Overview

Maintaining Practices and Environments That Prevent and Reduce Injuries

Planning for and Responding to Emergencies

Showing Children That They Are in a Safe Place

Your Own Need for Safety

Learning Activities

A. Using Your Knowledge of Infants and Toddlers to Ensure Their Safety

B. Creating and Maintaining a Safe Environment

C. Preparing for and Handling Emergencies

D. Introducing Safety Practices to Children
1. Safe

Overview

Safety is freedom from danger, harm, and loss. Adults feel safe when they are in control of situations, know how to prevent and handle injuries, and know what to do during emergencies. Our sense of security grows when we can do something to reduce the risk of harm.

You and your colleagues are risk managers whose thoughtful actions prevent injuries. Your program supports your risk management efforts through policies and procedures that reduce hazards and promote safe practices. Recommended adult-child ratios prevent injuries because you and your colleagues can work as a team to supervise all children at all times and in all areas. Safety checklists help you identify and address potential environmental hazards. Children are less likely to hurt themselves when you provide age-appropriate equipment.

As stated in the Code of Ethical Conduct of the National Association for the Education of Young Children, child safety is your professional responsibility.

> Above all we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, psychologically damaging, or physically harmful to children.¹

Teachers use three key safety strategies. First, create and maintain indoor and outdoor spaces that are free from hazards so children can safely explore and learn. Second, learn your program’s procedures for ensuring children’s safety every day and during emergencies. Follow them calmly during drills and actual emergencies. Third, show children, through your words and actions, that they are in a safe place. This will foster a sense of security that encourages exploration and supports development and learning.

You can keep children safe by

- maintaining practices and environments that prevent and reduce injuries
- planning for and responding to emergencies
- showing children that they are in a safe place

¹ You have a professional responsibility to protect infants and toddlers.

Infants and toddlers depend on you to keep them safe.

Promote safety by minimizing risk.
Maintaining Practices and Environments That Prevent and Reduce Injuries

1. **Check indoor and outdoor areas, toys, materials, and equipment daily and address identified hazards.** Cover unused electrical outlets with safety caps, remove broken play materials, place cushioning under indoor climbers, and lock the outdoor storage shed.

2. **Keep potentially dangerous items and substances out of children’s reach at all times.** Stow adult purses and bags out of children’s reach and store cleaning materials in locked cabinets.

3. **Check safety equipment monthly to ensure that it is in good condition and easy for adults to reach.** Notify the appropriate person if there are problems.

4. **Arrange the room with clear exits, pathways, and areas where children can move without bumping into anything.** Rearrange the room as needed when new children join the group and as children develop new skills.

5. **Work with colleagues to supervise all children at all times.** Follow recommended adult-child ratios and group sizes throughout the day.
Ms. Gonzalez Acts Quickly

As you read the following story, pay attention to the way Ms. Gonzalez responds to a risky situation. Also think about what the child, Zora, learns from the experience.

Mr. Lewis: Ms. Gonzalez, look at Zora! We forgot to put the box of balls away.
Ms. Gonzalez: Thanks, Mr. Lewis. I'll take care of it.

Ms. Gonzalez: I'm going to help you climb down. The box isn't strong enough to hold you. It might break.

Ms. Gonzalez: We need to put this box of balls in the closet. Would you like to help?

Ms. Gonzalez: Now, who would like to climb on the climber? It's a safe place to climb.
Planning for and Responding to Emergencies

6. **Maintain current medical information for all children.** Be prepared to handle children's unique needs and update this information several times a year.

7. **Respond quickly and calmly to children in distress.** “You bumped your head when you stood up. Let’s get some ice.”

8. **Develop and post injury and emergency procedures and evacuation routes.** Keep them in a prominent place.

9. **Make sure that a telephone is easy to reach and working properly.** Know where to find families’ emergency telephone numbers.

10. **Check the first-aid kit and safety devices regularly and restock or repair them as needed.** “We are running low on disposable nonporous gloves in the first-aid kit, so we need to restock it immediately.”

11. **Know and follow established procedures for taking children to safety during fire and other hazard drills and in real emergencies.** Work as a team to make sure every child gets out of the building to a safe place.
Rolling to Safety

As you read the following story, pay attention to the way Ms. Bates and Mr. Lewis work together to take infants out of the building quickly.

Mr. Lewis: We’re going outside for a few minutes.

Ms. Bates: I’m sorry, Sammy. I’ll help you in a minute, when we’re safe outside.

Mr. Lewis: I have all of mine. How about you?


Ms. Bates: Okay, Sammy. Now I can see what you need.

Mr. Lewis: Peek-a-boo, Peter.
Showing Children That They Are in a Safe Place

12. **Explain to children what you are doing while taking safety precautions.** “Justine, I’m snapping the seat belt on your stroller so you won’t slip out and hurt yourself.”

13. **Use positive guidance strategies to redirect children from unsafe to safe activities.** Show them where they can crawl, walk, ride, jump, and climb without getting hurt.

14. **Model ways to stay safe throughout the day.** Use a step stool to reach a high shelf and ask for help in carrying something heavy.

15. **Introduce a few important safety rules to toddlers.** “We take turns on the slide so that we don’t bump into each other. Wait until your friend stands up and moves away.”

16. **Share information with families so they can promote their children’s safety.** “Terrie tried to climb out of her crib today. Let’s talk about whether it’s time for her to use a cot.”
Ms. Bates Helps Adam Learn About Safety

As you read the following story, pay attention to the way Ms. Bates assures the children that the program is a safe place. Also think about what the children learn to do to keep themselves safe.

Adam: Me knock down.

Ms. Bates: Are you okay?

