



# **STARS Model Curriculum**

## **for Basic Child Care Center Training**

Second Edition

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# Center-Based Module 1

## Child Growth & Development: Ages and Stages



STARS Training HANDOUT #4

Activity 2 (page 1)

### Growth and Development Chart INFANT DEVELOPMENT 0-3 MONTHS

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

# Center-Based Module 1

## Child Growth & Development: Ages and Stages

STARS Training **HANDOUT #4**  
Activity 2 (page 2)

### Growth and Development Chart INFANT DEVELOPMENT 3-6 MONTHS

PHYSICAL	INTELLECTUAL	EMOTIONAL-SOCIAL	LANGUAGE	ACTIVITIES
Doubles birthweight	Knows the difference between family and others	Smiles at reflection in the mirror	Babbles to self and familiar persons	Enjoys singing and talking games
Grows one-half inch per month	Recognizes bottle	Laughs and makes noises to show pleasure	Copies mouth and tongue movements	Needs adults to look at and respond to with words or baby sounds
Teeth begin to appear	Repeats actions which cause toys to move or make noise	Cries in different ways to express different needs		Looks at picture books
True eye color is established	Looks for and uncovers a partially hidden toy	Smiles and hugs to show affection		Looks at reflection in the mirror
Balances head	Full attachment to mother	Likes simple games (peek-a-boo)		
Reaches with both hands	Delights in repeatedly throwing objects over side of crib or high chair	Friendly to strangers		
Rolls over	Plays pat-a-cake, peek-a-boo, waves good-bye	Establishes a trusting relationship with primary caretakers		
Pulls to a sitting position and sits alone for a short while		Becomes upset if toys are taken away		
Puts fingers and objects in mouth to explore				
Holds onto bottle while being fed				
Follows moving object with eyes				
Holds, sucks, bites				

# Center-Based Module 1

## Child Growth & Development: Ages and Stages



STARS Training **HANDOUT #4**  
Activity 2 (page 3)

### Growth and Development Chart INFANT DEVELOPMENT 6-9 MONTHS

PHYSICAL	INTELLECTUAL	EMOTIONAL-SOCIAL	LANGUAGE	ACTIVITIES
Rolls over from back to stomach	Repeats action to perfect it	Reaches out toward and pats reflection in mirror	Babbles to self and familiar persons	Enjoys singing and talking games
Pulls along on stomach, crawls	Uncovers a hidden toy	Pushes away something not wanted	Begins to say "dada" and "mama"	Plays give and take games
Pulls self up, stands holding on	Shakes or moves an object to make noise	Participates in games such as peek-a-boo	Copies mouth and lip movements	Stacks blocks
May sit alone	Wants to taste and touch objects	Begins to initiate play with adults	Imitates sounds and gestures more accurately	Needs adults to look at and respond with words or sounds to baby
Holds two objects, reaches and grasps objects	Alert up to two hours	Is aware of strangers	Responds to own name	Looks at picture books
Transfers objects between hands	Begins to imitate adults' language with babbling	May tease, show sense of humor		Looks at reflection in the mirror
Able to hit two objects together on his own		Expresses frustration, anger		
		Shouts for attention		

# Center-Based Module 1

## Child Growth & Development: Ages and Stages

STARS Training HANDOUT #4  
Activity 2 (page 4)

### Growth and Development Chart INFANT DEVELOPMENT 9-12 MONTHS

PHYSICAL	INTELLECTUAL	EMOTIONAL-SOCIAL	LANGUAGE	ACTIVITIES
Birthweight has tripled	Explores nearby areas more thoroughly	Exhibits fear of strangers	Shakes head for no and may nod for yes	Likes action games and songs
Birth length has increased by 10 to 12 inches	Tries to name a few familiar people ("mama," "dada")	Plays pat-a-cake	Says "dada" and "mama"	Likes hearing toys, objects, pictures, people named
Sits alone	Dumps objects out of box	Responds to name	Babbles or jabbles deliberately to get social interaction started	Plays give and take games
Rolls over and crawls	Looks at pictures in a book	May cling to a familiar person if a stranger is present	Continues to imitate sounds	Enjoys crawling and chasing games
Stands alone	Remembers games played before	Shouts for attention	Imitates sounds that things make ("choo-choo")	Explores safe places in house or yard
Creeps on hands and knees	Can find an object placed under another object	May show hurt feelings when scolded	Stops doing something when told "no"	
Crawls up and down stairs	Plays pat-a-cake	Shows emotions (happy, sad, hurt, angry)		
Walks holding on to furniture or adult	Follows simple instructions	Expresses frustration and anger		
Likes to carry objects	Both eyes work together	Sociable and outgoing		
Eats messily with spoon		Begins to be assertive by resisting caretaker's request		
Feeds self small pieces of finger food				
Opens drawers and cupboards				
Picks up small objects				

# Center-Based Module 1

## Child Growth & Development: Ages and Stages



STARS Training **HANDOUT #4**  
Activity 2 (page 5)

### Growth and Development Chart TODDLER DEVELOPMENT 12-18 MONTHS

PHYSICAL	INTELLECTUAL	EMOTIONAL-SOCIAL	LANGUAGE	ACTIVITIES
Growth slows second year	Understands simple, one-step directions	Watches children play, but plays alone	Uses 5 to 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” and “dada” correctly	Can do manipulative activities – stringing beads
Can sit down from a standing position	Correctly uses the name of familiar people and objects	Helps pick up and put away toys	Puts simple words together	Sings songs and plays singing games
May have six to ten new teeth	Looks for something in more than one place	Recognizes self in mirror	Uses one word to indicate needs, such as “up” for “Please pick me up.”	Likes pull or push toys
Body shape changes; abdomen protrudes, still top heavy	Finds new ways to get things done	Shows a sense of humor	Imitates words	Stacks blocks and boxes
Crawls skillfully and quickly	Points to a familiar object when named	Shows a preference for a toy	Labels objects	Likes to read stories and look at books together
Likes to climb & pull things off shelves	Likes to explore and investigate environment	May demonstrate anger by crying, hitting, or biting	Understands much more than she can express	Rolls a ball
Begins to throw objects	Wants to be independent	May become negative, refusing new food, naps		Rides in a wagon
Walks up and down stairs with help	Is curious & gets into everything	May be possessive – “mine”		Climbs on solid object such as steps, furniture
Pulls clothes off	Seldom puts things in mouth	Finds sharing difficult		
Uses a spoon with less mess	Enjoys object-hiding activities, books	Does not know limits		
Drinks from a cup with help				
Has fully developed grasp and release				
Can stack a tower of two blocks				
Enjoys using crayons or markers to scribble				

# Center-Based Module 1

## Child Growth & Development: Ages and Stages



STARS Training **HANDOUT #4**  
Activity 2 (page 7)

### Growth and Development Chart CHILD DEVELOPMENT 24-36 MONTHS

PHYSICAL	INTELLECTUAL	EMOTIONAL-SOCIAL	LANGUAGE	ACTIVITIES
Growth is slow and even	Listens to age-appropriate stories	Responds to choices better than commands	Uses up to 900 words	Likes table top activities
Gains 3 to 5 pounds	Can count two objects	Becomes frustrated easily	Uses 3- to 4-word sentences	Enjoys fingerplays
Height increases 2 to 3 inches	Develops longer memory span	Protects own belongings	Uses words to show feelings and thoughts	Plays housekeeping and dramatic games
Runs and pedals a tricycle	Matches colors, sizes, shapes or textures	Begins to wait for turns	Uses language in more expressive ways	Enjoys sand play
Jumps	Makes simple choices	Imitates adult actions	Listens to and memorizes simple nursery rhymes	Enjoys water play
Eats independently	Knows what some objects and body parts are used for	Tries to help with chores	Listens to stories for a short while	Climbs
Walks up & down stairs alternating feet	Begins to understand numbers	Expresses pride in achievements	Uses "me" and "you"	Throws and catches balls
Hops on one foot	Names one color	Shows a sense of humor and enjoys surprises	Sings simple songs	Enjoys field trips and outings
Kicks & throws a ball		Participates in parallel play	Recounts events of the day	Sings songs with actions
Makes simple lines with a crayon		Plays longer with one toy		Likes to read simple books
Strings beads		May continue to have security blanket, stuffed animal or toy for comfort		Paints
Builds a seven- to ten-block tower				
Uses scissors to chop paper				
Pulls on and off simple clothes				
Washes and dries hands, combs and brushes hair				
Stays dry all night				
Shows signs of readiness for toilet training				

# Center-Based Module 1

## Child Growth & Development: Ages and Stages

STARS Training **HANDOUT #4**  
Activity 2 (page 6)

### Growth and Development Chart TODDLER DEVELOPMENT 18-24 MONTHS

PHYSICAL	INTELLECTUAL	EMOTIONAL-SOCIAL	LANGUAGE	ACTIVITIES
Second molars appear for total of 20 teeth	Names familiar objects	Shows affection: offers hugs & kisses	Speaks 50 to 200 words	Enjoys fingerplays
Walks and runs without falling	Recognizes self in mirror	Often defiant: says "No" in response to many requests	Uses 2- or 3- word sentences	Follows simple stories with pictures
Climbs and sits in a chair	May refer to self by name	Enjoys house play activities	Follows simple stories with pictures	Sings simple songs
Walks up stairs without help	Recognizes body parts on a doll	Plays beside other children but may not share easily	Sings simple songs	Climbs
Carries, pushes or pulls a large toy	Fills a box or can with objects	Is possessive ("mine")		Enjoys sand play – filling and dumping, scooping
Likes to throw	Remembers some things	Shows more independence in activities, decision-making and self care		Enjoys water play
Builds a tower of several blocks		May bite or hit and refuse to do what is asked		Throws and kicks balls
Scribbles vigorously with a crayon		Enjoys simple role-play and make-believe activities		Scribbles with crayons
Turns pages of a book		Plays well alone, also parallel play		Marches and dances
Chews solid food				Walks around the neighborhood
Likes to feed self				
Uses a spoon and drinks from a small cup				
Opens door using doorknob				
Tells when wet or soiled				
Sometimes uses the toilet when placed on it				

# Center-Based Module 1

## Child Growth & Development: Ages and Stages

STARS Training **HANDOUT #4**  
Activity 2 (page 8)

### Growth and Development Chart CHILD DEVELOPMENT 3 YEAR OLDS

PHYSICAL	INTELLECTUAL	EMOTIONAL-SOCIAL	LANGUAGE	ACTIVITIES
Growth is slow and even	Concept development: can match primary colors and name three	Takes turns and shares	Vocabulary has grown to 1000 words	Needs space and time for dancing and musical activities
Gains 3 to 5 pounds	Can count to five or more	Plays with a small group of children	Speaks in longer sentences	Is ready for table top activities such as puzzles, peg boards, drawing and cutting
Height increases 2 to 3 inches or nearly double the birthweight	Knows "big" and "little"	Shows affection for younger children	Uses language to describe objects and events and to explain reasons for behavior and events	Needs areas and opportunities for release of energy—climbing, running, jumping, bouncing, throwing, pedaling
Builds a tower of nine blocks. Uses stairs easily	Listens and can be reasoned with	Chooses a special friend	Asks and answers questions beginning with "What?" "Who?" and "Why?"	Needs help understanding feelings and actions
Rides a trike, climbs	Shows a greater awareness of time	Selects activities independently	Uses language in imaginative play and make-believe	Needs time and space for group play
Does a forward somersault	Understands words of place. Uses fantasy and imaginative play	Plays associatively	Listens to longer stories	Needs quiet times
Cuts across paper but not on a line	Extremely curious, asks many questions	Is egocentric	Sings simple songs and uses word play	Enjoys involvement in food preparation
Draws simple forms, figures and faces	Shows increasing attention span	Can often ask for help if needed	Indicates negatives by inserting "no" or "not" before simple nouns or verb phrase, "Not baby"	Plays games
Paints with a large brush	May know shapes (circle, triangle, square)	Imitates adults and other children		Likes to be read to and told stories
Pours from a pitcher but often spills	Repeats simple rhymes and fingerplays	Begins to develop sympathy		Shows conversational abilities
Unbuttons, zips, laces shoes, dresses and undresses with some help	Responds to rhythms and sings simple songs	Can help put toys away		
Bounces, throws and catches a ball		Seeks approval and attention		
May stay dry all night. Expresses the need to use toilet				

# Center-Based Module 1

## Child Growth & Development: Ages and Stages



STARS Training **HANDOUT #4**  
Activity 2 (page 9)

