night and during naptime.

A parent must provide a documented medical reason signed by a doctor if an infant is to be placed to sleep in a position other than his or her back.

Back Sleep is a learned behavior. It is important for parents and care providers to not give up when they are struggling with getting the baby to sleep on his or her back. Baby will eventually learn to sleep on his or her back.

Additionally, studies have shown that babies who sleep on their backs swallow more often, have fewer ear infections at 3 and 6 months, experience fewer stuffy noses at 6 months, and experience less trouble sleeping at 6 months.

Video: Safe Sleep for Babies

Notes:

_____

_____

_____

Baby's Safe Sleep Checklist

Share these safety tips with everyone who cares for your baby.

- ☐ Place baby to sleep on his or her back at naptime and at night time.
- ☐ Use a crib that meets current safety standards with a firm mattress that fits snugly and is covered with only a tight-fitting crib sheet.
- ☐ Remove all soft bedding and toys from your baby's sleep area (this includes loose blankets, bumpers and positioners). The American Academy of Pediatrics suggests using a wearable blanket instead of loose blankets to keep your baby warm.
- ☐ Offer a pacifier when putting baby to sleep. If breast-feeding, introduce pacifier after one month or after breastfeeding has been established.
- ☐ Breastfeed, if possible, but when finished, put your baby back to sleep in his or her separate safe sleep area alongside your bed.
- ☐ Never put your baby to sleep on any soft surface (adult beds, sofas, chairs, water beds, quilts, sheep skins etc.)
- ☐ Never dress your baby too warmly for sleep; keep room temperature 68-72 degrees Fahrenheit.
- ☐ Never use wedges or positioners to prop your baby up or keep him on his back.
- ☐ Never allow anyone to smoke around your baby or take your baby into a room or car where someone has recently smoked.

First Candle
HELPING BABIES SURVIVE & THRIVE
www.firstcandle.org

HALO®
the safer way to sleep®

Lista de comprobación Sueño seguro para el bebé

Que cada persona que cuida al bebé siga reglas de sueño seguro.

- ☐ Acueste al bebé boca arriba a la hora de la siesta y en la noche.
- ☐ Use una cuna que cumpla con las normas de seguridad vigentes, con un colchón firme que no deje espacios libres y que esté cubierto únicamente con una sábana de cajón para cuna.
- ☐ Retire todas las cobijas suaves y los juguetes del área donde duerme su bebé. La Academia Americana de Pediatría sugiere que se utilice una cobija que el bebé pueda usar como si fuera ropa en lugar de cobijas sueltas para mantener arropado a su bebé.
- ☐ De ser posible, alimente al bebé con leche materna, pero al terminar, vuelva a acostar al bebé en su área segura y separada a un lado de la cama donde usted duerme.
- ☐ Al acostar al bebé, ofrézcale un chupón. Si alimenta al bebé con leche materna, introduzca el chupón después de un mes o después de que se haya establecido la lactancia materna.
- ☐ Nunca acueste a su bebé a dormir en ninguna superficie blanda (camas para adultos, sillones, sillas, camas de agua, colchas, piel de borrego, etc.)
- ☐ Nunca vista a su bebé con ropa demasiado calurosa para dormir; mantenga la temperatura ambiente a 68-72 °F (20-22 °C).
- ☐ Nunca utilice almohadas en forma triangular o posicionadores para acomodar a su bebé o mantenerlo boca arriba.
- ☐ Nunca permita que nadie fume cerca de su bebé ni lleve al bebé a una habitación o automóvil donde alguien haya fumado recientemente.

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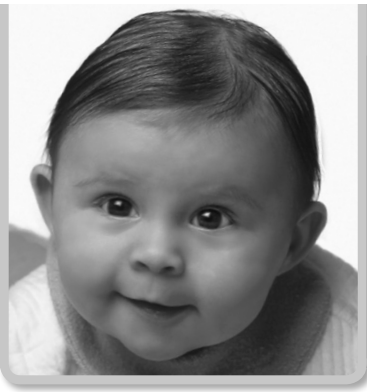
the safer way to sleep®

What Does a Safe Sleep Environment Look Like?



Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.

Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby's sleep area is next to where parents sleep.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov.

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

SAFE TO SLEEP®

Safe Sleep For Your Baby

SAFE TO SLEEP®

- Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
- Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.
- Room sharing—keeping baby's sleep area in the same room where you sleep—reduces the risk of SIDS and other sleep-related causes of infant death.
- Keep soft objects, toys, crib bumpers, and loose bedding out of your baby's sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.
- To reduce the risk of SIDS, women should:
  - Get regular health care during pregnancy, and
  - Not smoke, drink alcohol, or use illegal drugs during pregnancy or after the baby is born.
- To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.
- Breastfeed your baby to reduce the risk of SIDS.
- Give your baby a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS.
- Do not let your baby get too hot during sleep.

* For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov.

- Follow health care provider guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Give your baby plenty of Tummy Time when he or she is awake and when someone is watching.

Remember Tummy Time!
Place babies on their stomachs when they are awake and when someone is watching. Tummy Time helps your baby's head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.

For more information about SIDS and the Safe to Sleep® campaign:
Mail: 31 Center Drive, 31/2A32, Bethesda, MD 20892-2425
Phone: 1-800-505-CRIB (2742)
Fax: 1-866-760-5947
Website: http://safetosleep.nichd.nih.gov

NIH Pub. No. 12-5759
August 2014

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

www.cpsc.gov

Child Care Providers

Your Guide to New Crib Standards

Beginning **December 28, 2012,** any crib provided by child care facilities and family child care homes must meet new and improved federal safety standards. The new standards take effect for manufacturers, retailers, importers and distributors on **June 28, 2011,** addressing deadly hazards previously seen with traditional drop-side rails, requiring more durable hardware and parts and mandating more rigorous testing.

