

School-Age Module 7

Health: Clean and Healthy

STARS Training HANDOUT #29

Medication Management Scenario #1

You are the program director. Ivan has asthma. His father gives you his inhaler and says that Ivan is to use it when necessary. Ivan can tell you when he needs it.

Medication Management Scenario #2

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

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STARS Training Assessment HANDOUT #30

MEDICATION RECORD-KEEPING FORM

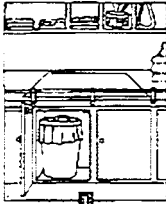




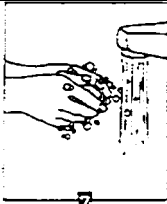
Date/Time	Child's Name First & Last	Injury/Illness	Action Taken	Medication Name/Amount	Treatment Person Signature


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STARS Training HANDOUT #31

Recommended Steps for
CHANGING DIAPERS

						
1	2	3	4	5	6	7
<p>BE SURE your supplies are ready and within reach</p> <p>NEVER leave the child alone on the diapering table.</p>	<p>TAKE OFF the dirty diaper, and</p> <p>CLEAN the child's bottom with wet paper towels or wet wipes.</p>	<p>THROW AWAY or BAG the dirty diaper in a properly labeled, covered container that meets your county's health standards</p>	<p>WASH or clean your hands with another wet paper towel or wet wipe.</p> <p>DIAPER and DRESS the child.</p>	<p>WASH the child's hands with soap and water or with a fresh paper towel or wet wipe</p> <p>Put the child down in a safe place.</p>	<p>CLEAN and DISINFECT the diapering area and any equipment or supplies you touched</p>	<p>WASH your hands with soap and warm running water. Rinse well.</p>



Health
DOH | PAH | S&H |
P&M | 1/14

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 (peri-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.**

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Health: Feeding and Care

STARS Training HANDOUT #32

Food Temperatures Worksheet

From the list of temperature settings, 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

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Health: Feeding and Care

STARS Training HANDOUT #33

(This handout will be used for both center activities)

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 the child's name and date. Refrigerate it if necessary.
- 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 and youth 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.
- Microwave ovens will not be used to heat 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 no splits or holes where germs can collect. It is easier to clean that kind of surface really well.
- Wash, rinse, and sanitize the cutting surface and all the utensils and knives **every** time you finish cutting raw meat, fish, or poultry.

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STARS Training HANDOUT #34

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 program that day. As she walked into the kitchen, her eyes gazed around approvingly at the cleanliness and order that was before her, until she saw the mayonnaise left on the counter from the day before. “I wish they’d put their things away,” she muttered to herself as she put it 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’d 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 in 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 covered it with plastic wrap and placed it next to the macaroni salad. 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’d warm it up for the staff to eat tomorrow. 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.

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Health: Feeding and Care

STARS Training HANDOUT #35

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, rinse, 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**, rinse 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.

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STARS Training HANDOUT #36
(page 1)

When and What Do I Feed the Children?

Fill in the blanks. May be done in pairs. Using pages 145, 163-178, and 181-188 of the *Guidebook*, and pages 24 and 25 of the *School-Age Minimum Licensing Requirements*, complete this exercise.

1. Only pasteurized milk or _____
shall be provided.
2. School-age children may be served powdered Grade A milk, provided the licensee completes the _____

3. Nutritional substitutions of _____
may be made to the menu.
4. The child will be served breakfast if he/she _____

5. A snack shall be provided if the child is in care for _____
_____ and food intervals are not less
than _____ and not more than _____
6. Food must comply to the meal pattern of the _____
_____ or _____

7. The child's snacks shall include _____ dairy or
protein sources provided daily, and contain a minimum of two of the following
four components at each snack:
. _____

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Health: Feeding and Care

STARS Training HANDOUT #36
(page 2)

- _____
- _____ or
- _____

8. Food supplies to supplement food deficient in meeting nutrition requirements brought from the _____
9. Menus must include at least _____ before they can be repeated.
10. Food Allergies are posted _____

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STARS Training HANDOUT #37

Meal Planning Guide

	Food	Average Serving Size
Breakfast		
Mid-morning snack		
Lunch and/or supper		
Mid-afternoon snack		

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STARS Training HANDOUT #38

Making Meal Time Meaningful

1. Plan quiet activities right before meals.
 - Quiet activities help children and youth 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 conversation.
 - 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 and youth 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 and youth.
 - If unfamiliar with foods from the different cultures, ask the parents about the kinds 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.

