Texas Professional Home Childcare Association

2026

3rd Quarter Self-instructional training
"Safety First: Preventing Risk in your Center"

6 training hours

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To obtain your certificate:

- ✓ Answer the questions attached
- ✓ ***Mail answers to:***
  Ronda Smith
  TPHCCA Education Chair
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  Garland, TX 75044

With 70% of your answers correct you will receive your certificate along with your corrected answers. The date your test is received by the Education Chair is the date that will appear on the certificate. Please allow four weeks to receive your certificate.

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If you should have any questions or concerns, please contact Ronda Smith at
(214) 534-4325.

Safety First :

Preventing Risk in your Center

Learning Objectives:
1. Participant will be able to list the importance of safety policies, procedures and objectives in regard to risk prevention of their center.
2. Participant will be able to describe at least 10 ways to make their centers and playgrounds safer
3. Participant will be able to define purpose and scope of risk management.

Introduction

Every day in the United States, two dozen children die from an injury that was not intended (Centers for Disease Control and Prevention, 2012). Parents, directors, and staff must be advocates for children and understand their role in the protection of children. Young children are fast and want to discover on their own. Accidents occur quickly and it is the director's responsibility to ensure that everyone is ensuring that the center puts safety first. So often I hear people say "I can't afford to do that" but in reality you can't not afford to it. You might not be able to buy large expensive equipment or materials: however you can afford to make sure that your center is risk free, safe and a healthy place for children to explore, discover and learn.

Quality Child Care Programs

According to Bredekamp and Copple (1997) high quality early childhood programs should provide "a safe and nurturing environment that promotes the physical, social, emotional and cognitive development of young children while responding to the needs of the families". Being in charge of an early childhood center is a lot of responsibility. You need to ensure the health and safety of not only the children in the program but also the staff members, volunteers and parents. It is not an easy job but with some practice, some good prevention and some understanding of what can go wrong, I know you can provide a program that manages risk, encourages safe practices, and encourages health.

Six Center Goals

The following are six goals of quality early childhood programs in regard to safety, nutrition and health.

Goal 1 is to maximizing health status for each individual child and staff in your center. It is important to know that a child's health status reflects the condition of health of him. As the director, you have the opportunity to provide optimal conditions to maximize the health and sense of well-being of each child and staff member in your center. It sounds like a hard goal to accomplish, but with a set of objectives for healthy promotion and the prevention of illness and disease, it should be pretty easy to carry out. If needed, a center needs to partner with people from the medical field to further improve the effectiveness of health promotion and education.

Goal 2 is to minimizing risk for each individual child and staff member in your center. The vulnerability of children creates a situation for them to be at risk in a variety of environments. You must also promote a center that minimizes the risk of injury to your staff members. You must keep them safe at all times by providing a work place that includes being safe from physical and emotional harm.

In the past, childhood diseases like whooping cough have killed many of the children in early childhood programs. In our society today we do not see these wide spread diseases killing multiple children, but if parents all stop immunizing their children, we might again. In our society today, the major risks to children are the unintentional injury, child maltreatment and neglect. Age, cognitive development, motor skills, and the home environment all influence the vulnerability of children at risk for unintentional injuries (Centers for Disease Control and Prevention, 2009). The danger of child maltreatment and neglect and even homicide has become a major issue in the health and well-being of children in America in our day and age. Children are more at risk for violence when substance abuse, poverty, and family violence are present in the home environment. Directors are often unfortunately unable to change the child's home environment, but are able to provide a safe and nurturing environment at school. Prevention, recognition, protection and early intervention are key tools that all teachers must use to help reduce the risk to children in their care.

Goal 3 is to use education as a tool to help teach health, nutrition and safety to not only children but also to the parents. Teachers often teach number recognition, phonics awareness but how often do you help your teachers think about teaching good health habits? It is important for all teachers to understand that the teaching healthy habits must be an important component in their daily lesson plans. Teaching children about good health and proper nutrition helps them to contribute to their own health.

Instructing children in preventive and protective measures permits them to participate in their own well-being. Children often times will go into their home environment where they might not be brushing their teeth, or washing their hands after they go potty so it is even more important for teachers to teach these basic health procedures. Teachers need to not only teach these important health practices, but also need to model them for the children. By sitting down and eating a healthy lunch instead of the McDonalds you want, will help children see that you also care about your health and that eating a balance lunch is very important. Children often pass the information they learn to others at home by modeling it for their parents. This may motivate parents to be more receptive to the health procedures that teachers are creating at school. Teachers must educate parents by discussing health, safety and nutrition directly with them and providing information for them to take home and read. Knowledgeable teachers who work with children, parents and the community contribute to a team effort to promote good health, safety, prevention and nutrition. Creating these links allow teachers to better provide a quality environment for all children.

Goal 4 is to make sure everyone recognizes the importance of guidelines when working with young children. I want to make sure everyone understands a couple of definitions before we continue with this reading. For the purpose of our class, guidelines are statements of advice or instruction pertaining to practice, standards are statements that define a goal of practice and laws are rules of conduct established by and enforced by authority. Guidelines, standards and laws affect every early childhood program in the U.S. in one way or another. When administration complies with their states standards, there is a lower turnover rate, more sensitive care and staff with better training, resulting in better quality early childhood programs. The National Association for the Education of Young Children's position on licensing and regulations states, "The fundamental purpose of public regulation is to protect children from harm, not only threats to their immediate physical health and safety, but also threats of long term development impairment" (1997). When a center is in compliance with minimum standards for their state, it will affect the environmental practices, relationships with parents and general attitude of teachers. Often times when something negative occurs in a child care setting, the media is quick to report it causing hurt to the profession at the time. This is only short lived as normally positive changes come from the unfortunate accident or poor care. When a center is of quality early childhood education, they seek to improve health and safety standards that go above and beyond the state's minimum. They also make sure to try and educate the parents of how important health, nutrition and safety are to the overall well-being of the child.

Goal 5 is to practice cultural competence and understanding the diversity cultural that the United States is made of now. The 2000 census reflected a 63% increase in immigrant families since 1990. Directors and teachers must make sure that when planning for safety, health and well-being of the children that they care for, they consider the cultural diversity of their program. By displaying behaviors, attitudes and polices that allow for cross-cultural effectiveness, teachers are more competent to deal with the diversity found in their classroom. The National Center for Cultural Competence (NCCC) has the viewpoint that "cultural competence is achieved by identifying and understanding the needs and help seeking behaviors of individuals and families" (NCCC, 2009). I know that this might not always be easy to do because caregiver's practices are a reflection of their own cultural beliefs and sometimes it is hard to set our own views aside. The beliefs and practices of families might be different from our own, and teachers must remember that at all times. Having an open communication, respect and sensitivity to each family will help you be able to discuss your issues with the parents

Goal 6 is to develop partnership with families to provide a caring community for not only the children, but for all involved. It is very important for caregivers and parents to establish a clear and open channel of communication, with respect for each other. Teachers must make sure to clear any superiority of their own knowledge of early childhood education when it comes to establishing this relationship. Remember, you might have more experience or education, but the parents are the ones in charge of making choices for the child. Parents and teachers must talk often and show a respect and willingness to communicate sincerely. The parent and the teacher should talk often and begin to know each other. It is very important for the teacher to remember that no matter what the culture, composition of the family, or economic status, each family is unique.

As educators we cannot assume that parents are providing all the safety, nutritional and health needs of the children. In 2009, the U.S. Department of Labor estimates that more than 13 million children younger than age 6 have mothers in the workforce. That means that somewhere between 50-75% of children younger than five years of age are in some type of early childhood education program (Robertson, 2010). Teachers, family child care providers, nannies and other nonparent caregivers often spend more waking hours with children per week day than family members. We take on the role of working with children to stimulate them intellectually, socially and emotionally, but how often do we think of their health and how we need to support it? We must remember that for children to excel in learning and growing, they must be at their optimal physical health. This includes their safety and their nutritional well-being. When a child is unhealthy or who has a physical well-

being that is at risk, they might also have difficulty performing cognitive task. Think about how you feel when you are hungry or don't feel well. That is how these children feel all the time, and we must take the responsibility to help them.

