Gateways **Credential** Approved Training

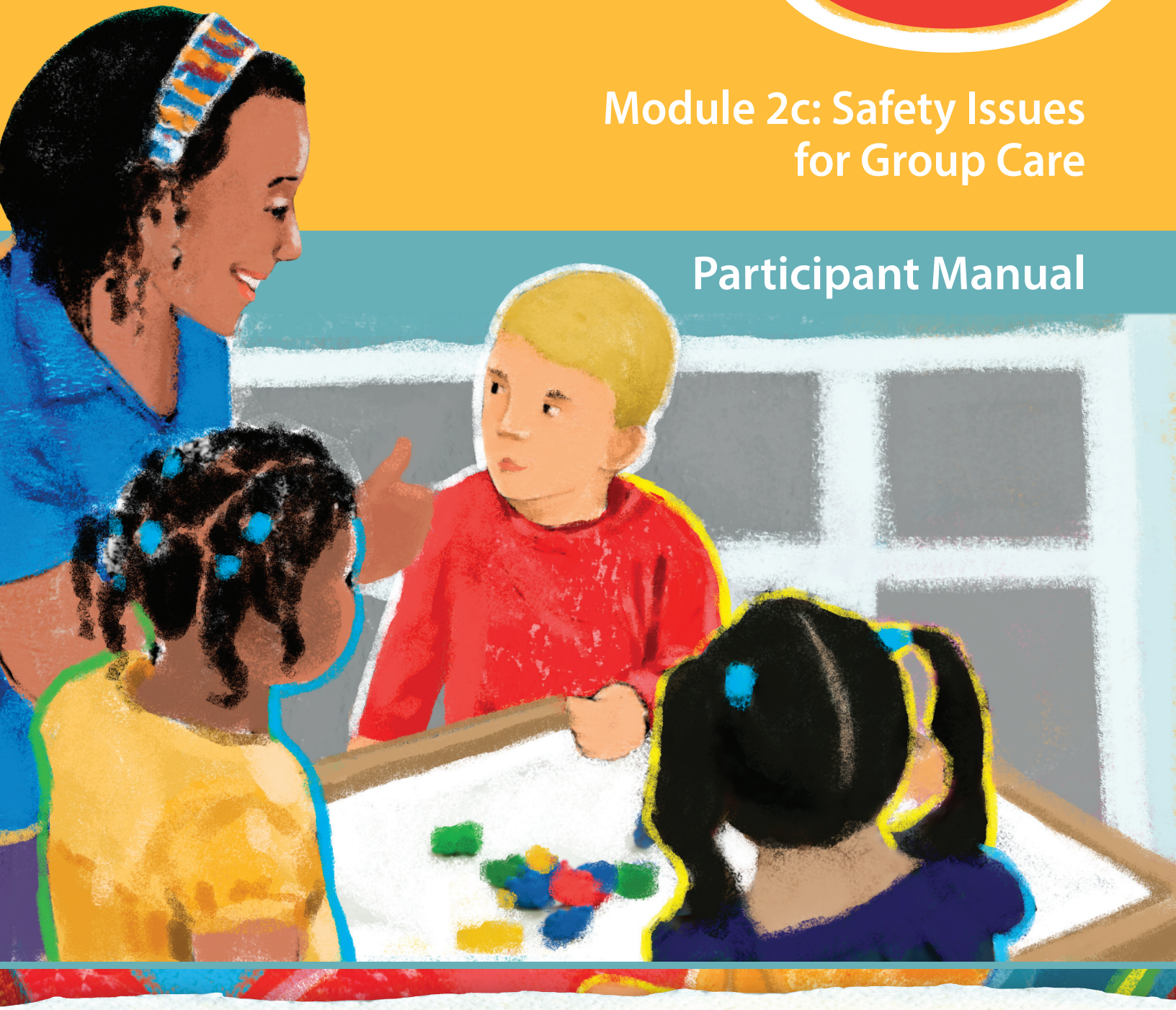
Gateways **Registry** Approved Training

# ECE Credential

## Level 1

## Module 2c: Safety Issues for Group Care

## Participant Manual



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# ECE Credential Level 1 Training

## ***Module 2c:*** *Safety Issues for Group Care*

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Participant Manual · Standardized Version

This training is Registry-approved and counts towards DCFS licensed program training hours for school-age and youth care.

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# Acknowledgments

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# ECE Credential Level 1 Training *Module 2c:* *Safety Issues for Group Care*

## Table of Contents

**Emergency Preparedness**



**Resources**

## Learning Objectives

Following this training, participants will be able to:

- Recognize the warning signs of child abuse and neglect, which includes the responsibilities of a mandated reporter
- Describe the characteristics of safe environments for children, as well as the steps to take to reduce potential hazards to children
- Describe the importance and features of emergency plans which includes first aid emergencies as well as environmental threats

## Agenda/Topics for Today's Training

## Self-Reflection

**Name or topic of your last module:** _____

**Reflect upon the last module you attended and answer the following. If this is your first module, you are not required to complete this section.**

- What new skills have you started or what changes have you made as a result of the training?

  _____

  _____

  _____

- What has worked? What hasn't?

  _____

  _____

  _____

- What resources did you use from the training?

  _____

  _____

  _____

- What other knowledge did you gain as a result of the training?

  _____

  _____

  _____

# Part 1: Keeping Children Safe

## Keeping Children Safe

Keeping children safe is an enormous responsibility in group care. Creating and maintaining a safe environment is essential. Understanding child development principles will assist providers in creating a safe environment.

Why are children prone to accidents?

_____

_____

_____

_____

What is the caregivers' role in providing a safe environment?

_____

_____

_____

_____

## Child Abuse and Neglect

Child abuse statistics in America are startling. Nearly 3 million cases of child abuse and/or neglect are now reported each year. Child neglect is overwhelmingly the most common type of maltreatment nationwide. Research indicates poverty and socioeconomic status are contributors to the number of neglected children. The U.S. Advisory Board on Child Abuse and Neglect has declared child abuse and neglect a national crisis. As a nation, the instances of children being reported with suspected abuse or neglect has been on the rise. While these reports are on the rise, the number of substantiated abuse cases is not. Increased training on the roles and responsibilities of a mandated reporter contributes to this rise in reports.

As a care provider, you may work with a child who is or has been abused. When providing care for children, you must do the following:

- Know the risk factors for both children and adults.
- Know and understand your legal responsibilities as a mandated reporter.
- Plan a course of action if you suspect a child is being abused.

As mandated reporters for child abuse and neglect, early care and education professionals play a key role in identifying and reporting suspected abuse and neglect. Newly hired staff must complete the Illinois Department of Child and Family Services Mandated Reporter training within 30 days of being hired.

Should a phone call to the Child Abuse hotline need to be made, the caller will need to provide the child's name, documentation of the abuse, and the abuser's name and address. Center-based programs may also have procedures to follow to report the suspected abuse or neglect to the administrative team. The role of a mandated reporter also includes confidentiality. As professionals, providers should not gossip or share their opinions with others should they have to report suspected abuse or neglect.

## For Mandated Reporters ONLY

**Who are mandated reporters?**
Members of the general public are encouraged to report suspected child abuse and neglect. However, state law mandates that workers in certain professions must make reports if they have reasonable cause to suspect abuse or neglect. Mandated reporters include:

- **Medical Personnel:** Physicians, psychiatrists, surgeons, residents, interns, dentists, dentist hygienists, medical examiners, pathologists, osteopaths, coroners, Christian Science practitioners, chiropractors, podiatrists, registered and licensed practical nurses, emergency medical technicians, substance abuse treatment personnel, hospital administrators and other personnel involved in the examination, care or treatment of patients.
- **School and Child Care Personnel:** Teachers, administrators, certified and non-certified school employees, school board members, educational advocates assigned to a child pursuant to the School Code, truant officers, directors and staff assistants of day care centers and nursery schools, and child care workers.
- **Law Enforcement:** Truant officers, probation officers, law enforcement officers, and field personnel of the Department of Corrections.
- **State Agencies:** Field personnel from the Department of Children and Family Services, Department of Public Health, Department of Corrections, Department of Human Rights, Department of Healthcare and Family Services, and Department of Human Services. Supervisors and administrators of general assistance under the Illinois Public Aid Code are also included.
- **Others:** Social workers, counselors, social service administrators, substance abuse treatment personnel, domestic violence program personnel, crisis line or hotline personnel, foster parents, homemakers, recreational program or facility personnel, registered psychologists and assistants working under the direct supervision of a psychologist, funeral home directors and employees, and members of the clergy.

