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# Injury Prevention



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California Childcare Health Program  
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### California Childcare Health Program

The mission of the California Childcare Health Program is to improve the quality of child care by initiating and strengthening linkages between the health, safety and child care communities and the families they serve.

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# LEARNING OBJECTIVES

To describe common injuries to children in early care and education (ECE) programs.

To identify when and where injuries commonly occur.

To identify three ways a Child Care Health Advocate (CCHA) can assist ECE programs in meeting their injury prevention needs.

To identify primary injury prevention resources to assist and support ECE providers and families.

## RATIONALE

Each year in the United States, emergency departments treat more than 200,000 children ages 14 and younger for playground-related injuries (Tinsworth & McDonald, 2001). In 1997, about 60,000 children 5 years old and younger were treated in emergency rooms for injuries occurring in ECE programs (U.S. Consumer Product Safety Commission [CPSC], 1999). The leading reason for emergency room visits for young children is unintentional injuries. Playground-related injuries (8,000 in 1997) were the largest single cause. The major causes of serious injury and death in ECE programs are from falling, getting tangled in clothing, getting the head trapped in equipment openings and experiencing an impact with equipment (CPSC, 1999). However, it is also important to note that children have many minor injuries in ECE programs, and only 1% of these injuries are severe or need medical attention (Alkon, Genevro, Kaiser, Tschann, Chesney & Boyce, 1999).

ECE providers are responsible for the safety and well-being of the children in their care. ECE providers are required by Community Care Licensing to have 15 hours of health and safety training (State of California, 2002). In addition, it is recommended by the American Academy of Pediatrics (AAP) that “the director of a center and a large family child care home and the caregiver in a small family child care home shall ensure that all staff members involved in providing direct care have training in pediatric first aid” (AAP, American Public Health Association & National Resource Center for Health and Safety in Child Care, 2002, Standard 1.026). Even with this training, however, it is important for ECE providers to carefully inspect their facility for possible hazards in order to eliminate or reduce injuries. Many injuries can be prevented if ECE staff understand how injuries happen and work to make the environment safer.

# WHAT A CCHA NEEDS TO KNOW

Unintentional injuries are a leading cause of death for Americans of all ages, regardless of gender, race or economic status (Centers for Disease Control and Prevention [CDC], 2004). For children who are 1 to 5 years old, unintentional injuries are the leading cause of death (CDC, 2004). Injuries occur in ECE programs because of a combination of factors, including the child's age and physical and emotional development. Often, young children will copy behaviors they see their older peers doing, not realizing that they are physically not able to do the task (e.g., jumping off a climbing structure). The rapid growth of young children results in changes in their center of gravity and motor skills. These rapid changes may make a once safe place an unsafe environment for a child. Those same changes in growth and development, in combination with the use of furniture and tools that are not the right size for a child, often lead to children being injured. By understanding the causes of injuries, CCHAs can put injury prevention programs into place to reduce or eliminate injuries in ECE programs.

To prevent injuries, CCHAs and ECE providers must understand and anticipate their causes, predict which children are most at risk for what type of injury and have an idea of when injuries are most likely to occur. The following sections focus on information about various common injuries to children in ECE programs. The *What the CCHA Needs to Do* section addresses actions recommended to prevent injuries in ECE programs.

## Causes of Injuries in ECE Programs

Children may be injured in ECE programs for the following reasons:

- Young children do not know how to tell the difference between safe or unsafe situations or activities (e.g., they touch a hot burner and get burned, or climb up onto a countertop and fall).
- They do not have the physical skills to participate in an activity (e.g., they try to be like the big kids and use a toy too big or too powerful for them).

- Things in the environment may be unsafe. For example, if old cribs are used in ECE programs, a child could get injured if the slats are too far apart and do not meet current regulations.
- There may be toxic materials present and available to the children (e.g., not locked in a cabinet out of reach).
- There may not be appropriate supervision.
- Children can get injured when they play with other children (e.g., fighting, pushing, colliding, throwing and biting).
- Children move quickly on tricycles, scooters, skates or other wheeled toys, and they can hit obstacles or other persons, or fall.
- Children collide with objects such as playground equipment, furniture, plants, toys, fences or gates.
- Children are cut by sharp edges; burned by hot surfaces, hot tap water or heaters; or poisoned by toxic materials.
- Children get their fingers and noses pinched by doors or windows.
- Children get hurt by cars either when walking, riding tricycles or bicycles, or riding in a car.

Falls are a leading cause of unintentional injury to children in ECE programs. The type of falls a child experiences may depend on age and developmental ability. Very young children often fall from infant walkers, diaper changing tables and other high surfaces where they may be placed. More children are injured with infant walkers than with any other product. Community Care Licensing regulations ban the use of walkers in ECE programs (State of California, 2002). The AAP recommends a total ban on the manufacture and sale of mobile infant walkers (AAP et al., 2002).

Toddlers and preschoolers are most at risk for falls from high places that they climb to, such as counters, or furniture near a window or balcony. Window screens can easily give way to the weight of a child. To a curious, inexperienced child, an open window is an open invitation for a fall. Older children often fall from playground equipment and during sports and recreational activities. The severity of the injury is usually related to the height from which the child fell.

## What age group has the most injuries?

The risk of infants injuring themselves is low. Newborns and infants are at risk for unintentional and intentional injury from their caregivers. The risk for injuring themselves increases as infants grow and become more able to move around. Children who are between 2 and 5 years old have the highest injury rates.

## Do girls or boys have higher injury rates?

Under age 5, girls and boys seem to injure themselves equally in all situations. After the age of 5, boys have higher injury rates than girls, especially when comparing moderate to severe injury rates (Alkon et al., 1999).

## When are injuries most common?

The greatest numbers of injuries occur in the spring and summer when children are most likely to be playing outdoors. Late morning and late afternoon are the times when children are most likely to be injured. These are also times when young children are likely to be tired or hungry. And at these times, there may be less supervision because ECE providers are busy either preparing for the transition to meals or having parents coming and going as they pick up their children.

## Playground Injuries

The playground is the major site of injury and accounts for over 50% of all injuries. Each year in the United States, emergency departments treat more than 200,000 children ages 14 and younger for playground-related injuries (Tinsworth & McDonald, 2001). Children in ECE programs spend a large part of the day outside on playground equipment. The CCHA needs to be aware of the condition of all equipment in the program, including the classroom, play spaces, bathrooms and especially the playgrounds. To make sure that this environment is safe, regular maintenance checks are needed. The National standards suggest at least monthly checks by the ECE provider to both examine the wear and tear of structures and to correct or remove risks: “A staff member shall be assigned to check all play equipment at least monthly to ensure

that it is safe for children. In addition, the staff shall observe equipment while children are playing on it to ensure that it is safe for children (AAP et al., 2002, Standard 3.038). An ECE program might find it beneficial to have an independent inspection once a year in addition to monthly inspections. The California Childcare Health Program (CCHP; 2005) has developed a standardized checklist titled *CCHP Health and Safety Checklist-Revised* (CCHP H & S Checklist-R) that can be used to monitor playground safety.

## Supervision

Supervision is another important part of preventing injuries on playgrounds. Often, ECE staff have other responsibilities to carry out while children play outdoors, such as making a meal, preparing for the next activity or cleaning off table tops. However, it is very important to have the correct adult-to-child ratios during outdoor play. ECE providers also may become distracted while supervising children. According to the National Program for Playground Safety (1997), supervision means the following:

- being alert and attentive
- being aware of age-appropriate equipment
- evaluating risks
- observing signs
- knowing safe playground rules
- stepping in when inappropriate behavior occurs
- making sure children have safe clothing
- being prepared

## Playground accessibility for children with special needs.

The Americans with Disabilities Act of 1990 (ADA) requires that all public services be accessible to people with disabilities. Children with disabilities have the right to participate in the same play and learning activities as typically developing children. Public buildings, including ECE programs, must be accessible to persons with disabilities. No ECE program can turn away a child just because he or she has a disability. Reasonable changes to the building, such as adding ramps, must be made to accommodate the needs of children with disabilities (Bailey, Cryer & Harms, 1995).



## Sudden Infant Death Syndrome (SIDS)

Sudden Infant Death Syndrome (SIDS) is the leading cause of death for infants between the ages of 1 month and 1 year old (AAP, 2000). It accounts for nearly 3,000 infant deaths each year in the United States. SIDS is defined as “the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene and review of the clinical history” (Beckwith, 2003, p. 288). Because so many infants are in out-of-home care, a disproportionate number of SIDS deaths occurs in ECE programs (about 20%; Moon, Patel & Shaefer, 2000). ECE providers can reduce the risk of SIDS in their programs by knowing the factors linked with the increased risk of SIDS and by following the AAP’s recommendations for putting infants to sleep on their backs (Moon & Bilitier, 2000). The AAP has launched a campaign directly at ECE programs that includes educational materials specific to ECE programs and that encourages ECE providers to put all infants on their backs to sleep. More information about the prevention of SIDS is provided in the *What the CCHA Needs to Do* section.

## Choking, Strangulation, Suffocation and Entrapment

Young children in their first 3 years of life are at greater risk of choking, suffocation and other means of having their airways blocked than older children. Children under 1 year of age have smaller airways, less experience with chewing and a natural tendency to put things in their mouths (National SAFE KIDS Campaign, 2004). When a person cannot get air in and out of the lungs, this is called asphyxiation. Oxygen levels in the blood decrease, and carbon dioxide levels rise. Four main causes of asphyxiation in children—choking, entrapment, strangulation and suffocation—are presented below. These terms are sometimes used to mean the same thing, and they all involve less airflow.

### Choking

Choking occurs when a child puts an object in his or her mouth and is unable to immediately swallow or

spit it out. In some cases, the child is able to cough the object up or spit the object out. In other cases, the child may breathe or gasp, sucking the object into his or her airway, where it becomes stuck; this can result in death (Widome, 1997).

### Entrapment

Entrapment occurs when a child’s body slips through a space that is too small for his or her head, resulting in the neck becoming constricted. This may happen if playground equipment is not up-to-date and there is not enough space between slats or bars.

### Strangulation

Strangulation occurs when a child’s neck becomes constricted, usually by entrapment of the head or by a drawstring that becomes tightly wrapped around his or her neck. For example, a child might suffer strangulation because of the following reasons: a toy box lid falls down on his or her neck; the child’s head becomes trapped between crib slats that are too far apart; a drapery cord, or pacifier string tied to the child’s clothes, wraps around his or her neck; or a toy strung across the child’s crib wraps around his or her neck.

### Suffocation

Suffocation occurs when the child’s airways are blocked either from having pressure put on the throat or chest, having the nose and mouth covered, or being enclosed or confined in an airtight space. Examples of spaces in which a child might become enclosed include refrigerators, freezers, coolers, grain storage bins and plastic bags. With infants, suffocation may occur when the child is smothered while sleeping with an older sibling or parent. An infant can also suffocate when sleeping on his or her stomach if soft bedding blocks the airways or if his or her head is caught between the mattress and the side of the crib.

### Foods and objects that may cause choking

Wilson, Baker, Teret, Shock and Garbarino (1991) state, “Choking on solid food causes an estimated 75 deaths annually in the under 5 age group, and choking on nonfood items causes an additional 150 deaths” (p. 111). Foods and objects that create the greatest risk are usually bendable and of a size and shape that can

become stuck in and block the airway. The situation in which the child eats are also risk factors. For example, “eating while rushed, running, laughing, or while in other ways being distracted is likely to increase the risk of choking” (Widome, 1997, p. 288).

