Active Supervision:

Prevention of Child Injuries in Family Child Care Settings

Participant Handouts

K-W-L Table

K: What I **Know**	W: What I **Want** to know	L: What I have **Learned**

Definitions of Supervision:

Supervision **Chapter 9502, Licensing of DayCare Facilities** **MN Department of Human Services**	**Supervision** **Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education**
Subp. 29a. **Supervision.** "Supervision" means a caregiver being within sight or hearing of an infant, toddler, or preschooler at all times so that the caregiver is capable of intervening to protect the health and safety of the child. For the school age child, it means a caregiver being available for assistance and care so that the child's health and safety is protected.	STANDARD 2.2.0.1: Methods of Supervision of Children Caregivers/teachers should directly supervise infants, toddlers and preschoolers by sight and hearing at all times, even when the children are going to sleep, napping, or sleeping, are beginning to wake up, or are indoors or outdoors. School-age children should be within sight or hearing at all times. Active and positive supervision involves: a) Knowing each child's abilities; b) Establishing clear and simple safety rules; c) Being aware of and scanning for potential safety hazards; d) Standing in a strategic position; e) Scanning play activities and circulating around the area; f) Focusing on the positive rather than the negative to teach a child what is safe for the child and other children; g) Teaching children the appropriate and safe use of each piece of equipment (e.g., using a slide correctly– feet first only – and teaching why climbing up a slide can cause injury, possibly a head injury.

Handout:	**RISK ASSESSMENT TOOL**	
Identify the activity •	Location of the activity •	Who may be at risk? •

Identify hazards, risks and rate the risks

1. Divide the activity into tasks
2. Identify the hazards and associated risk for each task
3. List what risk prevention controls are already in place
4. Determine a risk rating using the Risk Rating Matrix

TASKS	**HAZARDS**	**RISK**	**RISK RATING**			**CONTROL (safety measure in place)**
			Likelihood	**Impact**	**Risk Rating**	

Handout: **RISK RATING MATRIX**

IMPACT						
LIKELIHOOD		Insignificant	Minor	Moderate	Major	Severe
	Almost certain	Medium	High	High	Very High	Very High
	Likely	Medium	Medium	High	High	Very High
	Possible	Low	Medium	High	High	Very High
	Unlikely	Low	Low	Medium	Medium	High
	Rare	Low	Low	Medium	Medium	Medium

