**Ideas for Preventive Practices Activities**

Create a “Whose job is it, anyway?” worksheet

**Infection control**

Vignettes:

Children arriving with symptoms

Children developing symptoms / symptoms getting worse

Filling out a notice of exposure form

Demo proper glove removal

Create an “Is it reportable?” worksheet with various scenarios

Create a “When can I come back?” worksheet with various scenarios

Create a “Do I need permission?” worksheet for various substances

**Immunizations**

Fill out a mock blue card using a fictitious child’s yellow card. Then use the pink windows cards to see if they get it right.

**Nutrition**

Have them use the info to create a 1-week menu plan

They can share it with others for a 1-month plan

Give them 3 nutrition labels and have them guess what the food is

Give them items to rate as good vs better

“What is the serving size?”

Show them various amounts and have them guess a serving size for an item

Show them an item and have them guess how many servings it is

Show them an item and have them guess the ounce-age

Brainstorm ideas for making food fun and attractive

Show them a few ideas from Pinterest

Give them items to put in the correct age appropriate guidelines for servings

Create and “Is it healthy / does it qualify?” worksheet

Try to get someone from one of the nutrition programs to come speak

**Injury Prevention (SIDS) (Field trips) (firearms)**

Home / yard hazard hunts

Is it poisonous?

Show images of various plants / household items and ask

Get edible items and their similar looking poisonous counter parts for comparison. Examples:

Windex/Gatorade; radiator fluid/Gatorade; berries; water/anything clear; sweet tarts/toilet drop-ins; etc.

(or just put the fluid in an unmarked bottle and ask them what it is)

Vignettes for Shaken Baby Syndrome / Abusive Head Trauma

Demo childproofing products

Fill out an injury report based on fictitious injury.

Add to injury log

“Is it me?” vignette – does the problem need behavior management or environmental management?

“Is it age appropriate?” –

Is the activity right for the age?

Is the injury a risk for the age group?

Is the toy right for the child?

Is the food right for the child?

Am I properly protected (helmet, SPF, walkers...)?

Am I riding in the car safely?

**Quality Child Care**

Have them self-rate their sites

Group them by age group using the applicable rating scale below

[ECERS-R](https://www.amerimedcpr.com/wp-content/uploads/ECERS-R-Score-Sheet.pdf) (2.5-5 years)

[ITERS-R](https://www.amerimedcpr.com/wp-content/uploads/ITERS-R.pdf) (up to 30 months)

[FCDRS](https://www.amerimedcpr.com/wp-content/uploads/FDCRS-score-sheet.pdf) (family day care)

**ADA in childcare**

The three protected groups:

1. Physical or mental impairment that limit 1 or more major life activities
2. History of impairment that limit 1 or more major life activities
3. Regarded as having impairment the limits 1 or more major life activities

See notes in handout defining the impairments and major life activities.

Title III provides list of public accommodations. Includes childcare and license-exempt facilities! There is no religious exemption for centers open to the public.

Three primary accommodations:

1. Change policies, practice, procedures
2. Provide aids and services
3. Remove existing physical barriers

**Vignettes of various disabilities and how they can be reasonably accommodated**

Reasonable accommodations vary and are decided case by case. Programs with more resources are required to make more accommodations.

Disabled children cannot automatically be denied childcare. Documentation of an individual assessment must accompany said denial.

Parents can fight decisions and go to court.

Disabilities are confidential.

At least 10% of children served by Head Start programs must be disabled.

No special staffing ratios when caring for disabled children.

No extra fees may be charged for disabled children, unless the services provided are non-child care services (i.e. PT, O.T.).

There is extra funding from some entities (not the parents) for children with exceptional needs as defined in the Education Code.

**Cultural Awareness & Sensitivity (toileting, sleeping, & discipline)**

Use scenarios in handout that allow practice communicating.

Learn about the families’ culture (tell them where), as well as know yourself.

Respectfully negotiate.

**Toileting** - in US based on “readiness” (18 months to 3.5 years). Some cultures insist on putting children as young as 6-months on potty chair.

**Feeding -** families’ diets may conflict with food program nutrition.

**Discipline** – some families’ views conflict with child abuse reporting laws. Handle with respect and sensitivity.

Review ages & stages of ethnic identity development

Self-assessment checklist (in handout)

Issues that arise

Causes of physical illness and incorrect beliefs

Weather; food; emotions; out of balance system; wind; a curse’ an evil eye; God’s will.

Causes of disability and incorrect beliefs

God’s will; fright during pregnancy; ingesting certain foods during pregnancy; environmental exposures during pregnancy;

Causes of mental illness

Evil spirits; curses’ imbalances; chemical imbalance; parental judgment

Treatments of illnesses & symptoms

Beliefs about immunizations