



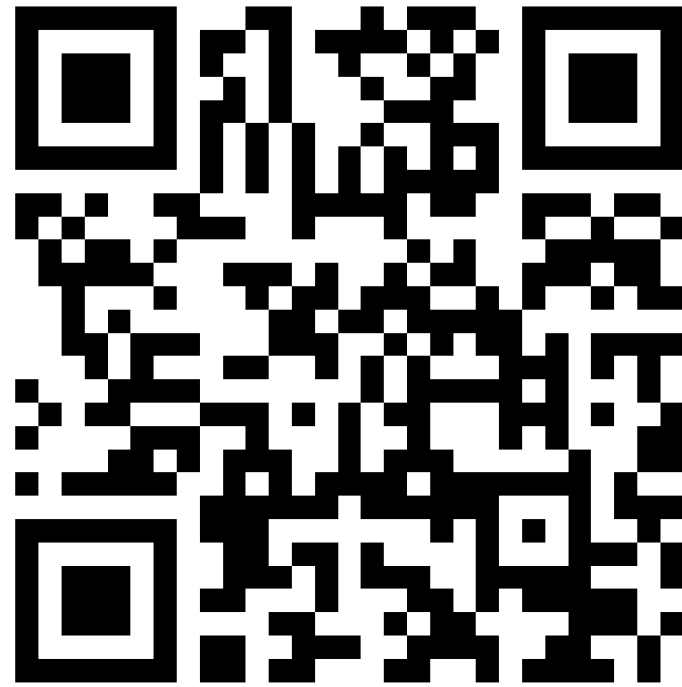
Welcome

License Exempt Provider Preservice Training



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

<https://forms.office.com/r/0srhKhNjDw>





Supporting Excellence in Early Education

**License Exempt Provider
Preservice Training:
Level 1 of Michigan's Quality
Development Continuum**



Agenda

9:00 am – 12:30 pm

- Welcome and Introductions
- Health and Safety Topics

12:30 pm – 1:00 pm

- Lunch

1:00 pm – 4:30 pm

- CPR and First Aid





Housekeeping



Signing in



Bathrooms



Food



Breaks



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



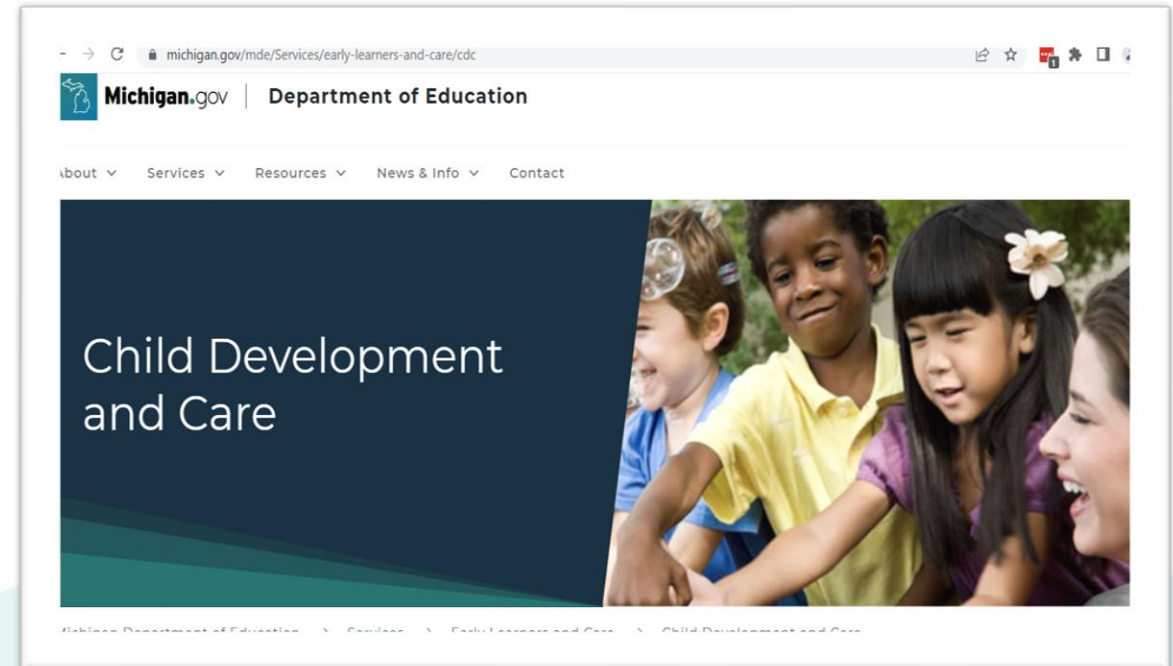
www.Michigan.gov/childcare



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



Accessible

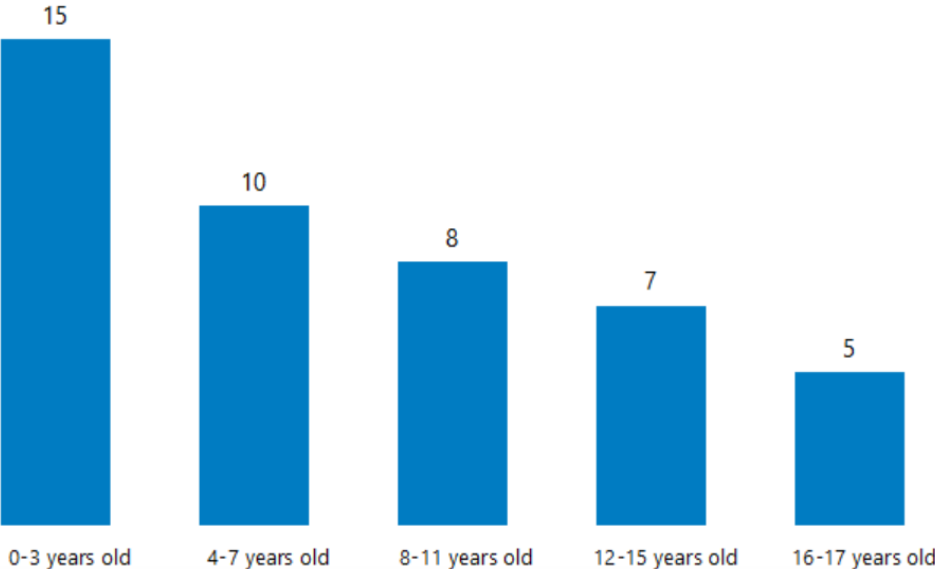


[About Us](#) [Research](#) [ECDC](#) [Hispanic Institute](#)

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

- Abusive Head Trauma (AHT) is a type of physical abuse towards an infant or child that results in a head or neck injury
- Most cases of AHT happen when a parent or caregiver is upset because a baby or child won't stop crying or isn't doing something they expect the child to do
- The injuries from AHT can result in long term physical, mental and medical deficits, brain damage, and even death
- There are around 3,000 cases of AHT in the U.S. each year, with 1 out of 4 children dying from the injuries.
- 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



Prevention of Abusive Head Trauma including Shaken Baby Syndrome

ABUSIVE HEAD TRAUMA IS RESULT OF ONE OF THREE ACTIONS

- Someone uses force to throw or drop a baby or child on purpose
- Someone hits the child's head or neck against an object, like the floor or furniture, or hits the child's head or neck with an object
- Someone uses force to shake a baby or child. This is the form of Abusive Head Trauma known as Shaken Baby Syndrome

NEVER, NEVER shake a baby! No amount of shaking is safe.