The following foods should not be given to children under 4 years of age because of the risk of choking (California Childcare Health Program [CCHP], 2001):

- spoonfuls of peanut butter
- mini marshmallows
- large chunks of meat
- nuts, seeds and peanuts
- raw carrots (in rounds)
- fish with bones
- dried fruit
- hot dogs (whole or sliced into rounds)
- hard candy or cough drops
- popcorn
- raw peas
- whole grapes and raisins
- ice cubes
- whole olives
- pretzels and chips

### **Recognizing the signs of reduced airflow**

The following are some common signs of choking and suffocation in children:

- having difficulty speaking or breathing
- unable to cough, or making “wheezing sounds”
- clutching throat or gesturing to throat
- looking blue in the face
- agitation
- unexplained loss of consciousness (this is a late sign)

## **Poisoning**

In the United States, about 2 million cases of exposure to poisons are reported each year. Children under 6 years of age are more likely to be unintentionally poisoned than older children or adults (Litovitz,

Klein-Schwartz, Carvati, Youniss, Crouch & Lee, 1999). Although most poisoning occurs in the child’s home, it also can take place in ECE programs (National Center for Injury Prevention and Control, 2003). Poisoning can occur when a chemical substance has been injected, swallowed, inhaled or brought into contact with the skin. Young children are at greater risk than adults for poisoning because their bodies are smaller and still developing, and because they tend to put everything in their mouths. Poisoning for very young infants occurs mainly when adults give the wrong type or dose of medicine to children. Most calls to poison control centers concern children who have swallowed over-the-counter drugs (OTC), prescription medicines, plants, cosmetics, or cleaning and polishing agents (Wilson et al., 1991).

In 1998, the American Association of Poison Control Centers Toxic Exposure Surveillance System recorded over 1.2 million reported toxic exposures for children under 6 years of age (Litovitz et al., 1999). The substances most commonly swallowed by children ages 1 to 2 years old included aspirin, cleaning and petroleum products, tranquilizers, and iron compounds (Trinkoff & Baker, 1986). In ECE programs, hazardous substances should *always* be stored in their original containers in a locked or otherwise secure place, separated from food products, clearly labeled with a warning and out of the reach of children (U.S. Consumer Product Safety Commission, 2001). All products should be used according to the manufacturer’s directions.

## **How Poisoning Occurs**

Poisoning results from exposure to a chemical substance. The exposure may be brief, such as a bee sting, or long-term, such as exposure to lead paint.

### **Bites and stings**

The toxic substance from insect stings can cause an allergic reaction in many children that may lead to death. Animal bites (e.g., dogs, snakes) puncture the skin and may inject toxic substances directly into the bloodstream. Some children are also allergic to saliva and hair from animals.

## Swallowing

Toxic substances that are swallowed are absorbed into the bloodstream through the gastrointestinal (related to the stomach and intestines) tract in the same way that food is absorbed. Some plants are poisonous, and plants are among the most common household substances that children may eat. See *Handout: Fact Sheets for Families: Beware of Poisonous Houseplants*.

## Inhaling

Breathing poisonous fumes into the lungs brings them into direct contact with the bloodstream. Common poisonous fumes include carbon monoxide, chlorine and other gases, ammonia and aerosol can fumes.

## Skin contact

Poisons can be absorbed through contact with the skin. For example, undiluted bleach can chemically destroy the skin tissue.

## Puncture/injection

A puncture of the skin can bring a toxic substance into direct contact with the bloodstream. Punctures also raise the possibility of tetanus.

## Transportation Injuries

Car accidents are the leading cause of death and disability among children in the United States (National SAFE KIDS Campaign [NSKC], 2004). Car-related injuries to children occur when they are riding in a car that stops suddenly or crashes, when they are left by themselves in a car, or when they are walking or riding bicycles and get hit by a car. ECE providers can make a difference by using preventive measures for car travel and field trips, and by teaching young children about traffic safety. For more information, see Field Trip Safety in Child Care (p. 35) in *CCHP Health and Safety in the Child Care Setting: Prevention of Injuries Curriculum* (2001).

## Firearms

Firearms are a major cause of injury and death for American children. Firearms shall not be accessible to children in any ECE program (AAP et al., 2002, Standard 5.161).

## Drowning

Drowning is the second leading cause of injury death among children under 5 years of age in California (National Center for Injury Prevention and Control, 2003). Young children are physically top-heavy, active, curious and impulsive. They are too young to understand that pools and standing water can be dangerous. Children shall not be permitted to play without constant supervision in areas where there is any body of water, including swimming pools, built-in wading pools, tubs, pails, sinks, or toilets, ponds and irrigation ditches (AAP et al., 2002, Standard 3.045). Most pool and spa incidents occur when adults are present and doing routine activities. Most children who have drowned were last seen indoors, or outdoors away from the pool, and under the supervision of a responsible adult. Close supervision is an important safety factor, but the highest priority for preventing drownings should be the installation of barriers that keep children away from pools. CFOC recommends that all water hazards, such as pools, swimming pools, stationary wading pools, ditches, and fish ponds, be enclosed with a fence that is at least 5 feet high and comes within 3 1/2 inches of the ground (AAP et al., 2002, Standard 5.198).

## Fire Safety

Fires are the fourth leading cause of unintentional injury. Hundreds of children in the United States die and countless others are disfigured every year as a result of fire and burn injuries (Guyer & Ellers, 1990; Landen, Bauer, & Kohn, 2003). Matches and lighters are the number one cause of fire-related deaths and injuries for children.

## Head Trauma

Head injuries in young children can cause brain damage and affect different parts of the body. Shaking an infant or a young child can cause partial or total blindness or deafness, learning problems, retardation, cerebral palsy, seizures, speech difficulties and death. It is very important that ECE providers, parents and other adults know about this kind of injury, known as Shaken Baby Syndrome. A person should never, ever shake an infant or a young child for any reason. California Community Care Licensing recommends



that the poster at <http://www.dss.cahwnet.gov/pdf/Pub271.pdf> be posted in ECE programs to educate ECE providers and parents about Shaken Baby Syndrome (State of California, 2002).

## WHAT A CCHA NEEDS TO DO

CCHAs educate ECE providers, parents and young children about safety and injury prevention. Safety education for young children is an investment in a lifetime of practices that will decrease the risk of injury and death (see *Handout: First 5 California: Safety Tips*). ECE programs offer many opportunities to incorporate safety education into everyday activities for young children. CCHAs can help ECE providers walk through the facility looking for risks and hazards that may cause injuries. CCHAs can use the *CCHP H & S Checklist-R* (2005) to do this safety check and to document what needs to be changed if hazards are found. The checklist can be found in the *Quality in Early Care and Education* module and on the CCHP website at: <http://www.ucsfchildcarehealth.org>.

Some other activities that the CCHA can do to promote safety include the following:

- Give parents information about safety hazards in the home and how to reduce them.
- Give parents and ECE providers information about safe toys and equipment, manufacturer recalls, and other injury prevention strategies.
- Educate children about personal safety, playground rules, safe practices and things to avoid.
- Educate parents about safety practices and injury prevention for young children.
- Conduct workshops at local child care Resource and Referral agencies on the topic of injury prevention.

## How to Prevent Falls

- Develop procedures and a plan for preventing falls.
- Remove objects children often fall or trip on.
- Train staff, parents and children in safety practices that prevent falls.

- Remove hazardous equipment. Infant walkers that the child can move across the floor shall not be used in any type of child care facility (AAP et al., 2002, Standard 5.083). The AAP recommends alternatives to infant walkers, such as stationary walkers that have no wheels but have seats that rotate and bounce; playpens, which are great safety zones for infants as they learn to sit, crawl or walk; or high chairs.
- Use appropriate safety equipment and procedures. Install gates at the top and bottom of stairs until children can climb up and down safely.
- Keep stairwells and walkways free of toys and clutter. Install stair rails at child height as well as adult height.
- Windows should open at the top, whenever possible.
- Children can fall from windows that are as little as 5 inches open, so use barriers, window guards or window stops to keep them safe. Barriers are furniture or devices that cannot be moved or climbed on so that children are prevented from getting near a window that can be opened. Window guards can prevent children from falling out of open windows. Window stops prevent windows from opening more than a few inches, but they must meet American Standards for Testing Materials (ASTM) standards for emergency exit if there is a fire.
- Move chairs, cribs, beds and other furniture away from windows. Children can quickly climb to window ledges or sills, and fall. Never leave young children alone; injuries can happen in seconds.

## Reporting Serious Injuries in ECE Programs

All ECE programs are required to report the following serious incidents to the California Department of Social Services, Community Care Licensing Division:

- death of a child from any cause
- any injury to a child that requires professional medical treatment
- any physical, sexual or emotional abuse of a child in care

- any act of violence occurring while children are in care
- any time a child in care is missing
- any unusual incident that threatens the health or safety of any child in care

## Prevention of Playground Injuries

The CCHA should encourage ECE providers to closely supervise children (see *Handout: Safe Playground Habits*). An ECE provider should be attentive to the children as well as the environment in which they play. Children can move into a dangerous situation very quickly. To reduce the risk of playground injury, the CCHA should do the following (Tinsworth & McDonald, 2001):

- Be prepared for an emergency with a detailed plan and fully equipped first aid kit.
- Review playground rules with children both in the classroom and on the playground.
- Move around the playground so that he or she can see all children.
- Make sure that his or her view of one play piece is not blocked by another.
- Position himself or herself so that the sun is at his or her back to avoid glare.
- Supervise near areas that are often used or potentially dangerous.
- Prohibit children from playing on equipment that is not appropriate for their age.
- Use a “staff assignment” plan to make sure that enough staff members are always on duty; rotate stations if possible to reduce monotony and fatigue (for an example, see Appendix J of *Model Child Care Health Policies*, Aronson, 2002).
- Stay near a child who is carrying out an activity, especially if the child is challenged or trying the activity for the first time.
- Report broken or dangerous equipment immediately and prohibit children from playing on it (AAP et al., 2002, Standard 5.086).
- Assess playgrounds and structures for potential risk of injuries at least monthly (AAP et al., 2002, Standard 3.038).
- Make sure that children are using playground structures as intended.

- Encourage active supervision of children in the outdoor play environment.
- Make sure that safe surfacing is being used under all outdoor play equipment.
- Recommend that all structures be repaired to follow the CPSC standards and be properly maintained.
- Recommend that all structures that cannot be changed to follow CPSC standards be removed.
- Periodically review daily and monthly playground maintenance and supervision plans with ECE providers.
- Link ECE providers with local playground safety consultants for more in-depth guidance.
- Act as a link with community pediatricians to give out safety information to ECE providers and parents.

It is also important to remember that developmentally appropriate equipment is essential to promote a safe environment for children. Knowing the risks associated with each age also helps prevent accidents. See *Handout: Risk of Injury and Stages of Development* for information on the more common injuries and risks by age group.

## Document injuries

It is important to document all injuries and to tell parents about what happened. CCHAs can help train ECE providers on how to document injuries. Parents want to know how their child was injured and what actions were taken to help the child. Using a standard form, such as the OUCH report, is recommended (see *Handout: OUCH Report*, Alkon et al., 1999). See *Handout: Health and Safety Notes: Reporting Injuries*. It is also important for ECE programs to keep a log of injuries so that ECE providers and the CCHA can tell whether certain injuries happen often on specific pieces of equipment in the playground. Once patterns are recognized, ECE providers can change the environment to decrease the risk of injuries to children.

