

Washington State Training & Registry System (STARS)

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Study Guide & Workbook for:

STARS 20 Hour Basic Training

For Mixed groups: Child Care Center & Home Care Providers

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Information

- ❖ Read this workbook and use it as a class resource. All assignments are completed by E-Mail. Do not submit this workbook; it is to be kept for your future reference.
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Assignment #1

Ages & Stages ~ Growth & Development Chart

Infant Development 0-3 Months

<u>PHYSICAL</u>	<u>INTELLECTUAL</u>	<u>EMOTIONAL~ SOCIAL</u>	<u>LANGUAGE</u>	<u>ACTIVITIES</u>
<p>Males more vulnerable than females</p> <p>Average birth weight for females is 7 lbs & males is 7.5 lbs</p> <p>Average length is 18-21 inches</p> <p>Head is ¼ of the total body length</p> <p>Motor skills are reflexive</p> <p>Explores by looking, grasping, & mouthing</p> <p>Grasps objects when placed in hand</p> <p>Follows objects with eyes</p> <p>Begins to roll over</p> <p>Makes crawling movements with legs</p> <p>Raises head while lying on back</p> <p>Brings fists together</p>	<p>Knows the difference between family & others</p> <p>Recognizes bottle</p> <p>Repeats actions which cause toys to move or make noise</p>	<p>Smiles at own reflection in the mirror</p> <p>Cries in different ways to express different needs</p> <p>Establishes a trust relationship with primary caregiver</p>	<p>Copies tongue movements</p> <p>Socializes with delight</p> <p>Cries according to needs</p>	<p>Likes lots of touching</p> <p>Likes faces</p> <p>Enjoys black & white pictures & objects</p> <p>Needs adults to look at and be responsive to</p> <p>Likes being talked to & sung to</p>

Ages & Stages ~ Growth & Development Chart

Infant Development 3-6 Months

<u>PHYSICAL</u>	<u>INTELLECTUAL</u>	<u>EMOTIONAL~ SOCIAL</u>	<u>LANGUAGE</u>	<u>ACTIVITIES</u>
Doubles birth weight	Knows the difference between family & others	Smiles at reflection in the mirror	Babbles to self & familiar persons	Enjoys singing & talking games
Grows ½ inch per month	Recognizes bottle	Laughs & makes noises to show pleasure	Copies mouth & tongue movements	Needs adults to look at & respond to baby sounds & words
Teeth begin to appear	Looks for & uncovers a partially hidden toy	Cries in different ways to express needs		Looks at picture books
True eye color is established	Full attachment to Mother	Smiles & hugs to show affection		Looks at reflection in the mirror
Balances head	Delights in throwing objects over sides of high chair or crib	Likes simple games		
Rolls over	Plays pat-a-cake, peek-a-boo, & waves good-bye	Friendly to strangers		
Reaches with both hands		Becomes upset when toys are taken away		
Pulls to a sitting position		Builds trust with primary caregivers		
Can sit alone for a short time				
Puts fingers & objects in mouth				
Holds onto bottle while being fed				
Follows moving objects with eyes				
Holds, sucks, & bites				

Ages & Stages ~ Growth & Development Chart

Infant Development 6-9 Months

<u>PHYSICAL</u>	<u>INTELLECTUAL</u>	<u>EMOTIONAL~ SOCIAL</u>	<u>LANGUAGE</u>	<u>ACTIVITIES</u>
Rolls over from back to stomach	Repeats action to perfect it	Pushes away not wanted items	Babbles to self & familiar persons	Enjoys singing & talking games
Pulls along on stomach, crawls	Uncovers a hidden toy	Reaches out & pats reflection in a mirror	Begins to say "Dada" & "Mama"	Plays give & take games
May sit alone	Shakes or moves objects to make noise	Simple games	Copies lip & mouth movements	Stacks blocks
Holds 2 objects	Wants to taste & touch objects	Initiates play	Imitates sounds & gestures more accurately	Needs adults to look at & respond to baby sounds & words
Grasps & reaches for objects	Alert up to 2 full hours	Is aware of strangers	Responds to own name	Looks at picture books
Transfers objects between both hands	Begins to babble	May tease & show a sense of humor		Looks at reflection in the mirror
Able to hit 2 object together by herself	Imitates adult language	Expresses frustration & anger		
		Shouts for attention		

Ages & Stages ~ Growth & Development Chart

Infant Development 9-12 Months

<u>PHYSICAL</u>	<u>INTELLECTUAL</u>	<u>EMOTIONAL~ SOCIAL</u>	<u>LANGUAGE</u>	<u>ACTIVITIES</u>
Birth weight has tripled	Explores nearby areas more completely	Fear of strangers	Shakes head for no & may nod for yes	Likes action games & songs
Birth length has increased by 10 -12 inches	Names a few familiar people (Mama, Dada...)	Responds to name	Says Dada & Mama	Plays give & take games
Sits alone	Dumps objects out of box	May cling to familiar person if stranger is present	Babbles or jabbers deliberately to get social attention	Enjoys crawling & chasing games
Rolls over	Looks at pictures in books	Shouts for attention	Continues to imitate sounds	Explores safe places in the house or yard
Crawls	Remembers games that have been played before	Shows hurt feelings when scolded	Imitates sounds that things make (choo-choo...)	Likes hearing the names of toys, objects, animals, people
Stands alone	Can find an object that is placed under another object	Shows emotions (happy, sad, hurt, angry...)	Stops doing something when told "No"	
Creeps on hands & knees	Plays pat-a-cake	Expresses anger & frustration		
Crawls up & down stairs	Follows simple instructions	Social & outgoing		
Walks holding onto furniture or adult	Both eyes work together	Begins to show assertive behavior by resisting caretakers requests		
Likes to carry objects				
Eats messily with a spoon				
Feeds self finger food				
Opens drawers & cupboards				
Picks up small objects				

Ages & Stages ~ Growth & Development Chart

Toddler Development 12-18 Months

<u>PHYSICAL</u>	<u>INTELLECTUAL</u>	<u>EMOTIONAL~ SOCIAL</u>	<u>LANGUAGE</u>	<u>ACTIVITIES</u>
Growth slows for the second year	Understands simple one step directions	Watches others play but plays alone	Uses 5-50 words	Plays with water pouring from one container to another
Walks with good balance	Connects the order of events such as eating, clean-up, nap	Tries to spend more time with others	Uses Mama & Dada correctly	Can do manipulative stringing beads, legos, pegs...
Can sit down from a standing position	Correctly uses familiar names	Helps to pick up & put away toys	Puts simple words together	Sings songs & likes singing games
May have 6-10 new teeth	Looks for something in more than one place	Recognizes self in the mirror	Uses one word to indicate needs; such as "up" for pick me up	Likes pull or push toys
Body shape changes; abdomen protrudes, still top heavy	Points to object when named	Shows a sense of humor	Imitates words	Stacks blocks & boxes
Crawls skillfully & quickly	Likes to explore	Shows a preference for a certain toy	Understands far more than she can express	Likes to read stories & books
Likes to climb & pulls things off shelves	Wants to be independent	Demonstrates anger by crying or fighting		Rolls a ball
Begins to throw objects	Is curious & gets into everything	May become negative by refusing naps, new food...		Rides in a wagon
Walks up & down steps with help	Seldom puts things into mouth	Finds sharing difficult		Climbs on solid objects such as steps, furniture
Pulls clothes off	Enjoys object hiding games	Is possessive "mine"		
Uses a spoon with less mess		Does not know limits		
Drinks from a cup with help				
Can grasp & release				
Can stack items				
Scribbles				

Ages & Stages ~ Growth & Development Chart Toddler Development 18-24 Months

<u>PHYSICAL</u>	<u>INTELLECTUAL</u>	<u>EMOTIONAL~ SOCIAL</u>	<u>LANGUAGE</u>	<u>ACTIVITIES</u>
Second molars appear for a total of 20 teeth	Names familiar objects	Shows affection gives kisses & hugs	Speaks 50-200 words	Enjoys finger plays
Walks & runs without falling	Recognizes self in mirror	Often defiant says "No" to many requests	Uses 2-3 word sentences	Follows simple stories
Climbs & sits in a chair without help	Recognizes body parts on a doll	Enjoys house play activities	Follows simple stories with pictures	Climbs
Walks upstairs without help	Fills a box or can with objects	Plays beside others but may not share easily	Sings simple songs	Enjoys filling, dumping, & scooping either sand/beans/rice
Carries or pushes or pulls a large toy	Remembers something	Is possessive	Climbs	Throws & kicks balls
Likes to throw		Shows more independence in activities & self care	Enjoys sand play & water play	Scribbles
Builds towers		May slap, bite, or hit & refuse to do what is asked	Throws & kicks balls	Marches & dances
Scribbles		Enjoys simple role plays & make believe	Scribbles	Walks around the neighborhood
Turns pages in books		Plays well alone & parallel play	Marches & dances	
Chews solid food			Walks around the neighborhood	
Likes to feed self				
Uses spoon & drinks from a small cup				
Opens doors with doorknobs				
Tells you when wet or soiled				
Tries out the toilet when set on it				

