Caring for Children Who are Ill: Trainer's Guide

version 1
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Suggested Citation

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NOTE TO TRAINER

This Trainer's Guide is part of a Toolkit intended to accompany the *Caring for Children Who are Ill* Training Module. The Toolkit includes a Trainer's Guide to leading training sessions, a Slide Presentation, and materials for participants' packets.

For more information about using the NTI materials, please read "Guidelines for Using the NTI Curriculum Materials," available in the "Curriculum" section of the NTI Resources Website (accessed by entering your NTI username and password at http://sakai.unc.edu).

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PREPARATION CHECKLIST

Curriculum Materials:

Download the following from the "Curriculum" section of the NTI Resources Website:

- ☐ *Caring for Children Who are Ill* Training Module
- ☐ *Caring for Children Who are Ill* Trainer's Guide
- ☐ *Caring for Children Who are Ill* Slide Presentation
- ☐ *Training Checklists*

Preparation:

- ☐ Read the *Caring for Children Who are Ill* Training Module.
- ☐ Read the *Caring for Children Who are Ill* Trainer's Guide.
- ☐ Review the *Caring for Children Who are Ill* Slide Presentation:
  - ☐ Customize slide #2 to include your name, agency, and the date of your training.
  - ☐ Print the slides as overheads or load the slide presentation onto your laptop, USB drive, or a CD. Save or print a back-up copy of the presentation as well.
- ☐ Create a participant's packet (one per participant) per copyright guidelines:
  - ☐ Copy activities, worksheets, and the evaluation form provided in this Trainer's Guide under "Materials for Participant's Packet".
  - ☐ Copy the Slide Presentation as a handout.
- ☐ On a flip chart sheet, write out the Overview of Training Session to display in the training room (you may prefer to leave off the estimated time and training technique).
- ☐ On a flip chart sheet, write out the Training Objectives to display in the training room.
- ☐ See "Training Implementation and Logistics Checklist" (located in the document titled *Training Checklists*) for set-up tasks to do the day of the training.
- ☐ Other: _____

Equipment and Supplies:

- ☐ See "Equipment and Supplies Checklist" (located in the document titled *Training Checklists)* for general supplies
- ☐ Laptop, slide presentation, and LCD projector or overhead projector
- ☐ Flip chart sheet for posting Overview of Training Session
- ☐ Flip chart sheet for posting the Training Objectives
- ☐ Other: _____

OVERVIEW OF TRAINING SESSION

Below is an overview of the topics covered in this session.

Estimated Time	Topic	Training Technique
10-15 minutes prior to session[1]	**Registration**	-----
Optional[2]	**Introductions/Icebreaker**	partners
5 minutes	**Overview of Training Session and Objectives**	slides/overheads
5 minutes	**Opening:** **The Role of the CCHC**	large group
10 minutes	**Presentation:** **Exclusion Criteria and Types of Care for Children Who are Ill**	slides/overheads
10 minutes	**Activity:** **Exclusion Criteria Quiz Game**	small group
10 minutes	**Presentation:** **Developing Policies and Procedures**	slides/overheads
10 minutes	**Activity:** **Differing Perspectives Case Scenario**	small group
5 minutes	**Closing**	large group
5 minutes	**Learning Assessment**	individual
5 minutes	**Evaluation of Trainer**	individual
Estimated Total Time: Approx. 1 hour[3]		

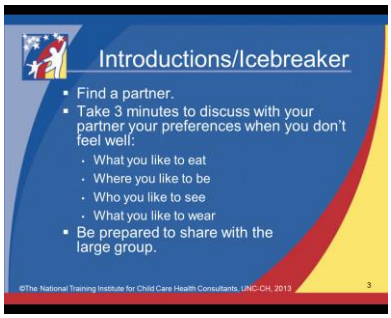
[1] Not included in total time.
[2] Not included in total time. Develop activity based on participants' training needs.
[3] Add additional time if group guidelines and/or group facilitation methods need to be addressed at the beginning of the session, or if you decide to include any additional activities. For more information, see NTI's *Building Curriculum Development and Training Skills* Training Module.

TRAINER'S OUTLINE

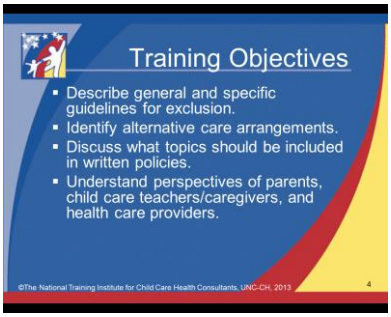
Introductions/Icebreaker

Time	Optional
Training Technique	• Partners and large group
Supplies	

Instructions	• Show slides 1-3. (Slides 1-2, the title slide and customizable slide, are not printed here.)
	• Ask each participant to find a partner.
	• Tell the group that they have 2 minutes to talk with their partner about their preferences when they don't feel well. They might discuss:
	  ○ What they like to eat
	  ○ Where they like to be
	  ○ Who they like to see
	  ○ What they like to wear
	• Tell the group they should be prepared to share their name and one unique thing they do when they are ill with the large group.

