



Welcome

Great Start to Quality Level 1 Orientation Training



Please complete the pre-survey below if you have not already!

<https://forms.office.com/r/xAAHBYYyWy6>





Supporting Excellence in Early Education

Great Start to Quality Orientation: Level 1 of Michigan's Quality Development Continuum



Agenda

9:00 am – 1:30 pm

- Welcome and Introductions
- Health and Safety Topics
- First Aid and CPR Overview





Housekeeping



Muting/Unmuting



Using the Chat



Using Polls



Asking Questions



Resource Packet



Health and Safety Topics

- Child development
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
- Recognition and reporting of child abuse and neglect
- Prevention of sudden infant death syndrome and use of safe sleep practices
- Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic
- Prevention and control of infectious diseases (including immunizations)



Health and Safety Topics

- Administration of medication, consistent with standards of parental consent
- Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
- Emergency preparedness and response planning
- Prevention of and response to emergencies due to food and allergic reactions
- Precautions in transporting children
- Pediatric First Aid and cardiopulmonary resuscitation (CPR) certification



Today's Learning Objectives:

- Prevent, plan for, and practice responding to common health and safety issues inside and outside the home
- Discover how to access more training so you can learn new things and increase your payment
- Practice handling medical emergencies with CPR and emergency First Aid



Child Development and Care Program Information



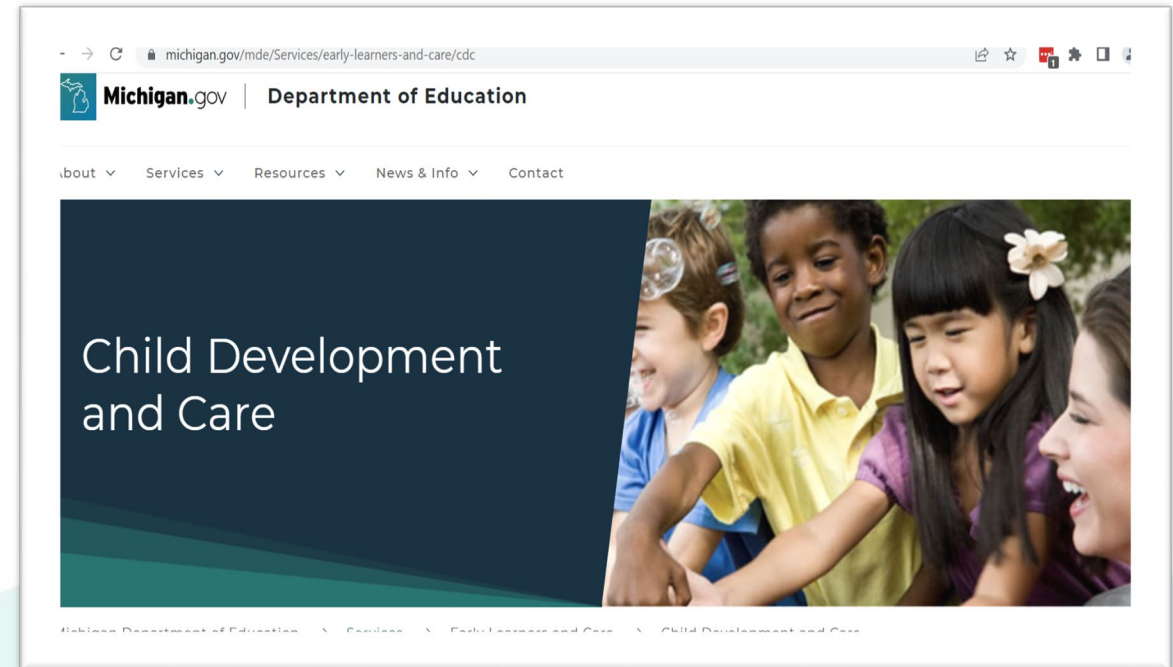
www.Michigan.gov/childcare



866-990-3227



517-284-7529





Working Agreements

- Ask questions
- Share your knowledge; respect other's opinions
- Turn off cell phones or put on vibrate
- Take care of yourself



Getting to Know You



- My name is _____
- I take care of _____ child(ren)
- She/He/They are _____ old
- I've been caring for children for _____ months/years
- I enjoy caring for children because _____
- Today I'm hoping to learn more about _____

Child Development



Child Development: Serve and Return Builds Brains



Child Development: Serve and Return Builds Brains





Child Development Milestones

- Social/Emotional
- Physical/Movement
- Language/Communication
- Cognitive/Thinking

Child Development: Developmental Milestones



- Read through the **Milestone Moments** or **Positive Parenting School Age** handouts that correspond with the ages of children in your care
- What is important for us to know about children at this age?
- What are some activities you could do with the children to support their development?

Child Development: Concerns About Development

- Use the milestones to help identify possible delays
- Share what you are observing with the child's family
- Encourage the parent or guardian to contact the child's health care provider about any concerns

Early On

www.1800earlyon.org

1-800-327-5966

Build Up

www.buildupmi.org

1-888-320-8384



Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment



Prevention of Child Maltreatment



Prevention of Child Maltreatment



STAY CONNECTED

Email Address



Accessible



[About Us](#)

[Research](#)

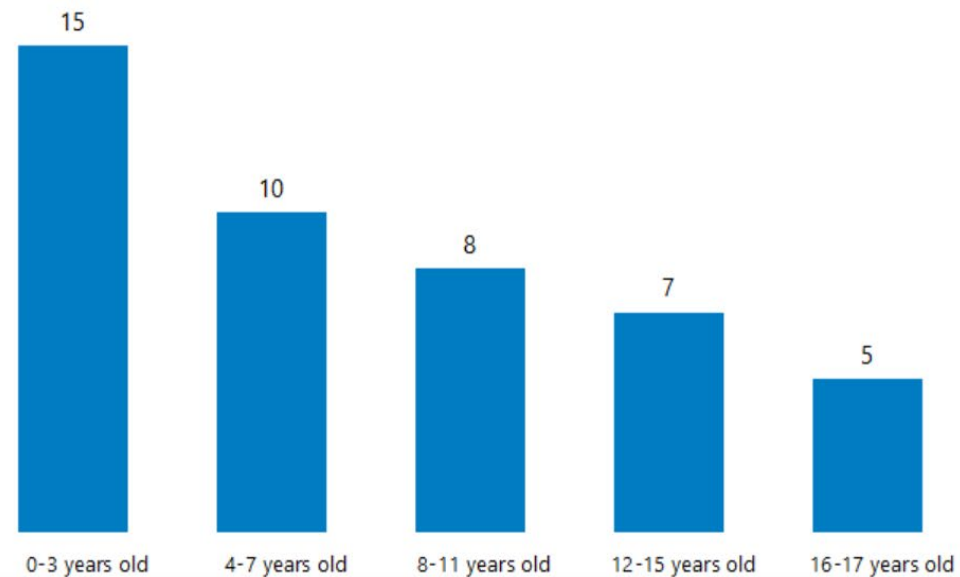
[ECDC](#)

[Hispanic Institute](#)

Differences by age

Young children experience higher rates of maltreatment than older children. In 2017, children 3 and younger had a maltreatment rate of 15 per 1000, compared with 10 per 1000 for children ages 4 to 7, 8 per 1000 for ages 8 to 11, 7 per 1000 for ages 12 to 15, and 5 per 1000 for children ages 16 to 17 ([Appendix 2](#)).

Child Maltreatment* Rate (Unique Victims per 1,000 Population), by Age: 2017



Prevention of Child Maltreatment: Appropriate Guidance

- The State of Michigan manual for licensed childcare providers prohibits the following means of punishment: hitting, spanking, shaking, biting, pinching, restricting movement, and inflicting emotional or mental harm.
- Children deserve to be treated respectfully and appropriately in a positive manner. Research has linked mental and emotional stress and corporal punishment with negative effects such as learning issues and later criminal behavior.





Prevention of Child Maltreatment: Appropriate Guidance

- Make sure the space is ready
- Model the behaviors and language you want to see
- Tell children what you want them to do
- Redirect the child to a positive choice
- Ignore behaviors when appropriate
- Remove the child from the situation



Prevention of Abusive Head Trauma or Shaken Baby Syndrome

- Happens when a child is vigorously shaken
- Inconsolable crying is the number one cause
- Causes damage to the brain, eyes, ribs, and severe cases, death
- **No amount of shaking is safe**

Prevention of Child Maltreatment: Have a Plan When You're Feeling Stressed

- Know it is okay to ask for help
- Have easy access to parent phone number and other support people
- Know that it is okay to let an infant or toddler cry – if the child is safe
- Step into another room and breathe

Recognition and Reporting of Child Abuse and Neglect



Recognition and Reporting of Child Abuse and Neglect

- As a License Exempt Provider, you are committing to understanding your role as a Mandated Reporter
- Know the signs of abuse and neglect
- Michigan Department of Health and Human Services Centralized Intake
 - Open 24 hours a day, 7 days a week
 - Report by phone or online
 - **855-444-3911**