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



TEN-4- FACESp Bruising Rule

“TEN”

- Torso
- Ears
- Neck

“FACES”

- ❖ Frenulum
- ❖ Angle of Jaw
- ❖ Cheeks (fleshy part)
- ❖ Eyelids
- ❖ Subconjunctivae

“4”


Infants age 4 months and younger

“p”

Patterned bruising



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



What Belongs in the Sleeping area?



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)



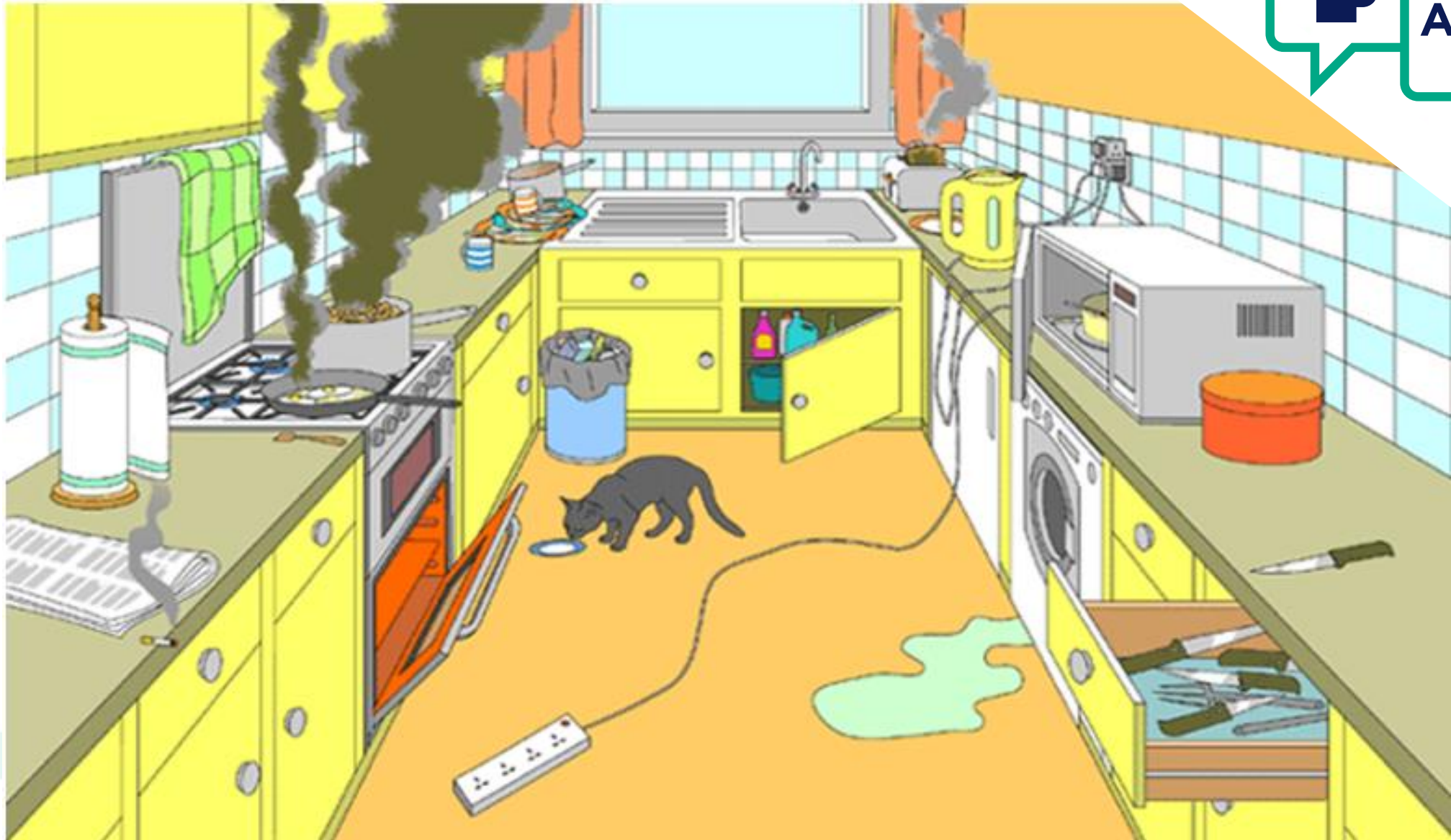


Building and Physical Premises Safety: Supervision

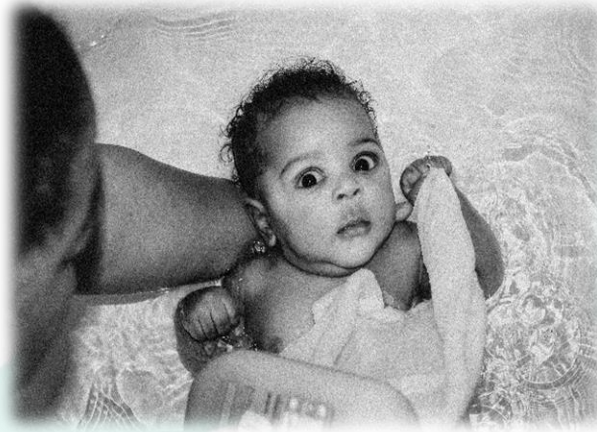
- Children under age six should always be supervised directly by sound and sight
- Even when children are napping, make visual checks



What hazards do you see?



Building and Physical Premises Safety: Indoor Hazards

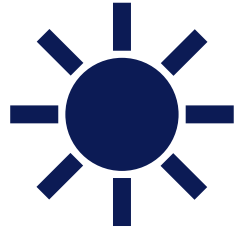


Building and Physical Premises Safety: Outdoor Play

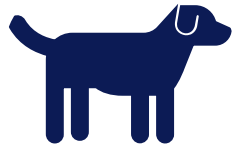
- Anchors children to the real world
- Social interactions
- STEM skills
- Taking appropriate risks
- New context for learning
- Opportunities for collaboration
- Promotes better sleep