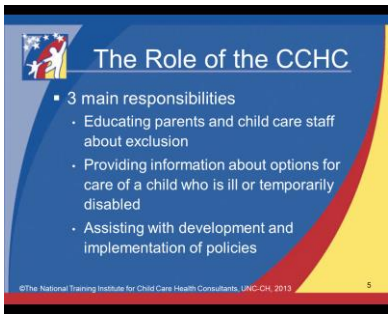
Talking Points	**Introductions/Icebreaker**  • I'd like to start by getting us into the mindset of someone who is sick or not feeling their best. Please find a partner to work with and spend just a few minutes talking about how you like to pass the time when you are sick. You might have special sweatpants that you wear, or you might like to have a specific food or drink. Please share with your partner your name and something that you do when you are sick. After two minutes, we will come back together to share this information with the large group. • This activity shows us that most of us like to slow down a little and get a little extra care when we are sick. The same is true for children who are ill. We'll be talking today about different options for caring for children who are ill and about the perspectives of parents, child care teachers, and health care providers when children are ill.
For More Information	See NTI's *Building Curriculum Development and Training Skills* Training Module for ideas about introductions and icebreaker activities.
Notes	

Overview of Training Session and Objectives

Time	5 minutes
Training Technique	Slides/overheads
Supplies	• Flip chart sheet with Overview of Training Session written on it • Flip chart sheet with Training Objectives written on it
Instructions	• Direct participants' attention to the posted Overview of Training Session. • Show slide 4.
Talking Points	**Training Objectives** • Let's take a few minutes to review the training objectives for this session. By the end of today's training, I'd like you to be able to: o Describe general and specific guidelines for exclusion of children who are ill. o Discuss what topics should be included in written policies related to exclusion. o Understand the perspectives of parents, child care teachers, and health care providers related to this issue. 
For More Information	See NTI's *Building Curriculum Development and Training Skills* Training Module to learn more about training objectives.
Notes	

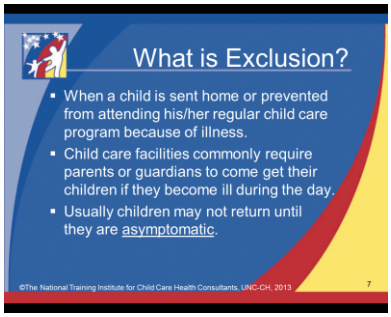
Opening: The Role of the Child Care Health Consultant

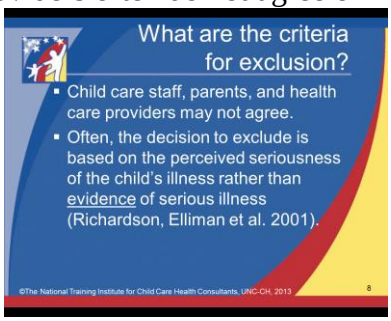
Time	5 minutes
Training Technique	Slides/overheads
Supplies	
Instructions	• Show slide 5. • After sharing the first two bullet points, ask the group to share other ways that they have been involved in decision making related to children who are ill. Depending on the size of the group, you might have all participants share their experience or you might ask for just a few volunteers.
Talking Points	**The Role of the CCHC** • The Child Care Health Consultant (CCHC) can assist child care staff, parents, health care providers, and public health officials in determining best practices for children who are ill. The CCHC can: o Educate about when to exclude a child from the child care setting. o Provide information about options for the care of a child who is ill. o Assist with the development and implementation of policies. • In order to do these tasks well, the CCHC needs to be knowledgeable regarding state and national guidelines for exclusion. She needs to understand the perspectives of all parties involved. She must be willing to collaborate with child care staff in writing policies and procedures relevant to children who are ill and able to help teachers/caregivers communicate these policies to parents. • Are there other ways that you have been involved in decision making related to children who are ill?
For More Information	See the Introduction: The Role of the CCHC section in NTI's *Caring for Children Who are Ill* Module, 2008.
Notes	



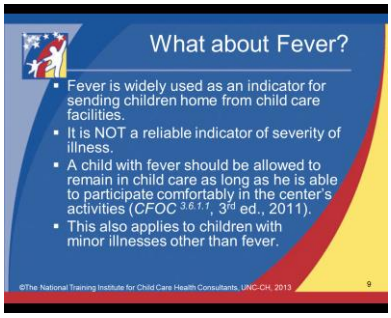
Presentation: Exclusion Criteria

Time	10 minutes
Training Technique	Slides/overheads
Supplies	
Instructions	Show slides 6 to 18.
Talking Points	**Children Get Sick!** • We know that children in out-of-home care experience a higher incidence of infections than children who are cared for in their own home. • Children may also experience temporary disabilities such as burns, fractures, or surgery that may require them to be excluded from child care. • Although most of the illnesses experienced by children are mild respiratory or gastrointestinal infections or common complications, such as ear infections, they do have a significant impact on the field of child care. **What is Exclusion?** • Exclusion occurs when a child is sent home or prevented from attending his or her regular child care program because of illness. • Child care facilities commonly require parents or guardians to pick up their children if they become ill during the day. • Usually, children are expected to stay out of child care until they are asymptomatic. **What are the criteria for exclusion?** • Child care staff, parents, and health care providers often do not agree on exclusion criteria. Many people do not know about nationally-recommended criteria for exclusion and inclusion of children who have symptoms of minor illness. • Often, the decision to exclude is based on the perceived seriousness of the child's illness rather than evidence of serious illness (Richardson, Elliman et al. 2001).





