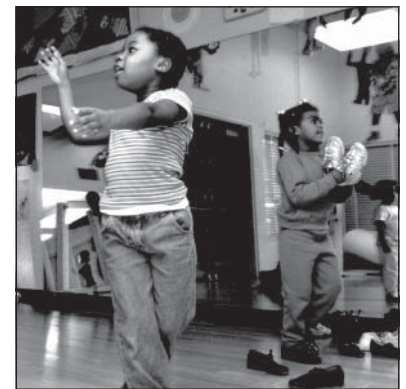
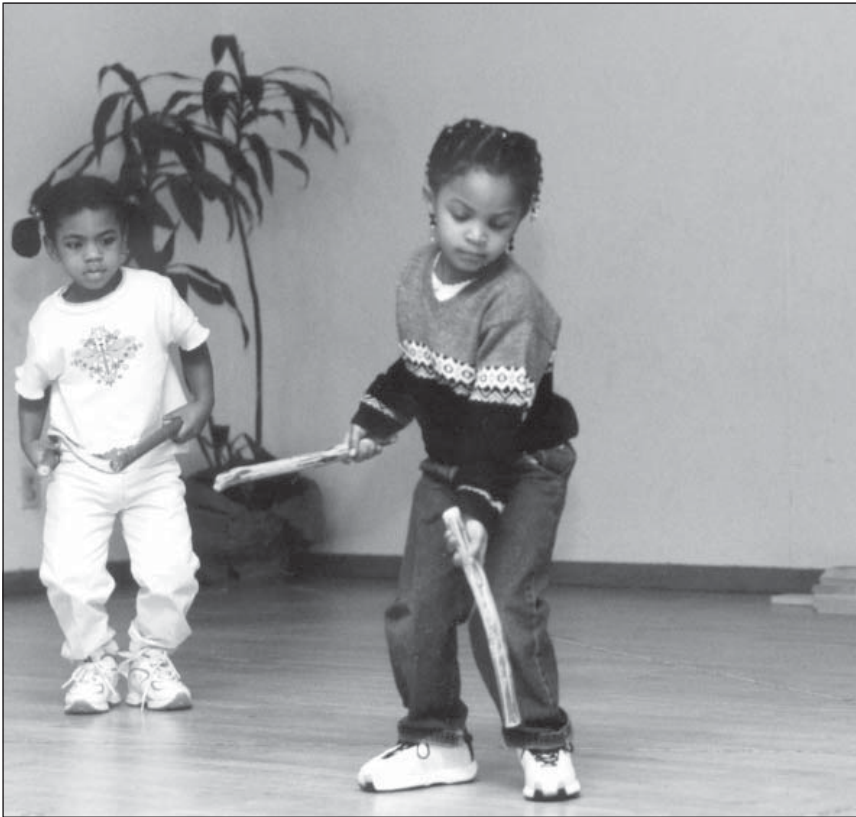


Injury Prevention



First Edition, 2006



California Childcare Health Program
Administered by the University of California, San Francisco School of Nursing,
Department of Family Health Care Nursing
(510) 839-1195 • (800) 333-3212 Healthline
www.ucsfchildcarehealth.org



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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 situations or risk factors which contribute to injuries occurring in ECE programs.

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

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

WHY IS INJURY PREVENTION IMPORTANT?

Injury prevention is an essential part of quality ECE programs, and a major responsibility of ECE providers. It is important to identify potential hazards in ECE programs and to promote preventive actions such as environmental modifications, enforcement of safety policies and behavior changes, as many injuries can be prevented if staff understand how they happen and take precautions to avoid them. 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).

WHAT THE CCHC NEEDS TO KNOW

Why Young Children Are at Risk for Injuries

- Young children are developing their physical, mental and emotional abilities.
- Developmentally, young children have a lack of safety knowledge and judgment.
- Young children may imitate other children who are developmentally more advanced or physically skilled.
- Young children may be exposed to hazards in the environment.
- ECE programs may lack sufficient safety precautions or supervision.