Ages & Stages ~ Growth & Development Chart

Toddler Development 24-36 Months

<u>PHYSICAL</u>	<u>INTELLECTUAL</u>	<u>EMOTIONAL~ SOCIAL</u>	<u>LANGUAGE</u>	<u>ACTIVITIES</u>
Growth is now slow & even	Listens to stories	Responds to choices better than commands	Uses up to 900 words	Likes table top activities
Height increases 2-3 inches	Can count two objects	Becomes frustrated easily	Uses 3-4 word sentences	Enjoys circle games
Gains 3-5 pounds	Develops longer memory span	Protects own belongings	Uses words to show feelings & thoughts	Enjoys finger plays
Runs & pedals a tricycle	Matches colors, shapes, sizes, or textures	Begins to wait turns	Uses language in more expressive ways	Plays housekeeping & dramatic games
Jumps	Makes simple choices	Imitates adult actions	Memorizes simple rhymes	Enjoys sand play
Eats independently	Knows what some objects are for	Tries to help with chores	Listens to short stories	Enjoys water play
Walks up & down stairs alternating feet	Knows what some body parts are used for	Expresses pride in achievements	Sings simple songs	Climbs
Hops on one foot	Begins to understand numbers	Shows a sense of humor & loves surprises	Uses "You" & "Me"	Throws & catches
Makes simple lines with crayon	Names one color	Participates in parallel play	Recounts events of the day	Enjoys field trips & outings
Uses scissors to chop paper		Plays longer with one toy		Paints
Strings beads		May still need security blanket, toy, stuffed animal, for comfort		Reads simple books
Washes & dries hands, combs & brushes hair				Signs songs with action movements
Stays dry all night				
Pulls off & on simple clothes		Often talks to self		
Shows signs of toilet readiness				

Ages & Stages ~ Growth & Development Chart

Preschool Development 3 Year Olds

<u>PHYSICAL</u>	<u>INTELLECTUAL</u>	<u>EMOTIONAL~ SOCIAL</u>	<u>LANGUAGE</u>	<u>ACTIVITIES</u>
Growth is slow & even	Concept development: can match primary colors & can name up to three colors	Takes turns & shares	Vocabulary has grown to over 1000 words	Needs space & time for dance & musical activities
Height increases 2-3 inches & is nearly double the birth length	Can count to five or more	Plays with a small group of children	Speaks in longer sentences	Ready for table top activities; puzzles, peg boards, drawing & cutting
Gains 3-5 pounds	Knows big & little	Shows affection for younger children	Uses language to describe & explain	
Builds towers & uses stairs easily	Can be reasoned with	Chooses special friends	Asks & answers questions beginning with what? Who? & why?	Needs area for release of energy: running, climbing, jumping, throwing, bouncing, pedaling,
Rides tike & climbs	Shows greater awareness of time	Expresses anger verbally		
Does a forward somersault	Understands words of place	Selects activities independently	Uses language in make believe & imaginative play	
Cuts across paper but not on a line	Uses fantasy & imaginative play	Plays associatively	Listens to longer stories	Needs help understanding feelings & actions
Draws simple forms, figures, & faces	Very curious & asks "Why"	Is egocentric	Indicates negatives by inserting "no" or "not" before simple nouns or verbs; such as "Not Baby"	Needs time & space for group play
Paints with large brushes	Increasing attention span	Imitates adults & other children		
Pours from a pitcher but spills	May know simple shapes; (circle, square, triangle)	Begins to develop empathy	uses word plays	Needs quiet time
Unbuttons, zips, laces, dresses & undresses with some help	Repeats simple finger plays	Can help put toys away		Enjoys food prep
Bounces throws & catches a ball	Sings simple songs	Seeks attention & approval		Plays games
Stays dry all night				Likes reading & stories
Tells you when needs to use the toilet				Shows conversational abilities

Ages & Stages ~ Growth & Development Chart

Preschool Development 4 Year Olds

<u>PHYSICAL</u>	<u>INTELLECTUAL</u>	<u>EMOTIONAL~ SOCIAL</u>	<u>LANGUAGE</u>	<u>ACTIVITIES</u>
Gains an average of 4-5 pounds	Draws a person with a detailed figure	Makes demands for attention	Speech is 95% intelligible	Needs time for conversation
Grows 2-2.5 inches	Puts together more complex puzzles	Shows off for company	Vocabulary has grown 1500 to 2000 words	Needs opportunities for activities that encourage language & concept development
Is extremely active in play	Matches letters to the letter in her own name	May call others names	Asks many questions	
Bounces balls		Braggs about accomplishments	Acts out & tells stories	Is receptive to open ended questions
Walks backwards	Can name colors, shapes & textures	Wants to please		
Jumps over low rope	Can count from one to ten	Enjoys leadership roles but may be bossy	Shows pleasure in playing with word sounds & meanings	Needs to use a variety of equipment & materials in play
Shows greater eye-hand coordination	Has longer attention span 12-15 minutes	Apologies easily	Tries out made up words & sounds	
Strings small beads	Likes dramatic play & dress up	Is able to play with groups	Gives longer answers to questions	Needs opportunities for cooperative play
Dresses self	Imitates others' behaviors	Better about sharing & taking turns	Uses past tense	Needs physical activities
Laces shoes				
Gallops	Asks many questions and wants simple honest answers	Plays cooperatively & imaginatively	Gives first and last name, sex, brothers' & sisters' names and telephone number	May enjoy balancing & dancing
Skips		Likely to have imaginary worries & fears		Begins to handle self care
Hops on one foot	Can tell stories mixing fact & fantasy		Has increased control of voice can sing on pitch	Needs time & space for construction games
Toilets without help		Uses words instead of pushing & fighting to express anger & frustration	Delivers verbal messages	
Cuts on a line with scissors	May have an imaginary playmate			
Puts together simple puzzles		Solves problems independently		Is ready for real tools & work bench with supervision
Points with precision				

Ages & Stages ~ Growth & Development Chart

Preschool Development 5 Year Olds

<u>PHYSICAL</u>	<u>INTELLECTUAL</u>	<u>EMOTIONAL~ SOCIAL</u>	<u>LANGUAGE</u>	<u>ACTIVITIES</u>
Gains an average of 4-5 pounds	Draws a person with a detailed figure	Can substitute verbal threats for physical acts	Speech is 100% intelligible	Is ready for activities that encourage Math & reading readiness skills
Grows 2-3 inches	Puts together more complex puzzles	Enjoys playing with other of same age	Vocabulary is 2000 to 2500 words	Needs to practice conversation
Head size is approximately that of an adult	Matches letters to the letter in her own name	Plays in cooperative groups	Repeats rhymes, poems, & songs	Needs activities that help develop concepts of: colors, time, shapes, opposites, size, & position
May begin to lose baby teeth	Can name colors, shapes & textures	May choose to play alone	Recalls events in order	
Tries jumping rope	Can count from one to twenty	Likes to run errands	Follows 3 step directions	
Shows greater eye-hand coordination	Can print numbers from 1-5	Takes responsibility for own actions	Says full name & address	Needs large and small group activities
Throws well	Can name days of the week	Protects younger children	Uses future tense	Needs to make choices for activities
Laces shoes	Compares by size & weight	Respects others' belongings	Pronounces words clearly & uses much longer sentences	Needs music & movement
Gallops & jumps	Asks many questions and wants simple honest answers	Greater awareness of rules	Uses more words to express needs, fears, feelings, & ideas	
Skips & marches	Knows the difference between fact & fantasy	Plans surprises & jokes	Is a great talker	
Hops on one foot	Classifies objects	Enjoys dramatic play	Answers questions & asks for information	
Copies designs & letters without help	Shows definite purpose in using materials & objects	Is proud of possessions & abilities		
Cuts on a line with scissors		Is friendly & outgoing		
Puts together 15-20 piece puzzles		May exaggerate or brag about self or family to others		
Points with precision				
Uses a knife for cutting				

Understanding Diversity Assignment #2-a

1. What are my racial, cultural, economic and language backgrounds?
2. What are traditions, objects or foods that symbolize my family to me?
3. Are these similar to or different from the practices and attitudes of the families of the children in my care?

Age-Appropriate Behavior Scenario Assignment #2-b

You love your job in the infant room at “Little Peoples Child Care” and have been working there for three years. Jamal, age 9 months, is just beginning to express separation anxiety. He has been in your care for 5 months. He is all of a sudden becoming very upset when his mother leaves him in your care for the day. His mother is suspicious that maybe something is happening to Jamal when she is away, and that is why he cries when it is time for her to leave. What can you do to calm her fears?

#3-A

A CLASSROOM PLANNED FOR LEARNING

An Adult Sized Guide to Child Sized Environments, states a Child Centered Environment consists of:

1. Staff working closely with children and observing them carefully, following their lead when possible.
2. Stimulating, challenging activities available throughout the day.
3. Children choosing activities.
4. Program scheduling, layout, and procedures that are best for the child.