Prevention of Sudden Infant Death Syndrome and the Use of Safe Sleep Practices



Recognition and Reporting of Child Abuse and Neglect

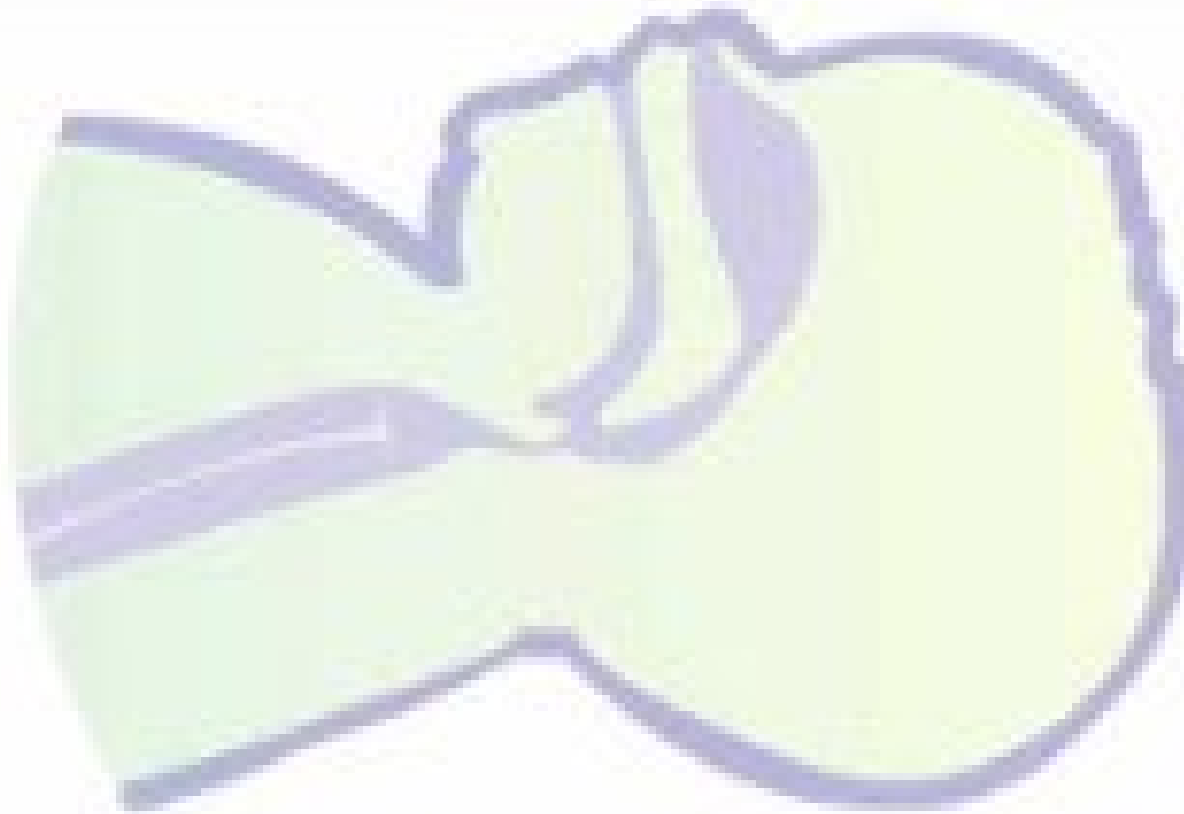


Prevention of Sudden Infant Death Syndrome and the Use of Safe Sleep Practices

- Alone on back
- In crib, bassinet or pack-n-play
- On a firm mattress with a tightly fitted sheet
- No pads, blankets, wedges, or positioners
- In the same room as an adult



Prevention of Sudden Infant Death Syndrome and the Use of Safe Sleep Practices: Choking



Prevention of Sudden Infant Death Syndrome and the Use of Safe Sleep Practices

Three Ways Infants Can Suffocate in Inclined Sleepers

Infants have died with restraints buckled and unbuckled.



Head turns into side padding



Baby rolls over



Head falls forward

Illustrations: Chris Philpot



Break

Please return in 5 minutes



Building and Physical Premises Safety



Building and Physical Premises Safety: Serious Injury

“Unintentional injuries—such as those caused by burns, drowning, falls, poisoning and road traffic—are the leading cause of morbidity and mortality among children in the United States.”

-Center for Disease Control (CDC)



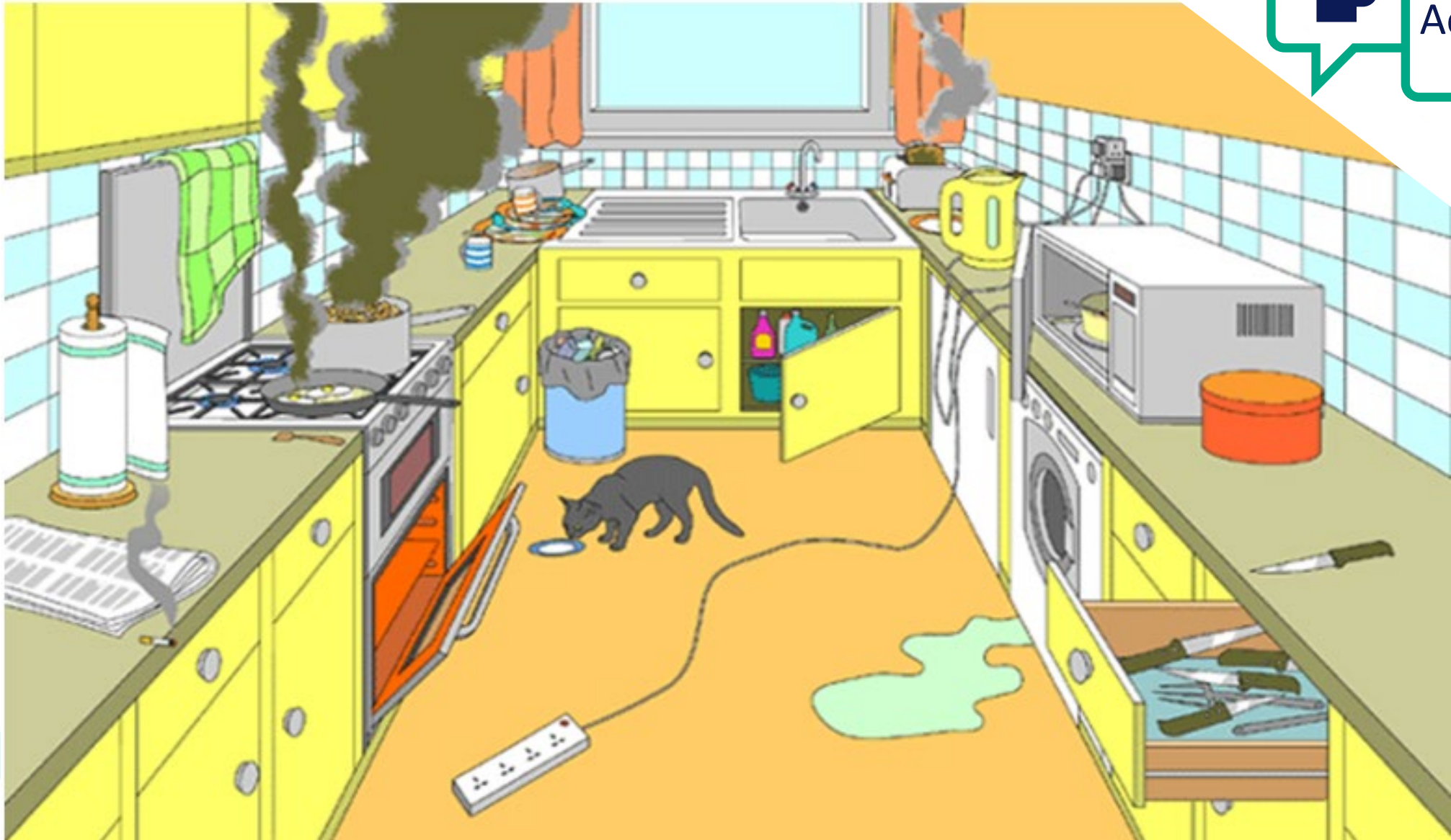


Building and Physical Premises Safety: Supervision

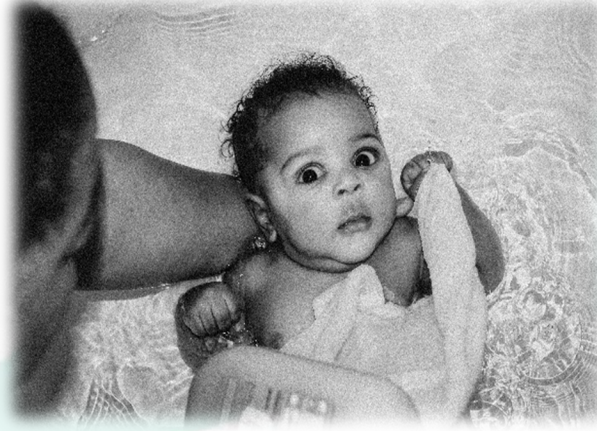
- Children under age six should always be supervised directly by sound and sight
- Even when children are napping, make visual checks



What hazards do you see?



Building and Physical Premises Safety: Indoor Hazards

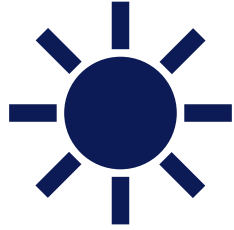


Building and Physical Premises Safety: Outdoor Play

- Anchors children to the real world
- Social interactions
- STEM skills
- Taking appropriate risks
- New context for learning
- Opportunities for collaboration
- Promotes better sleep



Building and Physical Premises Safety: Outdoor Hazards



Sun protection



Animal bites



Water safety

Building and Physical Premises Safety: Outdoor Hazards



**Traffic,
driveways, and
parking lots**



Weather



Playground

Building and Physical Premises Safety: Lead



Paint



Water

Building and Physical Premises Safety: Lead Exposure



Damage to the
brain and
nervous system



Slowed growth
and development



Learning and
behavior problems



Hearing and
speech problems

Exposure to lead can seriously harm a child's health.

