

Introduction to Active Supervision

Nydia Ntouda: On today's webinar, we have Kim Clear-Sandor and Serena Dacus. They will officially introduce themselves. First up, we have Kim. Take it away.

Kim Clear-Sandor: Thank you, Nydia. I'm going to pass it to Serena.

Sarena Dacus: Yes. Thank you for that warm welcome and introduction. Good morning and good afternoon to all of you that have joined us today. Kim and I could not be more delighted to have the opportunity to spend some time with each of you as we talk about the important topic of active supervision.

My name is Serena Dacus. I'm a Senior Training and Technical Assistance Associate with the National Center on Health, Behavioral Health, and Safety. I'm joined by my colleague, Kim. I'll let her introduce herself.

Kim: Thank you, Serena. Thank you, Nydia. Hello, everybody. It's so exciting to be with such good energy this afternoon. As Serena said, I'm her colleague with the National Center. My background has been around children and families and health and safety for a long time as a nurse and a family nurse practitioner.

I've worked as a child care health consultant, as well as implemented statewide trainings for nurses and health managers. I've been with the National Center on Health in one form or another with Head Start and all of you for the past nine years. Looking forward to doing this today with Serena and all of you. Thank you.

Sarena: Thank you, Kim. We are looking forward to this opportunity, again, and the chance to share our knowledge about active supervision as a strategy for building a culture of safety within your program. We look forward to your engagement and hearing from you and the many approaches that you have used to enhance active supervision, as well as to serve children and families in your community.

Before we jump in, let's take an opportunity to find out more about who's here today. We have a poll that I'm going to ask our tech team to pull up. What we want to hear from you is, please designate the position that most closely aligns with your current role. You can see the number of options there. Anything from program leadership, teachers and home visitors, our transportation staff and facilities staff, volunteers, substitute teachers, families, or if another position best describes you, you can mark that as well.

A few more minutes for folks to respond.

Kim: Seeing a couple of people popping in the chat – Head Start teacher, teacher, contract nurse, a coach, early Head start assistant teacher. Thank you for sharing, everybody. We know the breadth and depth of folks that join us, we could never get them all in one poll.

Sarena: Right.

Kim: Appreciate you adding that – nurse, coach, head teachers. Excellent.

Sarena: Great.

Kim: Welcome.

Sarena: Thank you all. Thank you. Welcome to everyone. I think we can go ahead and close that poll. It looks like we've got quite a few folks that are in program leadership, or teachers or home visitors, some family service staff, and a variety of other positions as well. Thank you all for sharing in the chat. It helps us gain perspective as we move through today's content. I think most important to note, however, is that no matter which role you selected here, we all play an important role in keeping children safe. We'll explore that as we move throughout the day.

In today's discussion, we're going to spend some time – sorry, next slide. Let's take a look at our learning objectives. In today's discussion, we'll spend some time identifying how active supervision is a strategy to keep children safe when programs adopt a culture of safety.

We're going to talk about adult supervision as one of the most effective ways to keep children safe and prevent injuries. We're going to describe the six active supervision strategies and also learn about the different ways to explore active supervision within your program.

As we move throughout today's content, it's important to begin with a common understanding of just what is a culture of safety. I'll turn it over to Kim to help lay that foundation for us.

Kim: Thank you, Sarena. I'm happy that we are talking about active supervision, because it's such a critical component to child safety. As Serena said, it's important to note that active supervision is part of a larger culture of safety.

When a program adopts a culture of safety, every single person prioritizes safety in everything they do. Whether you're a teacher, transportation, facilities, parent, volunteer, everybody understands that preventing injuries and keeping children safe is an important aspect of your role and your responsibilities.

When we say a culture of safety, what do we mean? Just like your own culture, you may not explicitly talk about, what's our culture? But there are essential elements of your culture that are very common. It comes out in the way you talk, the way we act, our traditions that are valued and celebrated. It's in the way we go about and do the business of the program. That's where active supervision sits in this wider culture of safety. Next slide, please.

The Agency for Healthcare Research and Quality has a definition for culture of safety. They say that a culture of safety is one in which there are strategies to help staff identify and address safety problems before an incident occurs.

When we talk about programs adopting a culture of safety and everybody valuing safety and well-being, that means everyone communicates about safety practices. Everyone openly discusses the concerns, observations, and things that they're doing in their day-to-day lives that might be a risk for children. This is how programs are able to create that culture where we're always thinking about safety and we're always addressing issues that may be a near-miss or a problem in the future.

You all play an important role in ensuring that in your program, everybody feels safe to have those conversations, to talk about mistakes and near misses. It's from those opportunities that great learning can happen, and you can prevent injuries in the future. Next slide.