## Prevention of SIDS

The AAP recommends the following simple steps to reduce the risk of SIDS in ECE programs (see the Healthy Child Care America Web site: <http://www.healthychildcare.org>):

- Always place infants to sleep on their backs in cribs that meet CPSC crib safety standards.
- Avoid letting the infant get too hot. Dress the infant lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- The crib should be placed in an area that is always smoke-free.
- Keep pillows, stuffed animals, bumpers and toys out of the crib.
- If a light blanket is needed, make sure the infant's feet are at the foot of the crib and the blanket is tucked in on all sides and underneath the arms of the infant, not higher than the chest.
- Create a safe sleep policy to help talk about Back to Sleep with ECE staff and families.

CCHAs can put up posters in the ECE program that show important steps to take to prevent SIDS. Posters should be placed in easy-to-see locations. Some posters are available in Spanish (see the Web site <http://www.cjsids.com/poster/poster.htm> for a poster that can be downloaded for free in either English or Spanish). See *Handout: A Child Care Provider's Guide to Safe Sleep* and *Handout: A Parents' Guide to Safe Sleep*.

## Prevention of Choking in the ECE Environment

- Encourage parents to use only one-piece pacifiers and rattles.
- Supervise mealtime and snack time to make sure that children are safely seated when eating.
- Remove toys with small parts.
- Prepare and cut foods in sizes and shapes that reduce risk (e.g., foods such as grapes should be cut in half, lengthwise).
- Avoid serving foods known to block airways.
- Teach children how to chew their food well.
- Place warning labels on items known to block airways.
- Make sure that the ECE provider receives training in the prevention of choking, suffocation, strangulation and entrapment, and in how to reduce the risks.
- Help the ECE provider educate parents about airway obstruction hazards and how to reduce the risks.

- Assess and identify potential airway obstruction hazards in the ECE program and recommend ways to reduce or eliminate the risks.
- Provide educational materials for the ECE provider and parents about emergency procedures to follow if airflow has been blocked and document the actions taken.

## Poison Prevention

If you think a child has been poisoned, call the California Poison Control Center before doing anything! Do not wait for the child to look or feel sick. The California Poison Control System number is (800) 222-1222. It is important to tell them exactly what was swallowed and how much of the substance was swallowed. Ipecac used to be recommended to cause vomiting; however, the AAP no longer recommends using ipecac in the home (Bond, 2003). See *Handout: Fact Sheets for Families: Do Not Use Ipecac*. Check to see if there is lead paint in the ECE program and whether the paint is chipping or has been sealed (see *Handout: First 5 California: Lead Poison Tips*). Other tips for preventing poisoning include the following:

- Store chemicals and toxic materials in their original containers, clearly labeled, out of the reach of children, and under lock and key.
- Develop a safety plan and set up policies that prevent poisoning and provide information about what to do in case of a poisoning.
- Check the ECE program room-by-room for hazardous materials and plants.
- While using a poisonous product, never leave it by itself.
- When toxic substances must be stored in the same room as food items, store them in a separate and clearly labeled cabinet away from food items.
- Purses and bags should be kept out of children's reach and preferably locked up.
- Provide training to staff, parents and children about poison and poison prevention. Train staff and parents not to call medicine "candy" or to compare it to a treat. Post emergency phone numbers at every phone, including the number for Poison Control.

- If the manufacturer's Material Safety Data Sheet (MSDS) for any product used in the ECE program shows the presence of toxic effects, replace the product with a nontoxic substitute. Otherwise, eliminate the product altogether.

## Responding to a Potential Poisoning Incident

The following conditions suggest the possibility of poisoning:

- nausea, vomiting or sudden cramps
- coughing or shortness of breath
- cold, clammy skin
- burns around the mouth
- disoriented, slurred speech
- dizziness, drowsiness or unconsciousness
- unexplained convulsions

If the ECE provider observes a child with any of these symptoms, he or she should call the Poison Control Center immediately, describe the situation and follow the instructions of the Poison Control operator.

## Transportation Safety

To prevent transportation injuries, CCHAs can do the following:

- Develop transportation safety policies with clear rules for staff, parents and children. Be sure to include rules and procedures for making sure that no child is left alone in any vehicle.
- Provide education and training to all staff, family and children on car seat safety. Include information about local seat belt and safety restraint laws. Find trainings on the correct use of restraints. Safety seats and booster seats are not properly used 85-95% of the time. Children should always be in the back seat in approved seats or boosters, and rear-facing safety seats should not be used in front of an airbag.
- Provide training for staff, family and children on traffic safety around vehicles and on being a good pedestrian. Young children are not easily seen by drivers. Because their height is often lower than the fender of a car, a driver can easily back over them or be unable to stop in time when moving his or her car out between vehicles

in a parking lot. Teach everyone that children should hold hands in a parking lot. They should cross streets at corners or at crosswalks. They should always stop and wait to see the driver's face, making sure that the driver sees them and stops before they cross in front of a vehicle.

- Provide training to staff, parents and children about riding toys. Children using riding equipment should have helmets and use them regularly and properly. (Helmets must be removed when children are finished biking and move on to use other play equipment, as the helmets are a potential danger for strangulation.)

## Water Safety and Drowning Prevention

- Outside play areas shall be free from the following bodies of water: unprotected swimming and wading pools, ditches, quarries, canals, excavations, fish ponds and other bodies of water (AAP et al., 2002, Standard 5.176).
- Develop clear policies for water safety, including CPR requirements for staff and regular water safety training for staff, parents and children. All adults should be encouraged to learn to swim.
- Create "layers of protection" around swimming pools with fences, pool covers, alarms on doors and motion detectors that go off when anyone enters the pool area. Install a non-climbable, five-foot high fence that completely surrounds the pool and comes within 3 1/2 inches of the ground (AAP et al., 2002, Standard 5.198). The gate should be self-closing and self-latching.
- When children are supposed to be in the water or near the water, assign an adult to "watch the water." This "water watcher" is in addition to the regular number of adults required by the number of children in the situation. This adult should have current CPR training and be able to swim (AAP et al., 2002, Standard 1.028). Rescue equipment, such as a lifesaving ring and a shepherd's hook, should be mounted by the pool. Have a phone within easy reach, as well as emergency numbers.
- Prepare for nonpool water situations. Never leave children by themselves around any body of water. Never leave a child alone near a pool, bathtub, toilet, bucket, pond or any body of water deep enough to cover the child's nose and mouth.



Swimming lessons or flotation devices (e.g., life jackets) help to protect a child, but cannot be the only prevention device. Good swimmers drown every year. Whenever a child is missing, always check the water first. It may save valuable seconds.

## Fire Safety and Burn Prevention

- Develop and put into practice a safety program with policies to make sure fire prevention is a priority for everyone.
- Provide trainings and education programs to staff, children and families. Parents in particular should know the evacuation plan, as well as the education activities you plan for the children. Encourage their support and their development of similar plans for the home. Invite local fire-fighters and police officers to participate in your trainings.
- Keep children away from cooking and heating appliances. Look for hazards such as too-easy access to the cooking area, hot food that can burn children, cords that are worn out or that children could pull to bring something hot down on them, and flammable materials that are inappropriately stored.
- Remove fire hazards. Hot beverages should be in nonspillable containers, electrical outlets covered, and matches and lighters kept out of children's reach. It is prohibited by Community Care Licensing for adults to smoke in ECE programs (State of California, 2002).
- Use smoke alarms. The chances of dying in a fire are cut in half if there are smoke alarms. Make sure smoke alarms are in working order. They should be tested once per month, and the batteries replaced every 6 months. It is recommended that smoke alarm batteries be changed at the same time clocks are changed for daylight savings.
- Install fire extinguishers (AAP et al., 2002, Standard 5.054). Have them checked to be sure they are in proper working order, and train staff, volunteers and parents to use them correctly. Instructions for using the fire extinguisher shall be posted on or near the fire extinguisher.
- Plan and practice fire escape routes. Children should regularly practice how to leave the facility, how to crawl under the smoke, and how to stop, drop and roll.

## Cultural Implications

Safety is a concern for all involved in ECE programs. It is important to remember that hazards may be interpreted differently, depending on the life experiences and cultures of the people involved with safety in the ECE program. Some rules, policies and recommendations may conflict with cultural standards, such as the right amount of swaddling for infants. The use of translators and other materials may help with these difficulties.

## Implications for Children and Families

Safety rules and the requirement for safety equipment can present challenges to families with limited money. There are a number of programs that donate or help to purchase passenger safety seats and boosters, as well as helmets. The CCHA should prepare a list for families in need.

## Implications for ECE Providers

The practice of safety and prevention of injuries are time-consuming and must be done on a daily, weekly, monthly and seasonal basis. They require some record keeping, and there are regulations from a number of agencies. Policies and procedures which address all of these hazards are the best way to protect children, their families and the ECE program, and to organize the work in an efficient manner.



## ACTIVITY 1: SAFETY STATISTICS

Working in small groups, answer the following questions and brainstorm on ways to reduce these injuries in ECE programs.

Where in the ECE facility do injuries occur most often?

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Who has more ECE playground injuries, boys or girls? ☐ boys ☐ girls

Which age group has the most injuries? ☐ under 2 ☐ 2-5 ☐ 6-8 ☐ 9-11

What types of injuries occur most often?

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What part of the preschool child's body is most frequently injured?

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At what time of year do most playground injuries occur? Why?

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At what time(s) of the day do most playground injuries occur?

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With what type of equipment are most injuries associated?

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*Adapted from National Training Institute for Child Care Health Consultants Staff. (2004).*

## NATIONAL STANDARDS

From *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*

2.009, 2.033, 2.038, 3.034, 3.038, 3.045, 3.048-3.052, 3.053-3.059, 3.081-3.083, 4.034, 4.037, 5.005, 5.016, 5.017, 5.034-5.040, 5.047-5.052, 5.053-5.054, 5.075, 5.077, 5.081, 5.082, 5.083, 5.085-5.092, 5.093, 5.099-5.111, 5.135, 5.145, 5.156-5.161, 5.162-5.176, 5.177-5.193, 5.194-5.197, 5.198-5.202, 5.204-5.215, 5.216-5.218, 5.219-5.225, 5.235-5.240, 5.242, 8.021, 8.024-8.027, 8.031-8.033, 8.061-8.064, 8.069, 8.071-8.072, Appendix U, Appendix V and Appendix Y.

## CALIFORNIA REGULATIONS

From *Manual of Policies and Procedures for Community Care Licensing Division*

Title 22, Division 12, Chapter 1, Article 7, Section 101229.