This can cause:



Lower IQ

Decreased ability to pay attention

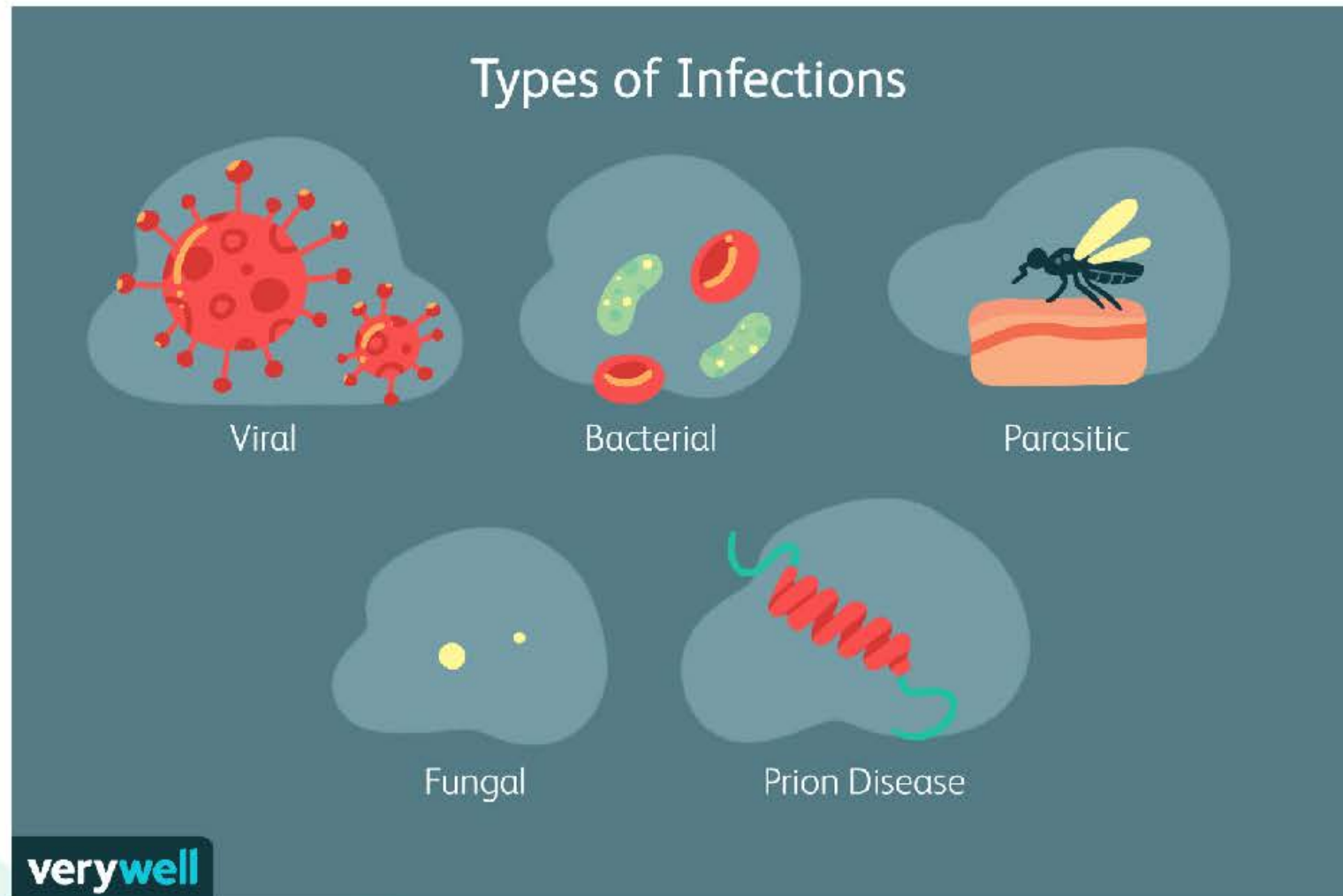
Underperformance in school



Prevention and Control of Infectious Diseases (Including Immunizations)



Prevention and Control of Infectious Diseases: Types of Infections



Prevention and Control of Infectious Diseases: The Spread of Germs



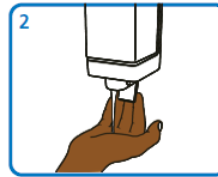
Prevention and

- Research shows most toilet seats have more bacteria than
- The sink drain is cleaner than a kitchen sponge
- Regular handwashing helps prevent getting sick, and

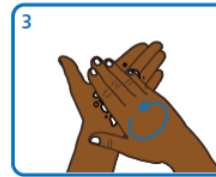
Hand-washing technique with soap and water



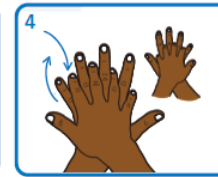
1
Baby shark, doo, doo,
doo, doo, doo, doo



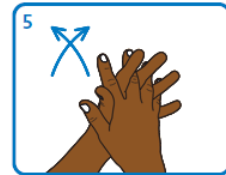
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Baby shark, doo, doo,
doo, doo, doo, doo



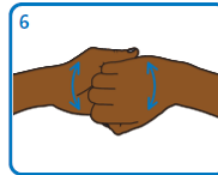
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Baby shark, doo, doo,
doo, doo, doo, doo



4
Baby shark



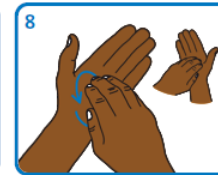
5
Mommy shark, doo, doo,
doo, doo, doo, doo



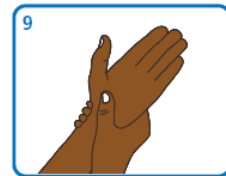
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Mommy shark, doo, doo,
doo, doo, doo, doo



7
Mommy shark, doo, doo,
doo, doo, doo, doo



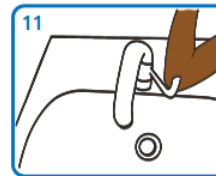
8
Mommy shark



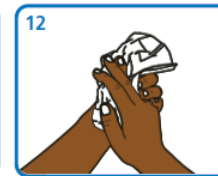
9
Daddy shark, doo, doo,
doo, doo, doo, doo



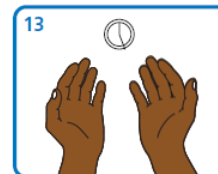
10
Daddy shark, doo, doo,
doo, doo, doo, doo



11
Daddy shark, doo, doo,
doo, doo, doo, doo



12
Daddy shark



13
Grandma shark, doo, doo,
doo, doo, doo, doo

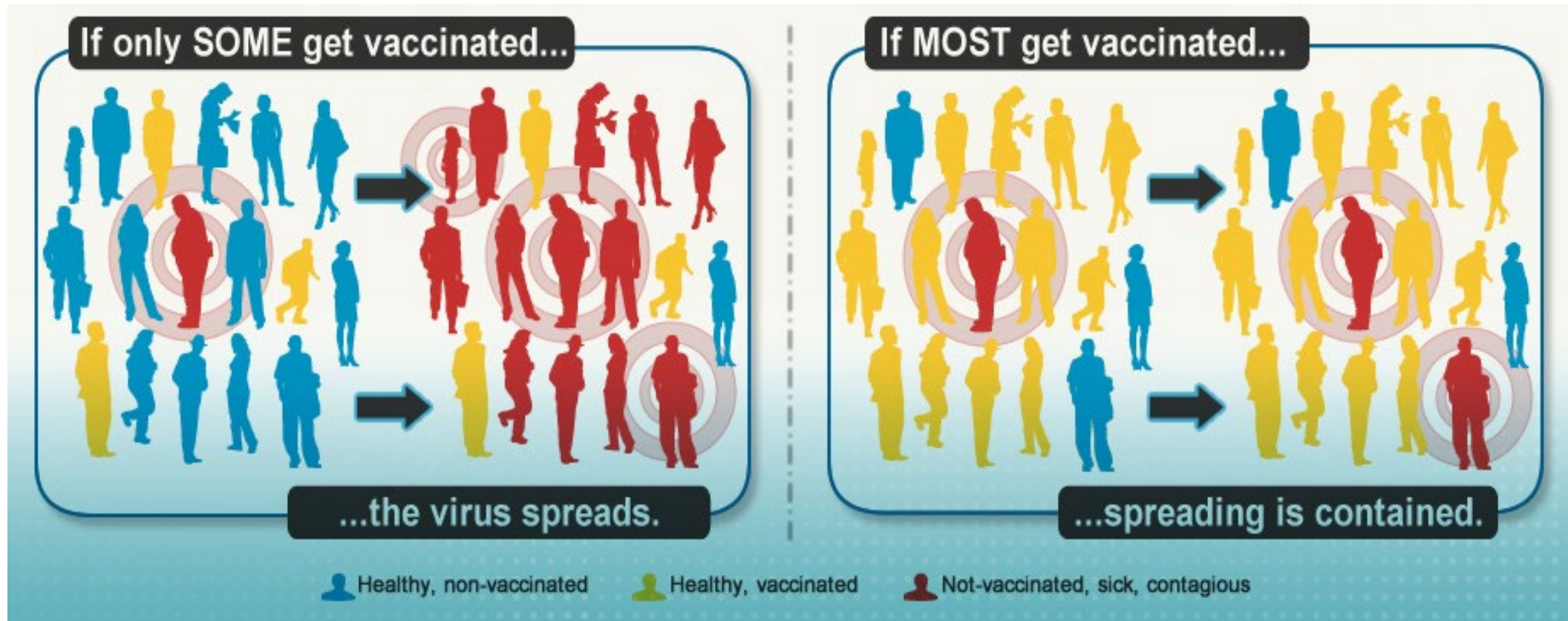
seases

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remove germs, avoid
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Prevention and Control of Infectious Diseases: The Spread of Germs



[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

Administration of Medication



Administration of Medication

- Providers are required to have written permission to administer prescription medication to each child in care
- Discuss the dosing schedule with the family and follow the manufacturer's directions or the prescription label for any medications
- All medications must be stored in their original container
- Wash hands before administering medication
- Do not call medication candy: explain what the medication is and why the child is taking it
- Tell children to only take medication with a trusted adult