There are 10 actions in a culture of safety. These actions were built from reviewing lots of science, evidence, and research. There's a list, it's kind of hard to read on the slide. It is included in your handouts. It gives you a high-level review of what the 10 actions are.

You can review that handout when you have it. Keep in mind that although there's 10, they're not meant to do in any specific order, but they are meant to all work together. It's not like you do it and you check a box, and "Ooh, using data is done, actively supervising is done." It's the way you do business and it's happening every day, all day, throughout the day.

The strategies are important to think about when we're talking about that second strategy – active supervision. All day, whether the children are coming, during the day when you have them, as well as transitioning between activities and when they're leaving. Next slide, please.

Thank you. We are going right into that second strategy. The second action, which is active supervision. Active supervision, in general, is a technique that requires focused attention and intentional observation of children at all times. I'm going to keep saying "everybody at all times" over and over throughout today, because it needs to be well-understood that children need to be supervised and cannot be left unattended. They've taken intentional focus to do that.

When caregivers know the child – the children in their care – they understand their cues, their habits, their temperaments, what they like, what they can do – they work on all your teachers and staff. I know you build wonderful relationships with your children. This knowledge about every single child will help you, as teachers, staff, program leaders, caregivers, to keep them safe.

When we look at these six strategies, this individual responsive care is reflected in this strategy. The first strategy is setting up the environment. That's all about taking the time to plan, to set it up so you can see the children. Positioning the staff – where is everybody, where are all the children, where are the staff. Scanning and counting so you can watch children at all times. Listening, anticipating children's behavior, what they might do, might not, might need help with. Then engaging and redirecting when necessary.

It's those six active supervision strategies that are done to make our supervision – instead of being a passive skill, make it be an active skill that we're intentionally doing all day long, throughout the day when we're with the children. It's that constant vigilance that helps protect children from most injuries.

Before we take a closer look at the strategies with Sarena, I'm going to go ahead and review some basic information about childhood injuries and injury prevention that will hopefully lay a strong foundation to support you in your ability to provide active supervision. Next slide, please.

As a quick reminder, the Head Start Program Performance Standards do address supervision. First, we have up here 1302.90, which specifically requires programs to ensure no child is left alone or unsupervised by adults, consultants, contractors, or volunteers while under their care. Next slide.

The second Head Start Program Performance Standard is 1302.47, which is safety practices. This further highlights the importance of safety practices to ensure children are safe during all activities and no child is left alone or unsupervised. That's everywhere – classrooms, playgrounds, hallways, buses, field trips. Anywhere that you are with children, the children need to be within your sight.

Program leaders ensure that staff meet child and safety supervision regulations and best practices. Leadership needs to ensure that everyone understands their role and is responsible for implementing safety practices. Staff need the knowledge and skills to keep children safe at all times. With that, everyone working together can keep children safe. Next slide.

Let's take a look at understanding those injuries. We're going to review common injuries, explore injuries are predictable and preventable, and we're going to look at something called the injury prevention framework. Let's take a look at some data. Next slide.

In this slide – hopefully you can read it, I know you'll be able to see it in your handout – you'll see that injuries are the leading cause of emergency room visits and the leading cause of death in children less than 19 years old. That's an amazing statistic to think about. The slide, you can further see, pulls out that every hour, one child dies from an injury. About one in five child deaths, anything that may cause a child to pass away, is related to an injury. One in five is related to an injury.

It's also important to know there's a lot of injuries that land a kid in an emergency room. They may be something that's easy to recover from, but they can run the whole continuum of something as a broken bone that can be taken care of to something that could be much more impactful for the child the rest of their life, such as a traumatic brain injury. What does this mean for caregivers? It helps us understand how important it is to prioritize children's safety and to diminish the potential for those serious injuries. Next slide.

This slide is a lot of data. I know there's a lot of numbers and words up there. It is a slide from the Centers for Disease Control and Prevention. It has all the numbers for non-fatal injuries for children 0 to 5, so these are injuries that did not result in death. As we look at these causes on the left-hand side, I want you to think about, and you can type in the chat, where these hazards or where these types of injuries might actually happen in your program. If you first look at the big, long line across the bottom, you'll see that's related to falls.

The number one leading cause of non-fatal emergency department visits is falls. Where are all those places it can happen in your program? Knowing this data can help us think about, where are those risk areas in our program? I see playground, playground, anywhere. Playground, playground, everywhere. That's true. That's why it's important to know that and to plan, so that we can try and prevent them.

We also have, on the next line, is “struck by or against.” That could be tip-over injuries, running into things. It could be, again, a lot of different things – stairs, on a bus, a building. Somebody said even the weather can cause potential for impact of a fall, such as ice or slippery grounds.

