

Healthy Homes / Healthy Kids

A Train-the-Trainer Curriculum about Healthy Homes
for Early Head Start and Head Start Staff and Families

Trainer's Manual



UCONN

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in partnership with
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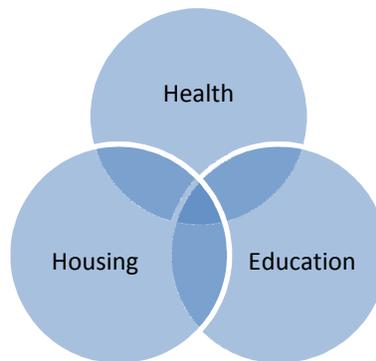
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Healthy Homes / Healthy Kids A Train-the-Trainer Curriculum

What is this curriculum about?

This curriculum addresses the intersection of three spheres that profoundly affect children: housing, health, and education.



A great deal of research has shown that housing issues and children's health are clearly interrelated. For example,

- In older homes, deteriorating lead paint or unsafe renovations that disturb lead paint can cause lead poisoning.
- Mold, pests, or tobacco smoke in the home can trigger asthma attacks.
- Smoking in the home can cause fires.
- Clutter in the home can cause falls.
- Improperly stored cleaning supplies, pesticides, and other chemicals can cause poisoning.

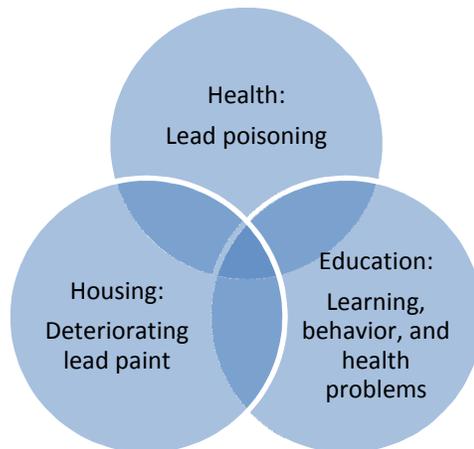
The problems related to health and housing often disproportionately affect poor families, as they face the challenges of finding housing that is both affordable and safe. Housing that is affordable may contain unsafe lead paint, asthma triggers, and other health and safety problems.

Children's health and educational success are also clearly interrelated. According to Ginny Ehrlich, executive director of the Alliance for a Healthier Generation,

Healthy children learn better—few statements in education are as unequivocal. We know this on a common-sense level, and the data backs it up. Research suggests that students' health and learning are inextricably linked. (*American School Board Journal*, 2010).

Many of the health problems related to housing illustrate the connections among housing, health, and education. For example,

- Lead poisoning significantly impairs children’s ability to learn and behave appropriately in school. It is associated with reduced IQ and achievement test scores, increased risk of aggression and violence, increased risk of dropping out of school, and problems with attention and concentration.
- Asthma attacks cause increased school absences. According to the American Lung



Association, asthma affects 7 million children, and students with asthma miss nearly 13 million school days each year. The loss of time in school clearly hinders learning. It has been estimated that some 40 percent of diagnosed asthma among children may be attributed to residential exposures.

- Fires, accidents, and injuries also keep children out of school. Each year, injuries produce an estimated 4 million visits to the emergency room and 70,000 hospital admissions. The results of some injuries, such as traumatic brain injuries, can have long-term or permanent consequences for learning.

In addressing the intersection of health, housing, and education, this curriculum has two goals: (1) promoting healthy homes (an environmental health goal) and (2) promoting school readiness and success, especially among low-income children (an educational goal).

What is a healthy home?

A healthy home is one that supports the health of residents—children and adults.