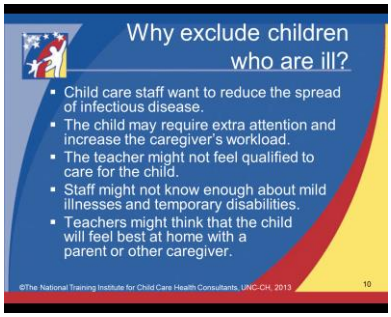
What about Fever?



- Fever is widely used as an indicator for sending mildly ill children home from child care facilities. However, fever is NOT a reliable indicator of severity of illness in young children (Dailey, 2003; Jensen, 2003; Mayo Foundation for Medical Education and Research, 2003). Evidence does not support automatic exclusion of children with fevers above 100°F, especially when there are no additional symptoms.
- A child with fever should be allowed to remain in child care as long as he is able to participate comfortably in the program's activities. (*CFOC* 3.6.1.1, 3rd ed., 2011).
- This also applies to children with minor illnesses other than fever.

Why exclude children who are ill?

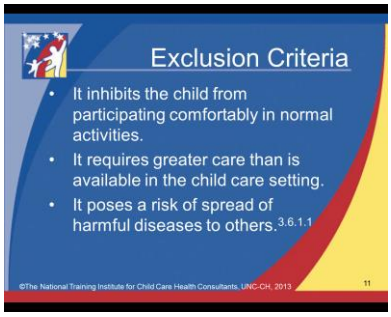
Child care staff are more likely than parents or health care providers to exclude a child from the child care setting.



- They may want to reduce the spread of infectious disease.
- The child may require extra attention and increase the teacher's workload.
- The teacher might not feel qualified to care for the child.
- The teacher might not know enough about mild illnesses and temporary disabilities.
- The teacher might think that the child will feel best at home with a parent or other caregiver.

Exclusion Criteria

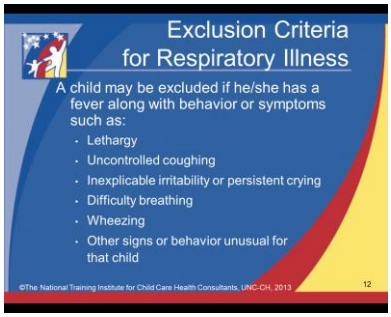
- Generally, a child should only be excluded from the child care setting when any of the following are true about his illness.
  - It inhibits him/her from participating comfortably in normal activities.
  - It requires greater care than is available in the child care setting.
  - It poses a risk of spread of harmful diseases to others. 3.6.1.1

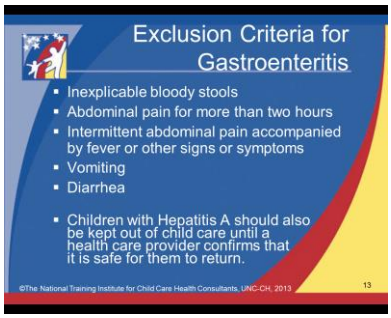


- If any of these criteria are met, the illness may be serious and require medical attention. 3.6.1.1, 3.6.2.1 (CFOC, 3rd. ed., 2011; Pappas, Schwartz, et al. 2000).

For More Information	• See the Exclusion Criteria section in NTI's *Caring for Children Who are Ill* Module, 2008. • See NTI's *Infectious Disease in Child Care Settings* Module, 2008.
Notes	

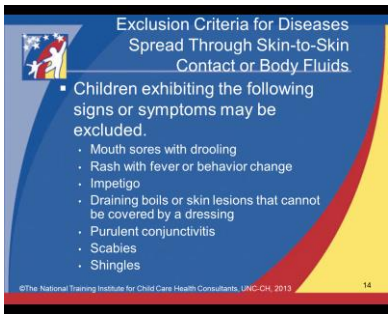
Talking Points	**Exclusion Criteria for Respiratory Illness**
	• In addition to the three criteria already mentioned, *Caring for Our Children* includes guidelines for exclusion based on specific indicators. These should be considered as part of determining whether the above criteria are met, and not used as a basis for exclusion on their own. For respiratory illness, a child may be excluded if she has a fever along with behavior or symptoms such as:
	  • Lethargy
	  • Uncontrolled coughing
	  • Inexplicable irritability or persistent crying
	  • Difficulty breathing
	  • Wheezing
	  • Other signs or behavior unusual for that child
	• Children excluded from care for these reasons may return once symptoms are gone and/or they have a health care provider certify that they are safe to return to care.
	• Because a number of diseases are infectious for 1-2 days before symptoms begin, exclusion of children may not prevent an outbreak. Proper hygiene should be a priority at all times.
	