As you go up that list, you will notice there are cuts, pierces. Think about the safety checks we do looking for sharp edges. At the top, we have poisoning, and we have fire and burns. We

know a lot of those injuries from fire and burns can also be related to scalding injuries. A lot of different ways children are commonly hurt in this 0 to 5 age group. Oh, thank you.

The next two charts are going to look at unintentional injuries that result in death. This first one captures infants. The children under one year of age do have a different breakdown of injuries. In infants less than one year – that are less than one year old, eight in 10 deaths was a result of suffocation.

What comes to mind when you think about an infant and suffocation? What do you think the risks are in a program? Go ahead and pop those in the chat for our infants. The next on the list is motor vehicle, and then drowning. A lot of people are calling out cribs, blankets, nap time. You bet. Suffocation can be anything from SIDS. It can also be when things are around the neck and may cause a strangulation hazard, or even small objects getting lodged in the airway causing choking hazards. Next slide, please.

This captures the unintentional injuries that result in death for our 1 to 4-year-olds. You'll notice this breakdown is a little different than the last one. The big red line on the left side is drowning. One in three deaths in children ages 1 to 4 is from drowning. Really critical to think about when we think about water, because we know children can drown in a very small amount of water.

Then you see motor vehicles, fire, and burns. We know scalding, which is when something really hot hits the body somewhere, and then suffocation. Thank you, Livia, if we can go to the next slide.

Now that we're thinking about all these places where injuries may potentially happen in our program, and we know that preventing them is a major concern for you, we need to think about, how are we going to keep their children safe? Injuries, we know, are not accidents. We talk about injuries being predictable and preventable. As we move through into the active supervision strategies, you're going to note that program staff do need to know what hazards to look for so they can reduce the number and severity of injuries in a program.

First, staff will prepare safe environments. Staff understand that children learn new skills like pulling up, they like to peek inside cabinets and find things that are hidden in there. Staff put on the little locks so that they can prevent any injury that could happen from children getting into those areas.

But staff must also be able to recognize hazards as they emerge throughout the day. That is another important skill, because we all know you can set up a perfectly safe room, but the minute children and adults enter the room, use the room, everything changes.

Let's think of it this way. If you saw a banana peel on the floor, what do you think might happen? What would you predict would be the injury from a banana peel? They're going to have a slip and fall. What are you going to do to prevent that injury? Throw out the banana peel, right?

Then, you're going to say to yourself, "OK, I need to prevent this from happening again in the future. How did that banana peel end up on the floor, and how do we prevent that from happening in the future?" Those are the kind of predictable, preventable injury thoughts that

teachers and staff are having constantly throughout the day, but the intentionality of that is also critical.

How do we begin to think about identifying those situations and knowing how to prevent the injury as they emerge? We look to something that you see in the right-hand picture, which is the Injury Prevention Framework.

If you look at that, you'll see a little green triangle. In each picture – each point of the triangle, one hits the child, one hits the adult, and one hits the slide. We're really looking at the slide as an environment.

Safety experts use this triangle to understand the factors involved in every single injury. You can predict that a young child learning to climb may fall from a slide. What do we do in our environment to prevent an injury? We can make sure the slide is of an appropriate height, and make sure we have appropriate surfacing under that slide.

What is the adult in that situation going to do to protect the child? The adult can stand close by, provide direction, guidance, and be able to be close enough that they can support the child as they are practicing this new skill.

The other thing that's important is that the adult knows the child and understands what their temperament is. Maybe she's fearless and eager, and she's going to go really fast down that slide, or perhaps, she's a little more timid and she may look to her caregiver for some reassurance or encouragement to try going down the slide.

The three pieces together really can – we can think about how we can prevent any sort of an injury throughout the day when we are working with children. Next slide.

The adult plays a critical role in this supervision and injury prevention. It's important that adults are able to be fully present and intentional and vigilant in that supervision throughout the day. That's across the board – all adults taking inventory of where the children are, what they know, how do they know the children, does everybody know the children and the environment – so they can keep them close and keep them safe. Next slide.

Let's practice this information, putting together some of the injury information with our predicting and preventing information. We can think about the CDC data that tells us that falls are the number one cause of injury. We can design safe playgrounds. That's how we can predict there may be injuries there, and then work to prevent them. We can stay close when children on elevated surfaces, just like we looked at in that injury prevention triangle. The CDC data helps guide some of our interventions and focus, but you can use your own data too. You can look at your own injury or incident data and look for patterns and trends that can tell you where, when, why, how, who is having repeated injuries. Are there any patterns and trends in different areas of a classroom, a playground, patterns and trends with different children?