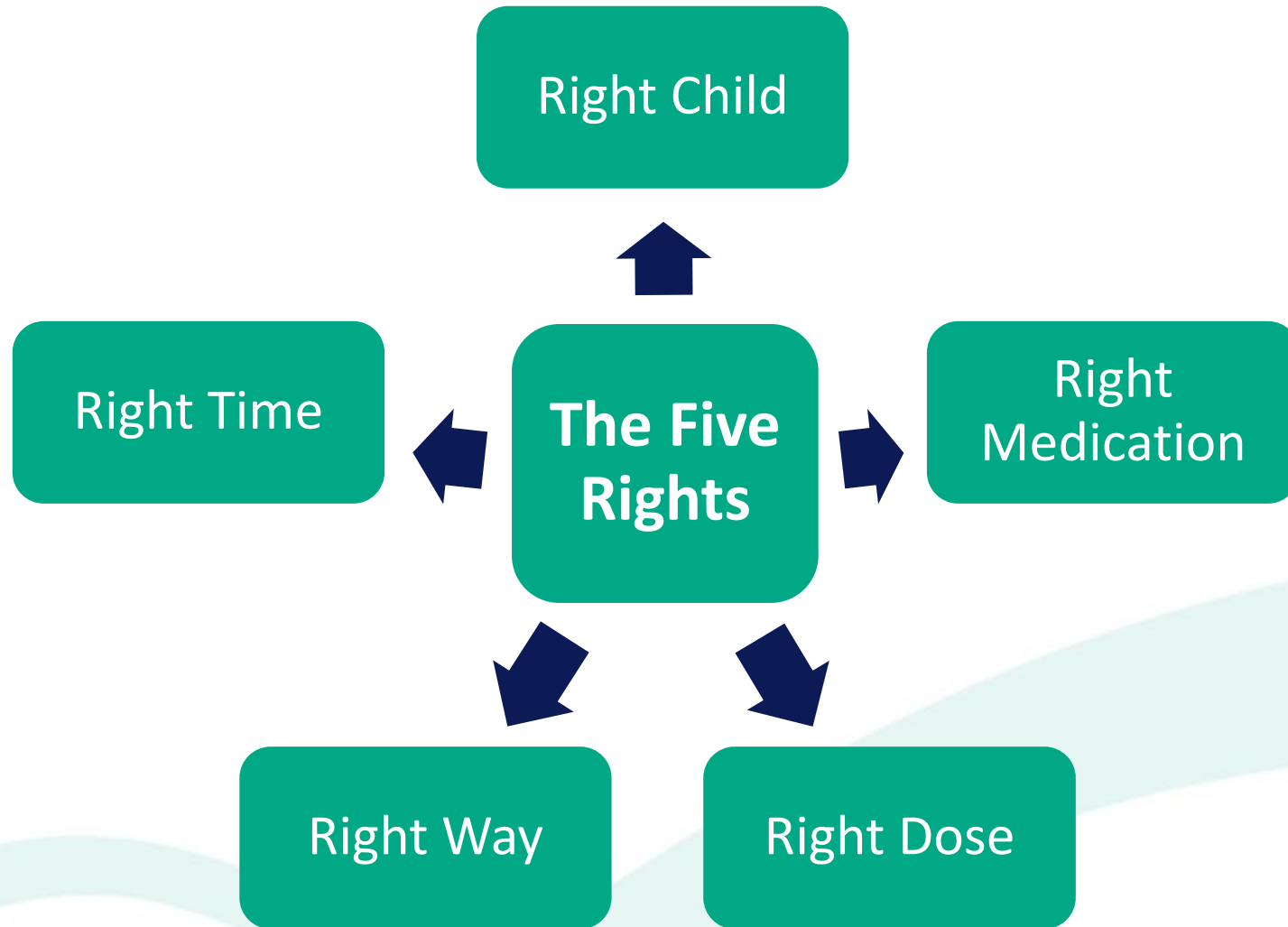


Administration of Medication



- ✓ Cold/Flu Medications
- ✓ Powders
- ✓ Aspirin/Acetaminophen
- ✓ Sunscreen
- ✓ Diaper Rash Products
- ✓ Mosquito Repellant

Administration of Medication: The Five Rights









Check the Five Rights

- When medication is taken out of storage
- Immediately before administering
- After administering

Administration of Medication

- You provide care for Libby, a 3-year-old who weighs 40 pounds. Libby feels warm, so you take her temperature and see that she has a fever. You have written permission from the parent for Libby to have some Tylenol as needed.
- How much Tylenol would you give Libby?



Pain & Fever Children's TYLENOL ® Oral Suspension			
DOSE: Repeat every 4 hours as needed. Do NOT give more than 5 doses in 24 hours. If possible, use weight to dose; otherwise, use age.			
 Use product only as directed.	WEIGHT	AGE	DOSE
	24-35 lbs	2-3 years	5 mL 
	36-47 lbs	4-5 years	7.5 mL 
	48-59 lbs	6-8 years	10 mL 
	60-71 lbs	9-10 years	12.5 mL 
	72-95 lbs	11 years	15 mL 
ACTIVE INGREDIENT			
Acetaminophen 160 mg (in each 5 mL)			




Administration of Medication

- You provide care for Jaylen, a 13-month-old who weighs 17 pounds. Jaylen had his vaccinations this morning and seems uncomfortable. You have written permission from the parent to give Jaylen some Motrin to help relieve any pain he might be experiencing.
- How much Motrin would you give Jaylen?





Pain & Fever
Infants' MOTRIN® Concentrated Drops

DOSE: Repeat every 6-8 hours as needed. Do NOT give more than 4 doses in 24 hours.
If possible, use weight to dose; otherwise, use age.



Use product only as directed.

	WEIGHT	AGE	DOSE
	12-17 lbs	6-11 months	1.25 mL 
	18-23 lbs	12-23 months	1.875 mL 

ACTIVE INGREDIENT

Ibuprofen (NSAID)*
50 mg (in each 1.25 mL)



Handling and Storage of Hazardous Materials and the Appropriate Disposal of Bio-Contaminants



Staying Healthy: Proper Disposal



Recipe for Bleach Disinfecting Solution (for use in bathrooms, diapering areas, etc.)

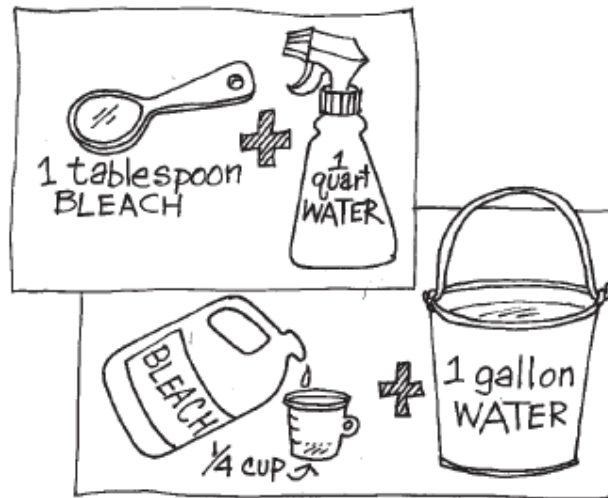
1/4 cup of bleach
1 gallon of cool water
OR
1 tablespoon of bleach
1 quart of cool water

Add the household bleach
(5.25 % sodium hypochlorite)
to the water.

Recipe for Weaker Bleach Disinfecting Solution (for use on toys, eating utensils, etc.)

1 tablespoon of bleach
1 gallon of cool water

Add the bleach to the water.



Head of Illness and

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Handling and Storage of Hazardous Materials: Poisoning

- Children are much more vulnerable to hazardous materials exposure than adults
- Store items in their original containers and clearly label any homemade cleaners
- Always keep toxic items out of sight and reach of children