	Exclusion Criteria for Gastroenteritis
	• In addition to the three exclusion criteria already mentioned, a child may be excluded if she exhibits any of the following symptoms:
	  • Inexplicable bloody stools
	  • Abdominal pain for more than two hours
	  • Intermittent abdominal pain accompanied by fever or other signs or symptoms
	  • Vomiting
	  • Diarrhea
	  • Children with Hepatitis A should also be kept out of child care until a health care provider confirms that it is safe for them to return.





	Exclusion Criteria for Diseases Spread Through Skin-to-Skin Contact or Body Fluids
	• Children exhibiting the following signs or symptoms may be excluded.
	  • Mouth sores with drooling (unless determined to be noninfectious)
	  • Rash with fever or behavior change (unless determined by a health care provider not to be a communicable disease)
	  • Impetigo (until 24 hours after treatment has started)
	  • Draining boils or skin lesions that cannot be covered by a dressing (for example, lesions on the hands or face)
	  • Purulent conjunctivitis (until treatment has started)
	  • Scabies (until after treatment has been completed)
	  • Shingles (which usually affects caregivers rather than children, if the lesions are on the hands or face and cannot be covered by clothing and bandages, until a health care provider has confirmed that return is safe)
	
	• Children with head lice do not have to be excluded in the middle of the day, but the lice should be treated overnight before the children may be admitted the following day.

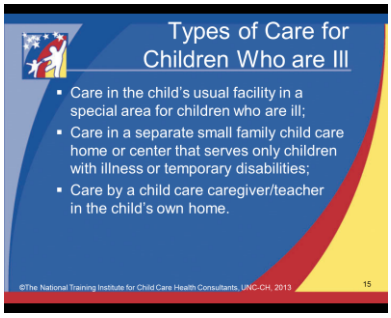
For More Information	See the Exclusion Criteria section in NTI's *Caring for Children Who are Ill* Module, 2008.
Notes	



Talking Points

Types of Care for Children Who are Ill

- Several different kinds of care are available for children who are ill. They are:
  - Care in the child's usual facility in a special area for care of children who are ill
  - Care in a separate small family child care home or center that serves only children with illness or temporary disabilities
  - Care by a child care provider in the child's own home. 3.6.2.1



The Child's Own Facility

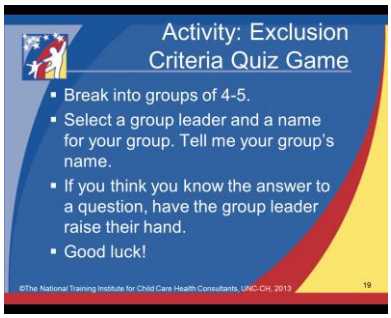
- Some child care facilities have special "get well" rooms that allow the child to remain in a familiar environment. The child can quickly be moved to this room if they begin feeling ill and the child may be familiar with the teacher/caregiver. Such an arrangement can be expensive for the child care facility, which needs extra space and staff, and may require an additional charge to the parents.

Separate Settings

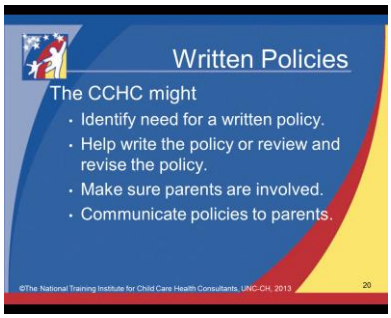
- A special facility for children who are ill at the parent's workplace allows the parent to visit the child without missing work. This arrangement may be expensive to both employer and employee and might be unfamiliar and uncomfortable for the child.
- Facilities specifically designed to care for ill children can be staffed by medically trained personnel who provide appropriate care and are able to aid the transition back to the child's regular child care setting. The teacher/caregiver and the environment in this type of care will be unfamiliar to the child. This type of care is usually very expensive.

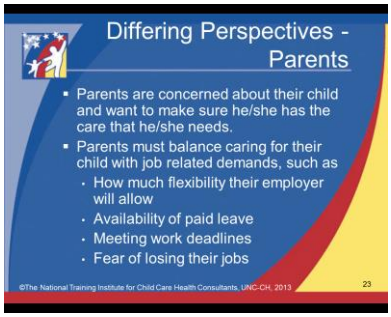
	The Child's Own Home • A child cared for in his own home benefits from being in a familiar environment with a familiar caretaker. The child does not have to leave home and can receive restful, individualized care. • Disadvantages include the possibility of lost work and wages for the caregiver. 
For More Information	• See the Types of Care for Children Who are Ill section in NTI's *Caring for Children Who are Ill* Module, 2008.
Notes	