All this information helps us keep children safe, know their habits, know the environment, so that adults can provide active supervision and keep all children safe.

Keep all these things in mind as we move into our next segment with Sarena, who's going to take a closer look at each of the six strategies. Serena?

Sarena: Thank you, Kim, for providing that basic understanding of injury prevention and why that culture of safety is so important. As Kim said, we're going to focus in on what's been found to be the most effective approach for creating a safe environment and preventing injuries, which is active supervision.

Active supervision transforms supervision from a passive approach to an active skill. Staff use this strategy to make sure that children of all ages explore their environment safely. Each program can keep children safe by teaching staff how to look and listen and remain engaged.

In this next portion of our time together, we're going to take a look at each of those six strategies for implementing active supervision. If you're already working in your program, you may see signs and strategies of putting active supervision into action.

As we review the strategies, consider how you can intentionally incorporate all six of the strategies all day, everywhere kids are in your program. Just as Kim mentioned, we'll say that over and over.

These six strategies are important, because the quality of adult supervision is tied to those childhood injuries. Studies indicate that young children are more likely to get hurt when they're not adequately supervised by adults, and especially when they're out of arm's reach. So thinking about that triangle.

Adults who are trained in and always practice active supervision can prevent many injuries from happening. Active supervision is a technique that requires focused attention and intentional observation of children at all times. Caregivers know the children that are in their care. They understand their cues and their habits and know a lot about their temperaments, as well as their developmental abilities.

Our caregivers build nurturing relationships with children, ensuring a safe environment for their growth and development in their learning. This supports that responsive caregiving and that individualized approach. Constant vigilance helps children learn safely because adults are able to protect them from those injuries. Let's take a look at the first strategy on the next slide.

The first strategy in active supervision is setting up the environment. This includes the layout of the room. Thinking about, where are those blind spots? Can you see all children at all times? It's important to keep the environment safe and secure when children are present.

What we know about early childhood environments is they are not static environments. Once adults and children enter the room, the environment constantly changes. If we had a classroom that stayed exactly the same throughout the entire day, we would all be very worried.

When we talk about setting up the environment, we're thinking about our sightlines, we're thinking about things like child-sized furniture and clear pathways. You may do this by setting up activity centers that don't interfere with each other and allow adults to observe multiple centers at the same time.

You may also do this by having staff focused on creating an environment and arranging the classroom or a family child care area so that they can see and hear and quickly reach all children at all times.

Take a moment and tell us how you're setting up the environment in your classrooms and in your learning environments. Go ahead and type those strategies or activities that you've already tried in the chat. Next slide.

The second strategy in active supervision is to position staff. In this strategy, adults carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care and so that staff can best supervise children by positioning themselves strategically.

They make sure that there are always clear paths to where children are playing or sleeping or eating so that they can quickly react when necessary. Adults in this strategy are being mindful of staying close to children who may need additional support as well. Their location helps them provide support readily and as necessary.

As we further explore positioning, let's review one of the many tools that we have to support staff, a tool called zoning. Next slide.

Zoning. Zoning is an effective practice that can be used to create well-organized classrooms and enhance active supervision. As you can see on the slide, this is an example of a classroom map with zoning areas. Think about where and in which zone adults might be positioned during different times of the day and why.

When determining positioning, you may be thinking about, are there areas where we need extra supervision, or are there specific children who may need extra supervision? Are there certain activities or times of day when it would be helpful to have an extra adult or an extra set of eyes?

For example, in this classroom, as you can see on the slide, at this time of the day, we see our red dots are our adults and where they're positioned. We have one adult who can observe the children at the art table, the math and science area, and the sensory table.

Then we have another who's preparing snacks and keeping an eye on the door and the book corner. We have a third adult that's positioned to watch the block area and the dramatic play area and any children that are in the music circle.

Developing a zoning map is one of the many tools that you can use to talk about positioning. It's a great way to get staff engaged in the planning process before you move to implementation. The exercise of creating a zoning chart, and doing that within classroom teams, can help them work together to map their own rooms. You can use it for mapping other areas as well, such as the playground, and deciding on how zoning will be used within your program. Next slide.

Kim: Sarena, somebody shared in the chat that their classroom's L-shaped. That some of them are looking at the classroom together and identifying those areas of high injury and calling them hot spots. Everybody knows about that. So just want to share.

Sarena: Yes, that's great. Those are great examples. I've seen some coming through the chat rapidly. Thank you all for sharing that, such rich learning that we can have from each other.

As we continue to talk about zoning and positioning, it's important to think about all environments children will experience. As Kim mentioned, we're not just talking about our

classrooms or talking about our playgrounds, our transportation when we go on field trips. We want to think about both indoor and outdoor spaces.