A well planned classroom encourages children to develop. An early childhood classroom is planned with many well defined *interest areas/centers*. Using these interest areas children are free to move about and make choices regarding their learning.

All early childhood environments should include the following *Interest Areas*:

- Blocks
- Creative arts
- Dramatic play
- Sensory exploration
- Library/quiet area
- Table toys/manipulatives
- Outdoor/large motor skills

CLASSROOM INTEREST AREAS (CENTERS)

BLOCK AREA

In play children learn:	Materials that should be available:
<ul style="list-style-type: none"> • SHAPES & SIZES • PROBLEM SOLVING • COOPERATION • IMAGINATIVE PLAY • NUMBER CONCEPTS • CREATIVITY • HOW TO LIFT • HOW TO CARRY 	<ul style="list-style-type: none"> • WOODEN UNIT BLOCKS • PLAY PROPS • PLAY FIGURES • FARM, FOREST, & JUNGLE ANIMALS • RAW MATERIALS • BRANCHES, TWIGS

CREATIVE ART

In play children learn:	Materials that should be available:
<ul style="list-style-type: none"> • EXPRESS IDEAS, FEELINGS • FINE MOTOR SKILLS • CREATIVITY • EXPLORATION • DIFFERENT WAYS OF WORKING 	<ul style="list-style-type: none"> • EASELS • PAINT CONTAINERS • DIFFERENT SIZED BRUSHES • COLOR CRAYONS • SCISSORS • MARKERS • GLUE • CLAY/PLAYDOUGH • COLLAGE MATERIAL • VARIOUS TYPES, COLORS & SIZES OF PAPER ~ ACCESSIBLE • PAINT DRYING RACK

DRAMATIC PLAY

This area can be changed according to themes
(doctor office, store, auto repair shop, etc.)

In play children learn:	Materials that should be available:
<ul style="list-style-type: none"> • ACT OUT • FAMILIAR ROLES • CONQUER FEARS • SOCIAL SKILLS • FINE MOTOR SKILLS • SHARING/COOPERATION • COMMUNICATION • NEGOTIATION 	<ul style="list-style-type: none"> • CHILD SIZED FURNITURE • MALE & FEMALE WORK & PLAY CLOTHES • COOKING UTENSILS • MULTI-ETHNIC DOLLS

SENSORY EXPLORATION

In play children learn:	Materials that should be available:
<ul style="list-style-type: none"> • SIZE & SHAPE • VOLUME • CREATIVITY • RELEASE TENSION • CONTROL • DISCOVERY • EXPERIMENT • NO FEAR OF MISTAKES 	<ul style="list-style-type: none"> • SENSORY TABLE/TUB • SAND, RICE, BEANS... • SHAVING CREAM • ICE • CORN STARCH • WET TABLE/TUB • WATER COLORS, BUBBLES, SOAP FLAKES • OBJECT TO FLOAT/SINK • HOSE PIECES • FUNNELS • POURING & MEASURING CONTAINERS • EGG BEATERS

LIBRARY/QUIET AREA

In play children learn:	Materials that should be available:
<ul style="list-style-type: none"> • LOOK AT BOOKS • READ WITH OTHERS • AWARENESS OF PRINT & LETTERS • QUIET TIME ALONE • TO LISTEN TO READING • FINE MOTOR SKILLS • PICTURES HAVE MEANING • TO TELL STORIES WITH DOLLS OR PUPPETS/FLANNEL BOARD • DEVELOP PRE-READING SKILLS 	<ul style="list-style-type: none"> • BOOK DISPLAY RACK • RUGS/PILLOWS • VARIOUS BOOKS • TAPE RECORDER • HOMEMADE BOOKS • PHOTO ALBUMS

TABLE TOYS/MANIPULATIVES

In play children learn:	Materials that should be available:
<ul style="list-style-type: none"> • PRE-READING CONCEPTS • PRE-MATH CONCEPTS • DEVELOP EYE-HAND COORDINATION • PROBLEM SOLVING • GROUPING • MAKING PATTERNS • FINE MOTOR SKILLS 	<ul style="list-style-type: none"> • PUZZELS • TABLE & CHAIRS • PEG BOARDS • BEADS & LACING • PARQUETRY BLOCKS • COLLECTIONS FOR SORTING (BUTTONS, SHELLS, ETC) • NESTING CUPS • BRISTEL BLOCKS • SEWING CARDS • MATCHING GAMES • COUNTING OBJECTS

OUTDOOR/LARGE MOTOR SKILLS

In play children learn:	Materials that should be available:
<ul style="list-style-type: none">• DEVELOP LARGE & SMALL MOTOR SKILLS• EYE-HAND COORDINATION• BALANCING SKILLS• DEVELOP CONFIDENCE• TAKING TURNS• SHARING• COOPERATIVE PLAY• SENSORY EXPERIENCES	<ul style="list-style-type: none">• SAFE CLIMBING TOYS• DIGGING AREA• GARDEN AREA• SHOVELS• PAILS• RIDING TOYS• WAGONS• TRIKES• BALLS• HOOPS• TUNNELS• PARACHUTE• GAMES• TRUCKS



3-B “Will it Help or Hurt?”

(Scenario)

The pre-kindergarten child care room has twenty children, a lead teacher and an assistant. Some children are playing quietly, while others race around the room playing superheroes using brooms from the housekeeping area for guns. A demolished block building is in the middle of the floor. Some children are looking at the birds nest that one child brought in this morning. They are finding books on birds from the library corner. A snack of vanilla pudding with bananas was delivered an hour ago from the kitchen & is sitting on the counter waiting to be served. Pictures are hung around the room at the children’s eye level. A brightly decorated bulletin board displays their art work, and coloring pictures from an animal ABC book.

What will help children?	What could hurt children?

Assignment 3-C Scenarios:

1. You observe that Eva, age three, plays by herself all the time. She enjoys watching other children, but never tries to join in their play. The other children try to approach Eva and talk to her. She does not respond to them. She does however chat happily with her caregiver. What activities should you plan for Eva?
2. In the free choice creative art area, you observe 5 year old Alonso trying to cut a heart shape out of construction paper. He is holding the scissors wrong and is ripping the paper rather than cutting it. Out of frustration he throws the whole thing on the floor! What activities should you plan for him?
3. You observe Taghi, age four, hugs the other children constantly, even though they push her away and ask her to stop. You know that there is a new baby at home. What activities should you plan for Taghi?
4. Five year old Marisa is writing letters to make words. She has chosen a piece of red construction paper and a marker. She is attempting to make a stop sign. Marisa has written a capital "S" and repeatedly asks her caregiver what letter comes next. Her caregiver ignores Marisa's requests for spelling help. Marisa gets frustrated and moves on to another activity. What activities could you plan for her?
5. You have observed Paul age two, is indicating signs of readiness for toilet learning. What activities should you plan to help him?
6. Six year old Elizabeth arrives every day at her caregiver just before the bus comes to take her to kindergarten. You observe that she is often pale, tired, and her hair is uncombed. What should you do for her?

#4-A

Active Listening Skills

Pay Attention

- Look at the speaker
- Drop to eye level
- Encourage speaker with your body language

Use Encouragement

- “Use your words”
- “Can you tell me about it?”

Restate

- “So you don’t like it”
- “You don’t want to come in now, you want to stay outside and play”

Reflect

- “It makes you mad when a toy is taken from you”
- “You are sad because your Mommy left”

#4-B Language Development

Speech and language are learned behaviors; such as, they develop according to a pattern. The pattern may change slightly from child to child, but the following stages can usually be expected near the given ages. Each child should be doing EVERYTHING from the earlier age groups and most items from the present age group. If a child is 6 months or more below age level seek professional advice.

