

Participant Guide

Active Supervision:
Essentials for Family
Child Care Providers
from New Immigrant
and Refugee
Communities

| Items Important for Safe Supervision Based on Rule 2 | Always | Sometimes | Never | Notes |
|---|--------|-----------|-------|-------|
| As a Family Day Care, I care for a total of 10 children, with no more than 6 children under school age. | | | | |
| As a Group Family Day Care, I care for no more than 14 children total, with a second caregiver. | | | | |
| My helper is 13 years but less than 18 years old. | | | | |
| I am within sight or hearing of infants, toddlers, and preschoolers and be able to intervene at all times. | | | | |
| The license is in my name and I am present while the children are present. | | | | |
| I know I am legally responsible for the safety of the children. | | | | |
| I have had a background study. | | | | |
| I have had a physical exam. | | | | |
| I know I and other adults who are in the house may be required to have physical, mental health or chemical dependency exams, if required by the Commissioner of Human Services. | | | | |
| I do not have someone else do the work of caring for the children. | | | | |
| I am physically healthy to care for the children. | | | | |
| My home has passed inspection for safety. | | | | |
| I use positive behavior guidance. Physical punishment (spanking, kicking, biting, slapping, ear pulling, hair pulling, shaking, rough handling) does not happen | | | | |
| Emotional abuse (name calling, derogatory comments, shaming, threats) does not happen. | | | | |
| All people living in my house age 13 years or older have had a background study. | | | | |
| I do not withdraw food, warmth, clothing, and medical care, as punishment. | | | | |
| I do not give children time out for more than 10 minutes and I am able to intervene even when the child is in time out. | | | | |
| Children are within my sight or hearing even in time out. | | | | |
| I do not punish for toilet accidents. | | | | |
| Children have daily playtime indoors and outdoors. | | | | |
| The equipment is clean. | | | | |

| | | | | |
|--|---------------|------------------|--------------|--------------|
| My toys and materials are clean. | | | | |
| Items Important for Safe Supervision Based on Rule 2 | Always | Sometimes | Never | Notes |
| The equipment and materials are in good condition. | | | | |
| Water hazards (pool, beach, river, wading pools) are inaccessible to children unless I am supervising the children. | | | | |
| The house has all the safety items required for fire, sewage, electricity. | | | | |
| Nobody smokes while the children are present. | | | | |
| Firearms are unloaded and inaccessible to children. Ammunition is stored in a separate locked area. | | | | |
| Dangerous materials like knives, matches, plastic bags, tools, are out of sight and reach of children. | | | | |
| Toxic items (soaps, detergents, poisonous plants, alcoholic beverages, medicine, paint, and other chemicals) are inaccessible to children. | | | | |
| Parents have given permission for their children to play with my pets with supervision and all my pets have been vaccinated. | | | | |
| Children in diapers are kept clean and dry. | | | | |
| All children have opportunities for developmentally appropriate activities that are stimulating and safe. | | | | |
| Babies sleep on their backs. | | | | |
| Babies sleeping areas do not have soft bedding, stuffed animals, or blankets. | | | | |
| Children wash hands frequently. | | | | |
| Parents are notified immediately when children are ill (fever, vomiting, diarrhea, rash). | | | | |
| Children are picked up only by parents or a person authorized by parents. | | | | |
| I follow the learning plan given by early childhood special education to care for children with disabilities. | | | | |
| I track and count children several times a day. | | | | |

Scenarios

1. Ms. M. has 9 children in her care. She realizes she is out of milk for snack. Three children are already up from nap. The other six are still sleeping. Ms. M.'s cousin Paul has come to spend the afternoon. She asks him to supervise the children for a half hour while she goes to the store. Paul is very nice and helpful. *How does this situation affect the practice of active supervision?*
2. Ms. P. is cooking lunch in the kitchen. She cannot see the children from where she is. Every few minutes she goes to see what the children are doing. One time, Ms. P. sees that toddler Ana is grabbing Joni's toy, and Joni screams. But the food is on the stove and she needs to get back to it. *How does this situation affect the practice of active supervision?*
3. Ms. B. has toys in big baskets in the living room that is also the children's playroom. When the children need a special toy, they dump a whole basket to find it. By 11:00 AM, all the toys are on the floor. The children trip over the toys and keep falling. Even Ms. B. fell last week. *How does this situation affect the practice of active supervision?*
4. Ms. V. has four children in her care: 1 baby, 1 toddler, and 2 preschoolers. During lunch, she gets a phone call from her cousin Mona. Mona is upset because she needs money to take her mother to the doctor. The baby is in the highchair and the older children are eating at the table. Ms. V. tries to console her cousin and figure out how to help her. *How does this situation affect the practice of active supervision?*
5. Ms. O. has taken all three children out to the yard for outdoor play. After a few minutes, one child needs a diaper change. She takes him inside and tells the other children to play nice until she comes back. Before she is done, she hears crying outside. *How does this situation affect the practice of active supervision?*
6. Ms. R. cares for 10 children: 2 babies, 3 toddlers, and 5 preschoolers. On Friday, the mother of one of the preschoolers brings her nephew who is visiting for the week-end. She says it is just for three hours so she and her sister can have a quiet lunch. She offers to pay a higher rate than normal. That would give Ms. R. 11 children for three hours. *How does this situation affect the practice of active supervision?*
7. Ms. B. has knives on the kitchen counter. In the living room a special ceremonial knife is displayed on the mantle. The living room is part of the play area. *How does this situation affect the practice of active supervision?*
8. Ms. F. has five children under the age of four in her care. When her daughter Oma comes back from school, she takes care of the children while Ms. F. does her paperwork for the food program. Oma is very responsible. She is 9 years old. *How does this situation affect the practice of active supervision?*