The result of reducing unnecessary risk, preventing illness, and promoting well-being of each individual child is considered good health. The environment that teachers create must be safe, free of germs and nutritionally sound. When we allow lack of good health practices to invade our program, we are contributing to the failure of protecting the children in our care. This relationship of health, safety and nutrition needs to be one program, to benefit the children. When caregivers look at it as a holistic approach, then the children are the ones that will be able to grow, learn and develop.

Preventing Childhood Injuries

Many of the reported injuries each year from child care programs can be prevented and can be addressed before hand. As the director of the early childhood program, it is your responsibility to identify the possible risk problems through surveillance and data collection so you can identify risk and protective factors to ensure a safer environment for all.

Another approach to injury prevention is a focus on the "Three Es": education, environment, and enforcement. The most effective injury prevention efforts use a combination of these strategies:

1. Education is the foundation of keeping kids safe. Your teachers should understand what is expected of them, how to properly supervise and how to interact with the children to create a positively guided classroom.

2. Environment also plays a large part in keeping your program safe. You must ensure that children, staff, parents, and visitors to your program are not put at risk by the physical environment. This includes the safety of the building, the equipment, the toys and the outside environment. Environmental and product design strategies to reduce the chance of an injury event or to reduce the amount of energy to which someone is exposed. Examples include, safety surfacing on playgrounds, and toys without small parts. Other technological solutions require repeated action by the user, for example, installing a child safety seat, using booster seats, and installing and maintaining a working smoke alarm.

3. Enforcement is where you come in. You must make sure that you are ensuring that all safety policies are being followed, that your teachers are

trained well, and when something does occur, you act quickly. You must make sure that you address possible issues while dealing with accidences once they occur.

Drug-Free Workplace

It is against State and Federal Laws to be on drugs while working with young children and as the director you must insure this law is followed at all times. A drug-free workplace policy forms the foundation for a drug-free workplace program. The policy, however, is not the same as the program. Rather, it is one of the five components. In addition to a policy, a comprehensive drug-free workplace program includes supervisor training, employee education, employee assistance and drug testing. Effective program planning and philosophy are critical to success. Employers and employees should work together to examine each component and design a fair, balanced program suited to the unique needs and challenges of their workplaces.

The United States Department of Labor identifies 13 sections of the Drug-Free Workplace Policy that should be part of the employer/employee examination. These areas are:

1. What is the purpose/goal of the policy?
2. Who will be covered by the policy?
3. When will the policy apply?
4. What behavior(s) will be prohibited?
5. Will employees be required to notify someone in the event of a drug-related conviction?
6. Will the policy include drug searches?
7. Will the program include drug testing?
8. What will be the consequences if the policy is violated?
9. Will there be Return-to-Work Agreements?
10. What type of assistance will be available?
11. How will employee confidentiality be protected?
12. Who will be responsible for enforcement of the policy?
13. How will your policy be communicated to the employees?

After completion of any Drug-Free Workplace Policy, it is highly recommended that your company has the policy reviewed by a legal consultant, such as a labor/employment attorney, prior to the distribution and/or implementation. Information cited was obtained from the United States Department of Labor. For additional information, www.dol.gov/asp/programs/drugs/workingpartners/dfworkplace/policy.asp

Work Related Injuries Prevention

I know you want your child care center to be a happy place for the children, staff and parents. You want to make sure that everyone is enjoying being there while learning and exploring your program. You also want to ensure that your staff member do not get hurt. Wortman (2012) states that "Back injury is the most common cause of occupational injury for people who work with young children—but preventative measures are effective and can be easily learned". We are going to explore some preventative actions that you can teach your staff to help ensure they do not hurt their back.

Make sure you teach your staff to avoid leaning forward or downward to reach or assist children. Not only is it best for the teacher child relationship but by assuming a squatting position or kneeling position to bring your body closer to the children, you will safe your back from pain. Provide small kneeling pads and comfortable chairs with back support for your staff.

Show your teachers how to stretch, especially after they have sit for a long period of time. When your teachers sit, their spine naturally flexes (or rounds). It is important to counterbalance this with some gentle extension exercises. For instance, each time you rise from a seated position, place your hands in the small of your back and gently lean backward. Hold for a few seconds and return to the natural upright position. Repeat several times throughout the day. Another useful technique involves simply reaching your arms towards the ceiling, in order to stretch and extend the trunk and neck.

Proper posture should be used while standing as well. When standing for a prolonged period of time, shift your weight from side to side and change positions. Adjust the height of changing tables so that the child you are changing is at your waist level. Use step stools for accessing high-to-reach places. Reorganize areas so that the most commonly used items are at an accessible level while standing.

Be sure that your staff wears comfortable shoes with good shock-absorption. With every step, the foot must absorb one-and-a-half times your body weight. You can purchase over-the-counter shoe inserts to increase the shock-absorption of your shoe. This will help divert unnecessary stress to your weight bearing joints. OUT LAW wearing high heels or hard-heeled shoes as it is safer for the children and the staff members.

Another way to reduce stress to the spine is by reducing the amount of lifting. This may be a difficult task in the child care environment. When lifting, use proper lifting techniques. Tighten your stomach musculature as you lift. This helps the muscles to provide a corset-like support to the spine. Bend at your knees and hips and bring the item or child close to your body

before lifting. Do not twist or turn when lifting. Twisting stresses the muscles, ligaments, and joints of the spine complex.

Maintaining general fitness and flexibility is essential to maintaining musculoskeletal health. Incorporating some of the gentle stretches mentioned above is a good way of ensuring that you maintain your flexibility. Work together as a team by developing an ergonomics mission statement that supports the mission of the organization.

Safety Policies

It is important that you design a safety policy that fits your program. Most policies are developed by the administration, but often times a teacher must design her own to keep the children safe in her classroom. The safety policies should be developed for the children and staff's safety in mind at all times. The policy you design should establish a process, assign responsibility and offer guidance for action. The form your safety procedure takes is up to you and any state requirements. Some polices are in the form of checklist, injury reports, guidelines, practices or strategies to decrease risk. The next four paragraphs contain questions that must be asked when you are in the process of developing your safety policies (Robertson, 2009).

What should be done? This provides the teacher and administration with needed information to create a specific safety policy for their particular hazard and center. What I need to have in place at my center, might be different than what you need in place at yours. Teachers and administration must also make sure to know their states mandate safety requirements. For example, the State of Texas requires that all suspected child abuse must be reported. Each center must have in place a policy of how the suspected child abuse will be reported. What forms might be used, who all will be notified, where to make the report, and how the report will be made. Other city or county fire regulations and zoning codes might affect the design of safety policies also.

What process will be followed? Making sure to address the process in how the policy should be carried out, makes sure that your staff all know what is expected. When the process is written, discussed, and developed with the staff, a uniform process will be followed by all in the center. This process must explain when, and perhaps where, an action should be performed. The teacher must be aware of any and all safety hazards that exist both inside and outside. By getting down on the ground, and viewing the entire environment from a child's view point, teachers will be able to access the possible hazards better. For example, field trips have a large amount of

possible safety hazards. First there is making sure everyone is on the bus, making sure everyone exits the bus, making sure to keep up with everyone, making sure no one runs off, and keeping everyone safe for injury. If you take field trips, you must make sure to have safety policies in place for keeping every child safe during transportation and while at a location other than the center.

Who is responsible for making sure the process is followed? The setting is going to determine who is responsible for making sure the process is followed. While at the center, the responsibility for carrying out safety policies might fall to the director, assistant director or the teacher in the classroom. In a family child care center, the responsibility usually falls on the primary provider. For in home care a nanny is going to be responsible for keeping the children safe, but the parents might develop the policies she will follow. On field trips, the person in charge of the group of children is going to be responsible for making sure all policies are followed.

