

Culture of Safety: Classrooms and Playgrounds

Dr. Betsy McDougall
Grantee Specialist, Region XI

Lynn Bowen
ECS Manager, Region XI



Shared agreements to create a safe space for learning

- Participate actively.
- Allow everyone a chance to speak.
- Listen respectfully.
- Consider different perspectives and approaches.
- Offer solutions as well as problems.



Training Objectives

- Define and identify characteristics of a culture of safety
- Understand how a culture of safety prevents injuries and promotes child wellbeing
- Describe the ten actions for a culture of safety

What Defines a Culture?





- 8:55-9:10 CIRCLE
- 9:10-9:30 PLAYCOURT
- 9:30-9:50 SNACK
- 9:50-10:30 FREE CHOICE
- 10:30-10:45 SMALL GROUP
- 10:45-10:55 CIRCLE
- 10:55 — HOME OR DATA

Culture of Safety



In a Culture of Safety, Everyone:

- Observes the environment and identifies safety concerns before harm occurs
- Speaks up when they have a safety concern
- Acts quickly to remedy an unsafe situation
- Supports others to openly discuss mistakes as a source of learning
- Works together to change practices so safety incidents do not reoccur

Safety is a core value



<http://www.npsf.org/page/cultureofsafety>



Everybody has a role in keeping children safe



Activity

Ready, Set, Go!

Instructions:

Your team has been assigned one of the 10 actions. Please take 3 minutes as a group and brainstorm at least 5 reasons why **YOUR** action is the most important. Choose a reporter to tell us why your action is the most important aspect of a culture of safety.

The 10 Actions for a Culture of Safety

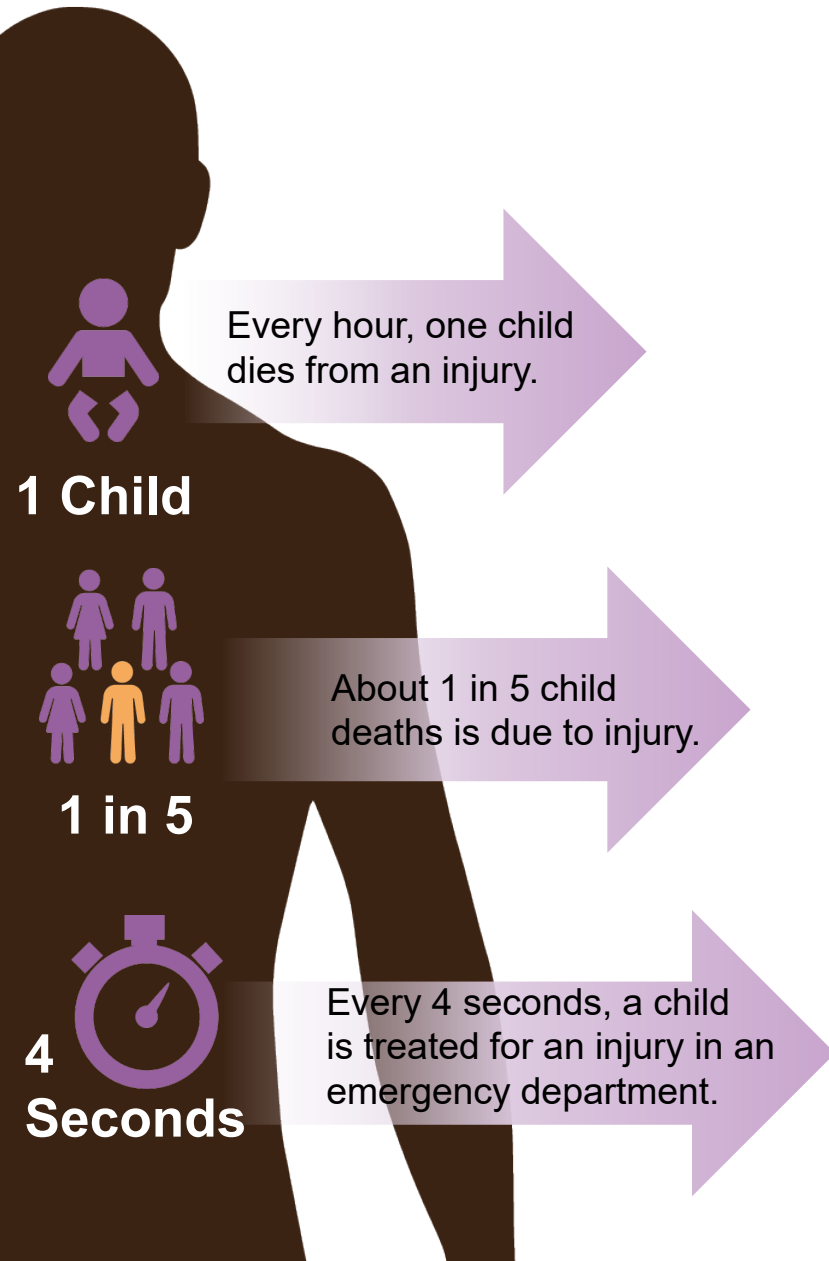
1. **Use Data to Make Decisions:** Program and incident data serve as an important resource to help managers and staff evaluate children's safety.
2. **Actively Supervise:** Children are never alone or unsupervised. Staff position themselves so that they can observe, count, and listen at all times.
3. **Keep Environments Safe and Secure:** Programs create, monitor, and maintain hazard-free spaces.
4. **Make Playgrounds Safe:** Regularly inspected, well-maintained, age-appropriate and actively supervised outdoor play spaces allow children to engage in active play, explore the outdoors, and develop healthy habits.
5. **Transport Children Safely:** Programs implement and enforce policies and procedures for drivers, monitors, children, and families using school buses, driving to and from the program, or walking.
6. **Report Child Abuse and Neglect:** Managers and staff follow mandated reporting statutes and procedures for reporting suspected child abuse and neglect.
7. **Be Aware of Changes that Impact Safety:** Staff anticipate and prepare for children's reactions to transitions and changes in daily routine, within and outside of the program.
8. **Model Safe Behaviors:** Staff establish nurturing, positive relationships by demonstrating safe behaviors and encouraging other adults and children to try them.
9. **Teach Families about Safety:** Staff engage families about safety issues and partner with them about how to reduce risks to prevent injuries that occur in the home.
10. **Know Your Children and Families:** Staff plan activities with an understanding of each child's developmental level and abilities, and the preferences, culture, and traditions of their families. This includes everything from maintaining current emergency contact information to understanding families' perceptions about safety and injury prevention.

What Do We Know About Injuries?

Injuries are the leading cause of emergency room visits and the leading cause of death in children ages 19 and younger.

Children's risks for injury and the safety measures needed differ according to age.

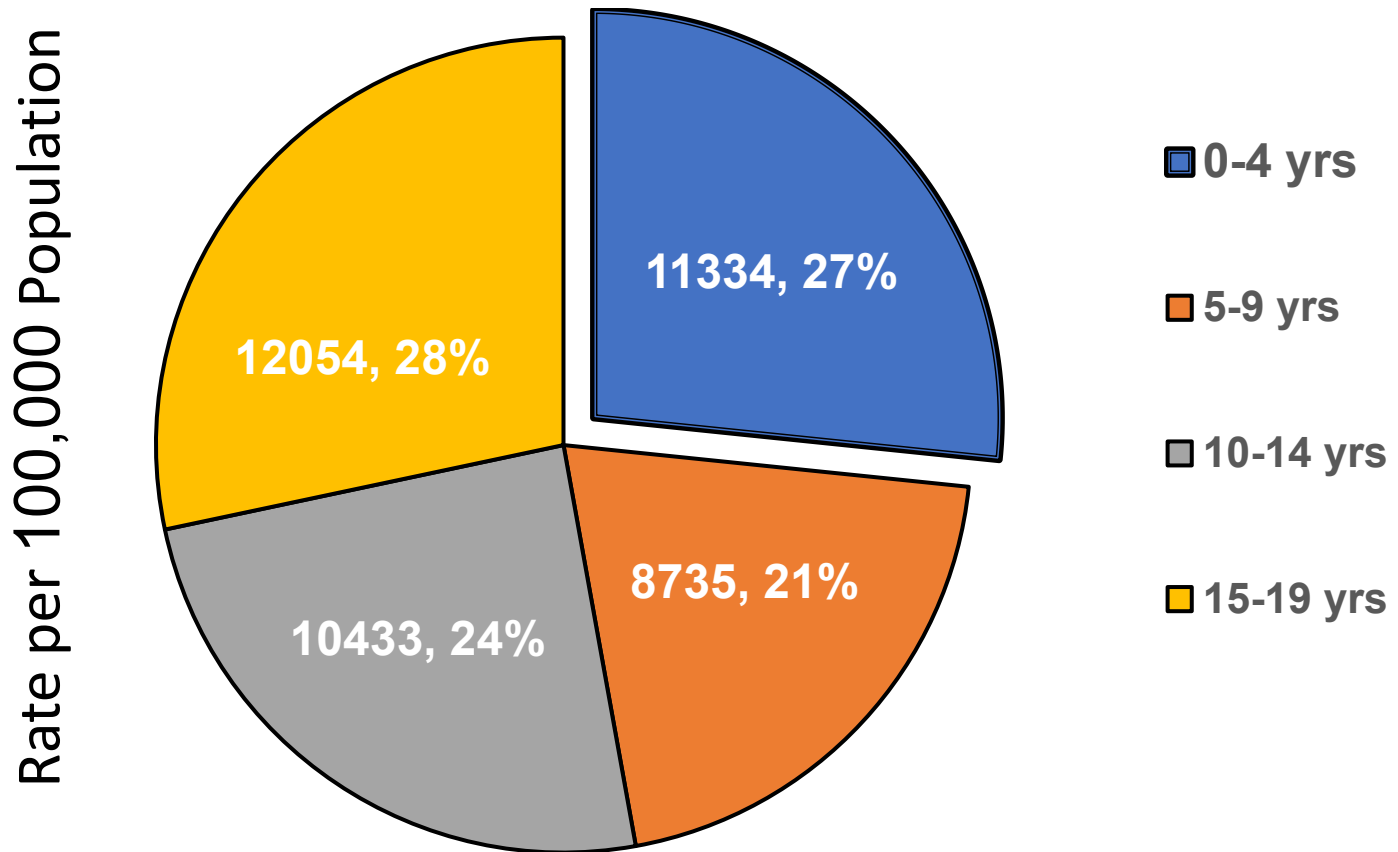
Graphic adapted from <https://www.cdc.gov/vitalsigns/childinjury/index.html>
<https://files.eric.ed.gov/fulltext/ED424025.pdf>