Mandated reporters who make good faith reports have the same immunity from liability under the law as non-mandated reporters. **However, a mandated reporter's willful failure to report suspected instances of child abuse or neglect to DCFS constitutes a Class A misdemeanor.** A second or subsequent violation is a Class 4 felony.

**Does reporting my suspicions to a superior satisfy my mandated reporter requirement?**
No. While you may also inform your superiors (such as the school principal or an administrator) of your suspicions, this does not satisfy your mandated reporter requirement that you call the hotline.

**Am I still a mandated reporter if someone who is now over 18 years old tells me he or she was abused as a child?**
If the person reporting the abuse has reason to believe that the alleged perpetrator has had, or currently has, access to children under 18, you should call the hotline. In cases where the alleged perpetrator does not have access to children, contact your local law enforcement agency.

**How should mandated reporters make reports?**
Call the child abuse hotline as soon as possible. You must also send written confirmation to the appropriate DCFS field office within 48 hours. The department will provide a form to use when sending this confirmation. If you suspect a child's death may have been caused by abuse or neglect, you must also call your county's coroner or medical examiner.

**NOTICE**
Any person who knowingly transmits a false report to the department commits the offense of disorderly conduct under subsection (a) (7) of Section 26-1 of the Criminal Code of 1961. A first violation of this subsection is a Class B misdemeanor, punishable by a term of imprisonment for up to one year, or by a fine not to exceed $500, or by both such term and fine. A second or subsequent violation is a Class 4 felony.

**How can I learn more?**
The DCFS publication *A Manual for Mandated Reporters* is available in English and Spanish, and can be downloaded from the department's website (www.DCFS.illinois.gov). Additional training opportunities will also be advertised on the DCFS website.

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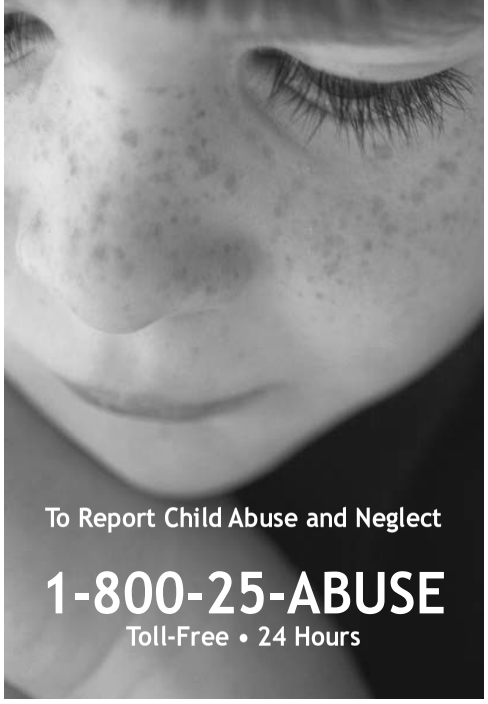
Illinois Department of DCFS Children & Family Services

# Care Enough to Call



To Report Child Abuse and Neglect

**1-800-25-ABUSE**

Toll-Free • 24 Hours

## Care Enough to Call

Protecting children is a responsibility we all share. It is important for every person to take child abuse and neglect seriously, to be able to recognize when it happens, and to know what to do next. Care enough to call the state's child abuse hotline:

1-800-25-ABUSE
(1-800-252-2873)
1-800-358-5117 (TTY)

## What are child abuse and neglect?

This year hotline workers will handle approximately 70,000 reports of child abuse and neglect. Child abuse is the mistreatment of a child under the age of 18 by a parent, caretaker, someone living in their home or someone who works with or around children. The mistreatment must cause injury or harm, or put the child at risk of injury or harm. Child abuse can be physical (such as bruises, burns or broken bones), sexual (such as fondling, penetration, exposure to pornography, or incest) or emotional.

Neglect happens when a parent or responsible caretaker fails to provide adequate supervision, food, clothing, shelter, medical care or other basics for a child.

## When should I call the hotline?

You should call the child abuse hotline whenever you believe that a person who is caring for the child, who lives with the child, or who works with or around children may have caused injury or harm or put the child at risk of injury or harm as defined in the Illinois Abused and Neglected Child Reporting Act.

Some examples of situations in which you should call the hotline include:

- If you see someone beating a child or hitting a child with an object.
- If you see marks on a child's body that do not appear to have been caused by accident.
- If a child tells you that he or she has been harmed by someone.
- If a child appears to be undernourished, is dressed inappropriately for the weather, or is young and has been left alone.

Use your own judgment and call the hotline whenever you think a child may have been abused or neglected.

## When should I NOT call the hotline?

Some situations do not require calling the hotline. Use good judgment. Call only when you think a child may have been or will be injured or harmed as described above. Some examples of when you should **not** call the hotline include:

- Situations where a child is causing a problem that concerns you, but the problem is not related to abuse or neglect. In some cases you may wish to call law enforcement or talk to the child's parents or relatives.
- Domestic situations where family stress is evident, but the child has not been abused or put at risk of abuse. Community service agencies are often available to help.
- If you're seeking information about DCFS or its programs, the Office of Communications is available to answer questions. Call 312-814-6847, or you may call your local DCFS office.

## What should I report?

Hotline staff are workers with special training in determining what constitutes child abuse and neglect under Illinois law. Details are important. Ideally, you should be able to tell the hotline worker:

- The child's name, address and age.
- The nature of the suspected abuse or neglect, including when and where it occurred.
- The names of suspected perpetrators, if known, and their relationship to the child (parent, teacher, etc.).
- Any other information you think may help.

## What happens when I call the hotline?

When you call, a hotline worker will listen to what you wish to report. The worker will then ask questions to help gather enough information to determine whether to take a formal report. If there is not enough information to make a report, the worker will tell you so and answer any questions you may have.

If a formal report is taken, an Investigation Specialist will begin the investigation within 24 hours–much sooner if the child is considered in immediate risk of harm.

## How am I protected?

People who report alleged child abuse or neglect in good faith cannot be held liable for damages under criminal or civil law. In addition, their names are not given to the person they name as the abuser or to anyone else unless ordered by a hearing officer or judge. Members of the general public may make reports to the hotline without giving their names.

## Should I call the police?

Always call the child abuse hotline to report suspected child abuse or neglect. However, you should also consider calling the police–especially in emergencies, when the child has been injured, or when the child is in immediate danger of being harmed.

## How else can I help?

The Illinois income tax check-off program enables anyone to donate to the Child Abuse Prevention Fund when they file their state income tax returns. The money is used to support community-based family education programs designed to help parents improve their parenting skills and to help them learn how to cope with family life.

You can also be an important part of improving foster care in your community. There are many ways you can make a difference, including becoming a foster parent, mentoring a foster child, volunteering at your local foster care agency, and helping to change the way people think about foster care. For more information, call 888-4 R KIDS 2 (toll free) or visit www.fosterkidsareourkids.org.

## Why are some children at risk for abuse or neglect?

Any kind of abuse can be found in families at any economic or social level in the community. A family whose members are experiencing stress, marital problems, substance abuse, emotional immaturity, or emotional disturbance are families facing critical issues. Children in these families are at risk of abuse or neglect.

Some children have characteristics which place them at a higher risk to be mistreated. It has been found children with special needs are more likely than other children to suffer abuse. The following characteristics may contribute to a child being a victim of abuse and/or neglect:

- Small stature or being one of the youngest in the family
- Low-birth-weight infants; they tend to cry more and are less responsive to interactions in the first six months of life
- Colicky infants
- Socially immature children may be more susceptible to offers of attention and affection in exchange for sexual activities

## When and how does the report need to be made?

You are a mandated reporter.

Reporting suspected abuse is a legal obligation as a care provider. If a child in your care shows signs of child abuse or neglect, you must make a report to the proper authorities. It is your responsibility to see to the protection of the child.

- The child's name, age and address
- The parent's name and address
- An objective, documented description of the problem observed

The call you make to the child protective agency is a Mandated Reporter Referral. The agency can give you some community resources and referrals for the family or they will investigate the family. You may never know the outcome of your referral. Other ways you can support the family are to:

- Give the parent information on child development. Parents who have a better understanding of behaviors are better able to cope with them.
- Share a variety of discipline techniques. Suggest methods you use such as natural consequences, distraction, or redirection.
- Talk with the family about stress, acknowledging the difficulties of parenting, and point out their efforts to be good parents.