### Growth and Development Chart

#### CHILD DEVELOPMENT 4 YEARS OLD

PHYSICAL	INTELLECTUAL	EMOTIONAL-SOCIAL	LANGUAGE	ACTIVITIES
Grows 2 to 2.5 inches	Draws a person with a detailed figure	Makes demands for attention	Speech is 95% intelligible	Needs time for conversation
Gains an average of 4 to 5 pounds	Puts together more complex puzzles	Shows off for company	Vocabulary has grown to 1500 to 2000 words	Needs opportunities for activities which encourage language and concept development
Is extremely active in play	Matches letters to the letters in own name	May call others names	Asks many questions	Is receptive to open-ended questions
Bounces a ball	Can name colors, shapes and textures	Brags about accomplishments	Acts out and tells stories	Needs to use a variety of equipment and materials in play
Walks backwards	Can count from 1 to 10	Wants to please	Shows pleasure in playing with word sounds and meanings	Needs opportunities for cooperative play
Jumps over a low rope	Has a longer attention span – twelve to fifteen minutes	Enjoys leadership roles but may criticize or be bossy	Tries out made-up words and sounds	Needs physical activity
Shows greater hand-eye coordination	Likes imaginative, dramatic play and dressing up	Apologizes easily	Gives longer answers to simple questions	May enjoy dancing and balancing
Strings small beads	Imitates others' behaviors	Is able to play with groups, better about sharing and taking turns	Uses past tense	Needs space and time for construction games
Dresses self, buttons, snaps, zips own clothes	Asks many questions and wants simple, honest answers	Plays cooperatively and imaginatively	Delivers verbal messages	Needs materials and equipment that are accessible
Laces shoes	Can tell stories mixing fact and fantasy	Is likely to have imaginary worries and fears	Gives first and last name, sex, brothers' and sisters' names and telephone number	Begins to handle self-care
Gallops	May have an imaginary playmate	Begins to use words instead of pushing and fighting to express frustration and anger	Has increased control of voice – may sing on pitch	Is ready for work bench with real tools and materials (supervised)
Skips		Experiments and solves problems independently		
Hops on one foot				
Toilets without help				
Points with more precision				
Cuts on a line with scissors				
Puts together simple puzzles				

# Center-Based Module 1

## Child Growth & Development: Ages and Stages

STARS Training **HANDOUT #4**  
Activity 2 (page 10)

### Growth and Development Chart CHILD DEVELOPMENT 5 YEAR OLDS

PHYSICAL	INTELLECTUAL	EMOTIONAL-SOCIAL	LANGUAGE	ACTIVITIES
Grows an average of 2 to 2.5 inches	Shows a definite purpose in using materials and objects	Can substitute verbal threats for physical acts	Speech is 100% intelligible	Is ready for activities that encourage math and reading readiness skills
Gains 4 to 5 pounds	Likes to count objects – can count from 1 to 20	Enjoys playing with other children his own age	Vocabulary has grown to 2000-2500 words	Needs to practice conversation frequently
Head size is approximately that of an adult	Can print numbers from 1 to 5	Plays in cooperative groups	Repeats nursery rhymes, poems and songs	Needs activities to encourage development of concepts, colors, shapes, opposites
May begin to lose “baby” teeth	Can compare objects by size and weight	May choose to play alone	Recalls events in order	Needs opportunities for large and small groups, cooperative play and playing alone
Body is adult-like in proportion	Can name shapes and the days of the week	Likes to run errands	Follows three-step directions	Likes to make choices about activities
Skips, climbs, marches, gallops, hops	Is learning to solve problems	Takes responsibility for own actions	Says full name and address	Needs help understanding feelings and actions
Tries jumping rope	Classifies objects	Protects younger children	Uses future tense	Needs time for music and movement activities
Catches a small ball, elbows at sides	Is interested in why	Respects others’ belongings	Uses past tense inflective (-er) appropriately	
Throws well	Knows the difference between fantasy and reality	Greater awareness of rules	Uses irregular verbs consistently: “went,” “caught,” “swam,” “gave”	
Rides a scooter, may want to ride a bicycle instead of a trike	Can remember better	Plans surprises and jokes	Pronounces words clearly and uses much longer sentences	
Balances on one foot		Enjoys dramatic play	Uses more words to express needs, fears, feelings and ideas	
Puts together a 15-20 piece puzzle		Is purposeful, patient and friendly	Is a great talker	
Copies designs, letters and numbers		Is proud of possessions and abilities	Answers questions and asks for information	
Draws shapes from a model. Draws a human figure with features. Uses a knife for cutting		May exaggerate or brag about self or family to other children		

# Child Growth and Development

Name \_\_\_\_\_

## Module 1 Activity 2 WS #1

Find the ability on the chart and write the age and type of development for each of the following:

<b>Ability</b>	<b>Age</b>	<b>Type of Development</b>
Follows objects with eyes	0-3 months	Physical
Recognizes bottle		
Looks at picture books		
Uncovers hidden objects		
Smiles and hugs to show affection		
Labels objects		
Finds sharing difficult		
Gains 3 to 5 pounds		
Is possessive "mine"		
Stays dry all night		
Needs to practice conversation frequently		
Can count from 1 to 10		
Listens to longer stories		
Throws well		
Repeats simple rhymes and finger plays		
Walks up stairs without help		
Plays longer with one toy		
Makes simple choices		
Recalls event in order		
Chews solid food		

<b>Ability</b>	<b>Age</b>	<b>Type of Development</b>
Develops longer memory span		
Likes to read simple books		
Grasps objects when placed in hands		
Is a great talker		
Skips		
Begins to develop sympathy		
Tries out made-up words and sounds		
Uses 2 and 3 word sentences		
Begins to understand numbers		
Cries in different ways to express different needs		
Paints		
Growth is slow and even		
Shows affection; offers hugs and kisses		
Expresses frustration and anger		
Drinks from a cup with help		
Sing simple songs		
Uses past tense		
Tries jumping rope		
Likes a lot of touching		
Head is $\frac{1}{4}$ the total body length		

# Diversity

Module 1 Activity 3 WS #2

Culture:

Cultural Identity:

Diversity:

# Getting to Know Families

Module 1 Activity 4 WS #3

1. What are some ways you can get to know families of the children in your program?

2. What are some positive ways you can use this information to benefit the children in your care?

# Center-Based Module 1

## Child Growth & Development: Ages and Stages



### STARS Training HANDOUT #5 Activity 3

#### Understanding Diversity

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

# Center-Based Module 1

## Child Growth & Development: Ages and Stages



### STARS Training HANDOUT #6 Assessment

#### **Age-Appropriate Behavior Scenario**

You love your job in the infant room at the Little People's Child Care Center and have been working there for three years. Jamal, age nine months, is just beginning to express separation anxiety. Recently, he has been upset when it is time for his mother to leave 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?



# Center-Based Module 1

## Child Growth & Development: Ages and Stages



### STARS Training HANDOUT #7 Assessment

### Diversity in the Classroom

Children start developing their attitudes about others and themselves by the age of two. Providers and teachers can have a powerful positive influence on those attitudes. In your activities and classroom you should provide multicultural, non-stereotyping materials and activities that will:

- Support each child’s sense of self and family
- Teach children to accept and appreciate differences and similarities between people, and
- Help children better understand beliefs and customs different from their own.

Not all materials produced for children are appropriate. Be especially careful with materials that are more than ten years old. Throw out negatively stereotyped images and stories. Look for materials that correctly and appropriately portray diversity to expand children’s understanding.

There are many types of learning materials that can help increase children’s awareness of other people and to be more comfortable with their own heritage.

#### Does Your Program Have:

None	Some	A lot	
			Books, pictures and materials accurately depicting men, women, and children of different family structures, races, cultures, ages, abilities, and occupations living their daily lives and solving problems.
			Puzzles, pictures, and toys representing various cultures, abilities, and non-traditional male and female occupations.
			Music from various cultures.
			Pictures representing a diversity of cultures and gender roles.
			Dramatic play materials encouraging a variety of gender play and role playing of persons in other cultures or with differing abilities.
			Male and female dolls representing a diversity of race, cultures, and abilities.
			Opportunities for children to experience a variety of languages in spoken, song, or written form, including Braille and sign language.
			Foods of different cultures for snack, meals, and special celebrations.
			Activities to promote understanding and acceptance of diversity.
			Activities to represent all cultures and languages of the children in your program.

Choose two things that you can add to your classroom to promote cultural diversity.

# Center-Based Module 2

## Child Growth & Development: Learning through Play



### STARS Training HANDOUT #8

#### Activity 1

### PLAYDOUGH

Mix together in a large, heavy-bottomed saucepan:

- 3 C. flour
- 1 1/2 C. salt
- 6 tsp. cream of tartar

Add to the dry mixture:

- 2 3/4 C. cold water
- 4 Tbsp. oil
- Food coloring
- Extract for a nice scent

Mix with a wire whisk until no longer lumpy. Put on medium heat and stir until mixture sticks to sides and bottom of pan. When no longer wet looking, turn out onto counter and knead. When cool, store in an airtight container. Keeps for a long time!

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Take a piece of playdough.

How does it feel?

How does it smell?

If you are feeling brave, how does it taste?

What can you do with it?

# Center-Based Module 2

## Child Growth & Development: Learning through Play



**STARS Training HANDOUT #9**  
**Activity 2 (page 1)**

### **A CLASSROOM PLANNED FOR LEARNING**

A well-planned classroom encourages children to play and develop socially, emotionally, physically, and intellectually. An early childhood classroom should be planned with many well-defined interest centers. Interest centers are areas where materials are organized by type, and are accessible to children to participate in a particular kind of play. Using these interest areas, children are able to move about the room and make choices regarding their learning. One child may choose a quiet spot to be alone while another might choose a more active area to work with other children. When children change interest areas, they encounter new problems to solve, new children to talk to and work with, and new materials to master in their own way.

An early childhood environment should include the following interest centers:

- blocks
- creative art
- dramatic play
- sensory exploration
- library/quiet area
- table toys/manipulatives
- outdoor/large muscle area

### **Classroom Interest Areas (Centers)**

#### **Block Area**

In play, children learn:

- shapes and sizes
- problem solving
- cooperation
- imaginative play
- basic number concepts
- creativity
- how to lift and carry blocks

Materials that should be available:

- wooden unit blocks stored in open low shelves by size and shape
- play props such as play figures representing diverse populations
- farm, forest, and jungle animals
- cars, trucks, and boats
- raw building materials such as branches, canvas, corn husks, etc.

# Center-Based Module 2

## Child Growth & Development: Learning through Play



### STARS Training HANDOUT #9 Activity 2 (page 2)

#### Creative Art

In play, children:

- learn to express their ideas and feelings
- develop fine motor skills
- learn creativity
- learn exploration
- discover that we all have different ideas and different ways of working

Materials that should be available:

- easels
- paint containers
- a wide variety of different sized and shaped brushes
- people color and regular color crayons
- scissors
- markers
- glue
- modeling clay
- hand mirrors
- playdough
- collage materials
- a wide variety of sizes and types of paper, all stored in separate containers on low, easily accessible shelves
- a paint drying rack or area

#### Dramatic Play

In play, children:

- learn to act out familiar adult roles
- learn to conquer fears such as going to the doctor
- develop social skills such as sharing, cooperation, compromise, and negotiation
- develop fine motor skills
- learn respect for differences in people and cultures
- role play people of other cultures, abilities, and genders

Materials that should be available:

- child-sized furniture and equipment such as table and chairs, stove, refrigerator, and sink
- male and female work and play clothes



# Center-Based Module 2

## Child Growth & Development: Learning through Play



### **STARS Training HANDOUT #9** **Activity 2 (page 3)**

- cooking and eating utensils like those found in children’s homes
- male and female dolls representing a diversity of races, cultures, and abilities
- play food representing different cultures

This area should not just be a “house corner,” it should also contain other dramatic play materials such as a car repair shop, a doctor’s office, a grocery store, a restaurant, etc.

### **Sensory Exploration**

In play, children learn:

- size, shape, and volume
- creativity
- releasing tension
- control
- discovery
- to experiment without fear of mistakes

Materials that should be available:

- a low-to-the-floor dry sensory table to use with various materials such as sand, rice, beans, grains, cornmeal, etc., and tools such as spoons and shovels, trucks, cars, containers, funnels, measuring cups, etc.
- a waist-high wet sensory table to use with plain or colored water, bubbles, cornstarch and water, ice or snow, shaving cream, whipped soap flakes, etc., and tools such as those used for the dry sensory tub and objects to sink and float, boats, hose pieces, pitchers, cups, egg beaters, etc.

### **Library/Quiet Area**

In play, children:

- learn to look at books
- learn to read books with others
- develop an awareness of letters and print
- learn to spend quiet time alone
- learn to listen to books on tape
- develop fine motor skills
- learn that pictures have meaning
- learn to tell stories using puppets or flannel board
- develop pre-reading skills
- learn new words and meanings
- learn about diversity and other cultures
- learn facts and information outside of their own experience

# Center-Based Module 2

## Child Growth & Development: Learning through Play



### STARS Training HANDOUT #9

#### Activity 2 (page 4)

Materials that should be available:

- book display rack
- rug
- soft pillows, cushions or upholstered chairs or couch
- tape recorder
- homemade books featuring the children and families in your program
- books, pictures and materials accurately depicting men, women, and children of different family structures, races, cultures, ages, abilities, and occupations living their daily lives and solving problems.
- non-fiction books to expand language development and knowledge of the world.
- pattern books, fairy tales, stories focusing on daily routines and special events.