# RESOURCES

## Organizations and Resources

Organization and Contact Information	Description of Resources
<p>American Academy of Pediatrics P.O. Box 927 141 Northwest Point Blvd. Elk Grove Village, IL 60009 (800) 433.9016 www.aap.org</p>	<p>American Academy of Pediatrics (AAP) is an organization of 60,000 pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents and young adults. Their Web site includes information on injury prevention, water safety, and firearms.</p>
<p>American Association of Poison Control Centers Poison Hotline (800) 222-1222 www.aapcc.org</p>	<p>AAPCC provides families and ECE providers with a compilation of health related Web sites, poison prevention information, and links to local poison control centers.</p>
<p>American Society for Testing and Materials International (ASTM) 100 Barr Harbor Drive West Conshohocken, PA 19103 (610) 832-9500 phone (610) 832-9555 fax www.astm.org/index.html</p>	<p>ASTM International is an open forum for the development of high-quality, market-relevant International standards used around the globe.</p>
<p>California Childcare Health Program 1333 Broadway, Suite 1010 Oakland, CA 94612-1926 (800) 333-3212 www.ucsfchildcarehealth.org</p>	<p>CCHP has many fact sheets for families, health and safety notes, and posters relevant to injury prevention that can be downloaded from the Web site. The following is a list of publications available:</p> <ul style="list-style-type: none"> <li>• Biting in the Child Care Setting</li> <li>• Child Abuse Prevention</li> <li>• Insect Repellent</li> <li>• Is It Safe to Play Outdoors in Winter</li> <li>• Pets in the Child Care Setting</li> <li>• Prevent Drowning</li> <li>• Reporting Injuries</li> <li>• Summer Safety</li> <li>• Smart Fun in the Sun</li> <li>• Thumb, Finger or Pacifier Sucking</li> <li>• Young Children and Disaster</li> <li>• Acetaminophen Safety</li> <li>• Beware of Poisonous Houseplants</li> <li>• Child Abuse and Neglect</li> <li>• Do Not Use Ipecac</li> <li>• Falls</li> <li>• Fire and Burn Injuries</li> <li>• Food Allergies</li> <li>• Lead in Keys</li> <li>• Never Shake a Baby!</li> <li>• Poisoning</li> <li>• Safe &amp; Healthy Travel</li> <li>• Stop Injuries Poster</li> <li>• CCHP Health and Safety Checklist-Revised</li> <li>• Field Trip Safety Tips</li> </ul>

Organization and Contact Information	Description of Resources
<p>California Department of Health Services Skin Cancer Prevention Program PO Box 997413, MS-7204 Sacramento, CA 95899-7413 (916) 449-5414 fax <a href="http://www.dhs.ca.gov/ps/cdic/cpns/skin/default.htm">www.dhs.ca.gov/ps/cdic/cpns/skin/default.htm</a></p>	<p>This program helps businesses, organizations, and individuals understand why and how to guard themselves from unprotected exposure to sunlight, since ultraviolet (UV) rays in sunlight cause 90 percent of all skin cancer.</p>
<p>California Poison Control System Univ. of California, San Francisco Box 1262 San Francisco, CA 94143-1262 (800) 222-1222 Poison Action Line <a href="http://www.calpoison.org">www.calpoison.org</a></p>	<p>The California Poison Control System (CPCS) is the statewide provider of immediate, free and expert treatment advice and assistance over the telephone in case of exposure to poisonous, hazardous or toxic substances. Call toll-free, 24 hours a day, 7 days a week, 365 days a year. Pharmacists, physicians, nurses, and poison information providers answer the phones.</p>
<p>California Sudden Infant Death Syndrome Program 3164 Gold Camp Dr., Suite 220 Rancho Cordova, CA 95670 (800) 369-SIDS (7437) <a href="http://www.californiasids.com">www.californiasids.com</a></p>	<p>This site is designed to serve the many individuals affected by a SIDS death, and to educate the public about SIDS. There is a wide variety of information on the Web site, including Grief &amp; Bereavement resources, SIDS Facts, and infant care practices for Reducing the Risk of SIDS.</p>
<p>Centers for Disease Control and Prevention (CDC) 1600 Clifton Rd. Atlanta, GA 30333 (800) 311-3435 <a href="http://www.cdc.gov">www.cdc.gov</a></p>	<p>The CDC is one of the 13 major operating components of the Department of Health and Human Services (HHS), which is the principal agency in the United States government for protecting the health and safety of all Americans and for providing essential human services, especially for those people who are least able to help themselves.</p> <p>Publication: <i>Playground Safety – United States</i>, 1998-1999. Centers for Disease Control Morbidity and Mortality Weekly Report (1999). <a href="http://www.cdc.gov/mmwr/PDF/WK/mm4816.pdf">www.cdc.gov/mmwr/PDF/WK/mm4816.pdf</a></p>
<p>Center for Injury Prevention Policy and Practice SDSU Graduate School of Public Health 6505 Alvarado Road, Suite 208 San Diego, CA 92120 (619) 594-3691 <a href="http://www.cipp.org">www.cipp.org</a></p>	<p>Our mission is to reduce the frequency and severity of injuries by assisting government agencies, and community programs with incorporating injury prevention strategies into their regular on-going efforts.</p>
<p>Department of Social Services Community Care Licensing Child Care Program 744 P Street, Mail Station 19-48 Sacramento, CA 95814 (916) 229-4500 <a href="http://www.cclid.ca.gov">www.cclid.ca.gov</a></p>	<p>The mission of the California Department of Social Services is to serve, aid, and protect needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence.</p>
<p>Fireproof Children Company (585) 264-0840 <a href="http://www.playsafebesafe.com">www.playsafebesafe.com</a></p>	<p>The <i>play safe! be safe!</i>® workshops are designed to give fire safety educators, preschool teachers, daycare providers and community agencies concerned about child safety the tools they need to effectively teach fire safety to preschool children.</p>

Organization and Contact Information	Description of Resources
<p>First Smiles First 5 California <a href="http://www.first5oralhealth.org">www.first5oralhealth.org</a></p>	<p>First Smiles is a statewide initiative to address the “silent epidemic” of Early Childhood Caries (ECC) affecting children ages birth - 5. It is the most prevalent chronic disease of early childhood and a major cause of school absenteeism. This site is dedicated to providing education and training for dental, medical and early childhood educators, as well as education to parents of young children, including those with disabilities and other special needs, on the prevention of ECC.</p>
<p>KidSource Online <a href="http://www.kidsource.com">www.kidsource.com</a></p>	<p>KidSource OnLine is an online community that shares values and goals in raising, educating and providing for children. Their goal is to provide knowledge and advice to help parents and caregivers better raise and educate children. In-depth &amp; timely education &amp; healthcare information that will make a difference in the lives of parents &amp; children.</p> <p><i>Playground Surfacing Materials</i> (US CPSC Document #1005). <a href="http://www.kidsource.com/CPSC/playground_surface.html">www.kidsource.com/CPSC/playground_surface.html</a></p>
<p>National Center for Injury Prevention and Control. Washington, D.C.: Centers for Disease and Control Prevention. <a href="http://www.cdc.gov/ncipc/wisqars">www.cdc.gov/ncipc/wisqars</a></p>	<p>WISQARS™ (a web-based Injury Statistics Query and Reporting System) is an interactive database system that provides customized reports of injury-related data.</p>
<p>National Program for Playground Safety School of Health, Physical Education and Leisure Services WRC 205 University of Northern Iowa Cedar Falls, IA 50614-0618 (800) 554-PLAY phone (319) 273-7308 fax <a href="http://www.uni.edu/playground">www.uni.edu/playground</a></p>	<p>NPPS serves as a national resource for the latest educational and research information on playground safety. Through training programs, educational materials, a hotline and web site, NPPS teaches parents, teachers, manufacturers, and others about supervision of children on playgrounds, age appropriateness of equipment, proper surfacing to prevent injuries from falls, and equipment maintenance. They have developed and promoted a National Action Plan for the Prevention of Playground Injuries. In 2000, NPPS developed a safety survey; sponsored a Playground Safety School to promote advocacy at the community level; and conducted a conference about age-appropriate playground design, which generated equipment recommendations for designers, manufacturers, and consumers.</p>
<p>National SAFE KIDS Campaign 1301 Pennsylvania Ave., NW Suite 1000 Washington, DC 20004 (202) 662-0600 phone (202) 393-2072 fax <a href="http://www.safekids.org">www.safekids.org</a></p>	<p>The National SAFE KIDS Campaign is a national nonprofit organization dedicated solely to the prevention of unintentional childhood injury.</p>
<p>National SIDS and Infant Death Program Support Center. <a href="http://sids-id-psc.org">http://sids-id-psc.org</a></p>	<p>First Candle/SIDS Alliance is a national nonprofit health organization uniting parents, caregivers and researchers nationwide with government, business and community service groups to advance infant health and survival. With help from a national network of member and partner organizations, we are working to increase public participation and support in the fight against infant mortality.</p>



Organization and Contact Information	Description of Resources
<p>Recreation Resources Services Box 8004 North Carolina State University Raleigh, NC 27695-8004 (919) 515-7118 phone (919) 515-3687 fax <a href="http://www.cfr.ncsu.edu/rrs">www.cfr.ncsu.edu/rrs</a></p>	<p>Park &amp; Recreation technical assistance offered through a cooperative partnership between the N.C. Division of Parks and Recreation and the N.C. State University Department of Parks, Recreation and Tourism Management. Offers information and courses on playground safety and provides a playground safety inspector certification.</p>
<p>Safe Passages 250 Frank H. Ogawa Plaza Suite 6306 Oakland, CA 94612 (510) 238-4456 <a href="http://www.safepassages.org">www.safepassages.org</a></p>	<p>Safe Passages serves as the vehicle for the City of Oakland, Oakland Unified School District, Alameda County and the East Bay Community Foundation to work together with the broader community to improve the quality of life for children and families in Oakland. To achieve this goal, the partners commit themselves to the Safe Passages principles, including the use of data and best practices to guide our work, holding ourselves accountable for results, working together on issues that cut across agency boundaries, and building the capacity of both public and nonprofit partners to do what works for children and families.</p>
<p>SafetyBeltSafe U.S.A. P.O. Box 553 Altadena, CA 91003 (310) 222-6860 or (800) 745-SAFE <a href="http://www.carseat.org">www.carseat.org</a></p>	<p>SafetyBeltSafe U.S.A. is the national, nonprofit organization dedicated to child passenger safety. Their mission is to help reduce the number of serious and fatal traffic injuries suffered by children by promoting the correct, consistent use of safety seats and safety belts</p>
<p>U.S. Consumer Product Safety Commission (CPSC) (800) 638-2772 Phone for the hearing impaired: (800) 638-8270 phone (301) 504-0124 fax <a href="http://www.cpsc.gov">www.cpsc.gov</a>  <i>Mailing address</i> U.S. Consumer Product Safety Commission Washington, D.C. 20207-0001  <i>Street address</i> 4330 East-West Highway Bethesda, Maryland 20814-4408</p>	<p>The U.S. Consumer Product Safety Commission is charged with protecting the public from unreasonable risks of serious injury or death from more than 15,000 types of consumer products under the agency's jurisdiction. The following are CPSC publications:  <i>Locked up poisons.</i> CPSC document #382. <a href="http://www.cpsc.gov/CPSCPUB/PUBS/382.html">www.cpsc.gov/CPSCPUB/PUBS/382.html</a>  <i>Home Playground Safety Tips.</i> CPSC Document #323 <a href="http://www.cpsc.gov/cpscpub/pubs/323.html">www.cpsc.gov/cpscpub/pubs/323.html</a>  <i>Poison lookout checklist.</i> CPSC document #383. <a href="http://www.cpsc.gov/CPSCPUB/PUBS/383.html">www.cpsc.gov/CPSCPUB/PUBS/383.html</a>  <i>Ten steps toward a safer playground.</i> CPSC document #327. <a href="http://www.fcsafekids.org/Playground_Check_List.PDF">www.fcsafekids.org/Playground_Check_List.PDF</a>  <i>Handbook for public playground safety.</i> Pub. #325. Washington (DC): U.S. Consumer Product Safety Commission; 1997. <a href="http://www.cpsc.gov/cpscpub/pubs/325.pdf">www.cpsc.gov/cpscpub/pubs/325.pdf</a>.</p>
<p>U.S. Public Interest Research Group <i>Playing It Safe: The sixth nationwide safety survey of public playgrounds.</i> 2002. Executive summary <a href="http://www.pirg.org/playground">www.pirg.org/playground</a></p>	<p>U.S. PIRG is an advocate for the public interest. When consumers are cheated, or our natural environment is threatened, or the voices of ordinary citizens are drowned out by special interest lobbyists, U.S. PIRG speaks up and takes action. We uncover threats to public health and well-being and fight to end them, using the time-tested tools of investigative research, media exposés, grassroots organizing, advocacy and litigation. U.S. PIRG's mission is to deliver persistent, result-oriented public interest activism that protects our environment, encourages a fair, sustainable economy, and fosters responsive, democratic government.</p>