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

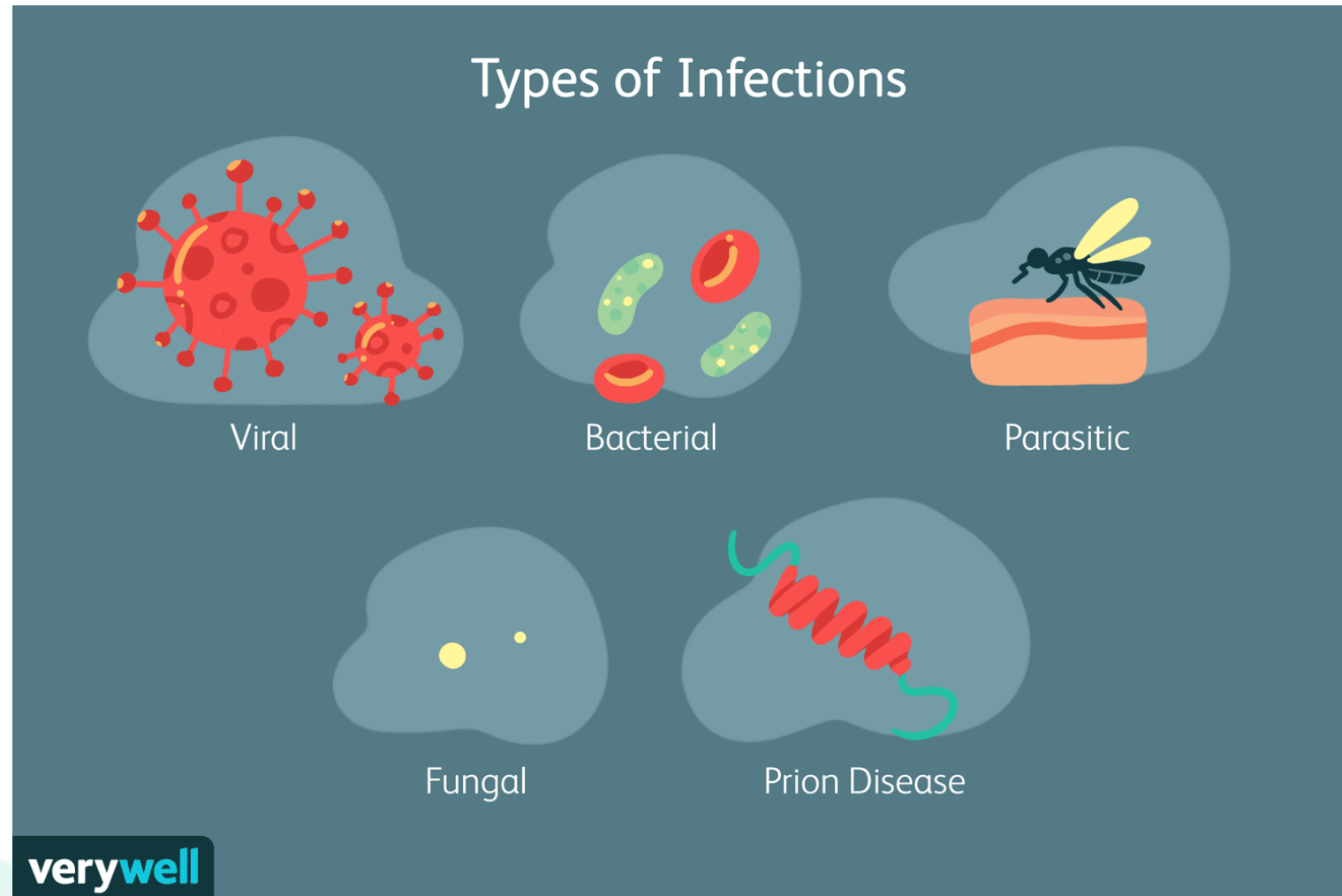
Underperformance in school



**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



Classroom Experiment Reveals Just How Quickly Germs Can Spread



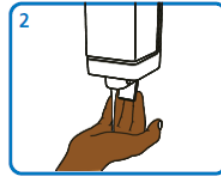
Prevention and Control of Infectious Diseases

- Research shows that there are more bacteria than there are stars in the galaxy in the sink drain by the kitchen.
- Regular handwashing with soap and water is one of the best ways to remove germs, avoid germs from spreading to other people, and prevent the spread of

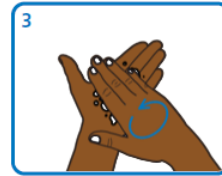
Hand-washing technique with soap and water



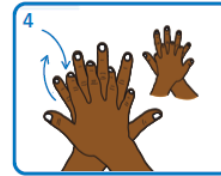
1 Baby shark, doo, doo, doo, doo, doo, doo, doo



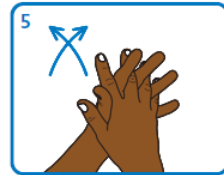
2 Baby shark, doo, doo, doo, doo, doo, doo, doo



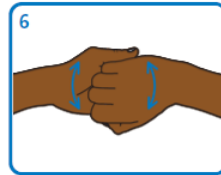
3 Baby shark, doo, doo, doo, doo, doo, doo, doo



4 Baby shark



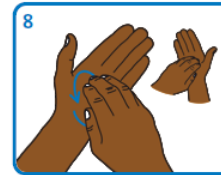
5 Mommy shark, doo, doo, doo, doo, doo, doo, doo



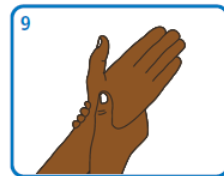
6 Mommy shark, doo, doo, doo, doo, doo, doo, doo



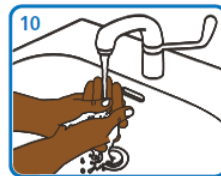
7 Mommy shark, doo, doo, doo, doo, doo, doo, doo



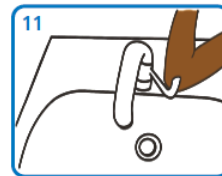
8 Mommy shark



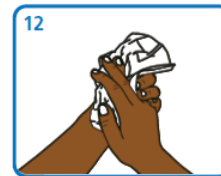
9 Daddy shark, doo, doo, doo, doo, doo, doo, doo



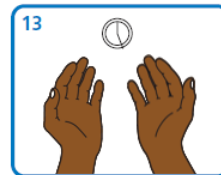
10 Daddy shark, doo, doo, doo, doo, doo, doo, doo