Handling and Storage of Hazardous Materials: Medication

Purses



Bathroom
Cabinet



Bedside Tables



Pill Box on
Countertop



Handling and Storage of Hazardous Materials: Mistaken Identity Items



MISSOURI
POISON CENTER
1-800-222-1222

1-800-222-1222
missouripoisoncenter.org

POISON
Help



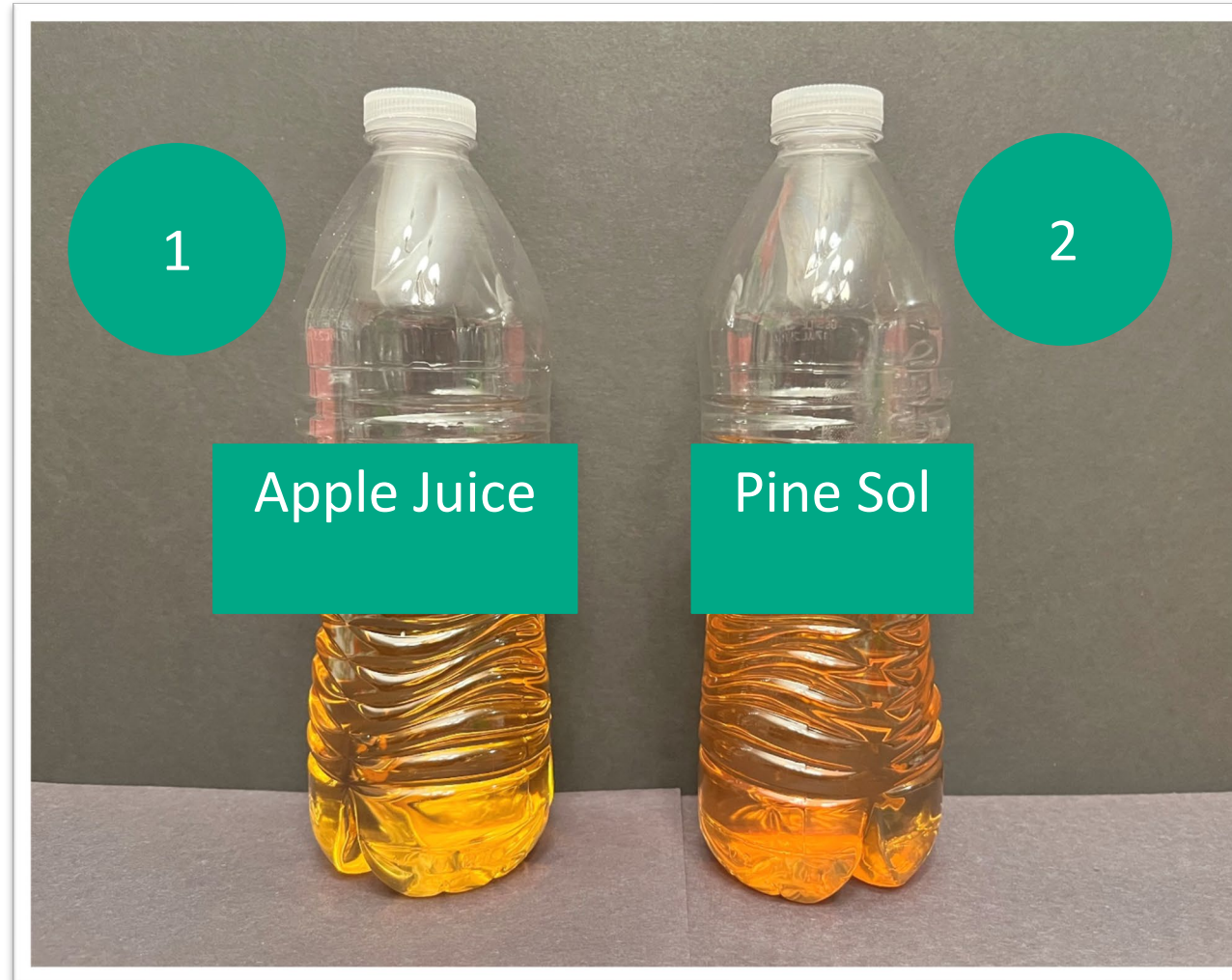
Handling and Storage of Hazardous Materials: Mistaken Identity Items



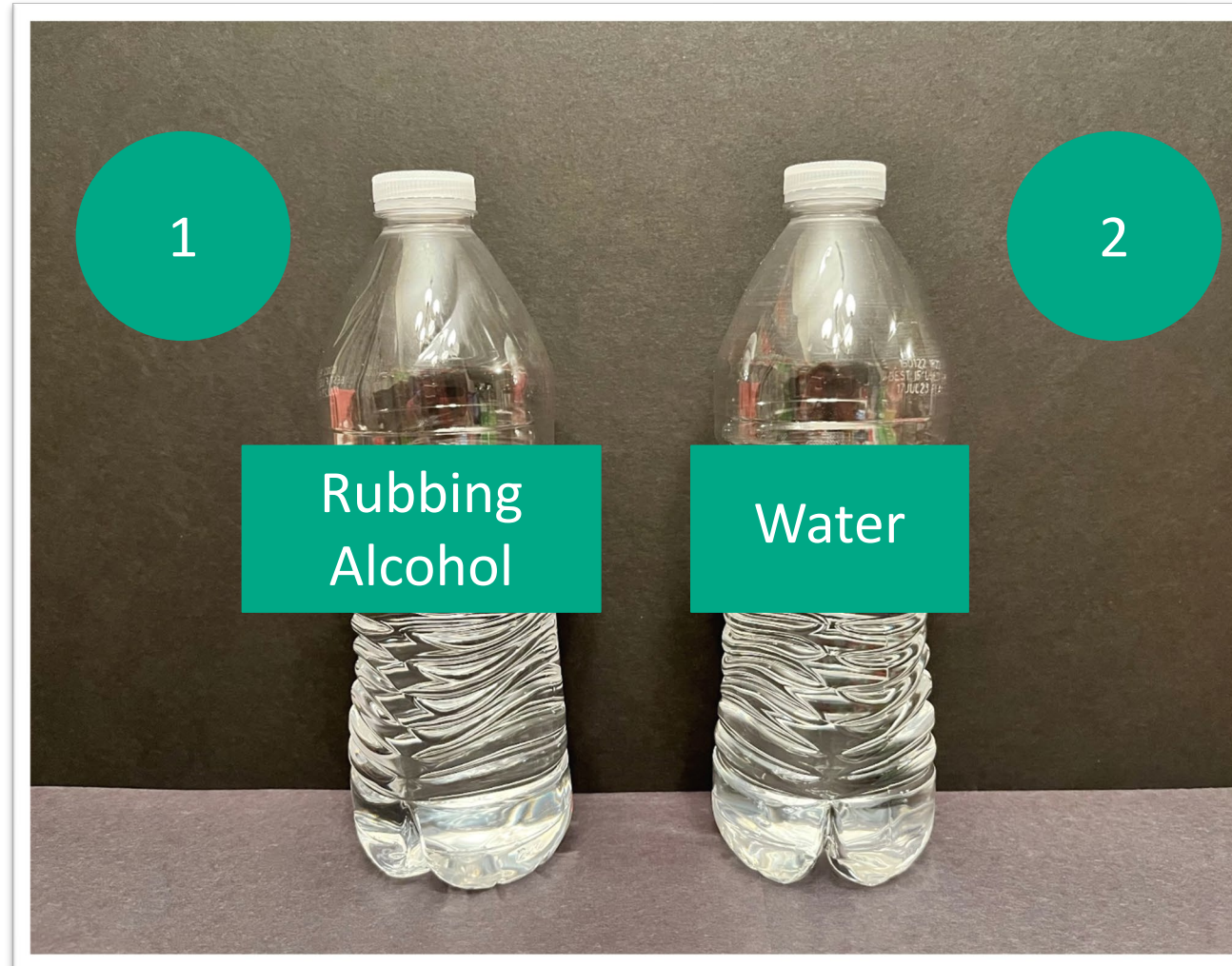
Handling and Storage of Hazardous Materials: Mistaken Identity Items



Handling and Storage of Hazardous Materials: Mistaken Identity Items



Handling and Storage of Hazardous Materials: Mistaken Identity Items



Handling and Storage of Hazardous Materials: Poison Control

- If you think a child may have been poisoned call Poison Control: **1-800-222-1222**

- Important Information:



- Child's Weight



- Child's Height



- What they ate or touched

- How much was consumed



- Where it touched their body

- When it was consumed or touched

Handling and Fact?

s: Myth or

Missouri Poison Center

← MYTH VS FACT →

Myth or Fa

If a child ha



MYTH

If I swallow a poison, I should make myself throw up.



FACT

Poison Centers DO NOT recommend inducing vomiting for any poisons. Inducing vomiting can lead to: damage to the tissues in your mouth and throat, worsening of chemical burns in the throat, and aspiration (inhaling vomit into your lungs).

ow up.



If you suspect a poisoning, contact the Missouri Poison Center at **1-800-222-1222**. Specially trained nurses and pharmacists are available 24/7/365 to answer your questions.





Break

Please return in 5 minutes



Emergency Preparedness and Response Planning



Emergency Preparedness and Response Planning: Injury/Illness

- Parental consent to seek medical treatment
- Preferred place for emergency and non-emergency medical care
- Non-emergency transportation arrangements
- Care for other children



Emergency Preparedness and Response Planning: Serious Injury or Death



Report Serious Injury or Death



Within 5 days to CDC



Any physical harm that requires emergency intervention
(whether self-inflicted or caused by someone else)



Burns, lacerations, bone fractures, significant blood loss
and/or injuries to internal organs



Emergency Preparedness and Response Planning: Evacuation



It's your turn!

- You're caring for the child when the doorbell rings. You answer the door, and a local Emergency Services person tells you that there's been a gas leak in the neighborhood. They tell you that you have 10 minutes to evacuate the home.
- What do you do?

What kinds of situations could require an emergency evacuation?