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## Audio/Visual

- Safe Active Play: A Guide to Avoiding Play Area Hazards  
National Association for the Education of Young Children (NAEYC)  
Phone: (800) 424-2460  
[www.naeyc.org](http://www.naeyc.org)
- Caring for Our Children: National Health and Safety Performance Standards for Out-of-Home Child Care Programs – six-video set  
National Association for the Education of Young Children (NAEYC)  
Phone: (800) 424-2460  
[www.naeyc.org](http://www.naeyc.org)
- Family Child Care Health and Safety Video and Checklist  
Redleaf Press  
Phone: (800)423-8309  
[www.redleafpress.org](http://www.redleafpress.org)

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# HANDOUTS FOR INJURY PREVENTION MODULE

## Handouts from California Childcare Health Program (CCHP), Oakland, CA

Page	Handout Title
23	<i>Fact Sheets for Families: Beware of Poisonous Houseplants</i>
24	<i>Fact Sheets for Families: Do Not Use Ipecac</i>
25	<i>Health and Safety Notes: Reporting Injuries</i>
27	<i>OUCH Report</i>
29	<i>Risk of Injury and Stages of Development</i>
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# Beware of Poisonous Houseplants

Plants are among the most common household substances that children may eat. But, did you know that some common indoor and outdoor houseplants are poisonous? In fact, some very common houseplants are the leading causes of poisoning in children under 6 years old.

To protect our children, we need to know which plants are poisonous and keep them out of the reach. The National Health and Safety Performance Standards (*Caring for Our Children*) also calls for forbidding poisonous or potentially harmful plants in any part of a child care facility that is accessible to children.

## Poisonous plants

Plants are regarded as poisonous or toxic when they cause some type of problem or reaction. Reactions can range from mild to serious. Symptoms may vary from a mild stomachache, skin rash, and burning or swelling of the mouth and throat to severe vomiting and diarrhea, involvement of the liver, heart, kidneys, other organs, and coma.

## Common poisonous California houseplants

Determining whether or not your houseplant is toxic may be difficult. You may call your local poison control center and request a list of poisonous plants common in your area. If you do not know the name of a plant in or around your home, take a piece of the plant to a plant nursery for identification.

## Tips for prevention

- Keep all plants away from small children.
- Check your home, child care environment and yard

for unsafe plants. Keep any unknown plant out of children's reach.

- Place plants behind a glass enclosure to keep children from touching them.
- Safely dispose of cuttings, trimmings and leaves from potentially harmful plants so children do not have access to them.
- Teach children never to pick and eat anything from a plant without your permission, no matter how it looks.
- Supervise children carefully outdoors.

## When should you call poison control?

If you suspect a child has ingested a poisonous plant, do the following:

- Remove any remaining plant parts from the mouth.
- If the victim is choking and cannot breathe, call 9-1-1.
- Otherwise, call the Poison Control Center at (800) 222-1222.
- If you are advised to go to an emergency room for treatment, take the plant or a part of the plant with you, not just a single leaf or berry.

by A. Rahman Zamani, MD, MPH



**Provided by California Childcare Health Program**  
For more information, please contact:  
**Healthline 1-800-333-3212**

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Common houseplants that can be highly toxic		
Plant	Poisonous Parts	Complications
Castor Bean (castor oil plant)	Seeds are beanlike pod	Stomach irritation, diarrhea, abdominal pain, increased heart rate, profuse sweating, collapse, convulsions and death.
Dumbcane (Dieffenbachia)	Roots, leaves, stems	Mouth and throat irritation, possibly stomach irritation, diarrhea (rarely).
English Ivy (Hedera helix)	Leaves and berries	Oral and stomach irritation, diarrhea, breathing problems, coma, death.
Jerusalem Cherry (Solanum pseudocapsicum)	Mature and immature fruit, leaves	Abdominal pains, gastroenteritis and vomiting.
Mistletoe	Berries	Diarrhea and irregular pulse.
Oleander (Nerium oleander)	The entire plant is toxic	Gastrointestinal irritation, cardiac abnormalities, death (may be sudden).
Philodendron	All parts, especially leaves	Stomach irritation, abdominal pain, abnormal heart rate and rhythm, seizures, coma, death.
Poinsettia	Leaves	Very irritating to mouth, throat, and stomach. Could cause death.
Rhododendron	All parts	Vomiting, seizures and paralysis.

## Fact Sheets for Families

# Do Not Use Ipecac

In 2001, 1.2 million children under age 6 swallowed a poisonous substance, according to the American Association of Poison Centers. Because accidental poisonings of young children happen so frequently, in the past few decades the American Academy of Pediatrics (AAP) has recommended that parents keep a bottle of syrup of ipecac in the home to induce vomiting if children swallow something poisonous. In a new policy statement “Poison Treatment in the Home,” AAP recommends that syrup of ipecac no longer be used as a home treatment by parents or caregivers to make a child vomit a possible poison he or she has swallowed.

### What is ipecac?

Syrup of ipecac is a medicine made from the dried root of ipecac plant, which is grown in Brazil. When swallowed, ipecac stimulates the central nervous system and the stomach, causing vomiting in about 20 minutes.

### Why did AAP make this new recommendation?

There are several reasons for this decision. The key reason is that ipecac was never proven to be effective in preventing poisoning or in showing benefits for children treated with this medicine. Although it seems to make sense to induce vomiting for treatment of swallowed poison, nevertheless this assumption was never tested or researched. In the past few years, scientific tests and research have shown vomiting will not help children who eat or drink something poisonous.

Research has also shown that ipecac has been improperly administered by parents and abused by people with eating disorders (misuse of ipecac can lead to heart problems and even death). Most emergency rooms have stopped using ipecac in favor of activated charcoal. Scientific advisers to the U.S. Food and Drug Administration recommended banning over-the-counter sales of ipecac.

### What should you do if you still have syrup of ipecac?

Syrup of ipecac should be disposed of in a safe manner such as flushing it down the toilet.

### Tips for protecting your children against poisoning

**Prevention is the best defense against unintentional poisoning.**

- Keep potential poisons locked out of sight and out of reach of children.
- Select products with child-resistant covers and replace child-resistant caps immediately after use. Remember, nothing is child proof!
- Do not turn your back on a child when a hazardous product is in use.
- Keep all products in their original containers. Never put them into food containers.
- Store hazardous household products and food in separate areas.
- Get rid of old and unused medicines properly (including ipecac).
- Never tell children that medicine or vitamins are candy.
- Keep toxic plants out of reach of children.
- Poison can look like food or drink. Teach children to ask an adult before eating or drinking anything.

**If your child swallows a potentially poisonous substance, do not panic.**

- Do not use syrup of ipecac as a poison treatment intervention.
- If a child is in obvious distress (is having convulsions, has lost consciousness or has stopped breathing), call 9-1-1 for help.
- Otherwise call poison control at (800) 876-4766 in California and (800) 222-1222 outside California for help and instructions.

by A. Rahman Zamani, MD, MPH

#### Resource

California Poison Control at (800) 876-4766. Free poison control stickers, magnets and other materials are available at [www.calpoison.org](http://www.calpoison.org).

#### References

American Academy of Pediatrics, Volume 112, November 5, 2003, pp 1182-1185.

Health and Safety in the Child Care Setting: Prevention of Injuries, Module 2, 2nd. Edition, California Childcare Health Program, 2001.



**Provided by California Childcare Health Program**  
**For more information, please contact:**  
**Healthline 1-800-333-3212**

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# Reporting Injuries

Injury reporting is an important way to improve individual child care programs as well as make changes in child care on a larger scale. However, reporting is often overlooked and neglected. A clear plan for reporting and an understanding of why it is important makes this task easier for everyone.

## What kinds of injuries happen in child care?

No matter how careful you are in planning your environment and supervising children's activities, some injuries are bound to happen. The most common injuries that occur in child care are:

- minor injuries such as cuts, scrapes, bruises and finger pinches from incidents such as bites or falls;
- severe injuries such as head injuries, broken bones, internal injuries, dislocations or dental injuries;
- poisoning;
- drowning;
- burns; and
- choking and suffocation.

Falls are the leading cause of serious injuries, with most injuries taking place on the playground.

## What is injury reporting?

Injury reporting means keeping track of the injuries that happen in your child care program. You should make three copies of the information you record: one is given to the child's parents, one is placed in the child's file, and one is kept in a chronological injury log. You will need one additional copy to send to your state licensing agency if required. In the case of suspected child abuse, you will need to report to your local Child Protective Services agency as well.

Every child care facility should have an injury reporting form. Copies are available from the

Healthline at (800) 333-3212. The form should include room for basic information about the child, a description of the incident and the injury, and the care provided or measures taken. It should always be signed by a staff member.

## What kinds of injuries do I report?

Within your own child care program, you should record any injury that requires first aid, such as a bandage or a cold compress.

State licensing agency requirements for reporting injuries are different in each state, so you will need to contact your own state licensing agency to find out what yours are. In general, you will need to report injuries that require medical treatment beyond first aid.

## How will parents and state licensing respond to my injury reports?

Some child care providers worry that by reporting injuries, and especially by keeping track of them on forms, they will get into trouble. They are afraid that by giving parents a form describing the injury, they will bring too much attention to what was just a small incident. They may also worry that by reporting injuries to their state licensing agency, they will look careless or negligent.

In reality, both parents and state licensing know what all child care providers know—that children are active and no amount of childproofing and supervision can prevent injuries entirely. Planning for injuries shows that you are responsible, and reporting them is a good tool for communication with parents and families. Reporting injuries should be part of your overall plan to keep children safe while they are in your care, along with measures like covering unused electric outlets, keeping sharp objects out of reach, and having appropriate fall surfacing under playground structures.

## How will reporting injuries help my child care program or others?

By recording the injuries that happen in your program, you can look for patterns caused by hazardous conditions and spot problem areas before they cause serious injury. For example, if a tree root has cracked and raised the cement in your playground, children may trip over the crack every few days, causing a series of scraped knees and elbows. If you track these injuries with a reporting form, you will notice that they keep happening in the same area, and can investigate and repair the problem before a more serious injury happens.

In this same way, reporting injuries to your state licensing agency helps all child care programs to be safer. When statistics on injuries are compiled by a central source, health care researchers can see trends in injuries. Researchers may notice that a certain kind of playground equipment causes more injuries than others, and can alert all child care programs. If no one reports injuries, then the same kinds of accidents will continue to occur in all programs, because no one is sharing information. Sometimes even one reported injury, if it is very severe or could have been very severe, can be enough to start a recall.

Through injury reporting, you may also notice if a particular child is having repeated injuries. This may be a cue that the child has a problem such as improper foot positioning, balance difficulties, or vision issues which should be investigated by a physician.