Are there any time parameters or limitations? It is very important that all policies are clearly written and include guidelines, limitations and suggested methods of communication that will be used. Administration must make sure that all staff understands the individual policies for different events, locations and activities. Basic policies should be created for safety, nutrition, health and special topics. Policies must include the six major goals of high quality early childhood education that were explained earlier.

It is the responsibility of the teacher to help encourage safe behaviors by educating the children and families so they can also know how to recognize dangers or at risk situation. Robertson (2009) states that generally, early childhood education safety policies should cover the issues that are listed below.

1. Creating a safe environment: practices for creating and managing safe facility specific environments

2. Injury prevention management: understanding of injury and practices for preventing injury and protecting children.

3. Developing a safety plan: strategies for developing guidelines for prevention and protection in an early childhood education environment.

4. Implications for teachers: methods and practices for conducting education, observation and supervision, and working with families to provide safety and minimize risk.

Safety Objectives

It is important for directors and staff to always understand their safety objectives. Why is it that we need to keep our centers safe? What does it mean to be a safe center? What are some things that we should prepare, practice, or watch for to keep the children safe? Sometimes different centers will have different objectives because of the age of the children, the location of the center, the programs the center offers, etc. This class will talk about many safety objectives that are important to remember while inside, outside, and away from the center. The following are some safety topics that directors and teachers alike must understand to keep children safe at all times.

Supervision: The most important safety objective is supervision of the children. Staff must make sure to supervise children at all times. Each center must decide how they are going to do this, and what it means for staff. Accidents happen so quickly and I have often heard adults say "It happened so fast, I just left them for a moment". Everyone must remember that children cannot be left alone for even a moment. Children must have a constant eye on them and always listening to what is going on. Constant supervision is the responsibility of a teacher of young children. The concept of danger is not understood easily or completely by young children, and therefore they find hazards easily. It is the staff's responsibility to protect them always. Children, especially early childhood children are unpredictable, quick, fast, and fearless. They lack sound judgment and emotions control. Therefore they often throw, bite, kick, push, shove and hurt others due to their frustration. Young children will not see that their actions might cause another child, or themselves to become injured. It is important that you try to keep your back to the wall while watching the inside of the classroom. Teachers should be able to see the entire classroom at all times, and not have high shelves blocking the view of children. Naptime is no different, and children should never be out of a teacher's sight while napping. Bored children will often create a potentially at risk situation. By having a classroom that is full of fun activities, children are more likely to always be actively involved in something.

The single most significant factor in risk management is to know the children's developmental levels and developing preventive measures. To begin this process a teacher must first define the boundaries for indoor and outdoor safety via developmental levels of individual children. Then a complete screening of the environment for hazards must be performed. Safety hazards can be broken down by children's developmental abilities and age.

Infants are normally helpless and must be carefully watched at all times to protect them from hazards and prevent risks. Once an infant becomes mobile, they rapidly develop new motor skills at a rapid rate that lead them into an increasing number of hazardous situations (Robertson, 2009). Young infants are particularly at risk for choking on small objects. Teachers must constantly be screening the environment for choking hazards. Infants are also unable to move their head with control, so another hazard is that of suffocation. Infants should not be put to sleep in swings, seating devices, on cushioned chairs or sofas, or on pillows. There should never be bumper pads, stuffed animals, or heavy blankets in an infant's crib. It is important to check the crib for a firm mattress that fits snuggly in the crib. Falls are also a major concern with infants. Infants often will fall down stairs or from a window when using an infant walker. Many states do not allow infant walkers to be present in child care centers today for this very reason. Even a tiny, young infant can wiggle, move and push, while an older infant can roll over, crawl and creep. Another common fall is from a changing table or a high surface that adults place infants. Changing tables vary greatly in their own safety devices, so constant adult attention and a hand on approach are required to always keep infants safe.

Toddlers are probably the group with the most potential for unsafe practices. Children this age are using new cognitive thinking skills, but still do not understand the cause and effect relationship. Toddlers are working hard each day to stretch their environment and test their new found freedoms with their physical ability of movement. A toddler loves to explore, and will find hazardous objects in areas that you would of never thought possible. It is important to make sure and keep a safe environment at all times. (There is more information on safe inside and outside environments later in this reading.) Fires and burns contribute to injury related deaths of the toddler age. Constant monitoring and anticipation of possible at risk situations are a must for any toddler teacher.

The preschool child is more physically and cognitively able to start understanding the cause and effect relationship. Children of this age group might know that they will get hurt if they fall from the swing set, but their desire to push their physical limits will often overshadow any thinking processes of cause and effect. They are coordinated enough and fast enough to do almost any physical activity they want, but there are not able to think through reality of cause and effect. They lack impulse control and often will use unsafe events to try and show what they can do physically. For example, a preschool child does not understand that the slide is not sturdy enough for them to climb up on. Teachers and directors must make sure that all equipment is sturdy, safe and in good repair. Along with correct supervision the preschool child will be prevented from falls.

School Age children are much less likely to receive an indoor injury as a younger child. This doesn't mean that they don't need supervision though. Firearms are the biggest threat to the school age child. They have a great curiosity about things they have seen on television or video games, like firearms. They do not understand the danger involved with guns. Another risk factor inside for the school age child is fires and burns. The school age child becomes curious about fire and will play with matches or a lighter. They think they are independent and will often try to cook for themselves without permission. The school age child can learn preventative measures and are old enough to understand cause and effect for most relationships.

Staff/child Ratio: The state's minimum staff/child ratios must be maintained at all times. I know that sometimes it seems that the state law makers do not understand what it is that we do. We all get upset with some of their standards from time to time, but they are there for a reason. The staff ratios are important to the safety, especially younger children. Failure to comply may result in a center's license being revoked or citation given. Important to always remember that if a child is injured and the staff/child ratios are not being met, the center staff could be held liable in a court of law.

Children are protected in the classroom, on the playground, on field trips and in the center by easy to understand safety rules. Remind children about the rules often, because young children are impulsive and often forget. Yelling, and scolding children to remember the safety rules will not help. Children are not meaning to disobey you often times, but they get so wrapped up in the moment that they forget to walk or keep feet on floor. Help children to know that they must wipe up spills promptly. Always keep paper towels available for children to use when needed. Remind them calmly to remember to wipe their spill up. Praise will encourage children to remember the rules.

Fire: Fire safety is often a weekly theme once a year, but it is important to remember weekly. To promote fire safety, check the center regularly for fire hazards. The best protection from fires is to prevent them from happening in the first place. Keep matches locked away, keep rags away from gas furnaces, and keep flammable aerosols locked away. All child care rooms, lobbies, kitchens, and even bathrooms must have a smoke alarm. Check smoke alarms monthly to make sure they are working. If your smoke detector are battery charged, change batteries at least once every six months or if needed before hand. Each child care centers needs several fire extinguishers. Check with your state standards for the type of fire extinguisher you need. Not every fire extinguisher is useful for every fire.

There are three classes of fires and four types of extinguishers. Class A fires involve ordinary combustibles like plastics, fabrics, paper and wood. Class B fires involve flammable liquids like gases, grease and paints. Class C fires are electrical fires. Most states require a fire extinguisher that will work on all three types of fires. Check with your local child care licensing if you have any questions regarding the type you need. Fire drills should be practiced at least once a month. Have children understand exactly where to go in case the smoke alarm sounds. Every center must have a very well planned out evacuation procedure. Make sure that staff knows how they will account for each child, and how they will keep the children together. If a fire does occur, stay calm. If you panic the children will also. Evacuate the children from the building like you practiced. If you do not see flames, evacuate at once because smoke, not fire is the reason most deaths occur in a fire. Leave the classroom lights on and close the doors. Lights allow firefighters to see better in a smoke filled structure. When you are making evacuation plans, remember that infants are more difficult to remove the older children because they cannot walk. Most adults cannot carry more than two infants at a time; therefore ratios are lower for infants. There are wagons, special cribs, strollers, or carries that adults can safely remove multiple infants from a center. Practice these drills more than once a month till you can safety removes all the infants from the center in less than three minutes.

