Module Nine: Wrap-Up & Questions

Time: 15 – 30 minutes

Goal: To review important highlights from the training and answer any additional questions.

Objectives:

- Review highlights from the training.
- Answer outstanding questions from the training.
- Complete the evaluation.

Handouts

- Evaluation

Additional Materials

- Modifications to PowerPoint

Preparation

- Distribute evaluation on tables (where applicable)

I. Discussion (5 minutes)

Resources Overview and Training Highlights (slide 1, title slide)

SAY:

- We have covered a lot of information today that can help you implement the Delaware CACFP/*Delacare* Rules in your child care center or home!

Training Highlights (slide 2)

[Review the "take-home" points from the day. Summarize each presentation given in one or two sentences. Modify the "Training Highlights" slide to cover your key points based on which training modules were covered.]

Toolkit (slide 3)

SAY:

- Remember, the *First Years* toolkit is a valuable resource to use when planning menus or physical activity for children, conveying this information to your staff, or checking on the Rules related to nutrition, physical activity or screen time.
- It should be the go-to resource to answer your questions.
- You can find it on the Delaware Department of Education website, Let's Move! Child Care website or by Googling the title.

Healthy Kids Collection (slide 4)

SAY:

- Another resource available to you is the *Healthy Kids Collection*, sponsored by Nemours. It's a library collection that offers child care providers resources to improve nutrition and physical activity in child care.
- The collection includes curricula, books, music CDs and more.
- You can find it at four libraries in Delaware: Brandywine, Bear, Dover and Lewes.
- If one of these isn't your local library, you can order materials to be delivered to your local library. Ask your librarian how to do so.
- Collection materials can be checked out in the same way library books can, borrowed for a period of two weeks, and then returned.

Questions (slide 5)

ASK:

- *Are there any outstanding questions I can answer before you leave?*

  [Remind participants of the evaluation. Ask participants to turn it in to you before they leave.]

SAY:

- We are finished. Thank you for coming today and for actively participating in the training!

Notes:

As applicable, cover the following points when closing out each session:

- If they come across any other questions when they return to their center or home, encourage them to call their CACFP sponsoring organizations, the Department of Education Nutrition Services or Office of Child Care Licensing for clarification.
- Remind them of the date, time and location of the next session.
- State that you and your fellow trainers will be available for a time period post-training to answer any further questions after they dismiss.

After training, remain available for 10 – 15 minutes for any outstanding questions. Be sure to check all of the rooms, tables, and areas used in the venue to clean up all materials and make sure nothing was left behind by participants.

If annual licensing hours are being given to child care providers, pass appropriate documentation on to the Delaware Department of Education or the Delaware Institute for Excellence in Early Childhood.

It is also important to sit down with your co-trainers and talk about things that went well and what could be improved for future sessions. Remember, practice makes perfect! There may be things that didn't go as planned, but being able to identify opportunities for improvement will help you to host successful trainings that support child care providers in making positive change!

Delaware CACFP/*Delacare* Rules on Nutrition, Physical Activity & Screen Time

Training Evaluation

1. Where do you work? *(Check all that apply)*

   ☐ Family Child Care
   ☐ Early Child Care Center/Preschool
   ☐ School-age center
   ☐ Other _____

2. Are you employed by a school district?

   ☐ Yes
   ☐ No

3. Which of the following is closest to describing your main role?

   ☐ Administrator
   ☐ Teacher/assistant teacher/intern
   ☐ Owner of family child care
   ☐ Foodservice staff
   ☐ Other: _____

4. What age group(s) do you work with in your current role? *(Check all that apply)*

   ☐ Infant (Birth through 11 months)
   ☐ Toddler (1 – 3 years)
   ☐ Preschool (3 – 5 years)
   ☐ School-age (6 – 12 years)
   ☐ School-age (13 – 18 years)

5. What do you think of this professional development experience? *(Place a check in the box that indicates your answer.)*

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
The times and days scheduled were appropriate to meet my needs.				
The information was easy to understand.				
The materials were helpful.				
The amount of time was just right.				
The room was comfortable.				
I learned new ideas/skills that will help me to work with children.				

6. What do you think of the instructor(s)?

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
The instructor presented the information in a variety of ways such as discussion, activities and handouts.				
The instructor was respectful of everyone.				
The instructor was organized.				
The instructor helped me see how to improve nutrition and physical activity in my center or home.				

7. In order to use these skills/ideas in your work, will you need:

	YES	NO	MAYBE
More training or advice?			
More supplies or materials?			
More time to prepare?			
Permission from your supervisor?			
Other *(please specify)* _____ _____			

8. For my professional development plan in the next 18 months, I would like professional development in the following areas…

	YES	NO	MAYBE
Professional behavior and practices			
Observation and assessment			
Helping children grow and learn			
Providing healthy, balanced meals and snacks			
Working with families			
Providing for children's health and safety			
Creating supportive spaces and planning high-quality activities			
Developing children's healthy emotions and social skills			
Building and managing an effective, high-quality program			
Other *(please specify)* _____ _____			

Delaware CACFP/*Delacare* Rules Training Sign-In Sheet

DATE: _____

LAST NAME	FIRST NAME	ID CHECK	NAME OF CENTER OR HOME	Sign-IN Signature	Sign-OUT Signature

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