## Should I report staff injuries?

Reporting injuries that happen to staff members is just as important as reporting those that happen to children. You and your staff deserve a safe and healthy work environment, and reporting your own injuries will help you correct problems sooner. In addition, Occupational Safety & Health Administration (OSHA) requires occupational health exams for injuries and claims. The most common injury to child care workers is back injury, usually caused by lifting children, uncomfortable work surface heights, and other correctable causes. If a staff member hurts her back while changing diapers, perhaps the height of the changing table should be considered. If a staff member's back hurts because he has been sitting

on the floor reading to children without a back support, a chair could solve the problem. If you don't record injuries when they happen, some of these problems may go unnoticed and unresolved.

## What about injuries that happen outside of my care?

In general, you do not need to report injuries to children if they don't happen while they are under your care. The exception is when you suspect that a child in your care is being physically or sexually abused or neglected. In that case, you are required by law to immediately report your suspicion to the local child protective services agency, no matter where the abuse occurred.

If you notice that a child already has an injury upon arrival at child care, ask the parents what happened and document the injury in your injury log. This will protect you, and help you track if the child is having repeated injuries outside of your care, which may indicate medical problems, neglect or abuse.

## How can I talk to parents about injury reporting?

Talk to parents about injury reporting when they first enroll their child in your program. As you are asking them to fill out forms about their child's medical history and their emergency contact information, show them the injury reporting forms and let them know you will document any injuries, no matter how minor. Explain that this helps you continue to improve your child care program and catch potential problems early. Parents will be reassured that you are prepared, and won't be surprised to see an injury report if their child does get hurt.

## Resources

Call your licensing agency for your state's specific reporting requirements.

National Center for Injury Prevention and Control at [www.cdc.gov/ncipc](http://www.cdc.gov/ncipc).

National Resource Center for Health and Safety in Child Care at 1-800-598-KIDS or <http://nrc.uchsc.edu>.

*By Eva Guralnick and A. Rahman Zamani, MD, MPH, California Childcare Health Program, July 2002.*

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**OUCH REPORT**  
**Preschool Environment Project**

CID #: \_\_\_\_\_  
TID #: \_\_\_\_\_

Child's Name (first, last): \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle Day of Week: M(1) T(2) W(3) TH(4) F(5)

Exact Time of Injury \_\_\_\_:\_\_\_\_AM or PM

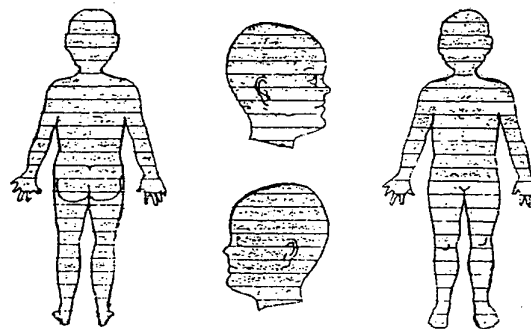
**A. TYPE OF INJURY (circle one):**

- 1 Scrape/superficial cut
- 2 Cut/deep break in skin
- 3 Multiple cuts
- 4 Bump or bruise
- 5 Crush injury
- 6 Human bite
- 7 Insect bite or sting
- 8 Injury by foreign object, splinter, sand in eye, etc.
- 9 Burn
- 10 Teeth chipped, loosened, knocked out, etc.
- 11 Complaint of pain (more than 5 minutes)
- 12 Other (specify): \_\_\_\_\_

**C. TREATMENT (circle all that apply):**

- 1 No treatment
- 2 Cleaned injured site
- 3 Ice pack applied
- 4 Ointment/creme applied
- 5 Bandaid or dressing applied
- 6 Child rested or laid down
- 7 Given comfort
- 8 Telephone call to parents
- 9 Referral to physician or nurse
- 10 Other (specify): \_\_\_\_\_

**B. BODY PART AFFECTED:**



**D. ACTIVITY AT TIME OF EVENT (circle one):**

- 1 Free play
- 2 Circle time/group activity
- 3 Snack/meal
- 4 Transition time
- 5 Toileting
- 6 Other (specify): \_\_\_\_\_

**E. LOCATION (circle one):**

- 1 Outdoor playground
- 2 Classroom
- 3 Entry way/hall
- 4 Steps/stairs
- 5 Field trip
- 6 Other(specify): \_\_\_\_\_

**F. ADDITIONAL INFORMATION:** \_\_\_\_\_

**G. CONTRIBUTING FACTOR -**

**Physical Environment (circle one):**

- 0 None
- 1 Wet, sandy, or slippery floor
- 2 Intact equipment
- 3 Broken/faulty equipment/furniture
- 4 Object on floor/ground
- 5 Sharp object
- 6 Window/door/gate
- 7 Other (specify): \_\_\_\_\_

**H. CONTRIBUTING FACTOR -**

**Child (circle one):**

- 0 None
- 1 Fall at ground level
- 2 Fall from height
- 3 Collision with object
- 4 Improper use of object/equipment/toy
- 5 Pushed or hit by another child
- 6 Object thrown
- 7 Other (specify): \_\_\_\_\_

**I. CONTRIBUTING FACTOR, Continued:**

1. Was another child involved when injury occurred? Yes (1) No (0)
2. If YES,
  - a. Was the injured child the Initiator/Aggressor? Yes (1) No (0)
  - b. Was the injured child the Target/Victim? Yes (1) No (0)

**J. How do you think this injury could have been prevented?** \_\_\_\_\_

White = PEP Copy

Yellow = Childcare Center Copy

Pink = Parent Copy



# Risk of Injury and Stages of Development

Children are at risk for injuries because developmental factors limit their physical, mental and emotional abilities. They grow quickly and want to test and master their environment. Their curiosity, fearlessness and lack of safety knowledge put them at risk of attempting actions for which they may lack the skills and physical capabilities. The type of injuries children may incur is related to their development. For example, an infant's neck is too weak to support the weight of his head, so he will be at risk of serious injury and even death if shaken. Infants and toddlers explore their surroundings by putting objects in their mouths, and therefore are at risk of choking. Toddlers like to walk fast, climb and reach for objects, and therefore are at risk of falling or poisoning. Motor vehicle accidents are the leading cause of injury in all age groups.

As child care providers, we want to assure that children are challenged by their environment and can explore safely. Knowing the children in your care and being careful to remove hazards and set up the environment with their abilities in mind can prevent injuries. Because each child develops at her own rate and not according to any exact age, the examples below are only a framework. One child may crawl at six months, another at one year.

## Examples of Stages of Growth, Risk of Injury and Prevention Tips

Age	Characteristics	Risk of Injury	Prevention Tips
Birth to 3 months	<ul style="list-style-type: none"><li>• Eats, sleeps, cries</li><li>• Has strong sucking reflex</li><li>• Begins grasping and rolling over unexpectedly</li><li>• Needs support of head and neck</li></ul>	<ul style="list-style-type: none"><li>• Falls from couches, tables, changing tables and bed</li><li>• Burns from hot liquids</li><li>• Choking and suffocation</li><li>• SIDS (Sudden Infant Death Syndrome)</li></ul>	<ul style="list-style-type: none"><li>• Never leave infants alone on beds, changing tables, sofas, chairs or any other high surface.</li><li>• Always check water temperature before bathing infant. Set hot tap water temperature below 120° F.</li><li>• Install smoke alarms and check the batteries twice a year.</li><li>• Keep small objects and toys away from the baby.</li><li>• Healthy infants should be placed on their back for sleeping.</li><li>• Do not use soft bedding in a baby's sleeping area.</li><li>• Approved child safety seats must be properly installed in the back seat facing the back of the car, and used.</li></ul>

Age	Characteristics	Risk of Injury	Prevention Tips
4 to 6 months	<ul style="list-style-type: none"> <li>• Sits with minimum support</li> <li>• Plays with open hands</li> <li>• Reaches for objects</li> <li>• Begins to put things in mouth</li> <li>• Is increasingly curious about surroundings</li> <li>• Wants to test, touch</li> </ul>	<ul style="list-style-type: none"> <li>• Vehicle occupant injury</li> <li>• Falls</li> <li>• Burns from hot liquids</li> <li>• Choking and suffocation</li> <li>• SIDS (Sudden Infant Death Syndrome)</li> <li>• Shaken Baby Syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• Approved child safety seats must be properly installed in the back seat facing the back of the car, and used.</li> <li>• Never leave infants alone on beds, changing tables, sofas, chairs or any other high surface.</li> <li>• Always check water temperature before bathing infant. Set hot tap water temperature below 120° F.</li> <li>• Keep small objects and toys away from the baby.</li> <li>• Healthy infants should be placed on their back for sleeping.</li> <li>• Do not use soft bedding in a baby's sleeping area.</li> <li>• Never shake a baby, even playfully.</li> </ul>
7 to 12 months	<ul style="list-style-type: none"> <li>• Sits alone</li> <li>• Very curious about everything</li> <li>• Crawls</li> <li>• Starts to walk</li> <li>• Explores surroundings</li> <li>• Pulls things</li> <li>• Likes to go outside</li> <li>• Imitates movements of adults and others</li> <li>• Begins eating solid food</li> </ul>	<ul style="list-style-type: none"> <li>• Vehicle occupant injury</li> <li>• Falls</li> <li>• Burns from hot liquids and surfaces</li> <li>• Choking and suffocation</li> <li>• Sudden Infant Death Syndrome (SIDS)</li> <li>• Drowning</li> <li>• Shaken Baby Syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• Approved child safety seats must be properly installed and used.</li> <li>• Do not use walkers and other walker-type equipment.</li> <li>• Always check water temperature before bathing infant. Set hot tap water temperature below 120° F.</li> <li>• Keep hot foods and liquids out of the reach of children.</li> <li>• Put guards around radiators, hot pipes and other hot surfaces.</li> <li>• Healthy infants should be placed on their back for sleeping.</li> <li>• Always carefully supervise; never leave a child alone in or near any water (including tubs, toilets, buckets, swimming pool or any other containers of water) even for a few seconds.</li> <li>• Never shake a baby, even playfully.</li> </ul>

Age	Characteristics	Risk of Injury	Prevention Tips
1 and 2 years	<ul style="list-style-type: none"> <li>• Likes to go fast</li> <li>• Is unsteady</li> <li>• Tries to reach objects</li> <li>• Runs</li> <li>• Walks up and down stairs</li> <li>• Likes to climb</li> <li>• Pushes and pulls objects</li> <li>• Can open doors, drawers, gates and windows</li> <li>• Throws balls and others objects</li> <li>• Begins talking, but cannot express needs</li> </ul>	<ul style="list-style-type: none"> <li>• Motor vehicle injuries</li> <li>• Falls</li> <li>• Burns</li> <li>• Poisoning</li> <li>• Choking</li> <li>• Drowning</li> <li>• Child abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Put toddler gates on stairways and keep any doors to cellars and porches locked.</li> <li>• Show child how to climb up and down stairs.</li> <li>• Remove sharp-edged furniture from frequently used areas.</li> <li>• Turn handles to back of stove while cooking.</li> <li>• Teach child the meaning of “hot.”</li> <li>• Keep electric cords out of child’s reach.</li> <li>• Use shock stops or furniture to cover used and unused outlets.</li> <li>• Store household products such as cleaners, chemicals, medicines and cosmetics in high places and locked cabinets.</li> <li>• Avoid giving child peanuts, popcorn, raw vegetables and any other food that could cause choking.</li> <li>• Toys should not have small parts.</li> <li>• Always carefully supervise; never leave a child alone in or near any body of water even for a few seconds.</li> <li>• Check floors and reachable areas carefully for small objects such as pins, buttons, coins, etc.</li> </ul>