## Where can I learn more?

National Child Abuse Hotline: (800) 422-4453
Parents Anonymous: (800) 421-0353
Prevent Child Abuse America: (800) 835-2671

## Possible Signs of Abuse and Neglect

| | |
|---|---|
| **Physical Abuse**<br>**Physical indicators:**<br>• Unexplained bruises, welts, human bite marks, bald spots<br>• Unexplained burns, especially cigarette burns or immersion burns<br>• Unexplained fractures or abrasions | **Possible behavioral indicators:**<br>• Withdrawn or aggressive behavioral extremes<br>• Very uncomfortable with physical contact<br>• Seems afraid to go home<br>• Complains of soreness or moves uncomfortably<br>• Wears clothing inappropriate for the weather in order to cover body |
| **Physical Neglect**<br>**Physical indicators:**<br>• Abandonment<br>• Unattended medical needs<br>• Consistent lack of supervision<br>• Untreated or reoccurring head lice<br>• Severely underweight, distended stomach, emaciated look, immature physical development | **Possible behavioral indicators:**<br>• Regularly displays fatigue or listlessness<br>• Steals food, begs from peers<br>• Reports that no caretaker is at home<br>• Frequent unexplained absences<br>• Self-destructive<br>• Consistent hunger, inappropriate dress, poor hygiene |
| **Sexual Abuse**<br>**Physical indicators:**<br>• Torn, stained, or bloody underclothing<br>• Pain or itching in the genital area<br>• Difficulty walking or sitting<br>• Bruises or bleeding in the external genitalia<br>• Venereal disease<br>• Frequent urinary or yeast infections | **Possible behavioral indicators:**<br>• Withdrawn or chronically depressed<br>• Low self-esteem<br>• Sudden massive weight loss or gain<br>• Suicide attempts<br>• Hysteria, consistent lack of emotional control<br>• Sudden school difficulties<br>• Very threatened by physical contact or closeness<br>• Inappropriate sex play or premature understanding of sex for age |
| **Emotional Abuse**<br>**Physical indicators:**<br>• Delayed physical development<br>• Substance abuse<br>• Obesity<br>• Self-abusive behaviors<br>• Increased severity in existing conditions, such as asthma or allergies | **Possible behavioral indicators:**<br>• Habit disorders (sucking of fingers or excessive rocking)<br>• Antisocial or destructive behavior<br>• Sleep disorders<br>• Passive or aggressive behavioral extremes<br>• Significant development delays<br>• Dramatic changes in child's behavior |

# Abusive Head Trauma

Abusive head trauma is the leading cause of physical abuse in children under the age of five. Shaken Baby Syndrome is the most common type of abusive head trauma.

### Shaken Baby Syndrome

Shaken baby syndrome is caused by vigorous shaking of an infant or young child by the arms, legs, chest or shoulders. Forceful shaking can result in brain damage leading to intellectual or developmental disabilities, speech and learning disabilities, paralysis, seizures, hearing loss and even death. It may cause bleeding around the brain and eyes, resulting in blindness. A baby's head and neck are especially vulnerable to injury because the head is so large and the neck muscles are still weak. In addition, the baby's brain and blood vessels are very fragile and easily damaged by whiplash motions, such as shaking, jerking, and jolting.

Shaken Baby Syndrome (SBS) is a form of abusive head trauma (AHT) that results in _____ _____

SBS is most common in children under the age of _____, with children under age _____ having the highest instances

It is estimated as many as _____ children are victims of SBS annually
_____ in _____ of these incidents are fatal
The remainder suffer _____ brain damage

The most common trigger for shaking a child is inconsolable _____.

Because their heads account for _____ of their body weight and their neck muscles are developing, babies under _____ year of age are at the greatest risk of injury.

Symptoms may not appear _____. Some may take several days to show up and may be mistaken as an illness.

Per ILDCFS licensing regulations, all providers in licensed care must have completed Shaken Baby Syndrome Training. This requirement can be met by taking the online course at courses.inccrra.org.

# Part 2: Safety Issues in Group Care

# Safety Issues in Group Care

The safety measures in group care may not reflect the practices parents follow at home. Share with parents that the practices in place ensure the safety of all children in the care setting.

One such issue is safe sleep. While the American Academy of Pediatrics does not condone co-sleeping, parents may choose this option based on their own cultural background. The same can be said for parents wanting their baby to sleep on his/her side or stomach or to be put to sleep with a bottle.

As with Shaken Baby Syndrome, all providers need to complete a training in Sudden Infant Death Syndrome 30 days within being hired. The following slides outline the importance of this training and providing a safe sleep environment.

# Safe Sleep

**Sudden Unexpected Infant Death (SUID)**

- Defined as the unexpected death of an infant under _____ of age
- Most occur due to an _____ sleep environment
- _____ deaths annually

Types of SUID:

- _____ - leading cause of death in a child under one year of age (1500 children annually)
- _____ - caused by soft bedding, overlaying, entrapment, getting head caught in crib slats
- _____

## Creating a Safe Sleep Environment

**Safe, Simple Sleep**

- Safe: crib with no _____ parts
- Simple: no _____, pillows, stuffed toys, or _____
- Sleep: place infants on their _____ to sleep

ILDCFS Licensing Standards, which took effect December 2012, state cribs manufactured prior to June 28, 2011 are not to be fixed, resold, or donated. Immobilizing the drop-side of a crib or attempting to fix a crib to make it safe does not make the crib compliant with the Federal regulation.

While it may be tempting to "tuck" babies in for sleep, the only thing in the crib should be the baby. Providers may want to consider using a sleep sack for napping infants. Placing babies on their backs to sleep has dramatically reduced the instances of SIDS. In addition, recent research indicates using pacifiers after one month of age also decreases the instances of SIDS.

www.cpsc.gov

# Child Care Providers
## Your Guide to New Crib Standards

Beginning **December 28, 2012,** any crib provided by child care facilities and family child care homes must meet new and improved federal safety standards. The new standards take effect for manufacturers, retailers, importers and distributors on **June 28, 2011,** addressing deadly hazards previously seen with traditional drop-side rails, requiring more durable hardware and parts and mandating more rigorous testing.

### What you should know…

- **This is more than a drop side issue. Immobilizing your current crib will not make it compliant.**
- **You cannot determine compliance by looking at the product.**
- **The new standards apply to all full-size and non full-size cribs including wood, metal and stackable cribs.**
- **If you purchase a crib prior to the June 28, 2011 effective date and you are unsure it meets the new federal standard, CPSC recommends that you verify the crib meets the standard by asking for proof.**
  - o Ask the manufacturer, retailer, importer or distributor to show a Certificate of Compliance. The document must:
    - Describe the product
    - Give name, full mailing address and telephone number for importer or domestic manufacturer
    - Identify the rule for which it complies (16 CFR 1219 or 1220)
    - Give name, full mailing address, email address and telephone number for the records keeper and location of testing lab
    - Give date and location of manufacture and testing
  - o The crib must also have a label attached with the date of manufacture

### What you should do…

- **All child care facilities, family child care homes, and places of public accommodation:**
  - o Must prepare to replace their current cribs with new, compliant cribs before December 28, 2012.
  - o Should not resell, donate or give away a crib that does not meet the new crib standards.
- **Dispose of older, noncompliant cribs in a manner that the cribs cannot be reassembled and used.**
- **Noncompliant cribs should not be resold through online auction sites or donated to local thrift stores. CPSC recommends disassembling the crib before discarding it.**

# Baby's Safe Sleep Checklist

## Share these safety tips with everyone who cares for your baby.

- ❑ Place baby to sleep on his or her back at naptime and at night time.
- ❑ Use a crib that meets current safety standards with a firm mattress that fits snugly and is covered with only a tight-fitting crib sheet.
- ❑ Remove all soft bedding and toys from your baby's sleep area (this includes loose blankets, bumpers and positioners). The American Academy of Pediatrics suggests using a wearable blanket instead of loose blankets to keep your baby warm.
- ❑ Offer a pacifier when putting baby to sleep. If breast-feeding, introduce pacifier after one month or after breastfeeding has been established.
- ❑ Breastfeed, if possible, but when finished, put your baby back to sleep in his or her separate safe sleep area alongside your bed.
- ❑ Never put your baby to sleep on any soft surface (adult beds, sofas, chairs, water beds, quilts, sheep skins etc.)
- ❑ Never dress your baby too warmly for sleep; keep room temperature 68-72 degrees Fahrenheit.
- ❑ Never use wedges or positioners to prop your baby up or keep him on his back.
- ❑ Never allow anyone to smoke around your baby or take your baby into a room or car where someone has recently smoked.