1-6 Months:

- Much vocal play & babbling
- Do not expect imitations of your sounds
- Turns eyes & head to source of sound
- Awakens or quiets to parent's voice
- Cries to communicate needs
- Needs lots of verbal stimulation

6-12 Months:

- Produces jargon which is a repetition of sounds made by others
- Inflection & tone variations enter the sound development
- Baby will begin to repeat sounds that are heard

12-15 Months:

- ***This is the child's Optimum speech readiness period!***
- Learns first words
- Can use 10-12 words meaningfully
- Repeats names of objects
- Should be watching you as words are said slowly
- Shows understanding of common words by pointing, or looking at objects or people upon request
- Will jabber in response to human voice, cry when frightened or angry, and will frown when displeased or scolded

2-2 ½ Years:

- Knows & refers to self by name
- Is talking in sentences, usually grammatically correct, though short and simple.
- By 18th month ¼ of speech is understandable
- By 24th month 2/3 of speech is understandable

2-2 ½ Years (cont.):

- Is using 200-400 words, including nouns & verbs
- Uses short phrases and two to three word sentences
- Uses the pronoun “I”
- Uses beginning and final consonants correctly, but middle ones may be omitted
- At 18 months, knows body parts
- Should be learning new words, though they may not be pronounced correctly ~ they should be understandable
- Can follow simple verbal directions “bring me the ball”
- Enjoys being read to
- Enjoys rhymes, songs & finger plays

3-3 ½ Years:

- **Most of the speech is now INTELLIGIBLE**
- Uses 3-4 word sentences correctly
- Has just about mastered P, B, M, H, W sounds & all vowels
- Understands the meanings of all words used
- Understands simple verbs, adjectives, & nouns like: “go “in” “big”
- Vocabulary of 800-1300 words
- Speech can stumbled at times, but of no concern

4-4 ½ Years:

- Has acquired the d, t, n, ng, k, & y sounds

5-5 ½ Years:

- Has mastered the “F” sound
- Can carry on a familiar conversation
- Can produce most two letter blends: pr, br, ck, sn, sk, etc.
- Has a vocabulary of 2,000+ words
- Speaks in 4-5 word sentences, being able to be descriptive
- Can follow more complex verbal directions; “go to the shelf find the blue book and bring it here”

#4-C Using Positive Communication

The following are common negative or non helpful responses to children's behavior. Please rephrase each statement in a positive format:

1. Hang up your coat!
2. Stop running around the room!
3. Don't hit – Bad boy!
4. Hurry up & pick up those blocks!
5. I told you to sit down!
6. Some people are still forgetting to push in their chairs!
7. Okay, who tore up this snack mat?
8. You are so clumsy. Try to be more careful walking across the room!
9. Don't you DARE hit her!
10. You don't need all those markers, now share!

#4-D Assessment & Communication Scenarios

1. Child says: "That's mine I had it first"
2. Child says: "I hate Gabrielle"
3. Child throws things on the floor when it's clean up time for lunch.
Says: "I'm not hungry"
4. Child cries when mother leaves
5. Child says: "I hate broccoli"
6. Child says: "The crayon is broken. I only use whole crayons"
7. Parent says: "Dylan is going to get sick because you take him outside to play even when it is raining!"
8. Parent says: "Shawn is starving when I pick her up. Why aren't you feeding her?"
9. Coworker says: "Nobody ever cleans up the storeroom. I am sick of it!"
10. Staff member says: "It's not fair. Lisa always comes to work late"

5. List 2 things to remember when giving choices.
 - a.

 - b.

6. Define logical and natural consequences.

7. The main goal of time out is to help children_____

8. Time out should never be more than _____ minute(s) for each year of child's age.

9. List 2 common results of shaming a child.
 - a.

 - b.

9. Corporal punishment is _____ appropriate in a child care setting.

#5-C: Behavior in My Classroom

Answer each question by marking the appropriate column.

	YES	NO	some- times
1. Most of the children in my classroom have trouble following the rules.			
2. More than two children in my class have behavior problems.			
3. The children in my room are often loud and noisy.			
4. I say “no” and “stop” to my class all day long.			
5. I frequently have to change my lesson plans Because the children are not cooperating.			
6. I often have to raise my voice to be heard.			
7. I speak to more than two parents each day about their children’s behavior in the classroom.			
8. I don’t feel supported by the children’s parents concerning their children’s behavior in the classroom.			
9. I don’t feel that my supervisor helps me handle children’s behavior problems			
10. I often have to remind the children not to run.			

*Keep this page for your own reference, do not turn in.

#5-C Positive Steps to Conflict Resolution

(Adapted from pages 66-69 of the Guidebook)

The best way to handle a crisis is to have one in the first place.

1. Anticipate

- Alter the situation
- Redirect the participants.

Become actively involved in the situation yourself, modeling social cooperation and problem solving. Recognize and respect all participants' feelings before it occurs.

2. Understand

The aggression may be due to:

- A normal developmental stage.
- Anger at the provider or the other children.
- Sickness, hunger, or lack of sleep.
- Over-stimulation.
- Stress at home or at child care.
- Too many recent changes in a child's life.
- Defense.
- Lack of communication or coping skills.
- Seeking the approval or attention of their peers.

3. Defuse

- Use a calm soothing voice.
- Give children physical space.
- Allow children to vent their fury verbally.
- Discuss options.
- In some cases, it helps to discuss the problem a child is having with the larger group.

4. Deflect

- Remove yourself and other children from harm.
- Stand between children and their intended target.
- Block blows with your arms.
- Walk away from the confrontation.

5. Restrain

- Wrapping your arms tightly but firmly around their chest from behind.
- With younger children, you might put them in your lap facing away from you so they cannot bite, punch, or kick.

6. Resolve

- Wait for them to tell you they are ready to talk. When you/they both are calm enough to do so, return to discussing the initial problem.

#5-D: Bridgette's Scenario

Bridgette, a two-year-old girl, is having a "Terrible, Horrible, No Good, Very Bad" Day. So far, she is crabby, has cried a lot, hit Tarek, and had two temper tantrums, and it is only 9:30 a.m.! Now Bridgette and Ragnar both have hold of truck. They are both screaming "It's mine." Using the steps to conflict resolution, what's the teacher to do?

Jamie's Scenario

Jamie is 4 years old. Her mother and father had a terrible fight last night. Jamie's dad came home drunk and started to yell at Ellen, Jamie's mom. Ellen was frightened as he had hit her during their last fight. She became more frightened when he began to yell at Jamie and Stevie, Jamie's little brother, for leaving their toys on the floor. Desperate to separate the children from their father, Ellen put them to bed immediately before they had even eaten their dinner. Jamie was hungry and confused and cried herself to sleep with the sound of angry fighting echoing in her ears.

No one remembered to set the alarm, so the entire family got up late and had to rush around trying to get dressed and out the door. Again, no food was eaten. Jamie's mother was distracted and worried about being late for work. She rushes Jamie into her child car center and pushes her into the classroom with a quick "Good-bye."

The children in Jamie's class are already at circle time and they are singing "If You're Happy and You Know It."

Questions:

1. How do you think Jamie is going to react? Why?
2. How will the teachers probably react, not knowing about Jamie's circumstances?
3. What are Jamie's immediate needs?
4. What should they do?

Ellen, Jamie's mother is tired and is thinking of leaving her husband. She is a teacher of 2-year-old children.

1. How will what she went through last night affect her interactions with the children in her care?

#6-A Maslow's Hierarchy of Needs

<p style="text-align: center;">Self-Actualization</p> <p style="text-align: center;">Become everything that one is capable of becoming; maximize potential.</p>
<p style="text-align: center;">Esteem</p> <p style="text-align: center;">Competency or mastery of a task, attention and Recognition from others.</p>
<p style="text-align: center;">Love</p> <p style="text-align: center;">Desire to belong and be loved by others and accepted.</p>
<p style="text-align: center;">Safety</p> <p style="text-align: center;">Security of home and family and safe home environment.</p>
<p style="text-align: center;">Physiological</p> <p style="text-align: center;">Basic needs: air, water food, sleep, sex, etc.</p>

*Until the lower level is full, a person cannot move up to the next level.

#6-B Knowing the Limits of Your Expertise

Sometimes you won't know how to help a child learn to behave acceptably. Some problems require professional diagnosis or intervention. Seeking outside help with a problem is a sign of your professionalism. You recognize a problem that requires expertise beyond your training.

Early intervention is better because:

- It prevents labeling children as “bad” or a “trouble-maker.”
- You can discover the source of the problems. For example, the child may have allergies or may not be able to hear well.
- Staff are more likely to still have the energy, patience, and personal rapport necessary to continue working with a child.
- A child is more likely to be successful when they continue to participate in your center.
- Sometimes a child's problem is part of a larger family problem requiring professional intervention.

There is growing acceptance in our society for people seeking professional advice. Find out what resources or consultants are available in your community. You can then offer positive options to parents when you discuss your concerns.

#6-C Behavior Management Self- Assessment

(Adapted from page 73 of *Guidebook*)

	YES	NO
<p>This child care center uses indirect guidance techniques:</p> <ul style="list-style-type: none"> • We give previous warnings: “You have 5 more minutes to play before it’s time to clean up.” 		
<ul style="list-style-type: none"> • We give choices: “You may paint with the other children or you may read a book.” 		
<ul style="list-style-type: none"> • We have a regular routine: “We always wash our hands before lunch. After lunch is story time.” 		
<ul style="list-style-type: none"> • We avoid nagging: We tell the child what we expect just once, follow it by asking the child if s/he remembers what we asked, and then offer to help the child do what was asked. 		
<ul style="list-style-type: none"> • We’re consistent: We do things the same way each day so the children know what to expect and learn to trust and feel safe in their environment. 		
<p>We also use direct guidance techniques:</p> <ul style="list-style-type: none"> • We use the affirmative: “We use walking feet indoors” rather than “Don’t run!” or “Use your words to tell us you’re angry” Rather than “Don’t hit!” 		
<ul style="list-style-type: none"> • We get the child’s attention by crouching down to his/her level, making eye contact, speaking quietly and asking the child to repeat the directions. 		
<ul style="list-style-type: none"> • We try very hard to be fair. We examine our expectations to make sure they are age-appropriate, and we don’t make rules just because an activity is too noisy or messy. 		
<ul style="list-style-type: none"> • We avoid arguments by following through with solutions that address the problem, but also offer the child a way to exit gracefully from the problem: “You can choose a quiet place to calm down or I can choose one for you.” 		

