

Child Safety and Routine Care

BKC-EC-2

Participants Workbook

BASIC KNOWLEDGE CURRICULUM EARLY CHILDHOOD



2019

Preface

Basic Knowledge Curriculum – Early Childhood

This curriculum has been designed to give child care and early learning professionals foundational knowledge to be successful when caring for children. The information presented in the curriculum is for all professionals working in family or center-based child care and early learning programs. This basic information about concepts and skills is ideal for an entry-level staff member, but may also be beneficial for more seasoned professionals as a “refresher course.” The entire Basic Knowledge Curriculum – Early Childhood curriculum is 36 clock hours and consists of 18 sessions trainings meeting *Core Competencies for Early Childhood and Youth Development Professionals (Kansas and Missouri)* (Levels 1 and 2) and Child Development Associate Credential content areas. Participants can complete these trainings in any order.

For additional information about this curriculum series contact:

Child Care Aware® of Missouri 1-800-200-9017

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Basic Knowledge Curriculum – Early Childhood

Session Success

Foundational:

Positive Interactions with Children (*BKC-EC-1*)

Child Safety & Routine Care (*BKC-EC-2*)

Child Abuse & Neglect-Mandated Reporter(*BKC-EC-3*)

Safe Environments (*BKC-EC-4*)

Guiding Children’s Behavior (*BKC-EC-5*)

Playing with a Purpose (*BKC-EC-6*)

Routines, Rituals & Schedules (*BKC-EC-7*)

Supporting:

Physical Development (*BKC-EC-8*)

Language & Communication Development (*BKC-EC-9*)

Social & Emotional Development (*BKC-EC-10*)

Creative Development in Children (*BKC-EC-11*)

Cognitive Development (*BKC-EC-12*)

Promoting Physical & Mental Health (*BKC-EC-13*)

Healthy Eating (*BKC-EC-14*)

Group Interactions in Child Care (*BKC-EC-15*)

Families & Community Engagement (*BKC-EC-16*)

Promoting Cultural Awareness (*BKC-EC-17*)

Professionalism & Leadership (*BKC-EC-18*)



Learning Objectives

Child Safety and Routine Care

At the end of the training, participants will be able to:

1. List the steps of proper handwashing.
2. Identify the steps of proper diapering procedure.
3. Identify readiness signs of toilet learning.
4. Define SIDS (Sudden Infant Death Syndrome) and identify behaviors that increase the risk of it.
5. Discuss the elements of a safe sleep policy.

*These objectives relate directly to the exit assessment.

CDA	3. Supporting children's social and emotional development	
Core Competencies for Early Childhood and Youth Development Educators (Kansas and Missouri)	V. Health and Safety	
	3.Promoting Physical Health	
	Level 1	a. Follows practices to support the health of each child and youth.
		c. Maintains sanitary environments.
	Level 2	b. Implements procedures to promote physical health.

The training will meet the requirements of the *Core Competencies for Early Childhood and Youth Development Professionals* (Kansas and Missouri) and the Child Development Associate Credential

Agenda

Child Safety and Routine Care

Welcome.....	10 minutes
Shared Agreements	
Review Objectives	
Hand Washing.....	20 minutes
Factors that Spread Disease in Child Care Settings	
Disease Prevention	
When Do You Wash Hands?	
Hand Washing Techniques	
Teaching Children to Wash Their Hands	
Diapering and Toileting.....	30 minutes
Diapering Procedures	
Developmental Expectations	
Toilet Learning	
Toilet Procedures	
Break.....	10 minutes
<i>Show Me Child Care Resources</i>	
Safe and Healthy Sleeping Practices.....	40 minutes
Defining SIDS (Sudden Infant Death Syndrome)	
Reducing the Risk of SIDS	
Back to Sleep	
Safe Sleep Environment	
Safe Sleep Policy	
Rest Environments for Early Child Care	
Wrap Up	10 minutes
Action Steps	
Review Objectives	
Exit Assessment	
Session Satisfaction Surveys	
MOPD Systems Key Functions	
T.E.A.C.H. MISSOURI Scholarship	
CDA Scholarship Project	
Referral Services	

Action Items

Child Safety and Routine Care

Use this page to record things you plan to do, Topics for further clarification and new ideas from this training.