What you should know…

- **This is more than a drop side issue. Immobilizing your current crib will not make it compliant.**
- **You cannot determine compliance by looking at the product.**
- **The new standards apply to all full-size and non full-size cribs including wood, metal and stackable cribs.**
- **If you purchase a crib prior to the June 28, 2011 effective date and you are unsure it meets the new federal standard, CPSC recommends that you verify the crib meets the standard by asking for proof.**

  o Ask the manufacturer, retailer, importer or distributor to show a Certificate of Compliance. The document must:
  - Describe the product
  - Give name, full mailing address and telephone number for importer or domestic manufacturer
  - Identify the rule for which it complies (16 CFR 1219 or 1220)
  - Give name, full mailing address, email address and telephone number for the records keeper and location of testing lab
  - Give date and location of manufacture and testing

  o The crib must also have a label attached with the date of manufacture

What you should do…

- **All child care facilities, family child care homes, and places of public accommodation:**

  o Must prepare to replace their current cribs with new, compliant cribs before December 28, 2012.
  o Should not resell, donate or give away a crib that does not meet the new crib standards.

- **Dispose of older, noncompliant cribs in a manner that the cribs cannot be reassembled and used.**
- **Noncompliant cribs should not be resold through online auction sites or donated to local thrift stores. CPSC recommends disassembling the crib before discarding it.**

Emergency Preparedness

- _____% of children under age _____ spend daytime hours away from their parents.
- The probability of an emergency occurring while children are away from home is _____.
- Emergency plans should:
- Have input from families and emergency personnel
- Be practiced regularly
- Be reviewed and updated at least annually
- Keeping children _____ in an emergency is essential. Training and preparedness will assist in keeping children calm and safe.

Having plans in place should an emergency happen while away from the care setting will enable the provider to make good decisions in the event of an emergency. Parents and children should also be prepped when drills are scheduled. Young children are often frightened of sirens. Arranging a visit to or from the fire or police departments not only reinforce safety issues, but may also help alleviate children's fears.

Plans need to be tailored to the child care setting:

- *What are risks in my city/town?*
- *What are risks in my neighborhood?*
- *What are risks in my setting?*

_____

_____

_____

_____

Plans for:

Shelter in Place – tornado, storms, hazardous spill
Lockdowns – shootings, violence, intruder, hostage situation
Evacuation of Building – fire, gas leak, etc.
O*ff-site Evacuation* – bomb threat, power failure, contaminated water supply, etc.

Be sure that dangerous chemicals and cleaning supplies are locked in a secure location. When handling chemicals, be sure to follow the instructions written on the product. Never mix products together. If a hazardous chemical is spilled, the area should be evacuated immediately. Contact your local fire/police department if you feel the spill is beyond your control and needs professional attention.

In a "lock down" situation, all children shall be kept in classrooms or other designated safe locations that are away from the danger. Providers (and staff if you have any) shall account for children and ensure that **no one** leaves the classroom/safe area. Be sure to secure entrances and ensure that no unauthorized individual leaves or enters.

Appendix 6: Child Care Center/Child Care Home Emergency/ Disaster Information Form for Parents/Guardians*

Name of Child Care Center/Child Care Home: _____

Child Care Center/Child Care Home Street Address: _____
_____

Emergency Contact at Child Care Center/Child Care Home: _____

Phone Number(s) of Emergency Contact:: _____

Cell Phone Number of Emergency Contact:: _____
(Only use this number during emergencies; otherwise it is turned off)

In the event the center/home must be evacuated because of an emergency/disaster, the staff and children will leave the building and gather in the staging area at:

_____

In the event there is a need to evacuate the staging area because of an emergency/disaster within that area, the staff and children will be transported by _____
_____**to the primary relocation site at** _____
_____

Primary Relocation Site Contact Person: _____
Primary Relocation Site Street Address: _____
Primary Relocation Site Phone Number: _____

If in the event the primary relocation site is inaccessible, the alternate relocation site of
_____ _____ **will be used.**

Alternate Relocation Site Contact Person: _____
Alternate Relocation Site Street Address: _____
Alternate Relocation Site Phone Number: _____

If necessary, children will be transported to this healthcare facility: _____
Healthcare Facility Street Address: _____
Healthcare Facility Phone Number: _____
Position/title of Contact at Healthcare Facility: _____

Parent/Guardian's signature for permission to treat medically in an emergency/disaster:

_____ **Date:** _____

Child/Children's Name(s): _____

American Red Cross Safe and Well Program: https://safeandwell.communityos.org/cms/index.php

**** This information is to be updated and shared with parents/guardians annually. Parents/guardians may review the complete emergency/disaster preparedness plan upon request.***

Basics questions to ask when developing a plan:

- *What emergency numbers should I have on hand?*
- *How will children who cannot walk be evacuated?*
- *Where will the evacuation plan be posted?*
- *How will the provider know it is safe to enter the building again?*
- *If it is not safe to re-enter the building, what alternate shelter can be used?*
- *How will parents/guardians be notified of your procedures, drills, and in the event of an actual emergency?*

Emergency contact information must be posted and accessible. You must maintain a written record on each child that includes the name of the child's parent(s); the telephone numbers and/or alternate agreed upon method of communication at which the parent(s) can be reached; and the number of hours each child is served.

Disaster Kit

- **Not** the same as a first aid kit
- As with a first aid kit, the disaster kit should be checked to ensure all supplies are in working order and have not expired
- It is recommended to have individual kits for each child

Directions: Discuss and list supplies essential for an emergency disaster kit.

_____

_____

_____

_____

_____

_____

_____

_____

Hazardous Materials

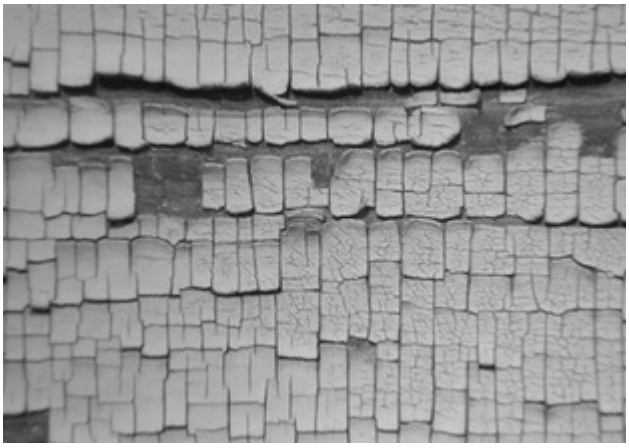
Lead

Lead poisoning is not always easy to detect!