Weather: Depending on where you live, you might have blizzards, hurricanes, floods, electrical storms, tornadoes or earthquakes. Safety policies for these must be developed, practiced and evaluated. It is important to have an emergency plan for possible weather or disaster emergencies. The plans you formulate will depend upon the geographical area in which you live. Evacuation drills should still be practiced often, and for some at least monthly. In some weather emergencies you might have to close school. A plan of how you will inform all the parents is important. Be prepared for weather emergencies always. Keep battery operated flashlights, radio, and water in a convenient spot. For some weather emergencies, blankets, food and a first aid kit should also be kept together.

Child Abuse: I know that as a child care professional you are concerned about the health and safety of the children in your care. You are preparing a safe environment that will allow the children to explore, learn and develop without fear of hazards. However, the children in your classroom are not always with you and are often more at risk when they are at home. Since you are with the children for many hours a day, you may be the one to notice signs that a child is being abused or neglected. It is your responsibility to report suspected child abuse to not only your director but also to the state's responsible department. This department might be the police, the department of social series or child protective services. There are

four different types of child abuse: non-accidental physical injury, neglect, emotional abuse and sexual abuse. Be aware of the signs of each of these types.

Non-accidental physical injury occurs when physical abuse is inflicted on purpose. Children being abused in this way often come to school with bruises, bites, burns, or other injuries. They may have frequent complaints of pain. Many times when children are being physically abused they will not speak about their injuries or will make up a lie that doesn't make sense. Other children might actually talk about the harsh punishment they received. At times, children will come to school wearing clothing to hide the marks. For example, a child might come to school wearing a long sleeve turtle neck on a nice spring day. Fear of adults is often a reaction children have when being abused.

When children are not given the basic needs of life, they are being neglected. This neglect can take many forms like not enough food, medical care, shelter, clothing, or even water. Children who wear clothing that is too small or dirty may be neglected. They also might wear clothing that is inappropriate for the weather. Children's poor health like being too thin or malnourished can be a sign of neglectful behavior.

When adults use harsh words, painful actions or just make a child feel worthless, they are emotionally abusing the child. The child will lose their positive self-concept, which will produce low self-esteem because of the continual emotional abuse. The children will have excessive or inappropriate demands placed on them by the adult. Insufficient love, guidance, and or support from parents, guardians or caregivers is the foundation of emotional abuse. Some signs of emotional abuse are: stopped talking, unpredictable behaviors, excessive crying, clinging to a loving caregiver, destructive behavior, withdrawn, motor coordination poor, and fearful of adults.

When an adult forces or encourages a child to participate or watch in sexual activities we consider this sexual abuse. This could be rape, fondling, or indecent exposure. Incest is sexual abuse by a relative while molestation is sexual contact made by someone outside of the child's family. Either of these will be an adult using a child for their own sexual pleasure. There are multiple signs of sexually abuse children. A child may have problems when walking or sitting, swelling in the genital area, bruises in the genitalia, vaginal or anal areas. There might also be bruises in the mouth or throat. Some may complain of pain when urinating. Poor peer behaviors often occur and they often have aggressive behaviors.

When you are reporting child abuse, make sure to have as many facts as possible. Keep documentation on an ongoing base. Teachers, including working in child care centers, are mandated child abuse reporters. This means, you are required by law to report any child abuse that you suspect. It is very important that you know which agency you are responsible to contact. Report suspected child abuse cases immediately by phone, unless your state standards require something different. The report should include the name, age and address of the child and the parents. Report the facts and keep your own viewpoints regarding the parents out of it. Ask for advice on what you should do next. After you finish your phone call, confirm your report in writing, and make a copy for your own files.

The True Effect of Bullying

It is hard for many adults to understand but, bullying among young children is not uncommon, especially those in early childhood programs. In early childhood programs, groups of young children that differ significantly in physical size, skill level, and family experience, are forced to play together, often without having the skills to get along yet. This creates a situation where patterns of hurtful behavior often emerge. Children make mean faces, say threatening things, grab objects, push others aside, falsely accuse, or refuse to play with others. These behaviors are precursors to verbal, physical, or indirect bullying—though they are not always recognized as such. We have the opportunity to ensure that children learn these skills but also that we are able to prevent risk and keep them emotionally safe in our programs.

Copeland, Wolke, Angold, and Costello, (2013) explain that the effects of being bullied are direct, pleiotropic, and long-lasting, with the worst effects for those who are both victims and bullies. Knowing that both the victim and the bully both have long lasting effects, a different way of thinking regarding bully prevention is created. Bully prevention use to be about saving the victim but now we know that you need this in your risk management to help insure not only a better future for the child that gets bullied but also for the one that hurts others. This study speaks powerfully to the need to make prevention of bullying a part of every school's curriculum.

This research study published in JAMA Psychiatry addresses the long-term impacts of bullying:

1. Researchers found that victims of bullying in childhood were 4.3 times more likely to have an anxiety disorder as adults, compared to those with no history of bullying or being bullied.

2. Bullies who were also victims were particularly troubled: they were 14.5 times more likely to develop panic disorder as adults, compared to those who did not experience bullying, and 4.8 times more likely to experience depression. Men who were both bullies and victims were 18.5 times more likely to have had suicidal thoughts in adulthood, compared to the participants who had not been bullied or perpetuators. Their female counterparts were 26.7 times more likely to have developed agoraphobia, compared to children not exposed to bullying.

3. Bullies who were not victims of bullying were 4.1 times more likely to have antisocial personality disorder as adults than those never exposed to bullying in their youth.

Anti-bullying Environment
(Dallas, 2013)

1. Identify the basic values of the school or classroom.
2. Help students understand the consequences of breaking the rules.
3. Periodic class meetings should be conducted to review or revise rules.
4. Refer to counselors or administrators if bullying behavior continues.
5. Consider using a curriculum that includes cooperative play.
6. Provide activities that encourage their interests and abilities.
7. Use story-telling and emphasize caring behaviors.
8. Let children know that hurting others is not acceptable.
9. Model and teach caring behaviors.
10. Welcome each and every child, even those that exhibit poor behavior.
11. Treat all students with dignity.
12. Initiate parent and teacher communication.
13. Educate parents in emphasizing peaceful values to their children
14. Supervise free time activities such as lunch time and outside play.

Physical Environment

It is important to think about the child's physical environment when keeping them safe. As staff members we must remember to keep a safe environment for the children in our care. This includes closely observing children and setting safety rules for them to obey. It also includes making sure to react to situations that might occur throughout the day. For example, if you see a child about to fall off the slide because they are hanging over the edge, you need to move to the child while telling them to get back on the slide correctly. If you just yell at them from the other side of the playground, you are not correctly supervising them or providing a safe environment. You

must also keep a close watch on the toys, equipment, electrical appliances, hot water and cleaning supplies because these also pose danger to a child's safe environment. Just remember that a child can find hazardous items in both the center's building and the vehicles if adults to not take time to make sure all hazardous items are discarded daily.

A child's environment is all the conditions, circumstances, influences, events and items that influence his surroundings. Early educational environments are a part of a child's surroundings, and time must be taken to make sure it is safe at all times. It is important that safety policies for the teacher, staff and administration are developed, managed, and practiced. This is very important to promote safety in early childhood educational environments. Accidents are more likely to happen, when a child's routine is disrupted or when the staff is absent, busy or tired. Teacher must realize that most accidents can be prevented with a little preplanning and quick action. Children are more vulnerable than adults to injuries because of their limited physical, cognitive and emotional development. By nature, children are risk takers who attempt actions for which they may lack the skill to perform safely. Many children may lack the capacity to judge the true safety of their environment, activity or event. It is important that teachers remember that good, constant quality supervision of children in early childhood environments will reduce unintentional injuries or risk to children (Schwebel & Gaines, 2007).