Activity: Exclusion Criteria Quiz Game

Time	10 minutes
Training Technique	Small group
Supplies	• One copy of the *Exclusion Criteria Quiz Game* worksheet for the trainer • Candy or other small prizes for participants who answer quiz questions correctly
Instructions	• Show slide 19. • Divide trainees into small groups of 4-5. Ask each group to pick a name for the group and a group leader. • Tell the group that you will read a series of questions aloud. If the group thinks they know the answer to the question, the group leader should raise her hand. • Write the names of all groups on a flip chart sheet where everyone can see them. • Read the questions aloud and call on the first group leader to raise their hand. • Record correct answers on the flip chart under each group name. • After all questions have been read, determine which group had the most correct answers and declare them the winning group. You might offer them candy or the other small prizes that you brought. 
Talking Points	• We're going to work in small groups for the next activity. Please count off by "fours" and then move so that you are sitting with the other people who are the same number as you. • When you have found your group, please pick a name for your group and choose a group leader. When this is done, have the group leader raise her hand to tell me the group name. • I will read a series of questions aloud. If your group thinks they know the answer to the question, the group leader should raise her hand. • Let's begin.
For More Information	
Notes	

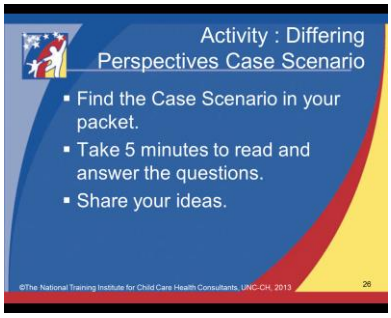
Presentation: Developing Policies and Procedures

Time	10 minutes
Training Technique	Slides/overheads
Supplies	
Instructions	• Show slides 20 -25.
Talking Points	**Written Policies** • Because exclusion of children from the child care setting can sometimes be a contentious issue, it is important that child care programs have specific, written policies and procedures that document how they will deal with children who are ill. CCHCs can provide assistance to child care programs by identifying the need for a written policy, assisting with writing the policy, and reviewing and revising the policy as needed. The CCHC might work to ensure that parents are involved in the development and review of such policies and can help the child care staff communicate the policies to parents.  **Communicating with Parents** • CCHCs might help establish a protocol for referencing the exclusion policy and available resources whenever a child is excluded from the setting due to illness. For example, the child care facility might develop a form letter to send to families about any exposure children may have to communicable diseases.  • The child care facility could develop a lending library with books, magazines, and brochures for parents on topics such as handwashing, providing care for children who are ill, infectious and non-infectious diseases, first aid, and more. **National Standards** • *Caring for Our Children* includes key standards that should be addressed in policies related to the exclusion of children who are ill. The American Academy of Pediatrics report, *Managing Infections in Child Care and Schools*, also has current guidelines and recommendations.  • At a minimum, the child care facility should have a form for medication consent and a medication administration log. Staff that will administer medications must have training so that they give medicine correctly.

For More Information	• See the Developing Policies and Procedures Related to the Care of Children Who are Ill section in NTI's *Caring for Children Who are Ill* Module, 2008. • For more information about writing policies, refer to NTI's *Building Consultation Skills* Module.
Notes	
Talking Points	**Differing Perspectives – Parents** • Parents must balance conflicting roles when a child is not well. Of course, parents and guardians are concerned when their child is not feeling well and want to make sure he or she is receiving the attention and medical care that he or she needs. On the other hand, parents may be concerned about job-related demands, such as how much flexibility their employer will allow, availability of paid leave, meeting work deadlines, and fear of losing their jobs.  **Differing Perspectives – Child Care Staff** • Child care staff must balance their desire to provide care to the individual child with their concern about preventing the spread of infectious disease to other children in their care. If the child who is ill needs extra attention, that must be balanced with attending to the needs of all the children. Child care staff may feel pressure to correctly assess the child and determine if exclusion is necessary. Staff may also feel unprepared to determine if a child is well enough to return to care after exclusion. 

	Differing Perspectives – Health Care Providers  • The primary concern of the health care provider is for the health and well-being of the child. The health care provider must balance the needs of the child with those of the parent and of the child care staff. The health care provider may not be familiar enough with the child care setting and the skills of the child care teachers/caregivers to make a recommendation regarding return to care. Parents may ask the provider to recommend that the child return to child care as quickly as possible so that they can return to work responsibilities. If the child requires ongoing medication or medical care, the health care provider must be able to communicate that to the parent so that they can share the information with the child care staff.
For More Information	See the Developing Policies and Procedures Related to the Care of Children Who are Ill section in NTI's *Caring for Children Who are Ill* Module.
Notes	