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# Lista de comprobación Sueño seguro para el bebé

## Que cada persona que cuida al bebé siga reglas de sueño seguro.

- ❑ Acueste al bebé boca arriba a la hora de la siesta y en la noche.
- ❑ Use una cuna que cumpla con las normas de seguridad vigentes, con un colchón firme que no deje espacios libres y que esté cubierto únicamente con una sábana de cajón para cuna.
- ❑ Retire todas las cobijas suaves y los juguetes del área donde duerme su bebé. La Academia Americana de Pediatría sugiere que se utilice una cobija que el bebé pueda usar como si fuera ropa en lugar de cobijas sueltas para mantener arropado a su bebé.
- ❑ De ser posible, alimente al bebé con leche materna, pero al terminar, vuelva a acostar al bebé en su área segura y separada a un lado de la cama donde usted duerme.
- ❑ Al acostar al bebé, ofrézcale un chupón. Si alimenta al bebé con leche materna, introduzca el chupón después de un mes o después de que se haya establecido la lactancia materna.
- ❑ Nunca acueste a su bebé a dormir en ninguna superficie blanda (camas para adultos, sillones, sillas, camas de agua, colchas, piel de borrego, etc.)
- ❑ Nunca vista a su bebé con ropa demasiado calurosa para dormir; mantenga la temperatura ambiente a 68-72 °F (20-22 °C).
- ❑ Nunca utilice almohadas en forma triangular o posicionadores para acomodar a su bebé o mantenerlo boca arriba.
- ❑ Nunca permita que nadie fume cerca de su bebé ni lleve al bebé a una habitación o automóvil donde alguien haya fumado recientemente.

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# Baby's Safe Sleep Checklist

## Share these safety tips with everyone who cares for your baby.

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- ☐ Use a crib that meets current safety standards with a firm mattress that fits snugly and is covered with only a tight-fitting crib sheet.
- ☐ Remove all soft bedding and toys from your baby's sleep area (this includes loose blankets, bumpers and positioners). The American Academy of Pediatrics suggests using a wearable blanket instead of loose blankets to keep your baby warm.
- ☐ Offer a pacifier when putting baby to sleep. If breast-feeding, introduce pacifier after one month or after breastfeeding has been established.
- ☐ Breastfeed, if possible, but when finished, put your baby back to sleep in his or her separate safe sleep area alongside your bed.
- ☐ Never put your baby to sleep on any soft surface (adult beds, sofas, chairs, water beds, quilts, sheep skins etc.)
- ☐ Never dress your baby too warmly for sleep; keep room temperature 20-22 degrees Celsius.
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- ☐ Never allow anyone to smoke around your baby or take your baby into a room or car where someone has recently smoked.

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# Liste de sommeil sécuritaire pour bébé

## Partagez les informations suivantes avec toute personne susceptible de s'occuper de votre enfant.

- ☐ Coucher votre bébé sur le dos pour dormir, que ce soit pour la sieste ou la nuit.
- ☐ Utiliser un lit de bébé correspondant aux normes de sécurité en vigueur, avec un matelas ferme parfaitement adapté à la taille du lit et des draps ajustés.
- ☐ Enlever tous les jouets et couvertures souples de l'espace de sommeil de votre bébé. L'American Academy of Pediatrics préconise l'utilisation de turbulettes au lieu de couvertures souples pour garder votre bébé au chaud.
- ☐ Proposer une tétine à votre enfant lorsque vous le couchez. Si vous allaitez, présentez la tétine au bout d'un mois, ou une fois que l'allaitement est bien en place.
- ☐ Allaiter, si cela est possible, mais une fois la tétée terminée, recoucher le bébé dans un lit séparé, le long du vôtre.
- ☐ Installer votre bébé sur une surface souple (lits d'adulte, canapés, fauteuils, lits d'eau, courtepointes, peaux de mouton, etc.)
- ☐ Habiller votre bébé trop chaudement ; maintenir une température de 20 à 22 ºC (68-72 ºF).
- ☐ Utiliser de cale-bébé, quel qu'il soit, pour soutenir votre bébé ou le maintenir sur le dos.
- ☐ Accepter l'usage du tabac près de votre bébé. Ne tolérez pas non plus que votre enfant aille dans une pièce ou une voiture dans lesquelles quelqu'un a fumé peu avant.

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# What Does a Safe Sleep Environment Look Like?

*Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death*

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.

Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby's sleep area is next to where parents sleep.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov.

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

SAFE TO SLEEP®

# Safe Sleep For Your Baby

SAFE TO SLEEP®

- Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
- Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.
- Room sharing—keeping baby's sleep area in the same room where you sleep—reduces the risk of SIDS and other sleep-related causes of infant death.
- Keep soft objects, toys, crib bumpers, and loose bedding out of your baby's sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.
- To reduce the risk of SIDS, women should:
  - Get regular health care during pregnancy, and
  - Not smoke, drink alcohol, or use illegal drugs during pregnancy or after the baby is born.
- To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.
- Breastfeed your baby to reduce the risk of SIDS.
- Give your baby a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS.
- Do not let your baby get too hot during sleep.

* For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov.

- Follow health care provider guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Give your baby plenty of Tummy Time when he or she is awake and when someone is watching.

## Remember Tummy Time!

Place babies on their stomachs when they are awake and when someone is watching. Tummy Time helps your baby's head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.

For more information about SIDS and the Safe to Sleep® campaign:
**Mail:** 31 Center Drive, 31/2A32, Bethesda, MD 20892-2425
**Phone:** 1-800-505-CRIB (2742)
**Fax:** 1-866-760-5947
**Website:** http://safetosleep.nichd.nih.gov

NIH Pub. No. 12-5759
August 2014



NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

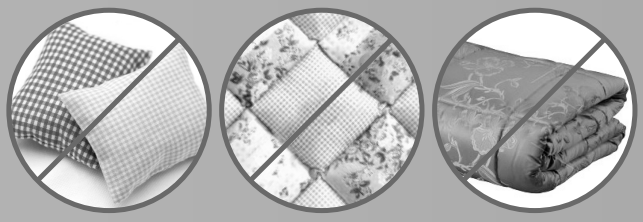
# BARE is Best!

*for your baby's sleep environment*

## Keep your Baby Cozy

- Always place baby on back to sleep
- Use a crib that meets current CPSC standards
- Keep pillows, quilts, comforters and cushions out of baby's crib, bassinet or play yard
- Use a firm, tight-fitting mattress
- Positioning devices are unnecessary and can be deadly
- For warmth, dress baby in footed pajamas

## Without the Clutter



**Never add pillows, quilts, comforters or cushions to your baby's crib, bassinet or play yard.**

Nearly half of the infant crib deaths and two-thirds of bassinet deaths reported to CPSC each year are suffocations from a baby being placed on top of pillows and thick quilts or because of overcrowding in baby's sleep environment.

NSN
NEIGHBORHOOD SAFETY NETWORK
A PROJECT OF THE U.S. CONSUMER PRODUCT SAFETY COMMISSION

NSN 12-5

UNITED STATES OF AMERICA
CONSUMER PRODUCT
SAFETY COMMISSION

www.CPSC.gov

***Safe Sleep for Babies* Video Notes:**

_____

_____

_____

## Slips, Trips, and Falls

Slips, trips, and falls are the number one leading cause of hospitalized injury in the U.S. for children ages 0-14. Most of these accidents occur in children 4 years and younger. Why?

- Developing _____ skills
- Developing _____
- Toddler _____ ratio

As gross motor skills develop, children do need a safe place to practice these emerging skills, but also are prone to accidents as they learn the capabilities of their growing/changing bodies. As a child moves through infancy to toddlerhood, and onto the preschool stage, coordination improves, but with it comes the risk of accidents. Cognitively, a toddler may not fully understand the concept of cause and effect. While it may be exciting for a toddler to climb the stairs, how to get down may be a different story. Toddlers are also "top heavy" as their head still is roughly 25% of their body weight. Tumbles as they get over center are a natural part of development. Providing a safe place to move and fall is needed in the care setting.