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



12 Daddy shark



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

tious

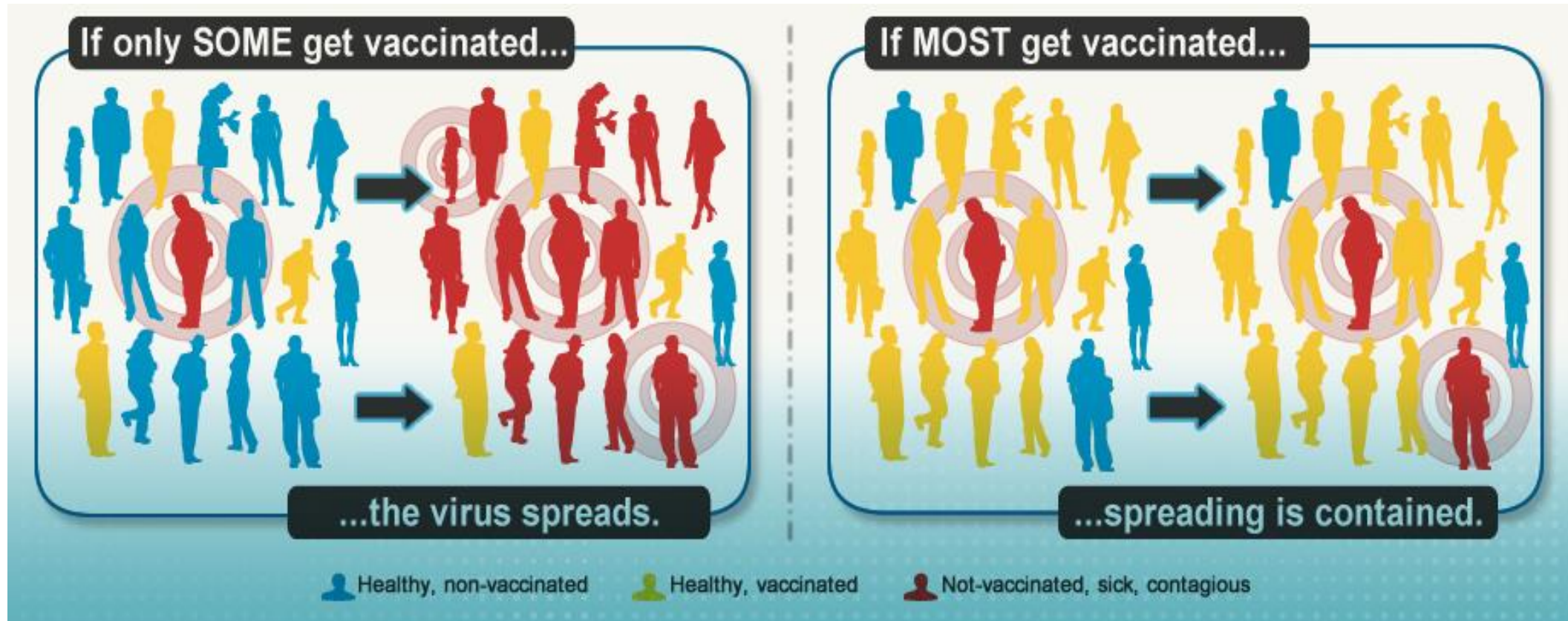
) times more

home, followed

ways to remove
the spread of



Prevention and Control of Infectious Diseases: The Spread of Germs



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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

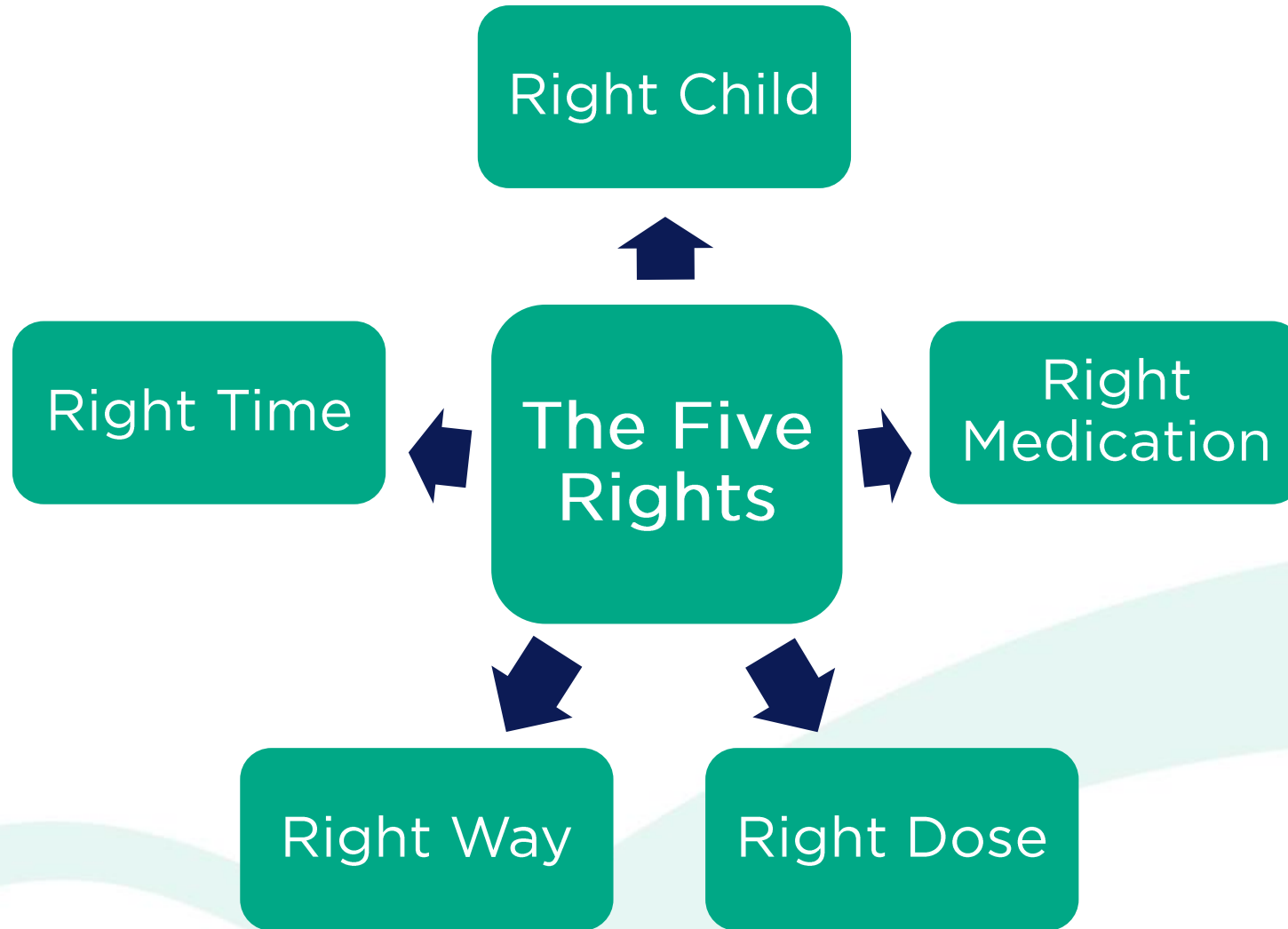


Administration of Medication



- ✓ 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.

	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)

Use product only as directed.



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



Staying Healthy Illness and Ap Contaminants



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

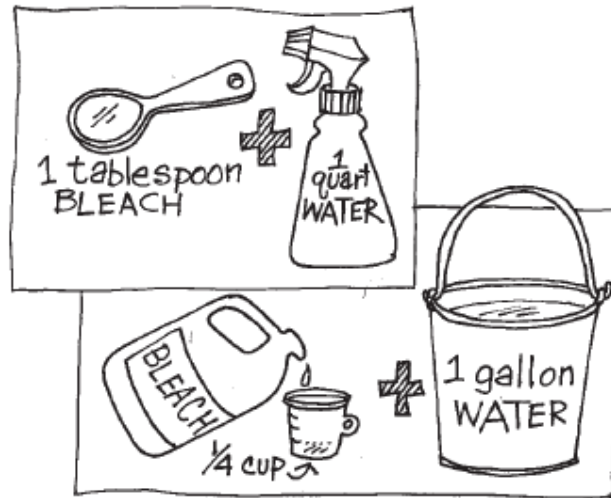
1/4 cup of bleach
1 gallon of cool water
OR
1 tablespoon of bleach
1 quart of cool water

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

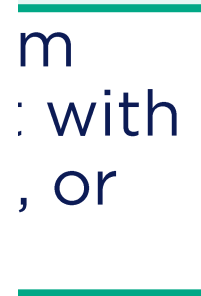
Recipe for Weaker Bleach Disinfecting Solution
(for use on toys, eating utensils, etc.)