Injuries are Predictable

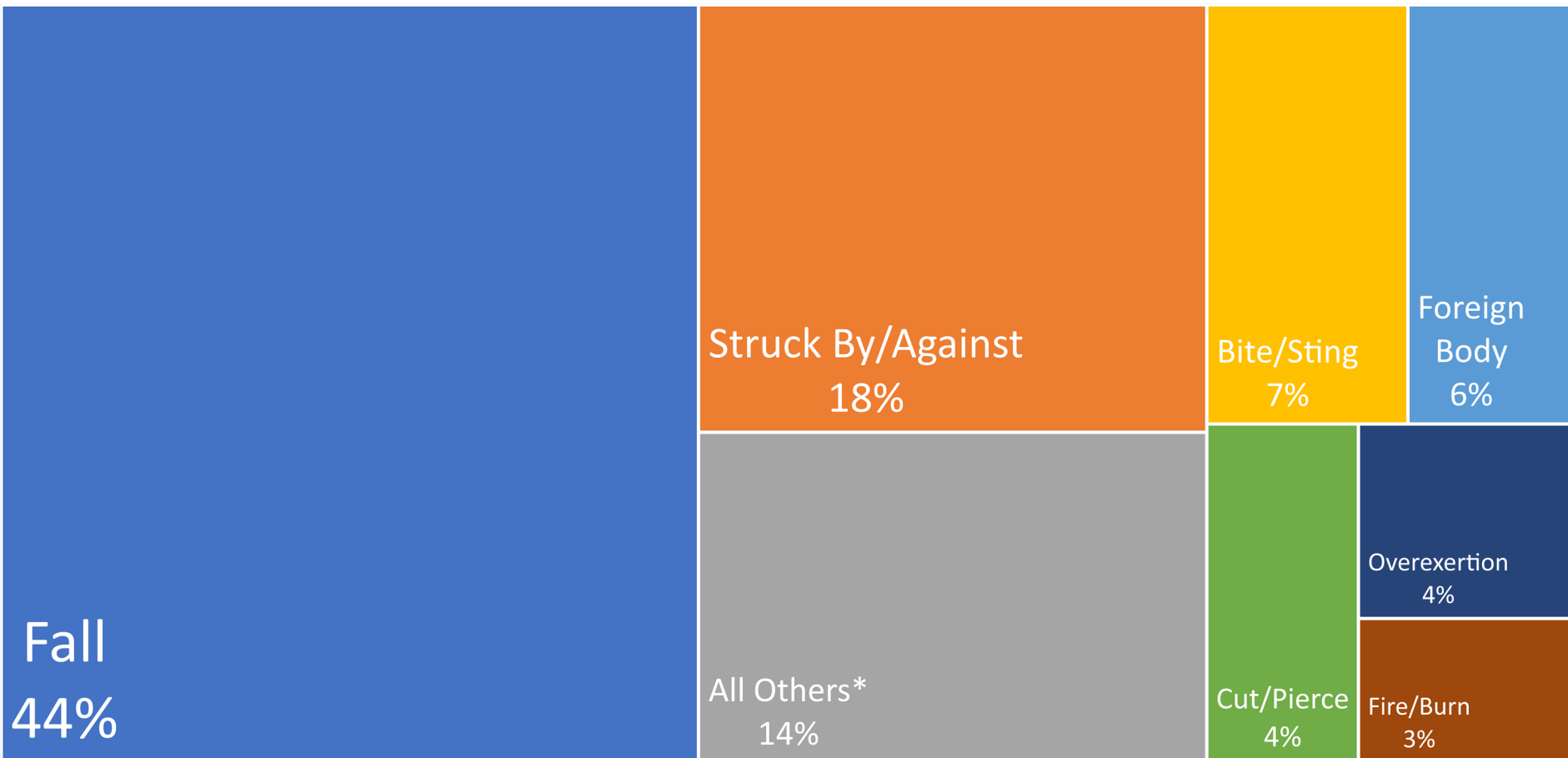


Young Children are Vulnerable to Injuries

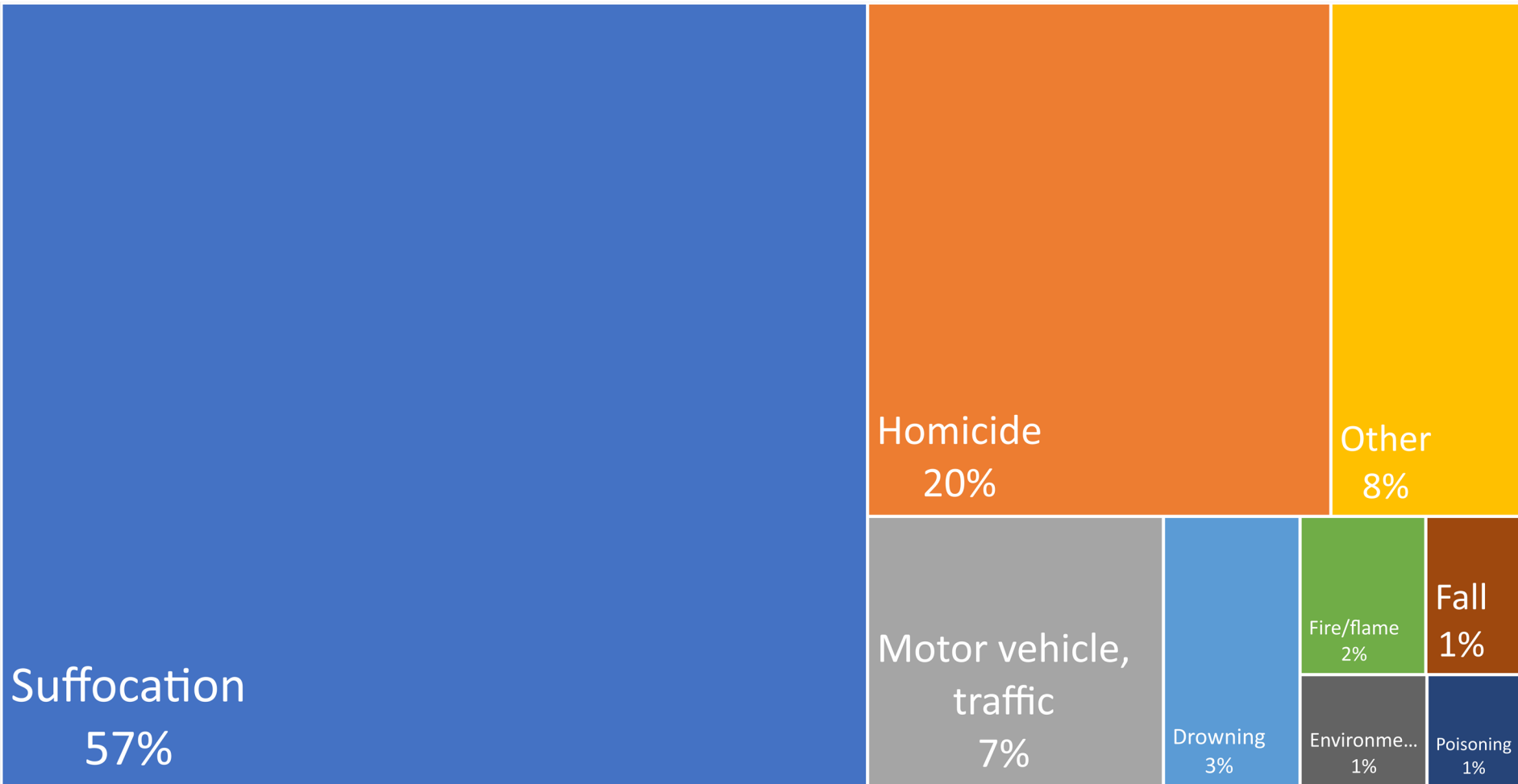


Web-based Injury Statistics Query and Reporting System (WISQARS). (2018). Nonfatal Injury Reports, 2001-2016. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved from: <http://www.cdc.gov/injury/wisqars/>

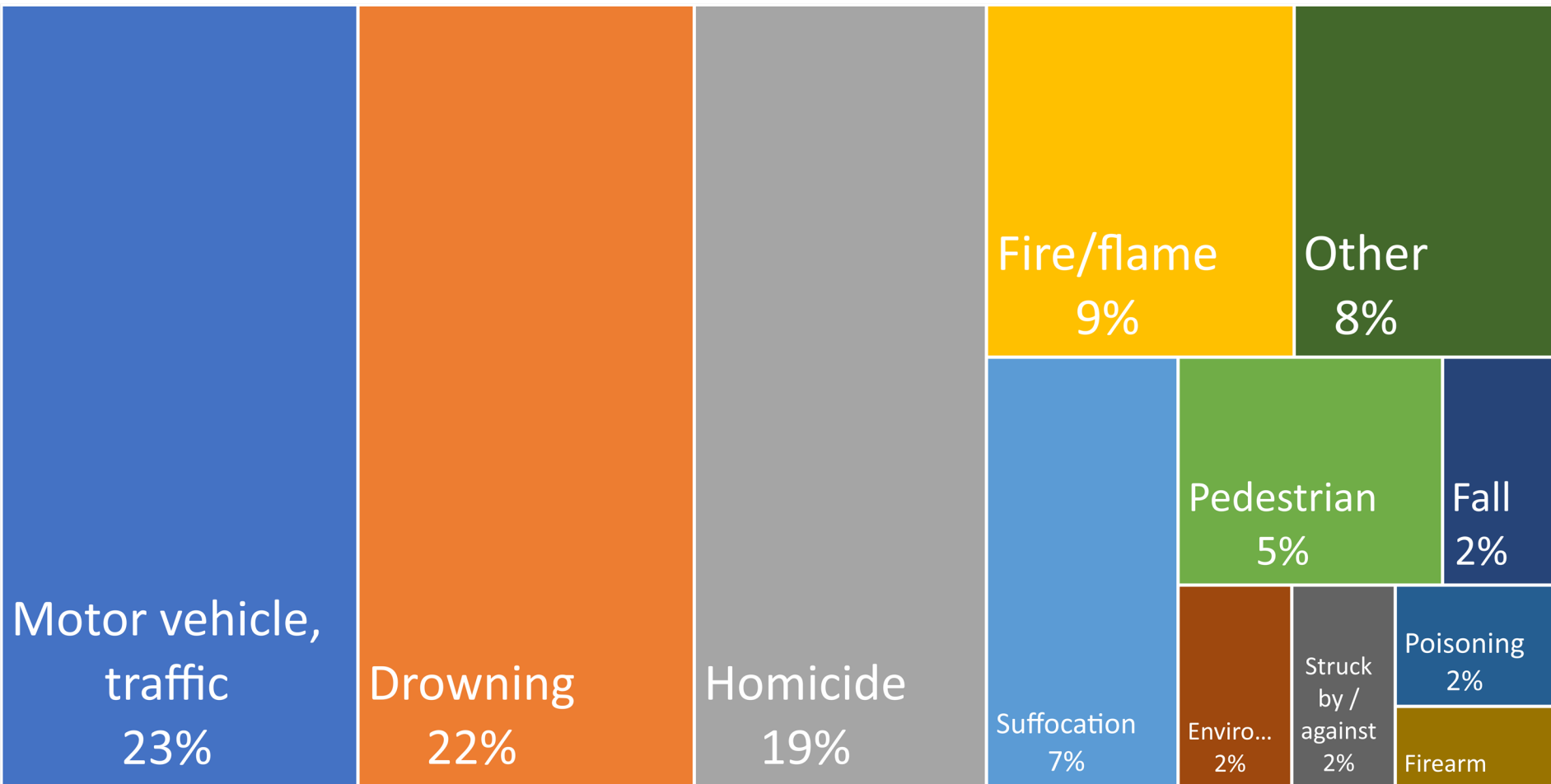
Causes of Nonfatal Unintentional Injury for Children Birth to 5