What can a provider do to reduce the risk of slips, trips, and falls?

_____

_____

_____

_____

## Outdoor Safety

Each year, more than 200,000 children go to the U.S. hospital emergency rooms with injuries associated with playground equipment. Children ages 5-9 are the most likely to be injured. Most injuries occur when a child falls from the equipment onto the ground. While supervision can prevent many injuries, arranging a safe outdoor environment is also critical.

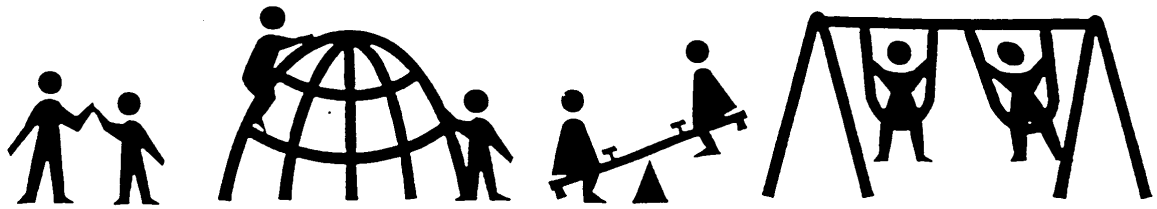
Prior to taking children outdoors:

- Inspect play area for _____
- Check _____ supplies - what needs to be replenished or replaced
- Prepare children - _____, bug spray, outerwear, etc.

Accidents will still happen when taking children outdoors. Being prepared with a well stocked emergency backpack will enable providers to attend to children quickly should an accident happen.

# America's Playgrounds

## Safety Report Card



**DOES YOUR PLAYGROUND MAKE THE GRADE?**

Evaluate your playground using the following criteria.
A full explanation of the criteria is on the following page.

| | Yes | No |
|---|---|---|
| **SUPERVISION** | | |
| Adults present when children are on equipment | | |
| Children can be easily viewed on equipment | | |
| Children can be viewed in crawl spaces | | |
| Rules posted regarding expected behavior | | |
| **AGE-APPROPRIATE DESIGN** | | |
| Playgrounds have separate areas for ages 2-5 and 5-12 | | |
| Platforms have appropriate guardrails | | |
| Platforms allow change of directions to get on/off structure | | |
| Signage indicating age group for equipment provided | | |
| Equipment design prevents climbing outside the structure | | |
| Supporting structure prevents climbing on it | | |
| **FALL SURFACING** | | |
| Suitable surfacing materials provided | | |
| Height of all equipment is 8 feet or lower | | |
| Appropriate depth of loose fill provided | | |
| Six foot use zone has appropriate surfacing | | |
| Concrete footings are covered | | |
| Surface free of foreign objects | | |
| **EQUIPMENT MAINTENANCE** | | |
| Equipment is free of noticeable gaps | | |
| Equipment is free of head entrapments | | |
| Equipment is free of broken parts | | |
| Equipment is free of missing parts | | |
| Equipment is free of protruding bolts | | |
| Equipment is free of rust | | |
| Equipment is free of splinters | | |
| Equipment is free of cracks/holes | | |
| **TOTAL POINTS** | | |

**SCORING SYSTEM**

Total the number of "Yes" answers in the "Total Points" box in the table.

**24 – 20 = A**
Congratulations on having a SAFE playground. Please continue to maintain this excellence.

**19 – 17 = B**
Your playground is on its way to providing a safe environment for children. Work on the areas checked 'No'.

**16 – 13 = C**
Your playground is potentially hazardous for children. Take corrective measures.

**12 – 8 = D**
Children are at risk on this playground. Start to make improvements.

**7 & = F**
Do not allow children on this playground. Make changes immediately.

****If any of the gray boxes are marked 'NO', the potential of a life-threatening injury is significantly increased. Contact the owner of the playground.**

**For Additional Resources and Information Contact:**
**National Program for Playground Safety: 1-800-554-PLAY (7529) ~ www.playgroundsafety.org**

Reference: National Program for Playground Safety, 2006.

## Explanation of Risk Factor Criteria

**SUPERVISION**

*1. Since equipment can't supervise children, it is important that adult supervision is present when children are playing on the playground.
2. In order to properly supervise, children need to be seen. This question is asking if there are any blind spots where children can hide out of the sight of the supervisor.
3. Many crawl spaces, tunnels, and boxed areas have plexiglas or some type of transparent material present to allow the supervisor to see that a child is inside the space. When blind tunnels are present, children cannot be properly supervised.
4. Rules help reinforce expected behavior. Therefore, the posting of playground rules is recommended. For children, ages 2-5, no more than three rules should be posted. Children over the age of five will remember five rules. These rules should be general in nature, such as "respect each other and take turns."

**AGE APPROPRIATE DESIGN**

*1. It is recommended that playgrounds have separate areas with appropriately sized equipment and materials to serve ages 2-5 and ages 5-12. Further, the intended user group should be obvious from the design and scale of equipment. In playgrounds designed to serve children of all ages, the layout of pathways and the landscaping of the playground should show the distinct areas for the different age groups. The areas should be separated at least by a buffer zone, which could be an area with shrubs or benches.
*2. Either guardrails or protective barriers may be used to prevent inadvertent or unintentional falls off elevated platforms. However, to provide greater protection, protective barriers should be designed to prevent intentional attempts by children.
3. Platforms over six feet in height should provide an intermediate standing surface where a decision can be made to halt the ascent or to pursue an alternative means of descent.
4. Signs posted in the playground area can be used to give some guidance to adults as to the age appropriateness of equipment.
5. Children use equipment in creative ways which are not necessarily what the manufacturer intended when designing the piece. Certain equipment pieces, like high tube slides, can put the child at risk if they can easily climb on the outside of the piece. The answer to this question is a judgment on your part as to whether the piece was designed to minimize risk to the child for injury from a fall.
6. Support structures such as long poles, bars, swing frames, etc. become the play activity. The problem is that many times these structures have no safe surfacing underneath and children fall from dangerous heights to hard surfaces.

**FALL SURFACING**

*1. Appropriate surfaces are either loose fill (engineered wood fiber, sand, pea gravel, or shredded tires) or unitary surfaces (rubber tiles, rubber mats, and poured in place rubber). Inappropriate surface materials are asphalt, concrete, dirt, and grass. It should be noted that falls from 1 ft. onto concrete could cause a concussion. Falls from a height of eight feet onto dirt is the same as a child hitting a brick wall traveling 30 mph.
*2. Research has shown that equipment heights can double the probability of a child getting injured. We recommend that the height of equipment for pre-school age children be no higher than 6 feet and the height of equipment for school age children be limited to 8 feet.
*3. Proper loose fill surfacing must be at the appropriate depth to cushion falls. An inch of sand upon hard packed dirt will not provide any protection. We recommend 12 inches of loose fill material under and around playground equipment.
*4. Appropriate surfacing should be located directly underneath equipment and extend six feet in all directions with the exception of slides and swings, which have a longer use zone.
*5. You should not be able to see concrete footings around any of the equipment. Deaths or permanent disabilities have occurred from children falling off equipment and striking their heads on exposed footings.
6. Glass, bottle caps, needles, trash, etc. can also cause injury if present on playground surfaces.

**EQUIPMENT MAINTENANCE**

*1. Strangulation is the leading cause of playground fatalities. Some of these deaths occur when drawstrings on sweatshirts, coats, and other clothing get caught in gaps in the equipment. The area on top of slides is one potential trouble spot.
*2. Entrapment places include between guardrails and underneath merry-go-rounds. Head entrapment occurs when the body fits through a space but the child's head cannot pass through the same space. This occurs because generally, young children's heads are larger than their bodies. If the space between two parts (usually guardrails) is more than three and a half inches then it must be greater than nine inches to avoid potential entrapment.
*3. Broken equipment pieces are accidents waiting to happen. If a piece of equipment is broken, measures need to be taken to repair the piece. In the meantime, children should be kept off the equipment.
*4. Missing parts also create a playground hazard. A rung missing from a ladder, which is the major access point onto a piece of equipment, poses an unnecessary injury hazard for the child.
5. Protruding bolts or fixtures can cause problems with children running into equipment or catching clothing. Therefore, they pose a potential safety hazard.
6. Exposed metal will rust. This weakens the equipment and will eventually create a serious playground hazard.
7. Wood structures must be treated on a regular basis to avoid weather related problems such as splinters. Splintering can cause serious injuries to children.
8. Plastic equipment may crack or develop holes due to temperature extremes and/or vandalism. This is a playground hazard.