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Health: Feeding and Care

STARS Training HANDOUT #39
(page 1)

My Program's Food Handling and Meal Time Procedures

	NOT VERY OFTEN	MOST OF THE TIME	ALWAYS
1. Menus are planned so that foods 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 that the children do not go too long between eating times.			
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 .			

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Health: Feeding and Care

STARS Training HANDOUT #39
(page 2)

	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 program provides enough food for all children at each meal.			
17. Foods are reflective of ethnic backgrounds of children ad in the program.			
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.			

School-Age Module 9

Health: Child Safety

STARS Training HANDOUT #40

True/False Worksheet

Individual or Small Group Activity

Directions: In the blank to the left of each statement, place a T for true or an F for false.

1. Approximately one out of three girls, and one out of five boys have been sexually abused by age 18.
2. Most child molesters are known to the victim.
3. Fifty percent of teen mothers were sexually abused as children.
4. Child abuse and neglect are strongly linked to poverty.
5. Abused children become abusive parents.
6. Substance abuse by the abuser is often involved in the abuse of children.
7. If there is battering between parents, the children are also victims of abuse
8. Most abusers are seriously emotionally disturbed or mentally ill.
9. Child neglect is not a serious form of child abuse.
10. If a mandated reporter has reasonable cause to believe that a child has been abused he/she must report to Child Protective Services (CPS) or a law enforcement agency within 72 hours.
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.
12. Abused children frequently feel guilty about their abuse.
13. If a child has been abused you will know by his/her behavior.
14. Discussing child abuse and neglect makes me uncomfortable.

School-Age Module 9

Health: Child Safety

STARS Training HANDOUT #41

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 of receiving agency - Duty to Notify - Case planning and consultation - Penalty for unauthorized exchange of information - Filing dependency petitions - Inter-views 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 26.44.040. 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 26.44.040.

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 reports 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, injury, or 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 participating 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 this state or its political subdivisions.

School-Age Module 9

Health: Child Safety

STARS Training HANDOUT #42

Reporting Procedures

Individual Activity

To help you clarify procedures for reporting child abuse and neglect, answer the following questions. Refer to pages 239-242 in 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).

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?

School-Age Module 9

Health: Child Safety

STARS Training HANDOUT #43
(page 1)

Safety Checklist

Yes	No	Don't know	
			Center is on an environmentally safe site.
			Center is in a neighborhood free from a condition detrimental to the child's welfare.
			Center is in a location accessible to health and emergency service.
			Indoor and outdoor premises are in a safe and sanitary condition, free of hazards, and in good repair.
			Furniture and equipment are safe, stable, durable, and age-appropriate.
			A flashlight or other emergency lighting device is maintained in working condition.
			All wood surfaces are finished or covered.
			One or more telephones are maintained in working order and readily accessible to staff and children.
			Bathrooms and other rooms subject to moisture are supplied with washable, moisture-impervious flooring.
			In an emergency, staff can gain rapid access to a bathroom or other room the child occupies.
			Light bulbs and tubes in child-accessible areas are shielded.
			Premises are kept free from rodents, fleas, cockroaches, and other insects and pests.
			No firearm or other weapon is on the premises.
			Adequate storage space is provided for play and teaching equipment, supplies, records, and children's possessions and clothing.
			Cleaning supplies, toxic substances, paint, poisons, aerosol containers, and items bearing warning labels are safely stored or inaccessible to children.
			Containers from stock supply are labeled to identify contents.
			Fire safety regulations adopted by the state fire marshal's office are complied with.
			On-premises pool or natural body of water is inaccessible to children when not in use.
			During child's use of wading pool, an adult with current CPR training supervises child at all times.
			During child's use of swimming pool or natural body of water, a certified lifeguard is present at all times, in addition to required staff.
			Portable wading 'pools are emptied and cleaned daily, when used.

