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| **Child Care Health Consultation Lesson Plan** | | | | | | | | | |
| **Contractor Name:** Chariton County | | | | | | | | | |
| **Date Submitted:** 08/01/2016 | | | **Children’s Health Promotion** | | | | | | |
| **Adult Training on** | **Health and Safety Standards** | | **Training Levels** | | | | | | |
| **Content Area V: Health and Safety**  ***Select one standard and one level*** | Promoting Risk Management Practices | | 1 | 2 | | 3 | 4 | | 5 |
|  | Protecting Children and Youth | | ***Source:***  Core Competencies for Early Childhood and Youth Development Professionals  (Kansas and Missouri), 2011 | | | | | | |
|  | Promoting Physical Health | |  | | | | | | |
|  | Promoting Mental Health | |  | | | | | | |
|  | Promoting Healthy Eating | |  | | | | | | |
| **Title:**   American Red Cross CPR/AED and First Aid | | | | | | | | | |
| **Training Goal:** Provide knowledge of CPR/AED skills for adult, child and infant response. Provide knowledge of First Aid techniques. | | | | | | | | | |
| **Learning Objective(s): Participants will**  Demonstrate proper CPR and AED techniques at the completion of class  Help someone who is choking  Perform appropriate First Aid techniques at the completion of class | | | | | | | | | |
| **Topical Outline of Content** | | | **Training Method(s)** | | | | | **Time**  **(in minutes)** | |
| Introduction by instructor  CPR – Adult/Child CPR, Adult/Child choking, Infant CPR, Infant choking and the emergency call.  AED – Skills technique in the use of AED  First Aid – Skills technique in providing first aid | | | Lecture  Video/DVD and the American Red Cross study manual. Use of mannequins for hands on practice & skill check off for each person in the class  Hands on practice & skill check off for each person in the class with AED machine Video/DVD and the American Red Cross study manual.  Hands on practice & skill check off for each person Method(s) of Outcome | | | | | 5 min  2.5 hours  .5 hour  2 hours | |
| **Method(s) of Outcome Evaluation:** Successful completion of test and skills check off. | | | | | | | | | |
| **FOR MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES USE ONLY** | | | | | | | | | |
| **Date Approved:**  August 1, 2016 | | **Authorized Approval Signature:**  Nola Martz, CCHC Program Manager | | | **Date Expires:**  August 2019 | | | | |

Rev. 4/26/2012