I WANT TO REMEMBER...

ACTION STEPS:

- 1.
- 2.

Spread of Disease in Child Care Settings

Child Safety and Routine Care



- Children, particularly infants and toddlers, constantly place objects in their mouths.
- Floor is used to change diapers.
- Diaper changing areas that do not have sinks.
- Improper disposal of soiled diapers.
- Grouping children in diapers with children who are toilet trained.

- Large numbers of children cared for in a single room.
- Small room size relative to the number of children.
- High child-to-caregiver ratio.
- Children sharing food, drinks, and personal items.
- Children and staff handling pets.
- Limited bathroom facilities with many children sharing a bathroom.
- Bathroom facilities that do not properly accommodate the size of children.



- Staff who circulate among different age groups.
- Staff who care for children as well as prepare food.
- Failure of staff to observe good hand washing practices.
- Failure to properly sanitize bathrooms, eating areas and toys.



Adapted from Control of Communicable and Infection Disease: A course for child care, youth and early learning Developed by the San Diego County Consortium for the Child Care Health Project.

Prevent the Spread of Disease

Child Safety and Routine Care

- Teach and use proper hand washing techniques.
- Use proper diapering techniques on a designated changing table.
- Dispose of soiled diapers and store dirty clothing in airtight container(s).
- Sanitize diaper-changing area after each use.
- Sanitize bathrooms as needed, but no less than once or twice per day.
- Test bleach solution every 24 hours using test strips.
- Separate age groups when caring for large groups of children.
- Separate food preparation area from child care area.
- Do not allow children to share food, plates, utensils, or drinks.
- Separate nap areas for each child by (2) feet.
- Have nap area arranged so that children are sleeping head to toe, not head to head.
- Use proper storage and care for clothes.
- Use the same bedding for the same child each day.
- Make sure the building is adequately ventilated.
- Take children outdoors every day.
- Insist on up-to-date immunizations.
- Isolate children with sign/symptoms of illness until parent/guardian takes the child from the program.
- Open windows and doors daily to get fresh air.



Wash Your Hands

Child Safety and Routine Care

Did you wash your hands?

Stop the spread of germs and be healthy.

	WET	Wet hands under warm water.
	WASH	Wash hands with soap for 20 seconds.
	RINSE	Rinse under warm water.
	DRY	Dry hands. Turn off water with paper towel.

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NOTE:

If a child is unable to stand and is too heavy to hold safely to wash his or her hands at the sink, caregivers shall use the following method:

- Wipe the child's hands with a damp paper towel moistened with a drop of liquid soap. Then discard the towel.
- Wipe the child's hands with a clean, wet, paper towel until the hands are free of soap. Then discard the towel.
- Dry the child's hands with a clean paper towel.

Wash Hands Songs

Child Safety and Routine Care

Choose a song that you enjoy, teach it to the children, and practice singing it while they wash their hands. The songs listed below should take approximately 20 seconds to sing through twice.

Wash, Wash, Wash Your Hands

(Sing to the tune of "Row, Row, Row Your Boat")

Wash, wash, wash your hands
Play our handy game!
Rub and scrub and scrub and rub
Germs go down the drain, HEY!
(repeat)



Good and Clean

(Sing to the tune of "Happy Birthday")

Wash my hands so good and clean
Wash my fingers and in between
Watch the germs all go away
Now they're clean, I'll go and play
(repeat)

This Is the Way We Wash Our Hands

(Sing to the tune of "Here We Go 'Round the Mulberry Bush")

This is the way we wash our hands, wash our hands, wash our hands,
This is the way we wash our hands, every single day.
This is the way we scrub our fingers, scrub our fingers, scrub our fingers,
This is the way we scrub our fingers, every single day.

Handwashing Times

Child Safety and Routine Care



- **Upon arrival for the day or when moving from one child care group to another.**
- **Before and after:**
 - Eating, handling food, or feeding a child
 - Giving medication
 - Playing in water or sensory tables that are used by more than one person
- **After:**
 - Diapering.
 - Using the toilet or helping a child use a toilet.
 - Handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, from mouths, or from sores.
 - Handling uncooked food, especially raw meat and poultry.
 - Handling pets and other animals.
 - Playing in sandboxes.
 - Cleaning or handling the garbage.
 - Handling money.