1 tablespoon of bleach
1 gallon of cool water

Add the bleach to the water.



the Spread of osal of Bio-



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



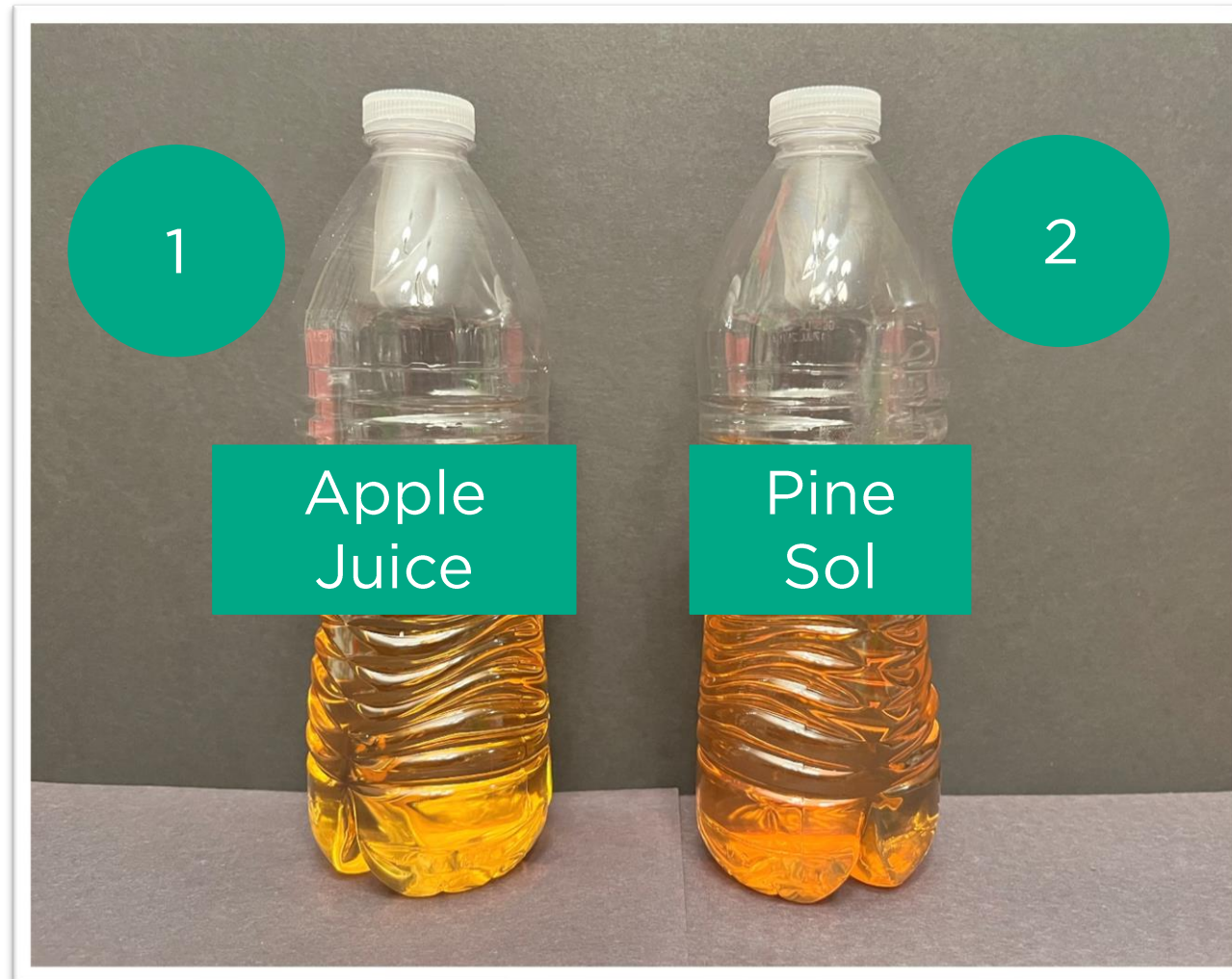
Handling and Storage of Hazardous Materials: Mistaken Identity Items



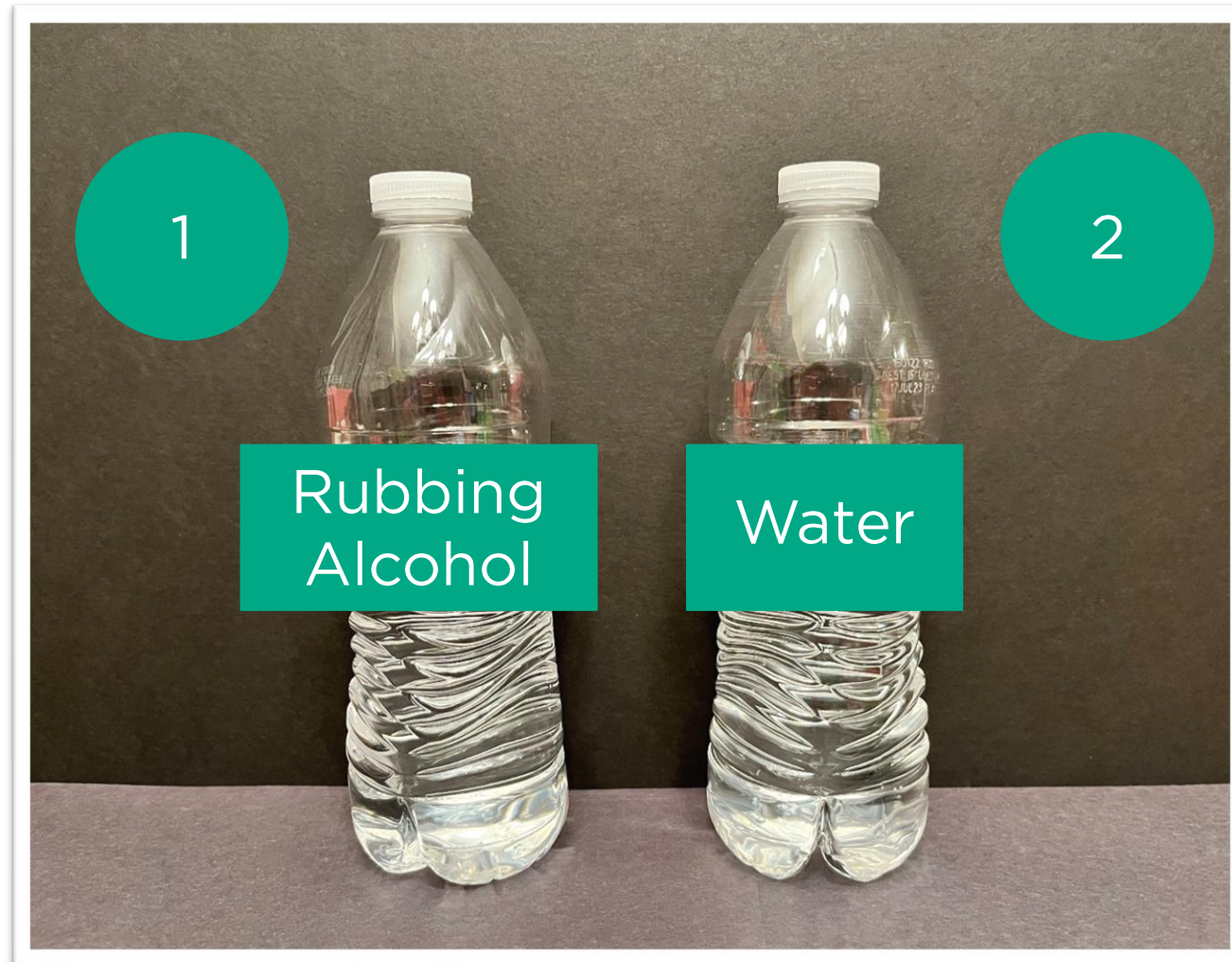
Handling and Storage of Hazardous Materials: Mistaken Identity Items



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 a Poisoning Materials:

Missouri Poison Center

← MYTH VS FACT →

Myth or

If a child
throw up



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).

them



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 children when the doorbell rings. You answer the door and the Emergency Responder tells you that there is a fire in the neighborhood and you have 10 minutes to evacuate the neighborhood.
- What do you do?