Ms. Bates: The children got hurt when the blocks fell on them. Next time, before you knock down the blocks, I'll help you politely ask the others to move. Then everyone will be safe.

Ms. Bates: Adam, ask us to get out of the way, please. After we move, you can knock it down.

what’s next?

Skill-Building Journal, section 1-2 (Overview), section 1-10 (Answer Sheets), and section 1-1 (Feedback).
Everyone needs to feel protected from harm in order to function well. Safe environments help us feel secure, relaxed, confident, and able to enjoy ourselves. When people do not feel protected, they are often fearful and anxious.

The increasing violence in many communities—especially random, unpredictable violence—makes many of us feel unsafe. We see violence on television and might also experience it in our homes and neighborhoods. A sense of security is important for everyone.

When you are in charge of your environment, you can keep it free from hazards most of the time. You have probably done things that were potentially dangerous, but you took steps to make these activities safer. Do you remember when you

- climbed a ladder while someone held it to keep it stable
- parked your car at night in a well-lit area of the shopping mall
- carefully unplugged a lamp with a frayed cord and had the wiring replaced

Learning about safety begins in childhood. Your life experiences have taught you how to stay safe. When you were a child, the important adults in your life may have covered the electrical outlets to keep your bedroom safe and helped you develop safety habits, such as wearing a helmet when you rode your bike. As you grew older, you learned what to do to minimize danger in a variety of situations.

what’s next?

*Skill-Building Journal*, section 1-3 (*Your Own Need for Safety*), section 1-1 (*Feedback*), and section 1-4 (*Pre-Training Assessment*).
Learning Activities

A. Using Your Knowledge of Infants and Toddlers to Ensure Their Safety

In this activity you will learn to

• recognize some typical behaviors of infants and toddlers
• use what you know about infants and toddlers to ensure their safety

The infants and toddlers in your care rely on you to keep them safe as they gain new skills. Their families depend on you to maintain a safe environment and practices that prevent injuries. To carry out these important responsibilities, you must be aware of infant and toddler behaviors that affect their safety, and you must have up-to-date information about each child’s abilities. You and your colleagues need to be aware of who is doing what and always to expect the unexpected. Your role includes sharing in children’s pleasure as they grow and develop, while always staying alert and anticipating how their growing skills support new exploration that could lead to injuries.

Young infants (birth–8 months) explore by touching, tasting, and beginning to move.

• Sammy (3 months) puts things in his mouth.
• Jon (6 months) rolls from one side of his blanket to the other.
• Luci (8 months) reaches for toys and other things that she sees.

Mobile infants (8–18 months) move and explore.

• Malou (9 months) crawls all over the room.
• Peter (12 months) likes to pick up and throw his toys.
• Zora (16 months) can follow simple directions.

Young infants begin to investigate the world as soon as they are born. They touch and taste everything they can, as soon as they can. When they begin to roll over and sit up and see and reach for things, they discover exciting new things to see and do. They may also come across new dangers, such as electrical outlets, sharp corners, or a pen that fell out of your purse.
Learning to move from one place to another literally expands the world of mobile infants. Standing up and walking gives them visual and physical access to all parts of the room or play yard. They can see and reach things they never noticed before. At the same time, their language and thinking skills are growing. When they hear you say, “No,” they might stop for a moment before returning to what they were doing. You and your colleagues must always watch and be ready to step in to protect them from harm.

- Lovette (20 months) helps her grandma wipe up a spill.
- Ricky (28 months) runs toward the slide.
- Jessica (34 months) can walk up stairs with ease.

Toddlers are explorers on the move: walking, climbing, running, shaking, pouring, collecting, and dumping. They concentrate on what they are doing at the moment, rarely planning where to go or what to do next. For toddlers, walking forward and backward; pushing chairs across the room; and climbing over, around, and into boxes are interesting activities. Toddlers tend to have strong feelings and sometimes express themselves by hitting, pushing, or shoving other children. To keep toddlers safe, you have to try to think as they do and predict what they might do. You must also work as a team with colleagues to provide constant supervision in all areas of the room and outdoors.

One of the best ways to introduce safety practices is to explain what you are doing as you model them. Children learn from your simple explanations and reminders, e.g., “Let’s use a sponge to wipe up the spilled water so no one slips,” and “I’m using the hammer to fix the nail that is sticking out of the shelf.” When they feel cooperative and competent, they will gladly help you pick up toys that someone might trip over. These everyday experiences teach toddlers that they can help make their world a safer place, which is an important lesson. You can introduce a few clear safety rules to toddlers, such as “Walk in the room,” but keep in mind that they will not always be able to remember them.

The following list summarizes key characteristics of young infants, mobile infants, and toddlers that affect their safety.
### Development of Infants and Toddlers

#### Young infants (birth–8 months)
- put almost everything they hold into their mouths
- wiggle and squirm, sometimes unexpectedly
- roll over, from back to stomach and stomach to back
- sit on a blanket or rug, propped at first and then without external support
- touch, pat, and then hold their bottles
- reach for things they see

#### Mobile infants (8–18 months)
- move by creeping and crawling
- explore objects by grabbing, throwing, shaking, dumping, and dropping
- understand many words and follow simple directions
- pull themselves up to a standing position
- enjoy taking part in daily routines and activities
- begin to walk on their own

#### Toddlers (18–36 months)
- love to run but cannot always stop or turn
- understand rules but need to be reminded to follow them
- enjoy climbing—on anything and everything
- act on their curiosity by manipulating, poking, handling, twisting, and squeezing objects
- push, pull, and ride wheeled toys
- like to imitate their favorite grown-ups

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**what’s next?**

*Skill-Building Journal,* section 1-5 (*Learning Activity A*), section 1-10 (*Answer Sheets*), and section 1-1 (*Feedback*).  