Likelihood

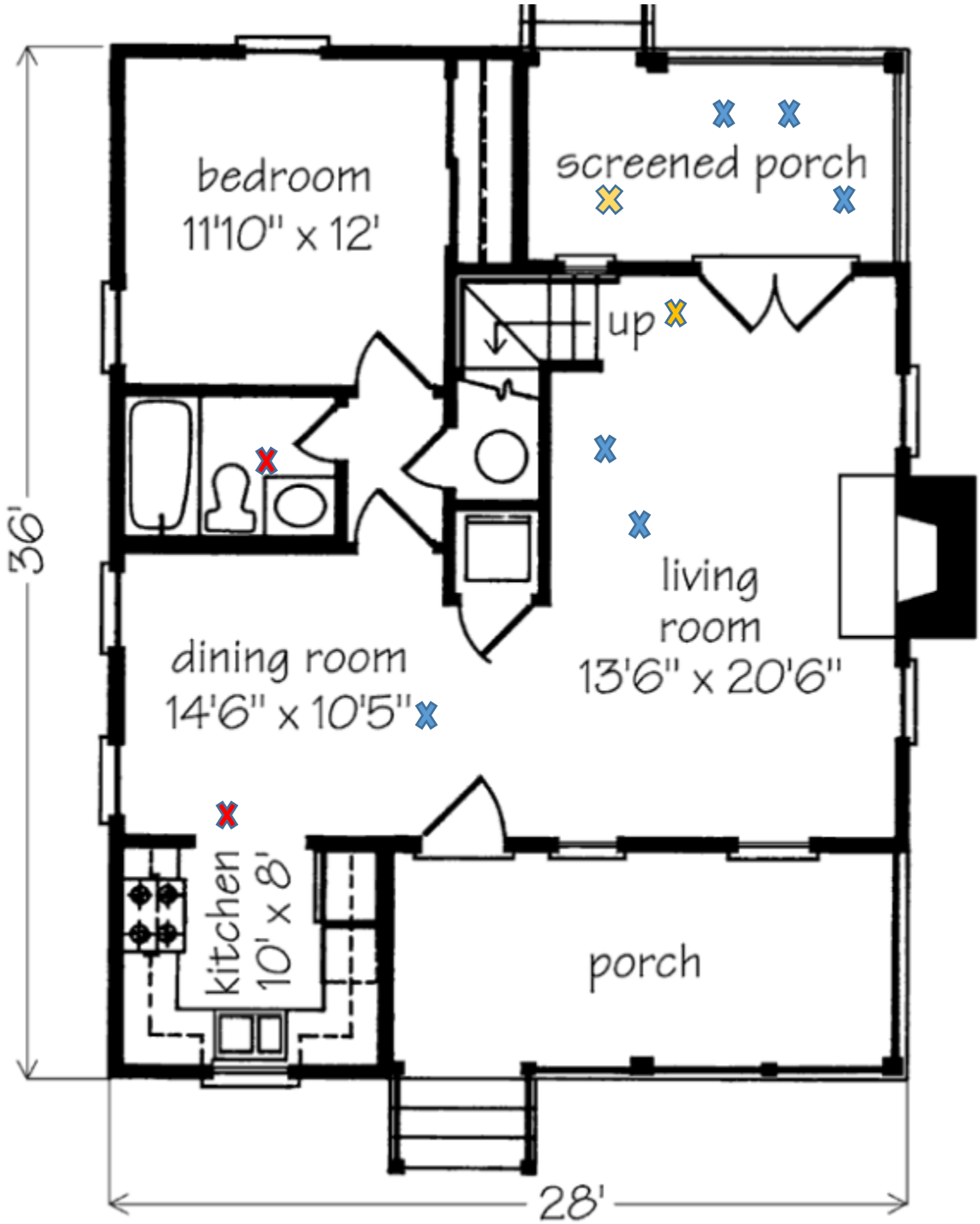
Almost certain	Is expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Possible	Could occur at some time
Unlikely	Not likely to occur in normal circumstances
Rare	May occur in only exceptional circumstances

Impact

Insignificant	Injuries not requiring first aid
Minor	First aid required
Moderate	Medical treatment required
Major	Hospital Admission required
Severs	Death or permanent disability to one or more persons

Example of rating risk matrix template from Children's Services Central, Australia
http://www.cscentral.org.au/Resources/nqf/risk-assessment-tool.pdf

Hazard Mapping Activity



- **Kitchen:** pre-school child entered kitchen when provider was preparing lunch; child touched pan on stove in effort to "help", resulted in burned fingers; required trip to Urgent Care; physician reported minor injury> burn ointment with a protective wrap.

- **Bathroom:** toddler wandered into bathroom alone, slipped because of water on the floor from previous child; hit head on the tile floor resulting in a large bruise, time of day was @ 2:00 p.m., after nap. Parent called and transported child to urgent care; child evaluated as sustaining a mild injury, sent home for rest and monitoring.

- **Living room:** near stairs going to the upper level. Child gate not in place. Toddler attempted to climb stairs. Began to fall backwards. Provider was nearby and able reach child to prevent child from falling backward onto the floor. Other children were present but not near the toddler. No injuries. Toddler was startled and frightened but quickly became involved in other activities in the living room area.

- **Living room:** pre-school age child pinched finger when playing with a toy dump truck during morning free play. Other children present but not involved. Minor redness; cold pack applied for a brief period. No swelling visible.

- **Living room:** toddler attempted to carry bucket full of blocks to other side of the room. Three other children present, one of whom was running around the living room and bumped into toddler. Toddler fell with bucket. Provider checked toddler for any injury. None observed. Later when changing diaper, noted small bruise on upper thigh.

- **Screened porch:** three season porch with small climber and slide. Provider able to observe from living room. 4 children using the area – 1 toddler and 3 pre-schoolers. Toddler and 1 pre-schooler began to push each other over use of slide. Pre-schooler pushed toddler with enough force to push toddler against the wall. Toddler then bit pre-schooler. Teeth marks visible but did not break the skin. Standard first aid administered. Parent of child bitten notified.

- **Screened porch:** injury occurred when 3 children were "playing super-hero". One child came to provider crying and slightly bleeding from hand – appeared to be a scrape. Children not able to provide accurate account of how child scraped his hand. Hand washed with soap and water and band-aid applied.