* Save this for future reference & evaluation.

#6-D Proper Hand Washing

How to Wash Hands (Children and Adults):

1. Use soap and running, warm water. Liquid soap is best. Bar soap can be a source of germs. Check with your health or licensing agency about the kind of soap they require.
2. Hands should be rubbed together fast for at least 10-20 seconds. Sing one verse of “Happy Birthday to Me” and you will have washed your hands for 10 seconds. This is a good way to help children learn how long to wash their hands.
3. The washed area should go all the way up to forearms. Be sure to wash between fingers and under fingernails. You may want to use a nail brush.
4. Rinse hands thoroughly.
5. Dry hands with a paper towel and use it to turn off **faucets**; then grow away to paper towel. Cloth towels, when used more than once, can spread germs.

Special Instructions for Infants/Toddlers:

Use soap and water at a sink if you can. If a baby is too heavy to hold for hand washing at the sink, use a disposable wipe or follow this procedure:

- Wipe the child’s hands with a damp paper towel moistened with a drop of liquid soap.
- Wipe the child’s hands with a paper towel wet with clear water.
- Dry the child’s hands with a paper towel.

When to Wash Hands

- Anytime you are not sure hands are clean
- Anytime hands come into contact with body fluids
- After contact with a sick child
- After playing outside
- Before preparing, handling, or serving food, including bottles of infant formula or breast milk
- Before setting the table or sitting down to eat
- After eating, drinking, or smoking
- After diapering a child or running your hand inside a diaper to see if it needs changing
- After changing a bandage or giving any kind of first aid to a child or adult
- After using the toilet or helping a child use the toilet
- After sneezing or using a tissue or helping a child to do so
- After coughing in your hand
- After playing with, feeding, or caring for pets or other animals
- After handling food, especially meat, chicken, or fish

#6-D Hand Washing Fiasco Scenario

Marcus came into the child care center. While his mom was signing him in, he wiped his nose across his hand and sleeve, sat down at the play dough table and started rolling out snakes. Everyone else had already eaten breakfast, but Teacher Yolanda had saved some for him. As she finished diapering Juanita, she reached over and got his plate from the counter and put it on the table. “Here, Marcus,” she said. “Come, have your breakfast.” It was French toast, his favorite, and he hurried over, sat down and began to eat. “Mmm,” said Marcus, as his nose began to run again and he coughed. Teacher Yolanda grabbed a tissue and wiped Marcus’ nose. Just then, Brandi needed help putting on the paint apron, so Teacher Yolanda helped her with the apron. Part of the class had been outside and they now came in, clustered around James, who had found a worm. Teacher Louise helped James put it into the terrarium and they all gathered for circle time. Teacher Louise started reading them a story. Half way through the story, Isaiah said that he didn’t feel good. Teacher Yolanda felt his forehead and thought that Isaiah might be a bit warm. She took Isaiah to the office. When she returned, she sat down at circle, took Josie onto her lap, and listened to the rest of the story.

Please do the following:

1. Highlight each situation where hand washing should take place.

#6-E Keeping It Safe: Cleaning, Sanitizing, and Disinfecting

Clean: Free from visible food, crumbs, or dirt. A surface must be clean before it can be sanitized or disinfected.

Sanitize: To dip or submerge objects in a **weak chlorine solution** of 1 tablespoon bleach per gallon of water. Objects must be totally submerged in the solution for at least a full minute in order for this weak solution to do its job of killing germs. It is best to allow items to air dry afterwards. **Sanitizing is used to clean items that may go into a child's mouth.**

Disinfect: To wipe clean large environmental surfaces with a **stronger chlorine solution** of ¼ cup household chlorine bleach mixed with one gallon of cool water. This solution is strong enough to kill germs quickly, but it still needs time to work. In most cases, it is best to let the surface air dry. Using a towel or sponge increases the chances of putting germs back on the cleaned surface.

You can make a quantity of bleach solution ahead of time. Store it in a labeled, airtight container. Store the bottle below or away from food. You must empty out and refill spray bottles daily, because chlorine bleach exposed to air loses its strength.

How to Disinfect

- Mix 1 tablespoon of bleach with one gallon of warm water.
- Clean surface with warm, soapy water.
- Rinse with water.
- Spray with sanitizing solution and wipe with paper towel.
- Air dry. (No need to rinse of the disinfection solution.)

#6-E Know Your Bleach Solutions

Weak solution: 1 tablespoon per gallon of water, used for cleaning items that may go into a child's mouth.

Strong solution: ¼ cup bleach per gallon of water, used for cleaning large environmental surfaces.

Mark each item with a **W** for weak solution or an **S** for strong solution, identifying which solution should be used to clean the item:

_____ changing table

_____ toys

_____ dishes

_____ play dough table

_____ bottles

_____ door knob

_____ nipples

_____ pacifiers

_____ sinks

_____ lunch table and chairs

_____ sleeping mats

_____ blocks

_____ soft cover books

_____ slide

_____ climbing equipment

#6-E Diaper Changing:

1. **Wash hands.**
2. Gather necessary materials.
3. Put on disposable gloves (if being used).
4. Place single use cover on table (if being used).
5. Place child gently on table and remove diaper. Use safety device when required.
Child is not left unattended.
6. Dispose of diaper – disposables in covered container (foot pedal type preferred);
cloth in a strong plastic bag or double bagged, and sent home or to diaper service.
7. Clean the child's diaper area (per-anal) front to back with a clean, damp wipe, for
each stroke.
8. **Wash hands.**
9. Apply topical cream/ointment/lotion when a parent's written request is on file.
10. Put on clean diaper and protective pants (if cloth diaper used), dress child.
11. Wash child's hands and return child to appropriate area.
12. Wash diaper change pad, if soiled.
13. Discard disposable pad after each diaper change, if used.
14. Disinfect diaper changing table.
15. Remove gloves, if used.
16. **Wash hands.**

#6-E Body Fluids Scenario #1

Eliza felt proud that she was wearing “big girl pants” to the child care today. Just before nap, Teacher Marie asked her if she would like to wear a diaper for **naptime**, but Eliza refused, stating that she was a big girl now. Eliza took a nice, long nap, but when she awoke was wet and needed to have her clothing changed. Teacher Marie gave her a change of cloths and they went to the bathroom to change into them. Teacher Marie helped Eliza to take off her wet shirt, pants, and underwear. Since there were no more socks, Teacher Marie decided to let Eliza leave hers on. After all, only one was slightly damp, and it would dry soon anyway. Eliza sat down on the floor and put on the new “big girl panties” all by herself. Teacher Marie helped her on with her shirt and pants. Off they went back to the room. Teacher Marie took the soiled clothing, put them into a plastic bag, tied it up and placed it in Eliza’s cubby. Eliza hurried to the dramatic play area to play tea party. Teacher Marie checked Eliza’s mat. The sheet was wet, so she took it off, put on a clean one, and stacked it away.

Body Fluids Scenario #2

When Mom brought Michael in that morning, she told his teacher that Michael had complained of a tummy ache but she thought that he would be all right after he had eaten breakfast. Fifteen minutes after breakfast, Michael came up to Teacher Charlene to tell her that he didn’t feel good. Before he could get the words out, he threw up, getting it on himself, on Teacher Charlene’s shirt and pants, and on the carpet. Teacher Charlene took Michael to the bathroom, where he changed his clothes while she tried her best to wash hers out. She put Michael’s immediately into the washing machine and wished that she could change into something else and wash hers, too. Oh well, that was life in child care. Michael played quietly at the play dough table with two other children until his mom came and picked him up. Teacher Charlene cleaned up the carpet the best she could, wishing she had something other than soap and water, but she used lots of that and hoped that the spot would dry soon because it was right in the middle of her circle time area.

Body Fluids Scenario #3

Teacher Sue was holding rocking and talking quietly to baby Gabrielle. Gabrielle fussed a bit, scrunched her little face up and had a bowel movement. Teacher Sue could feel something warm. “Do you need your diaper changed, Sweetheart?” Teacher Sue asked as she carried Gabrielle to the changing table. She wished that she had been wearing her apron and hoped that none of Gabrielle’s fecal matter had got on her. She changed the baby’s diaper, put fresh clothing on her, and placed the diaper on the container, wishing that it had a lid to contain the smell. Gabrielle’s soiled clothes were put in a paper bag and into her cubby for mom to take home. She put Gabrielle down to play and picked up Victor to check his diaper.