Here are the features of a healthy home, according to the National Center for Healthy Housing:

- **Dry**
Dry homes are less likely to have mold, which can irritate the nose and throat, cause coughing and congestion, and set off asthma attacks in some people. Dry homes are also less likely to have pests like rats and roaches.
- **Clean**
Clean homes have fewer pests (like bugs and mice), which can trigger asthma attacks, and fewer contaminants, such as dangerous chemicals like lead.
- **Free of pests**
Pests like mice, rats, and roaches can carry disease and trigger asthma attacks. In addition, many of the strong pesticides used to kill them are dangerous, especially for young children.

- **Well-ventilated**
Well-ventilated homes have healthier, cleaner air, and people generally have fewer breathing problems.
- **Free of dangerous chemicals**
Many homes contain dangerous chemicals (such as lead and tobacco smoke), unsafe household cleaners, and bug sprays. Avoiding exposure to these contaminants protects children from dangerous effects.
- **Safe**
Safe homes help children avoid accidents and injuries from falls, burns, and poisoning.
- **Well-maintained**
Well-maintained homes help children avoid dangerous lead, mold, and accidents.

What is the purpose of this curriculum?

This curriculum is designed to help family services staff learn about the issues that relate to health and housing and then share this knowledge with the families they serve. The goal is to teach residents how they can create and maintain a healthy home to benefit themselves and their children. For example, families can

- Reduce or eliminate things that trigger asthma attacks
- Safely manage lead paint
- Prevent smoking in the home
- Reduce clutter
- Reduce the use of dangerous chemicals
- Control pests safely

What does this curriculum include?

This curriculum covers eight topics (lessons) related to making a home healthier:¹

- Introduction to healthy homes
- Asthma triggers
- Tobacco smoke
- Mold and moisture
- Clutter
- Lead poisoning prevention
- Pests and pesticides
- Advocating for a healthy home

Each lesson includes learning objectives, a detailed lesson plan, and activities for adults and their children.

The lessons have been designed as stand-alone pieces. Trainers may select the lessons that are most relevant to each family with whom they are working. We suggest starting with the introduction to healthy homes, to help the learner set other information in context, but from that point onward, trainers should apply their knowledge of the individual family to selecting the lessons and the order in which they are presented.

¹ A Head Start learning activity on home safety is available at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Health/Environmental%20Health%20and%20Safety/Environmental%20Healthy%20and%20Safety%20Families/health_lea_11022_022806.html. This activity is reproduced at the end of this trainer manual.

About these lessons

Please review each lesson carefully before you present it. Make sure that you have copies of any handouts as well as any other materials required for the lesson.

You will note that the curriculum presents the information as a script. However, we do not expect you to memorize the wording, nor to read the lesson to the learner. Trying to memorize the lesson or reading it aloud would probably result in a stilted, uncomfortable training, so we strongly discourage that approach.

We provide the script as a way of presenting the information that you need to cover, to serve as a model for you. You may use similar wording or recast the information in your own words. We do, however, strongly encourage you to include all of the information contained in the lesson.

Although we have attempted to design lessons that can be taught in a single visit, some lessons may be too long for a particular learner to manage in a single visit. If you feel that the learner is losing focus, stop the lesson for the day and then continue it on your next visit. Several lessons have suggested stopping places, but you will need to use your judgment for any given learner.

If you have any questions about the content or the methods described in the lesson, consult the references or the curriculum developers at hec@uconn.edu.

About the trainer's role

This curriculum assumes that a trainer accepts the following responsibilities:

To show respect for the learner	<ul style="list-style-type: none"> ▪ Respect differences in beliefs, feelings, and attitudes ▪ Respect the learner's time and abilities
To communicate honestly	<ul style="list-style-type: none"> ▪ Ask questions ▪ Listen carefully ▪ Tactfully challenge mistaken assumptions ▪ Remain open to new ideas
To create a supportive learning environment	<ul style="list-style-type: none"> ▪ Maintain a positive attitude ▪ Be trustworthy ▪ Be caring ▪ Be flexible ▪ Establish a pace that matches the learner's ability and interest levels
To encourage the learner	<ul style="list-style-type: none"> ▪ Support the learner's efforts ▪ Help the learner to build self-confidence
To help the learner to grow	<ul style="list-style-type: none"> ▪ Treat the learner as an adult ▪ Help the learner to become a problem solver