My own plan for safe supervision

Please review the checklist and note all the items that you have answered with *always*, *sometimes* and *never*.

Congratulations on the items answered *always*! That means you are following good supervision practices in these areas.

Now, you need to pay attention to the items marked *sometimes* or *never*. Next write 1-5 goals below. This will be your new plan.

My goals:

1. _____
2. _____
3. _____
4. _____
5. _____

Resources I can use to ensure safe supervision of children:

Risk of Injury and Stages of Development

Children are at risk for injuries because developmental factors limit their physical, mental and emotional abilities. They grow quickly and want to test and master their environment. Their curiosity, fearlessness and lack of safety knowledge put them at risk of attempting actions for which they may lack the skills and physical capabilities.

The type of injuries children may incur is related to their development. For example, an infant’s neck is too weak to support the weight of his head, so he will be at risk of serious injury and even death if shaken. Infants and toddlers explore their surroundings by putting objects in their mouths, and therefore are at risk of choking.

Toddlers like to walk fast, climb and reach for objects, and therefore are at risk of falling or poisoning. Motor vehicle accidents are the leading cause of injury in all age groups. As child care providers, we want to assure that children are challenged by their environment and can explore safely. Knowing the children in your care and being careful to remove hazards and set up the environment with their abilities in mind can prevent injuries. Because each child develops at her own rate and not according to any exact age, the examples below are only a framework. One child may crawl at six months, another at one year.

Examples of Stages of Growth, Risk of Injury and Prevention Tips

| Age | Characteristics | Risk of Injury | Prevention Tips |
|-------------------|---|---|--|
| Birth to 3 months | <ul style="list-style-type: none"> • Eats, sleeps, cries • Has strong sucking reflex • Begins grasping and rolling over unexpectedly • Needs support of head and neck | <ul style="list-style-type: none"> • Falls from couches, tables, changing tables, and beds • Burns from hot liquids • Choking and suffocation • Sudden Unexpected Infant Death (SUID) | <ul style="list-style-type: none"> • Never leave infants alone of beds, changing tables, sofas, chairs or any high surfaces, even if in a bouncy seat or carrier. • Always check water temperature before washing hands or other body parts. • Keep small objects and toys away from babies and teach older children in a family child care setting NOT to play around infants with small objects/toys. • ALWAYS place infants to sleep on their backs. ALWAYS be within reach of a baby when placed on his/her stomach for “tummy time” . |

| Age | Characteristics | Risk of Injury | Prevention Tips |
|------------|--|---|---|
| 4-6 months | <ul style="list-style-type: none"> • Sits with minimum support • Plays with open hands • Reaches for objects • Begins to put things in mouth • Is increasingly curious about surroundings • Wants to test, touch and shake objects | <ul style="list-style-type: none"> • Vehicle occupant injury • Falls • Burns from hot liquids • Choking and suffocation • SUID (Sudden Unexpected Infant Death) • Abusive Head Trauma | <ul style="list-style-type: none"> • Never leave infants alone of beds, changing tables, sofas, chairs or any high surfaces, even if in a bouncy seat or carrier. • Always check water temperature before washing hands or other body parts. • Keep small objects and toys away from babies and teach older children in a family child care setting NOT to play around infants with small objects/toys. • ALWAYS place infants to sleep on their backs. • ALWAYS be within reach of a baby when placed on his/her stomach for “tummy time”. • NEVER shake a baby • Do not use walkers and other walker-type equipment. |

| Age | Characteristics | Risk of Injury | Prevention Tips |
|-------------|--|--|---|
| 7-12 months | <ul style="list-style-type: none"> • Sits alone • Very curious about everything • Crawls • Starts to walk • Explores surroundings • Pulls things • Likes to go outside • Imitates movements of adults and others • Begins eating solid food | <ul style="list-style-type: none"> • Vehicle occupant injury • Falls • Burns from hot liquids and surfaces • Choking and suffocation • SUID (Sudden Unexpected Infant Death) • Abusive Head Trauma • Drowning | <ul style="list-style-type: none"> • Do not use walkers and other walker-type equipment. • Keep hot foods and liquids out of the reach of children. • Put guards around radiators, fireplaces, and other hot surfaces. • Always carefully supervise; never leave a child alone in or near any water (including tubs, toilets, buckets, swimming pool or any other containers of water) even for a few seconds. • ALWAYS place infants to sleep on their backs. • NEVER shake a baby |
| | | | |