#6-E Medication Management Scenario #1

You are the center director. Ivan arrives at the center at 8:00 a.m. His mom will pick him up at 6:00 p.m. He has an ear infection and his mom brings the oral medication (amoxicillin). Ivan needs one teaspoon of his medication every four hours.

Medication Management Scenario #2

SuJi's mom runs in with an over-the-counter medication for eczema.

MEDICATION RECORD-KEEPING FORM

Date/Time	Child's Name First & Last	Injury/Illness	Action Taken	Medication Name/Amount	Treatment Person Signature

#7-A Food Temperatures Worksheet

Click through the study links on food safety. From the list of temperature settings below, identify the proper food temperature for both hot and cold food.

140° F or above
45 F or below

0 F or lower
165°F

150° F
140°F

155°F
165 F in 30 min. or less

_____ cooked hamburger patties

_____ cooked pork

_____ fresh carrots

_____ potato salad

_____ fried chicken

_____ baked turkey with stuffing

_____ opened can of applesauce

_____ reheated leftovers

_____ roast beef

_____ frozen veal cutlets

_____ mayonnaise

_____ lettuce

_____ cooked lamb

_____ yogurt

_____ frozen vegetables

_____ apples

_____ baked fish

_____ leftover roast beef

*Keep this page for reference

#7-A Food Safety Rules

- Wash your hands before handling food.
- Keep hot foods **HOT! (140 F or above)** until served.
- Keep cold foods **COLD! (45 F or below)** until served.
- Keep frozen food in a freezer at 9 F or lower.
- Cook meats such as beef, pork, poultry, and fish to proper internal temperatures. Juices should run clear and meat should not be pink.
 - **Poultry and stuffing: 165 F**
 - **Beef, lamb, seafood: 140 F**
 - **Pork: 150 F**
 - **Hamburgers: 155 F**
- Promptly cover, date and refrigerate or freeze leftovers. Divide large quantities into smaller containers or use shallow pans, for quick cooling.
- Reheat leftovers to at least 165 F in 30 minutes or less.
- If foods are brought from home, make sure they are labeled with child's name and date. Refrigerate it if necessary. This includes formula bottles.
- Hot food is kept at 140 F or above until served.
- Use a metal stem thermometer to test the temperature of foods as indicated above and to ensure foods are served to children at safe temperatures.
- All refrigerators/freezers will have thermometers placed in the warmest section.
- Thaw food in the refrigerator, or under cold running water, or during the cooking process.
- Eating surfaces are cleaned before and after every use.
- Never leave food out at room temperature for more than 2 hours.
- Do not use for hand washing the same sinks used for food service, including formula bottles and nipples.
- Microwave ovens will not be used to heat infant formula or bottles or solid food or to reheat potentially hazardous foods.
- Remember that you cannot determine food safety by sight, taste, odor, or smell. If there is any doubt, throw the food away.
- Keep a fire extinguisher and first-aid kit handy.
- Wash, rinse, and sanitize the cutting surface and all the utensils and knives every time you finish with a job or between preparing different foods.
- Use utensils to mix food. If you must use your hands, wash them carefully.
- Use a clean spoon or fork to taste food and do not reuse it until you sanitize it.
- Store bulk foods in covered bins and containers.
- You should use utensils with bulk foods. Tongs and scoops work well.
- In the refrigerator: Don't let raw meat, fish or poultry drip onto foods that will not be cooked before serving.
- Wash your hands between handling raw meat and foods that will not be cooked before eating.
- Store raw meat, fish, and poultry on the lower shelves of the refrigerator.
- Never store foods that will not be cooked before serving in the same container as raw meat, fish, or poultry.
- Use a hard cutting surface or a board, with not splits or holes where germs can collect. It is easier to clean that kind of surface really well.
- Wash, rise, and sanitize the cutting surface and all the utensils and knives every time you finish cutting raw meat, fish, or poultry.

#7-B Food Handling Scenario

or

“Is This OK to Eat?”

Cook Betty arrived at 7:00 to start preparing the meals for 25 children at the center that day. As she walked into the kitchen, her eyes gazed around disapprovingly at the lack of cleanliness and order that was before. “I wish they’d put their things away,” she muttered to herself as she put things back into the refrigerator. She got out the muffin mix, eggs, and milk and made muffins for breakfast. She opened a large can of applesauce, put some in a bowl for each room and put the rest in the staff room to see if anybody wanted it. She planned to put whatever was left back in the refrigerator after lunch.

Hamburgers, macaroni salad, and fresh watermelon were planned for lunch. The macaroni was already cooked for the macaroni salad, so she drained it and put it in a bowl, got the mayonnaise out from the refrigerator, added it to the macaroni and finished up the salad. There was no room for that big bowl in the refrigerator, so she covered it with plastic wrap and put it on the back counter until time to serve it. She looked at the clock and decided that she was doing well time wise, it was only 8:30 and lunch wasn’t until 11:00. She took the hamburger from the top shelf of the refrigerator, placed it on the cutting board, and shaped the little patties with her hands. After the patties were shaped, she started frying them a few at a time. While they were frying, she started preparing the fruit salad. She moved the uncooked hamburger patties over on the cutting board and chopped the watermelon up for the salad. She took some cooked hamburger patties out of the frying pan, scooped some more patties into the pan with the spatula, and then used the spatula to scoop the watermelon into a large bowl. That wouldn’t fit into the refrigerator either. She decided to serve the hamburgers the way she liked them, cooked slightly pink inside. They are so much more tender that way.

After lunch was served, the dishes done, and the kitchen cleaned up, Betty decided to clean out the refrigerator so that there would be more room in it. Tomorrow was shopping day and lots of fresh fruits and vegetables would have to be put away. As she was cleaning the refrigerator, she came across some stroganoff left over from some time last week. Stroganoff was one of the staff’s favorite dishes. She wasn’t sure how long it had been in the refrigerator, but it looked and smelled OK. It was probably all right. She would warm it up for the staff to eat tomorrow. Mrs. Chen came by on her way home with Audrey, her 6-month-old daughter. Mrs. Chen asked Betty if she’d warm up Audrey’s bottle in the microwave. Betty put it in the microwave for 1 minute. It was almost time to leave, but before she left, she got out the chicken and set it out to thaw on the counter overnight so that it would be ready to cook the next day.

Dishwashing Procedures

The Five-Step Method to Wash Dishes by Hand

Dishes, utensils and equipment that touch food must be washed in the following method. This is the **only** way you can wash dishes by hand. You must **wash, rise, and sanitize** them in a three-sink unit. These are the steps for the right way to wash dishes by hand:

1. Scrape leftover food and grease from the dishes and throw it away.
2. In the **first sink**, wash the dishes with hot water and detergent.
3. In the **second sink**, rise them with clean warm water.
4. In the **third sink**, sanitize the dishes to destroy bacteria. Sanitizers may be chlorine bleach or other chemicals approved by the Health Department. For example, use one teaspoon of bleach for each gallon of warm water in the sink.
5. **Air-dry** the dishes and utensils. Do not use a towel to dry them.

The Three-Step Method to wash Dishes in a Dishwasher

Your business may have a commercial dishwasher. This dishwasher will wash, rinse, and sanitize dishes, equipment, and utensils. There are 3 steps you must use to wash dishes by machine:

1. Scrape leftover food and grease from the dishes and throw it away.
2. Load dishes into the machine and run the full cycle.
3. Air-dry the dishes and utensils. Do **not** use a towel to dry them.

The commercial dishwasher uses the sanitizing chemicals in the final rinse, or the water is very hot. At the end of the day, clean the dishwasher and check the spray holes and traps to remove bits of food.

#7-C When and What Do I Feed the Children:

Work to fill in the blanks. Using pages 145, 163-178, and 181-188 of the Guidebook, or the internet “Study Links” may be used to complete this exercise.

1. Vitamin C must be served _____
2. 5 sources of vitamin C are:
 - a.
 - b.
 - c.
 - d.
 - e.
3. Vitamin A must be served _____
4. 5 sources of vitamin A are:
 - a.
 - b.
 - c.
 - d.
 - e.
5. Menus must include at least _____ before you can repeat them.
6. Schedule meal times at least _____ but no longer than _____ hours apart.
7. Children in care:
 - Children in care for _____ hours should get at least a breakfast or lunch and a snack. If the children are hungry, you should feed them.
 - Children in care for more than _____ hours a day and up to _____ hours need at least a mid-morning and mid-afternoon snack.
 - Children who remain in care for _____ or more hours need more food. They need breakfast, lunch, a mid-morning, and mid-afternoon snack. Or you could serve a lunch and a mid-morning and mid-afternoon and a late afternoon snack.

8. One snack a day must include _____ or another _____.
9. All menus are prepared _____ in advanced and _____.
10. All food substitutions will be of _____ nutrient value and recorded.
11. Menus must list specific types of _____
12. A record of foods served will be on file for at least _____.
13. Food allergies are posted _____
14. Lunches/snacks sent from home will be examined for _____, and _____ as necessary to ensure children's dietary need are met.