- **Screened porch:** three pre-schoolers playing on climber and slide. One child slipped on climber and hit chin again climber rung. Provider in the living room and able to observe. Slight redness and swelling noted. Ice pack applied.

- **Screened porch:** mixed age group playing with small balls, throwing into a basket. Pre-schooler threw ball purposefully at toddler, hittng child in the face. No bruising or bleeding noted.

- **Dining room:** pre-schooler involved in morning arts activity. "pinched" finger with child scissors while cutting paper. Small amount of bleeding. Cleaned with soap and water, band-aid applied. Provider present when incident occurred.

Hazard Mapping Instructions for Grantees

THE NATIONAL CENTER ON Health

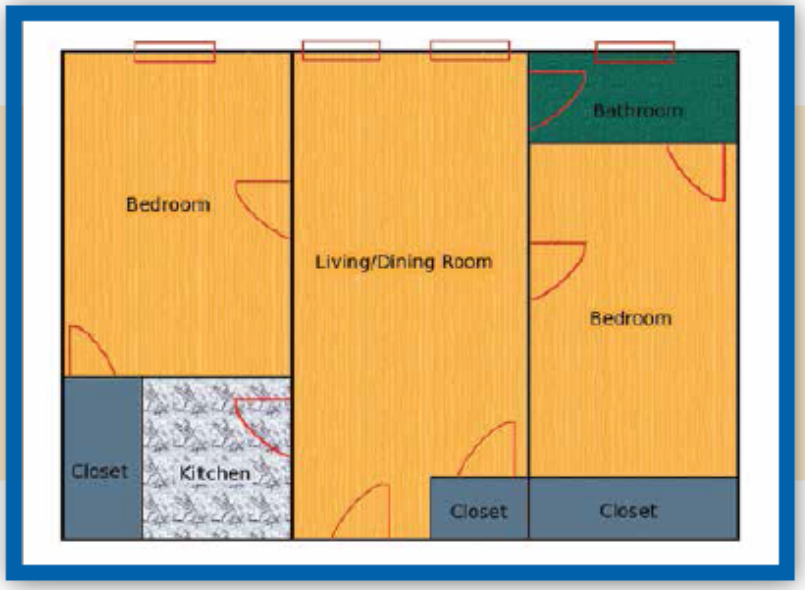
Hazard Mapping is a process that Head Start programs can use after an injury occurs. It helps to: 1) identify location(s) for high risk of injury; 2) pinpoint systems and services that need to be strengthened; 3) develop a corrective action plan; and 4) incorporate safety and injury prevention into ongoing-monitoring activities. Hazard mapping is employed effectively in emergency preparedness planning related to natural disasters. It also is used to isolate locations of disease outbreaks and determine where prevention efforts are most needed.

Goals and Benefits of Hazard Mapping

Hazard mapping provides:

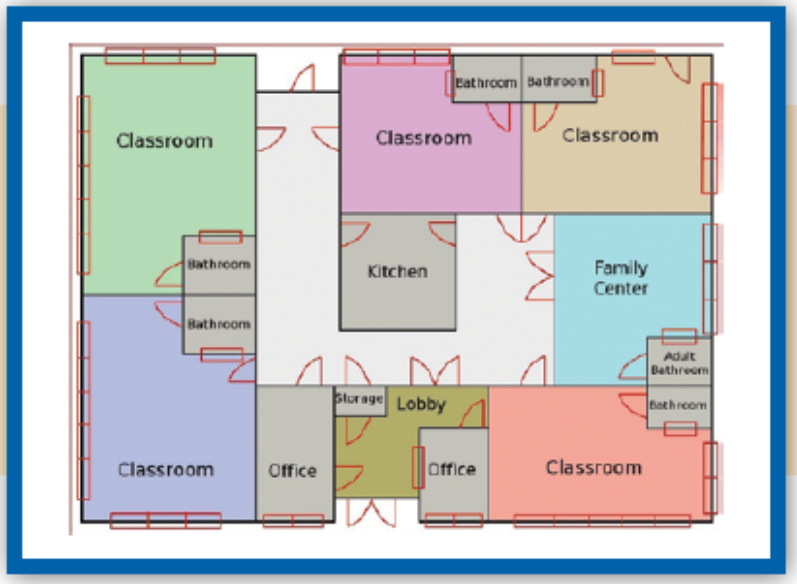
- An easy method for ongoing, systematic data collection and analysis about where injuries occur in Head Start programs
- A way to identify the "how", "what", "when", "who", etc. by building on injury and incident reports
- A strategic approach to safety and injury prevention problems by studying patterns of injury rather than isolated incidents
- Compelling visual data for decision makers, staff, and families to make informed decisions about solutions

School readiness begins with health!