Emergency Preparedness and Response Planning: Fire

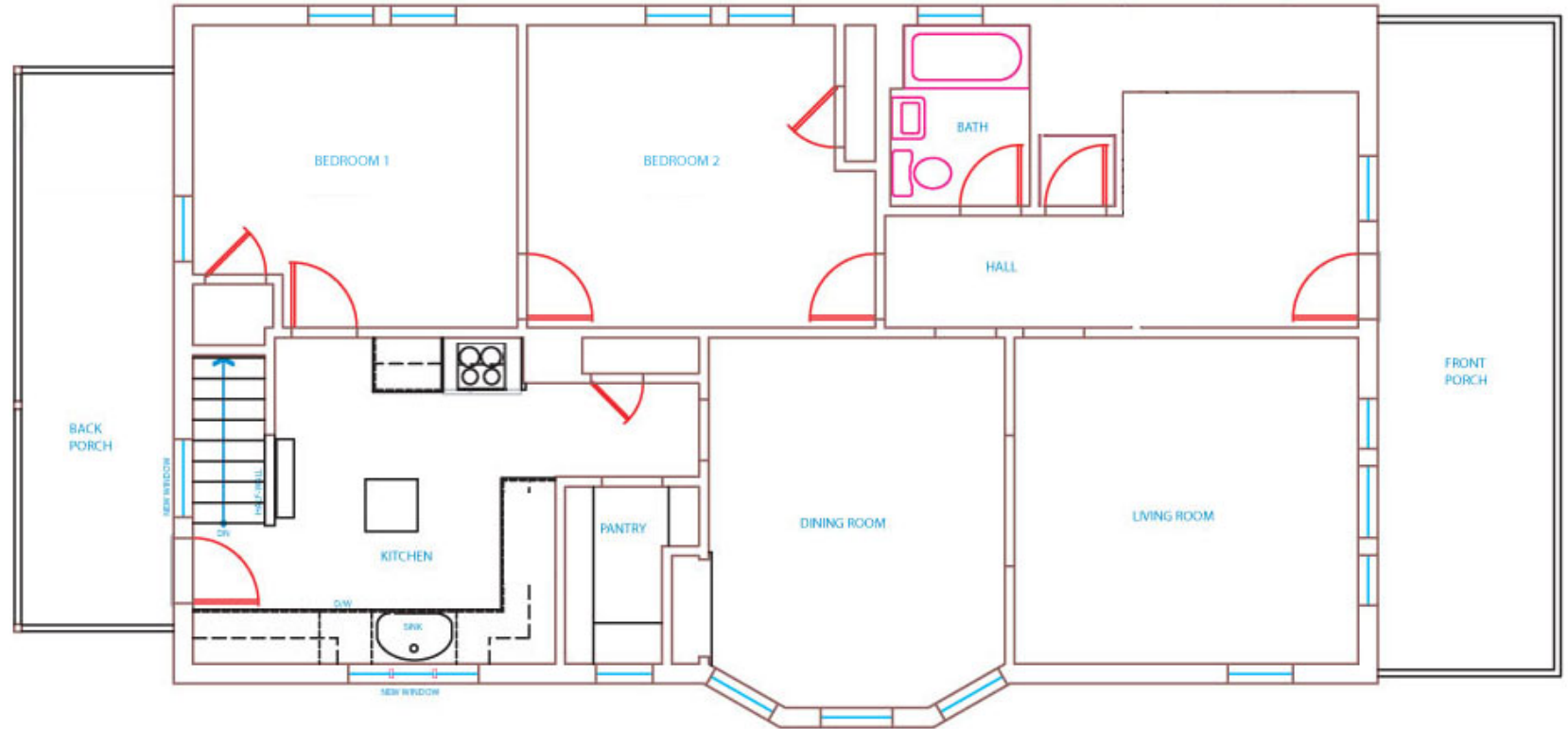
- What was the leading cause of reported fires in Michigan in 2021?
- What room did those fires most often start in?
- What are some fire hazards in the home?



Emergency Preparedness and Response Planning: Fire Plans



- Identify Exits
- Identify Hazards
- Meeting Place
- Plan to Close Doors
- Infants, Toddlers, and Special Needs



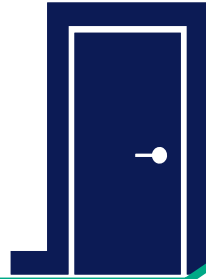
Emergency Preparedness and Response Planning: Practicing Plans



Monthly test



Monthly practice



Practice all exits



What happens at the Meeting Place?



Never go back inside

Emergency Preparedness and Response Planning: Close Before You Doze




Emergency Preparedness and Response Planning: Tips for Survival

- If you must exit through smoke, get low
- Lower children first, by the wrist
- Call 911 and tell your exact location
- Close the door, block smoke with towels or sheets
- Be ready to signal from the window
- Keep the window clear of any objects



Emergency Preparedness and Response Planning: Tornado



BE PREPARED FOR A TORNADO

Tornadoes can destroy buildings, flip cars, and create deadly flying debris.

FEMA
FEMA V-1010/ March 2018

Tornadoes are violently rotating columns of air that extend from a thunderstorm to the ground.

Can happen anytime

Bring intense winds

Can happen anywhere

Look like funnels

IF YOU ARE UNDER A TORNADO WARNING, FIND SAFE SHELTER RIGHT AWAY

- Go to a safe room, basement, or storm cellar.
- If there is no basement, get to a small, interior room on the lowest level.
- Stay away from windows, doors, and outside walls.
- If you can safely get to a sturdy building, do so immediately.
- Do not get under an overpass or bridge. You're safer in a low, flat location.
- Watch out for flying debris that can cause injury or death.
- Use your arms to protect your head and neck.

HOW TO STAY SAFE WHEN A TORNADO THREATENS

Prepare NOW

Know your area's tornado risk. In the U.S., the Midwest and the Southeast have a greater risk for tornadoes.

Know the signs of a tornado, including a rotating funnel-shaped cloud, an approaching cloud of debris, or a loud roar—similar to a freight train.

Sign up for your community's warning system. The Emergency Alert System (EAS) and National Oceanic and Atmospheric Administration (NOAA) Weather Radio also provide emergency alerts. If your community has sirens, become familiar with the warning tone.

Pay attention to weather reports. Meteorologists can predict when conditions might be right for a tornado.

Identify and practice going to a safe shelter for high winds, such as a safe room built using FEMA criteria or a storm shelter built to ICC 500 standards. The next best protection is a small, interior, windowless room in a sturdy building on the lowest level.

Consider constructing a safe room that meets FEMA or ICC 500 standards.

Survive DURING

Immediately go to a safe location that you identified.

Take additional cover by shielding your head and neck with your arms and putting materials such as furniture and blankets around you.

Listen to EAS, NOAA Weather Radio, or local alerting systems for current emergency information and instructions.

Do not try to outrun a tornado in a vehicle.

If you are in a car or outdoors and cannot get to a building, cover your head and neck with your arms and cover your body with a coat or blanket, if possible.

Be Safe AFTER

Keep listening to EAS, NOAA Weather Radio, and local authorities for updated information.

If you are trapped, cover your mouth with a cloth or mask to avoid breathing dust. Try to send a text, bang on a pipe or wall, or use a whistle instead of shouting.

Stay clear of fallen power lines or broken utility lines.

Do not enter damaged buildings until you are told that they are safe.

Save your phone calls for emergencies. Phone systems are often down or busy after a disaster. Use text messaging or social media to communicate with family and friends.

Be careful during clean-up. Wear thick-soled shoes, long pants, and work gloves.

Take an Active Role in Your Safety

Go to [ready.gov](https://www.ready.gov) and search for **tornado**. Download the **FEMA app** to get more information about preparing for a **tornado**. Find Emergency Safety Tips under Prepare.

FEMA
FEMA V-1010
Catalog No. 17225-11



Emergency Preparedness and Response Planning: Lost Child



Establish rules for outings



For older children, set a meeting place



Dress children brightly



Show children who can help



Tell children what to do if approached



Teach children essential Information



Break

Please return in 5 minutes



Prevention of and Response to Emergencies Due to Food and Allergic Reaction



Prevention of and Response to Emergencies Due to Food and Allergic Reaction: Food Safety

- Make sure food prep surfaces are cleaned and disinfected
- Wash fresh fruits and veggies before serving them
- Breastmilk and formula in bottles should be thrown away after two hours
- Transfer baby food out of the jar before feeding
- Refrigerate food immediately after eating and when in doubt, throw it out



Prevention of and Response to Emergencies Due to Food and Allergic Reaction

MILD SYMPTOMS



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/discomfort

SEVERE SYMPTOMS



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/ swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting or severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of mild or severe symptoms from different body areas.

Prevention of and Response to Emergencies Due to Food and Allergic Reaction

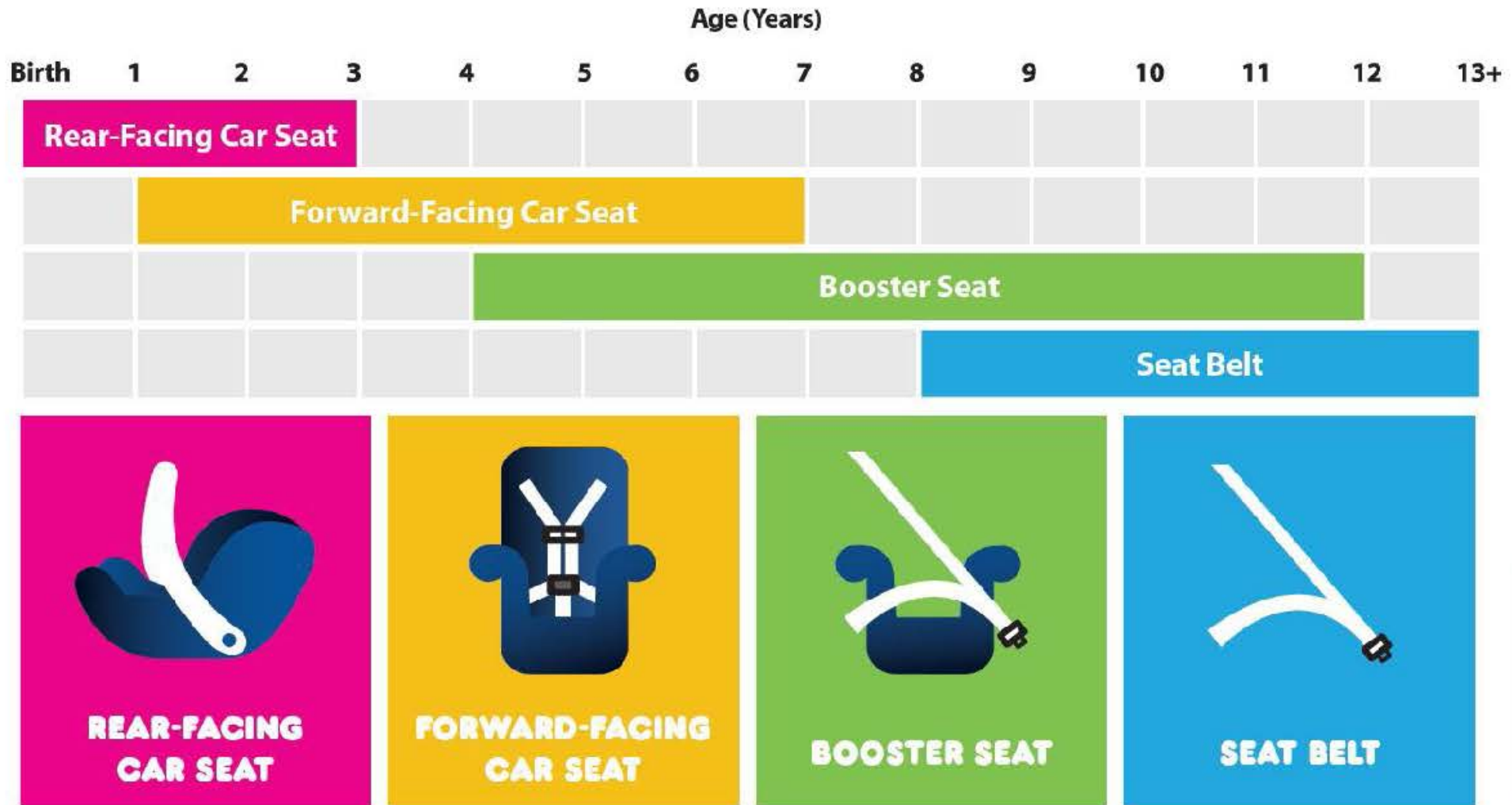
- Learn to investigate food labels
- Know the names of allergens
- Use color-coded stickers at home
- Build an allergy emergency kit
- Wash hands with soap and water