Because some of the topics in this training may be sensitive for some learners, it's important to emphasize that you are

- Not judging them
- Not suggesting that they are bad housekeepers or bad parents
- Not telling them that their house is unhealthy—instead, you are hoping to help them make it as healthy as possible
- Not singling them out—instead, you are offering this information to many families
- Not telling them what they **must** do—instead, you are offering information on ways they may choose to make their homes healthier

About adult learners

Below is a summary of several key principles of adult learning that form the background for this curriculum.

Adults learn best when they feel safe, respected, and acknowledged.

To support learning, aim to create an environment where

- Learners feel safe to ask questions and make mistakes, which are part of any learning process.
- Learners feel respected.

Adults learn best what seems important in their daily lives.

- Help the learners understand how the information in this curriculum will help them as parents and how it will help their children.

Adults learn best when they participate actively.

- The more actively learners participate in the training, the more likely they are to learn and remember.
- Encourage learners to be actively involved by asking and answering questions, by discussing, by relating what they are learning to their own lives, by respecting differences of opinion.

Adults often learn best by doing.

- For example, adults may learn a skill more effectively by practicing it rather than talking about it. For that reason, it's important to include the activities as part of each lesson.

Adults learn best when they connect what they're learning with what they already know.

- Adult learners bring a lifetime of experience to any training. Helping them connect what they already know with what they're learning will help them learn.

People learn in various ways.

- Some people (called visual learners) learn best by **seeing and reading**. They prefer to read books or articles, study graphs and charts, or examine pictures for information.
- Other people (called auditory learners) learn best by **hearing and discussing**. They prefer to listen to speakers, talk with their friends or family, and discuss ideas.
- Some people (called kinesthetic learners) learn best by **moving and acting**. They prefer to stretch, touch things, and act out stories or scenarios.

There's another way to look at learning styles.

- Some people (called social learners) like to **learn in groups**.
- Others (called individual learners) like to **learn by themselves**.

Recognize that no one style is better than another. As much as you can, adapt the lessons to learners with any of these learning styles.

Sometimes you may not be able to identify a person's learning style. In that case, you might use a combination of learning approaches to see what works best.

Adults may face barriers to learning

- They are usually busy, with family, job, and community responsibilities.
- They may need to unlearn old ideas.
- They may have unrealistic goals.
- They may have poor self-image.
- They may fear the judgments of the trainer or even consequences with authorities.
- They may face distractions (such as financial or personal issues).
- They may fear failure in learning situations.

Training suggestions

1. Observe the learner		
<i>If you see the learner</i>	<i>She may be</i>	<i>You can try to</i>
Smiling, nodding, leaning forward, making eye contact	Interested, understanding	<ul style="list-style-type: none"> • Continue.
Frowning, scratching her head, pursing her lips, staring into space, or avoiding eye contact	Confused	<ul style="list-style-type: none"> • Ask whether the learner is confused. • Restate what you have said, using simpler words. • Use more examples to explain what you have said.
Yawning, staring into space, looking at a clock, or leaning back in her chair	Bored	<ul style="list-style-type: none"> • Engage the learner more actively (for example, by asking a question) • Take a break • Or speed up
Looking elsewhere	Distracted	<ul style="list-style-type: none"> • Suggest removing the source of distraction. For example, ask the learner to turn off the TV and then return to the training. • Or ask if the learner is worried about something that makes it hard for her to pay attention to the training.