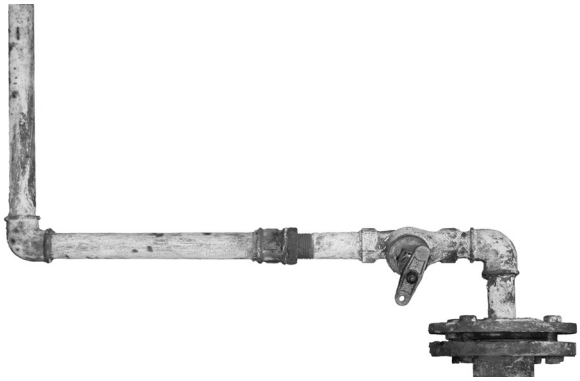
Children are at highest risk when:

- Practicing _____ exploration
- Crawling/playing on _____
- They are cared for in homes/buildings built before _____
- They are nutrient _____

Child care settings have a high risk for accidental lead poisoning as lead is often found in toys and toy jewelry. Approximately 2% of the children under the age of 5 in Illinois have reported elevated levels of lead in their blood stream. It is estimated that this number may be higher, as many children go untested. Young children are sponges for minerals such as calcium, iron, and lead. Ensuring a child has an iron and calcium rich diet leaves little room for lead absorption.



Lead-based paints typically chip in a geometric pattern.



Old piping is a source of water-based lead poisoning in the home.

Older buildings and homes, may contain lead based paint and lead-contaminated piping. Children living or being cared for in these homes are at risk of lead poisoning.

The Lead Poisoning Prevention Act of 2006 requires licensed child care providers to provide families with information about the dangers of lead at least once a year.

Asbestos

The World Health Organization and Environmental Protection Agency list asbestos as a human carcinogen which can cause lung cancer and lung disease known as mesothelioma. Asbestos can be found in building materials, roofing pipes, siding, and floor tiles. If you find damaged materials and suspect they contain asbestos, restrict access to the area and have it analyzed by a trained asbestos professional. (Children's Environmental Health Network, 2010).

WHAT EVERY CAREGIVER SHOULD KNOW ABOUT LEAD

Very young children explore the world by putting things in their mouths, placing them at risk for ingesting lead. Exposure to lead is toxic and can cause serious health problems including permanent brain damage. Lead poisoning may not be noticed until it is too late. This is why prevention is important.

LEAD POISONING FACTS:

- Lead is much more toxic to young children than to older children or adults.
- Children with high levels of lead in their bodies don't look, act, or feel sick.
- Lead-based house paint is the main source of lead poisoning in children.
- Soil (dirt), lead pipes, glazed pottery made outside the U.S., children's jewelry, batteries and home health remedies are also common sources of lead poisoning.
- Some jobs and hobbies can expose children to lead.
- **The ONLY way to diagnose lead poisoning is with a blood test.**

WHAT CAREGIVERS SHOULD DO:

☐ *Share the information below with the families you serve.* The Lead Poisoning Prevention Act of 2006 requires child care providers who receive child care assistance payments to provide families with information about the dangers of lead at least once a year.

Inside the home:

☐ If a home was built before 1978, check monthly for peeling and chipping paint.

☐ Keep beds, cribs, or playpens away from peeling paint.

☐ Cover chipped or peeling paint with duct tape or contact paper and repair/repaint deteriorated lead-paint surfaces as soon as possible.

☐ Clean floors, baseboards, window frames/sills and other surfaces with warm water and non-abrasive cleaner.

☐ Don't dry sweep or vacuum paint dust or chips; this can stir up the dust.

☐ Make sure toys, children's jewelry, dinnerware and pottery for cooking do not contain lead.

☐ Do not use hot tap water for making formula, cooking or drinking. Run cold tap water for 3 minutes before using. Consider having water tested or buying a filter.

☐ Pay attention to imported foods: candy wrappers and cans from other countries contain lead.

☐ Reinforce good hand-washing techniques in children.

Outside the home:

- ☐ Check monthly for peeling/flaking paint on exterior surfaces, and repair promptly.
- ☐ Enclose crawl spaces under painted porches to keep children out.
- ☐ Cover bare soil with dense grass or six-inch layer of woodchips or mulch.
- ☐ Avoid home remedies such as Azarcon, Greta, and Pay-loo-ah.

WHO SHOULD GET TESTED?

- ALL children ***should be tested*** beginning at age 6 months through six years of age.
- All children eligible for or enrolled in Medicaid, Head Start, All Kids, or WIC are required to have blood lead testing.

TO LEARN MORE:

Your health care provider or local health department can provide important facts and resources.

www.leadsafeillinois.org

illinois
action for children
resources. community. advocacy.

LEAD SAFE ILLINOIS
Eliminating Childhood Lead Poisoning

Infectious bodily fluids and bio contaminants

(e.g. mucous, blood, vomit, urine, etc.)

To avoid exposure to blood and other infectious fluids, the CDC requires that caregivers and teachers stick to a routine schedule of **cleaning, sanitizing, and disinfecting**. Cleaning products should not be used near children, especially without proper ventilation systems in place. The National Center on Early Childhood Quality Assurance is a great source of information regarding standard procedures for disposing of bodily waste and other safe practices involved in the removal of hazardous materials and biological contaminants.

Pests

(e.g. rodents, bats, bed bugs, etc.)

Pests can be suppressed or avoided through **sanitation, clutter control, and elimination of conditions that are conducive to pest infestations**. The Illinois Department of Public Health (IDPH) recommends using an Integrated Pest Management (IPM approach) to eliminate pests in child care settings. The IPM approach employs non-chemical methods to eradicate pests and uses pesticides only when necessary as children have a "higher potential to suffer negative consequences from pesticide exposure" (IDPH, 2018). Child Care providers are encouraged to seek information from the Illinois Department of Public Health if they believe they have a pest infestation and before beginning pesticide application.

Other Hazards

(e.g. cosmetics, personal care products, cleaning slupplies, medication, etc.)

Children are much more susceptible to hazardous material exposure than adults because they eat and drink more and breathe more in proportion to their body size. Moreover, hand-to-mouth activity exposes children to more potential chemicals, infectious diseases, and potential poisoning. **All potential hazardous materials should be kept out of reach of children and disposed of according to their specific procedures outlined by the Centers for Disease Control and Prevention**.