Causes of Death from Injury for Children Birth to Age 1



Causes of Death from Injury for Children Age 1-5 Years



Injuries in Your Program

In child care programs, incidents and injuries are more likely:

- During a transition
- At the beginning of the program year
- On playgrounds
- As a result of falls

Predict and Prevent Childhood Injuries

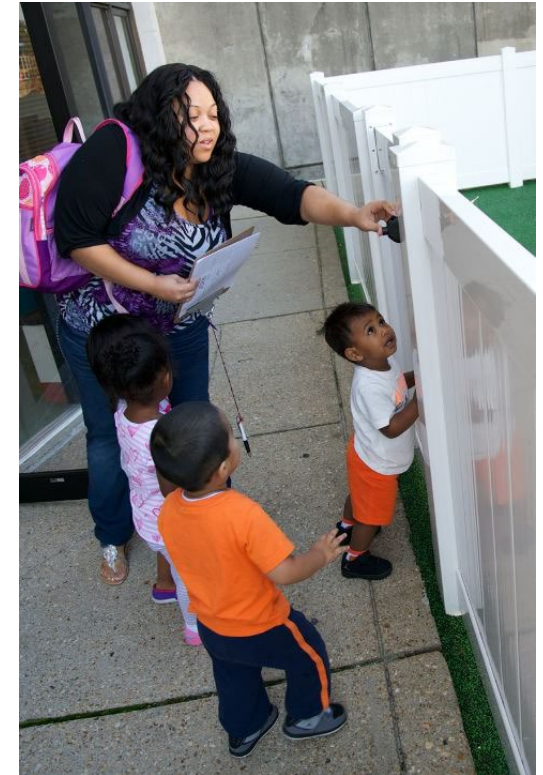
Child



Adult



Environment



Remember a Time...



...when a child in your program was injured or left unattended.

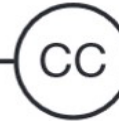
- Were there circumstances or factors that may have predicted the incident?
- What could you have done to prevent it?
- What were the child, adult, and environmental factors that contributed to what happened?

Use Data to Reduce Injuries



Collect Data

Caring for Our Children: National Health and Safety Performance Standards



Incident Report Form

Fill in all blanks and boxes that apply.

Name of Program: _____ Phone: _____

Address of Facility: _____

Child's Name: _____ Sex: M F Birthdate: ___/___/___ Incident Date: ___/___/___

Time of Incident: ___:___ am/pm Witnesses: _____

Name of Legal Guardian/Parent Notified: _____ Notified by: _____ Time Notified: ___:___ am/pm

EMS (911) or other medical professional Not notified Notified Time Notified: ___:___ am/pm

Location where incident occurred: Playground Classroom Bathroom Hall Kitchen Doorway
 Gym Office Dining Room Stairway Unknown Other (specify) _____

Equipment / Product involved: Climber Slide Swing Playground Surface Sandbox
 Trike/Bike Handtoy (specify): _____
 Other Equipment (specify): _____

Cause of Injury (describe): _____

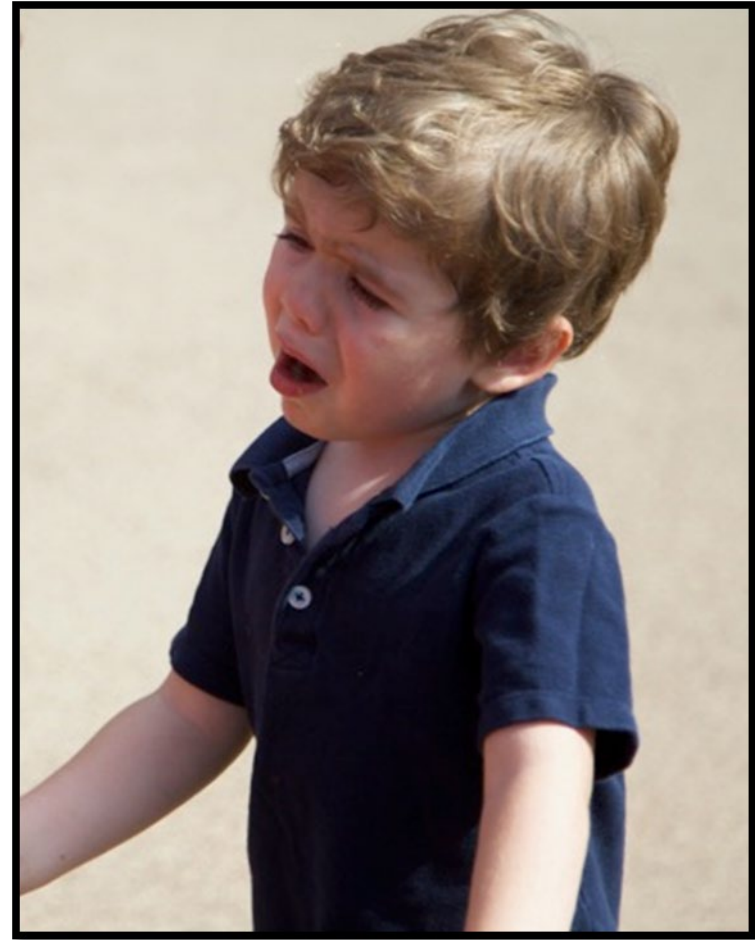
- Fall to surface; Estimated height of fall ___ feet; Type of surface: _____
- Fall from running or tripping Bitten by child Motor vehicle Hit or pushed by child
- Injured by object Eating or choking Insect sting/bite Animal bite Exposure to cold
- Other (specify): _____

Activity

You are assigned to review reports when children are injured in the classroom or on the playground.

As you review the data, you notice that certain children and certain locations in the classroom are frequently appearing on the reports.

How can you learn more about possible trends?

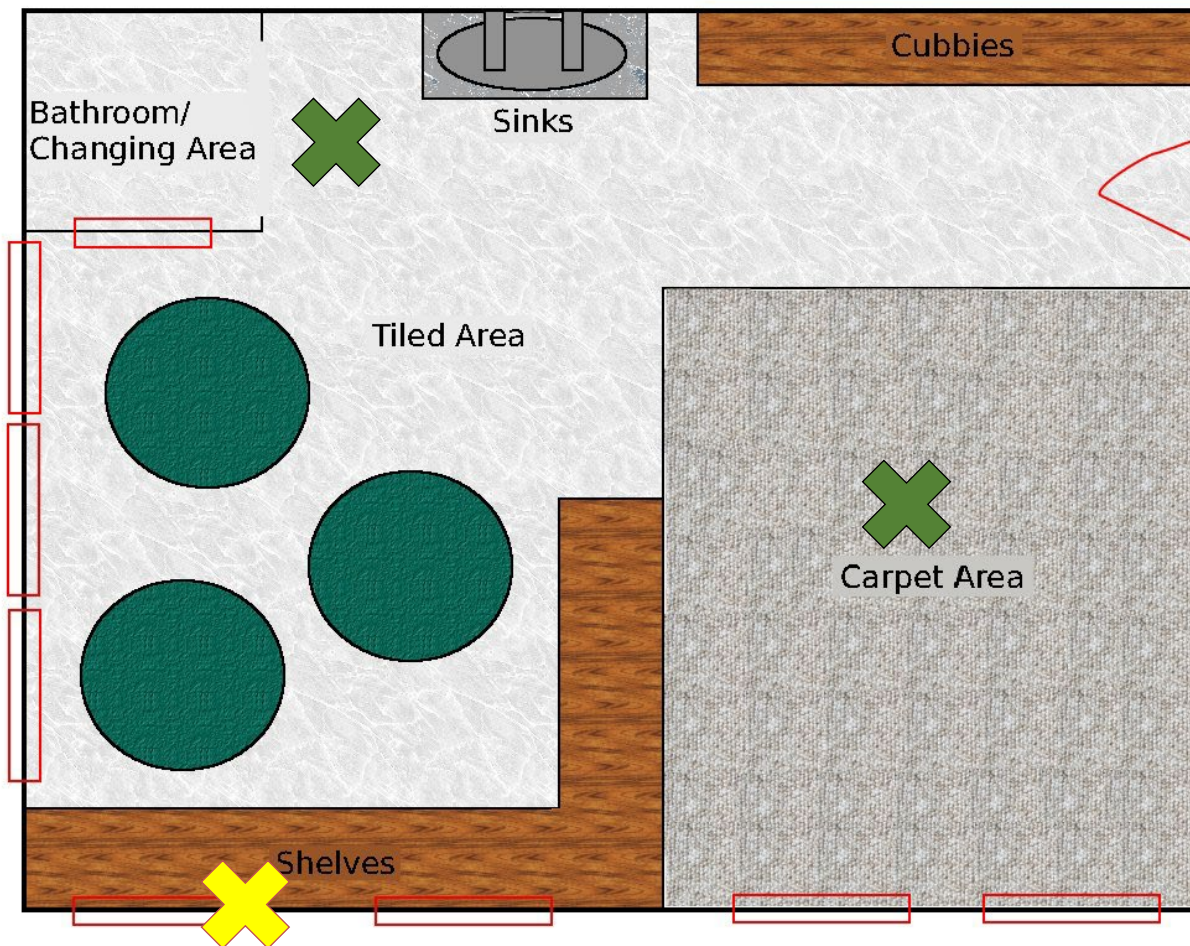



Hazard Mapping Data
Classroom: Guppies, 3 year old Classroom
Month: October 2015

Child Initials	Age	Date of Incident	Time of Incident	Location	Equipment / Product Involved	Cause of Injury
JK	3.1	10/1/15	8:50 AM	classroom carpet area	N/A	child bitten by another child
BC	3.9	10/2/15	10:05 AM	classroom shelves/corner	N/A	child bitten by another child
BC	3.9	10/2/15	11:30 AM	playground	big slide	child pushed by another child
JK	3.1	10/2/15	11:25 AM	playground	N/A	child tripped and fell while running
PT	3.5	10/5/15	2:35 PM	classroom sink	stool	child fell off of stool
JK	3.1	10/7/15	11:25 AM	playground	tricycle	child collided with another child
JK	3.1	10/9/15	3:15 PM	classroom bathroom	N/A	child slipped on wet floor
BC	3.9	10/9/15	8:45 AM	classroom carpet area	N/A	child hit by another child
LM	3	10/9/15	4:10 PM	classroom sink	stool	child tripped while climbing stool
KC	3.5	10/13/15	10:20 AM	classroom shelves area	shelves	child hit elbow on shelves
JS	3.3	10/13/15	11:40 AM	playground	small slide	collided with another child
PB	3.5	10/14/15	10:20 AM	classroom bathroom	stool	stool tipped
TC	3.4	10/14/15	8:35 AM	classroom carpet area	N/A	child punched by another child
AC	3.6	10/16/15	3:45 PM	playground	sandbox	a child threw sand in another child's eye
MM	3.8	10/16/15	8:40 AM	classroom shelves/corner	shelves	child hit another child with a block
JK	3.1	10/16/15	3:50 PM	playground	swings	child hit by swing
LP	3.4	10/16/15	10:20 AM	classroom bathroom	stool	child slipped while climbing on stool to changing area
PJ	3.5	10/19/15	8:35 AM	classroom carpet area	N/A	child slapped by another child