Prevent Choking

Do not serve these foods to children under the age of 4 years:

- Spoonfuls of peanut butter
- Mini-marshmallows
- Large chunks of meat
- Nuts, seeds, and peanuts
- Raw carrots (in rounds)
- Fish with bones

- Dried fruit
- Hot dogs (whole or sliced in rounds)
- Hard candy
- Popcorn
- Raw peas
- Whole grapes (cut them in half)
- Ice cubes
- Raisins
- Pretzels and chips

7-C Meal Planning Guide

	Average Serving Size Under 3 Years	Average Serving Size 3 to 6 Years	Average Serving Size 6 Years & Over
Food			
Breakfast			
Mid-morning snack			
Lunch and/or supper			
Mid-afternoon snack			

#7-C Making Meal Time Meaningful

1. Plan quiet activities right before meals.
 - Quiet activities help children move from active play to the mealtime routine.
2. Serve meals family-style.
 - Child care providers and children eat meals at a table, family style.
 - Children are more relaxed.
 - Children practice good manners and pleasant mealtime conversations.
 - Children can choose the amount of food they want on their plates.
 - Allow children to serve themselves.
3. Offer healthy foods that look good to children.
 - Serving a variety of foods with different colors and textures helps meals look good to children.
 - Have enough food available.
 - Offer it in a positive way.
 - Provide nutritious and well-balanced food.
4. Help mealtime to be pleasant.
 - Child care providers should eat with children to encourage pleasant conversation at the table and to model or show children good eating habits and manners. Food should never be used as a reward or punishment.
5. Give children the freedom to choose which of the foods served to eat, and the amount to eat.
 - Child care providers should avoid commenting about how much a child has eaten.
 - Children often will reject a food for reasons that have nothing to do with the food. Some reasons could be:
 - Their mood.
 - Trouble at home
 - They are going through a period of slow growth.
 - They are showing their independence.
 - They are angry because they had to quit playing and come eat.
 - Avoid shaming children for not eating or for overeating.
 - Take time to teach children to take small bites or short breaks while eating.
 - Allow children to serve themselves.
6. Keep in mind the different ethnic backgrounds of the children,
 - If unfamiliar with food from the different cultures, ask the parents about the kind of food they tend to serve at home.
 - Introduce children to foods of other cultures.
7. Plan for special dietary concerns.
 - Some children need special foods or to follow a special diet.
 - Foods with special textures could be necessary because a child is developmentally delayed.
 - Disability could make it hard for the child to chew or even swallow.

#7-D My Facility's Food Handling and Meal Time Procedures

	NOT VERY OFTEN	MOST OF THE TIME	ALWAYS
1. Menus are planned so that food with different colors and textures are served together.			
2. Menus are planned for variety so the same foods are not served several days in the same week.			
3. Meals and snack times are planned so the same foods are not served several days in the same week.			
4. Quiet activities are planned for right before meals.			
5. Children wash their hands with running water and soap before handling food and before meals.			
6. Children are allowed to help with preparing foods And with setting the table whenever possible.			
7. Children do not have to wait to be served after they come to the table.			
8. Meals are served family style.			
9. All foods are served at the same time; food or milk is not held until other foods are eaten.			
10. Children are allowed to choose the foods they want to eat.			
11. Children are allowed to decide how much they will eat.			
12. Adults eat with the children, showing them good eating habits and table manners.			

	NOT VERY OFTEN	MOST OF THE TIME	ALWAYS
13. Children are encouraged to try new foods, but they are not pressured to eat a food they do not want.			
14. Comments about how much or how little a child has eaten are avoided.			
15. Children are allowed to decide when they are finished eating.			
16. The center provides enough food for all children at each meal.			
17. Foods are reflective of ethnic backgrounds of children in the center.			
18. Opportunities are provided to introduce children to foods of other cultures.			
19. Special dietary concerns are planned for and met.			
20. All persons preparing, serving or handling food have a current food handler's card.			
21. Proper dish washing procedures are followed.			

*Please complete the T & F Worksheet first,
Then come back here to see the real statistics!*

#8-A Issues of Abuse True/False Worksheet (Answers listed)

_____ **1. Approximately one out of three girls, and one out of five boys, have been sexually abused by age 18.**

True You may wish to review the definition of child sexual abuse in response to this question – a continuum of behaviors ranging from such acts as flashing, showing pornographic pictures to children to fondling, rape and incest. (These statistics were established by Russell, 1984; Wyatt, 1985; Finkelhor, Hotaling, Lewis, and Smith, 1990; Elliot and Briere, 1995.) Finkelhor believes this under-reporting by males is a result of sex-role stereotypes and hornophobia that won't be easily changed. Of course, we hope that prevention efforts will reduce the likelihood of abuse for future generations.

_____ **2. Most child molesters are known to the victim.**

True 80-95 % of child molesters are known to the victim. Relatives constituted half of these offenders. Teenagers represented up to 40% of the offenders. (Elliott & Briere, 1994; Gomes-Schwartz, Horowitz, & Cardarelli, 1990.) Ask the group what implication this has for personal safety education. (Need to talk about more than stranger danger.) You may also want to mention here that the highest risk for victimization is before the age of 10. (Summit, 1980, Finkelhor, 1981, Russell, 1983, Badgley Commission, 1984.)

_____ **3. Fifty percent of teen mothers were sexually abused as children.**

False In a study conducted in 1990 by the Washington Association Concerned with School Age Parents (WACSAP) 66% of the sample had experienced molestation, attempted rape or rape. The average age at first molestation was 9.4. The average age of the offender was 27.4. There were 535 young women in the study.

_____ **4. Child abuse and neglect are strongly linked to poverty.**

True The Study of National Incidence and Prevalence of Child Abuse and Neglect, 1988, found that children living in house holds with incomes under \$15,000 were five times more likely to be abused and neglected than those in homes with a higher income level. In Washington, 45% of families reported to CPS are on public assistance. It seems clear that poverty has profound impact on the self esteem, stress levels, isolation and coping skills of a family. Sexual abuse, however, crosses all economic groups. There is also a concern that perhaps "indulgence" may be as damaging as many other forms of abuse.

_____ **5. Abused children become abusive parents.**

False. Abusive parents may have been abused as children, but you can't say that abused children become abusive parents. We don't hear much about those who don't repeat their family patterns and have dealt with their abuse without dealing

with a “system” and therefore are not included in the data. CPS statistics from Washington indicate that 20-45% of physically abusive parent were themselves physically abused as children. Thirty to sixty percent of male sex offenders report being sexually abused as children. The causes of child abuse and neglect seem to be the result of a variety of risk factors rather than the influence of one single “cause.”

_____ 6. Substance abuse by the abuser is often involved in the abuse of children.

True. CPS units in Washington State report a dramatic increase in the number of drug-related abuse and neglect cases in the last few years. In Spokane, two thirds of the families whose children were placed out of the home by the Juvenile Court to protect them from abuse and neglect, had at least one parent who had a serious substance abuse problem.

_____ 7. If there is battering between parents, the children are also victims of abuse.

True. There is a great likelihood that as battering between parents escalates, children will get hurt also. Even if these children are not physically abused, there is a great emotional toll in living in a violent, “unsafe” environment.

_____ 8. Most abusers are seriously emotionally disturbed or mentally ill.

False Less than 10% of abusers are psychotic or seriously disturbed. Poverty, social isolation, domestic violence and substance abuse are among the more common factors which influence abuse.

_____ 9. Child neglect is not a serious form of child abuse.

False CPS statistics for Washington State say that calls regarding neglect are the most common ones made. Neglect can be medical or emotional. Neglect can include failure to provide adequate food or shelter and may also include such things as leaving children unsupervised or inadequately supervised. Current thinking is that the impact of neglect may be more devastating than other forms of abuse. Unfortunately, unless they involve a very young child, CPS does not usually have the resources to get involved in these cases. With the risk assessment model they use, they respond first to situations that pose the greatest risk to the child.

_____ 10. If a mandated reporter has “reasonable cause to believe” that a child has been abused, s/he must report to Child Protective Services (CPS) or a law enforcement agency within 72 hours.

False Child abuse must be reported within 48 hours, according to Washington State law. With this short time line it is particularly important to take quick action in reporting. If a teacher suspects abuse and tells the principal or nurse and no report is made by that person, the teacher (or other staff member) is still responsible for reporting.

_____ **11. When a family is reported to CPS for child abuse, it is likely that the child or children will be removed from the family and placed in foster care.**

False In Washington State, out-of-home Placement occurs in about 15% of CPS cases assigned for investigation. Approximately one third of those children are returned to parents within 60 days.

_____ **12. Abused children frequently feel guilty about their abuse.**

True. Most children feel that they are responsible for their abuse. This is encouraged by the offenders and is one of the reasons that abused is difficult for a victim to disclose.

_____ **13. If a child has been abused, you will know by his/her behavior.**

False Although this is sometimes true, many children learn to hide their feelings or learn to compensate for what is going on at home. What we do know is that child abuse and neglect can seriously impact a child's emotional, social and educational development.