<p>2. Listen actively to the learner.</p>	<ul style="list-style-type: none"> ▪ Use nonverbal signals (body language) to show that you are paying attention. <ul style="list-style-type: none"> ○ Smile. ○ Face the learner. ○ Nod from time to time. ○ Lean forward slightly. ○ Make eye contact. ▪ Use verbal signals to show your interest in the learner. <ul style="list-style-type: none"> ○ Ask questions to clarify what the learner is saying. ○ Encourage a hesitant learner to continue speaking. ○ Check that you understand what the learner is saying by paraphrasing what the learner has said. Say something like, “If I understand you correctly, you’re saying ...” ▪ Listen for what the learner is not saying, as well as to what the learner is saying.
<p>3. Try to motivate the learner.</p>	<ul style="list-style-type: none"> ▪ Focus on the learner’s strengths. ▪ Help the learner feel successful by setting realistic short-term and long-term goals ▪ Acknowledge the learner’s efforts and achievements (small or large) with sincere positive feedback. For example, “Marta, you’ve done a thorough job of cleaning up the clutter in the kitchen.”
<p>4. Show respect for the learner.</p>	<ul style="list-style-type: none"> ▪ Be well prepared for the lesson. ▪ Listen without interrupting. ▪ Listen without judging. ▪ Show respect for ideas and opinions that are different from your own. ▪ As much as possible, adjust the lesson to meet the learner’s needs, interests, and goals. ▪ Make only promises that you can keep, and keep them. ▪ Acknowledge any mistakes you make or any gaps in your knowledge. Accept responsibility for correcting a mistake or for getting correct information.
<p>5. Encourage the learner to participate actively in the training. Participating includes</p> <ul style="list-style-type: none"> ○ Listening to what you say ○ Asking and answering questions ○ Working on activities ○ Working with their children on activities ○ Doing the homework 	<ul style="list-style-type: none"> ▪ Use positive words and actions to acknowledge not only a correct answer, but also effort (even for an incorrect answer). For example, “Janelle, you’re on the right track. Let’s look at this handout again to see whether we can find a slightly better answer.”

<p>6. Use appropriate language.</p>	<ul style="list-style-type: none"> ▪ Use familiar words that the learner can understand easily, not jargon, initials, or technical terms. ▪ Use neutral (nonjudgmental) language. ▪ Restate an idea using simpler words if the learner does not seem to understand.
<p>7. Check for understanding.</p>	<ul style="list-style-type: none"> ▪ Ask whether the learner has any questions. ▪ Ask the learner questions about the topic to determine what she understands. ▪ Ask the learner to restate what you have discussed, perhaps how he would explain the topic to a friend. ▪ Ask the learner to explain how she would apply the information you have offered. ▪ Give the learner time to think about an answer.

Handling questions

Asking questions and answering questions are extremely useful skills in training. Many questions are already built into this training, but you may find it useful to ask other questions as well. As a trainer, you can use questions to

- Find out what the learner already knows
- Find out whether the learner understands what you've said
- Find out how the learner feels
- Emphasize important ideas
- Capture the learner's attention
- Encourage the learner to participate
- Encourage the learner to think about the topic

Asking questions of the learner

<p>General guidelines</p>	<ul style="list-style-type: none"> ▪ Ask one question at a time. ▪ Give the learner time to think of an answer. ▪ If a learner is struggling with an answer, step in to help. ▪ Don't overuse questions. A lesson should not become a test or an interrogation.
<p>Questions are often divided into two types: closed questions and open questions.</p>	
<p>A closed question requires a short, definite answer, such as <i>yes</i> or <i>no</i>, or a simple fact.</p>	<ul style="list-style-type: none"> ▪ You might use a closed question to gather factual information. For example, "Did you do the first activity with your child last week?" ▪ You might use a closed question to determine whether the learner understands a given idea. For example, "What are three features of a healthy home?"
<p>An open question usually requires a longer, more thoughtful answer. It often begins with the word <i>what</i>, <i>why</i>, or <i>how</i>.</p>	<ul style="list-style-type: none"> ▪ You might use an open question to ask the learner to think about a situation, offer an opinion, or describe a feeling. For example, "Why is it important to protect your child from

	secondhand smoke?”
The two types of questions are often useful in combination.	<ul style="list-style-type: none"> ▪ Closed question: “Do you know if your home was built before 1978 (and therefore might contain lead paint)?” ▪ Open question (follow-up): “How do you think you could find out when your home was built?”