If we look at the data, it tells us that children are more frequently injured on the playground as a result of falls, which we saw as one of our highest areas of injuries based on the data. We need to have specific strategies as we think about the safety of children when they're outdoors.

Playgrounds are a place where children can get hurt, but also an area where children are more likely to be left unattended during transitions as our groups are moving back inside. All of the active supervision techniques used inside also apply when we're supervising children outside.

On the playground, positioning includes deciding where to locate adults that every adult can see and hear children and reach someone easily who may need assistance. Research demonstrates that adults' proximity, specifically how close they are to a child and how quickly they can respond, if necessary, is one of the most important protective factors in preventing injuries. That triangle, like Kim mentioned.

Adults also need to be able to communicate with each other regularly in an outdoor space, just as important as they can within the indoor space. If anyone has to leave an area or reposition themselves on the playground as needed, we're thinking about that when we're thinking about our zoning and positioning as well.

Working together on mapping and zoning on the playground and indoor spaces can be a critical and effective approach in getting out that positioning as we think about that strategy for active supervision. Next slide.

As we're continuing to reflect on the varying experiences for children in our programs and discuss the many ways to adapt active supervision strategies to different environments, it's important that we give special attention to our infant and toddler spaces.

What are some of the similarities and differences in setting up the environment and positioning adults when we think about our infant and toddler spaces versus our preschool classrooms? When infant and toddler caregiving, we see a lower ratio and group size to allow in-depth knowledge of each child's skills and abilities and their temperament.

We also see caregivers are always in close proximity to children in our infant and toddler spaces. A knowledge of the child's needs and schedules ensures that our tasks and routines can be done while keeping all children within supervision.

Also being aware of those developmental skills that are occurring so rapidly in our infants and toddlers. Their skills and abilities change quickly. We think about our transitions like from crawling to walking, and how quickly that can happen. Children require more intense supervision during this time frame as they're experiencing those transitions and learning those new developmental skills.

Most importantly, as we think about our varying environments, we want to remind everyone that the most effective active supervision strategies are the ones that are designed in the context of your own individual program design. So that program that shared that they have that L-shaped classroom.

Individualizing your approach specifically to your program, specifically to the children and staff's abilities to respond, and really making that individualized approach. Ultimately, our carefully planned environments and adults who support nurturing and engaged caregiving, as well as well-planned responsive care routines, support active supervision in our infant and toddler environments as well as in our play school classrooms. Next slide.

We're moving on to the third strategy of active supervision, which is scan and count. It's especially important to scan and count frequently during transitions. To be effective, adults can scan and count children constantly, always knowing how many children there are and where they are.

They anticipate and prepare for a child's reactions during those transitions and any changes in the daily routine. It takes just a second – I know we've all experienced it, it takes just a second, when children are moving from one place to another, for a child to wander off or hide or even fall a couple of steps behind.

It's recommended, as a strategy for scan and count, that adults scan and count children about every 10 to 15 minutes, and even more frequently during transitions. It's important for you to have a system for your staff and for your team to document their count of the children, always count with name to face recognition, which means that each child is both identified by their name and their face during the count.

Scanning the environment should occur during and after transitions to make sure that no one is left behind. This includes scanning the classroom after children have moved to another area and scanning the playground after children have gone inside.

Let's take a look further on the next slide about how we can support scanning and counting during transitions. Take a moment and just think about, approximately, how many transitions do you think there are in a day in your program? You can type it into the chat. Think about both child transitions, adult transitions. About how many different transitions do you think occur?

I see everything from two to 30 plus to six. About a million, someone even said. Right, there are so many times that we're transitioning. That's one of the most critical times to utilize that scan and count strategy, because it's one of the most critical times in a child being left unattended.

Transitions are a time when active supervision is especially important, because we're more distracted as adults. Children have more difficulty following directions during transitions. Having tools like what's on the slide of those classroom transition teach tips offer some strategies for teachers to reduce the stress of transitions for both children and for adults.

If you visit the URL that's on the slide, it will take you to ECLKC. You will be able to find resources for classroom transitions, such as adapting materials and developing transition cue cards that will help you in implementing those effective active supervision strategies during transitions.

Steve: Sarena, this is Steve. before you go on, somebody asked you to reiterate – to redescribe the face name plus touch strategy.

Sarena: Oh, yes. When we think about our scanning and counting – so you may have, for example – you may have a checklist of all of the kids that are in your classroom. If you would go

through and check them off by name, that would be just checking them off by name recognition.