Medication Storage

- Should have child-resistant _____
- Should be _____
- _____ away from food
- Proper temperature
- Completely _____ to children
- Have appropriate _____ for handling and storage of medicines, cleaning supplies, and other hazardous substances and materials

Handguns and Weapons

If possible, handguns and weapons should not be kept in the child care home. If not, they **MUST** be disassembled, without ammunition and stored in a locked cabinet. Ammunition must be kept in locked storage separate from the disassembled firearms. **Providers must notify parents of the presence of firearms in the child care setting.**

Poison Prevention

Child care settings have many products that may look_____ , but indeed are potentially harmful/poisonous.

These items should be kept in _____ containers and out of reach of children.

All hazardous products need to be stored in a _____ cabinet in their original labeled containers.

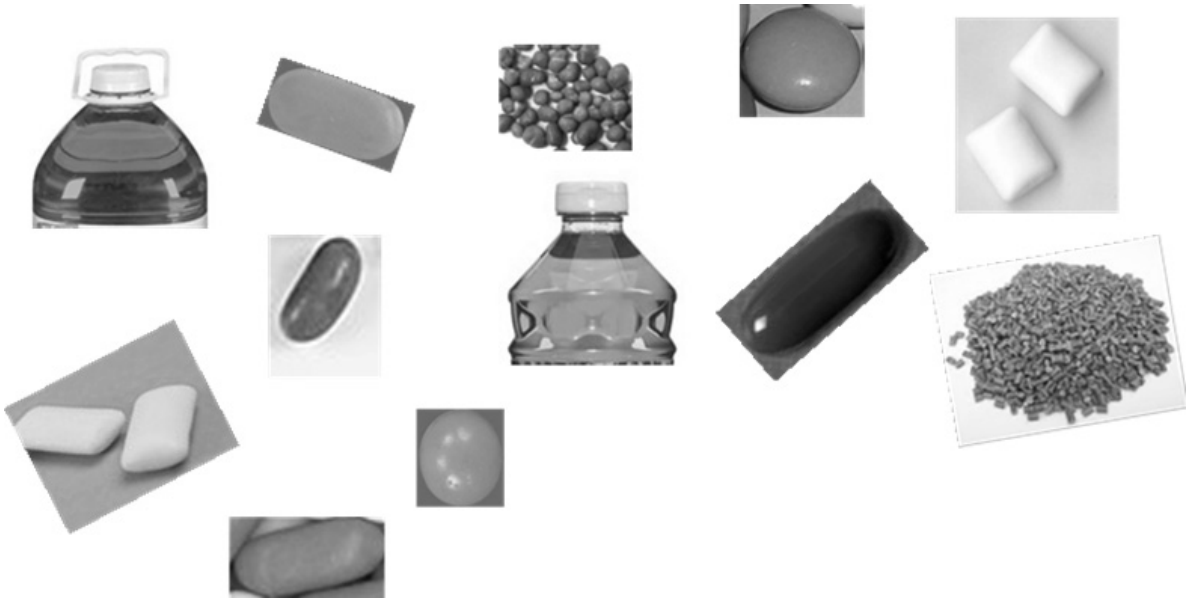
All toxic substances should be _____ to children at all times.

The shared spaces in a child care home can be hazardous in that household products and medicines (even vitamins) can be left out for curious children to explore.

Never store food or drinks in the same area as cleaning products.

Activity: Poison Prevention

Which of these are safe for children to eat/drink?



Poison Prevention Training

The Illinois Poison Control Center offers numerous free resources including:

- An online poison prevention course available at www.illinoispoisoncenter.org
- Resource center that includes activity sheets, tips, proper methods of disposing medicines, etc.
- 24 hour helpline that is manned by medical experts including doctors, nurses, and pharmacists

46% of the calls Poison Control receives involve children under the age of 5. Shared space in family child care homes can pose an additional risk to children. Becoming aware of the potential risks and resources available to educate children and families against accidental poisonings is just one step in providing a safe and healthy environment.

What to do in the Event of a Poisoning

- Poisons can be _____ swallowed, or enter the bloodstream through contact with the skin (may also burn skin).
- Do not call 911. 911 dispatchers know how to send help, not provide immediate treatment. Call 911 if needed, after you have spoken to _____ _____.
- Most calls come from homes with children under the age of _____.
- _____% of the calls come from schools or day care facilities.

Poison Control Center Number: 1-800-222-1222

• FOOD POISONING • REACTIONS TO MEDICINES • LEAD •

• COSMETICS • ALCOHOL OR DRUG MISUSE • AUTOMOTIVE PRODUCTS • BUG BITES & STINGS • VITAMINS •

• HOUSEHOLD CLEANING PRODUCTS • MEDICATION ERROR/OVERDOSE • LAWN/HOME CARE PRODUCTS •

Illinois Poison Center **FREE** | **Poison Prevention Training & Materials**

Each year, more than two million poisoning exposures are called into regional poison centers across America–the majority of them affecting children. In 2007 alone, the Illinois Poison Center (IPC) handled more than 100,000 exposure and information calls. Of those calls, 51% involved poisoning exposures in children 5 years and under.

Available to all who live/work in Illinois—FREE Poison Prevention Training and Materials!

If you are interested in sharing poison safety and prevention education with your community/clients, simply go to www.IllinoisPoisonCenter.org/outreach. Complete the short online training course and receive **FREE** educational/presentation materials for all your future outreach activities.

POISON Help 1-800-222-1222 ILLINOIS POISON CENTER

For questions and/or comments, please contact Vickie Dance, Public Education Manager, at vdance@ilpoison.org or (312) 906-6125.

• CARBON MONOXIDE • PLANTS • HERBAL PRODUCTS • PESTICIDES •

Safe Environments

Choking

Meals can pose a choking hazard to _____ and _____.

What foods should be avoided?

_____

_____

What practices should be in place to reduce the risk of choking?

_____

_____

Meals do pose a risk of choking for young children. Caregivers need to be cautious in the foods served, but also in the manner in which they are served. For example, cooked carrots do not pose the same risk as raw carrots. Children can easily choke on foods such as hard candy, stringy foods such as celery, whole grapes, raisins, popcorn, peanuts, hot dogs, and peanut butter.

How meals are served and overall supervision are also factors in reducing choking in the care setting. Infants and toddlers are practicing new motor skills (chewing) and like all new skills do not know the capabilities of their body. Chewing too fast, swallowing too soon, laughing, not having teeth, etc. can cause choking. Family style meals not only promote healthy eating habits, having providers sit with the children increases supervision and allows the provider to focus on the task at hand (eating).