Responding to a learner's answers

Make sure that you understand the answer	If the answer is longer than a few words, restate or paraphrase it: “What I think you said was ...”
If the answer—such as a personal story or opinion—is neither correct nor incorrect	Acknowledge the answer: “Thank you for sharing your opinion.”
If the answer is correct	Acknowledge the answer: “You’re right.”
If the answer is incorrect	<ul style="list-style-type: none"> ▪ Be careful not to embarrass or criticize the learner, which could discourage her from answering in the future. ▪ Acknowledge the learner’s effort in trying to answer or in giving part of a correct answer. ▪ Try to rephrase the question to make it clearer. ▪ If you think the learner can figure out the correct answer, provide some clues or hints. ▪ If you think the learner cannot figure out the answer, provide it.

Answering a learner's questions

Of course, the learner as well as the trainer may ask questions. Here are some suggestions for responding to such questions.

Make sure that you understand the question	Restate or paraphrase it: “What I think you’re asking is ...”
If you know the answer	<ul style="list-style-type: none"> ▪ If you think the learner can figure out the correct answer herself, try to give her clues or hints that lead her to the answer herself. ▪ If you think the learner cannot figure out the correct answer, answer the question.
If you’re not sure of the correct answer	<ul style="list-style-type: none"> ▪ Tell the learner that you’re not sure but that you’ll try to get the answer for her. ▪ Be sure to follow through on that promise.

Conclusion

According to the Robert Wood Johnson Foundation's Commission to Build a Healthier America,

Where we live is at the very core of our daily lives. For most Americans, home represents a place of safety, security, and shelter, where families come together.... Given its importance, it is not surprising that factors related to housing have the potential to help—or harm—our health in major ways....

Good physical and mental health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability, and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development.²

This curriculum aims to build on the positive relationships that Family Services workers have with vulnerable families. Its goal is to raise awareness of some of the health issues related to housing and how these issues affect child development. "Healthy Homes/Healthy Kids" especially focuses on those problems that families themselves can begin to address, and gives families some basic information to improve their housing and health.

² *Issue Brief 2: Housing and Health*, September 2008, www.commissiononhealth.org

Appendix 1: Home Safety Check: [A Learning Activity]

This activity is reprinted from "Home Safety Check: [A Learning Activity]." Safety First: Preventing & Managing Childhood Injuries. Training Guides for the Head Start Learning Community. HHS/ACF/ACYF/HSB. 1996. English.³

Head Start programs strive to keep family and staff free from danger, risk, and injury. Health managers may want to use this learning activity with staff to improve their understanding of home safety issues.

The following is an excerpt from **Safety First: Preventing & Managing Childhood Injuries**.

Purpose: This activity helps staff gain skill in helping families to improve the safety of their homes. It is particularly useful for home visitors.

For this activity you will need:

- **Handout: Home Safety Checklist** (3 copies per participant)
- Thermometers (extending from below 0 degree F. to above 120 degrees F.), tape measures
- Pens or pencils

Coach's Note:

This activity involves an initial session of 30 to 60 minutes, then two home visits, and a follow-up session of approximately 30 minutes.

For more information about environmental safety, see the Health guide, Sustaining a Healthy Environment.

Step 1: Explain that this activity develops skill in helping families to make their homes safer-the environment and behaviors.

Step 2: Ask participants:

- What have you observed on home visits that make you concerned for any family member's safety?
- What has been your experience in discussing home safety with families?
- Have you ever used a safety checklist on home visits?
- What are the advantages of using a checklist?
- What concerns do you have about using a checklist?

Step 3: Distribute three copies of **Handout: Home Safety Checklist** to each participant. Explain that this checklist can be used as a guide for important safety features according to location in the home.