Age	Characteristics	Risk of Injury	Prevention Tips
3 and 4 years	<ul style="list-style-type: none"> <li>• Begins making choices</li> <li>• Has lots of energy</li> <li>• Seeks approval and attention</li> </ul>	<ul style="list-style-type: none"> <li>• Traffic injuries</li> <li>• Burns</li> <li>• Play area</li> <li>• Poisons</li> <li>• Tools and equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Check and maintain playground equipment and environment.</li> <li>• Child should play on age and weight-appropriate equipment.</li> <li>• The surface under and around play equipment should be soft and shock absorbent. Use specifically approved surface materials.</li> <li>• Check that child is dressed appropriately to avoid strangulation (e.g., no drawstrings on shirt, jackets, etc.).</li> <li>• Store household products, medicines and cosmetics out of child's sight and reach.</li> <li>• Teach child about the difference between food and nonfood, and what is not good to eat.</li> <li>• Watch child carefully during arts-and-crafts projects for mouthing of paints, brushes, paste and other materials. Use nontoxic supplies.</li> <li>• Store garden equipment, scissors and sharp knives out of reach.</li> <li>• Teach child the safe use of tools and other equipment, and supervise carefully when using.</li> </ul>

Age	Characteristics	Risk of Injury	Prevention Tips
5 years and up	<ul style="list-style-type: none"> <li>• Is stronger</li> <li>• Likes to explore the neighborhood</li> <li>• Will ask for information</li> <li>• Will seek out playmates</li> <li>• Becomes involved in sports</li> <li>• Plans and carries out ideas</li> </ul>	<ul style="list-style-type: none"> <li>• Traffic injuries</li> <li>• Burns</li> <li>• Play area</li> <li>• Guns</li> </ul>	<ul style="list-style-type: none"> <li>• Teach pedestrian and traffic safety rules.</li> <li>• Older children must wear safety belts. Be a positive role model: cross streets correctly and wear a safety belt at all times when traveling in a car.</li> <li>• Always use helmets even on bicycles with training wheels or tricycles.</li> <li>• Teach children how to drop and roll if their clothing catches fire.</li> <li>• Practice fire drills so child becomes familiar with the escape route and the sound of the smoke alarm.</li> <li>• Keep matches and lighters away from children. Stress bringing found matches to adults.</li> <li>• Check and maintain playground equipment and environment.</li> <li>• Child should play on developmental and weight-appropriate equipment.</li> <li>• The surface under and around play equipment should be soft and shock absorbent. Use specifically approved surface materials.</li> <li>• Teach safe play rules and encourage child to put toys away after playing.</li> <li>• Do not keep guns or any other weapons in the child care setting.</li> </ul>

## STOP INJURIES

## SAFE PLAYGROUND HABITS



### Swings

- Sit in center of swing. Never stand or kneel.
- Stop swing before getting off.
- Stay away from moving swings.
- Only one child at a time.

### Slides

- Only one child at a time.
- Slide down feet first. Only slide if sitting up.
- After sliding, move away from the slide.

### Environment

- Surface under playground equipment should be shock-absorbent and soft.
- Explain safety rules patiently. Enforce rules consistently.
- NEVER leave children unattended in the playground.

# A CHILD CARE PROVIDER'S GUIDE TO SAFE SLEEP

Helping you to reduce the risk of SIDS

## DID YOU KNOW?

- About 20% of sudden infant death syndrome (SIDS) deaths occur while an infant is being cared for by someone other than a parent. Many of these deaths occur when infants who are used to sleeping on their backs at home are then put to sleep on their tummies by another caregiver. We sometimes call this “unaccustomed tummy sleeping.”
- Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and are put to sleep on their tummies are 6-9 times more likely to die from SIDS.

## WHO IS AT RISK FOR SIDS?

- It is responsible for more infant deaths in the United States than any other cause of death during infancy beyond the neonatal period.
- It is the leading cause of death for infants between 1 month and 12 months of age.
- It is most common among infants that are 2-4 months old.
- It is more common during the winter months.
- It is more common in male babies.

But, because we don't know what causes SIDS, safe sleep practices should be used to reduce the risk of SIDS in every infant under the age of 1 year.

## KNOW THE TRUTH... SIDS IS NOT CAUSED BY:

- Immunizations
- Vomiting or choking

## WHAT CAN CHILD CARE PROVIDERS DO?

- Create and use a written safe sleep policy – Reducing the Risk of Sudden Infant Death Syndrome, Applicable Standards from Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs outlines what should be included in the safe sleep policy. Visit <http://nrc.uchsc.edu/SPINOFF/SIDS/SIDS.htm> to download a free copy.
- Practice SIDS reduction in your program by using the Caring for Our Children standards.
- Talk with a child care health consultant about health and safety in child care.
- Talk with families about sleep positioning.
- Don't smoke around babies, especially in the room where they sleep.
- Be able to respond to an infant medical emergency.
- Be aware of bereavement/grief resources.
- Keep cribs free of toys, stuffed animals, and extra bedding.
- If a blanket is used, place the child's feet to the foot of the crib and tuck in a light blanket along the sides and foot of the mattress. The blanket should not come up higher than the infant's chest. Another option is to use sleep clothing and nothing else in the infant's crib.
- Sleep only 1 baby per crib.
- Keep the room at a temperature that is comfortable for a lightly clothed adult.
- Visually check on sleeping babies often.
- No smoking around babies. Child care providers who smoke should do so outside, with an overcoat on. The overcoat will be removed when they return to work. Never allow smoking in a room where babies sleep, as exposure to smoke is linked to an increased risk of SIDS.
- Have supervised “tummy time” for awake babies. This will help babies strengthen their muscles and develop normally.
- Teach staff about safe sleep policies and practices and be sure to review these practices often.

## A SAFE SLEEP POLICY SHOULD INCLUDE THE FOLLOWING:

- Healthy babies should always sleep on their backs. Side sleeping is not as safe as back sleeping and is not advised.
- Get a physician's note for non-back sleepers that explains why the baby should not use a back-sleeping position.
- Use safety-approved cribs and firm mattresses (cradles and bassinets may be used, but choose those that are JPMA (Juvenile Products Manufacturers Association) certified for safety).

When a new baby is coming into the program, be sure to talk to the parents about your safe sleep policy and how their baby sleeps. If the baby is to sleep in a way other than on her back, the child's parents or guardians need a note from the child's physician that explains how she should sleep and the medical reason for this position. You should only accept a medical reason for a sleep position other than on the back. This note should be kept on file and all staff, including substitutes and volunteers, should be informed of this special situation. It is also a good idea to put a sign on the baby's crib.

**If you are not sure of how to create a safe sleep policy, try working with a child care health consultant to create a policy that fits your child care center or home.**

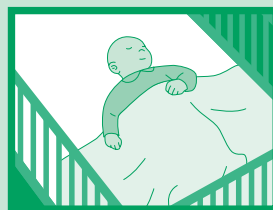
Supported in part by Grant No. U46 MC 04436 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.



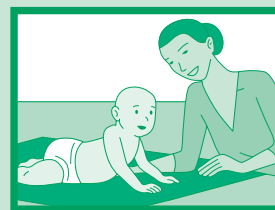
Face up to wake up – healthy babies sleep safest on their backs.



Do not place pillows, quilts, pillow-like bumpers, toys, or anything in the crib.



If a light blanket is needed, tuck all sides along bottom half of crib, below baby's arms.



Supervised tummy time during play is important to baby's healthy development.

## HOW CAN I REDUCE THE RISK FOR INFANTS IN MY CARE?

Follow these guidelines to help protect the infants in your care:

### TUMMY TO PLAY AND BACK TO SLEEP

- Tummy time is playtime when infants are awake and placed on their tummies while someone is watching them. Have as much tummy time as possible to allow infants to develop normally. Limit time spent in freestanding swings, bouncy chairs, and car seats. These items all put added pressure on the back of the baby's head.
- Place healthy babies to sleep on their backs to reduce the risk of SIDS. Side sleeping is not as safe as back sleeping and is not advised. Babies sleep comfortably on their backs, and no special equipment or extra money is needed.

### SAFE SLEEP PRACTICES

- Always put babies to sleep on their backs during naps and at nighttime.
- Don't cover the heads of babies with a blanket or over bundle them in clothing and blankets.
- Avoid letting the baby get too hot. The infant could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and/or rapid breathing. Dress the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.

## SAFE SLEEP ENVIRONMENT

- Place each baby in a safety-approved crib with a firm mattress and a well-fitting sheet.
- Put babies to sleep only in a safety-approved crib. Don't put babies to sleep on chairs, sofas, waterbeds, or cushions. Standard adult beds are NOT safe places for babies to sleep in child care settings.
- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, and wedges should not be placed in the crib with the baby. These items can impair the infant's ability to breathe if they cover his face. ~~If bumper pads are used in cribs, they should be thin, firm, well-secured, and not "pillow-like".~~
- The crib should be placed in an area that is always smoke-free.
- Support parents who want to breastfeed or feed their children breast milk.

## AM I A CHILD CARE PROVIDER?

Some child care providers are professionals with college degrees and years of experience, but other kinds of child care providers could be grandparents, babysitters, family friends, or anyone who cares for a baby. These guidelines apply to any kind of child care provider. If you ever care for a child who is less than 12 months of age, you should be aware of and follow these safe sleep practices.

If you have questions about safe sleep practices please contact the Healthy Child Care America Back to Sleep campaign at the American Academy of Pediatrics at [childcare@aap.org](mailto:childcare@aap.org) or 888/227-5409. Remember, if you have a question about the health and safety of an infant in your care, ask the baby's parents if you can talk to the baby's doctor.

## RESOURCES:

American Academy of Pediatrics

<http://www.aappolicy.org>

The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics.peds.2005-1499v1>

Healthy Child Care America

<http://www.healthychildcare.org>

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, Second Edition. Visit the National Resource Center for Health and Safety in Child Care and Early Education Web site at <http://nrc.uchsc.edu/> to download a free copy. Hard copies are available from the American Academy of Pediatrics Bookstore at <http://www.aap.org>.

Healthy Kids, Healthy Care

<http://www.healthykids.us>

National Institute of Child and Human Development Back to Sleep Campaign  
Order free educational materials from the Back to Sleep Campaign at <http://www.nichd.nih.gov/sids/sids.cfm>

First Candle/SIDS Alliance

<http://www.firstcandle.org>

Association of SIDS and Infant Mortality Programs

<http://www.asip1.org/>

CJ Foundation for SIDS

<http://www.cjsids.com/>

American Indian and Alaska Native SIDS Risk Reduction Resource

[http://www.cjsids.com/resource\\_kit/CJ\\_resource.htm](http://www.cjsids.com/resource_kit/CJ_resource.htm)

National SIDS and Infant Death Resource Center

<http://www.sidscenter.org/>

The Juvenile Products Manufacturers Association

<http://www.jpma.org/>

American Academy  
of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™





# A PARENTS' GUIDE TO SAFE SLEEP

Helping you to reduce the risk of SIDS

## WORK WITH YOUR CHILD'S CAREGIVER TO HELP REDUCE THE RISK OF SIDS.

- About 20% of sudden infant death syndrome (SIDS) deaths occur while an infant is in the care of someone other than a parent. Many of these deaths occur when babies who are used to sleeping on their backs at home are then put to sleep on their tummies by another caregiver. We sometimes call this "unaccustomed tummy sleeping."
- Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and are put to sleep on their tummies are 6-9 times more likely to die from SIDS.