If a child is showing signs of choking and can cough hard, let him/her try to cough up the piece of food. If you can see the food in the child's mouth, take it out with your fingers.

Do not put your finger in the child's mouth when you can't see the food. The food could get lodged more deeply. Call 911 and follow their directions.

Every care provider should take a certified course in First Aid and CPR to learn how to handle choking and to do the rescue breathing procedure. Take this course; it could save a life!

Activity: Choking Lotto

Used with permission from Parents as Teachers National Center, Inc.

Using the grid above, add items that are choking hazards to children under the age of three. Use the following to complete:

1 point – for each toy or household item

2 points – for every food item

3 points – if someone else fills in your squares (encourage you to mingle)

Total points = _____

State of Illinois
Illinois Department of Public Health

Emergency Care for
CHOKING

CONSCIOUS VICTIM

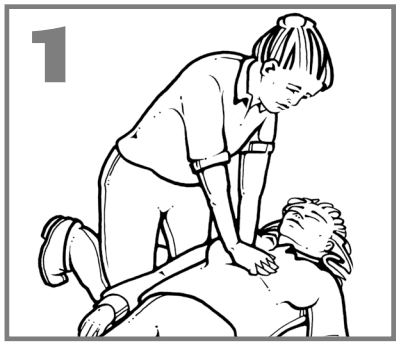
If victim CAN breathe, cough or make sounds, DO NOT INTERFERE.

If victim CANNOT breathe, cough or make sounds, ask if you can help.

Give quick upward thrusts above the belly button and below the ribs until object is forced out, victim can breathe again, or victim becomes unconscious

UNCONSCIOUS VICTIM

Send someone to call 911 and get the Automated External Defibrillator (AED). **IF YOU ARE ALONE**, perform 5 sets of 30 compressions and 2 breaths before leaving to call 911. Follow these steps.



Give 30 compressions pushing down AT LEAST 2 inches on the center of the chest Place one hand on top of the other. Push hard.

Open the airway and check the mouth for objects. Remove the obstructing object only if you see it.

With the airway open, attempt to give TWO breaths. If unsuccessful, return to compressions.

Repeat steps 1, 2 and 3 until victim starts breathing or until emergency medical help arrives.

Illinois Department of Public Health
Emergency Medical Systems and Highway Safety
422 S. 5th St., Third Floor
Springfield, IL 62701 • 217-785-2080

Standards for CPR and ECC are consistent with American Heart Association recommendations.

IOCI 14-210

- **Have someone call for an ambulance, rescue squad or EMS.**
- **DO NOT PRACTICE ON PEOPLE. Abdominal thrusts may cause injury.**
- **Use back blows and chest thrust on infants. Use chest thrust on pregnant women and obese victims.**
- **For children 1 to 8 years of age, compress at the depth of approximately 2 inches.**
- **Learn to perform emergency care for choking and cardiopulmonary resuscitation (CPR).**
- **For CPR training information, call your local American Heart Association or American Red Cross chapter.**

All children need safe environments, both indoor and outdoor in order to play, learn, and grow.

Safety Check List

Indoor Areas

____ Check tables, chairs and shelves to be sure children cannot overturn them.

____ Shelving/storage units taller than 36 inches are anchored to the wall.

____ Cover electrical outlets with plastic safety covers.

____ Drapery/blind cords are not looped (greater than 7 ¼" diameter) and are out of reach of children.

____ Electrical cords to lamps and appliances are inaccessible to children.

____ Portable heaters, radiators, steam pipes, etc. are inaccessible to children.

____ Use safety gates to block stairs from crawlers. Avoid accordion-type gates with openings that can trap a child's neck.

____ Drop side cribs are no longer considered safe. Don't use them.

____ High chairs, infant seats, etc. must have safety straps.

____ Doors leading to stairways, driveways, and storage areas are closed.

____ Windows within a child's reach cannot be opened more than 6 inches.

____ Chairs and other furnishings are not near windows (discourage climbing).

____ Stairwells are well-lit, with non-slip treads and hand rails.

____ Rugs do not slide on the floor, are clean/free from debris.

____ Surfaces for large motor play, climbing are appropriately padded.

____ Program facility inspected for lead and radon. Certificate posted with DCFS license.

____ Transistor radio, a flashlight and fresh batteries are available in case of a power failure.

____ Fire extinguishers are in working order. Have fire inspector certificate.

____ Smoke alarms are checked once a month.

____ Small objects are out of reach of younger children.

____ Medications, cleaners, and other hazardous materials area stored appropriately.

____Current emergency card for each child in care

____Emergency drills conducted with staff and children on a regular basis.

____Staff has accessibility to a well-stocked first aid kit.

Safety Check List

Outdoor area:

____ Have a fenced outdoor area. Fence is routinely checked for damage.

____ Outdoor area is free of tools, chemicals, poisonous plants, and other hazardous materials.

____ Air conditioning units, window wells, hydrants, electrical boxes located outside of the fenced in play area.

____ The outdoor area is free of old nails, broken glass, animal droppings, etc.

____ Outdoor play equipment is in good repair and anchored securely in the ground.

____ Glass doors are marked with decals at children's eye level.

____ Pools are enclosed with a fence at least 5 feet high.

____ Natural bodies of water are inaccessible to children.

____ Wading pools, water tables, etc. are emptied and sanitized after each use.

____ Ensure there is no standing water on the property.

____ Accessible to a well-stocked first aid kit.

Indoor Environments

- Space should be arranged so that routine care and play activities can be carried out with adequate _____.
- Space should be divided for _____ and _____ play.

Infants and toddlers **must** be in constant eye contact of the provider. As you think of your current arrangements, make sure all children are supervised during the following activities: diapering, meal preparation, and handwashing/other care activities. Monitoring the condition of toys, equipment, and materials is important to ensure all children are adequately supervised and have a safe play area. Implementing Developmentally Appropriate Practices (DAP) will reduce hazards, as well as keep children engaged (*Development* - overall growth of children; *Appropriate* - cultural; *Practice* - what we actually do).

Basic steps for fire prevention:

- Working fire _____
- Working smoke _____
- Working _____ monoxide detectors
- Radon _____ kit

Outdoor Environments

- Outdoor play is part of the daily _____.
- Environment Rating Scale (ERS) defines "weather permitting" as almost everyday unless there is active precipitation, or public _____ that advise people to stay indoors.
- The Illinois Department of Children and Family Services defines "weather permitting" as temperatures between _____ and _____ F.