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*Module 1: Safe*
Learning Activity B

Learning Activities

B. Creating and Maintaining a Safe Environment

In this activity you will learn to

• maintain safe indoor and outdoor spaces for infants and toddlers
• develop and use daily and monthly safety checklists to assess the indoor and outdoor environment, toys, and equipment

One of the most effective ways to promote safety is to use what you know about infants and toddlers—how they are likely to explore, move, and behave—to create and maintain safe spaces. A curious young child is likely to think that an exposed outlet, a dangling wire, and a can of cleanser on the bathroom floor are interesting things to poke, pull, and taste. Sit on the floor so that you see the room from a child’s level. Do you spot potential dangers you did not notice before? Infants and toddlers cannot think ahead and predict the results of their actions. It is up to us to think about what each child can and might do and respond accordingly to ensure their safety.

Creating and maintaining a safe environment for infants and toddlers is a shared responsibility. Architects and builders consider safety as they select flooring, paint, and plumbing fixtures, and as they decide where to locate windows and doors. With input from teachers and families, the program director orders toys, furniture, and equipment that meet voluntary industry standards for safety. (For current information about child safety standards, visit the American Society for Testing and Materials Web site, www.astm.org) The custodial staff repairs damaged toys, furniture, and equipment, and they keep hallways, stairs, and outdoor play areas free of clutter and debris. Keeping materials and equipment in good repair means keeping them free from protruding nails, splinters, cracks, chipped paint, and lead paint and making sure that all nuts, bolts, and screws are fastened securely.

No matter how many precautions are taken, the environment is never completely safe for children. Teachers must discuss safety practices and plan ways to work as a team to provide constant supervision of every child and area, all day, every day. For example, you can take turns sweeping slippery sand and picking up toys that someone could trip over. While one of you changes a diaper, the other can watch the rest of the room. Get in the habit of giving each other cues. You might nod, glance, and point to possible hazards. Remember how, in the Overview example, Mr. Lewis alerted Ms. Gonzalez when he saw Zora standing on the cardboard box?
When activities require close supervision, conduct them with small groups.

Some activities require closer supervision than others. You might divide the group and do an activity with a few children while another teacher supervises the rest of the children. You must also notice how children are feeling. Frustrated and tired children are more likely to fall or get hurt. Brief, simple activities are most appropriate for this age group.

In addition, you must always be alert for hazards such as spilled water, splintered wood, and worn-out safety straps. The chart that follows describes the characteristics of a safe environment for infants and toddlers and summarizes your responsibilities for preventing and reducing injuries.

A Safe Environment for Infants and Toddlers

<table>
<thead>
<tr>
<th>Characteristics of a Safe Environment</th>
<th>Your Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children are supervised at all times, in all areas.</td>
<td>At all times, maintain appropriate adult-child ratios and watch children in all indoor and outdoor areas, including bathrooms. If you work with a partner, position yourselves in different parts of the room or outdoor area.</td>
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<td></td>
<td>Arrange indoor and outdoor areas so children are always in view.</td>
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<td>There are standard procedures for responding to injuries quickly, effectively, and without alarming the children.</td>
<td>Follow your program's procedures for responding to an injured child.</td>
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<td>Complete injury reports promptly; notify families immediately, if appropriate.</td>
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<tr>
<td>Children are released only to family members and authorized designees for whom families provide written consent. Family members, or their authorized designees, must sign a child in and out of the program by noting the date, time, child's name, and their name.</td>
<td>Release children only to family members and authorized designees for whom families have provided written consent.</td>
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<td></td>
<td>Make sure a family member or authorized designee signs the child in and out of the program in a daily log.</td>
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<tr>
<td>The center is well-lit, well-maintained, and free from clutter.</td>
<td>Make sure stairs and hallways are lighted and free of clutter.</td>
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<td></td>
<td>Report problems promptly so they can be addressed.</td>
</tr>
<tr>
<td>Infant and toddler rooms provide 35 sq. ft. of available floor space per child. (With typical furnishings, this usually means 50 sq. ft. per child, from wall to wall.)</td>
<td>Arrange the room so infants and toddlers can move freely without bumping into anything.</td>
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<td>Create clear pathways and exits.</td>
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<tr>
<td>Venetian blind cords are replaced with plastic rods or secured out of children's reach. Cords long enough to encircle a child's neck are not accessible to children.</td>
<td>Replace cords or blinds with safe models. Contact the U.S. Consumer Product Safety Commission for more information about strangulation from window coverings.</td>
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## Characteristics of a Safe Environment

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<tr>
<th>Characteristics of a Safe Environment</th>
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<tbody>
<tr>
<td>Electrical systems are inspected regularly and appliances are used with care.</td>
<td>Report problems promptly so they can be addressed. Cover unused electrical outlets with child-resistant caps. Unplug small appliances when not in use. Make sure electrical cords are not frayed or damaged; keep them out of children's reach. Use extension cords only when absolutely necessary and follow safety guidelines for their use. Do not place cords under carpeting or near water.</td>
</tr>
<tr>
<td>Heating and cooling systems are inspected regularly; pipes and radiators are covered or insulated.</td>
<td>Report problems promptly so they can be addressed.</td>
</tr>
<tr>
<td>Water temperature is set at 120° F or less (manually or with scald-resistant faucets).</td>
<td>Check the water temperature often to make sure that children will not be scalded. Report problems immediately.</td>
</tr>
<tr>
<td>There is sufficient space for storing hazardous items out of children's reach in locked cabinets or closets.</td>
<td>Place sharp objects (pins, needles, knives, adult scissors) out of children's reach in locked cabinets or closets. Put adult purses, tote bags, and all plastic bags out of children's reach. Keep medicine in the original, labeled, childproof containers in locked cabinets or a refrigerator, per labels.</td>
</tr>
<tr>
<td>Cleaning supplies are stored out of children's reach.</td>
<td>Store cleaning supplies and poisonous substances in original, labeled containers in locked cabinets. Rinse empty cleaning product bottles before disposal; then place them in trash receptacles that are out of children's reach.</td>
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# Toys, Furniture, and Equipment