Or, if you were out in the classroom – out in the playground or in a classroom and you just scan the classroom and simply looked at faces or just counted the tops of their heads, that would be that more face recognition strategy. And that touch as well, if you're just tapping the top of heads.

What we want to do is make sure that we have the right child's name with the right child's face, and that we've been able to touch them as well. It's a three-pronged approach to make sure that maybe we have all 10 kids. Maybe we have a total of 10 children that are supposed to be in our room, but we may have been out on the playground with another classroom and we've picked up a straggler that actually doesn't belong with us.

That's one of those easy ways to lose a child or leave a child unattended. If we incorporate both the name, the face, and the touch, then we have all three of those approaches that helps us ensure that we not only have the correct number of children, but we have correctly identified children in our care.

Kim: Sarena, folks are cheering so many good strategies they use for scanning and counting and transitions. Even thinking about unusual transitions like transitions in transitions, and the importance of this during fire drills. Please keep reviewing that chat and learning from each other as Sarena had mentioned, because everyone's sharing wonderful things. Thank you.

Sarena: Thank you, Kim, for sharing that. Thanks, Steve, for asking us to clarify. I do think that's really important. Next slide.

We are on our fourth active supervision strategy, which is to listen. While scanning and counting provides us that visual cue for our environment, we also need to be listening carefully when we are with children. Specific sounds, or even the absence of sound, may signify a reason for concern.

I don't know how many times, as a parent, I've said to myself, "It's way too quiet in here, what is happening?" So even the absence of sound can be a sign that something is going awry, or something might be missed.

Adults who are listening closely to children immediately identify signs of potential danger. Programs that think systematically implement additional strategies to safeguard children using listening. Let's take a look on the next slide at one of those strategies.

A bell on the classroom door is just one example of how sound can alert adults to a child who is prone to running out of the room. It's important to note that changing our system from time to time can help adults remain vigilant.

Making sure that the sound is designed to get a response from the teachers and it's not easy to ignore. Those familiar repetitive sounds, after a while, can become easier to ignore. Switching it up from time to time and making sure it's something that gets a response is important when we talk about sounds as well.

In what ways is your program incorporating listening as a strategy for active supervision? We'd love to hear some more about that in your chat. Buzzers on the door, bells for transition time, door alarms, chimes. Yes, chimes can be a great way to signify it's time to transition. Hallway monitoring, alarms on the door, lights on and off. Great examples. OK, next slide.

The fifth active supervision strategy is to anticipate children's behavior. Adults use what they know about each child's individual interests and skills to predict what they will do. They create challenges that children are ready for and support them in succeeding, but they also recognize when children might wander off or get upset or take a dangerous risk.

Information from our daily checks – especially our daily health checks around illness and allergies, whether or not that child slept the night before or if they ate breakfast that morning – all of those things inform adults' observations. It also helps them to anticipate a child's behavior throughout the day.

Adults who know what to expect are much better at being able to protect children from harm. One critical thing that we find in anticipating children's behavior is the importance of partnering with families. This can help you learn which children are going to be more withdrawn or maybe likely to hide or maintain a familiar hand to hold.

Also, it tells us a little bit more about those children who are more of a risk taker and more likely to run off. It allows both staff and families to share ideas about simple but effective steps to keep children safe when we build those relationships.

A teacher who's providing responsive individualized care will know each child really well and have a good sense of each child's abilities based on the child's development level, their skills, and what they've learned from their observations and their partnership with families as well.

Take a couple of minutes to share how you're partnering with families or how you're working as a classroom team to anticipate children's behavior.

Kim: I often think, Sarena, this strategy is something many teachers do so naturally in their day-to-day responsiveness and care. We're calling it something and labeling it as something, but it's so much part of their every day.

Sarena: Very true. I see lots of great things coming in about finding out what routines are at home, having daily communication, talking with parents, having some of the same toys or items that the child may have at home, gathering information. Lots on developing those relationships, as well as the communication, both back and forth between parents and families and staff, as well as staff within the staff team. Next slide.

We're increasing our skills and anticipating children's behavior. We follow that up with engaging and redirecting as our sixth and final strategy in active supervision. Adults use what they know about each child's individual needs and development to offer support.

We're waiting until children are unable to solve a problem on their own before we get involved. They may offer different levels of assistance or redirection, depending on each child's individual needs. Ultimately, there are times when children may need teachers to engage and redirect them.

Responsive care fosters strong connections between teachers and children, which helps adults build awareness of each child's development and individual needs. This relationship will keep staff more in tune to children's needs and whereabouts.

Teachers and classroom staff can quickly intervene prior to problems arising by promoting problem solving skills and helping child with limited skills to communicate their needs, or even offering different choices at times. In large part, engaging and redirecting is a strategy for addressing those problems before they occur.