There are two different types of a child's physical environment: the inside environment and the outside environment. Each of these environments has a different important aspect to each child's growth and development. There are risks in each environment that teachers must make sure to take a look at, figure out how to prevent, and work a safety policy for all adults to follow.

Slip, Trip and Fall Risk Prevention

Over a three-year period analyzed by Utica National, it was found that slips, trips and falls are the number one cause of accidents among our Child Care Center customers (Utica National, 2013). Slips, trips and falls result from the unintended or unexpected change in the contact between the feet or footwear and the walking or working surface. Walking and working surfaces such as floors, stairs, ramps, walkways and roadways are associated with "same-level" slip, trip and fall injuries. The following is from the Utica National Website, where they help child care providers understand some common causes of slips, trips and falls.

<u>On same level – Inside</u>

1. Report and clean spills immediately.
2. Effectively capture and remove soil from the surface.
3. Use signs to signal temporary conditions such as "Caution – Wet Floor."
4. Use floor surfaces that have good "friction"
5. Avoid high-speed polishing as this creates smooth and slippery surfaces.
6. Do not use oil-treated mops as this can make surfaces slippery.
7. Repair rug and floor defects immediately to avoid accidents.
8. Maintain floors free of tripping hazards, i.e., toys, small boxes.

<u>On same level – Outside</u>
1. Maintain level walking surfaces. Normally, a defect will be ½ inch or greater in differential based on court rulings.
2. Depressions should be no deeper than ½ inch to ¾ inch.
3. Keep surfaces free of obstacles.
4. Maintain good lighting for evening events.
5. Use caution on wet surfaces, and use stair handrails when possible.

<u>Stairs – Inside</u>
1. Use caution signs in areas where there is a "step-down."
2. Use color to differentiate changes in elevation, i.e., a carpeted step-down.
3. Keep things off the stairs and practice good overall housekeeping.
4. Maintain the stairs in good condition.
5. Wooden stairs often need non-slip treads and handrails.
6. Use caution when carrying objects up and down the stairs. Get assistance if the object is awkward and/or heavy.

<u>Stairs – Outside</u>
1. Keep stairs and ramps well maintained.
2. Maintain stairs free of snow and ice.
3. Handrails are needed for stairs with four or more risers, per OSHA requirements.

<u>Ice and snow</u>
1. Hire a reputable snow removal contractor and obtain certificates of insurance from the contractor. The contract should specify institution surfaces should be treated within a specified short period of time after the snow and/or ice falls. The shorter time period, the better.
2. Advise workers to wear footwear not conducive to slips and falls, i.e., no leather soles.

<u>Ladders</u>
1. Provide adequate training and never let an inexperienced employee climb a ladder.
2. Extension ladders must be tied-off. Stay off the upper four rungs.

3. Only use ladders in good condition. Destroy damaged ladders as soon as possible. Ladders removed from service should be marked "Do Not Use."
4. Use ladders only in accordance with directions and heed warning labels.
5. Never stand on the upper two steps of a stepladder.

Building Safety

Before we start to look at inside and outside safety issues lets first look at the building safety of your center. Many injuries that children receive while in day care involve the building itself. The major causes of injuries that involve the building are because of windows, floors and stairs. It is important to make sure that windows stay closed at all times, unless you have a gate in place so a child cannot crawl under the window. Floors need to be kept clean, but if you wax them make sure to use a nonslip type. Most states have rules governing the use of upstairs in child care centers and in homes. Always follow your states standards in all areas. I believe the use of carpet with rubber treads helps to slow down children and their fall. Make sure that all stairs have a well light area and are always free of clutter. Children's hand railings must be installed on both sides of the stairs. Glass doors and panels must be watched carefully as do storm doors because of the dangerous of glass. Teachers must understand that The Bureau of Product Safety states that over a quarter of a million people are injured each year by glass, with some of these injuries being serious (Herr, 2002). Use only safety glass in all windows, doors and patio doors to protect children. A piece of tape of a decal applied to a sliding glass door at the child's eye level will help them to know when the glass door is closed.

Indoor Environments

It is important that teachers provide a very safe environment indoors. There are lots of dangerous that children can easily get into, inside your child care center. Administration, teachers and staff must closely observe children and their setting to make sure all safety rules are followed. Each classroom must make sure to develop their own safety rules because each class is different. The rules you have for a one year old class, will be different than those for the four year old class. Some examples of safety rules are: walking feet, blocks are for building, feet on floor, wipe up spills right away, and climb the ladder not the slide. When teachers and staff watch closely for safety rules being followed, they will be able to quickly react to possible stop an injury from occurring.

Equipment and toys: It is important for equipment selection to be age and ability appropriate. Make sure that you pick toys that are safe, without too small of parts, and sturdy. You must make sure you are aware of safety rules for toys and equipment. For children under four years of age, a toy should not be able to pass through an empty toilet paper tube. If it does, it is too small for the children and could be a choking hazard. Watch stuffed animals for button and glass eyes that can come off easily. Once removed, a child might place the small object in their mouth and swallow it causing a choking hazard. Stuffed animals and toys also can be unsafe due to children's allergies to certain fabrics or fillers. In the infant room, watch plastic rattles because they can break and the small pellets inside can also be a choking hazard. Teachers must remember that the same toy can be safe for one child but not for another, because of each child's age and ability appropriateness so you must watch children closely at all times (Herr, 2002). For example, my when my oldest son was 10 he loved marbles and would play with them all the time. I had to keep them away from his younger sister who was only 3 because she would put them in her mouth. You can find recalled toys, clothing and much more at www.cpsc.gov. Teachers must check all toys in the room frequently for safety. Many states have rules that govern how often teachers must check toys and check recall list to make sure their toys are safe. Once you find a toy that is not safe for the children you must throw it away unless it can be repaired to become safe again. Once repaired once, if it breaks again you should throw it away. When checking toys you should tug on the seams of cloth toys, tug at the different parts of toys to test strength and if a toy lacks durability remove it quickly. When looking over plastic and wooden toys make sure to check for sharp or splintered edges and ends. It is important to know your toys in the classroom so you will know if a piece has splintered or broken off.

When you are making your indoor safety policies it is important to remember that the indoor environment includes a multitude of risk like toys, animals, stoves, children's furniture, foods, firearms, fireplaces, paint, ceramics, medication, plants, and electrical outlets. Some risk that we don't often think about regarding indoor safety are unsafe teacher practices, unmonitored conditions and children's behavior based on development levels. The teacher must always have awareness of all accessories, behaviors, and health of each child. The teacher must also always be sure to stay within compliance with all state regulations. Remember that the majority of childhood injuries at child care centers environments are due to falls, choking, burns, drowning and poisonings.

Since a large majority of the children's time is spent indoors, safety screening should be done daily. These should include second hand smoke from teachers and parents, lead, asbestos, chemicals and anything that

might be a risk in the environment even if it is not immanently within the child's reach. Children are more susceptible to toxins in their environment than adults are. Since infants and toddlers spend more time on the floor or low to the ground, anything with toxics that are put on the floor will be next to them for hours. The toxin could get into the child's mouth or be absorbed through the child's skin. Remember, a child's size, behaviors, and habits affect his or her risk for exposure to the environmental hazards. Remember that some toxins can actually be inhaled without even touching the child's mouth or skin.