Diaper Changing Procedures



- 1. Get Organized!** Before you bring the child to the diaper changing area, wash your hands, gather and bring what you need to the diaper changing table.
 - Paper liners (while not required) provide an extra layer of protection against the spread of disease. Table surface still needs to be sanitized
 - Fresh diaper, remove wipes from container, clean clothes (if necessary), a plastic bag for soiled clothes, disposable gloves, and diaper cream (when appropriate medication documentation has been signed by parent) removed from the container to a piece of disposable materials such as tissue.
- 2. Carry the child** keeping soiled clothing away from you and any surfaces you cannot easily clean and sanitize after the change.
 - **Always keep one hand on the child, while he/she is on the table.**
 - **Remember, children cannot be left unattended while on the diapering table.**
- 3. Remove soiled diaper** and set it aside on the prepared surface.
 - Clean the child with a wipe from FRONT to BACK. Do not reuse wipes. Place dirty wipe with the soiled diaper. Look for rash or reddened area. Apply ointment if necessary and requested by parent.
 - While changing the diaper, interact with the child by talking or singing.
 - Remove your gloves fold them outside to inside, setting them aside on the paper with the soiled diaper and wipes. If no gloves were used, clean your hands with a wipe prior to putting on a clean diaper.

Diaper Changing Procedures

4. **Fold soiled disposable** diaper, gloves, and wipe together in paper and place in a hands-free covered trash can. (Wrapping soiled diaper and materials in trash bag will reduce the smell.)
5. **Place a clean diaper** on the child and then put the outer clothing back on the child.
6. **Wash hands**...Remove child from the diaper changing table. Wash your hands and the child's hands.
7. **Clean the area**....Contaminated areas such as the diapering surface.
 - Wash with soapy water. (Place soapy water in a spray bottle for easy use.)
 - Remove soap residue with clear water.
 - Sanitize the contaminated areas with an approved sanitizing solution.
8. **Wash hands again**....the caregiver must thoroughly wash their hands before returning to other duties.
9. **Record all** diaper changes on the child's daily log or family communication sheet to include what was in the diaper, any concerns, and the time of day.



Cleaning and Sanitizing

Child Safety and Routine Care



Step 1:

Clean with Soap and Water

Clear, Clean, Soapy, Hot Water



Step 2:

Rinse with Water

Clear, Clean, Hot Water



Step 3:

Clean with a sanitizing solution

Use to sanitize toys, diaper changing tables, cribs, sleeping mats, etc.

- Safe and Effective Sanitizer (USDA Rated).
- If using bleach, the temperature of the water should be approximately 70 degrees F.
 - General Sanitizing Solution:
 - ◆ One (1) teaspoon chlorine bleach to one (1) Gallon of Water
 - or
 - ◆ 1/4 teaspoon of chlorine bleach to one (1) quart of water.

Sanitizer for Bodily Fluids:

Use to sanitize spills of blood or blood-containing body fluids on floors or surfaces that do not have contact with food or mouth.

- 1 ½ cups of chlorine bleach to one (1) gallon of water

<https://health.mo.gov/safety/childcare/pdf/Guidelines-SanitationInspectionCenters.pdf>

Teaching Toilet Learning

Child Safety and Routine Care



- Many people consider toilet learning a milestone.
- Many cultures do not see toilet learning as a milestone, but more of a process that starts very early in life.
- It is important that educators and families communicate about their beliefs and expectations about toilet learning.

Keep in mind

- Children are skillful at observing and imitating others. Learning to use the toilet is often easier for children in group care because they are with other children.
- Life events such as moving, the arrival of a new baby, a vacation, out-of-town guests visiting, or an illness can slow down the toilet learning process.