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Health: Child Safety

STARS Training HANDOUT #43
(page 2)

Yes	No	Don't Know	
			Child may use or access hot tub, spa tank, or whirlpool only under direct supervision and with written parental permission.
			Adequate first aid supplies, conforming with center's first aid policies and procedures, are maintained.
			First aid supplies include unexpired syrup of ipecac, which may be administered only on the advice of physician or poison control center.
			Outdoor play area is safe and of sufficient size to meet the needs of children.
			Outdoor play area is reachable by a safe route and method.
			Outdoor play area promotes child's active play, physical development, and coordination.
			Outdoor play area is free of any dangerous condition and affords safe child entry and exit.
			Outdoor play area is adaptable to children with special needs.
			Children are afforded sufficient daily time to participate actively in outdoor play.
			Indoor space is adequate, usable, and children are not crowded.
			Thirty-five square feet of usable space is available per child.
			Indoor space is arranged to encourage a variety of developmentally appropriate activities.
			Indoor space includes interest areas for focused activities, open areas for large motor activities, and areas where children can work individually, in small groups, and in large groups.
			Indoor space includes spaces where children can rest, play, and work alone or with a friend.
			Warm, running water for children to wash hands is at least 85° F and no warmer than 120° F.
			Children's handwashing facilities are located in or adjacent to rooms used for toileting.
			Toileting privacy is provided for children.
			Rooms used for toileting are ventilated to the outdoors.
			Soap and individual towels or other appropriate devices are provided for washing and drying children's hands and faces.
			Cheerful environment is provided for children by placing visually stimulating decorations, pictures, or other attractive materials at appropriate heights for children.
			Noise level is safe and developmentally appropriate.
			Visibility and comfort are provided for children by proper location of fixtures and maintenance of adequate lighting intensities.
			Temperature and ventilation are regulated for health and comfort of children.

Tyson's Accident

Tyson is seven years old. He is an active, enthusiastic child. One day he was playing on the outside climbing apparatus and fell off. His head had a bump, and a bruise started to appear. Teacher Sally ran over to him to comfort him. She applied an ice pack to Tyson's head. She checked his pupils for dilation and watched him closely for the rest of the afternoon.

Accident Report Form

INJURY/INCIDENT REPORT

CHILD'S NAME _____ DATE _____ TIME _____

Nature and Circumstances _____

Place of Accident or Illness _____

Play Equipment or other Items Involved _____

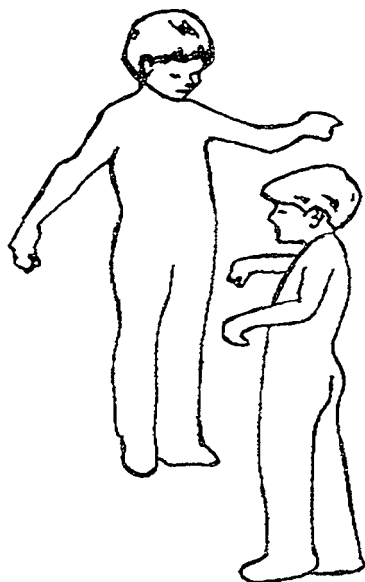
First Aid Administered _____

Other Treatment _____

Was this reported to parents? Yes ___ No ___ Time _____

Was a physician contacted? Yes ___ No ___ Time _____

Names of Witnesses: _____



I have been informed of the accident/injury.

Parent's Signature Date

Day Care Provider's Signature Date

Comments: _____

STAFF: If injury/illness results in casting, stitches, or hospitalization, notify the Department of Social and Health Services Day Care Licensor. If the child is hospitalized as a result of injury/illness, send a copy of this report to the day care licensor.

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Health: Child Safety

STARS Training HANDOUT #46

EXERCISE ON REPORTING

DIRECTIONS: Using the following scale, rate the situations.

10—————5—————1
Very Serious Of Concern No Big Deal

After you rate each item, decide what you would do. List any additional information you would like to have. Circle any that you feel should be reported to Child Protective Services.

- _____ 1. A 4-year-old is considerably underweight for her age. She comes to your center in the same worn and dirty clothes. She needs a bath. The other children make fun of her and won't play with her.
- _____ 2. The parents of two children, ages 3 and 7, both spend much of their time out of the house due to job responsibilities. They often don't return home until 8 p.m. The children make dinner for themselves and put themselves to bed.
- _____ 3. A parent of one of the children in your center calls to tell you that her son told her that another child at the center touched her son on his "private parts."
- _____ 4. A child in your center is constantly seeking attention. When he doesn't get your attention he punches, kicks or disrupts other children around him. You have noticed bruises on his/her arms and legs.
- _____ 5. One of the parents of a child in your center tells you that he is worried about a parent who often leaves her 8-month-old baby at home alone while she visits friends or goes to the store.
- _____ 6. The mother of a child in your center asks you for advice about a concern she has. Her daughter cries when she has to go to her dad's on the weekend. When she comes home she has nightmares and wets the bed.
- _____ 7. A seven-month-old baby has bruises on his buttocks.