Some art supplies still contain led, which is a very dangerous substance. The Federal Arts Materials Labeling Act took effect in 1990 to mandate that all potentially toxic art materials carry a health label that indicates caution. This labeling has been improved over the years, but lead poisoning is still seen in hospital Emergency Rooms. Make sure to purchase art products that are certified as safe and nontoxic by the Art and Creative Materials Institute. This labeling is in compliance with the Federal Arts Materials Labeling Act and there for all hazard free art products should be labeled with an "AP" while hazardous products are labeled "CL". Robertson recommends that you avoid using any art supplies that are dry like tempera pain and clay, avoid poster paints, rubber cement, epoxy, aerosol spray cans, or instant glue. When using markers make sure to use only washable markers and avoid using scented markers that tempt children to taste them. Due to choking hazards avoid film canisters, Styrofoam shapes, or any other item that is the perfect shape for getting blocked in a child's throat. Kidney beans, apple seeds, morning glory seeds, and four o'clock flower seeds can be toxic to children so should always be avoided (Sutton and Slattery, 2004). When using beans or rice with children always place special watch for choking risk. One individual piece might not choke a child, but they might try to place multiple pieces in their mouth. Avoid the use of glitter which a metallic and can cause eye damage if it gets into a child's eye.

We have all seen children put a cup on their mouth, inhaul and have the cup stick to their mouth. I even saw a father at a restaurant teach his children this one day. This is called "cupping" and can be very hazardous to the child's health. Since the child's breathing is creating a vacuum, the object attaches tightly over the mouth and nose, which can cause suffocation. This is a practice that all child care centers should not allow.

Drowning and Water Safety: Water safety is very important for the indoor environment safety procedures. Drowning is the second major cause of death to children under the age of five, and this does not mean only outside drowning like a pool or lake (American Heart Association, 2005). Adult supervision is always required anytime water becomes a factor in an early

childhood environment. This includes water tables, washing hands, toilets and any buckets of water that might be (though should never be) standing in the center. A child, of any age, could fall head first into a bucket of water and have trouble standing back up. Remember, infants and toddlers heads are heavy, and they often have trouble standing straight up. Keep water buckets emptied! Toilet lids should always be closed, and never left up. No child should ever be left in a pool, bath tub or other water device. In family child care centers, leave the door to the bathroom closed and keep a set of jingle bells on the door so you can hear it open and close. Water tables and toilets carry germs that put children at risk. Bleach that is diluted in water should be used to clean the water table and or toilets. Hot water should always be at 120 degrees or less. Burns can be caused by the hot water from sinks so adult supervision is a must. When you help children turn on water, make sure to always turn the cold on first. Keep lids on diaper pails and water tables when not in use.

Ventilation: If your center is not adequately ventilated there is a safety risk to everyone. Air should move sufficiently so there is no gathering of fumes, germs or other risk. Adults inhale two to three times less air than children, so adequate ventilation is necessary for their health. Something else to consider doing at least yearly to provide healthy air is cleaning the air ducts. Air ducts can become clogged with dust, mold or have insect and rodent droppings that cannot be seen from your class. It is always best to pay the extra money and have them professionally cleaned than to try to do it yourself.

A deadly gas that cannot be smelled, tasted or seen is carbon monoxide. Many states require a carbon monoxide alarm to be placed in all centers and homes these days. All gas appliances such as furnace, water heaters and stoves must be professionally installed and regularly checked. Flu like symptoms of aches, nausea, and tiredness will occur with Carbon Monoxide poisoning. If your carbon monoxide alarm goes off, quickly move everyone outdoors and call for professional fireman. Regular schedule checks of battery and operation should be done on your alarm.

Another gas that can find its way into buildings and get into the air is radon. Radon is a radioactive, toxic gas that is odorless and colorless. One in fifteen homes has an elevated radon level according to The Environmental Protection Agency in 2007. Early childhood centers should be tested for radon. You can either hire a professional to do this or buy a kit that meets the EPA requirements. Make sure to read the label carefully. Being radon free is very important for the health, safety and well-being of children and adults.

Poisonings: In 2002 studies showed that children under five years of age accounted for almost two thirds of all poisonings each year (Herr, 2002). Common items found in a household or early childhood educational environment can cause poisoning of children. Basic items like laundry detergent, medicines, cosmetics, plants, shampoos, pens, glue, printer toner, peroxide, vitamins, hair car, nail polish and so many more cause accidental poisonings each year. Plants that pose a poisoning risk are found in indoor environments often. Teachers and directors should be familiar with the types of plants that might be present and have them removed quickly. Some poisonous plants are Poinsettia, Rosary Pea, Daffodil, Narcissus, Castor Bean, Elephant Ear, and Dieffenbachia. If you are unsure of the plant you have, talk to a local nursery.

Adults do not think of all the things children might put in their mouths, or touch with their hands. A major risk to children in homes and child care centers is that of cleaning and other toxic supplies. Not all cleaning supplies are toxic, but they can all cause burns and rashes or have other possible problems. States have different requirements in regard to what is accepted for you to clean with. Some states only allow bleach and water combination, while some states will allow "green, nontoxic" products. Either way, make sure to keep all cleaning supplies out of the reach of children always. It is advice that if you have to use a toxic cleaning supplies, to only do so when children are out of the room. Be careful when using any cleaning supply on the tables, floors, or surfaces that children will touch. Paints and some crafts supplies may present a risk if a child ingests them. Anything that might be poisonous should be kept at a high level in a locked cabinet. These items must be labeled with a poison sigh of a skull with cross bones. Infants and toddlers will not understand this sign, but it is important to teach it to the older children. The storage and use of cleaning supplies and possible toxic items must be addressed in your safety polices. There might be a situation when you are not sure if a child in your classroom has ingested something toxic or not. It is very important to make sure you stay calm if you suspect a child might have gotten into something toxic. Telephone the nearest poison control center. It is important to keep this number next to all telephones in your center. Follow their instructions completely. We use to give syrup of ipecac to a child that swallowed a poisonous material. Remember that is NO longer the cause and you should never give a child syrup of ipecac or make them vomit if they have ingested a poisonous material. Call your local poison control center.

Interpersonal Safety: When children hurt each other in a child care center, lots of emotions are felt by the children, the teachers and the parents. Of all the injuries children might receive from other children, biting seems to bring the worse response for teachers and parents. Biting is by far the most

upsetting of all the aggressive behaviors children might have. It does hurt, so the child is upset, it bothers the parents of the child that has now has teeth marks on his body because their child has been hurt, and it bothers the parents of the child that did the biting. Children under three often bite because of exploration, not having language to express themselves, teething, attention, insecurity, stress, anxiety or feeling threatened frustration and even love. They do not always know that a bite will hurt someone. Teachers and directors must know the children in their care and know which children are prone to biting at this time. It is important that quick and correct action is taken when a biting event occurs because it is very disturbing to everyone, and could be dangerous. Just like a dog bite, a human bite can cause infection, exposure to transmission of communicable diseases, and exposure to body fluids. If a child gets bitten and the skin is broken, they should be sent to their doctor. A teacher also needs to have tools on how to deal with the biting events in her classroom. Children's reason for biting must first be known. I had an 18 month old child that use to bite people on the face daily. It took a couple of days for me to figure out that she was doing this because daddy was kissing her bye with his mouth open. She did not want to hurt other children, but was mimicking her father's kiss. Once dad stopped, she stopped the biting. Very important that you CANNOT bite a child back after they have bitten. This will make everything worse, and is against your minimum standards also.

Other interpersonal safety issues can be hitting, kicking, pushing, pulling, and any other physical bulling events. By organizing the environment to have a positive effect on how children function in your classroom, you will be working towards preventing aggressive behaviors. When the use of space, rules, routines, and appropriate schedules are used, the aggressive behavior will slow down. The teacher must monitor the environment at all times, and even look for his or her own negative comments. The teacher needs to make sure and understand how her involvement in the classroom might be playing with the children's aggressive behavior. When she uses positive reinforcement to help the children gain confidence and control of their behaviors, plus helping them learn to use their words when they get frustrated, she will create a happier environment.

Safety Devices: Nothing is 100% childproof, but safety devices should be used whenever applicable inside an early childhood center. All wall sockets should be covered with difficult to remove plastic plugs. Drawers and cabinets should have childproof safety latches installed. Remember, nothing is 100% childproof so you must not keep anything toxic in these cabinets. All doorways that could possible lead to a danger, like a pool, should be shut and locked where the child cannot unlock it or open it. Safety gates should

be installed where doorways without doors might led to danger or risk, like stairs.