With that, we've now provided each of the six strategies for active supervision. I'm going to pass it off to Kim so we can take some time to look at a few examples and how these different strategies show up in practice.

Kim: Let's take a look at active supervision in action, if we could go to the next slide. We'd like to hear from all of you in the chat. We have an image on the slide where we have a teacher who's doing an activity with young little ones. She's doing some bubble play in the room.

When we look at this picture, can we see some active supervision strategies in action? Can the adults see and hear children? Go ahead and type it in the chat. Which active supervision strategies are you noticing?

Someone is noticing the crying child in the background. As the teacher's engaging three young children in front of her, there is a child in the background who is by himself. More or less, the teacher is not near him.

They are noticing the wonderful engagement with the teacher and the three children playing with the bubbles, anticipating their play. But we are noticing that there isn't somebody going toward the poor little fella in the back that's crying.

There's also the baby in the chair in a bouncy chair that's very close to her. As we look at that environment, maybe as a supervisor or co-teacher in this classroom, she set up the environment to go ahead and be near the children to play and engage them. But we have to also notice, where was that baby?

Can we take a step to address the location of the baby so she can better see it, as well as to remove the baby from being potentially stepped on by one of the other children who are very excited about the bubbles?

Thinking about where are we positioning the staff in relation to the children, as we do have that one child who is sitting off by himself. Another thing to think about in the environment is the bookshelf. She is playing with bubbles, which is fun, but we also know children may bounce and grab and jump and try and get that.

Being close to a bookshelf where young infants, mobile infants just getting their legs underneath them, could potentially fall and maybe hit themselves on that shelf. Thinking about how to set up the room to create a little bit more space may be helpful.

Somebody said perhaps do this outside or create more space. Thank you for all those comments in the chat. Sarena, is there anything you want to add?

Sarena: I think you got it, yeah.

Kim: Livia, let's go to that next picture. Sarena.

Sarena: Talk about what you're noticing in this slide. Where do you see those areas of active supervision showing up? What are some of the strengths you see? Where do they have some areas for growth?

Smaller groups, zoning is coming out. Teacher's back – there's four teachers, yeah. Positioning of staff. Two teachers are chatting. Good teacher-to-child ratio. Intentional placement. Small groups and open space. Children are all in one area.

We see those different activity centers showing up here, that we have children engaged in a variety of different spaces. We see someone in close proximity to the children that are eating, that's important.

The other thing to think about in this one is identifying where are those areas where –that prioritization, so identifying, where are those areas where it's critical and where are those areas that may be less critical?

For example, our child that's sitting down and reading, that's probably a little less critical area of supervision. But where our children are sitting down, eating a meal, that's a much higher priority area, so we have someone positioned seated with them.

Lots of great things still coming through the chat, too. Teachers sitting at the table. It seems a little cluttered in spaces. That book corner seems a little tight, yeah. What else would you bring out, Kim?

Kim: Oh, I think folks hit on everything and more that I would think of. I think one of the beauties of this picture is all the staff that is so closely engaged with the children.

I think about how staff understand who might need a little extra support, who might need to be closer to a teacher or staff member throughout the day. I get the sense of that in this picture of just knowing, understanding the children and their needs. Also, that the teachers are very aware of who they're with, who they're watching at that moment, which is also incredible. That teacher-to-teacher talk, that teacher-to-teacher communication there.

Fun. Well, thanks for doing this active supervision in action. As we think about all the strategies that Sarena has gone through, and you think about the intricacy of the interaction between the child, the adults, and the environment to prevent injuries. Then all the processing and things that are going on all at once all day with all the children, it's a lot to bring together, because you are engaging with children, you are providing wonderful activities for them to grow their curiosity and to learn and develop new skills.

Active supervision is an intentional activity, but it's something you're already doing. I can tell from the chat and your responses and reactions today that it's something that's happening in your environment.

We hope that by having the six strategies and thinking about common injuries and how you can prevent them, that is providing something concrete and tangible, intentional way to think about and do supervision.

When you go into the classroom, you can see it and talk with each other about it. Remember that active supervision sits within that culture of safety. In that culture of safety, you're able to have these learning opportunities with each other in the classroom and with your peers.

Let's keep going. I know we're going to run out of time soon. Next slide, please. Active supervision, we have mentioned a number of times, is all day, everywhere children are. We could not touch on every piece of it during today's session.

We do have some important resources that we thought we could point out for you so that you can go back to your program, investigate a little bit more, dig into some of the resources that Serena showed you about zoning and transitions and mapping out your own areas, thinking about your own data.

We'll show you where some resources are so that you can think about some of the next steps you want to do in your program as you think about your active supervision strategies.