Types of Injuries That Typically Occur in ECE Programs

Minor injuries such as

- bumps
- cuts
- scrapes
- bruises

Severe injuries such as

- head injuries
- broken bones
- internal injuries
- dislocations
- dental injuries

Other less frequent injuries such as

- poisoning

- drowning
- burns
- choking and suffocation

Causes of Injuries in ECE Programs

- Falls are the most common child factor contributing to minor and severe injuries.
- The playground is the major site of injury and accounts for over 50 percent of all injuries.
- Children can get injured when they play with other children (fighting, pushing, colliding, throwing, biting, etc.).
- Children move quickly on tricycles, scooters, skates or other wheeled toys and can hit obstacles, 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 incur pinch injuries to fingers and noses by doors or windows.
- Children experience injuries related to transportation, whether as pedestrians, riding tricycles or bicycles, or while riding in cars.

(Alkon, Genevro, Tschann, Kaiser, Ragland, & Boyce, 1999; Briss, Sacks, Addiss, Kresnow, & O'Neil, 1994; Cummings, Rivera, Boase, & MacDonald, 1996; Elardo, Solomons, & Snider, 1987; Kotch et al., 1997; Lee & Bass, 1990; Leland, Garrard, & Smith, 1993; National Center for Injury Prevention and Control, 2003; Sacks, Smith, Kaplan, Lambert, Sattin, & Sikes, 1989; Sacks, Holt, Holmgren, Colwell, & Brown, 1990.)

What the Research Tells Us

- Injury rates are lowest for infants and increase as children become more mobile. Injury rates are higher for 2-3 year olds compared to 4-5 year old children.
- The most common injuries are scratches, bumps, and bruises.
- Boys have higher injury rates than girls especially when comparing moderate to severe injury rates (Alkon et al., 1999).
- Injuries occur more in the spring and summer, probably because there is more outdoor play, less outer-clothing, and increased use of playground equipment compared to the winter and fall.
- Injuries occur more often late in the morning and late in the afternoon when children are hungry or tired, and when staff are busy or unavailable to supervise.
- The most common body parts injured were the face, eyes, nose or mouth (Alkon et al., 1999).
- A national study found that two-thirds of ECE programs visited had one or more potentially serious hazards (U.S. Consumer Product Safety Commission, 1999).

(Alkon et al., 1999; Alkon et al., 1994; Bond & Pech, 1993; Chang, Lugg, & Nebedum, 1989; Elardo et al., 1987; Leland et al., 1993; National Center for Injury Prevention and Control, 2003; Rivara, Bergman, LoGerfo, & Weiss, 1982; Runyan, Gray, Kotch, & Kreuter, 1991; Sacks et al., 1990; Yiannakoulis, Smoyer-Tomic, Hodgson, Spady, & Rowe, 2002.)

Issues That Arise in ECE Programs

Distractions

ECE providers are sometimes distracted while supervising a group of children. Distractions come in many forms: a parent wanting information about a child before leaving, an injury to one of the children needing first aid, or a child wanting to show the caregiver something in the far corner of the yard.

Adult-to-Child Ratios

Adult-to-child ratios are often inadequate during outdoor play. Staff have responsibilities to prepare meals, clean tabletops, etc that impact outdoor adult-to-child ratios.

Play Yards or Parks

Play yards or parks that were not designed for ECE programs often have visual barriers to supervision, and injuries occur when children are out of the ECE providers' sight and care.

Regulations Conflicts

Conflicts in regulations may unwittingly create hazards. For example, the fire inspector may require one-motion door and gate openers that allow the door to be opened from the inside with a single push. This prevents occupants from being trapped inside in case of emergencies such as fire, but also allows children to leave supervised play areas.

Changing ECE Regulations and Laws

Regulations and laws concerning injury prevention in ECE programs change and are often updated. Providers and the parents they serve need training, education and resources concerning implementation of these new regulations. This may cause an unbudgeted economic impact on the program.

Updated Playground Safety Regulations

The deadline for child care center licensees to comply with the new Community Care Licensing regulations was January 1, 2003 (State of California, Health and Human Services, Department of Social Services, 2002). Community Care Licensing playground safety regulations included having an initial playground inspection by a Certified Playground Safety Inspector and upgrading playgrounds to meet the previously voluntary Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (ASTM) standards. To help protect children from serious injuries, especially head injuries, safe playground surfacing should have at least 12 inches of wood chips, mulch, sand, or pea gravel, or should be mats of safety-tested rubber or rubber-like materials. In addition, the surfacing should be properly main-

tained (U.S. Consumer Product Safety Commission, 1999). This is an expensive requirement for ECE programs. See *Handout: Handbook for Public Playground Safety* (2004).