School-Age Module 9

Health: Child Safety

STARS Training HANDOUT #47

Resource List

Child Abuse Reporting

Child Protective Services _____

Police Department _____

Sheriff's Department _____

Community Resources

Family Reconciliation Services _____

Rape Relief/Sexual Assault Services _____

Domestic Violence Shelter/Services _____

Warmline _____ Crisis Line _____

Community Mental Health Services _____

Public Health Department _____

Substance Abuse Treatment Services _____

Child Care Resource and Referral _____

Child Abuse Prevention Council _____

Parenting Classes _____

Culturally Relevant Resources _____

Special Needs Resources _____

Other _____

School-Age Module 10

Licensing, Professionalism, & Communicating with Parents

STARS Training HANDOUT #48
(page 1)

Reaching out to Families

There are a number of ways you can demonstrate to parents and family members that they are important to you.

1. Prepare a poster about family-friendly service, with art work provided by the children and youth. The poster could contain the following information:

We Have A Commitment to Family-Friendly Service

To Keep Our Commitment We Need Your Help Throughout the Year!

Help Us Stay in Tune with Your Needs and Interests

- Tell us about your day when you pick up your child.
- Help us learn about your child's special talents and strengths.
- Tell us when your child needs extra help or support.
- Let us know about your family and cultural traditions.
- Make suggestions when you think we can serve you better.
- Ask us questions if you don't understand our policies and procedures.
- Tell us the best ways for you to connect with your child's experience in the program.

Visit Whenever You Can -- You Are Always Welcome!

We want to build positive relationships with all our families. Help us achieve this goal!

2. Create a "Parent Comfort Corner." You can provide parents with a place to gather or relax when they drop off or pick up their children. This space sends the message that "You're welcome here; make yourself comfortable and stay awhile." You can try any or all of the following suggestions for setting up a "Parent Comfort Corner:"
 - Locate the "Parent Comfort Corner" in an area that is somewhat removed from the program activity areas, yet close enough for parents to view and listen to what is going on. Make a banner or a poster that labels the area "Parent Comfort Corner" or think of another name that would be just right for parents in your program.

School-Age Module 10

Licensing, Professionalism, & Communicating with Parents

STARS Training HANDOUT #48 (page 2)

- Provide a small table and a chair so that parents can pause to write a note, fill out a field trip form, and so on. Provide a small jar of pens. Consider setting up a coffeepot with hot water and a basket of supplies for instant coffee and tea on the table. If you need help covering expenses, provide a jar for voluntary donations. **Note:** If hot water is provided, be sure to locate the pot in a safe place, away from the path of children going about their work and play.
- From time to time, provide special treats in the “Parent Comfort Corner” (after-work snacks made by children and youth in a special cooking club, morning donuts on the first Monday of every month, etc.). Again, provide a voluntary donations jar, if necessary.
- Depending on space available, provide two or three comfortable chairs or a small couch so that parents can sit and relax, or chat with another parent.
- Set up a Parent Bulletin Board in the “Parent Comfort Corner.” Include information about your program, community events, and parenting. Also include photos of families, as well as selected feedback forms and other forms inviting parents to contribute ideas, share compliments, or concerns. See other ideas about bulletin boards on page 100 of the Guidebook.
- Provide a basket of magazines related to family living and child rearing. Subscribe to one or two magazines and/or ask staff and parents who are subscribers to contribute recent back issues. Remove old back issues monthly. Be sure to save pertinent articles for your files and displays!

Providing Support to Families Under Stress

Parents are often under stress. Some stress is a normal part of daily life. Some families, however, are severely affected over a long period of time by significant sources of stress such as community or family violence, homelessness, substance abuse, chronic illness or disability of a family member, learning a new language and adapting to a new culture, or lack of basic necessities. You are in an excellent position to lend a helping hand.

Regardless of whether parents approach you or you approach them, keep in mind that supporting parents means enhancing their sense of competence by helping them find their own answers. Your job is to help parents get the support they need! not to provide it yourself. You should check with your supervisor or director before making a recommendation to parents for professional help.