***If these risk factors are missing, the potential for a life-threatening injury is significantly increased.**

2006 National Program for Playground Safety

# Playground Safety Report Card Follow-up

**For any item checked NO on the Playground Safety (PS) Report card, indicate how the item will be remedied and the date of completion.**

| Highlight any item checked NO from the PS Report Card | How item will be fixed | Date completed |
|---|---|---|
| **SUPERVISION** | | |
| Adults present when children are on equipment | | |
| Children can be easily viewed on equipment | | |
| Children can be viewed in crawl spaces | | |
| Rules posted regarding expected behavior | | |
| **AGE-APPROPRIATE DESIGN** | | |
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| Supporting structure prevents climbing on it | | |
| **FALL SURFACING** | | |
| Suitable surfacing materials provided | | |
| Height of all equipment is 8 feet or lower | | |
| Appropriate depth of loose fill provided | | |
| Six foot use zone has appropriate surfacing | | |
| Concrete footings are covered | | |
| Surface free of foreign objects | | |
| **EQUIPMENT MAINTENANCE** | | |
| Equipment is free of noticeable gaps | | |
| Equipment is free of head entrapments | | |
| Equipment is free of broken parts | | |
| Equipment is free of missing parts | | |
| Equipment is free of protruding bolts | | |
| Equipment is free of rust | | |
| Equipment is free of splinters | | |
| Equipment is free of cracks/holes | | |

Adapted from National Playground Safety Program. 2006. America's Playgrounds Safety Report Card.

## The Importance of Supervision

Adequate supervision can reduce accidents caused by slips, trips, or falls. Focus should always be on the children to ensure they are safe and actively engaged in activities. Checking blinds spots, ensuring there is enough age appropriate equipment/toys, and having a plan will reduce accidents as well as minimize discipline issues (which could lead to injury).

In order to adequately supervise children, they need to be seen.

- Check for _____ and "hiding places"
- _____ supervise; do not use outdoor play time to sit on a bench or visit with other providers
- _____ to Face; take a head count of children when transitioning activities

## Burns

Another safety consideration for child care settings is the prevention of burns. The following are ways to prevent burns:

- Set water heater to _____
- Keep children out of the cooking area when preparing meals/snacks
- Have children wear _____, appropriate clothing, or apply _____ when headed outdoors
- Keep chemicals away from children
- Do not use portable _____ _____
- Be sure radiators, steam pipes, etc. are inaccessible to children
- Avoid warming _____ in the microwave

## Fire Prevention

Regarding burns, the following preventative steps will reduce injuries caused from fires:

- Working fire extinguishers
- Working smoke detectors
- Area maintained to prevent fire and reduce burns
    - Do not use candles
    - Store papers away from heat source
    - Do not allow children access to fireplaces, grills, outdoor fire pits

# Activity: Creating a Safe Environment

| Area | Concerns | Possible Prevention Strategies |
|---|---|---|
| **Kitchen** | | |
| **Bathroom** | | |
| **Indoor Play Area** | | |
| **Outdoor Play Area** | | |

# Transportation of Children

Transporting children is not just in a vehicle. Child safety is important regardless of the mode of transportation. Family child care providers often find themselves in situations where various forms of "transportation" are used. Some are part of the daily routine; others are special occasions.

Please note the National Standards for Child Care have deemed 12 or 15 passenger vans as hazardous and they are no longer permissible for the transportation of children.

Regardless of the method of transporting children, the following safety measures are recommended:

- _____ is trained in handling emergency medical situations
- Safety is _____ and taught to children
- First aid kit, contact _____ for children, working cell phone, and address of provider is taken on each trip
- Parents know when, where, and how their child will be transported, and have given their _____ for their child to be transported

Injuries are more likely to occur outside the typical care setting. Remaining current in 1st aid and CPR certification, as well as maintaining records and a well stocked emergency/first aid kit are important to ensure a child receives the care needed in the event of an emergency.

Care providers may be tempted to store emergency information in their smartphone/cell phone. This practice is not recommended. If it is the care provider who needs the medical attention, having this information stored in a personal device may prevent emergency personnel from reaching the children's families in a timely manner.

Providers must ensure that children are never left unattended in the car. As in the licensed facility, smoking is prohibited when transporting children.

Regardless of the method of transportation, modeling and teaching safe behaviors will allow the caregiver to focus on transporting children safely and not to focus on misbehaviors.

Mixed-ages offer the opportunity for older children to serve as role models. Helping younger children walk across the street or assisting with buckling in a car seat reinforces the importance that safety comes first.

## Transporting by Vehicle

- The Illinois Child Passenger Protection Act states the driver is responsible for properly securing children under the age of _____in the appropriate child restraint system.

- Communicate policies with parents.
- Upon request, parents should be able to inspect a valid _____, insurance card, and vehicle registration.

It is estimated 73% of car seats are installed incorrectly. Refer participants to the car seat check points available statewide to have their own vehicle inspected.

Car seat safety inspection sites can be located at: http://www.safercar.gov/cpsApp/cps/index.htm

## Poison Prevention

The shared spaces in a family child care home can be more hazardous than a child care center since household products and medicines (even vitamins) can be left out for curious children to explore.

In every child care setting, chemicals and medicines should be locked and stored out of site and reach of all children.

Never store food or drinks in the same area as cleaning products. Here is a list of products which may be found in your home. If items are labeled "Keep Out of Reach of Children" be sure they are locked away. All other items should be out of reach.

| | |
|---|---|
| **Kitchen** | |
| aspirin | drain cleaner-lye |
| oven cleaner | furniture polish |
| dishwasher soap | ammonia |
| all detergents | metal cleaner |
| rust remover | bleach |
| carpet cleaners | pills |
| vitamins | liquor |
| **Bathroom** | |
| aspirin | drain cleaners-lye |
| all drugs & pills | iron pills |
| all hair products | hand lotions |
| creams | nail products |
| suntan lotions | deodorants |
| shaving lotions | toilet cleaners |
| hair remover | bath oils |
| rubbing alcohol | boric acid |
| room deodorizer | mouthwash |
| **Bedroom** | |
| sleeping drugs | jewelry cleaner |
| after shave | tranquilizers |
| cosmetics | cologne |
| other drugs | perfume |

| | |
|---|---|
| **Closets, Storage Places**<br>rat poison<br>moth balls | <br>ant poison |
| **Garage, Basement**<br>lye<br>pesticides<br>lighter fluids<br>paint remover and thinner<br>paint<br>fertilizer | <br>kerosene<br>gasoline<br>turpentine<br>anti-freeze<br>weed killers |
| **General**<br>flaking paint<br>broken plaster<br>cigarettes | <br>repainted toys<br>plants |

In many homes, lead may be found on walls, woodwork, repainted furniture, painted toys, color- tinted newspaper and ceramic glazed figurines. Some children will chew on peeling paint and chips of loose plaster. Plants may also be dangerous for children. Keep all plants out of reach.

### What to do in the event of a poisoning?

Poisons can be _____, _____swallowed, or enter the bloodstream through contact with the _____ (may also burn skin).

Do not call _____. 911 dispatchers know how to send help, not provide immediate treatment. Call 911 if needed, _____ you have spoken to Poison Control.

Most calls come from homes with children under the age of 5.
_____ of the calls come from schools or day care facilities.

If you suspect a child has been exposed to a poison, call Poison Control at:
1-800-222-1222

### Poison Prevention Training

The Illinois Poison Control Center offers free training and resources in poison prevention. In addition, they have a 24 hour helpline which is manned by medical experts including doctors, nurses, and pharmacists.

46% of the calls Poison Control receives involve children under the age of 5. Shared space in family child care homes can pose an additional risk to children.

Becoming aware of the potential risks and resources available to educate children and families against accidental poisonings is just one step in providing a safe and healthy environment.