Car Seat Safety

As of January 2005, children must ride in a safety seat or booster (properly installed and used) in the back seat until they are at least 6 years old and 60 pounds. The law states that ECE programs must post the law where all parents can see it. A poster can be downloaded from www.dss.cahwnet.gov/pdf/Pub269.pdf. The Health Department can provide the name of the car seat coordinator for your county.

Infant Walkers

Community Care Licensing regulations ban the use of walkers in ECE programs (State of California, 2002). The American Academy of Pediatrics (AAP) recommends a total ban on the manufacture and sale of mobile infant walkers (AAP et al, 2002).

Unsafe Environmental Conditions

Injuries occur as a result of unsafe environmental conditions, participation in activities which are not consistent with a child's abilities and development (imitation of others more physically advanced), and/or a lack of visual adult supervision. Successful strategies for preventing injuries in ECE programs require a better understanding of injury epidemiology (the study of occurrence, distribution and causes, or the knowledge of what injuries happen, to whom, where, how and when) and role modeling safe behavior to young children.

Children's Development

At each stage of a child's development, the potential for harm from certain injuries changes. ECE providers should be aware of these developmental changes and the special risks that await these children. See *Handout: Risk of Injury and Stages of Development*.

Indoor and Outdoor ECE Hazards

Each room and area of the ECE facility contains potential hazards. Examining the indoor and outdoor environments with a health and safety checklist

for safety hazards allows the ECE provider to offer protection for the children and prevent unnecessary injuries. For example, see CCHP Health and Safety Checklist-Revised (2005).

Motor Vehicle Safety

Motor vehicle crashes are the leading cause of death and disability among children in the United States (National SAFE KIDS Campaign (NSKC), 2004). Motor vehicle injuries to children occur when they are riding in a car that stops suddenly or crashes, when they are pedestrians and hit by a car, or when they are riding bicycles. ECE providers can make a difference by practicing 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* (pg. 35) in *CCHP Health and Safety in the Child Care Setting: Prevention of Injuries Curriculum* (2001).

Child Abuse

Child abuse is a serious threat to the health, safety and well-being of children in this country. ECE programs are the only places where young children are seen on a daily basis over an extended period of time by professionals trained to observe their appearance, behavior and development. ECE providers, who are mandated reporters, may be the first to suspect and report abuse and neglect. Staff may be the biggest source of support and information available to the parents they serve (National Clearinghouse on Child Abuse and Neglect Information, 2004).

Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS) is the leading cause of death for infants between the ages of 1 month and 1 year of age (AAP, 2000). The National Institute of Child Health and Human Development (NICHD) defines SIDS 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). It accounts for nearly 3,000 infant deaths each year in the United States. Because more infants are in out-of-home care, a disproportionate number of SIDS deaths occur in ECE programs

(approximately 20 percent) (Moon, Patel, & Shaefer, 2000). By knowing factors associated with increased risk of SIDS and following the AAP recommendations regarding sleep position, ECE providers can reduce the risk of SIDS in their facilities (Moon & Biliter, 2000). AAP has launched a campaign directly to ECE programs that includes educational materials. AAP recommends the following simple steps to reduce the risk of SIDS in ECE programs (Healthy Child Care America Web site: www.healthychildcare.org):

- Always place babies to sleep on their backs in cribs that meet Consumer Product Safety Commission crib safety standards.
- Locate the crib in a smoke-free room that is at a temperature that does not overheat the baby's sleeping room.
- Do not overdress the baby for sleep.
- Keep pillows, stuffed animals, bumpers, and toys out of the crib.
- If a light blanket is needed, make sure the baby's feet are at the foot of the crib and the blanket is tucked in on all sides and underneath the arms of the baby, not higher than the chest.
- Create a safe sleep policy to help talk about Back to Sleep with ECE staff and families.

Fire and Burn Hazards

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). To protect children and adults from burns and minimize property damage, ECE providers can learn fire safety tips and how to prepare for a fire emergency.