  **Note this does not take into account wind chill and heat index*

Providing a safe outdoor experience

- Prior to heading outdoors, _____ the play area for any hazards.
- When appropriate, apply sunscreen _____ minutes before heading outdoors.
- Play areas should be secure and away from heavy _____ areas.

A challenge to some child care settings is having to inspect the outdoor play area prior to taking children outdoors. Making it a habit to check the outdoor play area **before** children arrive will eliminate any surprises later on.

Providing enough age appropriate equipment, toys, and experiences will not only enrich the learning experience, but will also provide a safe environment for children.

Appropriate dress includes safe footwear. You may want to consider requiring parents to send their children in shoes (not sandals, "Crocs" or flip-flops). Besides offering little protection against potential injury, sandals, flip-flops, and Crocs offer little support to growing feet and interfere with motor skill development.

Even on a cloudy day, the sun poses a risk to children. A sunscreen of 30 SPF or higher should be applied to children over six months of age thirty minutes prior to heading outside. As with any over the counter medication, parent permission is needed to apply sunscreen.

To avoid cross-contamination or allergic reactions, each child should have his/her own bottle of sunscreen. Outdoor play has benefits for young babies too. To protect them from the sun, use hats, long sleeves and pants, and of course the shade. For children's safety, play areas should be secure (not easily accessible to outsiders) and away from heavy traffic areas.

What to take outside besides the children:

- A_____ that contains a first aid kit, emergency phone numbers, bug spray (parent permission needed to apply), handi-wipes, and anti-bacterial lotion
- _____ for each child

Outdoor Safety Checklist

According to the National Playground Safety Institute, the 12 leading causes of outdoor accidents are:

- Improper protective surfacing
- Inadequate fall zone
- Protrusion or entanglement hazards
- Entrapment in openings
- Trip hazards
- Lack of supervision
- Insufficient equipment spacing
- Inappropriate activities
- Lack of maintenance
- Pinch, crush hazards
- Platforms with no guardrails
- Equipment that has been recalled

Activity: Safety

Area: _____

Potential hazards:

_____

_____

_____

Transportation of Children

How are the children in your care transported?

Transporting children is not just done in a vehicle. Child safety is important regardless of the mode of transportation.

Family child care providers often find themselves in situations where various forms of "transportation" are used. Some are part of the daily routine; others are special occasions.

Please note that National Standards for Child Care have deemed 12 or 15 passenger vans as hazardous and they are no longer permissible for the transportation of children.

Each year, more than 200,000 children go to hospital emergency rooms

with playground-related injuries. Most of the injuries occur

when a child falls from the equipment onto the ground.

Many backyard playsets and some public playsets are placed

on dirt or grass–surfaces that do not protect children when they fall.

4 TIPS FOR A SAFE PLAYGROUND

- Install and maintain a shock-absorbing surface (wood chips, mulch, sand) around the play equipment.
- Never attach, or allow children to attach, ropes, jump ropes, clotheslines, or pet leashes to play equipment—children can strangle on these.
- Check for sharp points or edges in equipment.
- Carefully supervise children on play equipment to make sure they are safe.

U.S. Consumer Product Safety Commission
CPSC hotline: 800–638–2772
and 800–638–8270 (TTY)

NSN
NEIGHBORHOOD SAFETY NETWORK
A PROJECT OF THE U.S. CONSUMER PRODUCT SAFETY COMMISSION

Sign up to receive free NSN safety alerts and posters at

www.cpsc.gov

NSN–06–1

Transportation of Children (continued)

Regardless of the method of transporting children, the following safety measures are recommended:

- Caregiver is _____ in handling emergency medical situations.
- Safety is modeled and taught to children.
- First aid kit, contact information for children, working cell phone, and address of provider is taken on each trip.
- Parents know when, where, how, and have given their _____ for their child to be transported.

Injuries are more likely to occur **outside** of the typical care setting. Remaining current in CPR and First-Aid certification, as well as maintaining records and a well-stocked emergency/first aid kit are important in ensuring a child receives the care needed in the event of an emergency.

Care providers may be tempted to store emergency information in their smartphone/cell phone. This practice is **NOT** recommended. If it is the care provider who needs the medical attention, having this information stored in a personal device may prevent emergency personnel from reaching the children's families in a timely manner.

Regardless of the method of transportation, modeling and teaching safe behaviors will allow the caregiver to focus on transporting children safely and not to focus on misbehaviors.

Transportating by Vehicle

- The Illinois Child Passenger Protection Act states that the driver is responsible for properly securing children under the age of _____ in the appropriate child restraint system.
- Communicate policies with _____.
- Upon request, parents should be able to inspect a valid driver's license, insurance card, and vehicle registration.

Video: How to Install an Infant Car Seat

Notes:

_____

_____

_____

Child Development, Health, and Safety Basics Review

1. Which of the following is NOT a pattern that impacts growth and development of young children?
    a. development progresses from head to toe
    b. development progress from the inside to out
    c. development follows predictable stages
    d. children develop at various rates
    e. development is growth and change over time

2. Temperament, genetics, environment and culture are all what?
    a. elements that care providers need to correct in children's development
    b. factors that influence why children develop at different rates
    c. different ways that children show feelings and respond to the world around them
    d. characteristics children are born with
    e. patterns of growth and development

3. Which of the following is NOT a developmental area?
    a. temperament
    b. language
    c. cognitive
    d. physical
    e. social and emotional

4. When children are engaged in meaningful learning, the only area that is growing is their cognitive development.
    a. true
    b. false

5. When children play, all areas of development (language, cognitive, social-emotional, and physical) are impacted.
    a. true
    b. false

6. How often should bleach water (sanitizing solution) be made?
    a. hourly
    b. monthly
    c. daily
    d. weekly

7. Name four symptoms that might indicate a child has a contagious infection.
    a. fever, shaking hands, discharge from eyes, violent tendencies
    b. boredom, rash, discharge from eyes, violent tendencies
    c. fever, diarrhea, severe coughing, vomiting
    d. fever, rash, severe depression, vomiting
    e. loss of memory, rash, discharge from eyes, diarrhea

8. To reduce allergens in the environment, which of the following is not helpful?
    a. children's clothing should not touch
    b. carpeted floors
    c. sharing of hats

9. What is the most important thing that you and the children can do to reduce the risk of illness in your care setting?
    a. wear special OSHA certified clothing at all times.
    b. ban the dispensing of snacks and drinks to children until the cold and flu season is over
    c. tell children to stay three feet away from you when you feel a cold or illness coming on
    d. wash your hands
    e. quarantine any child who may show signs of illness.