If you suspect a child has been exposed to a poison, call Poison Control at: **1-800-222-1222**

## Safety Checklists

Accidents can and will happen in the child care setting. Accident prevention and preparation will reduce the instances of accidents, and allow the provider to provide care for a child who may be injured in the care setting.

Care settings should have at least one appointed staff member to complete safety "audits." These "audits" include:

- Maintaining the inventory of the _____ kit
- Ensuring _____ contact numbers are up to date
- Overall _____ of the child care setting
- _____ can be easily followed by employees

It is also necessary to have a large, fully stocked first aid kit in your child care setting, a smaller kit to be ready to take outside or on field trips, and if transporting children, a first aid kit in the vehicle along with a fire extinguisher. These kits need to be restocked on a regular basis. They should be easily accessible but stored away from the reach of children.

## First Aid

One person on site **must** be current in CPR/First Aid Certification (preferably two).

Preparedness includes:

- Fully stocked first aid kit
- Proper training of all staff
- One trained staff member on site at all times (recommend two)
- Current contact information for the families in your care
- Full understanding of procedures

List a few items that should be included in a well-stocked first aid kit:

- _____
- _____
- _____
- _____
- _____
- _____

Additional items could include a flash light, pen, notebook, and accident report form. No medications, including antibiotic ointment, should be stored in the first aid kit.

Some other things to take outside besides the children are: first aid kit, latex gloves, hand sanitizer, cell phone or walkie talkie, trash bags, safety pins, water and cups, wipes, and a list of children's names and emergency contact information.

List the locations of the first aid kits in your care setting:

- _____
- _____
- _____

## Medical Emergencies

Other emergencies can happen in your child care setting. There are ways to be prepared for these emergencies if/when they do occur. Some things to remember:

- Remain current in _____ and Infant/Child CPR
- Maintain a _____ first aid kit
- Keep emergency numbers _____
- Know who to contact in the event of an emergency

Posted near every phone should be the number for Poison Control, the Child Abuse Hot Line, local emergency services (911), and the local hospital. In the space below, there is space to include your local hospital's phone number.

Illinois Poison Control: 800-222-1222
Child Abuse Hotline: 800-252-2873 (800-25-ABUSE)
Emergency Services: 911
Local Hospital: _____
Name of Hospital
_____
Phone Number

Below are the steps to follow if a child in the care setting needs to receive medical attention:

- Contact the child's parent/guardian or emergency contact number.
- If the parents/guardians cannot be reached, contact the child's physician or medical emergency facility in order to determine what emergency treatment is prescribed.
- If it is determined immediate life-threatening attention is necessary, the child care provider must call 911 for help.
- If the child must be transported to the hospital, the child care provider should accompany the child and stay with the child until the parent or guardian takes responsibility.
- An incident report should be completed as soon as possible (the parent/guardian and child care provider should sign the form).

- In case of serious illness, hospitalization or even the death of a child or staff member, the local authorities and health agencies need to be notified (the other families in the child care setting should be notified as well).

## Activity: Accidental Reports

During an outdoor large motor activity, Micah ran into the parking lot. When he was called back to the group, he tripped and fell over the curb. He scraped his hands and chin. His mouth is bleeding, but you cannot tell if it is his tooth, lip, or tongue. While cleaning him up, you see that he has chipped his tooth. At that point you immediately call his parent. Please use the form below to fill out an accident report.

### Accident Report

Name of provider_____

Name of child injured_____

Parent/Guardian_____

Telephone number_____

Date/Title of accident _____ Age of child _____

Description of accident:

Were there other children or adults involved? How?

Was a doctor contacted? _____Were the child's parents/guardians called?_____

Nature and location of injury (what area of the body was hurt)?

What treatment was administered?

Date_____Provider's Signature_____

Date_____Parent/Guardian's Signature _____

***Make two copies of the completed form. One for you and one for the parent/guardian(s).***

# Part 3: Emergency Preparedness

# Emergency Preparedness

Providers have a tremendous role in providing a safe environment for the children in their care. In addition to being prepared for accidents and maintaining a safe environment, providers need to be prepared in the event of an emergency.

Seventy-five percent of children under the age of five spend their daytime hours away from their parents. Emergencies do happen and the probability of an emergency occurring when youth are outside of the home is high. Youth development professionals need to assure the safety of children at all times. It is critical to follow a written emergency plan when a disaster occurs. (National Association of Child Care Resource & Referral Agencies and Save the Children, Domestic Emergencies Unit, 2010)

Emergency plans should:

- have _____ from staff, _____, and emergency personnel
- be _____ regularly
- be reviewed and updated at least annually

Keeping children calm in an emergency is essential. Staff training and preparedness will assist in keeping children calm and safe.

Emergency plans need to be tailored to the center:

- What are risks in my city/town?
- What are risks in my neighborhood?
- What are risks in my facility?

The *Emergency Preparedness Planning Guide* is a resource developed by Illinois Emergency Medical Services for Children, to assist individual child care centers and homes in developing their disaster plans It includes ideas, tools, and resources, and a full copy of the guide is available at www.luhs.org/emsc.

# Emergency Plans

During an emergency, it is critical you establish and practice routines for emergencies and disaster evacuation. Some emergencies will require everyone to stay in the building. Others will require you to evacuate and some may even require evacuation away from the facility.

### Shelter-in-Place

- Keep yourself and children calm.
- Move the children to the innermost portions of the building or designated tornado shelter.
- Use the attendance roster to verify each child is present by matching the name to the child's face (if children are missing, check bathrooms and hiding places).
- Crouch down in protective postures during imminent danger:
    a. Face interior walls

b .Knees and elbows on the floor
c. Hands over the back of the head to protect head

- Avoid windows and glass doorways.
- Crack windows if time allows.
- Close interior doors.

### Lockdown

- Typically initiated by local police or fire department
- Can be issued when a known person or intruder comes into the building whose health or behavior may be harmful to children or staff
- Neighborhood alert:  burglary, gunman on the loose, etc.

When a lockdown is issued, it is a way to protect youth and staff from harm. While it may be frightening or disruptive, it is important to comply with the lockdown for safety reasons. Lockdowns are typically used to protect youth from school shooters, bomb threats, and other forms of violence. They can also be used when police are engaged in an operation nearby or when a national disaster has been declared.

When a lockdown is ordered, people are told to stay inside, away from windows, and lock their doors. This is designed to prevent entrance from hallways and corridors Windows must be shut, locked, and covered to obscure visibility. People are encouraged to stay away from doors and windows and remain sheltered in an area where they cannot be seen.

### Utilities

Gas Leak

- If anyone in the facility smells gas, take action immediately. Pull the fire alarm and evacuate the building.
- 911 should be notified there is a possible gas leak at the facility.
- The facility director should be notified of the situation, and the facility director or designee will notify the rest of the staff.
- The children and staff should evacuate the building.
- Do not turn ON or OFF an electrical switch.
- The facility should not be entered by anyone until the fire department announces it is safe to return.

Electrical Power Failure

- In the event of a power failure and if the building has a back-up generator, the building's emergency generator should turn on automatically. If a there is no backup generator:
- Contact the electric company.
- If there is danger of fire, evacuate the facility.
- If an electrical short is suspected, turn off power at the main control point.

Water Main Break

- Call facility maintenance personnel.
- Shut off the valve at the primary control point.

The decision to close the facility or delay its opening should be based on the following factors:

- The amount of natural light in the facility.
- The temperature in the facility.
- The ability and necessity of heating food and formula.
- The risk to the health and well- being of children and staff.

## Missing Child Plan

### Prevention

- Complete attendance by looking directly at each child and your attendance list. It is recommended name-to-face attendance be conducted every thirty (30) minutes.
- Children like to hide. Removing blind spots and hiding spots will prevent child care professionals from missing children.

### Procedures

- Quickly and visibly search the building to make sure the child is not hiding. Do not leave other children unattended while looking for a missing child.
- Call 911.
- Search in all areas while waiting for authorities. Locations to search include closed-in spaces such as boxes with covers, furniture with doors, corners of play areas, outdoors, bathrooms, parking lot area, vehicles, and immediate vicinity of the location.

## General Building Evacuation

- In case of a fire or emergency situation, call 9-1-1 (if you have time…even if you call and leave the phone off the hook).
- Keep yourself and children calm.
- Remind children to WALK as they group and exit together.
- Direct children to group together (in a home setting it may not be possible, direct children to your escape exit).
- Use the attendance roster to verify each child is present by checking the name to the child's face—(if child is missing, check all restrooms and hiding places).
- Close all doors.
- Emergency phone numbers, attendance roster, and emergency disaster kits are carried out by the designated staff.
- Leave the building and move the children as far as possible from danger. (The outside location should be on the same side of the street as the program).