Take up to 10 minutes to review the entire checklist together. For each safety feature, ask participants:

³ http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Health/Environmental%20Health%20and%20Safety/Environmental%20Healthy%20and%20Safety%20Families/health_lea_11022_022806.html#checklist.

- How is it checked or measured?
- Why is it important?
- What type of injury does it prevent?

Step 4: Ask participants:

- How could you incorporate the **Home Safety Checklist** into a home visit?
- What could you do to help families feel comfortable and successful with the **Home Safety Checklist**?

Step 5: Imagine that you go on a home visit and take the Home Safety Checklist. Imagine that you and the family find many safe items, but one item in each room is a safety concern. Select which ones.

Do a brief role-play with the coach or among participants demonstrating how you would discuss the home safety check with the parent. Make sure that every participant has an opportunity to play the home visitor and the parent.

Step 6: Tell participants to use one copy of Handout: Home Safety Checklist to check their own home first. Ask them to observe how long that takes, what is easy and hard about going through the checklist, and how it feels to identify safety weaknesses as well as strengths.

Step 7: Next, have participants use the other two copies of the Home Safety Checklist on a home visit with a Head Start family.

- First ask the parents what safety concerns they have had.
- Give the parents a copy of the checklist. Briefly review the entire checklist and discuss why each safety feature is important.
- Ask them if they prefer to do the checklist on their own or with your assistance.

Step 8: If the parents choose to complete the checklist on their own, plan a follow-up visit to review the completed **Home Safety Checklist** with them within the next month.

If the parents choose to have your assistance at this visit, complete the checklist together, having them identify the safety concerns.

Step 9: Review the completed **Home Safety Checklist** with the family:

- First, focus on all of the “Yes” items. Congratulate the parents—these show that they protect the safety of their children in many ways.
- Then focus on the “No” items. Discuss with the family:
 - Why is this item important to prevent injuries?
 - Has any injury resulted from this item?
 - How urgent is this safety item?

Step 10: Have the parents identify which safety concerns they feel are most important. Help them to develop a safety improvement plan that includes what they need to make the improvement, who can help, and a realistic timeframe. Follow-up with the family on their safety improvement plan, as needed.

After participants have completed the home visits, meet again with the coach to discuss the home safety check:

Step 11: What went well?

- What was difficult?
- What additional information and or resources were needed?
- How do you plan to follow-up with the family on the safety needs?

Points to Consider:

- Safety checklists can be helpful because they provide a systematic check of the environment and practices. When using checklists, Head Start staff should take care to avoid intimidating or overwhelming families and help them feel comfortable.
- **Handout: Home Safety Checklist** is designed to be short and simple and to help families feel more comfortable with the process. While the short checklist is a guide to some important home safety features, home visitors should also use their own knowledge and experience to counsel families about safety features that may not be on the checklist.
- Various strategies can be used to help families feel comfortable and successful with home safety. For example:
 - First develop trust with families, then discuss safety on a later visit.
 - To encourage the parents' acceptance, offer them a safety check rather than impose it on them.
 - Allow the parents to choose whether to complete the safety check on their own or with your assistance.
- Understanding the challenges to prevention can help to develop prevention strategies such as:
 - supporting the strengths in the situation
 - identifying the most necessary safety measures, clarifying why they're important, and suggesting simple low-cost steps to take
 - providing materials and offering to help make the safety improvements (e.g., smoke detectors, batteries, electrical outlet covers, Ipecac, thermometer, telephone emergency stickers, car seats)
 - identifying community resources that can help (e.g., lead abatement, tenants' rights organization, parental stress hotline)
 - following up with reminders and support for maintaining injury- prevention measure