_____ **14. Discussing child abuse and neglect makes me uncomfortable.**

For your summary discussion:

Why is it important to recognize our own feelings in relation to this topic?

One of the goals of this course is to provide an opportunity for participants to become more comfortable in discussing these issues. This, in turn, may assist them in relating more effectively to the variety of students they will be encountering and in working with other colleagues and community professionals to working with other colleagues and community professionals to develop a plan for assisting a family to find needed resources.

**The only way to break the cycle of violence is
to REPORT!**

#8-B Child Abuse Reporting Law Washington State

RCW 26.44.020- Definition of child abuse or neglect – Child abuse or neglect shall mean the injury, sexual abuse, or negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child’s health, welfare and safety is harmed thereby. Negligent treatment or maltreatment shall mean an act or omission which evinces a serious disregard of consequences of such magnitude as to constitute a clear and present danger to the child’s health, welfare and safety.

RCW 26.44.030 Reports- Duty and authority to make – Duty or receiving agency- Duty to Notify – Case planning and consultation – Penalty for unauthorized exchange of information – Filing dependency petitions – Interviews of children – Records – Risk assessment tools and report to legislature on use. (1) When any practitioner, professional school personnel, registered or licensed nurse, social service counselor, psychologist, pharmacist, licensed or certified child care providers or their employees, employee of the department, or juvenile probation officer has reasonable cause to believe that a child or adult dependent or developmentally disabled person has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 2644.040. The report shall be made at the first opportunity, but in no case longer than forty-eight hours after there is reasonable cause to believe that the child or adult has suffered abuse or neglect.

(2) Any other person who has reasonable cause to believe that a child or adult dependent or developmentally disabled person has suffered abuse or neglect may report such incident to the proper law enforcement agency or to the department of social and health services as provided in RCW 2644.040

RCW 26.44.040 Reports – Oral, written – Contents. An immediate oral report shall be made by telephone or otherwise to the proper law enforcement agency or the department of social and health services and, upon request, shall be followed by a report in writing. Such report shall contain the following information, if known:

- (1) The name, address and age of the child or adult dependent or developmentally disabled person:
- (2) The name and address of the child’s parents, step-parents, guardians, or other persons having custody of the child or the residence of the adult dependent or developmentally disabled person:
- (3) The nature and extent of the injury or injuries:
- (4) The nature and extent of the neglect:
- (5) The nature and extent of the sexual abuse:
- (6) Any evidence of previous injuries, including their nature and extent; and
- (7) Any other information which may be helpful in establishing the cause of the child’s or adult dependent or developmentally disabled person’s death, injuries and the identity of the perpetrator or perpetrators.

RCW 26.44.060 Immunity from civil or criminal liability- confidential communications not violated. – Actions against state not affected – False report, penalty. (1) (a) Except as provided in (b) of this subsection, any person participation in good faith in the making of a report pursuant to this chapter or testifying as to alleged child abuse or neglect in a judicial proceeding shall in so doing be immune from any liability arising out of such reporting or testifying under any law of its state or its political subdivisions.

#8-C Reporting Procedures

Individual Activity

To help you clarify procedures for reporting child abuse and neglect, answer the following questions. Refer to the Guidebook and “Protecting the Abused and Neglected Child: An Explanation of the Washington State Mandatory Reporting Law on Child Abuse” pamphlet (DSHS 22-163A) found at the DSHS website.

1. Who could you talk to if you are not sure whether a report needs to be made to Child Protective Services (CPS) or law enforcement?
2. How will you document concerns about a child? Where will that record be kept?
3. If you are working in a day care center, who calls Child Protective Services or law enforcement if it is decided a call needs to be made?
4. What do you do if you feel a report should be made, but another colleague or supervisor disagrees?
5. What information will you need to give to CPS when you make a report?
6. What should you do after you have made a report to Child Protective Services or law enforcement?
7. What would you do if a parent confronts you about making a report?
8. What should you do if you or someone working with you is reported to CPS?

#9-A Safety Checklist

Yes	No	Don't Know	
			Center is free of lead-based paint.
			Permanent markers, rubber cement and pains are stored out of reach of children.
			Cleaning supplies, poisons and other toxic substances are in clearly labeled containers where children cannot reach them and separate from food items.
			Medications are stored out of reach of children.
			Heavy materials are not stored up high where they might topple on children by accident or in an earthquake.
			Telephone is easily accessible to staff.
			Electrical outlets are either inaccessible to children or have safety plates. (Plastic plug type caps are not safe.)
			Care areas, hallways and stairways have sufficient light.
			The room temperature is at least 68 degrees if all children are napping.
			Stickers or decals are on glass doors and windows at child's eye level.
			Portable furniture is stable so it can't be toppled in an earthquake or by accident.
			All materials in infant and toddler rooms are large enough so that children can't choke on them.
			Kitchen and bathroom floors are non-absorbed and easily cleaned.
			Carpets are free of rips, holes and seams are safely secured around the edges.
			Stairways, steps and ramps have handrails at the child's height.
			Safety barriers are in place to keep young children from stairways.
			Accordion-style baby gates are not used.
			Children can open doors leading in and out of different care areas and to the outside.
			Doors are not locked or too heavy to operate.
			If you have bathroom door that locks, the key hangs next to the door or there is an insert pin.
			All interior wood surfaces are covered or finished.
			All light bulbs are shielded.
			Warm water for children to wash in is at least 85 F degrees and no more that 120 F degrees.
			There is no carpet in the bathroom or where children use potty chairs.

*Keep for your reference

Yes	No	Don't Know	
			If there is a bathtub in your center it is inaccessible to children.
			Waste baskets are next to all hand washing sinks.
			Wall and baseboard heaters are shielded.
			Bathroom has proper ventilation.
			A flashlight is readily available in case of a power outage.
			Pets are healthy and their shots are up-to-date.
			Smoke detectors are working and checked at least quarterly. Extra batteries are available.
			Fire extinguishers are inspected yearly.
			Monthly fire drills and evacuations are held and records kept.
			The play area is located on an environmentally safe site with adequate drainage and is free of standing water
			The play area is free of poisonous plants, thorny bushes and shrubs, etc.
			First aid kit is fully stocked and readily available. Check expiration dates of contents.
			The play area is noticeably divided by age group, and into zones of low and high activity play.
			There is approved ground cover under climbing equipment and swings.
			There is sufficient space around the playground equipment for children to be able to move around safely.
			Playground equipment is stable and secure to the ground.
			There are no exposed, sharp objects.
			The play area and equipment is free of litter, animal feces, nesting insects and birds.
			The play area is fenced from vehicular and pedestrian traffic, wooded areas, water and other dangerous sources. Fencing is secure, stable and tall enough to form an age appropriate enclosure.
			Shade is available in the play area.
			Appropriate barriers/rails are installed on all outdoor equipment.
			Surfaces are slip resistant where necessary, e.g., platforms/decks and access steps and ramps.
			Sand areas have secure covers when not in use.
			Sand is clean & disinfected regularly.
			Separate areas with appropriate surfaces are provided for wheeled toys.
			Wading pools are emptied and cleaned each day & supervised.

***Keep for your reference**

#9-B Gloria's Accident

Gloria is 3 years old. She is a busy, enthusiastic child. One day she arrived early and ran to play on the outside climbing apparatus. As she ran across the yard, she tripped and hit her head on the climber. She cried and cried. Her forehead was red and a bump and a bruise started to appear. The teacher Sally ran over to her to comfort her. She applied an ice pack to Gloria's forehead. She checked her pupils for dilation and watched her closely or the rest of the morning.

Explain how would you fill out an accident report for this situation?

#9-C Researching the WAC:

WAC's are the Washington Administrative Codes and they can be found in the State Licensing Regulation & Code Guidebook:

“Child Care Minimum Licensing Requirements”

These codes cover EVERY aspect of Child Care. Take some time and read over your licensing regulations – get to know the codes!

Some WAC's that you may want to read about are:

- | | | |
|---------------|--------------------|----------|
| • 388-150-080 | Licensing Capacity | Page 17 |
| • 388-150-150 | Nighttime Care | Page 75 |
| • 388-150-180 | Center Director | Page 107 |
| • 388-150-240 | Menu Planning | Page 163 |

#9-D Involve & Inform Your Child Care Families:

Brainstorm and think of ways to involve the parents and families of the children in your care. These should enhance the respect and trust between parent & caregiver. Some ideas are:

- Bulletin Boards
- Newsletters
- Parent meetings & conferences
- Loaning library of books/toys/etc.

#9-E Professional Growth Plan:

Plan out three goals for yourself. What would you like to accomplish? Think about education, training, clubs/groups, readings, travel, or important events. Develop a growth plan for yourself.

What makes a Professional?

List below at least 20 skills, training, or capabilities that Child Care Professionals have.

Assignment #10

The Course Evaluation is found at the class website. Please complete and submit the evaluation as Assignment #10