We have this nice specific document that talks about active supervision on buses. It talks about how to use these six strategies if your program is providing bus transportation. It gives you some different ideas for sign-in sheets and some areas that may be helpful to think about to improve your systems with that.

Bus is – getting on, getting off is a huge transition time. I know all of you mentioned the million transitions you do throughout the day, but it is so critical that everybody is on board and trained in understanding that children need to be supervised, and what are some strategies to make sure they are safe during transportation and this very high-risk transition – very transition-oriented time.

Next slide. We have provided this link on your resource list. It is Tools for Supervisors. It's from the Department of Defense Virtual Lab School. It's meant to support the implementation of active supervision in programs.

Folks might take a look at this and get some great ideas for how they might – back in your program, be able to see active supervision in action. In addition to planning for active supervision, developing your policies, making sure everybody that's around children, whether it's a volunteer or a provider that comes in, everyone understands active supervision. This is making sure it's happening. It's an observation tool that can promote some best practices and provide some feedback to your staff, teachers, and others. Next slide?

We have a multitude of active supervision resources. They are for infant, toddler, right through our older children. They talk about family. They talk about center base and all the places children are throughout the day.

There's a number of different tools. We have posters with the strategies that you can post in the classroom as a visual reminder. There is a toolkit that talks about each of the six strategies and gives a number of resources that take a deeper dive into them.

You're wondering where this treasure trove of information is. It is on the Keep Children Safe Using Active Supervision page of the ECLKC. Hopefully most of you know what the ECLKC is, it is the clearing house for most of our resources. The active supervision resources are on this very specific page called Keeping Children Safe Using Active Supervision. Check it out and see what

pieces of gold you can find in there to further support work you're doing in your program. Next slide.

As we think about our session today, a couple of takeaways about – everybody has a role in keeping children safe, and everybody must understand their role. Sarena's going to go through some takeaways. Serena, our next steps.

Sarena: Yes. I've got to get off mute. For our next steps, if we can go to the next slide – we want each of you to take a moment before we close out. We know we've covered a lot of ground today and we've only briefly introduced you to the six strategies of active supervision.

Before you go, what we want you to do is take a moment to write down three specific tasks that you will do to promote active supervision practices in your program. You can write those down, you're welcome to share those in the chat. Remembering that we all play a role in this process.

Whether you're going to practice using your attention management or share what you learned about with coworkers or add a bell to the door within your classroom, whatever your strategies are and whatever you're thinking you'd like to carry forward as a practice, please feel free to share those. Again, remembering that we all play a role in keeping children safe.

Steve: Sarena, I just want to hop in here with one question that came in early. It fits with what you just said. There was a question about when our itinerant staff come in, for instance, a speech therapist that works with children one-on-one. Do they have a role in active supervision?

Sarena: Yes. Everyone has a role in active supervision. That's where the communication becomes important. When we talk about any – we're going to be communicating and talking with any adult that enters our classroom and helping them to understand what our culture is, what is our culture of safety as a program, and how within that day, within that time, within that space, do we incorporate active supervision. They have an understanding of our strategies and our practices. They have a clear idea of what their role is in that particular moment in time.

Any other questions that came through, Steve?

Steve: Yes, one request to go back one slide. Livia, can you go back one slide? I'm not sure what about this slide this person wanted to see.

Sarena: I wonder if it's maybe the one with the link.

Kim: Yeah, the Keep Children Safe with Active Supervision. One more back, Livia.

Steve: All of this is on the handout, all of this will be linked to the email that you get tomorrow if you registered, with the recording, the handout, the link to the evaluation, and the copy of the slides in English and in Spanish in PDF form.

A number of people wanted the actual slides. We don't offer that, but we do provide access to the recording and the PDF of the slides. I think now, the rest of the question is about the evaluation and certificate. I think Nydia can take it–

Sarena: OK. We'll pass it over to you, Nydia. Thank you all so much for your participation today.

Nydia: Absolutely. Thank you so much to Sarena and Kim for all of this great information. A lot of feedback from the participants today about how informative it was. If you have more questions, go to MyPeers or write to health@ecetta.info.

The evaluation – we received many questions about the evaluation. The URL will appear when the webinar ends. Do not close the Zoom platform or you won't see the evaluation pop up. Remember that after submitting the evaluation, you will see a new URL. This link will allow you to access, download, save, and print your certificate.

You can subscribe to our monthly list of resources using this URL, and you can find our resources in the health section of ECLKC or write us at health@ecetta.info.

With that, thank you so much for your participation today. Thank you once again to our presenters and everyone backstage. Have a great day. Kate, you may close the Zoom platform.