What kinds of situations could require an emergency evacuation?



Emergency Preparedness and Response Planning: Fire

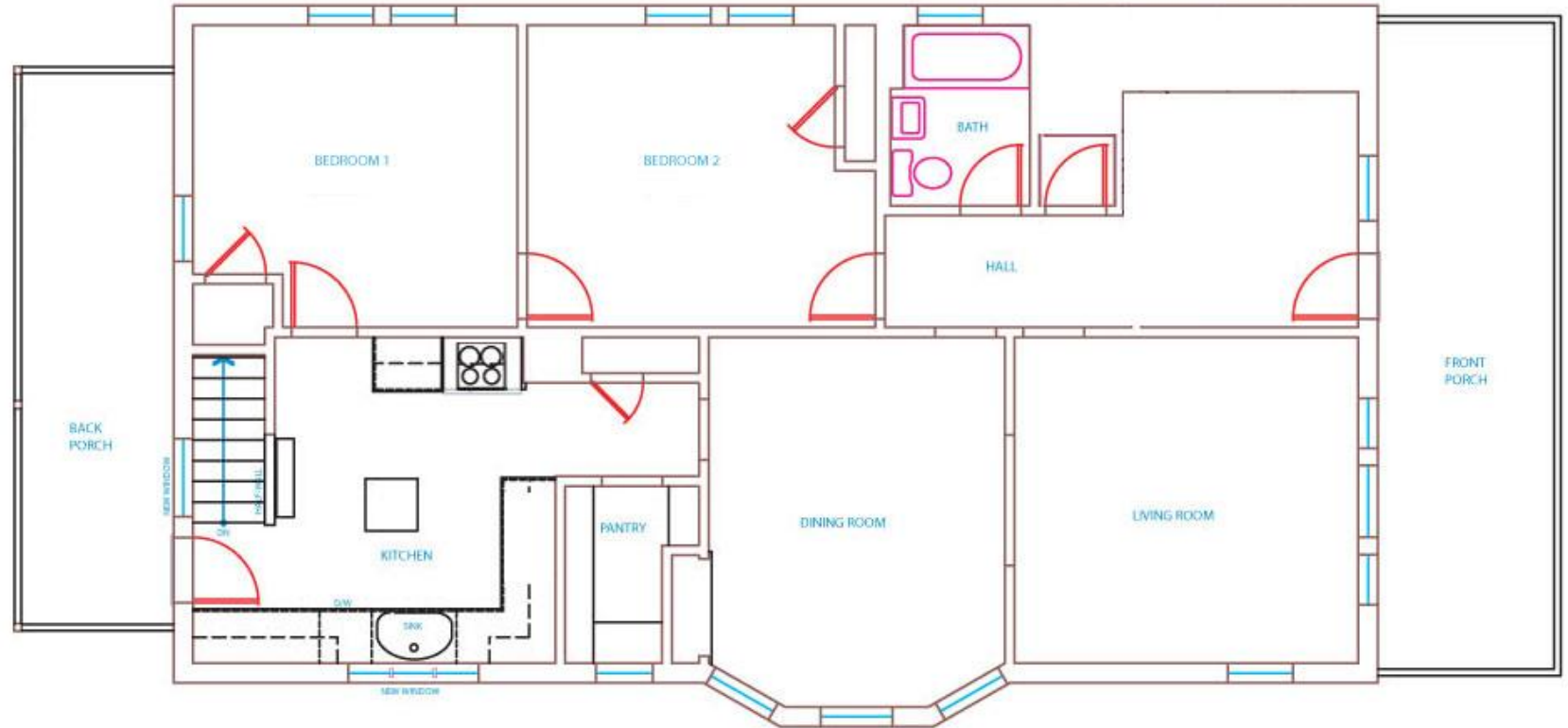
- What was the leading cause of reported fires in Michigan in 2021?
- What room did those fires most often start in?
- What are some fire hazards in the home?



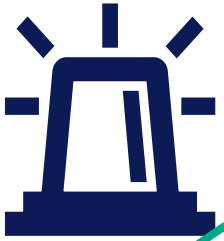
Emergency Preparedness and Response Planning: Fire Plans



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



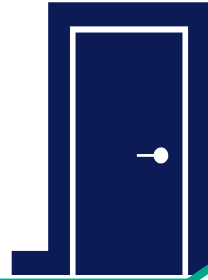
Emergency Preparedness and Response Planning: Practicing Plans



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 (200+ MPH)
- 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



Survive DURING



Be Safe AFTER

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.

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.

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. 1723-11



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

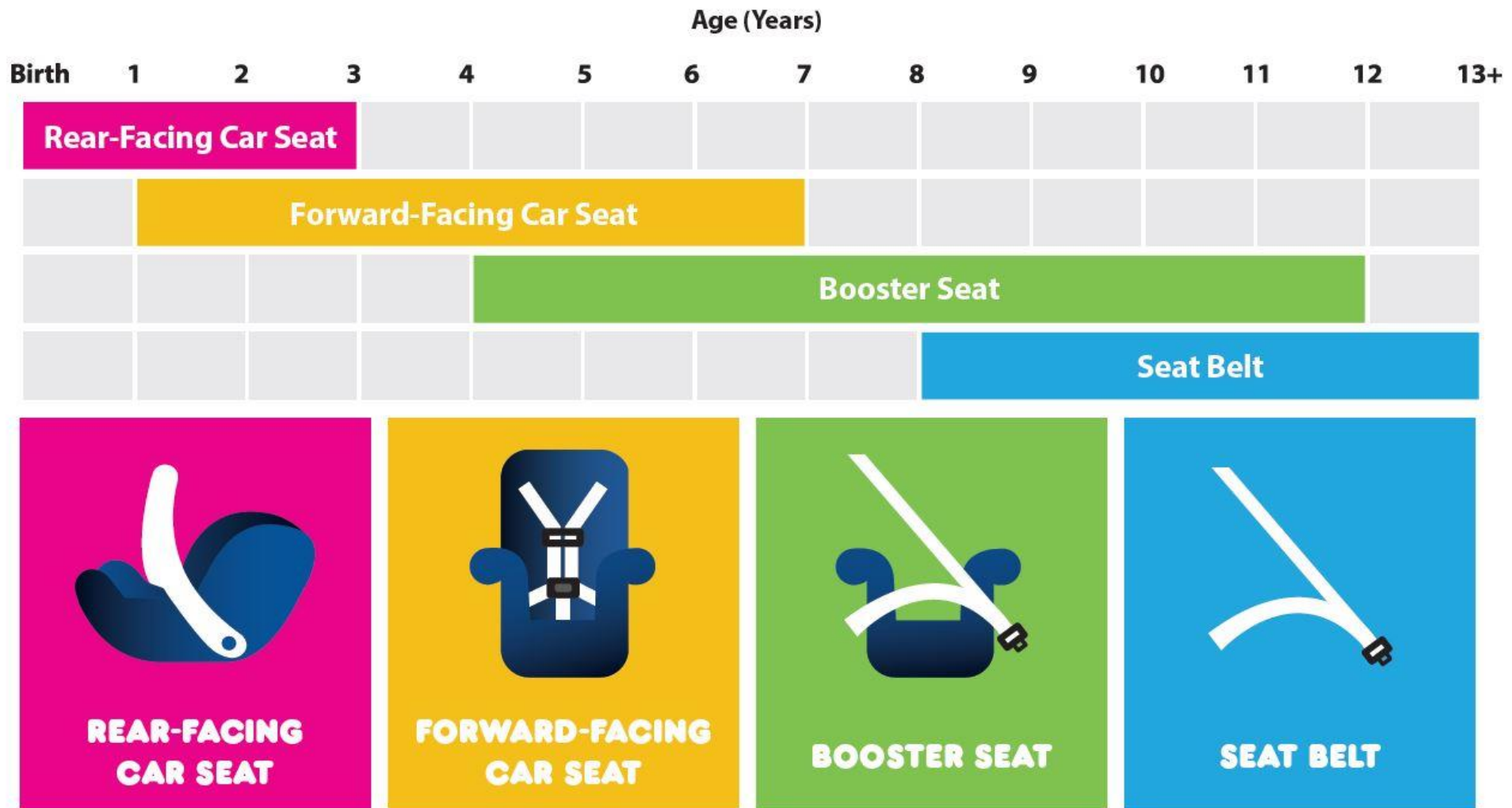
- Learn to investigate food labels
- Know the names of allergens
- Use color-coded stickers at home
- Build an allergy emergency kit
- Wash hands with soap and water