Activity: *Differing Perspectives* Case Scenario

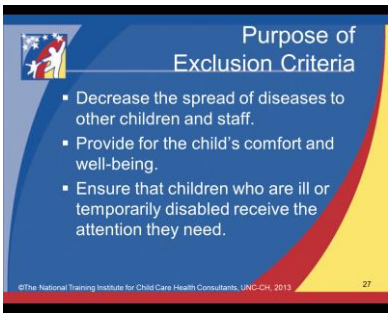
Time	10 minutes
Training Technique	Small group
Supplies	
Instructions	• Show slide 26. • Distribute the "*Differing Perspectives*" case scenario and discussion questions. • Depending on time and size of group, decide whether to work in small groups or in one large group. If you decide to work in small groups, ask the groups to select a group leader and a recorder/reporter. • Give the group five minutes to read the case scenario and answer the questions. • After 5 minutes, ask the group to share their ideas. • Facilitate a discussion about how the CCHC might approach this situation.
Talking Points	• Please divide into groups of 4-6 and select a group leader and reporter. • Each person should read the *"Differing Perspectives"* case scenario. • Take 5 minutes to answer questions in your small groups before we come back together to share ideas. • This case scenario explores ways to acknowledge and accommodate the different perspectives of parents, child care staff, and health care providers. This is a good skill for CCHCs to have! 
For More Information	
Notes	

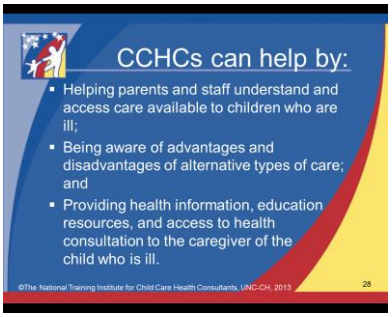
Closing

Time	5 minutes
Training Technique	Large group
Supplies	
Instructions	• Show slides 27 and 28. • Lead a short discussion about ways the CCHC can assist parents and child care staff in caring for children who are ill.

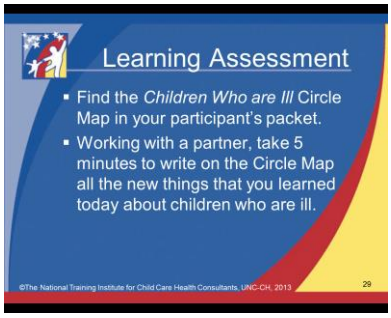
Talking Points	**Purpose of Exclusion Criteria**
	• The Child Care Health Consultant should be very familiar with the research and reasoning behind exclusion criteria. The CCHC can help child care staff and parents understand and follow exclusion criteria by making sure that a good written policy is developed. Everyone involved should be clear that the purpose of exclusion criteria is to:
	  • Decrease the spread of infectious diseases to other children and staff
	  • Provide for the child's comfort and well-being
	  • Ensure that children who are ill receive the attention they need.
	
	CCHCs Can Help
	• The CCHC can also help parents and teachers/caregivers understand and access the types of care available to children who are ill.
	• The CCHC must be aware of advantages and disadvantages of each type of care.
	• The CCHC might provide health information, education resources, and access to health consultation to the selected caregiver of the child who is ill.

For More Information	
Notes	





Learning Assessment

Time	5 minutes
Training Technique	Partner work
Supplies	• One *Children Who are Ill Circle Map* for each trainee (located in their Participant's Packets).
Instructions	• Show slide 29. • Ask trainees to find the *Children Who are Ill Circle Map* in their Participant's Packets. • Ask each trainee to find a partner. • Allow five minutes for the trainees to complete the circle map with their partners, then pull the group back together to share ideas.
Talking Points	• We are going to make a circle map to help us review all the things we learned today about caring for children who are ill. • Please find the *Community Resources Circle Map* in your participant's packet. Working with a partner, please take five minutes to fill in the circle with as many things as you can think of that you learned today. After five minutes, we will come back together to share what you learned. 
For More Information	
Notes	

Evaluation

Time	5 minutes
Training Technique	Individual
Supplies	
Instructions	• Show slide 30. (Placeholder slide not printed here.) • Ask participants to complete the "Evaluation of Trainer Form" at this time. • Inform participants that the evaluations are anonymous. • Explain that the evaluation results provide you with information about the effectiveness of the training and that information collected from the evaluation will be used to improve the training. • Allow participants 5 minutes to complete the evaluation. • Collect forms.
Talking Points	Please take a few minutes to complete the Evaluation of Trainer form. Thanks for your participation!
For More Information	
Notes	

MATERIALS FOR PARTICIPANT'S PACKET

Activities

The following pages are supporting materials for the two activities and the learning assessment included in this Trainer's Guide. The *Exclusion Criteria Quiz Game* should be printed for the trainer's use. The *Differing Perspectives Case Scenario* and the *Learning Assessment Circle Map* should be copied and included in each trainee's participant's packet. You may wish to white out the existing page numbers and write in your own, or you may print each activity on different colors of paper for easy reference by your participants.

Evaluation of Trainer

The "Evaluation of Trainer Form" at the end of this material should be printed and distributed to each participant for feedback on various aspects of your training.

Cover Page

The cover page may be printed and used as a cover page for the activities, slide handout, evaluation form and any additional materials you wish to provide as part of a participant's packet. If your participant's packet contains several activities and handouts, you may want to create a table of contents to guide participants through the materials.