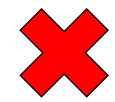
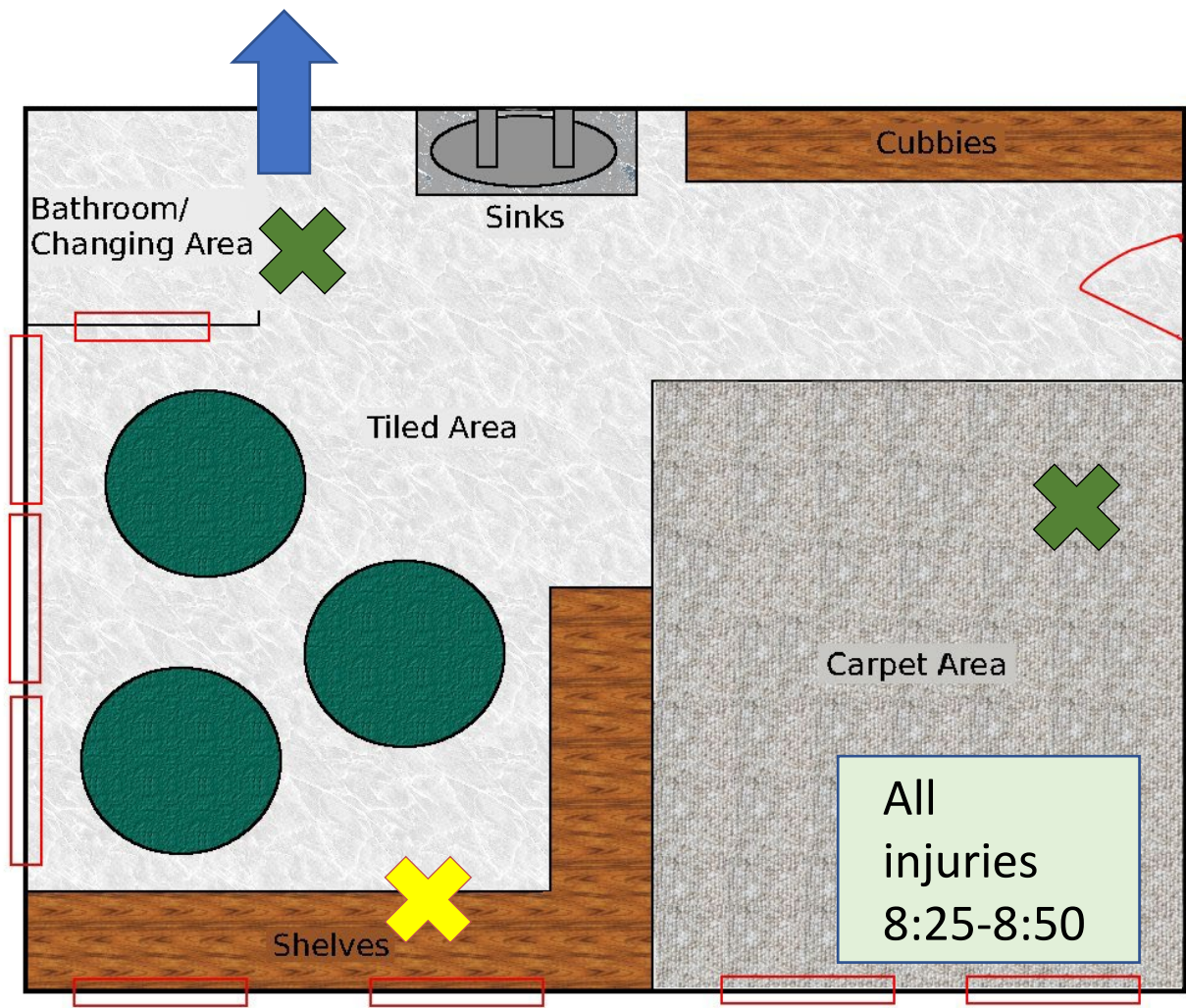
Incident Data Tracking Sheet

Hazard Mapping



-  3 or 4 incidents
-  5 or more incidents
-  1 or 2 incidents

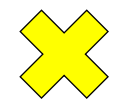
Cause of injury: Stool involved in 4/5 injuries



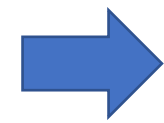
3 or 4 incidents



5 or more incidents



1 or 2 incidents



Cause of injury: child hurting another child

Next Steps?

- Make an educated guess about what's contributing to injuries
- Gather additional information, if needed
- Implement a change to address the cause of injuries
- Evaluate your new safety measures to see if they are working



Steps to Ensure a Safe Environment

- Conduct a safety check
- Identify and prioritize hazards
- Report, repair, and maintain facilities & equipment
- Obtain safety equipment
- Educate everyone about maintenance and monitoring



The image shows a clipboard with a checklist and a maintenance request form. The clipboard has a silver clip at the top and a brown cover. The checklist is on a white sheet of paper and has five items, each with a checkbox. The first four items are checked with a red checkmark, and the fifth is not. A red pencil is tucked behind the clipboard. The maintenance request form is on a white sheet of paper with three punch holes at the top. It has a red title 'MAINTENANCE REQUEST' and fields for Name, Date, Location, Phone, and Email. Below these fields is a section titled 'Description' with several horizontal lines for writing.

Checklist

-
-
-
-
-

MAINTENANCE REQUEST

Name: _____ Date: _____
Location: _____ Phone: _____
Email: _____

Description

Examples of Evidence-Based Checklists

Daily and Monthly Playground Inspection and Maintenance Form

Name of Center _____ Name of Staff _____
 Enter the date/month of the inspection. Circle the appropriate response. Y = Yes N = No

Date →	M	T	W	Th	Fri	Hazard
	Y/N	Y/N	Y/N	Y/N	Y/N	1) The entire playground has adequate drainage, is clean/free of trip hazards and hazardous debris/objects (rocks, sticks, litter.)
	Y/N	Y/N	Y/N	Y/N	Y/N	2) Use zones are free of all obstacles. (Minimum 3 feet use zone around toddler equipment; 6 feet around all other play equipment.)
	Y/N	Y/N	Y/N	Y/N	Y/N	3) Check for and take action on unsafe or damaged equipment- (broken, worn, loose or missing parts, rust, peeling paint, splinters, sharp edges, cracks/holes, protruding bolts, noticeable gaps, or head entrapments.)
	Y/N	Y/N	Y/N	Y/N	Y/N	4) Rake loose fill surfacing in areas where it has been displaced.
	Y/N	Y/N	Y/N	Y/N	Y/N	5) Sweep loose fill surfacing, sand and other debris off of equipment platforms and solid surfaces (such as asphalt or unitary rubber.)
	Y/N	Y/N	Y/N	Y/N	Y/N	6) If water tables are used, change water between groups of children; empty, wash and sanitize water tables and water toys at the end of the day and prior to use by other classrooms.
	Y/N	Y/N	Y/N	Y/N	Y/N	7) Empty trash cans.
	Y/N	Y/N	Y/N	Y/N	Y/N	8) Other

Month →						Hazard
	Y/N	Y/N	Y/N	Y/N	Y/N	Check for and take action on unsafe or damaged equipment (broken parts, rust/peeling paint, splinters, sharp edges, cracks, protruding bolts, gaps, or head entrapments.)
	Y/N	Y/N	Y/N	Y/N	Y/N	Check for and tighten or replace loose or missing hardware, caps, or plugs.
	Y/N	Y/N	Y/N	Y/N	Yes/No	Check for and replace all moving parts that show wear.
	Y/N	Y/N	Y/N	Y/N	Y/N	Rake loose fill surfacing to ensure that it is at its proper depth in all areas of the use zones.
	Y/N	Y/N	Y/N	Y/N	Y/N	Check all vegetation, clear out hazardous or poisonous weeds, prune dead branches in bushes or trees.

(Action taken on broken or vandalized equipment, site amenities or surfacing.) Hazard to be Fixed	Person Responsible	Action Needed	Date to be Completed	Date Completed

Your inspections and maintenance program should include all recommendations supplied by the manufacturer(s) of your play equipment. Add these recommendations to your daily, monthly, and bi-annual inspections.

ECELS-Healthy Child Care PA; PA Chapter, American Academy of Pediatrics 2-2012

Health and Safety Checklist for Early Care and Education Programs:

Based on *Caring for Our Children*
 National Health and Safety Performance Standards

FACILITIES: Emergencies, Medications, Equipment and Furnishings					
Emergencies					
	Never	Sometimes	Usually	Always	Not Applicable/No Opportunity
1. A sign-in/sign-out system tracks who (other than children) enters and exits the facility. It includes name, contact number, purpose of visit (for example, parent/guardian, vendor, guest, consultant) and time in and out. (Std. 9.2.4.2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOTES					
2. Phone numbers to report child abuse and neglect (Child Protective Services) are clearly posted where any adult can easily see them. (Std. 3.4.4.1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOTES					
3. Phone number for the Poison Center is posted where it can be seen in an emergency (for example, next to the phone). (Stds. 5.2.9.1, 5.2.9.2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOTES					
4. Fire extinguishers are inspected annually. Check date on fire extinguisher tag. (Std. 5.11.3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOTES					
5. Each building or structure has at least two unobstructed exits leading to an open space at the ground floor. (Std. 5.1.4.1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOTES					
6. A smoke detector system or alarm in working order is in each room or place where children spend time. (Std. 5.2.5.1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOTES					
7. *Carbon monoxide detectors are outside of sleeping areas. (Std. 5.2.9.5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOTES					
8. *First aid supplies are well-stocked in each location where children spend time. (Std. 5.6.0.1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOTES					
9. *First aid supplies are kept in a closed container, cabinet or drawer that is labeled. They are stored out of children's reach and within easy reach of staff. (Std. 5.6.0.1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOTES					
10. *A well-stocked first aid kit is ready for staff to take along when they leave the facility with children (for example, when going on a walk, a field trip or to another location). (Std. 5.6.0.1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOTES					

Checklist Activity

Findings:

Bookshelves have peeling and flaking paint

In your program, if this was your finding on a routine check of the environment:

1. What are your immediate next steps?
2. How do you prevent this from occurring again?
3. Which members of your management team do you need to engage?



Checklist Activity

Findings:

First aid kit for outdoor trips was missing gloves



In your program, if this was your finding on a routine check of the environment:

1. How do you address this issue?
2. How do you prevent this from occurring again?
3. Which members of your management team need to be engaged?

Six Strategies in Active Supervision



Sharpen Your Skills



- Identify strengths and barriers to active supervision in each picture
- Think about how you will use this information to create safer environments

#1



#2



Individualize Care by Knowing Each Child

- Know children's individual interests and skills
- Recognize challenges
- Anticipate when children need support
- Intervene before problems arise



Table Talk: Transitions



Make Playgrounds Safe



Maximize Learning by Reducing Risk



Consider:

How do you promote the benefits of outdoor play while minimizing the risk for serious injury?