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

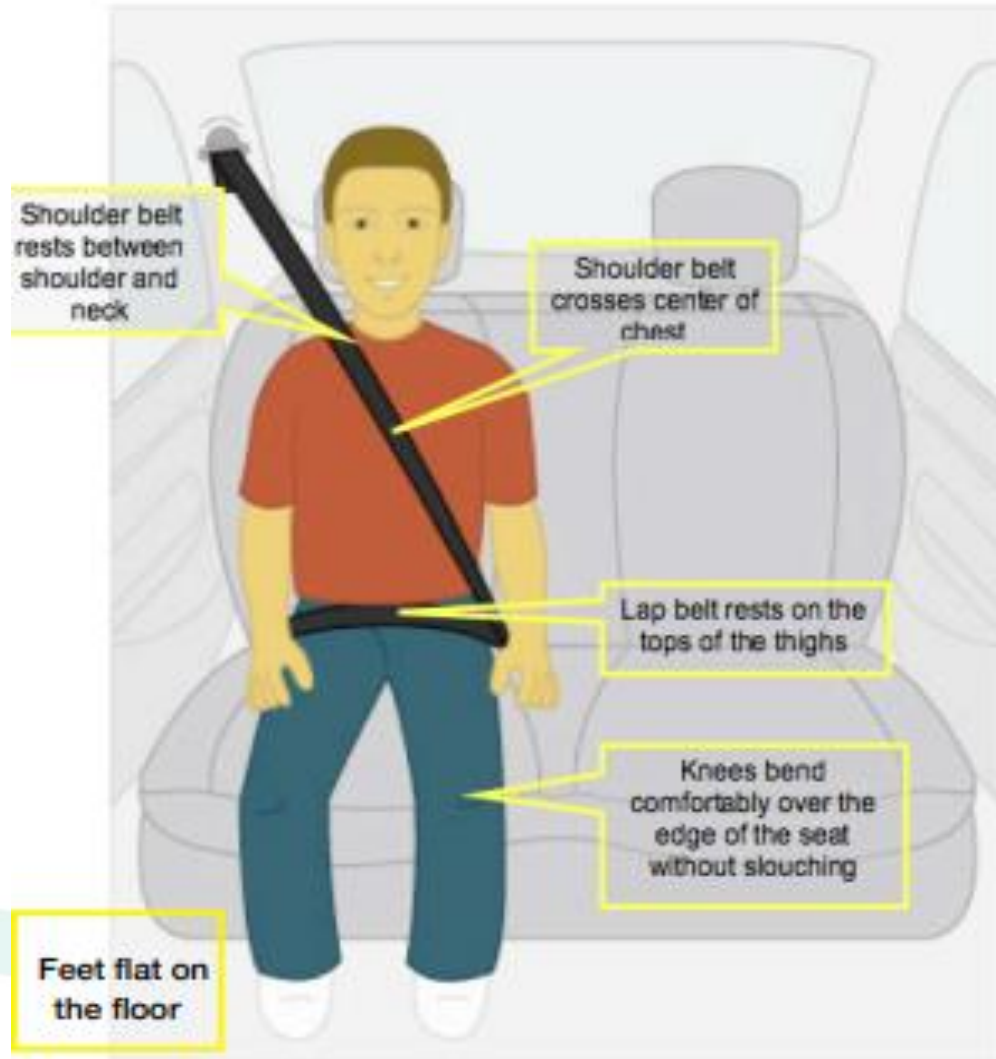
RueckertK1@michigan.gov 517-284-3066



Precautions in Transporting Children: Winter Coats



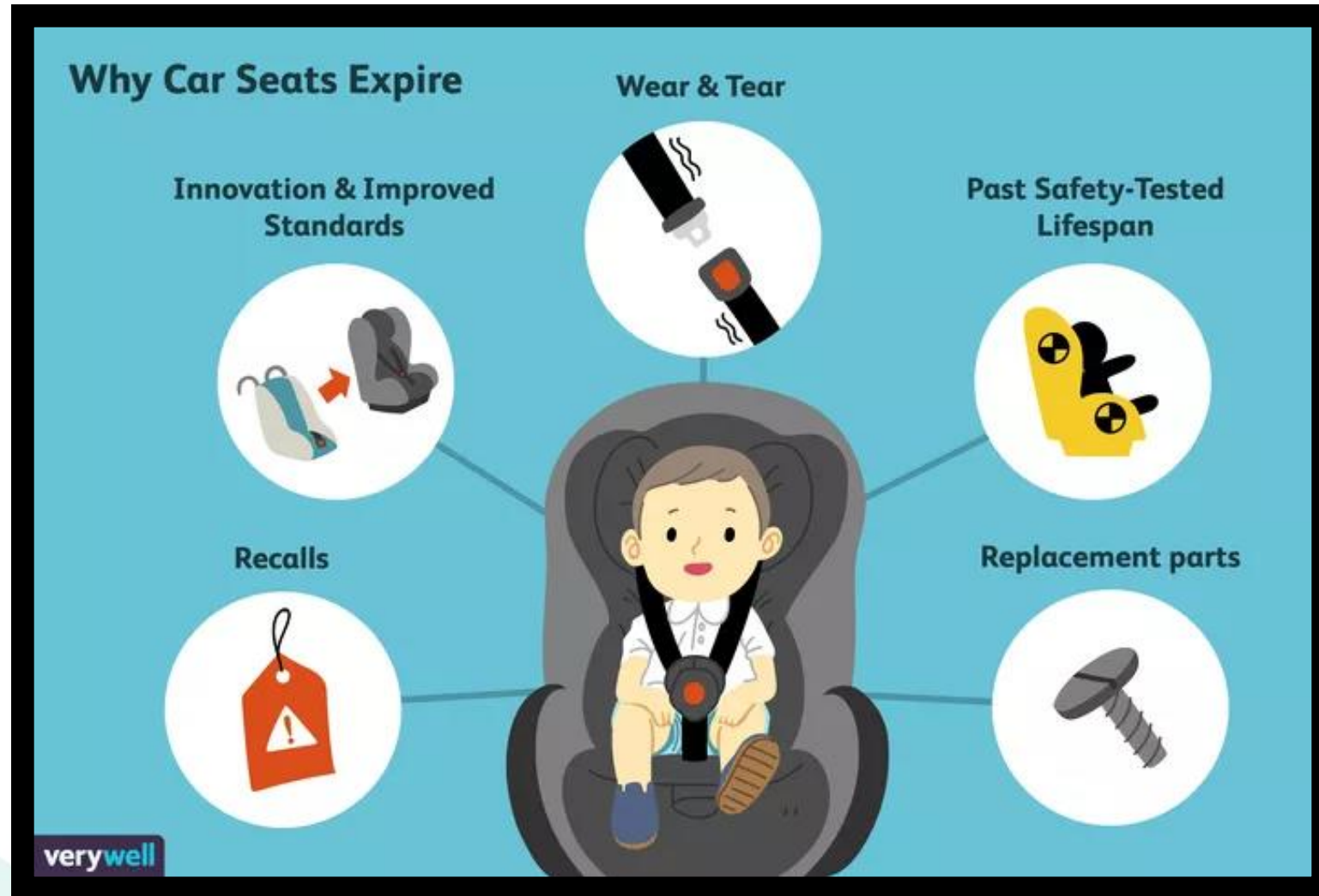
Precautions in Transporting Children: Booster Seats