**You can reduce your baby's risk of dying of SIDS by talking to those who care for your baby, including child care providers, babysitters, family, and friends, about placing your baby to sleep on his back at night and during naps.**

## DID YOU KNOW? SIDS IS:

- Is responsible for more infant deaths in the United States than any other cause of death during infancy beyond the neonatal period
- The leading cause of death for infants between 1 month and 12 months of age
- Most common among infants that are 2-4 months old
- More common during the winter months
- More common in male babies

## WHAT CAN I DO BEFORE MY BABY IS BORN TO REDUCE THE RISK OF SIDS?

Take care of yourself during pregnancy and after the birth of your baby. Things that increase your risk of having a baby die from SIDS can be reduced during pregnancy, before you even give birth! **Don't smoke or expose yourself to others' smoke while you are pregnant and after the baby is born.** Be sure to visit a physician for regular prenatal checkups to reduce your risk of having a low birth weight or premature baby. Breastfeed your baby, if possible, at least through the first year of life.

## KNOW THE TRUTH... SIDS IS NOT CAUSED BY:

- Immunizations
- Vomiting or choking

## I'M NOT A PARENT. WHAT CAN I DO TO HELP SPREAD THE WORD ABOUT BACK TO SLEEP?

- Be aware of safe sleep practices and how they can be made a part of our everyday lives.
- When shopping in stores with crib displays that show heavy quilts, pillows, and stuffed animals, talk to the manager about safe sleep, and ask them not to display cribs in this way.
- Monitor the media. When you see an ad or a picture in the paper that shows a baby sleeping on her tummy, write a letter to the editor.
- If you know teenagers who take care of babies, talk with them. They may need help with following the proper safe sleep practices.
- Set a good example – realize that you may not have slept on your back as a baby, but we now know that this is the safest way for babies to sleep. When putting babies to sleep, be sure to always place them on their backs.

## IT IS EASY AND FREE TO MAKE SAFE SLEEP PRACTICES A PART OF YOUR DAILY LIFE.

This way, you will know that you are doing all that you can to keep your baby healthy and safe. Do your best to follow the guidelines above.

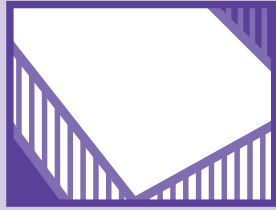
## WHERE IS THE SAFEST PLACE FOR MY BABY TO SLEEP?

The safest place for your baby to sleep is in the room where you sleep. Place the baby's crib or bassinet near your bed (within an arm's reach) to ease breastfeeding and to bond with your baby.

Supported in part by Grant No. U46 MC 04436 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.



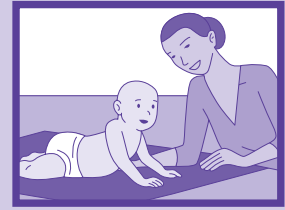
Face up to wake up – healthy babies sleep safest on their backs.



Do not place pillows, quilts, bumpers, toys, or anything in the crib.



If a light blanket is needed, tuck all sides along bottom half of crib, below baby's arms.



Supervised tummy time during play is important to baby's healthy development.

## HOW CAN I REDUCE MY BABY'S RISK?

Follow these guidelines to help you reduce your baby's risk of dying from SIDS.

### TUMMY TO PLAY AND BACK TO SLEEP

- "Tummy time" is playtime when infants are awake and placed on their tummies while someone is watching them. Have tummy time to allow babies to develop normally.
- Place babies to sleep on their backs to reduce the risk of SIDS. Side sleeping is not as safe as back sleeping and is not advised. Babies sleep comfortably on their backs, and no special equipment or extra money is needed.

### SAFE SLEEP PRACTICES

- Always put babies to sleep on their backs during naps and at nighttime.
- Don't cover the heads of babies with a blanket or over bundle them in clothing and blankets.
- Avoid letting the baby get too hot. The baby could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and rapid breathing. Dress the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.

### SAFE SLEEP ENVIRONMENT

- Place your baby in a safety-approved crib with a firm mattress and a well-fitting sheet (cradles and bassinets may be used, but choose those that are JPMA (Juvenile Products Manufacturers Association) certified for safety).
- Place the crib in an area that is always smoke free.
- Don't put babies to sleep on chairs, sofas, waterbeds, or cushions.

- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, and wedges should not be placed in the crib with the baby. These items can impair the infant's ability to breathe if they cover his face. If bumper pads are used in cribs, they should be thin, firm, well-secured, and not "pillow-like".
- Breastfeed your baby. Experts recommend that mothers feed their children human milk at least through the first year of life.

## TALK ABOUT SAFE SLEEP PRACTICES WITH EVERYONE WHO CARES FOR YOUR BABY!

When looking for someone to take care of your baby, including a child care provider, a family member, or a friend, make sure that you talk with this person about safe sleep practices. Bring this fact sheet along to help, if needed. If a caregiver does not know the best safe sleep practices, respectfully try to teach the caregiver what you have learned about safe sleep practices and the importance of following these rules when caring for infants. Before leaving your baby with anyone, be sure that person agrees that the safe sleep practices explained in this brochure will be followed all of the time.

## IS IT EVER SAFE TO HAVE BABIES ON THEIR TUMMIES?

Yes! You should talk to your child care provider about making tummy time a part of your baby's daily activities. Your baby needs plenty of tummy time while supervised and awake to help build strong neck and shoulder muscles. Remember to also make sure that your baby is having tummy time at home with you.

If you have questions about safe sleep practices please contact the Healthy Child Care America Back to Sleep campaign at the American Academy of Pediatrics at [childcare@aap.org](mailto:childcare@aap.org) or 888/227-5409. Remember, if you have a question about the health and safety of your child, talk to your baby's doctor.

## RESOURCES:

American Academy of Pediatrics

<http://www.aappolicy.org>

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<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;peds.2005-1499v1>

Healthy Child Care America

<http://www.healthychildcare.org>

National Resource Center for Health and Safety in Child Care and Early Education

<http://nrc.uchsc.edu>

Healthy Kids, Healthy Care: A Parent Friendly Tool on Health and Safety Issues in Child Care  
<http://www.healthykids.us>

National Institute for Child and Human Development Back to Sleep Campaign  
Order free educational materials from the Back to Sleep Campaign at  
<http://www.nichd.nih.gov/sids/sids.cfm>

First Candle/SIDS Alliance

<http://www.firstcandle.org>

Association of SIDS and Infant Mortality Programs

<http://www.asip1.org>

CJ Foundation for SIDS

<http://www.cjsids.com>

American Indian and Alaska Native SIDS Risk Reduction Resource

[http://www.cjsids.com/resource\\_kit/CJ\\_resource.htm](http://www.cjsids.com/resource_kit/CJ_resource.htm)

National SIDS and Infant Death Resource Center

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The Juvenile Products Manufacturers Association

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American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## MAKE SURE YOUR HOUSE DOES NOT HAVE LEAD PAINT.

LEAD PAINT CAN MAKE CHILDREN VERY SICK.



LEAD PAINT POISONING can cause brain damage.



LEAD PAINT IS FOUND in older homes. It can be on the inside and outside of the house.

IF YOU THINK YOU MAY LIVE AROUND lead paint, get your child a blood test. Talk to your doctor or clinic.



LEAD CAN ALSO BE FOUND in make-up and pottery. If you think your child may have been around lead, bring your child to the clinic for a special blood test for lead.



ASK YOUR DOCTOR OR HEALTH WORKER TO TEST your child for lead poisoning at age 1.



A BLOOD TEST WILL TELL the doctor if your child is sick.

MOST CHILDREN WHO HAVE lead poisoning do not look or act sick.



A LEAD POISONING TEST IS FREE if your child has Medi-Cal or is in the Child Health and Disability

Prevention Program (CHDP). Many insurance companies also will pay for this test.



## LEAD POISON TIPS

### THE DANGERS OF LEAD POISONING

Tips to make sure children are protected from the dangers of lead

### WANT TO KNOW MORE about lead poisoning?

Call the Lead Hotline:  
(800) 532-3394





## CAR SAFETY

- Use a car seat every time a child rides in a car. The back seat is the safest place for a child to ride.
- Babies should ride in a backward-facing car seat until they are 1-year-old and at least 20 pounds.
- Children over 1-year-old and over 20 pounds can sit in a car seat that faces forward.
- Children must be in child car seats or booster seats until they are 6 years old or weigh 60 pounds.
- It is recommended that children stay in booster seats until they are 8 years old or weigh 80 pounds.



## FIRE SAFETY

- Put smoke alarms in your home. Check batteries once a year.
- Keep a fire extinguisher in the kitchen.
- Have a fire escape ladder in each second story or higher.
- Put in carbon monoxide (CO) detectors near bedrooms.

## HOME SAFETY



- Keep emergency numbers by the telephone.
- Have first aid supplies handy.
- Know CPR and how to handle choking.
- Keep household products, beauty supplies and medicines out of children's reach.
- Use special safety locks on all drawers and cabinets.
- Put outlet covers on all sockets.
- Set water heater temperature no higher than 120°F.
- Never leave children alone in the bathtub.



# SAFETY TIPS

## KEEP A CHILD SAFE FROM THE START

Remember these safety tips



## POOL SAFETY

- Never leave children alone in or near a pool.
- Have safety equipment by the pool.
- Keep your pool fenced or completely covered.
- If you are using a children's wading pool, empty it after use.



## LEAD PAINT

- Lead paint is found in older homes. It can be on the inside and the outside of the house.
- Lead can also be found in make-up and pottery.
- If you think a child may have been around lead, bring him or her to a clinic for a special blood test.



## CRIB SAFETY

- Put a baby on his or her back to sleep.
- Do not cover a baby's face or head when he or she is asleep.
- Do not put blankets and comforters in the crib.
- Do not put pillows, bumper pads and stuffed toys in the crib.
- Use a non-allergenic mattress. It should fit snug in the frame with less than one inch between mattress and frame.

## GUN SAFETY

- The safest home is one without a gun.
- If you have guns, lock them away.
- Never keep them loaded.
- Lock bullets in a different place away from the gun.





## WHERE to find help

*Want to know about product safety?*

Call the U.S. Consumer Product Safety Hotline:  
(800) 638-2772

TTY for the Hearing Impaired:  
(800) 638-8270

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*Want to learn CPR and first aid?*

Call your local Red Cross Chapter.

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*Worried about poisoning?*

Call the Poison Control Hotline:  
(800) 876-4766 or (800) 8-POISON

TTY for the Hearing Impaired:  
(800) 972-3323

Call the American Association of  
Poison Control Centers:  
(800) 222-1222

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*Want to know more about lead poisoning?*

Call the Lead Hotline:  
(800) 532-3394

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*Want to know more about car safety seats?*

Call Buckle Up Baby:  
(916) 772-6300

Call Safety Belt Safe, USA:  
(800) 745-7233 or (800) 745-SAFE

Call the National Highway Traffic Safety  
Administration:  
(888) 581-9181

Call your health department about car seat loaner  
programs.

Call your local California Highway Patrol (CHP)  
Office for free car seat safety checks.



**WHERE  
TO FIND  
HELP**