Key Playground Safety Considerations

- Plan for a safe playground through safe, age-appropriate design
- Maintain use zones and impact-absorbing surfaces
- Implement daily inspections to identify injury risks
- Promote active supervision



ASTM INTERNATIONAL



www.cpsc.gov/s3fs-public/325.pdf ;
www.cpsc.gov//PageFiles/122149/325s.pdf

Public Playground Safety Handbook



U.S. Consumer Product Safety Commission
Saving Lives and Keeping Families Safe



NATIONAL CENTER ON
Early Childhood Health and Wellness

Questions to Consider:

- Does your program have a reliable checklist that is used for daily playground inspections?
- How do you know if you are are using it correctly?
- Do you know who is responsible for maintaining playground equipment and surfacing?
- Do you have an active supervision plan for the playground?
- Do staff bring a first aid kit and emergency supplies to the playground?

Discussion: Problem Solving

A daily inspection report from 5 days earlier indicates a railing on a 5 foot climber is loose and missing two bolts.

What would you do?



- Children learn by watching what their caregivers do
- Establish nurturing, positive relationships that include demonstrating safe behaviors





Photo courtesy of EHSNRC

QUESTIONS

National Center on Early Childhood Health and Wellness

Website: <https://eclkc.ohs.acf.hhs.gov/health>

Info line: health@ecetta.info

Phone: 1 (888) 227-5125

10 Actions to Create a Culture of Safety



NATIONAL CENTER ON
Early Childhood Health and Wellness

Maribel is 18 months old. She has tumbled, tripped, and stumbled her way into toddlerhood. Throughout her travels, Maribel has never been hurt. The surfaces she explores absorb her falls; she is startled but then gets back up and tries again. Her family and teachers have created an environment for her where she can learn new skills without fear of injury. In Maribel's program, all staff are responsible for every child's safety.



Every Child Has the Right to Be Safe

In all early care and education (ECE) programs*, directors, managers, staff, and families embrace the belief that children have the right to be safe by creating a culture of safety. They provide:

“an environment that encourages people to speak up about safety concerns, makes it safe to talk about mistakes and errors, and encourages learning from these events.”¹

Children are safer when everyone works together to improve the strategies they use in homes, centers, and the community so children don't get hurt.

* Early care and education programs include center-based early childhood settings and family child care homes as well as home visiting programs.

Injuries are preventable and ECE programs and family child care homes are expected to prevent them. Safety and injury prevention requirements are found throughout the Head Start and Child Care Development Fund requirements. Staff* demonstrate safe practices to prevent injuries to children and teach families to recognize and eliminate hazards. Programs that create a culture of safety enhance a child's school readiness and empower families to live healthy and safe lives.

* Staff includes program leaders, teachers, family child care providers, and home visitors—all adults who work in early care and education programs.

School readiness begins with health!

45 CFR §1302.47 Safety practices. (a)

A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. A program should consult [Caring for Our Children Basics](#) for additional information to develop and implement adequate safety policies and practices.

<https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-47-safety-practices>

[Licensing and other regulatory systems](#) establish health and safety standards to ensure the well-being of children in all early care and education settings.

Why is a Culture of Safety Important?

Young children develop rapidly, exploring and experimenting to build new skills and learn what is safe. To promote their optimal development, each program plans, implements, and evaluates actions that provide safe environments for children to be active and competent learners.

Young children are at high risk for several types of injuries.

- Falls are the most frequent cause of injuries to young children. Children in this age group are also more likely to be hit by objects, stung or bitten, and choke on objects.²
- Unintentional injuries are the primary cause of fatalities for young children. Of these, drowning is the leading cause of death.^{3,4}
- Traumatic brain injury rates for children ages 0-4 are higher than rates for any other age group and almost twice the rate for the next highest age group (ages 15– 24).⁵

Yet, injury prevention works! Programs can keep children safe by coordinating and integrating basic actions into program activities and by using safety devices such as smoke alarms and carbon monoxide detectors, childproof medication containers, and child passenger safety seats.



This resource guide describes 10 actions that programs can take to promote a culture of safety. Each action includes a description of:

- What it is
- Why it matters
- Steps for implementation
- Additional resources

You can use this tool to:

- Introduce and reinforce safety and injury-prevention strategies
- Identify and remove hazards, and plan new actions to strengthen a culture of safety
- Find resources to learn more about each action

School readiness begins with health!

10 Actions to Create a Culture of Safety

The 10 actions are science-informed injury prevention strategies used by ECE programs that prioritize children's safety and well-being.

The 10 Actions for a Culture of Safety

1. **Use Data to Make Decisions:** Program and incident data serve as an important resource to help managers and staff evaluate children's safety.
2. **Actively Supervise:** Children are never alone or unsupervised. Staff position themselves so that they can observe, count, and listen at all times.
3. **Keep Environments Safe and Secure:** Programs create, monitor, and maintain hazard-free spaces.
4. **Make Playgrounds Safe:** Regularly inspected, well-maintained, age-appropriate and actively supervised outdoor play spaces allow children to engage in active play, explore the outdoors, and develop healthy habits.
5. **Transport Children Safely:** Programs implement and enforce policies and procedures for drivers, monitors, children, and families using school buses, driving to and from the program, or walking.
6. **Report Child Abuse and Neglect:** Managers and staff follow mandated reporting statutes and procedures for reporting suspected child abuse and neglect.
7. **Be Aware of Changes that Impact Safety:** Staff anticipate and prepare for children's reactions to transitions and changes in daily routine, within and outside of the program.
8. **Model Safe Behaviors:** Staff establish nurturing, positive relationships by demonstrating safe behaviors and encouraging other adults and children to try them.
9. **Teach Families about Safety:** Staff engage families about safety issues and partner with them about how to reduce risks to prevent injuries that occur in the home.
10. **Know Your Children and Families:** Staff plan activities with an understanding of each child's developmental level and abilities, and the preferences, culture, and traditions of their families. This includes everything from maintaining current emergency contact information to understanding families' perceptions about safety and injury prevention.

Everyone in ECE programs works together to realize a culture of safety, and each person understands their role and responsibilities in preventing injuries. Programs also use their management systems to integrate these 10 actions into all of their activities.

1. Use Data to Make Decisions



What it is:

In order to make informed decisions, programs can prepare; collect; aggregate, analyze, and compare; and use and share data to plan, implement, and evaluate injury-prevention strategies. Injury and incident data are an important source of information to evaluate and enhance children's safety and identify strategies that are most effective.

Why it matters:

As indicated in the [National Action Plan for Child Injury Prevention](#), better data can help programs make changes to keep children safe. Injury patterns and child abuse and neglect can be discerned from data and can be used to prevent future problems. Data on typical injuries (scanning for hazards, providing close supervision, etc.) can also help to prevent them.⁶ Programs can use their injury and incident data to look at the who, what, where, when, why, and how of injuries; identify and eliminate hazards; and utilize strategies that promote a culture of safety.

Steps to implement:

Prepare. Review the data that your program already collects and how you collect it. If your data doesn't indicate whether or your injury-prevention strategies are effective, develop a plan to collect additional data. For example, consider:

- What information do you already collect through ongoing monitoring or other activities?
- What additional data do you need to understand how, what, when, where, and why injuries and incidents occur?
- What tools do you use to collect the data?
- Do you need training on data-collection activities?

Collect. Consider:

- Who will collect the data?
- Who will enter the data into your recordkeeping and reporting system?
- Who will check the data for accuracy?

Tools that programs may use to collect their injury and incident data include:

- Injury and incident reports: Use these reports to document events during program activities that result in an injury to children and/or adults. The CFOC Standards Database includes an [Incident Report Form](#) and a [Child Injury Report Form](#).
- Safety checklists: Use a checklist to identify and document hazards within the environment. Checklists are available for [homes](#), [centers](#), and [playgrounds](#).
- Facility maintenance logs: Use information from these logs to track the status of repairs or replacement of equipment after a hazard has been reported.
- [Hazard mapping](#): Use maps to pinpoint the locations where injuries happen more often so you can take preventive actions.

Aggregate, Analyze, and Compare. Once you have collected your data, review the data to determine the number of and causes of incidents and injuries in your program.

Be sure you understand:

- What the information tells you
- What you are doing that is working well
- Trends and patterns of injury that you need to address

Use and Share. Make decisions based on your analysis of the data and share this information with all stakeholders. Make immediate changes to remove safety hazards, and study patterns of injury to problem solve the issues that these trends reveal.

Data analysis should inform:

- Changes to policies and procedures
- Changes in practice
- New or revised data-collection activities
- New priorities or updated action plans

Additional resources:

[Hazard Mapping for Early Care and Education Programs](#)

[Data in Head Start and Early Head Start: Digging into Data](#)

[A Resource Guide for Head Start Programs: Moving Beyond a Culture of Compliance to a Culture of Continuous Improvement](#). OPRE Report # 2015-02



2. Actively Supervise



Photo courtesy of NCQTL

What it is:

To ensure children are never left alone or unsupervised, staff position themselves so that they can observe, count, and listen at all times. They also use their knowledge of each child's development and abilities to anticipate children's behavior and redirect children when necessary. Staff use active supervision in classrooms, family child care homes, socializations, on playgrounds and buses, and in all other ECE environments.

45 CFR §1302.90 Personnel policies.(c)(1)(v)

The standards of conduct in the Head Start Program Performance Standards require programs to: Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.

<https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-90-personnel-policies>

Why it matters:

Young children are more likely to get injured when they are left unattended. Lower levels of adult supervision are associated with higher odds of more severe injury in young children. Having an attentive adult nearby is the best way to prevent injuries.⁷

Staff need a systematic, easy-to-use process to set up the environment, observe, and interact with children to promote child safety. Active supervision offers an effective strategy for adults to look, listen, and engage to prevent childhood injuries.

Steps to implement:

Set up the environment. Set up the environment so you can supervise children at all times. When activities are grouped together and furniture is at waist height or lower, it is easier to see and hear children. Make sure small spaces are clutter free and big spaces are set up so that children have clear play areas that you can observe.



Position staff. Plan where staff will position themselves to see and hear all of the children. Make sure there are always clear paths to where children are playing, sleeping, and eating so you can react quickly when necessary. Stay close to children who may need additional support so you can offer assistance when needed.

Additionally, center directors or other adults (“floating staff”) may walk around the center to ensure all children are well supervised. When necessary these individuals also relieve teachers who need to leave the room temporarily.

Scan and count. To account for the children in your care, continually scan the entire environment to know where everyone is and what they are doing. Count the children frequently. This is especially important during transitions when children are moving from one location to another.

Listen. Specific sounds or the absence of them may signify reason for concern. Listen closely to children to identify signs of potential danger. Programs that think systemically implement additional strategies to safeguard children. For example, placing bells on doors can alert you when a child enters or leaves the room.

Anticipate children's play. Use what you know about each child’s individual interests and skills to predict what they will do. Create challenges that children are ready for and support them so they can succeed. Recognize when children may get upset or take a dangerous risk. Use information from a [daily health check](#) (e.g., illness, allergies, lack of sleep or food) to anticipate children’s behavior. Knowing what to expect can help you protect children from harm.

Engage and redirect. Know when to offer children support. Wait until children are unable to solve problems on their own to get involved. Offer different levels of assistance or redirection depending on each individual child’s needs.