Choking and Suffocation Hazards

Young children in their first three years of life are at greater risk of choking, suffocation and other mechanical airway obstructions than older children. Children under 1 year of age have smaller airways, inexperience with chewing, and a natural tendency to put things in their mouths (National SAFE KIDS Campaign, 2004). ECE providers can take steps to

reduce the risk of mechanical airway obstruction in their facilities.

Poisoning Hazards

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 et al., 2001). Although most poisoning occurs in the child's home, it also can occur in ECE programs (National Center for Injury Prevention and Control, 2003). Poisoning can result from exposure to a chemical substance via injection, ingestion, inhalation or skin contact.

Oral/Dental Injuries

Most oral/dental injuries occur in children and adolescents. ECE providers can help promote children's dental health and prevent many oral injuries. (For more information, see www.first5oralhealth.org; or visit www.ucsfchildcarehealth.org for CCHP's curriculum *Health and Safety in the Child Care Setting: Promoting Children's Oral Health*.)

Head Trauma

Infants and young children up to age 5 are vulnerable if they sustain head trauma since it can cause brain damage and affect different parts of their body. Shaking 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 (Shaken Baby Syndrome) and never, ever shake a baby or young child for any reason. California Community Care Licensing recommends that the poster at www.dss.cahwnet.gov/pdf/Pub271.pdf be posted in ECE programs (State of California, 2002).

Drowning Hazards

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). Water safety presents a particular challenge to California ECE providers. Water-filled bathtubs, swimming pools, wading pools, toilets or other con-

tainers are places where young children can drown. ECE providers can reduce water hazards and prevent access to water.

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).

Injuries from Toys

Playing with toys sparks creativity and gives children an opportunity to experiment, develop new skills, and experience a sense of accomplishment and energy. However, some toys can harm children. ECE providers can reduce cases of deaths and injuries related to toys by ensuring toys are age-appropriate.

Serious incident reporting 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
- anytime a child in care is missing
- any unusual incident that threatens the health or safety of any child in care

Safety Policies

An injury emergency can still occur even with careful and safety conscious staff. In order to reduce risk, ECE providers should develop and follow a safety policy for emergencies.

WHAT THE CCHC NEEDS TO DO

Review Safety Policies and Procedures

The CCHC can review injury prevention policies with ECE providers. Check whether the program has an injury report form. If no policies or forms are in place, the CCHC can help the ECE staff to write and enforce new policies and forms. See *Handout: OUCH Report* for a sample injury report form that can be used in ECE programs. ECE providers are responsible for providing a safe environment and ensuring the well-being and protection of the children in their care. The CCHC can insure that first aid kits are stocked and available indoors and outdoors, first aid certificates are up-to-date and injury report forms and logs are being used. Safety policies for modifying the environment, modifying behavior, supervising children and teaching injury-prevention behaviors to children will help the provider offer more safety protection and injury prevention tactics.

Observe Programs and Assess Injury Prevention Practices

Observe using an injury prevention checklist. Include indoor and outdoor environments of the ECE program. Encourage regular safety checks by staff to identify hazards. Assess playgrounds for potential risk of injuries.

Educate Staff About Injury Prevention

Encourage and support modification of the environment, and behavior modification to reduce or eliminate hazards. Use creative techniques to make staff aware of the amount of distractions they experience, especially when supervising outdoor play. Remind staff that most injuries are preventable. Ensure that all toxic substances are placed in a locked cabinet inaccessible to children.

Provide Educational Materials

Handouts and updates for staff and parents are helpful in reducing the incidence of injuries in ECE programs. Gather posters and resource materials about car seat safety, fire safety, poisoning prevention, lead poisoning prevention, playground safety, SIDS, etc. and provide to programs.

Assist Staff in Educating Children About Injury Prevention

Provide activities, resources, and books for teaching young children about:

- safe playground habits (see *Handout: Safe Playground Habits*)
- car seat safety
- fire and burn safety
- poison prevention
- sun protection
- choking prevention
- emergency drills

Link Programs with Resources

The CCHC can link programs with local, state and national injury prevention resources, including local health departments and playground safety consultants, lead poisoning prevention programs, the California SIDS program, and the U.S. Consumer Product Safety Commission.