### Table Toys/Manipulatives

In play, children:

- learn pre-reading and pre-math concepts
- develop eye-hand coordination and fine motor skills
- learn problem solving, grouping, and making patterns
- develop creativity

Materials that should be available:

- items displayed on low shelves
- puzzles and toys representing various cultures and non-traditional male and female occupations
- table with chairs
- pegs and pegboards
- beads and laces
- parquetry blocks
- collections for sorting and classifying
- nesting rings or cups
- bristle blocks
- sewing cards
- matching games
- counting objects

### Outdoor/Large Muscle Area

In play, children:

- develop large and small motor skills and eye-hand coordination
- learn balancing skills
- develop confidence



# Center-Based Module 2

## Child Growth & Development: Learning through Play



### **STARS Training HANDOUT #9** **Activity 2 (page 5)**

- learn sharing, taking turns, and cooperative play
- enjoy sensory experiences

#### Materials that should be available:

- a safe climbing toy
- an area for digging (either a sand box or dirt)
- shovels
- pails
- trucks
- riding toys
- wagons
- balls
- hoops
- tunnels
- parachute
- games

# Center-Based Module 2

## Child Growth & Development: Learning through Play

### STARS Training HANDOUT #9 Activity 2 (page 6)

#### **An Infant Classroom Planned for Learning**

To maximize infants' overall development they must be in an environment that is safe and developmentally appropriate for moving, exploring, and pulling themselves up. They need smaller toys and objects to look at, explore, handle, and manipulate.

Infant toys include:

- Unbreakable mirrors mounted on the sides of cribs and changing tables and along the bottom of walls where they can see and admire themselves
- Cuddly toys such as stuffed animals, hand puppets, and one-piece washable rag dolls
- Grasping toys and rattles to shake, drop, and explore
- Balls with indented surfaces to make it easier to handle and carry, throw and retrieve
- Activity toys such as stacking rings, nesting cups, shape sorters, busy boxes, measuring spoons and plastic pitchers to fill and dump
- Push and pull toys such as toy vacuum cleaners or toys that play music as they move
- Transportation toys such as large buses, trains, trucks, and airplanes to grasp and push and explore
- Soft washable blocks made of foam or cloth, and
- Crawling, pulling up, and moving equipment such as low shelving to pull themselves up with and low, carpeted climbers, tunnels and riding toys. Large cardboard boxes for exploring are especially inviting to young children.

# Planning Play Materials, Equipment and Activities

Mod 2 Act 9 WS #4

Names: \_\_\_\_\_

\_\_\_\_\_

In groups of 3-4, take a bin of supplies and plan a learning center for children. Be sure to answer the following questions:

1. What is the name of the center?

\_\_\_\_\_

2. What materials are needed? Be specific.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What is the appropriate age group for your center and why?

\_\_\_\_\_

4. What will the students do and learn at the center? Explain in detail.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Look on pages 41-47 in your Licensing Manual and use at least one skill under each development type in the appropriate age group for the center. List and explain each one.

**Social, Emotional and Creative Development**

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**Intellectual, Language, and Sensory Development**

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**Large and Small Motor Development**

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# Helping Infants and Toddlers Learn

Mod 2 Act 3 WS #5

1. Babies are born\_\_\_\_\_.
  2. Infancy is a time of \_\_\_\_\_.
  3. Babies are totally\_\_\_\_\_.
  4. The right experiences at the\_\_\_\_\_.
  5. Care routines such as \_\_\_\_\_ are important times.
  6. They are wonderful opportunities for\_\_\_\_\_.
- \_\_\_\_\_.

## Care givers should:

- \*
- \*
- \*
- \*
- \*
- \*
- \*
- \*
- \*
- \*

# Center-Based Module 3

## Child Growth & Development: Planning Activities Based on Children's Needs



### STARS Training HANDOUT #10

## What Makes a Good Learning Environment?

### Part I: Adult-Centered Learning

Recall your favorite class or training. Answer the questions to yourself or share information with a person sitting near you.

1. What qualities did the trainer have?
2. Was the subject matter challenging to you?
3. Did you get any ideas you could use?
4. How was the class or training organized or planned?
5. Did the teaching style meet your needs?
6. What was the room environment like?

### Part II: Child-Centered Learning

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.

# Center-Based Module 3

## Child Growth & Development: Planning Activities Based on Children's Needs

STARS Training HANDOUT #11  
Activity 5 (page 1)

### The Caregiver's Role in Helping Children Learn

Caregivers should help children understand the world around them and increase their language acquisition by:

1. Asking meaningful questions.
2. Adding more information to extend children's learning.

In your groups, brainstorm ideas on how you can ask meaningful questions and add more information to the following scenarios that will help children learn and understand the world around them:







# Center-Based Module 3

## Child Growth & Development: Planning Activities Based on Children's Needs

STARS Training HANDOUT #12  
Assessment

### WILL IT HELP OR HURT?

#### SCENARIO

The pre-kindergarten child care room has 20 children, a lead teacher and a teacher assistant. Some children are playing quietly, while others race around playing superheroes using the brooms from the housekeeping area as guns. A demolished block building is in the middle of the floor. Other children are enthusiastically looking at the bird nest that one child brought in this morning, and finding books about birds from the book corner. A snack of vanilla pudding with bananas was delivered an hour ago from the kitchen and is sitting on the counter waiting to be served. Pictures are hung at the children's eye level. A brightly decorated bulletin board displays their art work and coloring pictures from an animal-ABC book.

# Observation Form

Mod 3 Act 2 WS # 6

Name \_\_\_\_\_ Date \_\_\_\_\_

Observation Site \_\_\_\_\_

## **Anecdotal Record:**

A brief narrative account usually written after the event, describing an incident of a child's behavior that is important to the observer.

## **Running Record:**

A narrative account written by the observer detailing everything that occurs over a certain period of time.

# Center-Based Module 4

## Child Guidance: Communication

STARS Training HANDOUT #13  
Activity 2

### Active Listening (PURR)

## Pay Attention

- ★ Look at the speaker.
- ★ Encourage the speaker with your body language.

## Use Encouragement

- ★ "Use your words."
- ★ "Can you tell me about it?"

## Restate

- ★ "You do not like to eat peas."
- ★ "You do not want to come inside now, you want to stay outside and play."

## Reflect Feelings

- ★ "It makes you mad when a toy is taken away from you."
- ★ "You are sad because your mommy left."



### STARS Training HANDOUT #14 Activity 2

#### Using Positive Communication

The following are common negative or unhelpful responses to children's behavior. Read each example and write a positive response to replace the negative.

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



# Center-Based Module 4

## Child Guidance: Communication



### STARS Training HANDOUT #15 Activity 3

### What It Means to Be Nurturing, Respectful, Supportive, and Responsive

Read the descriptions and mark the extent to which you use that behavior.

Always	Sometimes	Seldom	
			Listening to what children have to say with attention and interest.
			Sitting low or kneeling.
			Making eye contact.
			Asking children for their opinions or suggestions.
			Giving children choices when possible.
			Observing children's play with interest and occasionally offering suggestions, but being careful not to control children's ideas.
			Speaking with children in a soft, friendly, and courteous manner. Doing so requires getting close rather than shouting across the room.
			Helping children who are restless, unhappy, tense, or bored to become involved.
			Accepting children's moods or their desire not to participate in an activity.
			Touching or holding children in a relaxed, comfortable, non-threatening manner. Hugs and hand-holding should be used to show affection, not to corral children.
			Smiling and laughing easily and often.
			Giving more attention to children's positive behaviors than to negative ones.

★ Star one or two behaviors you would like to focus on in the next week.

# Center-Based Module 4

## Child Guidance: Communication



### STARS Training Assessment

### Communication Role Play Scenarios

Child says: "That's mine. I had it first."

Child says: "I hate Gabrielle."

Child throws things on the floor when it's clean up time for lunch.  
Says: "I'm not hungry."

Child cries when mother leaves.

Child says: "I hate broccoli."

Child says: "The crayon is broken. I use only whole crayons."

Parent says: "Jamaal's going to get sick because you take him outside to play even when it's raining."

Parent says: "Shawna is starving when I pick her up. Why aren't you feeding her?"

Coworker says: "Nobody ever cleans up the storeroom. I'm sick of it."

Staff member says: "It's not fair. Lisa always comes to work late."



# Guidance Styles

Mod 5 Act 1 WS #7

Name \_\_\_\_\_

## Authoritarian

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\*

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\*

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\*

\*

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## Permissive

\*

\*

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\*

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\*

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\*

\*

\*

\*

## **Respectful**

- \*
- \*
- \*
- \*
- \*
- \*
- \*
- \*

# Center-Based Module 5

## Child Guidance: Guidance Techniques I



STARS Training HANDOUT #18

Activity 2

### BINGO CARD

		<b>FREE</b>		

- I = Infant**
- T = Toddler**
- P = Preschool child**
- S = School-Aged child**

# Center-Based Module 5

## Child Guidance: Guidance Techniques I



**STARS Training HANDOUT #19**  
**Activity 3 (page 1)**

### **GUIDANCE TECHNIQUES INFORMATION SHEET**

(adapted from pages 71-83 of the *Child Care Center Licensing Guidebook, 2<sup>nd</sup> ed.*)

**Guidance = goal is education and redirecting.**

**Punishment = goal is hurting, shaming or intimidating children.**

#### **GUIDANCE**

Children are not born with inner self-controls. These are learned behaviors gained through observing the important people in their lives. Children need to learn to manage their emotions and feelings in socially acceptable ways. You are an important role model for the children in your care.

Guidance is teaching a child what TO DO instead of focusing on what not to do. Because children learn from their everyday experiences, it is important that you respond to their behavior in respectful, developmentally appropriate and emotionally safe ways.

#### **Developmentally Appropriate Guidance**

Children go through stages of growth in certain sequences. Understanding these sequences is helpful in guiding children's behavior because it helps the caregiver to know what might be expected in each developmental stage. Caregivers should not expect children to do things that they are not developmentally ready to do. Nor should caregivers scold children for behaviors that are normal for their age. Doing so forces children to fail, to feel badly about themselves, and/or to feel anger toward the provider. Inappropriate expectations also make managing a group of children considerably more difficult.

When developing appropriate guidance and discipline techniques, ask yourself:

- Is the guidance method appropriate for a child this age?
- Is the guidance method appropriate for this specific child?

All children's behavior is purposeful and happens for a reason. Sometimes children's behavior is inappropriate.

The following are some guidance techniques that will be useful to you as you work with the children in your care:



### **STARS Training HANDOUT #19** **Activity 3 (page 2)**

#### **Limit Setting**

Limit or rule setting gives children safe boundaries in which to work and play. They prevent children from hurting themselves or others and prevent destruction of property. Limits should be age appropriate and allow children more responsibility and freedom as they grow and mature.

Limits need to be few in number, firm yet flexible, and maintained with consistency. Children feel safer and are able to experience a greater sense of independence and competency when they know what the limits are. Staff should discuss with children the reasons for the rules. They should involve the children in the process of deciding what rules are necessary for the group. Children will be more cooperative when they realize staff do not make up rules and change them whenever they want to. Rules can be as simple as:

- We keep ourselves safe.
- We keep each other safe.
- We keep our things safe (Adams & Baronberg, 2005).

#### **State the Positive**

Positive guidance focuses on the positive or desired behavior. Staff should tell children what *TO* do instead of what *NOT* to do. Words like stop, no, and don't are good for an emergency, but do not give children the necessary information they need to make good choices. Examples of stating the positive are:

- Say: Please walk.  
Rather than: Don't run.
- Say: You need to eat your food to keep your body healthy.  
Rather than: Don't play with your food.
- Say: Play dough stays on the table.  
Rather than: Don't play with that over there.
- Say: We take turns talking at circle time.  
Rather than: Be quiet.

#### **Validate Children's Feelings**

When you give words to what a child is feeling, the child feels understood and is able to let go of the strong emotion.

- "I know it is hard to wait for a turn, but it is Maria's turn now. Your turn is next."
- "You must have been very upset. Use your words to tell Mark."



# Center-Based Module 5

## Child Guidance: Guidance Techniques I



### **State the Rules and Give Reasons for the Limits**

Children are more cooperative when they understand the reason behind a rule. Often, they will repeat the positive in the future because of this understanding.

- “Use a quiet voice in the hall so you don’t wake up the babies.”
- “Hang your coat up so that it won’t get walked on or lost.”



### STARS Training HANDOUT #19 Activity 3 (page 3)

#### **Model the Behavior You Want from the Children**

Children learn by watching others. Show them what to do along with giving an explanation.

- “We wash our hands like this and then we dry them and put the paper towel here in the garbage can.”
- “I don’t know if I like this vegetable or not. I will put a little bit on my plate and try it. Then if I like it I can have more.”
- “Oops, I forgot to throw my gum out when I entered the room this morning. I’d better do it now.”

#### **Reinforce Appropriate Behavior**

Behaviors that are followed by positive reinforcement are likely to be strengthened and repeated. Appropriate ways to reinforce children include a smile, wink, pat on the back, a hug, praise, or a special activity as a reward for the desired behavior.