Additional resources:

[Keep Children Safe Using Active Supervision](#)

CFOC Standard [2.2.0.1](#): Methods of Supervision of Children

[Program Administrator Guide to Evaluating Child Supervision Practices](#)

School readiness begins with health!

3. Keep Environments Safe and Secure



What it is:

Children's spaces are free of hazards that could lead to injuries. Hazards may involve:

- Elements like heat or cold that could lead to burns, heat stroke, frostbite, or death.
- Objects like tools, appliances, furniture, and small toys that could lead to cuts, burns, bruises, broken bones, and choking.
- Chemicals like bleach, cleaning fluids, medications, and craft materials that could lead to poisoning or burns.
- Animals or insects like dogs, gerbils, hamsters, bees, mosquitoes, ants, and wasps that could lead to bites, poisoning, stings, and infections.
- Mold, mildew, and structural damage that could lead to chronic health issues (e.g., asthma), cuts, bruises, and falls.

Maintaining a safe and secure environment involves either removing hazards or storing them in locked cabinets away from children.

Why it matters:

Each year, approximately 2.8 million children go to the hospital emergency department for injuries caused by falling.⁸ Additionally, suffocation is the leading cause of unintentional injury death for infants age 1 and younger, and drowning is the leading cause of injury death for children ages 1-4.⁹ Children learn through exploration and experimentation. Removing hazards from a child's environment increases their opportunities to grow in all developmental domains. Adults who identify risks and remove hazards prevent injuries before they happen, allowing children to safely engage in learning.

Steps to implement:

Conduct a safety check. Before every use, review the safety of a center (including halls and classrooms), playground, and/or family child care home using a [safety checklist](#). Checklists should include the smallest, easiest-to-miss hazards. To ensure your checklist covers all of the important elements, consider reviewing [Caring for Our Children](#).

School readiness begins with health!

Identify hazards and prioritize repairs. Use your safety checklist to:

- Record the results of your safety inspection, report all identified hazards to the appropriate staff member or administrator, and prioritize repairs.
- Remove any damaged materials or hazards including chemicals, objects, cords on window blinds, and other items such as drawstrings on children's clothing that could cause injury.
- Limit access to any areas with unsafe equipment until repairs are completed.
- Work with your supervisor, facilities manager, or center director to identify potential hazards and ensure ongoing preventive maintenance of the facility.

Use facility maintenance systems to report, repair, and maintain facilities. When you identify hazards in centers, family child care homes, and socialization spaces, submit a maintenance report regarding your findings. Use this report to determine next steps, including:

- Removing the hazard or preventing access to the hazardous area
- Repairing damaged equipment
- Replacing equipment as needed

Obtain equipment that may eliminate or reduce injury. This includes safety gates, electrical plug covers, bicycle and tricycle helmets, smoke alarms and carbon monoxide detectors, appropriate types and amounts of surfacing on floors and the ground, and locks on cabinets and doors. Providing equipment that allows children to explore their environment safely contributes to healthy development and school readiness.

Educate children, families, and staff about maintaining and monitoring safe environments. Programs can promote a culture of safety by:

- Using materials and equipment that are appropriate for the age, size, and developmental level of the children.
- Training staff on how to complete and use safety checklists.
- Developing and consistently implementing policies and procedures for facilities, materials, and equipment maintenance.
- Conducting ongoing monitoring activities to make sure that environments are safe for children.

Additional resources:

[Strategic Maintenance Planning Tool](#)

[Daily and Monthly Playground Maintenance Form](#)

[Head Start Health and Safety Screener](#)

www.Recalls.gov

[Childproofing Your Home](#)

4. Make Playgrounds Safe



What it is:

Children climb, run, and play safely in outdoor environments that meet federal, tribal, state, and local requirements and best practices for age-appropriate playground equipment. Staff conduct inspections and report and/or remove any hazards before each use to maintain safe, high-quality playgrounds.

Why it matters:

About 75% of nonfatal injuries related to playground equipment occur on public playgrounds.¹⁰ Most occur at schools and child care centers.¹¹ Children ages 4 and younger are often injured on climbers, swings, and slides.¹²

All children need opportunities to play in safe outdoor environments in order to develop a healthy active lifestyle. A well-designed and well-maintained outdoor learning environment allows children to engage in active play. They are also able to explore the outdoors and develop healthy habits that support their physical, social and emotional, and cognitive development.

Steps to implement:

Install safe structures. A safe outdoor play space starts with selecting and correctly installing structures that are safe and appropriate for the age and developmental level of the children. Make sure that:

- Equipment meets Consumer Product Safety Commission (CPSC) recommendations and American Society for Testing and Materials (ASTM) standards.
- Whoever installs the structures follows the manufacturer's guidance.
- The play space design separates active play areas such as swings and slides from quieter activities such as the sandbox, nature exploration, and dramatic play. See the [National Program for Playground Safety](#) for more details.

School readiness begins with health!

Maintain impact-absorbing surface. A playground surface is the material that lies under and around swings, slides, climbers, and other playground equipment to cushion a child's fall. Unsafe playground surfacing material is the leading cause of playground injury. Surfaces such as asphalt, cement, dirt, and grass are not acceptable. Children falling on these surfaces have an increased risk of serious injury. Loose fill material such as sand, pea gravel, wood chips, engineered wood fiber, rubber mulch, or materials such as tiles, mats, or poured-in-place rubber can safely cushion a child's fall.

When choosing surface material, consider:

- **Budget:** The cost of the surface materials, as well as short- and long-term maintenance and replacement costs.
- **Utilization:** The number and ages of the children using the space, and whether anyone else has access to the play areas on nights and weekends.
- **Labor:** The time that it will take for staff to maintain the product on a regular basis.
- **Climate:** Temperatures, wind conditions, and precipitation, which will impact surface materials.
- **Accessibility:** Very few loose fill materials are accessible for wheelchair users without significant accommodations such as a special wheelchair. Engineered wood fibers provide better access. Solid materials are best for people with mobility impairments.

Install loose fill materials at a depth of 12 inches to allow for compaction, and maintain a depth of at least 9 inches.

Remember, even the best surfacing can't prevent all injuries. Guardrails and protective barriers are also required to minimize the likelihood of accidental falls from elevated platforms. Always check with the manufacturer to determine which product best meets your program's needs.

Keep fall zones clear. The area under and around equipment is known as a "fall zone." (Check the [Public Playground Safety Handbook](#) for specific fall zone measurements.) These areas must be free of structural hazards such as benches, barrels, fences, and other pieces of play equipment. They should also be free of movable hazards like trikes, toys, rocks, and groups of children. Because children at play often move objects around, keeping fall zones clear requires vigilance. A playground surface cannot work if a child falls onto a hard object instead of the surface.

Actively supervise. Review the steps to implement [Action 2, Actively Supervise](#). These strategies apply to indoor as well as outdoor activity. Be intentional. When setting up the environment, be sure to consider sight lines, distances between activity areas, and potential areas of concern such as a gate or wall.

During outdoor play many children may be moving around constantly. Programs may want to consider developing a plan for playground supervision so staff position themselves where they can see all of the children and easily reach them. Position staff to maximize the number of children they can see at any one time, and focus on the areas where children are most likely to get hurt. Staff continually scan, count, and listen.

Children transitioning from one activity to another are at a greater risk for injury. Anticipate children's behavior on specific pieces of equipment and areas of the play space. If there are too many children on one structure or if they are misusing it, redirect them to another part of the playground. If a staff person must leave the playground, remaining staff should reposition themselves so that no child is left unsupervised.



Inspect and repair. Outdoor play spaces are subject to a great deal of wear and tear. Once safe, age- and developmentally-appropriate equipment has been correctly installed, it still requires regular inspections and maintenance. Just as in [Action 3, Keep Environments Safe and Secure](#), use a comprehensive safety checklist before each use of an outdoor space and/or playground. This “check” will identify hazards that may have appeared overnight.

A daily safety check will also alert you to any pieces of equipment that may have broken or worn out since their last use. Loose or missing parts and sharp edges often cause playground injuries. Be sure you know how to complete the checklist, fill it out accurately, and follow your program’s policies and procedures to promptly report any hazards. Remove or restrict children’s access to any immediate hazards. Use your facility’s maintenance system to report and repair equipment and a tracking system to make sure that the work is completed.

Additional resources:

[Playground Safety Poster](#)

[Consumer Product Safety Commission—Playgrounds](#)

[Active Play Safety Checklist & Planning Tool](#)

[Resources for Safe Playgrounds](#)



School readiness begins with health!

5. Transport Children Safely

What it is:

Transportation services present a range of safety considerations for programs. Programs create, consistently implement, and enforce policies and procedures for driver qualifications, vehicle inspections, and pedestrian safety. Programs have, and communicate to staff and families, a plan for safe, supervised drop-off and pick-up points and pedestrian crosswalks in the vicinity of the facility. Training for transportation staff and contractors includes measures to account for children at all times, especially when they are getting on and off the vehicle. Finally, programs provide pedestrian safety education to children, families, and staff as they move through the community, whether they walk to program activities, ride in their family car, or take public transportation.

Why it matters:

Motor vehicle injuries are a leading cause of death among children in the United States.¹³ Additionally, on average, about 40 children die from heatstroke in vehicles each year.¹⁴ Programs that transport children or provide contracted transportation services must ensure that they meet all safety requirements and comply with state laws. Programs also must educate families about the importance of choosing and always using a [car seat](#) that is right for their child's age, size (height and weight), and developmental level, and installing it in their vehicle correctly. Promoting safe transportation protects children as they travel to and from program activities and within their community.

Steps to implement:

Develop a transportation plan for your program. Each program determines whether to provide transportation. Programs that do provide these services make sure that staff supervise children during their ride and when they transition off the vehicle so no child is ever left alone.

ECE centers, Head Start programs, and family child care homes need to plan for:

- Pre-trip bus inspections
- [Proper use of child safety restraint systems in school buses](#)
- Bus driver and monitor training
- [Active supervision](#) strategies for bus monitors
- Bus and pedestrian-safety education for children and families

Transportation plans may include:

- Pick-up and drop-off policies and procedures
- Emergency policies and procedures
- Evacuation drills
- Schedule of regular maintenance
- Support for families to acquire and correctly install child passenger safety car seats



School readiness begins with health!

10 Actions to Create a Culture of Safety

- Education about safe use of public transportation

Plans may include other elements, but these activities will help children travel safely.

Implement and assess the transportation plan.

In order to promote children's safety when they travel to or from their program, programs that transport children need to collect data about their transportation practices. As in [Action 1, Use Data to Make Decisions](#), use the information you collect, aggregate, and analyze and compare to determine if children are safe:

- Has any child been injured or left unattended when traveling in or on a vehicle?
- Are children, families, and staff aware of safe transportation practices? Do they know and consistently follow the program's policies and procedures?
- What strategies have been most effective? What strategies need to be improved? What areas of need or challenges remain?

The answers to these questions will help your program determine what is working well and areas that may need improvement. You assess and make changes to program practices if needed to address any area of concern immediately. For example, bus monitors may need more training on active supervision, or families may need more support in developing drop-off and pick-up routines.