Advocate for the Inclusion of Injury Prevention in Educational Venues

Propose workshops at local conferences for ECE providers, administrators and parents; speak at community college classes for early childhood educators and work with local health and safety trainers. Get to know the Community Care Licensing evaluators and managers in your area and offer to act as a resource for them as well.

WAYS TO WORK WITH CCHAs

Injury prevention is one of the most important roles that Child Care Health Advocates (CCHAs) can assume, so CCHCs should consider making it one of their first training priorities. In addition to reducing injuries, many injury prevention tasks that may be accomplished by CCHAs can reveal significant amounts of information and insight into improving the safety of children and staff.

CCHAs can be responsible for the following tasks:

- Ensuring that first aid kits are stocked.
- Asking the ECE director to check that Employee First Aid/CPR certificates are up-to-date and do the follow-up based on a list of local classes provided by the CCHC.
- Orienting new employees to injury prevention policies and procedures.
- Tracking injury reports to assist with strategies for injury prevention.
- Mentoring other staff members to identify injury prevention strategies.

ACTIVITY 1: STATISTICS AND BEYOND

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

Where in the ECE facility do injuries occur most often?

Who sustains more child care playground injuries, boys or girls?

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

What types of injuries occur most often?

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

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

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

With what type of equipment are most injuries associated?

How are children injured in child care?

What are the risk factors for sustaining injuries for infants? toddlers? preschoolers?

Adapted from National Training Institute (2004).

ACTIVITY 2: COMMON HAZARDS

Using the table below:

- Review the hazards most common to playground areas and structures.
- Review the risk of injury posed by each hazard.
- Review what action(s) can be taken to reduce the risk of injury.
- Identify the CFOC standards and state regulations supporting the action(s) described.

Hazard	Problem/Why	Solution/Why	CFOC Standard	State Regulations
Improper surfacing	Hard surfaces such as concrete, blacktop, packed earth or grass do not have shock absorbing qualities. Falls on these surfaces could be life-threatening.	<ul style="list-style-type: none"> • Use loose-fill surfacing materials, including hardwood fiber/mulch, fine sand, and fine (pea) gravel. • Surfaces should contain a minimum depth of 12 inches of material. • Synthetic or rubber tiles and mats are also appropriate. 	5.183	
Inadequate Fall Zones	Shock absorbing materials do not extend far enough from the equipment to cushion falls.	<ul style="list-style-type: none"> • Minimum fall zone of 6 feet in all directions. • Extend zone twice the height of the suspending bar in front and in back of swings. 		
Spacing	Children are struck by moving pieces of structures or hit one structure when they fall from another.	<ul style="list-style-type: none"> • Space all fixed structures 9' apart. Space all moving structures 12' apart. • Clearance space for swings is 9' in all directions. • Clearance space from walkways, buildings, and other structures should be at least 9'. • Locate structures with moving pieces in an area away from other play structures. 		

Hazard	Problem/Why	Solution/Why	CFOC Standard	State Regulations
Guardrails	Lack of guardrails of adequate height can result in falls from elevated surfaces.	<ul style="list-style-type: none"> • All elevated surfaces (>30") should have guardrails. 		
Tripping Hazards	Exposed structure components or items on the playground such as concrete footings, roots, stumps, or rocks are common trip hazards	<ul style="list-style-type: none"> • Remove exposed element. • Indicate with bright colors to increase contrast with surroundings. 		
Protrusions and Entanglement Hazards	Dangerous pieces of hardware on structures can impale or cut a child. They also can act as hooks and catch clothing drawstrings causing strangulation.	<ul style="list-style-type: none"> • Close "S" hooks as tightly as possible. • Eliminate all protrusions or catchpoints. • Anchor all ropes securely at both ends. 		
Pinching, Crushing, Shearing Hazards	Moving components of structures might crush or pinch a child's finger.	<ul style="list-style-type: none"> • Guard components by a plastic cover or boot. 		
Sharp Hazards	Components with sharp edges or points can cut skin.	<ul style="list-style-type: none"> • Eliminate sharp edges or points. 		
Head Entrapment Hazards	Children can get trapped and strangle in openings where they can fit their bodies but not their heads through the space.	<ul style="list-style-type: none"> • Openings should measure less than 3.5" and greater than 9". 		
Other				