<table>
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<tr>
<th>Characteristics of a Safe Environment</th>
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<tbody>
<tr>
<td>All toys, furniture, and equipment meet voluntary industry standards for safety, are age-appropriate, sturdy, have no loose parts with a diameter of less than 1 1/4”. Balls must be larger than 1 3/4” in diameter. If any object appears to fit entirely into a child’s mouth, keep it away from the child.</td>
<td>Keep up with Consumer Product Safety Commission (CPSC) recalls and advisories (<a href="http://www.cpsc.gov">www.cpsc.gov</a>).</td>
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<td></td>
<td>Check to make sure toys and equipment are in good repair. Make sure unsafe items are removed immediately in order to be fixed or thrown away.</td>
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<td>Display toys on open shelves, with heavier items at the bottom.</td>
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<td>Place cushioning, such as mats, under indoor climbers.</td>
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<tr>
<td>High chairs, strollers, swings, infant seats, car seats, and similar equipment have safety straps in good repair.</td>
<td>Buckle safety straps every time you use such equipment because children can slip, fall, or climb quickly and unexpectedly. Check straps regularly; arrange for repairs if needed.</td>
</tr>
<tr>
<td>Changing tables have easily accessible drawers or shelves for supply storage.</td>
<td>Never leave a child unattended. Make sure supplies are in place at the start of each day; restock during the day, as needed.</td>
</tr>
<tr>
<td>Shelves and other furniture with sharp edges have protective corners or edge bumpers.</td>
<td>Make sure all sharp edges are protected; help mobile infants and toddlers slow down so that they do not bump into corners.</td>
</tr>
<tr>
<td>Cribs have latches and locks on dropsides, so babies cannot fall or climb out. To prevent suffocation and head entrapment, cribs have firm, tight-fitting mattresses with less than 2” clearance on all sides; slats or spindles no more than 2 3/8” apart; and corner posts of 1/16” or less. Cribs are spaced at least 3’ apart to allow easy access to each child.</td>
<td>Make sure cribs are in good repair and at least 3’ apart.</td>
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<td></td>
<td>When infants sleep in cribs</td>
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<td></td>
<td>• raise the sides of the crib after placing the baby down</td>
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<td></td>
<td>• place babies under 12 months on their backs, to decrease the risk of sudden infant death syndrome (SIDS)</td>
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<td>• remove pillows, comforters, fluffy blankets, stuffed animals, rattles, and squeeze toys</td>
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<tr>
<td></td>
<td>• make sure babies' heads are uncovered while they sleep</td>
</tr>
<tr>
<td>Mats or cots are available for older mobile infants and toddlers who can climb out of cribs. They are spaced at least 3’ apart to allow easy access to each child.</td>
<td>Observe children so you know when they are able to climb out of their cribs; share this information with families and transition children to mats or cots.</td>
</tr>
<tr>
<td>Tables and chairs used by older mobile infants and toddlers are child-size, sturdy, and stable.</td>
<td>Supervise children to make sure that they do not stand on tables or chairs or use them in unsafe ways.</td>
</tr>
<tr>
<td>Safety gates are at least 3/4 of children’s height (so they cannot climb over). They also have a straight top edge and a rigid mesh screen or openings too small for a child’s head to enter. Pressure gates and accordion gates should not be used.</td>
<td>Place safety gates at the tops and bottoms of stairs and across other areas that are off-limits to children, in accordance with local fire codes. Always use the latching devices.</td>
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### Emergency Preparedness

<table>
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<tr>
<th>Characteristics of a Safe Environment</th>
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<tbody>
<tr>
<td>Emergency exits are marked and unlocked from the inside; evacuation procedures are posted in a visible place so all staff and visitors can get children out of the building quickly and safely during an emergency.</td>
<td>Post emergency plans and exit routes. Conduct monthly emergency drills. Make sure emergency exits are kept clear and unlocked from the inside.</td>
</tr>
<tr>
<td>Smoke detectors are installed on the ceiling, or on the wall 6&quot; to 12&quot; below the ceiling, every 40' of each level of the building. (Smoke detectors are not installed above suspended ceilings or behind acoustic walls.)</td>
<td>Check smoke detector batteries monthly; replace, or make sure they are replaced, every 6 months.</td>
</tr>
<tr>
<td>Poison control numbers are posted in a visible place near a phone.</td>
<td>Check numbers periodically to make sure they are current.</td>
</tr>
<tr>
<td>A-B-C-type fire extinguishers are installed and maintained. The size, number, and placement of extinguishers are determined after a survey by the fire marshall or by an insurance company representative. Instructions for use are posted next to each extinguisher.</td>
<td>Learn how to use fire extinguishers correctly; make sure they are refilled after use.</td>
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### Transportation