10. Which of the following is not true regarding lead and/or lead poisoning?
    a. can cause behavior problems
    b. found in homes and buildings
    c. is easy to detect
    d. found in paint
    e. found in toys and toy jewelry

11. What food areas are included in MyPlate?
    a. fruits, vegetables, grains, protein, and dairy
    b. grains, vegetables, fruits, fish, meat, and beans
    c. grains, vegetables, Pop Tarts, milk, meat, and beans
    d. grains, vegetables, vitamin supplements, milk, meat, and beans
    e. low calorie sodas, vegetables, fruits, milk, meat, and beans

12. Which of these foods are easy for children to choke on?
    a. apple juice, cooked beans, crushed grapes, pureed bananas, pudding, oatmeal, and sliced cheese
    b. peas, cooked carrots, crushed grapes, pureed tomatoes, pudding, oatmeal, and sliced cheese
    c. soft candy, cooked carrots, crushed grapes, pureed tomatoes, pudding, oatmeal, and boiled squash
    d. hard candy, raw carrots, stringy foods such as celery, whole grapes, raisins, popcorn, peanuts, hot dogs, and peanut butter

13. Which of the following is not a common food allergy?
    a. bananas
    b. peanuts/peanut butter
    c. eggs
    d. shellfish
    e. wheat

14. Which five (5) agencies should you have emergency numbers written down and posted in your child care environment?
    a. EMS (911), Poison Control, Police Department, Water Department, and Local Boy Scouts Chapter
    b. EMS (911), Poison Control, Child Abuse Hotline, Water Department, and Hospital
    c. EMS (911), Poison Control, Police Department, Fire Department, and Hospital
    d. EMS (911), Poison Control, Child Abuse Hotline, and Hospital
    e. EMS (911), Animal Control, Police Department, Water Department, and Hospital

5. Which of the following is the most common type of maltreatment nationwide?
    a. medical neglect
    b. sexual abuse
    c. neglect
    d. physical abuse
    e. verbal abuse

6. A mandated reporter is a person who works with children and is required by law to report suspected child abuse and neglect to the proper authorities.
    a. true
    b. false

7. Sudden Infant Death Syndrome (SIDS) is a form of abusive head trauma (AHT) that results in brain injury.
    a. true
    b. false

8. Which of the following is used to create a safe sleep environment?
    a. stuffed toys
    b. pillows
    c. bumper pads
    d. crib with no moving parts
    e. soft bedding

9. Which of the following is NOT necessary for outdoor safety?
    a. inspect the play area
    b. individual first aid kits
    c. apply sunscreen/bug spray
    d. supervision

0. It is necessary to develop a plan for emergencies.
    a. true
    b. false

1. When transporting children, which of the following is NOT necessary?
    a. caregiver is trained in handling emergency medical situations
    b. safety is modeled and taught to children
    c. parents do not give permission to transport their child
    d. first aid kit, contact information for children, working cell phone, and address of provider is taken on each tri

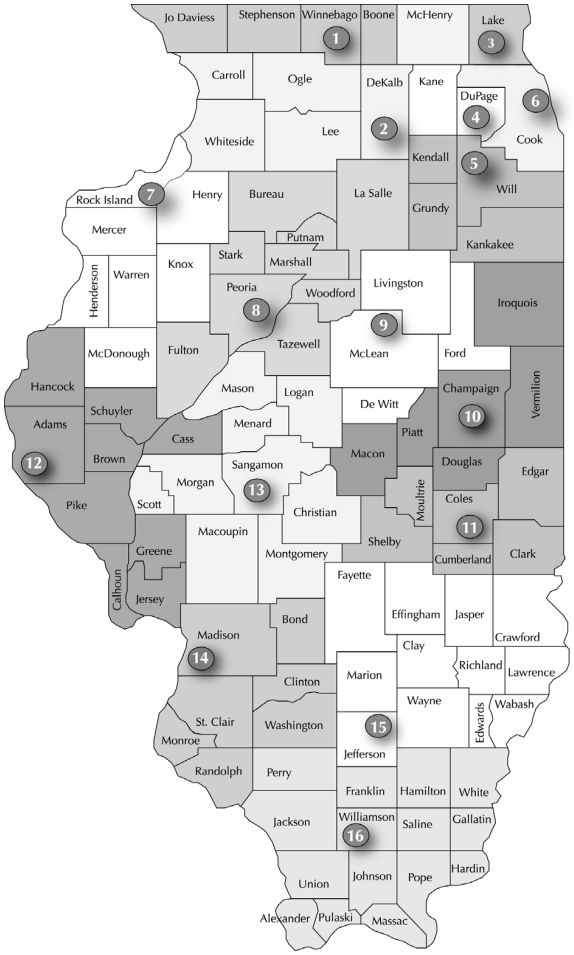
2. Child care homes have products which may look harmless, but are potentially harmful/dangerous.
    a. true
    b. false

Thank you for participating in today's training and for all you do on behalf of children and their families!