ACTIVITY 3: TEACHABLE MOMENTS

Working in small groups, identify the potential opportunities for injury prevention policies and/or education in the following areas:

1. Kitchen area
2. Outside play area
3. Snack and meal time
4. Naptime
5. Art materials
6. Transportation – car or bus
7. Room set-up/ traffic patterns
8. Classroom garden
9. Swimming pool or wading pool
10. Bathroom area

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	Playing Outdoors
2.033	Vehicle Safety Restraints
2.038	Emergency Supplies for Field Trips
3.034	Selection of Surfaces and Materials
3.038	Routine Checks of Playground Equipment
3.045	Supervision Near Bodies of Water
3.048-3.052	Emergency Procedures
3.053-3.059	Child Abuse
3.081-3.083	Medications
4.034	Hot Liquids and Foods
4.037	Foods that Are Choking Hazards
5.005	Site Location Free from Hazards
5.016	Safety Guards for Glass Windows/Doors
5.017	Finger-Pinch Protection Devices
5.034-5.040	Heating, Cooling, Ventilation and Hot Water
5.047-5.052	Electrical Fixtures and Outlets
5.053-5.054	Fire Warning Systems
5.075	Safety of Equipment, Materials and Furnishings
5.077	Surfaces of Equipment, Furniture, Toys and Play Materials
5.081	High Chair Requirements
5.082	Carriage, Stroller, Gate, Enclosure, and Play Yard Requirements
5.083	Baby Walkers
5.085 – 5.092	Play Equipment
5.093	First Aid Kits
5.099 – 5.111	Toxic Substances
5.135	Safety of Bathtubs and Showers
5.145	Cribs
5.156-5.161	Storage of Clothing, Supplies and Equipment
5.162-5.176	Layout, Location and Size of Active Play Indoor and Outdoor Areas
5.177-5.193	Equipment, Enclosures, Coverings, and Surfacing of Playground and

	Outdoor Areas
5.194-5.197	Maintenance of Active Play Indoor and Outdoor Area
5.198-5.202	Fences, Pool Structures and Pool Equipment
5.204-5.215	Pool Maintenance and Safety
5.216-5.218	Water Quality of Swimming/Wading Pools
5.219-5.225	Interior and Exterior Walkways, Steps and Stairs
5.235-5.240	Vehicles
5.242	Safety Helmets
8.021	Medication Policy
8.024-8.027	Evacuation Plan, Drills, and Closings
8.031-8.033	Transportation and Field Trips
8.061-8.064	Incidence Reports of Illness, Injury, and Other Situations that Require Documentation
8.069	Evacuation Drill Record
8.071-8.072	Play Areas and Equipment Records
Appendix U	Poisonous Plants and Safe Plants
Appendix V	Depth Required for Tested Shock-Absorbing Surfacing
Appendix Y	Incident Report Form

CALIFORNIA REGULATIONS

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

101212	Reporting Requirements
101238.2	Outdoor Activity Space
101238.5	Wading Pools
101239	Fixtures, Furniture, Equipment and Supplies
101416.8	Staffing for Infant Water Activities
101425	Infant Care Transportation
101438.2	Outdoor Activity Space for Infants
101439	Infant Care Center Fixtures, Furniture, Equipment and Supplies

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"> • Biting in the Child Care Setting • Child Abuse Prevention • Insect Repellent • Is It Safe to Play Outdoors in Winter • Pets in the Child Care Setting • Prevent Drowning • Reporting Injuries • Summer Safety • Smart Fun in the Sun • Thumb, Finger or Pacifier Sucking • Young Children and Disaster • Acetaminophen Safety • Beware of Poisonous Houseplants • Child Abuse and Neglect • Do Not Use Ipecac • Falls • Fire and Burn Injuries • Food Allergies • Lead in Keys • Never Shake a Baby! • Poisoning • Safe & Healthy Travel • Stop Injuries Poster • CCHP Health and Safety Checklist-Revised • Field Trip Safety Tips