#### **Ignore Inappropriate Behavior**

Sometimes children receive more attention from adults for inappropriate behavior than for good behavior. Your job is to *catch the child being good* and use positive attention to reinforce the desired behavior. While you cannot ignore unsafe or hurtful actions, you can ignore those that are annoying and can be safely overlooked. By ignoring these behaviors and rewarding the positive behaviors, children will eventually continue to repeat positive behaviors and the annoying ones will disappear.

#### **Give Choices**

When children are given choices they are more likely to cooperate. Offering choices also promotes independence and gives the children some control over their own behavior.

- “I can see that you are not through playing yet. Would you like to put that over here and finish it after lunch or would you like two more minutes before washing up and coming to the lunch table?”
- “Luis has the red marker now. Would you like the green one or the blue one to use until he is finished with his?”

Sometimes children refuse to choose among the options available to them and you need to make the choice for them. Spending a lot of time with a child who refuses to cooperate focuses attention on negative behaviors. Some examples of how to bring a situation rapidly to a close are:

- “It looks like you can’t decide whether you’re going to put your shoes on or not. Why don’t you sit here and I will help you this time.”



# Center-Based Module 5

## Child Guidance: Guidance Techniques I



### **STARS Training HANDOUT #19** **Activity 3 (page 4)**

- “Can you decide which books you’re going to look at all by yourself or should I help you? (No response.) Would you like this book or this one? (No response.) I see you’ll need some help this time. Take this book to your table.”

An important thing to remember about giving choices is to give only those choices that you are comfortable allowing the child to make. The child then chooses which option he/she prefers. Once children get used to choices, they usually want to make their own choices without protest.

#### **Redirect**

Give children alternatives to their current behavior and help them to make appropriate choices.

- “Helen is sitting there. You need to pick another place to sit.”
- “James you have so much energy but running is for outside. No one is at the water table right now, let’s play over there.”
- “I’m sorry there is no more room at the art table right now. You need to pick something else to do until there is a place for you.”

#### **I Messages**

I Messages are a common tool used to tell others how you think or feel without blaming. Most commonly, I Messages use the following format: “When..., I feel... because...” The *when* portion must state specifically what the upsetting behavior is without blaming the child. The *I feel* portion lets the child know your feelings about the behavior or the result of the behavior on you. The *because* portion states the effect of the behavior on you. They do not have to be used in the same order or wording. Here are some examples:

- “When you stand on the chair I am afraid because you may fall and get hurt.”
- “When it is noisy during circle time I am frustrated because I can’t talk loud enough for everyone to hear.”
- “When you fill the glass too full, I am worried that the juice will spill.”

I Messages are a respectful way of telling children what the problem is and allows them to come up with solutions to the problems. It allows them to self-regulate their behavior and to make better choices. When consistently modeled, the children eventually will be able to use I Messages themselves.

#### **Using Consequences**

Consequences come about as a natural result of the child’s behavior. Consequences must be related, respectful, reasonable, and based on appropriate expectations for that child. The following are some examples of applying appropriate consequences to children’s actions:



### **STARS Training HANDOUT #19** **Activity 3 (page 5)**

- Say, “Yes, I know how much you enjoy your art time. I’m sorry you’re missing it. You decided to scatter these toys all over the room and it takes a long time to get them all back where they belong.”  
Rather than: “You threw the toys, you need to sit in time-out.”
- Say, “I see you two are having difficulty deciding who can use the computer first. When you both have agreed on a solution let me know and I will turn it on for you.”  
Rather than: “Neither of you can use the computer today because you were fighting over it.”

Appropriate consequences are not to be used as punishment. They are to help children experience the results of their behavior, so that they may make better choices in the future.

#### **Physical Touch**

There is a range of physical touch that can be used to help guide a child throughout the day. Sometimes a hug or a pat on the back or shoulder is all a child needs in order to feel safe and secure. Infants need holding, cuddling, and rocking to calm and soothe them. Many children like to be rocked or to have their backs rubbed during rest time. This kind of human touch conveys nurturing and support.

Touch can be used, when necessary, to protect a child or others from danger. Examples are:

- Putting your hand on a child’s arm to suggest slowing down.
- Asking a child to hold your hand during a transition or moving from one area of the building to another.
- Placing your hand on a child’s shoulder as an intervention to keep the child from hitting someone or throwing something.

#### **Tantrums**

Individual children cope with stress in a variety of ways. In some cases, children may lose control of their bodies for a short period of time. In young children this can result in what is commonly called a temper tantrum. It is the job of the caregiver to help the child regain self-control. Some children will come up and nestle into your arms. Your calmness will help them to regulate their own bodies. Other children do not want to be touched. They may not even want you to talk to them. At these times you should sit by the child and use your body to separate him/her from the rest of the group. It is important for you to remain calm. Explain to the other children that the child is having a bad time and that you need to stay close to him/her.



# Center-Based Module 5

## Child Guidance: Guidance Techniques I



### **STARS Training HANDOUT #19 Activity 3 (page 6)**

Then, redirect the other children back to their play. Tell the child you are with, "I know you are feeling really angry right now. When you are calm you can tell me about it if you like."

#### **Caution about Using Rewards and Stickers**

Behavior modification techniques are tempting to use because they are so effective when used correctly, at least initially. Children will work for the physical evidence of their good or poor behavior. But, behavior modification techniques do not emphasize the social and interpersonal reasons for cooperating. Better ways of encouraging cooperative behavior are to make it a game such as, "Who can pick up all of the red ones?" or offer choices such as, "Do you want to pick up the blocks or put away the books?" Overuse of rewards and stickers sometimes causes children to cooperate only if they are paid. Children should not be paid for doing things that should be naturally expected of them.

#### **Removing Children from the Group: Proper Use of Time-Out**

Time-out is an intervention method for responding to extreme behavior. Many child development specialists discourage its use and some programs have banned it because it tends to be mis- and over-used.

The goal of a Time-out is to help the child regain self-control. It should not be used as a punishment. Children are learning self-control and it takes practice. Time-out is a time to settle down and regain composure. It should be a quiet, relaxed, neutral break to allow the child to regain self-control. Time-out should be brief (one minute per year of child's age, up to five minutes) and should take place in a soft, cozy place like an easy chair with pillows. Time out is NOT appropriate for infants and toddlers. It is appropriate only after children have some sense of how to help themselves (around 36 months).

Having a child sit down for a while is NOT a substitute for problem-solving. It is essential that you return to the child after he/she has regained self-control and discuss the problem. Help the child to figure out what she/he can do differently next time.

Stay flexible. Do not get into a power struggle or try to get a child to listen to what YOU have to say. If the child appears unwilling to discuss the problem, accept that. Later in the day, make sure you get back to the child to problem solve the situation.

#### **Time-In Instead of Time-Out**

Often Time-out can be avoided if caregivers are alert and attentive to the child's emotional state and needs. Caregivers should observe and look for signs that the child is having difficulty or becoming upset. Sometimes a group environment can be overwhelming. When you see this occurring, you can go to the child and



### STARS Training HANDOUT #19 Activity 3 (page 7)

remove him/her from the group by asking if he/she would like to do something with you. “I need a helper, can you help me...” or “Would you like to read a story with me?” The objective is to give the child some positive one-on-one attention to help him/her quiet and relax before re-entering the group. Sometimes a child may need to stay by you for safety and support for long periods of time, perhaps throughout the entire day. Time-in with a sensitive, caring adult can avoid Time-out later in the day.

#### **Inappropriate Forms of Discipline**

You should distinguish discipline or guidance from punishment. GUIDANCE HAS AS ITS GOAL EDUCATING AND REDIRECTING CHILDREN. It emphasizes cooperation. Punishment has as its goal hurting, shaming, or intimidating children. Punishment is an inappropriate form of discipline and has no place in a child care center. You must not:

- Shame a child
- Call a child names
- Shout at a child
- Ridicule a child in front of a group
- Allow the group to make fun of a child
- Put an older child in a playpen, crib, or high chair
- Make a child wear a dunce cap
- Make a child put his face against the wall.

Inappropriate forms of discipline are a source of stress and anxiety for children. It makes them feel badly about themselves, angry at the caregiver, and afraid of being punished again.

There are times when you will be genuinely angry at a child. Whenever you express your anger at what children do, it is important that you make it clear you are angry at the child’s behavior, not the child as a person. Do not let your anger be an excuse to be out of control, abusing the child either physically or verbally.

**Note: It is never appropriate for adults to lose their temper or control. Caregivers are human and may need to separate themselves from the offending child if they cannot control their own emotions. Understanding children means understanding child development. There are classes available to help you to do so. The more knowledge you have the easier it is to provide the behavioral guidance that children need to grow in a positive way socially and emotionally.**





# Center-Based Module 5

## Child Guidance: Guidance Techniques I



### STARS Training HANDOUT #20 Activity 3 (page 2)



4. List and give examples of ten positive guidance techniques that will be useful to you as you work with children.

- |    |    |
|----|----|
| a. | f. |
| b. | g. |
| c. | h. |
| d. | i. |
| e. | j. |

5. What should you remember when giving choices?

6. The main goal of Time-out is to help children \_\_\_\_\_.

7. Time-out should never be more than \_\_\_\_\_ minute(/s) for each year of child's age.

8. An alternative to Time-out is \_\_\_\_\_  
\_\_\_\_\_.

# Center-Based Module 5

## Child Guidance: Guidance Techniques I



### STARS Training HANDOUT #20 Activity 3 (page 3)

9. List five forms of inappropriate discipline.

a.

b.

c.

d.

e.

10. Corporal punishment is \_\_\_\_\_ appropriate in a child care setting.



### STARS Training **HANDOUT #21** Activity 4 (page 1)

## CREATING THE ENVIRONMENT CHECKLIST

(adapted from pages 74-75 of the *Child Care Center Licensing Guidebook 2nd ed.*)

Much of behavior management and guidance happens behind the scenes. It is what the caregiver does before the children arrive to create an environment that promotes positive behavior. What is placed in an area and how it is arranged influences the children's social, emotional, and academic growth. It also influences the behaviors, positive and negative, that happen in that space.

Here is a checklist that can help you create an environment that promotes children's positive behavior in your center:

	The classroom has a variety of learning and activity centers to encourage choice and independence.
	Age-appropriate materials and toys are displayed on low, open shelves, allowing children to get them and to put them away by themselves.
	There are enough materials and toys available so that children can choose what they want to play with and have the ability to play with them for long periods of time. This decreases children's fighting over toys.
	Centers are set up for several children (up to 4 or 5) to play together. This allows them to cooperate, share, and problem solve together.
	A large space for whole group activities is provided to allow for group discussion and problem solving.
	There are small, quiet, private areas within full adult supervision so that children can be alone or play with just one or two other children.
	The room is uncrowded and has space to work and play at the tables and on the floor. Congestion is avoided and children can move about and explore.
	Centers and activity areas are well defined and placed so activities are not interrupted. Children know what to do in each area. Toys and equipment remain in their designated areas.
	Low dividers are used to separate areas so that caregivers can easily observe the children and supervise their activities.
	Individual cubbies are available so that children can be responsible for their own belongings.
	Placement of furniture discourages rough play or running.

*You should modify the environment throughout the day as needed to meet the emerging needs of children in your care. You can add props to the dramatic play or playground areas to promote social interaction or broaden play that is already in progress. If the children are too rough or noisy in a given area, you can rearrange it to limit the number of children, or another activity can be introduced into that area. Modifying the environment is the first step to take to help children behave appropriately.*



# **Maslow Hierarchy of Needs**

**Mod 6 Act 1 WS # 8**

Physiological Needs:

Safety Needs:

Love Needs:

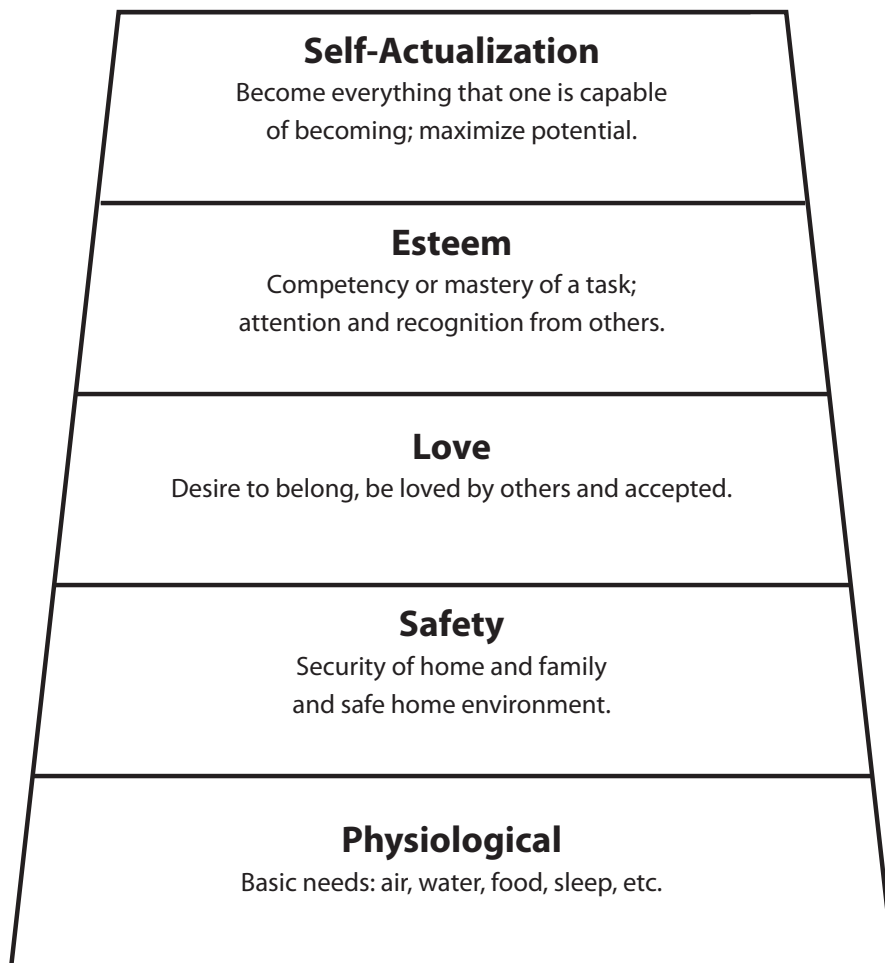
Esteem Needs:

Self- Actualization:



STARS Training HANDOUT #22  
Activity 1

### Maslow's Hierarchy of Needs



Until lower level is full, one cannot move to next level.