ACTIVITY: Exclusion Criteria Quiz Game

Instructions: Read the following questions aloud. Call on the group leader that raises their hand to answer the question first. Record correct answers on the flip chart sheet. When all the questions have been read, declare a winner and award prizes.

1. What is exclusion?
   Exclusion occurs when a child is sent home or prevented from attending his/her regular child care program because of illness.

2. A child should be excluded from the child care setting when what three things are true about his illness?
   - It inhibits him from participating in normal activities
   - It requires greater care than is available in the child care setting.
   - It is contagious and can be transmitted to other children and/or staff.

3. True or False? Fever is a good indicator for sending mildly ill children home from child care facilities.
   False

4. What are two reasons that child care staff exclude children who are ill?
   - To reduce the spread of infectious disease.
   - The child requires extra attention and is more work for the teacher(s).
   - The teacher might not feel qualified to care for the child.
   - The teacher might now know enough about mild illnesses.
   - The teacher might think the child will feel best at home with a parent or other caregiver.

5. What are two OTHER reasons that child care staff exclude children who are ill?
   See #4.

6. In addition to the three general exclusion criteria, what are two symptoms of respiratory illness that may require exclusion?
   - Lethargy
   - Uncontrolled coughing
   - Inexplicable irritability or persistent crying
   - Difficulty breathing
   - Wheezing
   - Other signs or behavior unusual for that child

7. In addition to the three general exclusion criteria, what are two symptoms of gastroenteritis that may require exclusion?
   - Inexplicable bloody stools
   - Abdominal pain for more than two hours
   - Intermittent abdominal pain accompanied by fever or other signs or symptoms
   - Vomiting
   - Diarrhea

8. In addition to the three general exclusion criteria, what are two symptoms of diseases spread through skin-to-skin contact or body fluids that may require exclusion?
   - Mouth sores with drooling (unless determined to be noninfectious)
   - Rash with fever or behavior change (unless determined by a health care provider not to be a communicable disease)
   - Impetigo (until 24 hours after treatment has started)
   - Draining boils or skin lesions that cannot be covered by a dressing (for example, lesions on the hands or face)
   - Purulent conjunctivitis (until treatment has started)
   - Scabies (until after treatment has been completed)
   - Shingles

9. What are three types of care for children who are ill?
   - The child's own home
   - A small family child care program
   - The child's own facility with special provisions for children who are ill
   - A separate facility serving only children who are ill

10. What are one advantage and one disadvantage of caring for a child who is ill in the child's own home?
    A: familiar environment, familiar caretaker, does not have to leave home, individualized care
    D: lost work and wages for parent/guardian

11. What are one advantage and one disadvantage of caring for a child who is ill in a separate room in the child's own facility?
    A: child can quickly be moved to the room if he/she begins feeling ill, child may be familiar with teacher/caregiver
    D: expensive for facility and parents

12. What are one advantage and one disadvantage of caring for a child who is ill in a separate setting for children who are ill?
    A: if it is at parent's/guardian's employer, parent can visit child without missing work
    D: is expensive for employer, may be unfamiliar to child
    A: if it is a special facility, staffing may be by well-trained medical personnel
    D: very expensive, unfamiliar to child

ACTIVITY: Differing Perspectives – A Case Scenario

Instructions: Read the case scenario below and answer the questions.

The Board of Directors of New Leaf Child Care and Development Center is discussing the facility policy for the exclusion of children who are ill. The facility has had a long standing policy of calling parents to pick up any child that is found to have a fever (temperature above 98.6) while in child care. Also, although it is not a written policy, the staff usually calls parents to pick up their child if the child presents with yellow or green mucus. A child with clear mucus is allowed to stay in the facility's care. The parent of a newly enrolled child is questioning the research and reasoning for these actions. It is suggested the Director consult with you and get back to this parent as soon as possible.

What are the main issues in this situation?

How would you respond to the Director?

How would you balance the concerns of the parents, child care staff, and the health care provider?

How would you respond to this situation in terms of:

Advocacy?