Supporting the Child

- When under constant reminders to use the toilet, a young child's only independent alternative is to refuse. This may lead to power struggles.
- To avoid frustration and power struggles, educators and families should look for signs of readiness to begin toilet learning instead of having a preconceived age of when it should start.
- Negative responses to frequent, inevitable accidents may cause a child to quit trying to master toilet learning. Remain positive.
- In resisting demands to use the toilet, a child may hold back bowel movements, causing constipation.
- Seeing repeated disappointment and displeasure in you or the family can be devastating to a child. It can also keep him/her from making choices on his/her own.
- Using bribes may cause the child to refuse to do other things unless a prize is offered.
- Pressure can add guilt and feelings of inadequacy, but it won't change the child's readiness for toilet use.
- When you and the child's family recognize the readiness signs, you need to agree with each other about how toilet learning will be handled. Consistency between home and the care

Teaching Toilet Learning

Child Safety and Routine Care

- **Factors that influence toilet learning are:**
 - Stage of the child's development
 - Child's temperament
 - Parenting style
- **Toilet learning works best when families have access to guidance, instruction, and encouragement of their:**
 - Pediatrician
 - Other professionals working with child such as P.T, O.T or Speech Therapist
 - Educators
 - Support Groups



Toilet Learning as a Development Issue: Signs a child may be ready to learn to use the toilet	
<p>Social-Emotional</p> <ul style="list-style-type: none"> • Likes to be clean and neat. • Wants to imitate adults and be grown up. • Tells an adult when diaper is wet or soiled. 	<p>Cognitive</p> <ul style="list-style-type: none"> • Puts things where they belong. • Understands the process, children must know where to go, get undressed, do it, flush, get dressed and wash their hands.
<p>Physical</p> <ul style="list-style-type: none"> • Puts on and removes some clothing by self. • Wakes up dry from naps. 	<p>Language</p> <ul style="list-style-type: none"> • Verbalizes wants and needs.

- Other signs of readiness:
 - Can he stay dry for at least two hours at a time?
 - Can he sense when he needs to urinate or have a bowel movement?
 - Is he capable of reaching the toilet or potty in time, even with adult help?
 - Is he motivated at some level to take this next step?

Sudden Infant Death Syndrome

Child Safety and Routine Care

Smoking and SIDS

- A mother who smokes during pregnancy increases by three times the baby's risk for SIDS.
- Smoke exposure is a key risk factor for SIDS.
- Smoking causes several complications:
 - It increases the chances of a baby being born too early (prematurely) and too small (low birth weight).
 - Prematurity and low birth weight are key risk factors for SIDS.
- Smoking cigarettes during pregnancy negatively affects the development of the brain in the fetus.
- Babies exposed to smoke don't arouse/wake up as easily.
- Smoking during pregnancy could be a factor for the lower brain dysfunction.
- Research also indicates that second hand smoke puts babies at risk for SIDS.
- Creating a smoke-free child care environment is a critical step to nurturing the health and well-being of infants while reducing the risk of SIDS.
- Missouri licensing rules prohibit smoking in the child care program.
 - (FCC) 19 CSR 30-61.085 (1)(L): No person shall smoke or otherwise use tobacco products in any area of the child care facility during the period of time when children cared for under the license are present.
 - (Centers and Group Homes) 19 CSR 30-62.082 (1)(K): No person shall smoke or otherwise use tobacco products in any area of the child care facility during the period of time when children cared for under the license are present.
- Promoting a smoke free environment is a critical step to nurturing the health and well-being of infants while reducing the risk of SIDS.



Sudden Infant Death Syndrome

Child Safety and Routine Care

Back to Sleep

- Research shows that babies who are stomach or side sleepers, have 2-3 times higher risk for SIDS.
- Babies should sleep on their backs at night and for every nap.
- Bedding such as large blankets, pillows, stuffed animals and wedges should not be in the crib with the baby.
- Wedges should not be used. It is believed they prevent the baby from rolling over, trapping the baby.
- The side position should not be used as it is not as safe as the back.
- The baby can accidentally roll to the stomach, which places the baby at 18 times greater risk for SIDS.
- In the most recent studies, side and tummy sleeping have the same amount of increase in SIDS risk. So side sleeping is as dangerous as tummy sleeping.
- If baby usually sleeps on the back or side and then is placed on the tummy, there is as much as an 18 times higher risk for SIDS.
- If the baby rolls themselves over to their tummy, American Academy of Pediatrics (AAP) says that you don't have to return them to their back.



- Babies comfortably and consistently begin to roll between 4-6 months old, when the risk of SIDS starts to decrease.
- However, babies do occasionally die from SIDS after 6 months of age so it is very important to consistently monitor babies while they are napping.