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<tr>
<th>Characteristics of a Safe Environment</th>
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<tbody>
<tr>
<td>All vehicles used to transport children are licensed, registered, and well-maintained.</td>
<td>Practice emergency evacuation of vehicles with the children.</td>
</tr>
<tr>
<td>A first-aid kit and copies of children's emergency identification and contact information must be carried in every vehicle when children are being transported.</td>
<td>Make sure children's emergency data is up to date and first-aid kits are supplied.</td>
</tr>
<tr>
<td>Drivers have valid and appropriate licenses. Because they must focus on driving, they may not use cell phones, play loud audio equipment, or wear earphones while driving with children, and they are not included in child-adult ratios.</td>
<td>Maintain appropriate child-adult ratios in vehicles. Keep children from sticking their heads, hands, limbs, or objects out of vehicle windows. Make sure children enter and leave vehicles only on the curbside of the road or driveway.</td>
</tr>
<tr>
<td>All passengers use safety devices: infant safety seats for children weighing less than 20 lbs., toddler safety seats for children weighing 20 lbs. or more (who can sit by themselves), and seat belts for adults.</td>
<td>Use the correct seat for a child's weight. Install infant seats in the back seat, facing the rear, in a semi-reclining position; secure the strap. Install toddler safety seats in the back seat, facing forward, using the vehicle's seat belt. Wear your own seat belt.</td>
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## Outdoors

<table>
<thead>
<tr>
<th>Characteristics of a Safe Environment</th>
<th>Your Responsibility</th>
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<tbody>
<tr>
<td>The outdoor play area accommodates a variety of developmentally appropriate infant and toddler activities.</td>
<td>Check daily for glass, splintered wood, and debris; arrange for prompt removal, as needed. Check steps and walks for ice and snow.</td>
</tr>
<tr>
<td>Make sure children ride wheeled toys and tricycles on flat surfaces only and wear helmets if the wheel base is more than 20” in diameter.</td>
<td></td>
</tr>
<tr>
<td>The play area is enclosed with a natural barrier or a fence at least 4’ high, and the bottom of the fence is no more than 3 1/2’ aboveground; fences have at least two gates with latches out of children’s reach.</td>
<td>Check the fence for openings, splinters, and sharp edges; latch both gates when using the area.</td>
</tr>
<tr>
<td>The play area is well-drained; there are no toxic plants; the soil is free from hazardous levels of chemicals or toxins.</td>
<td>Check the area for standing water before use; sweep or drain puddles before children enter the area.</td>
</tr>
<tr>
<td>The play area is well-drained; there are no toxic plants; the soil is free from hazardous levels of chemicals or toxins.</td>
<td>Check equipment (sandbox, climbers, slides, swings, etc.) for sharp corners, rust, rot, cracks, splinters, protruding nails or bolts, and loose fasteners; arrange for prompt repairs, as needed.</td>
</tr>
<tr>
<td>The outdoor play equipment meets voluntary industry standards, has no lead or chipped paint, and is securely anchored with 6’ of clearance around each item. Stationary equipment with moving parts, such as swings, must have clear space to the front and rear that is equal to at least twice the height of the equipment.</td>
<td>Cover play equipment during hot weather so slides and climbers do not overheat.</td>
</tr>
<tr>
<td>There is adequate shock-absorbing cushioning (large wood chips, mulch, sand, or safety-tested mats) under and around equipment to reduce and prevent injuries.</td>
<td>Check regularly to make sure there is sufficient cushioning under and around equipment. The depth of the material depends upon the type. Report problems so more cushioning can be installed.</td>
</tr>
<tr>
<td>Storage sheds are locked and off-limits to children.</td>
<td>Put away equipment and lock storage sheds when equipment is not in use.</td>
</tr>
<tr>
<td>Children use sprinklers, hoses, or water tables instead of portable wading pools.</td>
<td>Fill water tables with no more than 2” of water; empty and sanitize daily; turn over or store when not in use.</td>
</tr>
<tr>
<td>Closely supervise children playing in or near water.</td>
<td>Teachers take a first-aid kit and copies of each child’s emergency identification and contact information on walks and trips.</td>
</tr>
<tr>
<td>Carry first-aid and emergency information in a tote bag, backpack, or fanny pack.</td>
<td>Keep the first-aid kit stocked with needed items and current emergency information.</td>
</tr>
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</table>
The following chart lists things you should **never** do because they can cause suffocation, strangulation, choking, or other serious injuries. Review your program’s materials, equipment, and practices with your colleagues, so that unsafe practices can be corrected immediately. Make and post a chart of the prohibited practices—the “nevers”—as a reminder for yourself, your colleagues, and children’s families. Your regional poison control center or Cooperative Extension Service will be able to provide a complete list of poisonous plants.

### Remember the “Nevers” 4

#### To prevent poisoning, NEVER
- grow poisonous plants indoors or outdoors (e.g., azaleas, daffodils, dieffenbachia)
- use toxic art materials that children could swallow or inhale

#### To prevent falls and injuries, NEVER
- use walkers, unless indicated by a child’s Individual Family Service Plan (IFSP)
- use trampolines
- hold a child on your lap in a moving vehicle, because, in an accident or sudden stop, the child could fly out of your arms

#### To prevent choking, NEVER
- feed children small solid foods such as hot dogs (unless cut into very small cubes or strips), hard candy, whole grapes, gum, popcorn, and peanuts
- have toys and materials smaller than 1 1/4" diameter or with detachable small parts (balls must be at least 1 3/4" in diameter)
- have coins, marbles, Styrofoam® objects, or safety pins where children can reach them
- prop a baby’s bottle
- leave infants and toddlers unsupervised at meal- and snack times

#### To prevent stranguation, NEVER
- allow children to wear hoods with drawstrings (ask parents to remove the drawstrings)
- have toys with attached cords longer than 12"
- hang rattles or pacifiers around children’s necks
- allow children to wear long scarves when climbing or jumping
- tie toys to any part of a crib

#### To prevent suffocation, NEVER
- have plastic bags within children’s reach, except to line trash cans in supervised areas
- place a baby to sleep on pillows or a soft covering shift

#### To prevent burns, NEVER
- heat bottles in a microwave oven, because heating is uneven
- drink hot beverages while holding or standing near children

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18  Caring for Infants & Toddlers
As you know, you do a lot to help keep children safe. Daily and monthly safety checklists that list potential hazards can help you manage your safety-related responsibilities. Using checklists lets you step back for a few minutes to focus on things you might otherwise overlook because you are so involved with the children. A daily checklist helps you make sure the room and outdoor play area are ready for the children each day. A monthly checklist helps you review items that need attention less frequently.