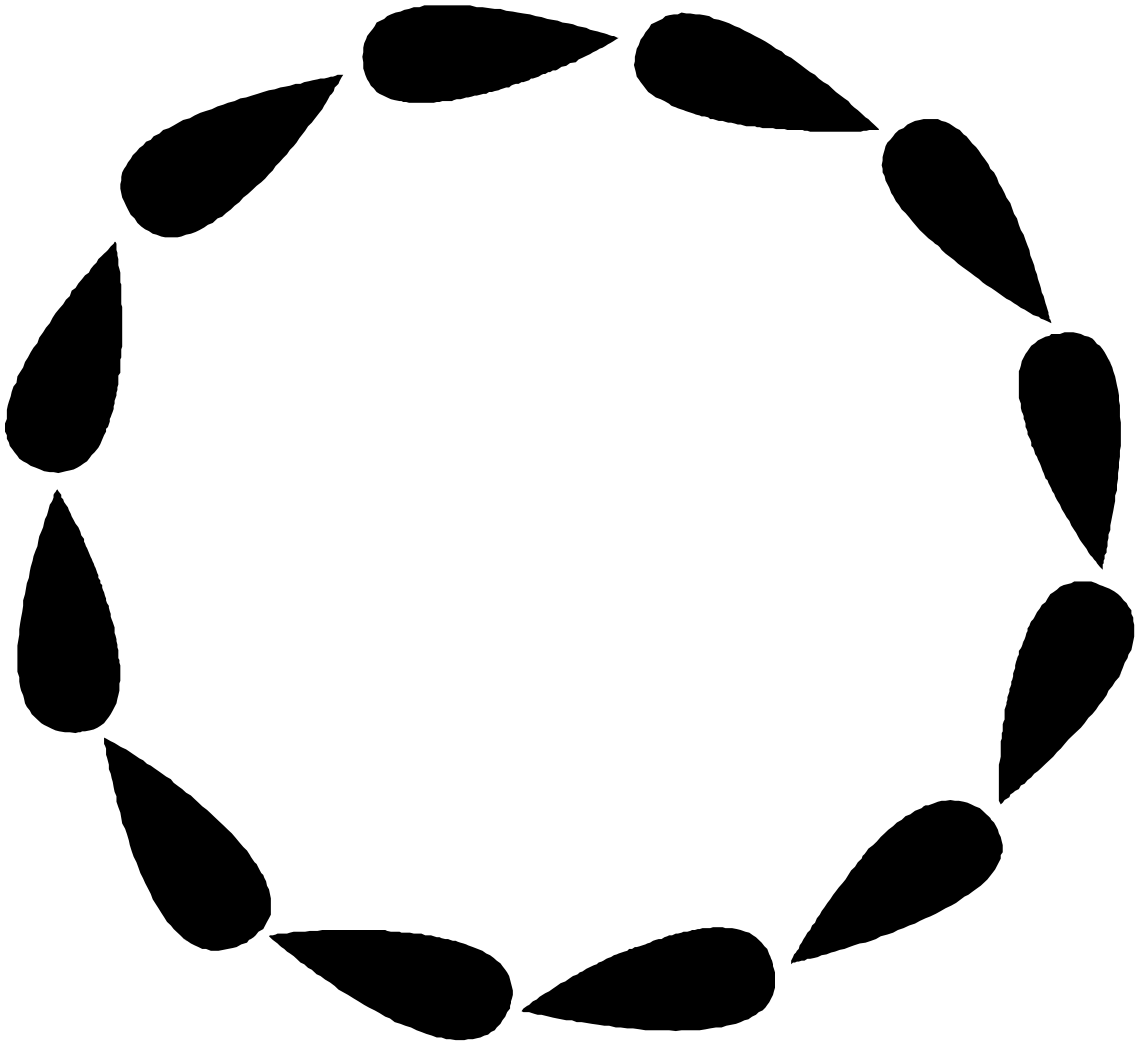
Policy development?

Health education/training?

Resource and referral?

LEARNING ASSESSMENT: Children Who are Ill Circle Map

Instructions: Working with a partner, write down as many things as you can that you learned today about children who are ill in child care.



Trainer's Name: _____ Date: _____

National Training Institute for Child Care Health Consultants
Evaluation of Trainer Form

Using the rating scale below, please evaluate the Trainer's presentation skills.
1= unsatisfactory 2= below average 3=average 4=above average 5=outstanding NA=non-applicable

Training Content						
Please rate the Trainer on the quality of the following:	**1**	**2**	**3**	**4**	**5**	**NA**
• Introduction and opening						
• Accuracy of information						
• Usefulness of information						
• Clear presentation of training objectives						
• Fulfillment of training objectives						
• Organization of training content						
• Closing						

Training Techniques: Methods, Media, & Materials						
Please rate the effectiveness of the Trainer's use of the following:	**1**	**2**	**3**	**4**	**5**	**NA**
• Flip chart						
• Handouts						
• Overhead transparencies						
• PowerPoint slides						
• Video						
• Other (specify):						
Training Techniques: Activities						
Please rate the Trainer's use of training activities on the following characteristics:	**1**	**2**	**3**	**4**	**5**	**NA**
• Clear instructions						
• Usefulness						
• Opportunities for interaction among participants						

Delivery of Content						
Please rate the Trainer on the following training dynamics:	**1**	**2**	**3**	**4**	**5**	**NA**
• Enthusiasm						
• Voice projection						
• Clarity and professionalism of voice						
• Word choice						
• Pace of presentation						
• Eye contact						

Facilitation Skills						
Please rate the Trainer on the following skills:	**1**	**2**	**3**	**4**	**5**	**NA**
• Time management						
• Manner of answering questions						
• Manner of handling difficult behaviors of participants						
• Ability to engage all participants						

Please take a moment to answer the following questions:

What did you like most about this training?

What can the Trainer do to improve this training?

Was this the most effective way to present this material? Please explain.

Do you have any suggestions for other methods to present the material?

Thank you.

Caring for Children Who are Ill

Participant's Packet