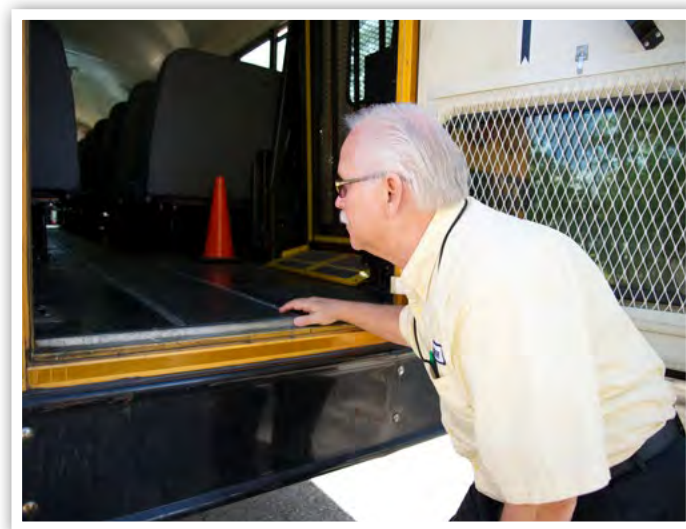
Additional resources:

[Active Supervision on Buses](#)

[Supervising Children on Head Start Buses: A Webinar from the Head Start National Center on Health](#)

[Child Passenger Safety Laws](#)

[Keeping Children Safe in Vehicles: A Guide for Families and Caregivers](#)



School readiness begins with health!

6. Report Child Abuse and Neglect

What it is:

ECE programs are responsible for making sure that every child is safe. When someone suspects a child may be abused or neglected, they adhere to mandated reporting statutes and their policies and procedures for reporting suspected child abuse and neglect.

Child abuse includes physical, sexual, psychological, and emotional abuse. Other components of abuse include shaken baby syndrome/acute head trauma and repeated exposure to violence, including domestic violence. Neglect can occur when the parent/guardian does not meet the child's basic needs and encompasses physical, medical, educational, and emotional neglect.

CFOC Standard 3.4.4.1: Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation

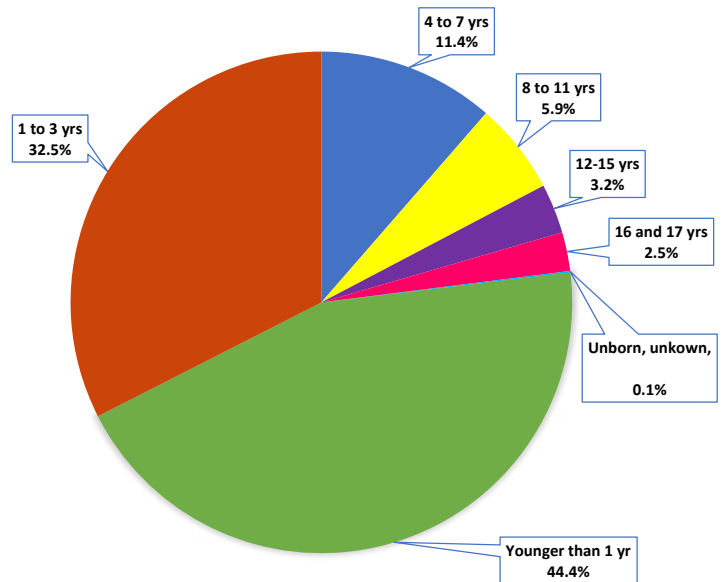
Why it matters:

Young children are more likely to experience maltreatment than any other age group.¹⁵ Almost three-quarters (70 percent) of child fatalities in FY 2016 involved children younger than 3 years, and children younger than 1 year accounted for 44.4 percent of all fatalities. (See Figure 1)

Caring for young children can be stressful, particularly for families living in poverty who may be experiencing other significant stressors. Rates of child abuse and neglect are 5 times higher for children in families with low socio-economic status compared to children in families with higher socio-economic status.¹⁶

Recognizing and reporting suspected child abuse and neglect can protect children from injury.

Figure 1: Child Abuse and Neglect Fatality Victims by Age, 2016¹⁷



Steps to implement:

Develop policies and procedures for identifying and reporting child abuse and neglect that align with state licensing requirements. In each state, licensing requirements specify mandatory reporting [requirements](#). Your program policies should include these requirements, specific information about each staff member's role as a mandated reporter, and the procedures to follow when a staff member identifies and reports any suspected child abuse and neglect by a parent/guardian or an adult working or volunteering in the program.

Train staff on strategies to identify child abuse and neglect. All staff members need to be able to recognize [possible signs of child abuse and neglect](#). There are many resources to support training. Work with your community partners and the Head Start Health Services Advisory Committee (HSAC) to identify available resources for your training; then ensure that all staff receive it.

School readiness begins with health!

Train staff in the policies and procedures for reporting child abuse and neglect. All staff need to know your program's policies and procedures for reporting, as they are often the first to notice signs of abuse or neglect. It is important to remember that your program's responsibility is merely to inform child protective services if staff suspect a child has experienced abuse and neglect. An investigator from the child protection agency will make the final determination.

A staff member may have questions and concerns about filing a report. Your training should address the impact that filing a report may have on the child, family, staff, and program. Providing [reflective supervision](#) offers an opportunity to discuss concerns while enforcing the need to file a report. Supervisors help staff to understand that this legal requirement is a way to protect a child from an unsafe environment.

Follow up on all child abuse and neglect reports with child protective agencies to ensure they have all of the information they need. Identification is only the first step. Following up with the professionals who investigate child abuse and neglect cases ensures that your program has done everything possible to protect a child from harm.

You can also provide professional development opportunities for staff to learn about the [Five Protective Factors in Strengthening Families™](#), a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect.¹⁸

Challenging behavior is frequently cited as a major contributor to teacher stress.¹⁹ Caregivers who are stressed are more likely to use harsh discipline. Encourage staff to use [positive behavioral supports](#) to address children's challenging behaviors. These interventions are effective classroom management strategies that support children's social and emotional development.

Additional resources:

[Child Abuse and Neglect](#)

[Child Abuse and Neglect Fatalities 2016: Statistics and Interventions](#)

[Mandated Reporting of Child Abuse and Neglect. ACF-IM-HS-15-04](#)

[2018 Prevention Resource Guide](#)

7. Be Aware of Changes that Impact Safety

What it is:

Programs identify transitions and changes in the environment, which include changes in caregiver, activity, or location. These transitions may make children more vulnerable to injury, so programs then plan additional ways to keep children safe. This could include:

- Using a [daily health check](#) or family observations to anticipate issues a child may have (for example, illness, hunger, sleepiness, or side effects from a new medication).
- Anticipating that children may react when a familiar staff member or caregiver is not available and a “substitute” is in place.
- Accommodating for changes in the regular routines of a center or family child care home by giving children opportunities to become comfortable with these changes (for example, substitute staff, special events, facilities maintenance, and emergency preparedness).
- Identifying changes in family routines that may result in increased risk of injury (for example, a new drop-off routine or other changes in schedule).

Staff recognize the impact of transitions and changes in daily routine and provide additional support for children who are more likely to have trouble with these changes. They also practice [active supervision](#) to protect children from injury.

Why it matters:

Children tend to:

- React to even the smallest of shifts—a new nipple on the bottle, a new food on their plate, or a slight change in a regular routine.
- Thrive on order and predictable routines to feel safe and secure.
- Need lots of time and support to get comfortable in new surroundings or with new people before they adjust.

- Have more tantrums, which can be triggered by either minor changes (a new pair of shoes) or more major ones (a new babysitter). Tantrums can also occur during everyday transitions, when children are asked to stop doing something they are happily involved in to begin another activity (for example, before going from playtime to lunch).²⁰

Schedules and routines create predictability and stability for young children. Children feel more secure because they know what to expect. Adults are better able to protect children when they can anticipate a child’s reaction.

Steps to implement:

Anticipate and plan for all types of changes in:

- Daily routines (for example, drop off and pick up, daytime sleep schedules, mealtimes, or self-care routines, particularly dressing and toileting).
- Family structure (for example, new babies, new family members, loss of family members, separation, or divorce).



School readiness begins with health!

- Family circumstances (for example, new or lost jobs; new or lack of housing; new household members; new or lack of resources such as transportation, health insurance, and other important supports).
- Staffing (for example, staff absences, new staff or volunteers, substitute staff, changes in staffing patterns or assignments).

Develop contingency or fail-safe plans.

Contingency planning is a method for helping children and adults prepare for changes in their lives. Plan for contingencies such as new staff members, caregivers, or routines; field trips or other special events, or disruptions caused by facilities maintenance or repair. Planning for how to respond to such contingencies with help you meet the needs of children and staff.

Talking with families about having a back-up plan can be helpful with many planning issues, including developing safety plans. This approach can also help families manage changes in their daily routine, such as changes to pick-up and drop-off routines. For example, if a different adult is planning to drop off their child, you can suggest they place a “[Look Before You Lock](#)” sticker on the dashboard. This reminds the adult to remove their child from the car or booster seat when getting out of the car.

Train staff and educate families about

processes for contingencies. Once contingency plans are in place, everyone needs to know when and how to use them. Professional development activities can help adults adapt to change and reinforce safety messages. Ongoing monitoring and reflective supervision can help you determine if additional supports are needed.

Practice, review, and revise plans to ensure they work.

Having contingency plans does not mean that they will always be effective. Develop a schedule to practice new routines in your center or family child care home, assess how well they work, and make revisions if needed based on the data you collect. Practicing how to respond to an emergency or even a minor change in routine means that plans become rote, so when something happens unexpectedly, everyone knows what to do.

Additional resources:

[Tips for Keeping Children Safe: A Developmental Guide](#)

[Transitions](#)

[News You Can Use: Transitions](#)

[Emergency Preparedness Manual for Early Childhood Programs](#)

[The National Center for Pyramid Model Innovations](#)

8. Model Safe Behaviors

What it is:

A culture of safety comes from within a program. When all adults engage in safe behaviors, everyone is better protected from injury. Modeling safe behaviors is an important part of the nurturing, positive relationships staff establish with children and families. Staff demonstrate safe behaviors, then prompt other adults and children to use them too.

Why it matters:

Family members and caregivers make decisions about child safety based on social norms, beliefs about whether an injury is preventable, parenting style (permissive vs. strict), and self-efficacy.²¹ Children learn by watching what their caregivers do, making it even more important for adults to practice safe behaviors. Offering children positive role models will help them see, repeat, and practice safe behaviors.

Steps to implement:

Establish safety rules. Develop safety rules with everyone's input. Include easy-to-use strategies that fit within daily routines. For example, during an infant socialization, serve age-appropriate foods to demonstrate how to reduce the risk of choking. On the playground, stay close to children who are still building their motor skills when they are climbing on play structures. These are both examples of simple, concrete, and easy actions to take.

Enhance safety practices through [reflective supervision](#). Both children and adults may need support to learn a new approach. Help staff understand and practice new safety strategies. Celebrate what they do well and identify areas for improvement.

Set the expectation by fulfilling it. Program leaders who lead by example are more likely to positively impact the behaviors of children and other adults. Implementing strategies every day provides a stronger example for others to follow.



Additional resources:

CFOC [Appendix B](#): Major Occupational Health Hazards.