**what’s next?**

*Skill-Building Journal*, section 1-6 (*Learning Activity B*) and section 1-1 (*Feedback*).
Learning Activities

C. Preparing For and Handling Emergencies

In this activity you will learn to

• prepare for emergencies
• follow the program’s established procedures for responding during emergencies

Even the most safety-conscious and well-prepared teacher will have to deal with emergencies from time to time. How would you respond if a toddler swallowed a toxic substance?...if the building lost power during a rainstorm?...if you smelled smoke? Would you get flustered and panic, or would you remain calm and collected while caring for an injured child or taking the children from the building?

Your program’s emergency plan explains what to do if a child is injured and how to evacuate the entire group from the building if there is a fire, gas leak, or natural disaster. Some plans include step-by-step instructions for handling specific kinds of emergencies and injuries, such as responding when a child is choking, has suffered burns, or has swallowed poison. No matter how detailed the emergency plan, however, you must do more to prepare than simply read the plan. It is important to have ongoing training to keep your skills current and to conduct monthly evacuation drills so you and the children can stay calm in a real emergency.

• Have you read your program’s emergency plan? How often is it revised?
• Would you be able to act quickly and effectively in an emergency?
• What do you do to keep your skills current?
Responding to Children’s Injuries

Most injuries in an infant/toddler program are minor—bumped heads and scraped knees—requiring only soothing words and perhaps a bandage. For minor injuries such as cuts and bruises, your program probably has a standard injury report form. You should complete the form promptly, while you recall what happened clearly. At pick-up time, inform the child’s family member of the incident and ask him to read and sign the form. In addition, let your supervisor know what happened and what you did in response.

Follow your program’s policies and procedures for determining when and how to seek medical care for a child. Although every injury and illness is different, some common sense practices apply to all situations. To help you assess a situation, your program might have standard procedures such as these.

Emergency Procedures List

1. **Find out what happened.**
   - Who was injured?
   - Does the scene present hazards to other children?
   - Who can help?

2. **Check for life-threatening problems using the ABCs.**
   - A = open the airway
   - B = check for breathing
   - C = check for circulation (pulse)

3. **Call local emergency medical services—911 or an ambulance—if the child’s condition is serious, even if you are not entirely sure about the seriousness of the child’s condition.**
   Use good judgment and common sense to decide if a child has a better chance of survival if you call for an ambulance before or after you administer emergency first aid. If you call first, the ambulance will be on its way while you are tending to the child. Ideally, one person can make the call while another administers first aid.

4. **Check for injuries, starting at the head and working down.**
   Give information about injuries to the medical personnel as soon as they arrive.

5. **Calm the other children.**
   If the injured child needs your undivided attention, ask a colleague or other staff member to care for the other children.

6. **Contact the child’s parents or guardian as soon as possible.**

7. **Follow the program’s procedures for filing an injury/incident report.**
• Have you ever had to deal with a serious injury or illness? What did you do? How did you feel?
• If you could go back in time, would you change anything about your response? What would you do differently?

Sometimes a sick or injured child must go to the hospital.

When children’s injuries or illnesses are serious, you must seek emergency assistance at once. Urgent situations that you might encounter as a child care provider are listed in the boxes that follow.

### Getting Immediate Medical Help

Call Emergency Medical Services (EMS) immediately if a child

- is at risk for permanent injury
- is acting strangely, is much less alert, or is much more withdrawn than usual
- has difficulty breathing or is unable to vocalize
- has discolored skin or lips that look blue, purple, or gray
- has a seizure (rhythmic jerking of arms and legs and a loss of consciousness)
- is unconscious
- is less and less responsive
- after a head injury has a decreased level of alertness, confusion, headache, vomiting, irritability, or difficulty walking
- has increasing or severe pain anywhere
- has a cut or burn that is large, deep, or will not stop bleeding
- is vomiting blood
- has a severe stiff neck, headache, and fever
- is significantly dehydrated (sunken eyes, lethargic, not making tears, not urinating)

After you have called EMS, remember to call the child’s legal guardian.
Your program should have a plan for emergency transportation to the closest hospital or health care facility. If you must accompany a child in the ambulance, bring the child’s signed medical history and emergency authorization forms. Most programs ask parents or guardians to complete forms at enrollment that authorize emergency medical care and give the names and phone numbers of emergency contacts. The director or a colleague should contact the child’s parents and ask them to meet you at the hospital as soon as possible.

Sometimes children need urgent medical attention even when the situation does not require an ambulance. If a child has one of the conditions listed below, inform the child’s legal guardian immediately. If you or the guardian cannot reach a physician within one hour, the child should be taken to a hospital.