Precautions in Transporting Children



Precautions in Transporting Children



<https://www.nhtsa.gov/sites/nhtsa.gov/files/documents/carseat-recommendations-for-children-by-age-size.pdf>

Precautions in Transporting Children: Pinch Test



To find a Certified Child Passenger Safety Technician who can check your seat at no cost, email or call Kara Rueckert
RueckertK1@michigan.gov 517-284-3066



Precautions in Transporting Children: Chest Clip



To find a Certified Child Passenger Safety Technician who can check your seat at no cost, email or call Kara Rueckert

RueckertK1@michigan.gov 517-284-3066



Precautions in Transporting Children: Winter Coats



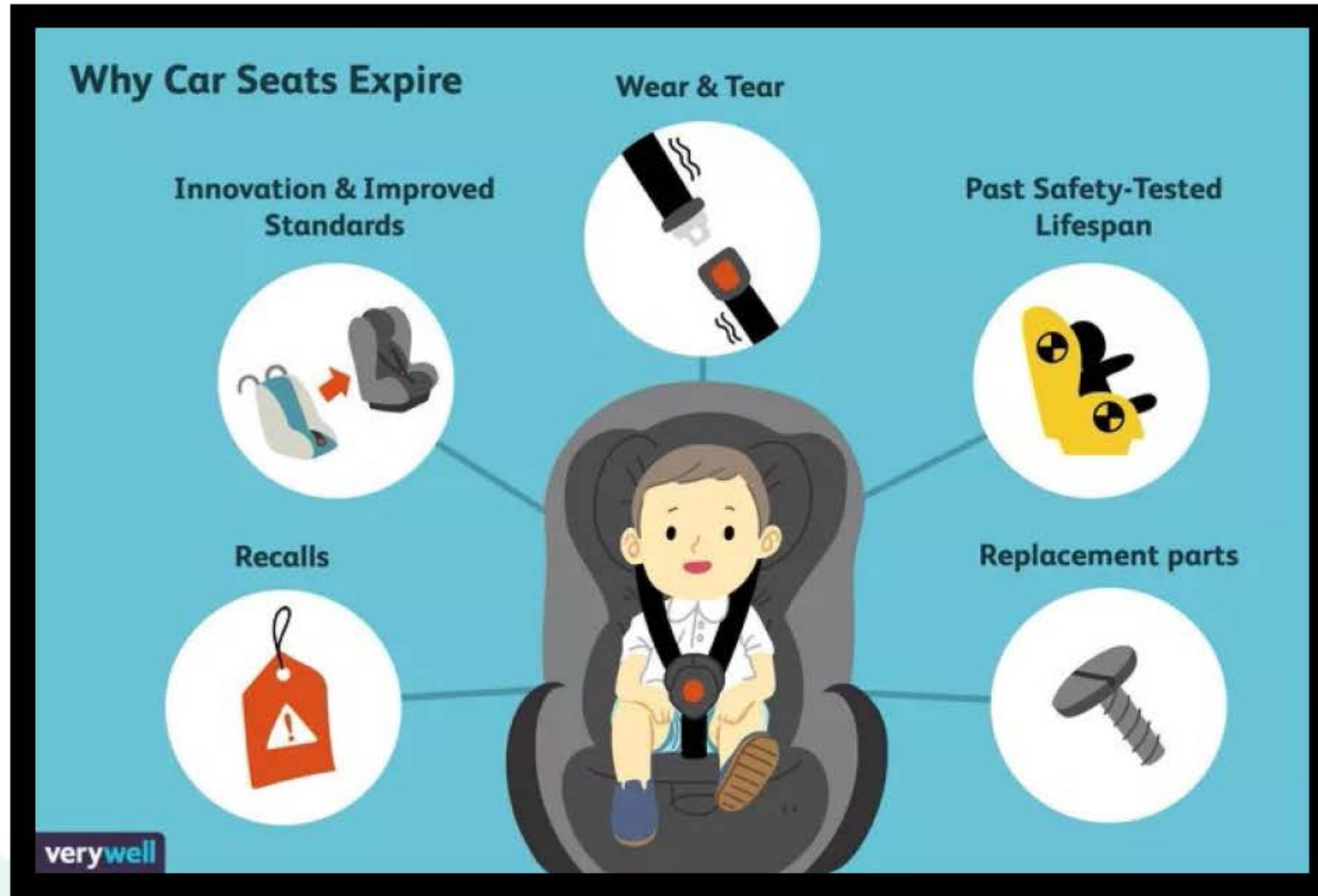
Precautions in Transporting Children: Booster Seats



To find a Certified Child Passenger Safety Technician who can check your seat at no cost, email or call Kara Rueckert RueckertK1@michigan.gov 517-284-3066



Precautions in Transporting Children: Car Seat Expiration



Precautions in Transporting Children: Car Seat Expiration

Made in/Fabriqu  en 2015-03-20
(year | month | day)/(ann e | mois | jour)
Name/Nom Maestro
Model/Mod le 3102198 PQ 2
Manufactured in / Fabriqu  en USA
Expires on / Expire le 2021-03-18

MODEL NAME: KEYFIT MCODE:10840
MODEL NO. 04 060414 760 070
SERIAL NO. 11 11 29 0333
MANUFACTURED IN: NOV 2011
DO NOT USE AFTER: NOV 2017
ARTSANA USA, INC.LANCASTER,PA 17601
US Patent # 7597396
Made in CHINA
20071-02

Training Opportunities



Resource Centers



License Exempt Providers

Level 1

- Completion of Great Start to Quality Orientation



Level 2

- Completion of Level 1 and 10 hours of Level 2 approved core trainings annually



Level 3

- 20 hours of Level 2 training and a minimum of 10 hours implementing an approved Quality Improvement Plan



Training Opportunities:

Training Hours for Level 2 Rate

- 10 hours of approved training will increase your subsidy rate
- Trainings must be a minimum of one hour long
- Training must be taken annually to maintain increased subsidy rate
- All trainings on the MiRegistry calendar are approved except GSQO



MiRegistry

- Search and register for training to meet Level 2 training hours.

www.miregistry.org



support@miregistry.org



833-386-9238



888-825-9995



Child Development and Care Program Information



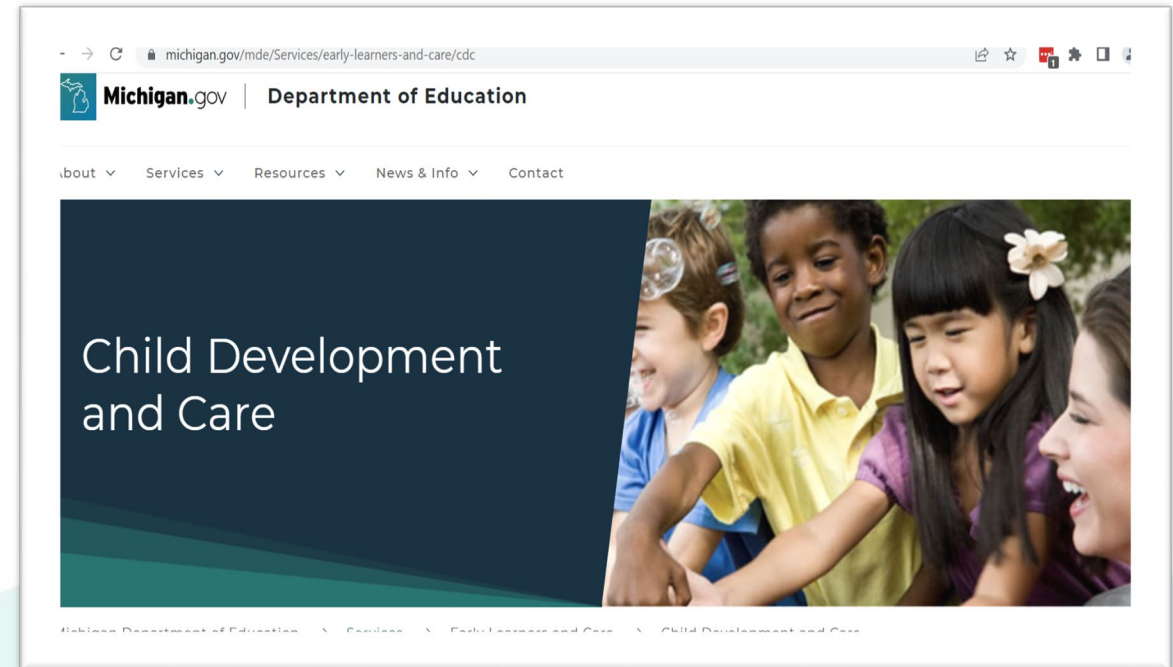
www.Michigan.gov/childcare



866-990-3227



517-284-7529



Pediatric First Aid and Pediatric Cardiopulmonary Resuscitation (CPR)



CPR and First Aid Basics



What is First Aid?