<p>California Department of Health Services Skin Cancer Prevention Program PO Box 997413, MS-7204 Sacramento, CA 95899-7413 (916) 449-5414 fax www.dhs.ca.gov/ps/cdic/cpns/skin/default.htm</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 www.calpoison.org</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) www.californiasids.com</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 & 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 www.cdc.gov</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, 1998-1999</i>. Centers for Disease Control Morbidity and Mortality Weekly Report (1999). www.cdc.gov/mmwr/PDF/WK/mm4816.pdf</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 www.cipp.org</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 www.cclcd.ca.gov</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 www.playsafebesafe.com</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>

<p>First Smiles First 5 California www.first5oralhealth.org</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 www.kidsource.com</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 & timely education & healthcare information that will make a difference in the lives of parents & children.</p> <p><i>Playground Surfacing Materials</i> (US CPSC Document #1005). www.kidsource.com/CPSC/playground_surface.html</p>
<p>National Center for Injury Prevention and Control. Washington, D.C.: Centers for Disease and Control Prevention. www.cdc.gov/ncipc/wisqars</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 www.uni.edu/playground</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 www.safekids.org</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. http://sids-id-psc.org</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>

<p>Recreation Resources Services Box 8004 North Carolina State University Raleigh, NC 27695-8004 (919) 515-7118 phone (919) 515-3687 fax www.cfr.ncsu.edu/rrs</p>	<p>Park & 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 www.safepassages.org</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 www.carseat.org</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 www.cpsc.gov</p> <p><i>Mailing address</i> U.S. Consumer Product Safety Commission Washington, D.C. 20207-0001</p> <p><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:</p> <p><i>Locked up poisons.</i> CPSC document #382. www.cpsc.gov/CPSCPUB/PUBS/382.html</p> <p><i>Home Playground Safety Tips.</i> CPSC Document #323 www.cpsc.gov/cpscpub/pubs/323.html</p> <p><i>Poison lookout checklist.</i> CPSC document #383. www.cpsc.gov/CPSCPUB/PUBS/383.html</p> <p><i>Ten steps toward a safer playground.</i> CPSC document #327. www.fcsafekids.org/Playground_Check_List.PDF</p> <p><i>Handbook for public playground safety.</i> Pub. #325. Washington (DC): U.S. Consumer Product Safety Commission; 1997. www.cpsc.gov/cpscpub/pubs/325.pdf.</p>
<p>U.S. Public Interest Research Group <i>Playing It Safe: The sixth nationwide safety survey of public playgrounds.</i> 2002. Executive summary www.pirg.org/playground</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

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

Family Child Care Health and Safety Video and Checklist
Redleaf Press
Phone: (800)423-8309
www.redleafpress.org

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HANDOUTS FOR INJURY PREVENTION MODULE

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

Page Handout Title

25 *Risk of Injury and Stages of Development.* From Health and safety in the child care setting: Prevention of injuries: A curriculum for the training of child care providers.

30 *Safe Playground Habits.* From Health and safety in the child care setting: Prevention of injuries: A curriculum for the training of child care providers.

Handouts from Other Sources

31 *OUCH Report.* (Alkon, et al., 1999).

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

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

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

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

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

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.



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): _____

F. ADDITIONAL INFORMATION: _____

G. CONTRIBUTING FACTOR - Physical Environment (circle one):

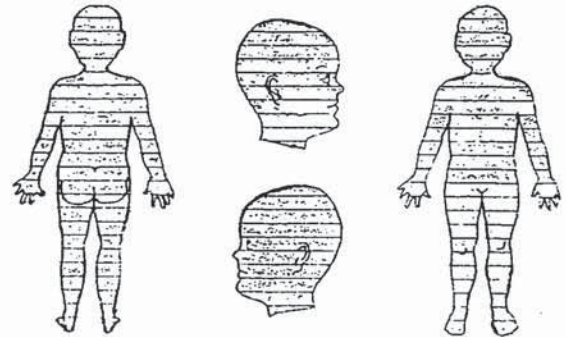
- 0 None
- 1 Wet, sandy, or slippery floor
- 2 Intact equipment
- 3 Broken/faulty equipment/furniture
- 4 Object on floor/ground
- 5 Sharp object
- 6 Window/door/gate
- 7 Other (specify): _____

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? _____

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): _____

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): _____