Resources

Illinois Child Care Resource and Referral (CCR&R) Agencies

Service Delivery Area (SDA)



SDA 1
YWCA
Child Care Solutions
(Rockford)
888-225-7072
www.ywca.org/Rockford

SDA 2
4-C: Community Coordinated
Child Care
(DeKalb)
800-848-8727
&
(McHenry)
866-347-2277
www.four-c.org

SDA 3
YWCA Lake County CCR&R
(Gurnee)
877-675-7992
www.ywcalakecounty.org

SDA 4
YWCA CCR&R
(Addison)
630-790-6600
www.ywcachicago.org

SDA 5
Joliet CCR&R
(Joliet)
800-552-5526
www.childcarehelp.com

SDA 6
Illinois Action for Children
(Chicago)
312-823-1100
www.actforchildren.org

SDA 7
Child Care Resource & Referral
of Midwestern Illinois
(Moline)
866-370-4556
www.childcareillinois.org

SDA 8
SAL Child Care Connection
(Peoria)
800-421-4371
www.salchildcareconnection.org

SDA 9
CCR&R
(Bloomington)
800-437-8256
www.ccrrn.com

SDA 10
Child Care Resource Service
University of Illinois
(Urbana)
800-325-5516
ccrs.illinois.edu

SDA 11
CCR&R
Eastern Illinois University
(Charleston)
800-545-7439
www.eiu.edu/~ccrr/home/
index.php

SDA 12
West Central Child
Care Connection
(Quincy)
800-782-7318
www.wcccc.com

SDA 13
Community Connection Point
(Springfield)
800-676-2805
www.CCPoint.org

SDA 14
Children's Home + Aid
(Granite City)
800-467-9200
www.childrenshomeandaid.org

SDA 15
Project CHILD
(Mt. Vernon)
800-362-7257
www.rlc.edu/projectchild

SDA 16
CCR&R
John Logan College
(Carterville)
800-548-5563
www.jalc.edu/ccrr

Find your local CCR&R by identifying what county you reside in.

Services your local CCR&R provides:

- Free and low cost trainings and professional development
- Grant opportunities for quality enhancements
- Professional development funds to cover expenses related to trainings and conferences
- Mental health consultants, infant toddler specialists and quality specialists to answer your questions
- National Accreditation support
- Free referrals of child care programs to families searching for child care.
- Financial assistance for families to help pay for child care.

And more…

Additional Training Information

For in-person training courses, including CPR and First Aid availability in your area, contact your local Child Care Resource and Referral Agency (CCR&R) or visit the Gateways training calendar at: **https://registry.ilgateways.com/component/trainingcalendar/**

The courses listed below are also available online through the Gateways i-learning system at: **courses.inccrra.org**

Recommended courses:

- A Preventable Tragedy: Shaken Baby Syndrome
- Caring for Mixed-Ages of Children
- ECE (Early Childhood Education) Credential Level 1
- Emergency Preparedness for Child Care
- Integrated Pest Management in Child Care Facilities
- SAYD (School-Age and Youth Development) Credential Level 1
- Sudden Infant Death Syndrome (SIDS/SUID/AAP Safe Sleep)
- We Choose Health
- "What is CCAP?" Online Orientation

Available through the Department of Children and Family Services (DCFS):

- Recongizing and Reporting Child Abuse: Training for Mandated Reporters
  available online at: **https://mr.dcfstraining.org/UserAuth/Login!loginPage.action**

1

How is training tracked in the Gateways Registry?

- All Gateways i-learning training is tracked *automatically* in the Registry

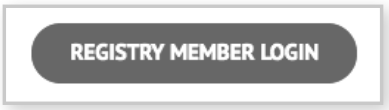
- CPR/First Aid Certification must be entered as a **certification** in the Registry
    - Visit **www.ilgateways.com** and log-in with your registry member username and password
    - Go to MY REGISTRY > UPDATE and click the "Credentials" tab.
    - Select "CPR" from the drop-down, click "Add", and enter the required information.
    - Then, select "First Aid" from the drop-down, click "Add", and enter the required information.
    - Click the "Save" button at the bottom of the screen.
    - Keep your CPR/First Aid Certification or documentation on file. You must be able to produce a copy when requested by IDHS.

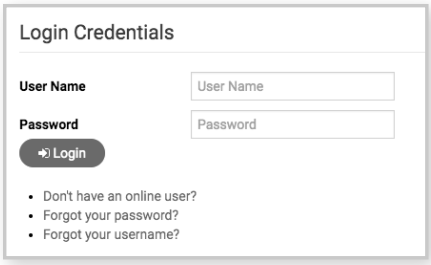
- DCFS Training for Mandated Reporters must be entered as a **training** in the Registry
    - Visit **www.ilgateways.com** and log-in with your registry member username and password
    - Go to MY REGISTRY > LEARN
    - Click the "Add New" button at the bottom of the listing.
    - Enter "Mandated Reporter" as the training name, "DCFS" as the trainer name, "2" for the contact hours, and enter the completion date listed on your certificate.
    - Click the "Save" button.
    - Keep your Child Abuse and Neglect/Mandated Reporter training certificate on file. You must be able to produce a copy when requested by IDHS.

Gateways to Opportunity® Registry Tips

How to Print your Completion of IDHS CCAP Training Requirements Report

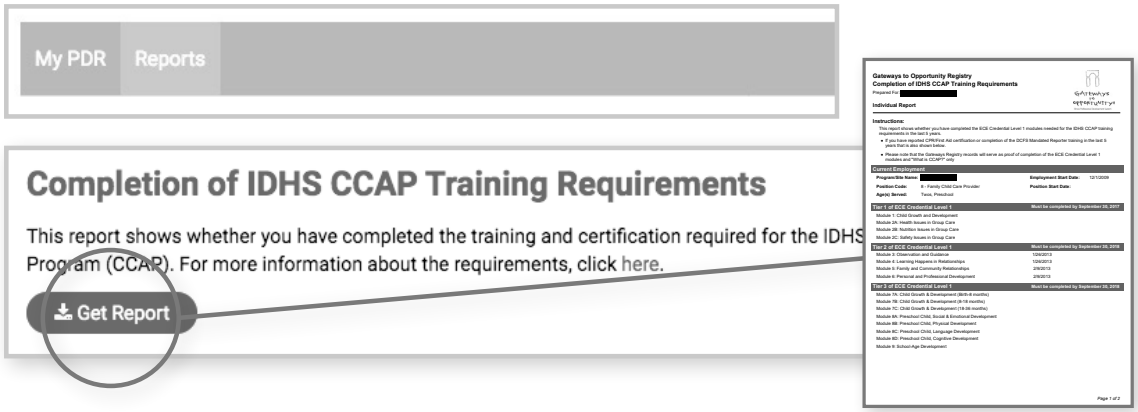
1 Go to **www.ilgateways.com**. Click the **Registry Member Login** button. Log into the Gateways Registry Dashboard with your **username** and **password**.





2 Click the **My Registry** Portal. Then click the **Plan** section. Next click the **Reports** section.

3 Click the **Reports** tab. Then click **Get Report** to download your Completion of IDHS CCAP Training Requirements Report.



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Illinois Professional Development System

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IDHS Illinois Department of Human Services

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