**Getting Other Urgent Medical Attention**

- Get medical attention within one hour for
  - fever in any child who looks more than mildly ill
  - fever in a child less than 2 months (8 weeks) of age
  - a quickly spreading purple or red rash
  - a large volume of blood in the stools
  - a cut that may require stitches
  - any medical condition specifically included in a child’s care plan as requiring parental notification

While waiting for an emergency team to respond, it may be appropriate to administer first aid to manage the situation until the child can get additional medical care. For example, in cases of drowning, electric shock, or smoke inhalation, a teacher or other staff member would use cardiopulmonary resuscitation (CPR) to clear the throat and help the victim to breathe. Many state licensing agencies require teachers and other staff to have first-aid and CPR training and to update their skills and knowledge annually. If you are not certified in first aid and CPR, we strongly recommend that you take this training.
Recommended Emergency Management Training

Experts recommend that every adult who works with young children learn to manage

- bleeding
- burns
- poisoning
- choking
- injuries, including insect, animal, and human bites; splinters; other puncture wounds
- shock
- convulsions or nonconvulsive seizures
- musculoskeletal injury (such as sprains and fractures)
- dental emergencies
- head injuries
- allergic reactions
- eye injuries
- loss of consciousness
- electric shock
- drowning
- emergencies related to illness

When giving first aid, remember these important rules:

- Do not move a child who may have a serious head, neck, or back injury, except to save a life. Moving the child might cause further injury.
- Do no harm. Harm might occur if you fail to treat an injury, as well as if you make an injury worse.
Early childhood programs should have a number of well-stocked first-aid kits that are stored where adults—but not children—can reach them easily. For every group of infants and toddlers, there should be a first-aid kit to keep inside and another kit in a tote bag, back pack, or fanny pack to take on walks and field trips. All vehicles used to transport children must have first-aid kits and emergency identification and contact information for every child. Restock first-aid kits after each use and check them once a month to make sure all items are still included. A basic first-aid kit includes the following items.

### Contents of a Basic First-Aid Kit

- Emergency contact information for all children, including parents’ home and work phone numbers (usually written on a card or form completed at enrollment and updated regularly)
- Coins for pay phones and/or a fully charged cell phone
- Index cards or note pad and pens (to write instructions or keep notes for medical staff)
- Current first-aid guide or chart (American Academy of Pediatrics or equivalent)
- Fresh water (small plastic bottle)
- Liquid soap
- Disposable, nonporous latex gloves
- Unbreakable pediatric thermometer (nonglass)
- Scissors
- Tweezers
- Splints (small, plastic or metal)
- Sterile, nonstick guaze pads (one box each of 2” and 4” sizes)
- Flexible roller gauze
- Assorted adhesive strip bandages (extras of the 1” size; not for use where an infant or child can remove them)
- Triangular muslin bandages (2)
- Safety pins
- Bandage tape
- Eye dressing
- Cold pack
- Plastic bags for ice packs, for wrapping soiled clothes, and for isolating used gauze and other materials used in handling body fluids
- Poison Control Center phone number
- Supplies prescribed for children with special health needs (e.g., antihistamine for a child with severe allergies, glucose tablets or insulin for a diabetic child, an inhaler for an asthmatic child)
Preparing for Emergency Evacuations

Evacuation plans state the procedures for getting children out of the building to a safe place. Write the plan in both English and children’s home languages, as appropriate, and include photos or pictures to provide further clarity. Post it in a highly visible place so all adults can work as a team to lead children to safety. Many infant and toddler programs have one or more wheeled evacuation cribs positioned near an exit door. They are used to hold several infants at a time while an adult rolls them to safety. (The Overview of this module includes a story about evacuation cribs.)

You and your colleagues must hold an emergency evacuation drill every month. Time yourselves so you will know how long it takes to get everyone outside. After each drill, document the date and time of day and discuss what happened. Note what went well and what you need to improve. With plenty of practice, teachers and children will be more likely to respond effectively in a real emergency.

To ensure teamwork, it is helpful to agree on specific staff responsibilities in advance. For example, you could designate specific individuals to administer first aid if needed, to oversee the evacuation of the building, to account for all children and adults, and to call 911.

- How do you and your colleagues handle emergency evacuations as a team?
- Do your evacuation drills go smoothly? How do the children respond?
- Is there anything you would like to change about your evacuation drills? If so, discuss your ideas with your colleagues.

Know when—and when not—to fight a fire.

It is important to know when—and when not—to use a fire extinguisher to fight a fire. You might be able to put out a small fire in some situations, but, if it gets out of control or threatens to block an exit, you must leave the building immediately.
Never use a fire extinguisher

- until all the children are safely out of the area and in the care of a responsible person
- to fight a fire that has spread beyond the spot where it started

Only use a fire extinguisher if you

- can get out quickly if your efforts do not work
- are nearby when the fire starts or discover the fire soon after it has started
- know the fire is small and confined to one place, such as a trash can or small appliance
- can fight the fire with your back to an exit

To use the extinguisher, stand back about 8 feet and aim at the base of the fire, not at the flames or smoke. Squeeze or press the lever while sweeping from the sides of the fire to the middle.

If you have the slightest doubt about whether to fight the fire or get out, leave the building and call the fire department. Your safety is more important than the property you might save.

Learn how to respond during natural disasters typical to your area.

Some geographic areas have a history of specific weather-related emergencies and other natural disasters, such as blizzards, ice storms, floods, hurricanes, lightning storms, earthquakes, and tornadoes. It is important to learn about those likely to happen in your area and to have an up-to-date plan for responding to such events. If you know what to do, you can act swiftly and prevent injuries. Resources for learning how to prepare for weather emergencies include local agencies, the American Red Cross, the National Weather Service (NWS) (http://www.nws.noaa.gov), and the Federal Emergency Management Agency (FEMA).