### STARS Training HANDOUT #23 Activity 1

#### Maggie's Scenario

Maggie is 4 years old. Her mother and father had a terrible fight last night. Maggie's dad came home drunk and started to yell at Jodi, Maggie's mom. Jodi was frightened as he had hit her during their last fight. She became more frightened when he began to yell at Maggie and Nathan, Maggie's little brother, for leaving their toys on the floor. Desperate to separate the children from their father, Jodi put them to bed immediately before they had even eaten their dinner. Maggie 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. Maggie's mother was distracted and worried about being late for work. She rushed Maggie into her child care center and pushed her into the classroom with a quick "Good-bye."

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

#### Questions:

1. How do you think Maggie reacted? Why?
2. How did the teachers probably react, not knowing about Maggie's circumstances?
3. What were Maggie's immediate needs?
4. What should they have done?

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

1. How could the experiences from the night before affect her interactions with the children in her care?





### STARS Training **HANDOUT** #24 Activity 2 (page 1)

## Understanding and Responding to Misbehavior

(adapted from pages 71-72 of the *Child Care Center Licensing Guidebook, 2nd ed.* (2006))

Children are not born with inner self-controls. They learn behaviors through observing the people in their lives. They need to learn to manage their feelings and emotions in socially acceptable ways. Child care providers are important role models for these children and are in a position to help them acquire self-regulation skills. Anything a child does is “behavior” and all behaviors of children are purposeful and happen for a reason. However, sometimes children behave in ways that are destructive, inappropriate, or otherwise unacceptable. Caregivers must respond to these behaviors positively and respectfully.

### Reasons for Mistaken Behavior

Children often exhibit unacceptable behaviors when something is bothering them. Some of the reasons are that they:

- Don't feel well. They may be hungry, sick, or tired.
- Lack knowledge or experience. Children make mistakes, but this is how they learn about social situations.
- Are feeling stressed. (Is there a new baby in the house, did they just move, has a death occurred in the family, are the parents arguing?)
- Are discouraged. Often they misbehave to get our attention.
- Feel rejected. Everyone wants to be loved and accepted.

In order to thrive, *all* children need to be shown respect for their feelings and unconditional love and acceptance.

Further reasons for mistaken behavior can be broken down into four basic categories. If you understand these goals of misbehavior, you can change your reactions to the behaviors and in many cases can change the behaviors of the child. The goals of the misbehavior are subconscious to the child. The child is not deliberately acting in negative ways. The child is using unsuccessful methods of filling unmet needs. Four common needs behind misbehavior are:

#### 1. Attention Getting

Attention getting is the most common need behind mistaken behavior. The child may be feeling left out or ignored and the goal of the child is to get the attention from the caregiver. A good example of this is the child who constantly interrupts and wants to talk to you while you are talking with someone else. Caregivers can identify attention-getting behavior by their own initial emotional response. Usually the caregiver feels irritated or annoyed. The best strategy is to ignore the mistaken



### STARS Training **HANDOUT #24** **Activity 2 (page 2)**

behavior and to “catch that child being good.” An example might be that you are working with Maria, who is trying to master tying her shoes. Eric is standing by you, interrupting you as you speak to Maria, and wants you to come read a story to him. You say to Eric, “Eric, I am helping Maria right now, but I would love to come read a story with you. Would you like to read the story to yourself while you wait, or would you like to play at the sensory table until I can read with you?” Once you are finished helping Maria, you go over to Eric and tell him, “Thank you for being so patient while I was helping Maria. Let’s read that story!” This strategy allowed you to work with Maria, did not give Eric attention for his annoying behavior, and reinforced his positive, patient behavior.

#### **2. Power or Control**

Power and Control are other common needs behind mistaken behavior. The child is asking for more control over his or her own life. Usually a caregiver can identify this goal because the caregiver feels angry, frustrated, or fearful in response to the child’s actions. A common example of this is the child who says, “No!” and refuses to do what is asked. This child wants to be given choices. An example of the power struggle is the child who refuses to help at clean-up time. A knowing caregiver would give the child appropriate choices such as:

- “Would you like to put away the markers by yourself or would you like me to help you?” (Notice, the caregiver did NOT say, “You have to put them away. If you don’t, you have to go to time-out.”) This gives the child the power over his/her choice.
- “Do you want to pick up the cars or the blocks?”

Another example might be the child who refuses to come in after playing outside. Appropriate choices include:

- “The children are getting ready to go inside. Would you like to go in now or would you like an extra two minutes to play?”
- “Would you like to hold the door for everyone or would you rather hold my hand as we go in?”

The important thing to remember when giving choices is that the choices must always be acceptable to you. The caregiver selects the choices for the child. The child chooses within the options given by the caregiver.



# Center-Based Module 6

## Child Guidance: Guidance Techniques II



### **STARS Training HANDOUT #24** **Activity 2 (page 3)**

#### **3. Revenge**

Revenge is sometimes behind a child's mistaken behavior. This may be seen in a child who is already angry and may feel hurt. The unconscious goal of the child is to hurt back. The caregiver can identify revenge as the goal because she/he feels hurt and angry too. The child needs lots of positive attention and to be given choices.

The caregiver must make a determined effort to "catch the child being good" and make sure to give choices whenever appropriate to do so. Also, the caregiver must work at establishing a positive relationship with the child. A child who receives praises for good behavior, and has choices and options, gains control over his/her life. Once the child feels respected and accepted, the behavior will gradually disappear.

#### **4. Avoidance of Failure**

Avoidance of failure may be the hardest of the behaviors to change. The child feels inadequate and unable to achieve. The caregiver will recognize this behavior because she will feel at a loss as to what to do. In many cases the child has experienced many failures and has given up. The wise caregiver will carefully plan esteem-building activities that will allow the child to be successful and continue to build upon these experiences. Slowly the child learns that she/he is capable and gradually starts taking on challenges of his/her own accord.

# **Understanding and Responding to Misbehavior**

Mod 6 Act 2 WS #9

Name \_\_\_\_\_

## **Reasons for Mistaken Behavior:**

**1. Getting Attention-**

**2. Power or Control-**

**3. Revenge-**

**4. Avoidance of Failure-**

# Center-Based Module 6

## Child Guidance: Guidance Techniques II



### STARS Training HANDOUT #25 Activity 2

#### Scenarios of Misbehavior

1. You are reading a story to the class when Sally raises her hand and says, "Teacher, teacher, teacher. . ." You stop reading and say, "Yes, Sally?" Sally replies, "I don't know." This is the third time she has interrupted story time this way.
2. Ashanti refuses to come to circle time.
3. Lujan says, "I can't draw. I don't know how. Will you draw it for me?"
4. Nancy refuses to quit playing and come to the lunch table.
5. Rosario rips up a book in the classroom and screams, "I hate you!"



# Center-Based Module 6

## Child Guidance: Guidance Techniques II



### STARS Training HANDOUT #26 Activity 3

#### **Aiesha's Scenario**

Aiesha, a two-year-old girl, is having a terrible, very bad day. So far, she is crabby, has cried a lot, hit Tarek, had two temper tantrums - and it is only 9:30 a.m.! Now Aiesha and Ragnar both have hold of a truck. They are both screaming, "It's mine." Using the Behavior Guidance Plan, develop strategies to help Aiesha.

# Center-Based Module 6



## Child Guidance: Guidance Techniques II

STARS Training HANDOUT #27  
Activity 3

### Behavior Guidance Plan (Fill in appropriate ideas)

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Child's strengths (what the child does well):

Describe the problem (specific behaviors):

What is the desired behavior for the child?

Possible changes to the environment to modify the behavior:

- 1.
- 2.
- 3.

Positive communication to reinforce good behavior (praise, smile, special activity, time with the caregiver, etc.):

- 1.
- 2.
- 3.

Communication to acknowledge the child's feelings:

- 1.
- 2.
- 3.

Appropriate choices the child could be given:

- 1.
- 2.
- 3.

Appropriate Consequences:

- 1.
- 2.

Plan of Action:

Caregivers will:

Parents will:

Start date of Plan: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

Other things to try:

# Center-Based Module 6

## Child Guidance: Guidance Techniques II



### STARS Training HANDOUT #28 Activity 4

#### **Knowing the Limits of Your Expertise**

It is never appropriate for adults to lose their temper or control. Caregivers are human and may need to separate themselves from the offending child if they cannot control their own emotions. Understanding children means understanding child development and there are classes available to help you to do so. The more knowledge you have the easier it is to provide the behavioral guidance that children need to grow in a positive way socially and emotionally.

Sometimes just handing over a problem to someone else solves the problem. The other staff person is not necessarily more competent than you. Children may be ready to cooperate but do not feel they can give in to you without losing face. Do not take it personally. You may have an opportunity to help another staff person with a problem at another time. Child guidance techniques are learned behaviors and can be gained through education and training. You may need to get professional guidance for dealing with a child whose behavior is very difficult to manage.

The purpose of guidance is to help children learn basic human values, problem solving skills, and to take responsibility for their own actions. Telling parents not to spank their child is the easy part. Sometimes you will not 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.



**STARS Training HANDOUT #30**  
**Activity 2, Center 1 (page 1)**

### Proper Handwashing

#### How to Wash Hands

- Check to be sure a paper towel is available
- Turn on water to a comfortable temperature
- Moisten hands with water and apply heavy lather of *liquid soap*
- Wash well under running water for at least 10 seconds
- Pay particular attention to areas between fingers, around nail beds, under fingernails, and back of hands
- Rinse well under running water until free of soap and dirt. Hold hands so that water flows from wrist to fingertips
- Dry hands with paper towels
- Use paper towel to turn off faucet; then discard towel, and
- Use hand lotion, if desired.

#### Handwashing for Infants/Toddlers

Use soap and water at a sink if you can. If a baby is too heavy to hold for handwashing at the sink, use disposable wipes 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, and
- Dry the child's hands with a paper towel.

#### Handwashing for Older Children

- Squirt a drop of liquid soap on children's hands
- Wash and rinse their hands in running water, directing flow from wrist to fingertips
- Dry hands with paper towel
- Turn off faucet with paper towel and discard, and
- Teach older children to carry out the procedure themselves. Supervise younger children in carrying out this handwashing procedure.

Water play is one of children's favorite activities, so it is not difficult to teach them the proper way to wash their hands. Gentle reminders can help children develop habits that will keep them healthy the rest of their lives. A staff member should be available to see that children wash their hands properly and to assist children who need help. Hot water temperature must be between 85°F and 120°F for outlets used by children.

# Center-Based Module 7

## Health: Clean and Healthy



### **STARS Training HANDOUT #30** **Activity 2, Center 1 (page 2)**

#### **When to Wash Hands**

Staff and volunteers must wash their hands with soap and warm water:

- When arriving at work
- After toileting a child
- After personal toileting
- Before, during (may use a wet wipe) and after diapering a child
- Before handling or eating food
- Before and after preparing, serving, or eating food
- After covering a cough or sneeze or blowing their nose
- Before and after giving medication
- After attending to an ill child
- After being outdoors or involved in outdoor play
- After handling, feeding, or cleaning up after animals
- After handling body fluids
- After smoking
- As needed





### STARS Training HANDOUT #31 Activity 1

## Handwashing 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 Leah 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 Leah grabbed a tissue and wiped Marcus' nose. Just then, Alysia needed help putting on the paint apron, so Teacher Leah helped her with the apron. Part of the class had been outside and they now came in, clustered around Cameron, who had found a worm. Teacher Mark helped Cameron put it into the terrarium and they all gathered for circle time. Teacher Leah started reading the children a story. Halfway through the story, Isaiah said that he didn't feel good. Teacher Mark felt his forehead and thought that Isaiah might be a bit warm. He took Isaiah to the office. When he returned, he sat down at circle, put his arm around Adison, and listened to the rest of the story.