Handout: Home Safety Checklist

Safety Item	Yes	No	Comments
General Household			
Walls, floors, are in good repair and free of chipping paint.			
Stairways have gates (for infants/toddlers) and handrails.			
Windows have screens or guards.			
Window shades don't have dangling cords.			
Fireplaces and heaters have protective screens.			
A smoke detector is on each floor, tested monthly, and batteries changed yearly.			
Everyone knows fire escape routes out of the house.			
Electrical outlets have safety covers.			
Pins, coins, nails, jewelry, plastic bags, balloons, and other chokable items are out of reach.			
Cigarettes, lighters, ashtrays, and alcohol are out of reach.			
Infant walkers are not used.			
Infants and young children are never left home alone or with another young child.			
Children watch television less than two hours a day, and no violent shows.			
Children are disciplined by positive guidance, not by belittling or hitting.			
Firearms are separate from ammunition, locked up, and out of reach.			
Emergency numbers are posted near the telephone.			
Kitchen			
Knives, glassware, and matches are out of reach.			
Cleaning products are out of reach.			
Pots on the stove have handles turned backward.			
The high chair is sturdy with a safety strap.			
Children under four are not fed chokable foods (e.g., hot dog rounds, candy, nuts, popcorn, grapes, chunks of meat).			
Bathroom			
Medicines and vitamins are in original, child-proof containers.			
Medicines, vitamins, cosmetics, mouthwash, and			

Safety Item	Yes	No	Comments
cleaning fluids are out of reach.			
Ipecac is available for poisoning emergency.			
Hair dryers and curling irons are unplugged and away from water.			
Tap water temperature is 120° Fahrenheit or less.			
Young children are never left alone in the bathtub.			
Bedroom			
Infants sleep in a crib, not on a waterbed, beanbag chair, sheepskin, pillow, or down comforter.			
Infants are put to sleep on their backs.			
Cribs have slats less than 2 3/8" apart, a tight fitting mattress, and no cornerposts or cut-outs.			
Garage and Basement			
Insect spray, fertilizer, weed killer, paint, gasoline, and other chemicals are in original containers and out of reach.			
Sharp tools and electrical equipment are out of reach.			
Outdoors			
Balconies have protective railings.			
The play yard is fenced in.			
Pools, wells, hot tubs, and ponds are fenced on all sides.			
Play equipment is in good repair, lower than six feet and over sand or wood chips, not concrete, dirt, or grass.			
Children wear helmets when riding tricycles and bicycles.			
Children are secured in car seats (up to 40 pounds and 4 years) and seat belts when riding in a car (in the back seat) or truck.			

Evaluation of the train-the-trainer component

This training is a pilot program, and the developers would appreciate your frank assessment. Please mark whether you agree or disagree with each statement below. Then answer the questions at the end of this evaluation form.

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
1. I know more about healthy homes than I did before the training.						
2. I feel comfortable talking to the families I work with about healthy homes.						
3. The information was presented clearly.						
4. The information was relevant to my work.						
5. The information in this training will be useful to the families I work with.						
6. I will probably use the information from this training in my work.						
7. This training was worth the time I spent on it.						
8. I would recommend this training to my colleagues.						

9. What was the most useful part of this training?
10. What was the least useful part of this training?

11. What, if anything, would you recommend we change in this training?

12. What, if anything, will you do differently as a result of this training?

13. Do you have any questions about healthy homes that were not answered in this training?

14. Use the space below for any other comments you wish to make.

The federal government and other agencies require us to give them certain information about the people who take part in our programs. To help us provide this information, please mark the boxes below that apply to you.

1. **What is your sex?** (Mark one box.)
 - Female
 - Male
2. **What is your race?** (Mark all the boxes that apply to you.)
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
3. **Are you Hispanic or Latino** (of any race)? (Mark one box.)
 - Yes, Hispanic or Latino.
 - No, not Hispanic or Latino.

Statement of Completion

This is to state that

has completed the train-the trainer program

Healthy Homes / Healthy Kids

Trainer

Date

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at the Connecticut Children's Medical Center,
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Department of Extension, University of Connecticut