Outside Environment

An area with many risk factors is the playgrounds of child care centers, schools, parks and even backyards (Robertson, 2010, p.146). There are multiple objects for children to get hurt on or fall off of, but also children are much more excited outside so often they move quickly without paying attention where they are going. One way to help prevent some playground accidents is to follow the NPPS's "SAFE" playground. (p. 147). The S stands for supervision which begins with the playground's design. The playground needs to be divided into zones that combine activity types. For example, a climbing zone, a quiet zone, a sand zone, a riding toy zone, and a music zone. By breaking up the playground into these zones, you are helping to reduce risk and accidents. It is important for staff members to always be able to see all areas of the playground and be in close enough proximity to intervene when needed. The A stands for appropriate design that reflects the developmental needs and abilities of the group of children that will use it. For example, you do not allow a group of 19 month old children to use the same playground that the 5 year olds do. Each playground needs to have age appropriate materials on it. The F stands for falls that might occur on the playground. The surface under climbing equipment must be shock absorbent. States have standards in regard to shock absorber material that is acceptable. A playground emergency plan must be in place in case of injury. The material under climbing equipment will cushion the fall if a child falls, but this does not mean you no longer have to supervise. The E stands for the equipment maintenance. This is very important when purchasing new equipment and for maintaining it. Daily playground checks should be done as to ensure the safety of the children. When equipment is build solidly, properly installed, and maintain, the children will be safer with minimum risk from equipment.

In many states child care homes that are licensed or registered do not have to have shock absorbing material under their climbing equipment. The equipment cannot be on asphalt or concert, but grass or dirt is fine. I understand that homes keep less children, and the ages vary depending on your certificate, but I still believe all homes should have to follow the center's rules on this standard. It would be just as easy for a child from a child care home to fall on the hard dirt and get hurt as it would a child from a child care center. I do hope this standard changes in the near future.

Another feature of a playground that I think many people over look is the fencing that incases. The fence is there to protect the children from getting out, but many times the fence is in need of repair. Large pieces of wooden fences have been seen in child care center's playgrounds because they are not properly maintained. This is a hazard where a child could fall on it, be stabbed by another child with it or just get cut when they were playing with it. Children are curious creatures and if they see a hole in a fence, they will stick something through it. When staff members are doing daily playground checks they must also check the non-equipment / toy items that are on the playground.

Each child care center must have a plan in place for daily playground inspections. Some of the things that staff should look for are making sure the play equipment is in good condition, the fence is in good condition, there are no poison control substances like plants or flowers, that insects are kept low, no extreme temperatures, sandbox is free of cat waste, and that the playground is well maintained with no over grown bushes or junk in the play yard.

The National Program for Playground Safety has surveyed a number of different playgrounds across the United States and come up with a "SAFE" playground with four separate components. SAFE stands for supervision, appropriate, falls and equipment. First and foremost to keep children save, adults must supervise what is going on at all times. Just because you believe the playground is safe with materials and equipment, you still must constantly be supervising the children. It is also important to make sure that all equipment and toys are age and developmentally appropriate for the children that will be using the playground. Research has shown that playgrounds that are designed for age appropriateness reduces the number of accidents that occur on the playground each year (NPPS, 2001). It is important to remember the following ideas when designing a playground for children aged 2-5: low platforms with few access points, crawl areas, ramps with places for grasping, low tables for water and sand, tricycle paths, sand area that can be covered, shorter slides, areas to play alone or with friends, and no swings. The third component for SAFE is falls. It is very important to think about what the child might fall on if they were to lose their grip on the play structure. Shock absorber material such as pea gravel, loose sand, bark mulch or specially designed shock absorber mats all help with a cushioned fall. Pea gravel, sand and mulch need to be a depth of 12 inches to make sure it is safe. Asphalt, grass and dirt are more dangerous grounds to fall on, so therefore should not be used. The final component of SAFE is the playground's equipment maintenance. Remember when you purchase any equipment to think about what type of maintenance it will need throughout the use of it. Equipment that is made of wood will start to splinter, metal

material will become hot in the summer, and plastic can sun damage if not properly taken care of. Over the years, plastic material has been found to be the safest long term playground equipment (Robertson, 2009).

It is important to make sure that all riding toys have a low center of gravity and be well balanced. Toys should be age and developmentally appropriate. There should be no sharp edges and the entire bike should be in good repair. A flat, smooth surface that isn't slippery is a must for riding toys. It is important to have some type of barrier to protect the riding space for other playground areas as well as from traffic and walkways.

When we create an environment for children to run, be loud, climb, jump, skip, and enjoy moving their large muscles, we need to make sure that it is designed and well maintained to also keep them save. A child who is disabled or has a different special need should be able to access the playground also. Make sure that there are ramps, low platforms, or whatever else is needed to make the playground a fair place for all children to play.

Health at the Center

It is imperative that each center have a health policy that must be developed and directed toward the children and the staff. These policies must promote good health practices for children and the staff, plus encourage family members to also practice good health practices. The healthiest environment possible is the responsibility of teachers, directors and staff of all early childhood programs. It is important for centers to provide examples and models of good health practices and illness prevention for children and their families.

Centers must understand the health risk that is associated with early childhood programs. Common infectious diseases, healthy sanitation practices, and health recordkeeping for both children and providers are a good beginning for study for each individual center (Robertson, 2009). Teachers must examine the environment for risk to health, needed policies and parental education. A clearly written and easy to understand health policy is best that includes the guidelines, limitations and suggested methods of communication for each topic. Based on each teacher and director's knowledge of health promotion, protection and disease prevention, a clear policy can be the foundation for an atmosphere of early childhood health education.

Remember to make sure and include the six major goals of high quality child care listed at the beginning of this class when you are forming your health

policies. By making sure to include all six components you will not leave anyone or anything out of your health policies. Basic health policies for promoting good health should cover health records, staff health, protective and preventive practices for mentally healthy environment, and implications for teachers (Robertson, 2009). The next few paragraphs will take a closer look at each of these four topics for promoting good health practices.

Children's Health Records: It is important to include an orientation with the teacher and staff member in regard to all new children that inter their care. Good quality teachers are more than just an adult warm body in a classroom. They actually care about the child and want to know all they can in regard to a child's overall well-being. The orientation must cover the special developmental needs of the child, dietary restrictions, and any special health or nutritional needs. For teachers to be able to provide an environment that is lower risk for the individual child and children as a whole, they must know about each child's overall health. It is important to note here that all information regarding children or parents must stay confidential at all times. This means you cannot discuss it with other teachers, your husband, friends, or even your doctor. If you must speak with other staff members regarding the child, do it in a very professional manner and only in regard to the facts regarding the situation. Do not gossip! It is important for all staff to know necessary information on how to deal with the specific health and safety of all children in care, and if there are special health concerns regarding a certain child. An example of this is that all staff should know that a child is allergic to milk or nuts. It is also important that all state required records are kept up to date and ready for inspections.
Staff Health: States and even counties have different regulations regarding staff health records. Some counties require a TB test to be done, while others require specific immunizations to be kept up to date. It is important for you to know what is required in your area. A health policy that covers staff health records and care is of primary important. The teacher and other staff normally care for a number of young children with the potential for spreading infectious diseases to not only other children in the center, but to other people in the staff's life. Teachers must be informed of what is required of them physically before they accept a job offer. Staff health policies should apply to all staff, including volunteers. Staff records need to include if they are possible allergic to art materials, medication or other general health statues. Before and after employment, regular health checkups will evaluate if a person is in good enough health to work with young children. Working with young children is a physically demanding job, and it is important for staff to be prepared for it.