Before taking children on walks and trips away from the center, it is a good idea to get a current weather report. Listen to a radio or television weather channel or to a weather radio that receives NWS warnings of severe weather conditions. Such warnings begin with a tone alert that is followed by current information about fast-moving storms.
During any weather-related emergency, administer first aid if necessary and try to keep the children calm. Turn on a transistor radio so you can listen for emergency instructions.

- What kinds of weather emergencies are typical in your area?
- How does your program plan to keep children safe during these emergencies?
- How will the program care for children who must stay overnight at the center?

**what’s next?**

*Skill-Building Journal*, section 1-7 (*Learning Activity C*) and section 1-1 (*Feedback*).
D. Introducing Safety Practices to Children

In this activity you will learn to

- model and talk about safety practices with infants and toddlers throughout the day
- introduce toddlers to a few simple safety rules

Throughout this module you have learned about ways to protect the infants and toddlers in your care. It is also important to help young children gradually learn what they can do to keep themselves safe. It will be many years before they can be completely responsible, but they can begin the learning process.

Introduce safety concepts to infants and toddlers by showing them how you—an important person in their lives—take steps to prevent injuries. Let them see you model good habits such as these:

- Walk—do not run—in the room.
- Sit—do not stand—on chairs.
- Use a step stool to reach a high cupboard.
- Buckle safety straps on high chairs, strollers, swings, car seats, and similar equipment.
- Put broken toys away until they can be mended.

When handling a potentially dangerous item, taking a calculated risk, or doing something to prevent injuries, talk to the children about what you or your colleagues are doing and how it helps to prevent injuries. For example, you might offer explanations like these:

Scissors are sharp. When I’m finished using them, I will put them back in the cupboard and lock the door.

Mr. James is going to change the light bulb. He’s moving the table to set up the ladder right under the light. Now he’s fastening the safety latches to keep the ladder steady as he climbs. Ms. Kim is standing nearby to hand him the new bulb and to be ready if he needs help.

Seth, I’m putting you on your back so you can breathe easily. Now I’ll check the crib sides. Yes, they are up and latched. Everything’s okay. Have a restful nap.
Infants and toddlers may not understand everything you say, but they will begin to understand that you think safety is important. When they get older, they are likely to do similar things to keep themselves safe.

Every day, there are many opportunities to explain and demonstrate safe practices. As you read the following guidelines for taking walks in the neighborhood, think about the many ways you introduce safety to children on walks and throughout the day.

**At enrollment and throughout the year**

- Recruit additional help from family members, senior citizens, or early childhood students from local high schools or colleges.
- Ask families to sign permission slips at enrollment so they will know that taking walks is a regular part of the program.
- Provide a list of the places to which you will walk (e.g., to the end of the block and to a park around the corner).

**Before each walk**

- Schedule the walk for when extra adults will be available to help supervise (both the children taking a walk and the children who stay at the center).
- Plan where you will go and for how long.
- Decide who will be going and maintain appropriate adult-child ratios (for example, one adult per three children, with one child in a stroller or backpack).
- Review a few simple rules, such as these:
  
  *We all stop when we get to the curb.*

  *When everyone is ready to cross the street, we hold hands or hold onto the buggy.*

  *Review the rule for crossing the street safely, e.g., Look to the left, look to the right, look to the left again, and wait for the green light.*

- Bring the portable first-aid kit and emergency phone numbers.
- Collect bottles, diapers, snacks, sweaters, and outerwear that children might need.
- Leave a sign on the door that states the time you left, where you went, and the time you expect to return.
During each walk

- Walk in small groups so you can get quickly across busy streets.
- Keep strollers and buggies on the sidewalk when getting ready to cross the street. Never push a stroller or child cart into the street until it is safe for everyone to cross.
- Make sure every child is in a backpack, stroller, or carriage, or has an adult hand to hold when crossing streets.
- Have fun while you walk: sing songs, take giant and tiny steps, talk about what you see and hear along the way and what you expect to see and do at your destination.
- Remind children of the rules discussed before the walk. Follow rules consistently and expect that children will need help to follow them.
- Pay attention to children’s moods and behavior. Return to the program if children seem tired or frustrated, or if they are behaving in unsafe ways.
- Make sure all children are accounted for at all times.

The toddlers in your care are probably ready to begin learning a few important safety rules for equipment, materials, and activities. As you talk with toddlers about safety rules, use simple language. Soon they will start to understand that they can do things to keep themselves safe. It is important, however, to have appropriate expectations for toddlers’ behavior. They do not understand the meaning of danger and have not yet developed the thinking skills and self-control needed to follow rules consistently. You must continue to remind them often.

Even when toddlers do follow rules, you cannot count on their doing so all the time. For example, a child might one day proudly follow the rule about wearing a helmet when riding tricycles, because she thinks that is a grown-up thing to do. The next day she might be more interested in asserting her independence than in following the rule, and she might want to ride without a helmet. You will need to remind her. It is helpful to explain what she may do, rather than what she may not. “Jana, everyone must wear a helmet when riding a trike. If you don’t want to wear a helmet, you may play in the sandbox or on the climber.”
When you see a child in a potentially dangerous situation, think quickly about the best way to respond. Sometimes a look or a few words suffice, e.g., “Jeremy, slow down a little so you won’t trip and fall.” Other times it is best physically to help a child stop what he is doing and then explain the reason. “Jeremy, I’m going to hold you for a minute until you calm down. You were running so fast that you might have fallen and been hurt.”

Toddlers will find it easier to remember safety rules if you work as a team with colleagues and families to apply a few rules consistently. They are also more likely to follow the rules when you reinforce their safe behavior with a smile or positive comment.

what’s next?

Skill-Building Journal, section 1-8 (Learning Activity D), section 1-1 (Feedback), and section 1-9 (Reflecting on Your Learning).