Please do the following:

- Highlight each situation where handwashing should take place.

# Keeping It Safe

Mod 7 Act 2 WS #10

**Clean:**

**Sanitize:**

**Disinfect:**

### STARS Training HANDOUT #32 Activity 2, Center 2

## Keeping It Safe: Cleaning, Sanitizing, and Disinfecting

- **Clean** means to remove dirt and debris from a surface by scrubbing and washing with a detergent solution and rinsing with water. This process must be accomplished before sanitizing a surface.
- **Sanitize** means a surface must be clean and the number of germs reduced to a level that disease transmissions by that surface are unlikely. This procedure is less vigorous than disinfection.
- **Disinfect** means to eliminate virtually all germs from inanimate surfaces through the use of chemicals or physical agents.

Cleaning, sanitizing, and disinfecting are important steps in ensuring a healthy environment and in preventing the spread of illness. You need to have policies and routines for maintaining sanitary conditions at the center and train staff to follow your guidelines. The younger the children in care, the more likely an object will go into children's mouths. This means you clean and disinfect their objects and surfaces more often.

### Formulas for Bleach Solutions

**Disinfecting solution is a more concentrated solution and is used for diapering areas, bathrooms, kitchens, handwashing sinks, floors, and surfaces contaminated by body fluids:** Use one-quarter (1/4) cup of bleach per gallon of water (or one tablespoon per quart). This solution is strong enough to kill germs quickly, but it still needs time to work. You must let the surface air-dry for a minimum of two minutes. Using a towel or sponge to dry the surface increases the chances of putting germs back on the cleaned surface. Bleach evaporates quickly, leaving no toxic residue.

**Sanitizing solution is a less concentrated solution and is used for submerging dishware that has been cleaned, table tops, classroom counters and doorknobs, and toys that are mouthed by children:** Use one teaspoon of bleach per gallon of water. For this less concentrated solution to do its job of killing germs, totally submerge objects in the solution for at least two full minutes. Allow the items to air dry.

You can make a quantity of a bleach solution ahead of time. Store it in a dated, labeled, airtight container. Empty out and refill spray bottles daily because chlorine bleach exposed to air loses its strength.

# Center-Based Module 7

## Health Clean and Healthy



STARS Training **HANDOUT #33**  
Activity 2, Center 2

### Know Your Bleach Solutions

#### Sanitizing

**Less concentrated solution:** 1 teaspoon bleach per gallon of water for submerging dishware that has been cleaned, table tops, classroom counters, doorknobs, and toys that are mouthed by children.

#### Disinfecting

**More concentrated solution:** 1/4 cup bleach per gallon of water for diapering areas, bathrooms, handwashing sinks, floors, kitchens, and surfaces contaminated by body fluids.

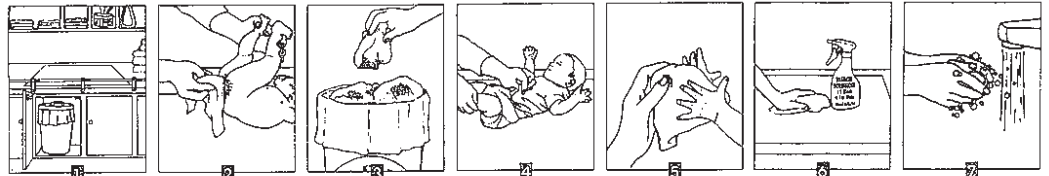
Mark each item with an **S** for sanitizing (less concentrated solution) or an **D** for disinfecting (more concentrated solution,) identifying which solution should be used to clean the item:

- \_\_\_\_\_ Diaper changing table
- \_\_\_\_\_ toys
- \_\_\_\_\_ dishes
- \_\_\_\_\_ playdough table
- \_\_\_\_\_ bottles
- \_\_\_\_\_ door knobs in classrooms
- \_\_\_\_\_ door knobs in bathrooms
- \_\_\_\_\_ nipples
- \_\_\_\_\_ pacifiers
- \_\_\_\_\_ sinks in classrooms
- \_\_\_\_\_ sinks in bathrooms
- \_\_\_\_\_ bathrooms and bathroom equipment
- \_\_\_\_\_ sleeping mats
- \_\_\_\_\_ blocks
- \_\_\_\_\_ soft cover books
- \_\_\_\_\_ floors
- \_\_\_\_\_ surfaces contaminated by body fluids



### STARS Training HANDOUT #34 Activity 3 (page 1)

#### Recommended Steps for CHANGING DIAPERS



BE SURE your supplies are ready and within reach.

NEVER leave the child alone on the diapering table.

TAKE OFF the dirty diaper, and

CLEAN the child's bottom with wet paper towels or wet wipes.

THROW AWAY or BAG the dirty diaper in a properly labeled, covered container that meets your county's health standards.

WASH or clean your hands with another wet paper towel or wet wipe.

DIAPER and DRESS the child.

WASH the child's hands with soap and water or with a fresh paper towel or wet wipe.

Put the child down in a safe place.

CLEAN and DISINFECT the diapering area and any equipment or supplies you touched.

WASH your hands with soap and warm running water. Rinse well.



#### DIAPER CHANGING:

1. **Wash hands.**
2. Gather necessary materials.
3. Put on disposable gloves (optional).
4. Place single use cover on table (optional).
5. Place child gently on table and remove diaper. Child is not left unattended.
6. Dispose of diaper:
  - Disposables in container with cover (hand-free foot pedal-type).
  - Cloth in a strong plastic bag or double bagged to be sent home or to diaper service.
7. Clean the child's diaper area front to back, using one clean, damp wipe for each stroke.
8. Apply topical cream/ointment/lotion when a parent's written request is on file.
9. **Wash hands.** A wet wipe may be used for this handwashing step only.
10. Put on clean diaper and protective pants (if cloth diaper used), dress child.
11. Wash child's hands with:
  - Soap and running water;
  - With a wet wipe for young infants; or,
  - Wipe infant's hands with a damp paper towel moistened with a drop of liquid soap, then wipe the child's hands with a paper towel wet with clear water, and dry hands with a paper towel.



# Center-Based Module 7

## Health Clean and Healthy

### STARS Training HANDOUT #34 Activity 3 (page 2)

12. Place child in a safe place.
13. Discard disposable pad after each diaper change.
14. Wash diaper change pad, if soiled, and disinfect with 1 tablespoon bleach/1 quart water. Let stand for 2 minutes.
15. Remove gloves, if used.

16. **Wash hands.**

Most infant room caregivers mark diaper changes on a chart. Charting is a useful tool, although it is not required. There are many advantages to charting infants' routine activities throughout the day including their sleep schedule, diaper changes, and feeding times. Charts are helpful to:

- Inform parents about their child's day and activities
- Serve as a memory aid for staff about when an infant was last changed or fed, and
- Provide staff information about changes in infant's routine behavior, which may indicate they are sick or not feeling well.



### STARS Training HANDOUT #35 Activity 4, Center 1 (page 1)

#### Body Fluids Scenario #1

Lacey felt proud that she was wearing “big girl pants” to child care today. Lacey 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 clothes and they went to the bathroom to change into them. Teacher Marie helped Lacey to take off her wet shirt, pants and underwear. Since there were no more socks, Teacher Marie decided to let Lacey leave hers on. After all, only one was slightly damp, and it would dry soon anyway. Lacey 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 Lacey’s cubbie. Lacey hurried to the dramatic play area to play tea party. Teacher Marie checked Lacey’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 Colman in that morning, she told his teacher that Colman had complained of a tummy ache but she thought that he would be all right after he had eaten breakfast. Fifteen minutes after breakfast, Colman 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 Colman to the bathroom, where he changed his clothes while she tried her best to wash hers out. She put Colman’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. Colman played quietly at the playdough 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 Jennifer was holding, rocking, and talking quietly to baby Gabrielle. Gabrielle fussed a bit, scrunched her little face up and had a bowel movement. Teacher Jennifer could feel something warm. “Do you need your diaper changed, Sweetheart?” Teacher Jennifer 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 was on her. She changed the baby’s diaper, put fresh clothing on her, and placed the diaper in 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 cubbie for Mom to take home. She put Gabrielle down to play and picked up Victor to check his diaper.



# Center-Based Module 7

## Health Clean and Healthy

**STARS Training HANDOUT #36**  
**Activity 4, Center 2 (page 2)**

### **Medication Management Scenario #1**

DuWayne 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). DuWayne 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.



**STARS Training HANDOUT #38**  
**Activity 1**

### 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

155° F  
165° F

150° F  
140° F

10° F or lower  
165° F for at least 15  
seconds within a 2-hour  
time frame

- |                                |  |
|--------------------------------|--|
| _____ cooked hamburger patties | _____ cooked pork  |
| _____ reheated chili           | _____ potato salad   |
| _____ fried chicken            | _____ baked turkey with stuffing                                     |
| _____ leftover applesauce      | _____ reheated leftovers   |
| _____ hot roast beef           | _____ frozen veal cutlets  |
| _____ mayonnaise               | _____ hot meat loaf  |
| _____ cooked lamb              | _____ pork sausage   |
| _____ frozen vegetables        | _____ stuffing in separate pan<br>(Do not cook with meat or poultry) |
| _____ leftover roast beef      | _____ baked fish   |

# Center-Based Module 8

## Health Feeding and Care

### STARS Training HANDOUT #39

#### Activity 1 (page 1)

**(This handout will be used for Center 1 and Center 2 activities)**

#### Food Safety Rules

- Wash your hands before handling food.
- You must develop and implement a system to monitor the temperature of potentially hazardous foods during cooking, reheating, cooling, storing, and hot and cold holding temperatures to be sure that:
  - Food will be cooked to at least the minimum correct internal temperature:
    - Ground beef and pork sausage, 155° F
    - Pork, 150° F
    - Fish and seafood, 140° F
    - Poultry and stuffing, 165° F
    - Eggs, 140° F
    - Beef (not ground) and lamb, 140° F.
  - Previously prepared food is reheated one time only to an internal temperature of 165° F for at least 15 seconds within a 2-hour timeframe.
  - Hot food is kept at a temperature of 140° F or above until served
  - Cold food is kept at a temperature of 45° F or less
  - Refrigerators have a thermometer in or near the door and are kept at 45° F or less, and
  - Freezers have a thermometer in or near the door and are kept at 10° F or less.
  - Cooked potentially hazardous foods will be cooled within 2 hours to 70° F and within 6 hours from 140° F to 45° F or less.
- You must develop a system to record the temperature of each perishable food once it arrives from a satellite kitchen or a catering service. The system must include keeping records on site for six months with the following information:
  - The name and temperature of the food
  - The date and time the temperature was checked, and
  - The name and signature or recognized initials of the person who is checking and recording the food temperatures.
- You may serve previously prepared food that has not been previously served if it was stored at the proper temperature for less than forty-eight hours after preparation. Leftover foods or opened foods in the refrigerator must be labeled with the date that they were opened or cooked.
- You must store food:
  - In the original containers or in clean, labeled containers that are airtight and off the floor



### STARS Training HANDOUT #39

#### Activity 1 (page 2)

- In a manner that prevents contamination from other sources
- In an area separate from toxic materials such as cleaning supplies, paint, or pesticides
- That is not past the manufacturer's expiration or freshness date
- In a refrigerator or freezer if cooking is required
- Raw meat, poultry or fish kept in the refrigerator must be stored separate, below other foods, particularly foods that are eaten fresh
- Foods not requiring refrigeration must be kept at least six inches above the floor in a clean, dry, ventilated storeroom or other area, and
- Dry bulk foods not in their original containers, in containers with tight fitting covers. Containers must be labeled and dated.
- You must thaw food by using one of the following methods:
  - In a refrigerator
  - Under cool running water, in a pan placed in a sink with the stopper removed
  - In a microwave, if the food is to be cooked immediately, or
  - As part of the continuous cooking process.
- You need to have the following equipment to cook and serve meals without restrictions on the type of menus or foods that you can cook, serve or store:
  - Kitchen walls, counter tops, floors, cabinets and shelves that are:
    - § Maintained in good repair to include being properly sealed without chips or cracks
    - § Moisture resistant, and
    - § Maintained in a clean and sanitary condition.
  - A range with a properly vented hood or exhaust fan, except when serving only snacks
  - A refrigerator and a freezer, or a combination refrigerator/freezer, with sufficient space for proper storage and cooling of food
  - Handwashing facilities located in or adjacent to the food preparation area with handwashing procedures posted at each sink used for handwashing and followed by all persons who participate in food preparation.
- You may use a microwave oven to reheat foods if the food is:
  - Rotated or stirred during heating
  - Covered to retain moisture, and
  - Held for two minutes prior to serving to allow the temperature to spread evenly throughout the food.

**Note:** Although the Washington State Department of Health has recently changed their requirement that cold food be stored at or below 41° F, it is still considered allowable to store food at 45° F. Since current WAC requires centers to keep cold food at or below 45° F, that temperature will be referred to throughout this guidebook. For best practice, however, keep cold foods at or below 41° F.