It is important for teachers and staff to protect the health of children by being a role model for good health. This includes washing hands, brushing

teeth, blowing nose, coughing in sleeve of shirt, etc. When we are good role models, children will start to pick up on the same behaviors. Even if your state does not mandate it, staff should have up to date immunizations to the following: Tetanus (booster every 10 years), hepatitis A, hepatitis B, Polio, MMR, Chicken Pox, Rotavirus, Influenza, Pneumonia, and the meningococcal virus. If a teacher has had the disease, a natural immunity will have developed and immunization is not necessary. The CDC does recommend that a potential teacher be screened for TB, but not all states or counties require this. If the screening skin test of TB is positive then a teacher must provide documentation as to the state of her health. This is often done through a chest x-ray and review of any symptoms she might have. The health care provider would have to document the disease and if the teacher could work or not with children. An person with active TB disease is not allowed to work with young children.

Pregnant teachers or women of childbearing potential should take special safeguards regarding health when working with young children. Unborn children might acquire harmful infections that are not harmful to the adult. Five of these harmful diseases that can be prevented by proper pre-pregnancy immunizations are measles, mumps, rubella, chickenpox and hepatitis B. Other occupational health hazards include herpes, cytomegalovirus, parvovirus and AIDS. P383

Teaching Health to Children

An integral part of achieving good health and wellbeing is nutrition and food selections. Sad to say, but many centers and family day care homes fall short in good role modeling of nutrition and food selection. Studies have shown that the majority of early childhood programs to not meet the nutritional needs of the children they serve (Briley, Jastrow, Vickers, & Roberts-Gray, 1999). Children learn about nutrition from the adults in their life. Teachers who select healthy foods for their own meals, and eat with their children are being good role models of healthy eating that will make a impression on a young child. Positive role modeling of food behaviors is a good way to help change children's nutrition habits. Some common bad role modeling for healthy eating at day care centers are as follows:

1. There is little variety in food presented. The same types of foods are repeated often
2. Vegetables are generally ignored
3. Foods that are high in fats and low in fiber are served often
4. Sweets such as sugar, jelly, and even honey are used liberally.

5. Teachers encourage children to eat but rarely discuss the importance of food and why a child should eat.
6. Not enough food served to meet the dietary index requirements for energy.
7. Menus did not reflect the cultural diversity of the group
8. Convenience seemed to drive menu planning
9. Staff in some centers ordered and ate fast food in front of the children

Summary

There is a lot of responsibility being the director of a child care center. You have to ensure everyone's safety and help to prevent risk in the program. Make sure that you are always on the lookout for issues that need attention and make sure your staff is well trained. Look at the future not only for yourself, but for everyone involved in your program.

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Name: _____

1. Every day in the United States, _____ dozen children die from an injury that was not intended.

a. 2
b. 4
c. 6

2. In the reading material, who said "a safe and nurturing environment that promotes the physical, social, emotional and cognitive development of young children while responding to the needs of the families".

a. Bredekamp and Copple
b. Alice Wortman
c. Jean Piaget

3. According to the reading material, there were _____ goals of quality early childhood programs in regard to safety, nutrition and health.

a. 3
b. 6
c. 9

4. Directors need to ensure that the health status of _____ is maximized each day.

a. children
b. staff
c. children and staff

5. When needed, a center can partner with people from the medical field to further improve the effectiveness of health promotion and education.

a. True
b. False

6. Children are at _____ risk for violence when substance abuse, poverty, and family violence are present in the home environment.

a. more of a
b. less of a
c. same

7. Prevention, recognition, protection and early intervention are key tools that all teachers and directors must use to help reduce the risk to children in their care.

a. True
b. False

8. It is not important for the center to discuss health, safety and nutrition directly with parents because the center cares for the children the majority of the day.

a. True
b. False

9. Knowledgeable teachers and directors who work with children, parents and the community contribute to a team effort to promote good health, safety, prevention and nutrition.

a. True
b. False

10. When administration are in compliance with their states standards, there is a typically a _____ turnover rate among staff.

a. higher
b. lower

11. When a center is in compliance with minimum standards for their state, it will affect the environmental practices, relationships with parents and general attitude of teachers.

a. True
b. False

12. By displaying behaviors, attitudes and polices that allow for cross-cultural effectiveness, teachers are more competent to deal with the diversity found in their classroom.

a. True
b. False

13. It is not important for caregivers and parents to establish a clear and open channel of communication, with respect for each other.

a. True
b. False

14. In 2009, the U.S. Department of Labor estimates that more than 13 _____ children younger than age 6 have mothers in the workforce.

a. hundred
b. thousand
c. million

15. The result of reducing unnecessary risk, preventing illness, and promoting well-being of each individual child is considered good health.

a. True
b. False

16. When caregivers look at it as a _____approach, then the children are the ones that will be able to grow, learn and develop.
a. child interest
b. holistic
c. parental

17. The "Three Es" to injury prevention include all expect:
a. Education
b. Environment
c. Engineering
d. Enforcement

18. A drug-free workplace policy forms _____.
a. controversy among staff members
b. foundation for a drug-free work place
c. sneaky employees

19. The United States Department of Labor identifies _____ sections of the Drug-Free Workplace Policy that should be part of the employer/employee examination.
a. 10
b. 11
c. 13

20. _____injury is the most common cause of occupational injury for people who work with young children.
a. Knee
b. Shoulder
c. Back

21. The _____ policy you design should establish a process, assign responsibility and offer guidance for action.
a. safety
b. staff
c. parent

22. The _____ is going to determine who is responsible for making sure the safety process, policy and objectives are followed.
a. director
b. setting

c. teachers

23. The most important safety objective is _____
    a. supervision of the children
    b. ventilation of the child care center
    c. fire safety knowledge

24. _____ are more physically and cognitively able to start understanding the cause and effect relationship.
    a. Infants
    b. Toddlers
    c. Preschoolers

25. The staff ratios _____ important to the safety, especially younger children.
    a. are
    b. are not

26. Children are _____ protected in the classroom, on the playground, on field trips and in the center by easy to understand safety rules.
    a. less
    b. better

27. Check smoke alarms _____ to make sure they are working.
    a. weekly
    b. monthly
    c. yearly

28. It _____ important to create a plan of how you will inform all the parents of weather emergencies.
    a. is
    b. is not

29. _____ are required by law to report any suspected child abuse.
    a. Teachers
    b. Directors
    c. Teachers and Directors

30. In early childhood programs, groups of young children that differ significantly in physical size, skill level, and family experience, are forced to play together, often without having the skills to get along yet.
    a. True

b. False

31. Researchers found that victims of bullying in childhood were _____ times more likely to have an anxiety disorder as adults, compared to those with no history of bullying or being bullied.

a. 2.5
b. 4.3
c. 5.2

32. Accidents are _____ likely to happen, when a child's routine is disrupted or when the staff is absent, busy or tired.

a. less
b. same
c. more

33. Slips, trips and falls result from the expected change in the contact between the feet or footwear and the walking or working surface.

a. True
b. False

34. The Bureau of Product Safety states that over a quarter of a million people are injured each year by glass, with some of these injuries being serious.

a. True
b. False

35. For children under _____ years of age, a toy should not be able to pass through an empty toilet paper tube.

a. 2
b. 3
c. 4

36. The Federal Arts Materials Labeling Act took effect in _____ to mandate that all potentially toxic art materials carry a health label that indicates caution.

a. 1990
b. 2000
c. 2010

37. A deadly gas that cannot be smelled, tasted or seen is _____.

a. radiation
b. carbon monoxide
c. hydrogen

38. It is ok to give syrup of ipecac to a child that has possible swallowed a poisonous material.

a. True
b. False

39. If a tornado siren goes off _____ believe that it is real unless it says "testing" beforehand.

a. never
b. sometimes
c. always

40. The NPPS's "SAFE" playground stands for:

a. sand, appropriate fall zone, equipment
b. supervision, appropriate curriculum, fun, energy
c. supervision, appropriate design, falls, equipment maintenance