**Tummy to play
and back to sleep**



Safe Sleep Practices

Child Safety and Routine Care

Do not allow the baby to become too warm:

- Sweating, damp hair, flushed cheeks, heat rash, and breathing rapidly are signs of overheating. It is best practice to dress the baby in one more layer than you are dressed.
- Room temperature should be comfortable for a lightly clothed adult.

Do not cover baby's head with a blanket:

- Covering a baby's head traps heat. This can make the baby too hot and is also a concern for suffocation.

Do not over-bundle the baby:

- If concerned with the baby getting too cold, dress the baby in layers that can be removed if he/she becomes flushed or sweaty.
- Sleep sacks are best for keeping babies warm
- *Avoid wrapping babies in excess blankets. Cover the baby in a light blanket positioned across the chest, no higher than the armpits.*

One Baby....One Crib:

- Each baby must sleep in a separate crib designated for use only by that baby. The crib must be sanitized before another baby uses it.
- There is evidence that more than one baby in a single crib increases the risk for SIDS.

Guidelines for pacifiers:

- Only offer a pacifier with parent's permission
- Offer the pacifier if the baby refuses the pacifier. Don't force it.
- If the baby is breastfed, wait until breastfeeding is going well before offering a pacifier, usually around 3 – 4 weeks of age
- Clean the pacifier often. If the pacifier falls out while the baby is asleep, you do not have to re-insert it
- Never attach the pacifier to a cord, ribbon or string

Safety-approved crib, firm mattress:

- The crib should be safety approved with slats spaced not more than $2\frac{3}{8}$ " apart.
- The firm mattress should be a snug fit for the crib.
- The space between the mattress edge and crib frame should not be more than the width of 2 adult-sized fingers.
- Mattress should have a tight-fitting sheet.
- *Decorative knobs and corner posts present*



Sample Safe Sleep Policy

Child Safety and Routine Care

Providing infants with a safe place to grow and learn is very important. For this reason, **(THE PROGRAM)** has created a policy on safe sleep practices for infants up to 1-year-old. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission to provide a safe sleep environment and reduce the risk of sudden infant death syndrome (SIDS). SIDS is “the sudden death of an infant under 1 year of age, which remains unexplained after a thorough investigation.” The staff, substitute staff, and volunteers at **(THE PROGRAM)** follow the AAP safe sleep policy.

Sleep Position:

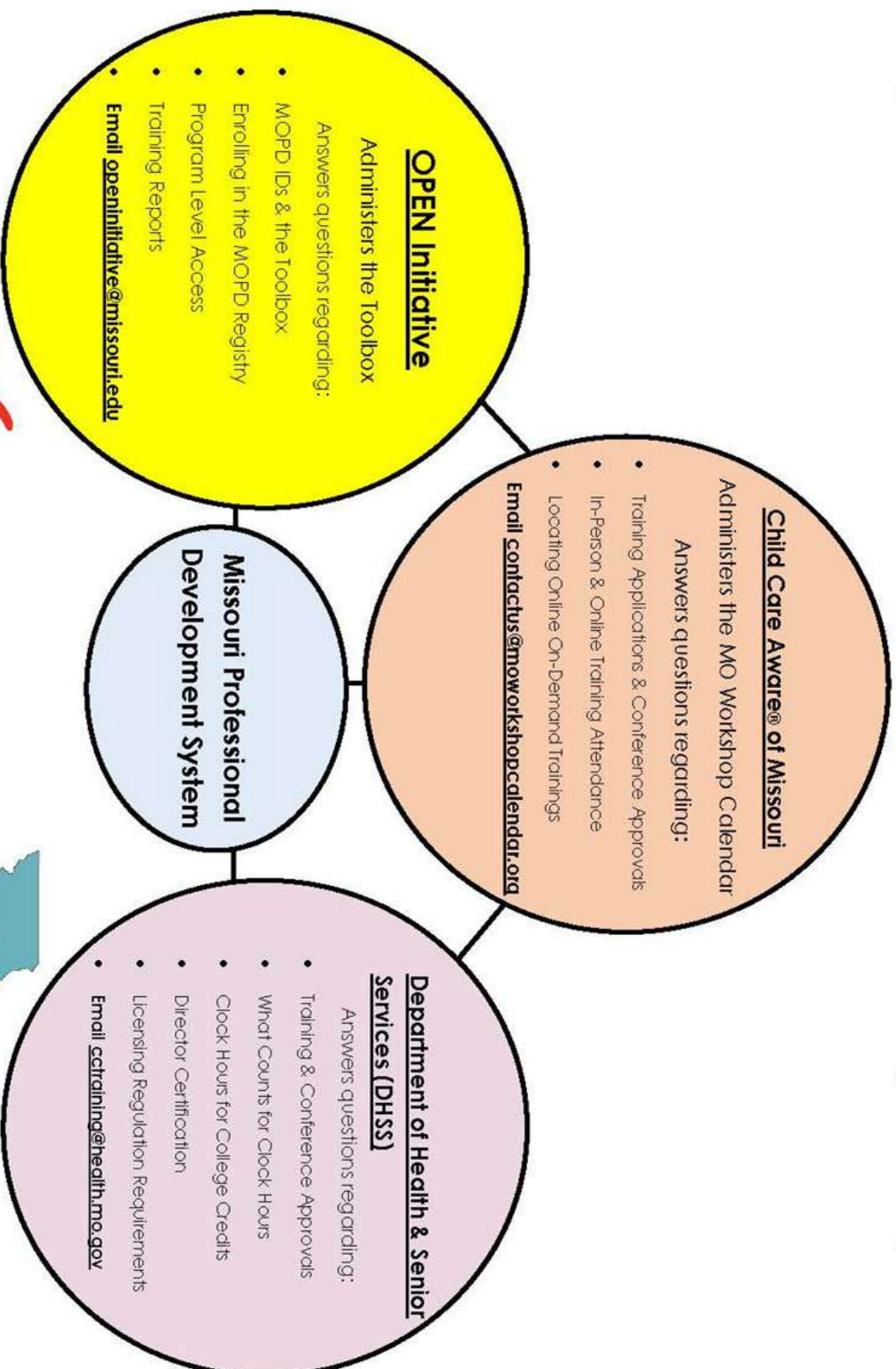
- Infants will be placed flat on their backs to sleep every time unless there is a current medical waiver signed by a physician, practitioner or clinician on file. Notification of the waiver will be posted at the infant’s crib without identifying medical information. The full waiver will be kept in the infant’s file.
- Infants will not be placed on their side for sleep.
- Devices such as wedges or infant positioners will not be used since such devices are not proven to reduce the risk of SIDS.
- Infants who use pacifiers will be offered their pacifier when they are placed to sleep. The pacifier will not be put back once they fall asleep.
- Pacifiers will be cleaned between each use, checked for tears, and will not be coated in any sweet or other solution.
- Parents are asked to provide replacement pacifiers on a regular basis.
- While infants will always be placed on their backs to sleep, when an infant can easily turn over from back to front and front to back, they can remain in whatever position they prefer to sleep.

Sleep Environment:

- Our program will use Consumer Product Safety Commission guidelines for safety-approved cribs and firm mattresses.
- Crib slats will be less than 2 3/8” apart, If a soda can fits easily through the slats on the crib, the spaces between the slats are too wide.
- Infants will not be left in bed with drop side down
- Playpen weave will be less than 1/4”
- Consumer Product Safety Commission safety-approved cradles and bassinets may also be used for sleeping if the infant meets the weight and height requirements.
- Infants will not be placed to sleep on any standard bed, waterbeds, couches, air mattresses, or on other soft surfaces.
- Only one infant will be placed to sleep in each crib. Siblings, including twins and triplets, will be placed in separate cribs.
- The crib will have a firm tight fitting mattress covered by a fitted sheet and will be free from loose bedding, toys, and other soft objects (i.e., pillows, quilts, comforters, sheepskins, stuffed toys, etc.)
- To avoid overheating, the temperature of the rooms where infants sleep will be checked and will be kept at a level that is comfortable for a lightly clothed adult.

Resources

Key Functions of the Missouri Professional Development System



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- Our referral service uses a database containing Missouri child care programs.
- Families are able to access the database and search for programs near them or contact a resource specialist to assist them in their search.
- All information in the database is self-reported by programs.
- We encourage families to ask questions about the child care programs in order to find a program that best suits the needs of their children.
- Update your Program Information Form (PIF) at least annually or when changes occur.



- Educational Tools
- Business building templates
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Questions?

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