### STARS Training HANDOUT #40 Activity 1

## Food Handling Scenario or “Is This OK to Eat?”

Cook Taylor 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 approvingly at the cleanliness and order that was before her, until she saw the eggs left on the counter from the day before. “I wish they’d put their things away,” she muttered to herself as she put them 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 would put whatever was left back in the refrigerator after lunch.

Hamburgers, macaroni salad, and fresh watermelon were planned for lunch. She cooked the macaroni for the salad. She drained it, and put it in a bowl. She then got the mayonnaise 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 timewise - 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, Taylor 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 that was left over from sometime 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. Mrs. Chen came by on her way home with Riah, her 9-month-old son. Mrs. Chen asked Taylor if she’d warm up Riah’s bottle in the microwave. Taylor 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.



**STARS Training HANDOUT #41**  
**Activity 1, Center 3 (page 1)**

### Infant Food Safety

Work on your own or with a partner to fill in the blanks. Using pages 162-171 of the *Child Care Center Licensing Guidebook, 2nd ed.* (2006), complete this exercise.

1. Bottles can be prepared as the child \_\_\_\_\_ or prepared \_\_\_\_\_.
2. Prepare bottles using a sink that is only for \_\_\_\_\_.
3. If using formula or breast milk from the refrigerator, the bottle may be warmed \_\_\_\_\_ or heated in a container of water that is not more than \_\_\_\_\_ for no more than \_\_\_\_\_ just prior to feeding.
4. Microwave ovens \_\_\_\_\_ be used for heating an infant's bottle or other food.
5. Bottles may not be left out at room temperature for more than \_\_\_\_\_. Do not put bottles that have been used back in the refrigerator.
6. Parents should bring \_\_\_\_\_ cans of formula.
7. Label the formula container with \_\_\_\_\_ and \_\_\_\_\_.
8. A bottle that has been fed over a period that exceeds \_\_\_\_\_ from the beginning of the feeding or has been \_\_\_\_\_ an hour or more \_\_\_\_\_ be served to an infant.
9. Throw away or return to the family any unused bottle contents within \_\_\_\_\_ hours of preparing or arriving at the center.
10. Do not use formula after the \_\_\_\_\_.
11. When bottles are supplied by parents, they must have \_\_\_\_\_ and \_\_\_\_\_ written on them or on a label attached to them in waterproof marker.
12. A \_\_\_\_\_ must be accessible to staff to store bottles and unserved, leftover infant food.



# Center-Based Module 8

## Health Feeding and Care



### STARS Training **HANDOUT #41** Activity 1, Center 3 (page 2)

13. Bottle nipples must be \_\_\_\_\_ in order to prevent cross contamination.
14. Breast milk must be labeled with the child's name, \_\_\_\_\_, and \_\_\_\_\_.
15. Frozen breast milk may be kept at the center for no more than \_\_\_\_\_.
16. Store breast milk at \_\_\_\_\_ in a small freezer compartment inside a refrigerator.
17. Thaw breast milk \_\_\_\_\_, \_\_\_\_\_, or \_\_\_\_\_ just prior to feeding.
18. Thawed breast milk is refrigerated and used \_\_\_\_\_. Thawed breast milk is \_\_\_\_\_ refrozen.
19. Never thaw breast milk in a \_\_\_\_\_.
20. Bottles, bottle caps, nipples, and other equipment used for bottle feeding must not be reused without first being \_\_\_\_\_ and \_\_\_\_\_ by washing in a dishwasher or by washing, rinsing, and boiling for one minute.
21. \_\_\_\_\_ or \_\_\_\_\_ is the best source of essential nutrients throughout the first year of life.
22. When adding solid foods, add \_\_\_\_\_ and continue with the same food for at least three to seven days.
23. If symptoms of intolerance such as a rash or diarrhea occur, \_\_\_\_\_ the recently added food.
24. \_\_\_\_\_ and \_\_\_\_\_ generally cause the most allergic reactions.
25. Caregivers should feed infants semi-solid food, such as cereal, with a spoon, not \_\_\_\_\_.
26. Use another \_\_\_\_\_, not the one you have been using to feed the baby, to get \_\_\_\_\_ from the jar.
27. Always refrigerate open jars of baby food and \_\_\_\_\_ after 24 hours.



### STARS Training HANDOUT #42 Activity 2

## Dishwashing Procedures

### The Three-Step Method for Washing 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 washing dishes by hand:

Scrape leftover food and grease from the dishes and throw it away.

1. In the **first sink**, wash the dishes with hot water and detergent.
2. In the **second sink**, rinse them with clean hot water.
3. In the **third sink**, submerge dishes in a bleach solution (1 tablespoon bleach per gallon of cool water) for one minute.

**Air dry** the dishes and utensils.

### Washing Dishes Using a Dishwasher That Sanitizes Using Heat or Chemicals

A dishwasher will wash, rinse, and sanitize dishes, equipment, and utensils. Make sure you:

- Scrape leftover food and grease from the dishes and throw it away.
- Load dishes into the machine and run the full cycle.

Air dry the dishes and utensils. Do **not** use a towel to dry them.

In order to properly sanitize dishes using heat, the dishwasher must reach a temperature of 140° F. This will kill germs. If your dishwasher has a “sanicycle,” the final rinse water heats to this temperature. A maximum registering or “holding thermometer” is needed to check dishwashing equipment. Contact your local health specialist for assistance. At the end of the day, clean the dishwasher and check the spray holes and traps to remove bits of food.





**STARS Training HANDOUT #43**  
**Activity 3, Center 1 (page 1)**

### When and What Do I Feed the Children?

Work on your own or with a partner to fill in the blanks. Using pages 140-142 of the *Child Care Center Licensing Guidebook, 2nd ed. (2006)*, 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 \_\_\_\_\_ 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 snack, mid-afternoon snack, and a lunch. Or you could give them a breakfast, a lunch, and at least one snack.

# Center-Based Module 8

## Health: Feeding and Care



### STARS Training HANDOUT #43 Activity 3, Center 1 (page 2)

- Children who remain in care for \_\_\_\_\_ or more hours need more food. They need a breakfast, lunch, a mid-morning snack, and a mid-afternoon snack. Or, you could serve a mid-morning snack, a lunch, a mid-afternoon snack, and a late afternoon snack.
8. All menus are prepared \_\_\_\_\_ in advance and \_\_\_\_\_.
  9. All food substitutions will be of \_\_\_\_\_ nutrient value and recorded.
  10. Menus must list specific types of \_\_\_\_\_.
  11. A record of foods served will be on file for at least \_\_\_\_\_.
  12. Food allergies are posted \_\_\_\_\_.
  13. Lunches/snacks sent from home will be examined for \_\_\_\_\_, and \_\_\_\_\_ as necessary to ensure children's dietary needs are met.
  14. Children in your care after 4:30 or 5:00 p.m. need to be served a \_\_\_\_\_.





**STARS Training HANDOUT #44**  
**Activity 3, Center 2**

### Preventing Choking

Young children can be at risk for choking on foods:

- Infants and toddlers have limited control of their mouth muscles and lack the molars to grind up hard foods.
- Three- to four-year-olds lack chewing sophistication and are easily distracted while eating.
- Certain foods pose choking risks. These include nuts, seeds, whole grapes, hot dogs, hard candy, whole corn, popcorn, chips, tough meats, and “sticky” foods such as peanut butter, processed cheese, marshmallows and fruit roll-ups.

Children can choke on any food and **MUST** be supervised while they are eating. Make sure all children are seated to eat. Modify foods to be smaller or softer (dice melons into small pieces and steam broccoli and carrots). Discourage children from eating too fast or pocketing food. Remind parents of the hazards of feeding children in cars or on buses.

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

- |  |                        |
|--|------------------------|
| • Spoonfuls of peanut butter           | • Fresh broccoli       |
| • Marshmallows                         | • Large chunks of meat |
| • Nuts, seeds, and peanuts             | • Raw carrots          |
| • Fish with bones                      | • Dried fruit          |
| • Hot dogs (whole or sliced in rounds) | • Hard candy           |
| • Popcorn                              | • Raw peas             |
| • Whole grapes                         | • Ice cubes            |
| • Raisins                              | • Chips                |
| • Pretzels                             | • Whole corn           |
| • Tough meats                          | • Sticky foods         |
| • Processed cheese                     | • Fruit roll-ups       |



### STARS Training **HANDOUT #45** Activity 3, Center 3

## Meeting the Nutritional Needs of Infants

Work on your own or with a partner. Using pages 161-162 of the *Child Care Center Licensing Guidebook (2<sup>nd</sup> ed.)*, match the developmental stage/age of the infant to the type of feeding.

#### Developmental Stage/Age of Infant

(a) Under 4 months of age

(b) When baby can: (at about 4-6 months of age)

- Sit with support
- Hold head steady
- Close lips over the spoon
- Keep food in mouth and swallow it.

(c) When baby can: (at about 6-8 months)

- Sit without support
- Begin to chew
- Sip from a cup with help
- Grasp and hold onto things

(d) When baby can: (at 8-10 months)

- Take a bite of food
- Pick up finger foods and get them into the mouth

(e) When a baby can: (10-12 months)

- Finger feed
- Chew and swallow soft, mashed and chopped foods
- Start to hold and use a spoon
- Drink from a cup

(f) When a baby can eat a variety of foods from all food groups without signs of an allergic reaction.

#### Type of Feeding

- Serve only formula or breast milk unless you have a written order from the child's health care provider.
- Serve only formula or breast milk unless you have a written order from the child's health care provider.
- Begin iron fortified baby cereal and plain pureed fruits and vegetables upon consultation with parents.
- Serve only formula or breast milk unless you have a written order from the child's health care provider.
- Start small amounts of juice or water in a cup.
- Let baby begin to feed self.
- Start semi-solid foods such as cottage cheese, mashed tofu, mashed soft vegetables or fruits.
- Begin to hold a cup while sipping from it
- Serve only formula or breast milk unless you have a written order from the child's health care provider.
- Small pieces of cheese, tofu, chicken, turkey, fish, or ground meat.
- Small pieces of soft cooked vegetables, peeled soft fruits.
- Toasted bread squares, unsalted crackers or pieces of soft tortilla.
- Cooked plain rice or noodles.
- Only formula, breast milk, juice or water in the cup.
- Serve only formula or breast milk unless you have a written order from the child's health care provider.
- Begin offering small sized, cooked foods.
- Variety of whole grain cereals, bread and crackers, tortillas.
- Cooked soft meats, mashed legumes (lentils, pinto beans, kidney beans, etc.), cooked egg yolks, soft casseroles.
- Fruit pieces and cooked vegetables, yogurt, cheese slices.
- Offer small amounts of formula, breast milk or water in the cup during meals.



# Center-Based Module 8

## Health Feeding and Care



STARS Training HANDOUT #46  
Activity 4

### Meal Planning Guide

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



**STARS Training HANDOUT #47**  
**Activity 5 (page 1)**

### **Making Meal Time Meaningful for Children over 3 Years**

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 sit with children to eat meals at a table, family style.
  - Children practice good manners and pleasant mealtime conversation.
  - Children can choose the amount of food they want on their plates.
  - Children serve themselves.
3. Offer healthy foods that look good to children.
  - Serve a variety of nutritious foods with different colors and textures. This helps meals look good to children.
  - Have enough food available.
  - Offer food in a positive way.
4. Help mealtime to be pleasant.
  - 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 foods being served they want to eat and how much. Offer foods twice to each child.
  - Avoid commenting about how much or how little a child has eaten. Children often will reject a food for reasons that have nothing to do with the food being served. Some reasons could be:
    - o Their mood.
    - o Trouble at home.
    - o They are going through a period of slow growth.
    - o They are showing their independence.
    - o They are angry because they had to quit playing and come eat.
  - Involve children in setting the table and clearing away eating utensils when finished.
  - Remember that average serving sizes are just that – average. Some children may want to eat smaller portions or they may leave food on their plate. Other children will eat larger portions or want seconds.
  - Minimize waiting time. Have food ready when the children are ready to 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.
  - Give children enough time to enjoy eating meals and snacks.



# Center-Based Module 8

## Health Feeding and Care

### STARS Training HANDOUT #47 Activity 5 (page 2)

6. Keep in mind the different ethnic backgrounds of the children.
  - 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.
  - Because of allergies or chronic diseases such as diabetes, some children need special foods or to follow a special diet.
  - Establish guidelines for food management.
  - Disability could make it hard for the child to chew or even swallow.