- Used when emergent treatment is needed for an injury or illness.
- The injury or illness may or may not require additional medical treatment



First Aid Topics

Hemorrhage

Bleeding Open
Wound

Seizures

Allergic
Reactions

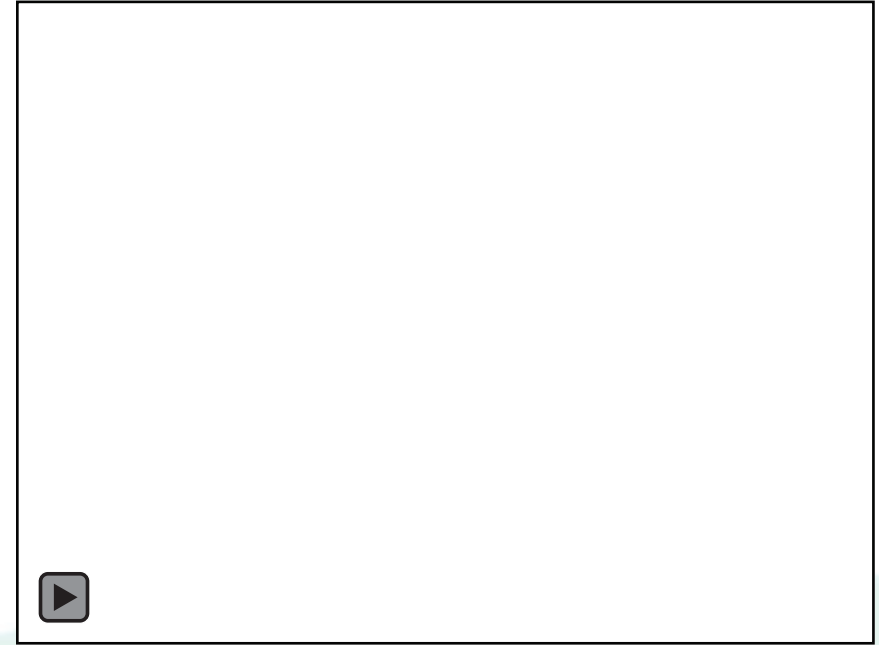
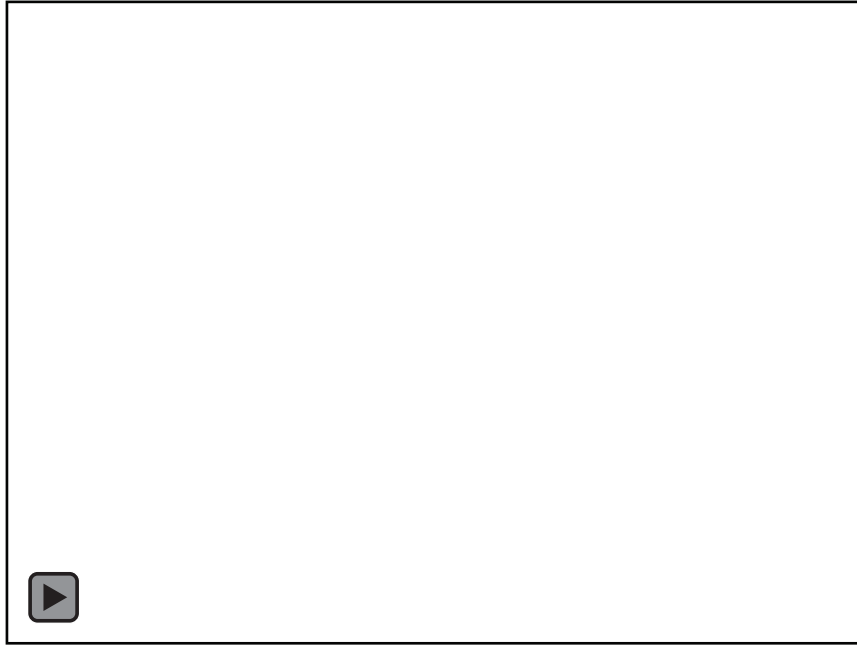
Burns

Poisoning

Shock

Head Injury

Choking



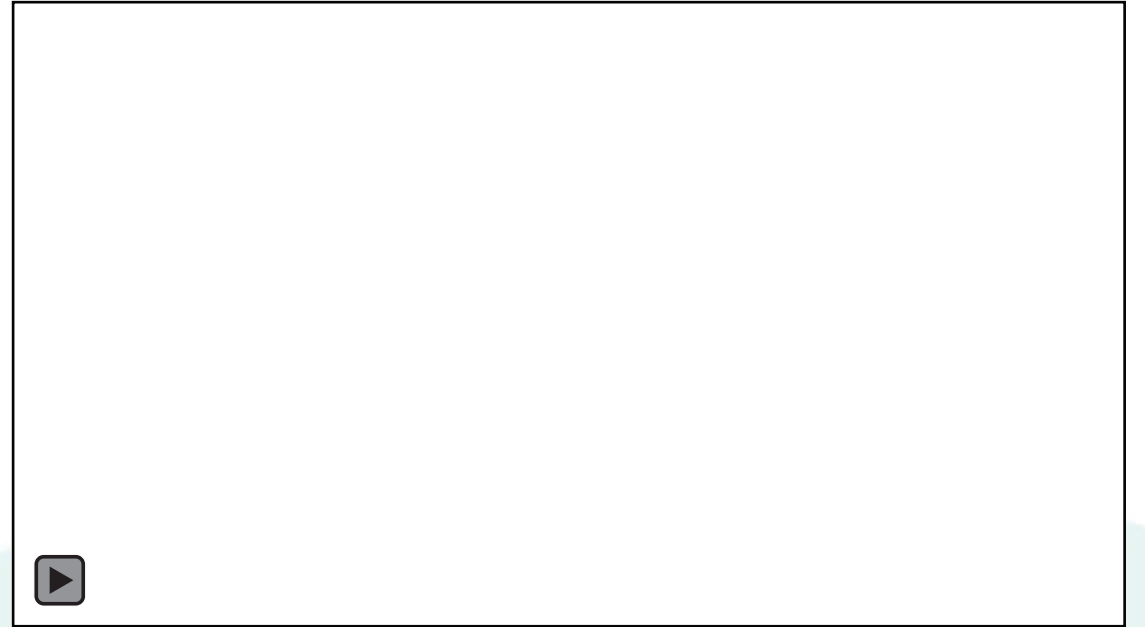
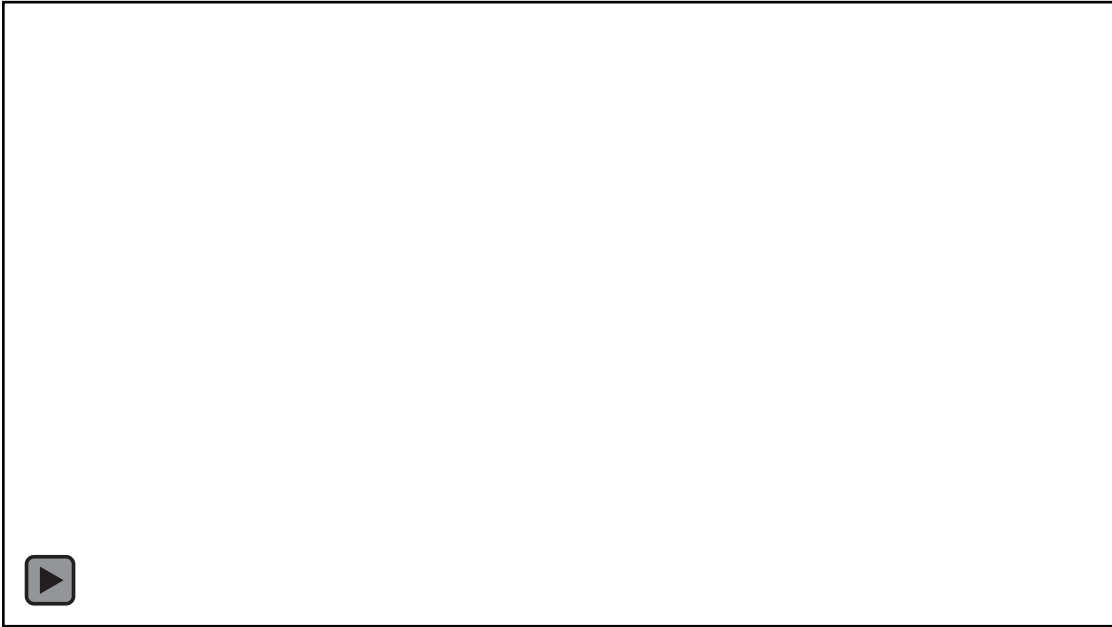
Cardiopulmonary Resuscitation



Life-saving procedure used when an infant, child, or adult's heart stops beating, or they are unable to breathe

Includes management of blocked airway, rescue breathing, and chest compressions

Chest Compressions



CPR Steps



Check the area is safe, lay victim flat



Call 911 or ask someone else to



Check for breathing, if not breathing start CPR



Perform 30 chest compressions



Open airway/tilt chin back



Perform two rescue breaths



Repeat until ambulance or automated external defibrillator (AED) arrives



Test Your Knowledge Scenarios



- Baby Anna chokes while eating her lunch
- Devonte falls off the climbing gym at the playground and has a bleeding cut on his knee
- You walk into the kitchen to find your co-worker, Emi, lying on the floor non-responsive

Please complete the POST-Survey so you can receive credit for this training!

<https://forms.office.com/r/b71Mg0aiSn>





Supporting Excellence in Early Education

greatstarttoquality.org