- Get all children to a primary or secondary evacuation location.
- If closed doors or handles are warm, use your second way out. Never open doors which are warm to the touch.
- If smoke, heat or flames block your exit routes, stay in the room with doors closed. Place a wet towel under the door and call the fire department or 9-1-1. Open a window and wave a brightly colored cloth or flashlight to signal for help.
- Count children, matching the child's name to the face.
- Stay clear until an all-clear signal is given.
- Do not go back into the building for personal belongings!

## Emergency Plan Development

Before an emergency, it is critical you establish and practice routines for emergencies and disaster evacuation. Some emergencies will require everyone to stay in the building. Others will require you to evacuate and some may even require evacuation away from the facility.

Questions to ask in developing a plan:

- What is my plan for evacuation?
- How will children who cannot walk be evacuated?
- Where will the evacuation plan be posted?
- Where will the emergency phone numbers be posted?
- Where will we meet when outside?
- How will I assure all children are accounted for?
- When will I know it is safe to enter the setting again?
- If it is not possible to reenter the care setting, what alternate shelter is available?
- How will I inform the children and parents/guardians of my procedure for drills?
- How will I inform parents/guardians in the case of a real emergency?

## Keep Families in the Loop

The procedures you have in place for reuniting children with families is one of the most important pieces of information that needs to be communicated.

Make sure families know the following:

- How they will _____ information about their children
- Where the _____ point will be located
- _____ and procedures for who is allowed to pick up children in the event of an emergency
- The importance of having _____ student _____ forms and contact information on file

## Emergency Preparedness Best Practices

- _____ your plan
- Include children/adults  with all levels of _____
- Protect program _____ and _____

Most importantly, practice, practice, practice your emergency and disaster plans. Practicing will help the children and youth in your program understand the seriousness of different situations and the need to have plans in place.

Be sure you have a plan in place for moving any disabled youth if needed. Many emergency systems have flashing lights as well as alarms which sound to assist those with hearing difficulties.

Finally, don't forget to protect your program's information and assets by keeping any electronic records in two places, for instance, one copy on the program's computer system AND another copy on a flash drive or a digital back-up, such as Dropbox or other cloud-based application.

## Disaster Kit

- **Not** the same as a first aid kit

- As with a first aid kit, the disaster kit should be checked to ensure all supplies are in working order and have not expired.

- It is recommended to have individual kits for each child

**Directions:** Discuss and list supplies essential for an emergency kit.

1._____
2._____
3._____
4._____
5._____
6._____
7._____
8._____
9._____
10. _____

# Competency Checklist

Reflect on your understanding of the following competencies:

- Name features of safe and unsafe materials and objects.
- Name signs of possible emotional distress, child abuse and neglect.
- Name responsibilities of child care providers with respect to mandated reporting, including proper procedure for reporting.
- Name substances which are potentially poisonous.
- Describe how safety supports cognitive, social and emotional, motor and language development of children.
- Describe characteristics of indoor and outdoor environments which are physically healthy and safe for children and adults.
- Identify potential safety hazards within a child care setting, including those related to poisons, fire, weather, and outdoor play area.
- Identify important features of an emergency plan, including responsibilities to parents.
- Identify the contents of a First Aid kit for indoor or outdoor use.
- Locate a list of emergency telephone numbers for the local community.
- Recall state child care licensing standards related to safety.
- Identify procedures for teaching children about safety as part of daily routines.
- Identify local resources which can be used to support a safe, healthy environment for children, including those for CPR/ First Aid training.
- Identify resources in the local community to assist in teaching children about safety.

# Resources

# Safety Songs and Finger Plays

### Ten Brave Firefighters

Ten brave firefighters sleeping in a row. (Fingers curled to make sleeping men)
Ding, dong, goes the bell (Pull down on the bell cord) And down the pole they go.
(With fists together make hands slide down the pole) Off on the engine, oh, oh, oh!
(Pretend you are steering the fire engine very fast) Using the big hose, so, so, so.
(Make a nozzle with fist to use hose) When all the fire's out, home so slow. Back to bed, all in a row.
(Curl all fingers again for sleeping men)

### Fire Fighter Finger Puppets

Teach the poem, Ten Brave Firefighters from above, to the class. Make finger puppets using the method below.

White paper scissors
glue or tape
red construction paper or felt black and red markers

Cut a rectangle measuring 2½" x 3½" out of white paper. To form cylinder, wind the rectangle around your finger. Remove from finger and glue or tape the cylinder together.

Reproduce the hat pattern below. Cut out and trace on red construction paper or felt. This will be the firefighter's hat. Put scissors through the paper or felt; cut out the arc shape.

Glue the front of the hat and the back onto the cylinder, the arc extending out. (see illustration)

Add firefighter's features on the cylinder using a black marker and shade the cheeks with a red marker. Write the fire squad number (1 to 10) on a small white square and glue it to the arc.

Make a firefighter finger puppet for each finger.

### 9-1-1 song

(Sung to the tune of 'This Old Man')

9-1-1, 9-1-1,
Press the buttons, 9-1-1
If you're hurt and scared and you don't know what to do 9-1-1 sends help to you.

Give the children a toy phone to practice on while singing the song.

### Howie and His Owies

There was a rabbit name Howie. And he always had an owie.
On his ear, on his nose, on his elbow, on his toes— No matter where he goes, Howie gets an owie.

Now Howie goes to school where he always loves to play. Especially on the playground on a warm sunny day.

While playing on a swing, swinging high, swinging low, Howie jumped off too quickly and hurt his little toe.
He said, "Teacher, come help me. Look what I have done!" And on his little toe she put bandage number one.

Howie was digging in the sandbox, and his friends were standing near. One turned to walk away but stepped on Howie's ear.
He said, "Teacher, come help me. Whatever should I do?" And on his little ear she put bandage number two.

Howie climbed the bars. He balanced to and fro.
Then he wibbled and he wobbled and he hurt his little elbow.
He said, "Teacher, come help me. Oh, please come look and see!" And on his little elbow she put bandage number three.

Howie's friend threw him a ball and yelled "Watch where it goes!" The ball went up. The ball came down—right on Howie's nose.
He said, "Teacher, come help me. Now I'm really sore." And on his little nose she put bandage number four.

Howie stood at the top of a tall, steep slide, ready to come down. He slid head first—big mistake—and landed on his crown.
He said, "Teacher, come help me. I'm glad to be alive." And on top of his little head she put bandage number five.

She took Howie in her arms and said, "Now you're OK.
One, two, three, four, five owies—you've had a really, rough day!"

## References

American Red Cross
http://www.redcross.org/m/phssmrd/take-a-class

Child Car Safety
http://www.safercar.gov/cpsApp/cps/index.htm

Childhelp
https://www.childhelp.org/

Children's Safety Network
https://www.childrenssafetynetwork.org/

Consumer Product Safety Commission Safe Sleep Resources
http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/

Illinois Department of Children and Family Services – Mandated Reporter Training
https://mr.dcfstraining.org/UserAuth/Login!loginPage.
action;jsessionid=443B50CAA386D8DCB807A5DBFEF6B83F

Illinois Emergency Medical Services for Children
http://www.luhs.org/depts/emsc/index.htm

Illinois Poison Control Center
http://illinoispoisoncenter.org/

National Resource Center for Health and Safety in Child Care
http://www.nrckids.org/

## Resources

DCFS Licensing Regulations
https://www.illinois.gov/dcfs/brighterfutures/childcare/Pages/Becoming-a-Licensed-Day-Care-Provider.aspx

Early Learning and Development Standards
http://www.illinoisearlylearning.org/ields/index.htm

Early Learning Guidelines: Birth to Age Three
http://www.illinoisearlylearning.org/guidelines/index.htm

ExceleRate Illinois
http://www.excelerateillinois.com/

Head Start Standards
http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements

Illinois Gateways to Opportunity/ Become a Registry Member
www.ilgateways.com

NAEYC Standards
http://www.naeyc.org/files/academy/file/AllCriteriaDocument.pdf

National Association for Family Child Care
https://www.nafcc.org/