| Age | Characteristics | Risk of Injury | Prevention Tips |
|---------------|--|--|--|
| 1 and 2 years | <ul style="list-style-type: none"> • Is unsteady • Likes to go fast • Tries to reach objects • Runs Walks up and down stairs • Likes to climb • Pushes and pulls objects • Can open doors, drawers, gates and windows • Throws balls and others objects • Begins talking, but has difficulty expressing needs | <ul style="list-style-type: none"> • Vehicle occupant injury • Falls • Burns from hot liquids and surfaces • Choking and suffocation • Drowning • Poisoning • Child abuse | <ul style="list-style-type: none"> • Put toddler gates on stairways and keep any doors to cellars and porches locked. • Show child how to climb up and down stairs. • Remove sharp-edged furniture from frequently used areas. • Turn handles to back of stove while cooking. • Teach child the meaning of “hot.” • Keep electric cords out of child’s reach. • Use shock stops or furniture to cover used and unused outlets. • Store household products such as cleaners, chemicals, medicines and cosmetics in high places and locked cabinets. • Avoid giving child peanuts, popcorn, raw vegetables and any other food that could cause choking or allergic reactions. • Toys should not have small parts. • Always carefully supervise; never leave a child alone in or near any body of water even for a few seconds. • Check floors and reachable areas carefully for small objects such as pins, buttons, coins, etc. |

| Age | Characteristics | Risk of Injury | Prevention Tips |
|---------------|--|--|---|
| 3 and 4 years | <ul style="list-style-type: none"> • Begins making choices. • Has lots of energy • Seeks approval and attention | <ul style="list-style-type: none"> • Traffic injuries • Burns • Falls • Poisons • Tools and equipment | <ul style="list-style-type: none"> • Check and maintain playground equipment and environment. • Child should play on age and weight-appropriate equipment. • The surface under and around play equipment should be soft and shock absorbent. Use specifically approved surface materials. • Check that child is dressed appropriately to avoid strangulation (e.g., no drawstrings on shirt, jackets, etc.). • Store household products, medicines and cosmetics out of child's sight and reach. • Teach child about the difference between food and nonfood, and what is not good to eat. • Watch child carefully during arts and-crafts projects for mouthing of paints, brushes, paste and other materials. Use nontoxic supplies. • Store garden equipment, scissors and sharp knives out of reach. |

| Age | Characteristics | Risk of Injury | Prevention Tips |
|----------------|--|--|---|
| 5 years and up | <ul style="list-style-type: none"> • Is stronger • Likes to explore the neighborhood • Will ask for information • Will seek out playmates • Becomes involved in sports • Plans and carries out ideas | <ul style="list-style-type: none"> • Traffic injuries • Falls • Burns • Drowning • Guns | <ul style="list-style-type: none"> • Teach pedestrian and traffic safety rules. • Older children must wear safety belts. • Be a positive role model: cross streets correctly and wear a safety belt at all times when traveling in a car. • Always use helmets even on bicycles with training wheels or tricycles. • Teach children how to drop and roll if their clothing catches fire. • Practice fire drills so child becomes familiar with the escape route and the sound of the smoke alarm. |

| | | | |
|--|--|--|--|
| | | | <ul style="list-style-type: none"> • Keep matches and lighters away from children. • Stress bringing found matches to adults. • Check and maintain playground equipment and environment. • Child should play on developmental and weight appropriate equipment. • The surface under and around play equipment should be soft and shock absorbent. Use specifically approved surface materials. • Teach safe play rules and encourage child to put toys away after playing. • Do not keep guns or any other weapons in the child care setting. |
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Health and Safety in the Child Care Setting

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http://www.ucsfchildcarehealth.org/pdfs/Curricula/Prev_Injuries_052407.pdf

Starting Sept. 30, 2019, you will need to update your emergency preparedness plan to include accommodations for infants and toddlers. After Sept. 30, 2019, the plan must be updated and include how you will accommodate infants and toddlers in an emergency. The initial emergency preparedness plan form developed by the commissioner does not include this, because it is a new requirement. In order to comply, you can do one of two things: • complete a one-page update developed by DHS that includes the new requirement or • complete a new emergency plan. DHS received feedback from providers that the form was too long and repetitive. In response, DHS revised and shortened the required template. You no longer need to post or share your emergency preparedness plans with parents or guardians. However, you must continue to make the plan available for review. You can find the one-page update here: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7955-ENG>

You can find the updated emergency preparedness plan, which will be available after Sept. 20,2019 here: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7414C-ENG>