CFOC Standard [2.4.1.2](#): Staff Modeling of Healthy and Safe Behavior and Health and Safety Education Activities.

[Staff as Healthy Role Models](#)

School readiness begins with health!

9. Teach Families about Safety



What it is:

Most injuries to young children happen in the home.²² Programs include discussions about home safety during conversations with families. For Head Start programs, these conversations begin during the family partnership process. Educating families about safety risks to young infants, mobile infants, toddlers, and preschool children; completing home safety checks; identifying safe sleep and other safe practices; and helping families obtain safety devices can reduce the number and severity of injuries that occur in the home.

Why it matters:

Economic realities often affect parents' ability to alter their home to create a safer environment for their child. Children who live in poverty often live in substandard, crowded homes, in unsafe neighborhoods, and may be exposed to environmental pollution. Their parents often experience poor health, economic stresses, and discrimination. These families are least able to make

the changes they want and need in their homes and communities.²³

Staff can help prevent injuries by helping families become more aware of risks to children's safety. Some families need support to eliminate hazards, obtain safety equipment, or learn [active supervision](#). But when families have the information and resources they need, they can prevent many injuries at home.

Steps to implement:

Use family engagement activities and conversations about family priorities and goals to encourage home safety. This can help define what areas of home safety to address and how to individualize support to meet the needs of families. For example, a family whose landlord has refused to correct building violations (e.g., exposed nails in the floor) may need support to feel empowered to advocate for better living conditions.

School readiness begins with health!



With the family, conduct a home safety inspection. Using a comprehensive checklist can help families and staff discuss home safety topics. Together they can identify, prioritize, and focus on injury-prevention strategies. Home visitors and family child care providers are in a unique position to support families when they know about common childhood injuries and how to eliminate hazards from the home.

Provide ongoing educational opportunities for families to learn more about safety issues from community experts. Use community partners and members of the Health Services Advisory Committee (HSAC) to find local experts to provide training on safety topics of interest to families. These experts can offer additional information and resources that families may not be able to access on their own.

Support families in acquiring resources to improve the safety of their home. With the family's permission, connect with community partners or your HSAC to find resources that families may need to make their homes safer. These might include:

- Electrical socket covers
- Oven protectors
- Guard rails
- Plastic covers for banisters or railings
- Bathtub thermometers
- Bumpers for furniture
- Gates for stairs and doorways
- Doorknob covers
- Locks for cabinets and drawers
- Any other home safety devices

Additional resources:

[Safety and Injury Prevention: Health Tips for Families](#)

[Injury Prevention Starts at Home](#)

[Family Support and Well-being](#)

[SaferProducts.gov](#)

School readiness begins with health!

10. Know Your Children and Families

What it is:

Staff understand each child's development level and abilities and each family's preferences, culture, and traditions. They are thus able to plan activities to meet the needs of each child and family.

Engaging in mutually respectful goal-oriented partnerships with families helps them feel welcomed, safe, and respected while building trusting relationships over time.²⁴ Programs can build relationships with families using the family-partnership process, ongoing child-assessment, self-reflection, and two-way communication to create safe and engaging learning opportunities. These experiences promote children's healthy development, family well-being, and positive parent-child relationships.

Why it matters:

Children's development in all areas occurs most rapidly during the first 5 years of life, setting the stage for all later development.²⁵ Each child grows at a different rate and has unique skills, abilities, and challenges. Parents commonly underestimate their infant's motor skills and overestimate their cognitive skills and judgment.²³ Staff who understand a child's strengths and needs can individualize the curriculum to promote safe learning opportunities for each child.

Additionally, families may have a different cultural perspective or different expectations of their child's behavior based on their beliefs and traditions. Staff who respect each family's beliefs, experiences, and traditions are able to acknowledge and support parents' efforts to establish a safe environment for their child.



Steps to implement:

Get to know and support each family.

Individualizing services for parents and expectant families includes strategies to keep children safe at home and in the community. Head Start programs can use the family partnership process to help families identify and follow up on goals for their children and themselves.

Conduct ongoing child assessments to learn about each child's skills, abilities, and challenges. Adults are better able to create safe environments, supervise children effectively, and use strategies that protect children from injury when they have a clear developmental picture of what each child can do. Use formal and informal ongoing child assessment to individualize children's experiences and plan activities that help them build the skills they need to move toward independence safely.

School readiness begins with health!

Maintain a system of ongoing communication with families. Establish two-way communication with families to understand:

- Children’s abilities in and out of program activities
- Families’ expectations and priorities
- Successes and challenges in promoting the safety of everyone in the household
- Family resources and needs

This information can help you individualize on an ongoing basis.

Support children’s individualized learning and development in safe, well-supervised environments. Identify, implement, and assess injury-prevention strategies using information collected from:

- Ongoing child assessments
- Communication with families
- The family-partnership process (in Head Start programs)

These information provides the basis for individualized decision-making discussed in [Action 1, Use Data to Make Decisions](#). Use strategies that research indicates work well for a specific developmental stage or characteristic that matches the child and family. For example, when a child moves from crawling to cruising and walking, adults remove any hazards within the child’s reach and provide safe, age-appropriate objects that will support the child in learning to walk independently.

Maintain accurate family information.

Use recordkeeping and other communication systems to ensure that your program has accurate information about:

- Emergency contacts
- Consent for individuals who are permitted to pick up children at the center, home, or bus stop
- Changes in routines and schedules to ensure children are always released to an authorized adult

Additional resources:

[Tips for Keeping Children Safe: A Developmental Guide](#)

[A Guide to Safety Conversations](#)

[Dual Language Learners Program Assessment \(DLLPA\): Users’ Guide](#)

[Protect the Ones You Love: Child Injuries Are Preventable](#)

Summary

These 10 actions integrate management systems and program services that are already in place. From using data to keeping environments safe and secure and modeling safe behaviors, they enhance what programs already do and foster a culture of safety for all enrolled children. Programs that implement the 10 actions will strengthen their injury-prevention efforts and make environments safe for children to play and learn.

References

1. Institute for Healthcare Improvement. (2016). PS 202: *Building a culture of safety*. Retrieved from <http://app.ihi.org/lms/coursedetailview.aspx?CourseGUID=789d9cbb-7dd3-4fe9-8df2-e0c63725b350&CatalogGUID=6cb1c614-884b-43ef-9abd-d90849f183d4>
2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2006). *Leading causes of nonfatal injury 2000–2016* [using WISQARS™].
3. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (N.d.). *10 leading causes of death by age group United States–2016* [using WISQARS™]. Retrieved from https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2016-508.pdf
4. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (N.d.). *10 leading causes of injury deaths by age group highlighting unintentional injury deaths, United States–2016*. [using WISQARS™]. Retrieved from https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_injury_deaths_highlighting_unintentional_injury_2016-508.pdf
5. Centers for Disease Control and Prevention. (2016). *Rates of TBI-related emergency department visits by age group—United States, 2001–2010*. Retrieved from https://www.cdc.gov/traumaticbraininjury/data/rates_ed_byage.html
6. Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. (2012). *National action plan for child injury prevention*. Retrieved from <https://www.cdc.gov/safechild/nap/>
7. Schnitzer, P. G., Dowd, M. D., Kruse, R. L., & Morrongiello, B. A. (2015). Supervision and risk of unintentional injury in young children. *Injury Prevention* 21(0), e63–e70. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4293371/>
8. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Child Safety and Injury Prevention. (2016). *Protect the ones you love: Child injuries are preventable*. Retrieved from <https://www.cdc.gov/safechild/falls/index.html>
9. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (N.d.). *10 leading causes of injury deaths by age group highlighting unintentional injury deaths, United States–2016* [using WISQARS™]. Retrieved from https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_injury_deaths_highlighting_unintentional_injury_2016-508.pdf
10. Tinsworth, D. & McDonald, J. (2001). *Special study: Injuries and deaths associated with children’s playground equipment*. Washington, D.C.: U.S. Consumer Product Safety Commission.
11. Phelan, K. J., Khoury, J., Kalkwarf, H. J., & Lanphear, B. O. (2001). Trends and patterns of playground injuries in United States children and adolescents *Ambulatory Pediatrics* 1, 227–233. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/11888406>
12. Cheng, T. A., Bell, J. M., Haileyesus, T, Gilchrist, J, Sugerman, D. E., & Coronado, V. G. (2016). Nonfatal playground-related traumatic brain injuries among children, 2001–2013. Retrieved from *Pediatrics* 137(6), 2015–2721. <https://www.ncbi.nlm.nih.gov/pubmed/27244845>
13. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2017.) *Child Passenger Safety: Get the Facts*. Retrieved from https://www.cdc.gov/motorvehiclesafety/child_passenger_safety/cps-factsheet.html
14. United States Department of Transportation National Highway Traffic Safety Administration. (N.d.). *Child safety: heatstroke prevention*. Retrieved from <https://www.trafficsafetymarketing.gov/get-materials/child-safety/heatstroke-prevention>

10 Actions to Create a Culture of Safety

15. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). Child Maltreatment 2016. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/cm2016.pdf>
16. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2019). *Preventing child abuse and neglect*. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>
17. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2018). *Child abuse and neglect fatalities 2016: Statistics and interventions*. Retrieved from <https://www.childwelfare.gov/pubPDFs/fatality.pdf>
18. Center for the Study of Social Policy. (N.d.). *Strengthening families™ protective factors framework*. Retrieved from <https://cssp.org/our-work/project/strengthening-families/>
19. Lawrence, S. (2017). *Early care and education workplace conditions and teacher stress*. New York, NY: National Center for Children in Poverty. Retrieved from http://www.nccp.org/publications/pub_1191.html
20. Zero to Three. (2010). *Temperament: Reaction to change*. Retrieved from <https://www.zerotothree.org/resources/1055-temperament-reaction-to-change>
21. Morrongiello, B, A., & Corbett, M. (2008). Elaborating a conceptual model of young children's risk of unintentional injury and implications for prevention strategies. *Health Psychology Review* 2(2), 191–205 <http://doi.org/10.1080/17437190902777594>
22. Carlsson, A., Dykes, A. K., Jansson, A., & Bramhagen, A. C. (2016). Mothers' awareness towards child injuries and injury prevention at home: An intervention study. *BMC Research Notes* 9(223), 1–6. Retrieved from <https://bmcresearchnotes.biomedcentral.com/articles/10.1186/s13104-016-2031-5>
23. Promoting safety and injury prevention. (2017). In Hagan, J. F., Shaw, J. S., & Duncan, P.M. (Eds.), *Bright futures: guidelines for health supervision of infants, children, and adolescents*. (4th ed). Elk Grove Village, IL: American Academy of Pediatrics. Retrieved from https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Safety.pdf
24. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Parent, Family, and Community Engagement. (2018). *Relationship-based competencies to support family engagement: A guide for early childhood professionals*. Washington, DC: Department of Health and Human Services, Administration for Children and Families, Office of Head Start. Retrieved from <https://eclkc.ohs.acf.hhs.gov/family-engagement/article/relationship-based-competencies-support-family-engagement>
25. Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, D.C.: The National Academies Press. Retrieved from <https://www.nap.edu/catalog/9824/from-neurons-to-neighborhoods-the-science-of-early-childhood-development>