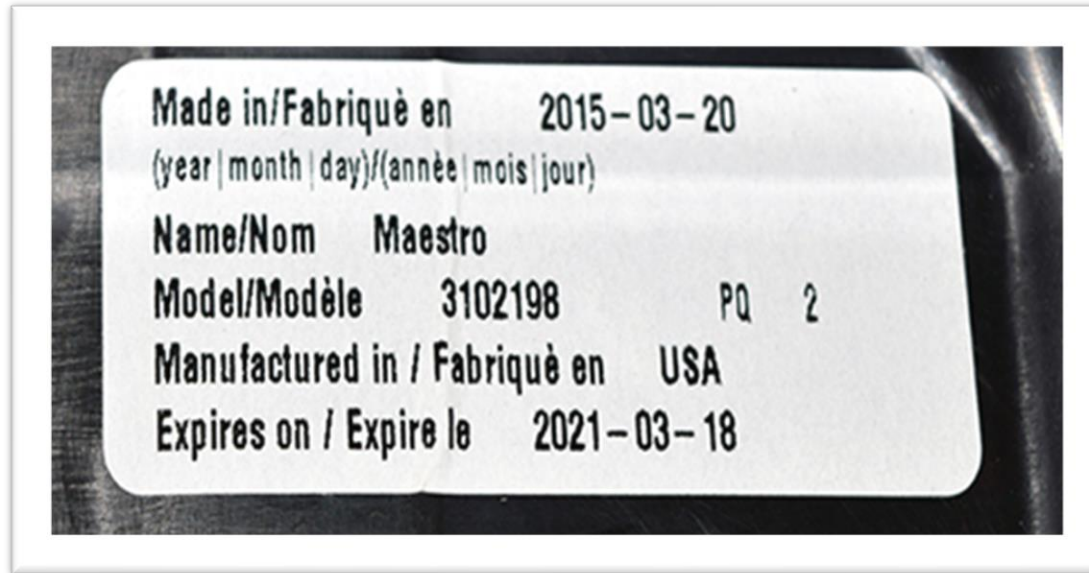
To find a Certified Child Passenger Safety Technician who can check your seat at no cost, email or call Kara Rueckert
RueckertK1@michigan.gov
517-284-3066



Precautions in Transporting Children: Car Seat Expiration



Precautions in Transporting Children: Car Seat Expiration



Training Opportunities



Resource Centers



License Exempt Providers

Level 1

- Completion of License Exempt Provider Preservice Training



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 LEPPT



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



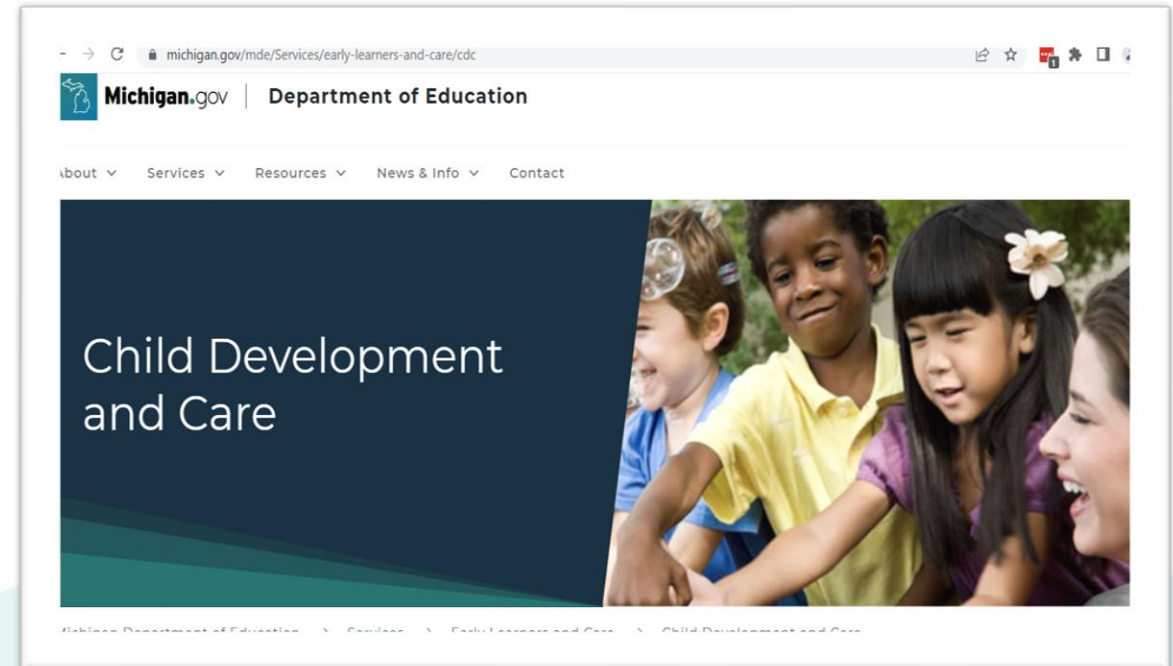
www.Michigan.gov/childcare



866-990-3227



517-284-7529



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

<https://forms.office.com/r/DDfynJsr5B>



Pediatric First Aid and Pediatric Cardiopulmonary Resuscitation (CPR)



The logo features a stylized teal infinity symbol with two small teal dots above it, positioned to the right of the text.

GREAT
START TO
Quality

Supporting Excellence in Early Education

A large, stylized teal wave graphic that spans the width of the page, starting from the bottom left and curving upwards towards the right.

greatstarttoquality.org