**STARS Training HANDOUT #48**  
**Activity 5 (page 1)**

### **Making Feeding/Meal Time Meaningful for Infants and Toddlers**

1. Infants should be fed according to their needs rather than to an adult prescribed time schedule. Follow babies' cues for starting and ending feedings and do not put them on a strict feeding schedule.
2. Babies generally let you know when they are hungry and when they are full.
3. Infants may be trying to tell you they are hungry if you see:
  - Mouthing
  - Rooting
  - Crying
  - Hands to mouth
  - Sucking movements
  - Clenched fingers, or
  - Tight fists over the chest or tummy.
4. Infants may need to stop feeding for a little when you see:
  - Crying
  - Back-arching
  - Pulling away
  - Looking away, or
  - Coughing, choking, or spitting up.
5. Caregivers should respect the infant's need to rest in the middle of a feeding.
6. Infants should be fed only when they are alert, awake, and interested in feeding.
7. Babies enjoy close contact. Hold infants close to your body where they can see your eyes and face.
8. Talk to the baby during feeding. Talk about anything: describe what is in the bottle, what is going on in the room, how you think the baby feels.
9. Hold infants so that their heads are higher than their hips. This helps babies swallow and prevents choking.
10. Hold the bottle or when infants are old enough let them hold it. NEVER prop a bottle.



# Center-Based Module 8

## Health Feeding and Care



### STARS Training HANDOUT #48

#### Activity 5 (page 2)

11. Feeding time is not only an opportunity to meet an infant's nutritional needs, it is also an ideal time for positive interaction between the caregiver and baby. The following ideas will promote intellectual and emotional development:
  - Recognize the infant's nonverbal cues used to communicate with you such as smiling, laughing, searching, looking for your eyes, or reaching to touch you.
  - Repeat the baby's sounds. These sounds are the beginning of the baby's language. The baby will make more sounds when you talk back.
  - Stroke infants gently and give affectionate pats when you feed them. Touch is one of the most important ways of communicating and interacting with infants.
12. Infants may be indicating they have had enough to eat when you see:
  - Turning or pushing away
  - Back-arching
  - Falling asleep
  - Mouth and cheek muscles relaxing, or
  - Extended or relaxed arms along side of body, or extended and relaxed fingers.
13. Support mothers who want to continue to breast-feed when their babies enter your child care program. Cooperate with the mother as much as possible so the child's eating and sleeping schedules coincide with her work schedule.
14. If you give a child a bottle to fall asleep with, fill it with plain water.
15. When the child is old enough to sit upright and hold a bottle, you may use a:
  - High chair
  - Infant seat
  - Feeding table
16. Provide toddlers with sturdy toddler-sized chairs and low tables. Avoid highchairs and tables with multiple "bucket seats" for toddlers.
17. Try to feed one infant or toddler at a time. If that is not possible, arrange seats or chairs so that they can have eye contact and interact with you and each other while you feed them.
18. Keeping older infants and young toddlers neat and clean during meals and snacks is an exercise in futility. It is important for them to touch and explore eating utensils and the food and to experiment with eating. Manners and tidiness will come later.



**STARS Training HANDOUT #50**  
**Activity 1**

### **Issues of Abuse 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, she/he 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.



### STARS Training HANDOUT #51 Activity 2

## 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 – 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 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. (l) (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.





### STARS Training HANDOUT #52

#### Activity 2

## Reporting Procedures

### Individual Activity

To help you clarify procedures for reporting child abuse and neglect, answer the following questions. Refer to pages 217-219 in the *Child Care Center Licensing Guidebook, 2nd ed.* (2006), and to “Protecting the Abused and Neglected Child: An Explanation of the Washington State Mandatory Reporting Law on Child Abuse” pamphlet (DSHS 22-163X).

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 child 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 for an alleged incident occurring at your worksite?

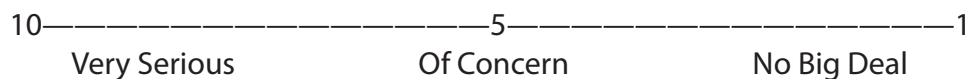


### STARS Training HANDOUT #53

#### Activity 3

## EXERCISE ON REPORTING

DIRECTIONS: Using the following scale, rate the situations.



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 day after day. She needs a bath. The other children make fun of her and won't play with her.
- 2. You are aware that 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 do not 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 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 new to your program has bruises on his buttocks.



# Center-Based Module 9

## Safety Child Safety



**STARS Training HANDOUT #54**  
**Activity 4 (page 1)**

### Safety Checklist

Yes	No	Don't Know	
			Center is free of lead-based paint.
			Permanent markers, rubber cement and paints 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 are separate from food items.
			Medications are stored out of reach of children .
			Items stored on open shelves will not harm children or cause exits to be blocked. All falling hazards are secure on shelving.
			Telephone is easily accessible to staff .
			Electrical outlets are either inaccessible to children or are tamper resistant. (Plastic plug-type caps may not be used in child care settings.)
			Care areas, hallways and stairways have sufficient light .
			The room temperature is between 68-75 degrees in winter and 68-82 degrees in the summer.
			Stickers or decals are on glass doors and windows at child's eye level.
			Portable furniture is stable so it cannot become a falling hazard.
			All materials in infant and toddler rooms are large enough so that children cannot choke on them.
			Kitchen and bathroom floors are non-absorbent and easily cleaned.
			Carpets are free of rips, holes and seams and are safely secured around the edges. Throw rugs on linoleum or polished wood floors have a non-skid backing.
			Stairways, steps and ramps have handrails.
			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 the bathroom door 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.

# Center-Based Module 9



## Safety Child Safety

### STARS Training HANDOUT #54 Activity 4 (page 2)

Yes	No	Don't Know	
			Warm water for children to wash in is at least 85 F ° and no more than 120F°.
			Pathways leading to exits inside and out are kept clear.
			Carpets are not used in the bathroom or where children use potty chairs .
			If there is a bathtub, it is made inaccessible to children.
			Waste baskets are next to all handwashing sinks.
			Wall and baseboard heaters are shielded.
			Bathroom has proper ventilation.
			Flashlights are 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. Quarterly disaster drills are conducted/recorded.
			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. Expiration dates of contents are checked regularly.
			The play area is noticeably divided by age group and maximum group sizes are maintained.
			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.
			The space between guardrails less than 3 ½" or more than 9 inches so that children cannot become entrapped.



# Center-Based Module 9

## Safety Child Safety



### STARS Training HANDOUT #54 Activity 4 (page 3)

Yes	No	Don't Know	
			Surfaces are slip resistant where necessary, e.g., platforms/decks and access steps and ramps.
			Sand areas have secure covers when not in use.
			Separate areas with appropriate surfaces are provided for wheeled toys.



STARS Training HANDOUT #55  
Activity 5

### Gloria's Injury

Gloria is 3 years old. She is a busy, enthusiastic child. One day she 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. Teacher Brandi 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 for the rest of the morning.




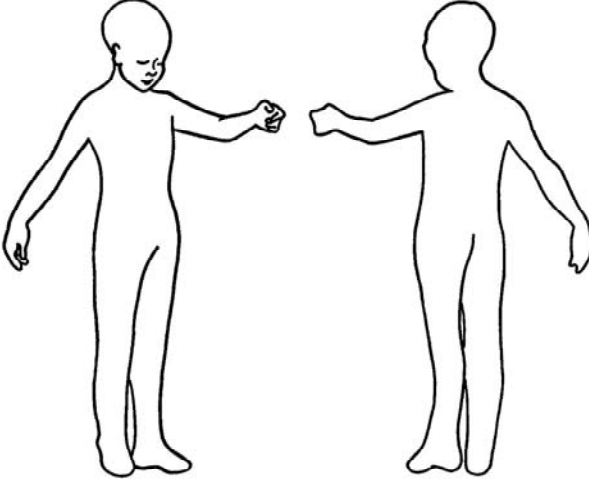
# Center-Based Module 9

## Safety Child Safety



STARS Training **HANDOUT #56**  
Activity 5

### Injury/Incident Report Form

		DIVISION OF CHILD CARE AND EARLY LEARNING <b>CHILDCARE INJURY/INCIDENT REPORT</b>	
PROVIDER NAME(S)			
NAME OF CHILD		DATE OF INCIDENT	TIME OF INCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM
DESCRIBE CIRCUMSTANCES OF INJURY/INCIDENT			
LOCATION OF INJURY/INCIDENT			
PLAY EQUIPMENT OR OTHER ITEMS INVOLVED			
FIRST AID GIVEN		OTHER TREATMENT GIVEN	
Were there witnesses?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, give name: _____	
Was physician contacted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give name: _____ AND time of contact: _____	
Was parent contacted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give time: _____	
Was licensor contacted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give time: _____	
Any other contacts?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give name: _____ AND time of contact: _____	
Mark and describe area of injury:			
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
PARENT/GUARDIAN COMMENTS			
PARENT/GUARDIAN SIGNATURE		DATE	PROVIDER SIGNATURE
DSHS 10-243 (08/1998) (AC 06/2001) <span style="float: right;">COPIES TO: Parent ; Licensor; Provider</span>			



### STARS Training HANDOUT #57 Application

## Resource List

### Child Abuse Reporting

Child Protective Services \_\_\_\_\_

Police Department \_\_\_\_\_

Sheriff's Department \_\_\_\_\_

### Community Resources

Child Care Resource and Referral \_\_\_\_\_

Rape Relief/Sexual Assault Services \_\_\_\_\_

Domestic Violence Shelter/Services \_\_\_\_\_

Community Mental Health Services \_\_\_\_\_

Public Health Department \_\_\_\_\_

Substance Abuse Treatment Services \_\_\_\_\_

Child Abuse Prevention Council \_\_\_\_\_

Poison Control \_\_\_\_\_

Parenting Classes \_\_\_\_\_

Culturally Relevant Resources \_\_\_\_\_

Special Needs Resources \_\_\_\_\_

Other \_\_\_\_\_

# Center-Based Module 10

## Licensing, Professionalism, & Communicating with Parents



### STARS Training **HANDOUT #58** Activity 3 (page 1)

## Caregiver Self-Assessment

Rate yourself from 1 to 5 on each of these skills. Choose three skills that you would like to improve.

### Professionalism

- 1 2 3 4 5 I have good attendance.
- 1 2 3 4 5 I am on time for work each day.
- 1 2 3 4 5 I call before start time if absent or unable to arrive on time.
- 1 2 3 4 5 I model good basic hygiene (well-groomed, handwashing, etc.)
- 1 2 3 4 5 I wear appropriate clothing.
- 1 2 3 4 5 I follow directions accurately.
- 1 2 3 4 5 I accept constructive suggestions.
- 1 2 3 4 5 I actively seek to assist with routine duties.
- 1 2 3 4 5 I maintain confidentiality by discussing children, families, and staff members respectfully and in private.
- 1 2 3 4 5 I avoid unnecessary conversation with adults during class time.
- 1 2 3 4 5 I seek help from staff when necessary.
- 1 2 3 4 5 I communicate well with staff.
- 1 2 3 4 5 I demonstrate respect for individual differences in children, families, and centers.
- 1 2 3 4 5 I refrain from allowing personal problems to interfere with job performance.
- 1 2 3 4 5 I am dependable and generally well-organized.
- 1 2 3 4 5 I display patience and flexibility.
- 1 2 3 4 5 I display a sense of enjoyment and humor.
- 1 2 3 4 5 I maintain a positive attitude about children and child care work.

### Adult-Child Interaction Skills

- 1 2 3 4 5 I am warm, friendly, and supportive with children.
- 1 2 3 4 5 I treat children with respect.
- 1 2 3 4 5 I usually sit or squat at children's level.
- 1 2 3 4 5 I greet children as they enter an area.
- 1 2 3 4 5 I speak with individual children often, using their names.
- 1 2 3 4 5 I use appropriate volume and tone of voice.
- 1 2 3 4 5 I spend the majority of my time playing and communicating with children.
- 1 2 3 4 5 I give clear, specific directions.
- 1 2 3 4 5 I encourage self-help and clean up skills.
- 1 2 3 4 5 I notice and respond to the needs of children as they arise.
- 1 2 3 4 5 I demonstrate the ability to assist a child with anxiety, such as separation anxiety or fears.



# Center-Based Module 10

## Licensing, Professionalism, & Communicating with Parents



### STARS Training HANDOUT #58

#### Activity 3 (page 2)

- 1 2 3 4 5 I stay observant of the whole group while working with an individual or a small group.
- 1 2 3 4 5 I am liked by children.
- 1 2 3 4 5 I delight in children's discoveries and learning.

#### Child Guidance Skills

- 1 2 3 4 5 I help to guide children through center routines and transitions.
- 1 2 3 4 5 I phrase directions and limits in positive terms, saying what to do.
- 1 2 3 4 5 I redirect inappropriate or excessive behavior.
- 1 2 3 4 5 I offer choices between acceptable behaviors.
- 1 2 3 4 5 I actively intercede to manage difficult situations.
- 1 2 3 4 5 I attend to positive behavior more than negative.
- 1 2 3 4 5 I model vocabulary for feelings.
- 1 2 3 4 5 I am considerate of children's feelings.
- 1 2 3 4 5 I respond to all anti-social behavior, including both physical and verbal put-downs.
- 1 2 3 4 5 I teach pro-social skills such as joining in play, taking turns and asking children for toys.
- 1 2 3 4 5 I follow through, calmly but firmly, after stating rule and consequence.
- 1 2 3 4 5 I keep my own temper under control.