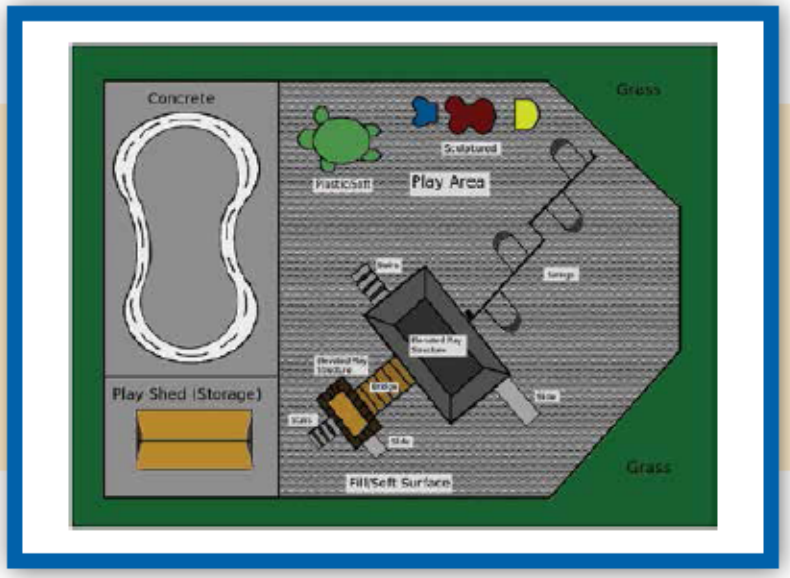
Instructions for Hazard Mapping
Step One—Identify high risk injury locations

1. Create a map of the home, classroom, center, family child care home, Head Start bus or playground area. Label the various places and/or equipment in the location(s) that is being mapped. Make the map as accurate as possible.
2. Have staff, administrators, or anyone who observed the incident place a "dot" or "marker" on the map to indicate where the specific incident and/or injury occurred.
3. Depending on the size of the program and number of injuries reported, use data from injury/incident reports for the past 3-6 months. Add more "dots" or "markers" to identify additional locations where injuries occurred.
4. Establish a safety and injury prevention committee to review and analyze incident data. The committee may include administrators, staff, Head Start parents/families and community partners. Programs may use their Health Services Advisory Committee or some of its members as their Safety and Injury Prevention Committee.
5. Analyze and chart the findings. To do this, count the number of incidents in each location.
6. Count how many of the incidents resulted in an injury and the level of severity of each injury. Use incident and/or injury reports to collect this additional data.
7. Determine where most incidents occur and where to focus initial efforts for a corrective action plan.



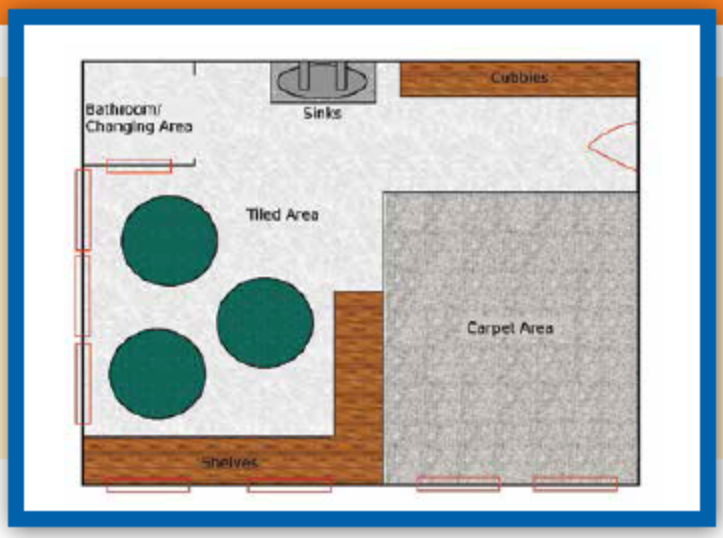
Instructions for Hazard Mapping
Step Two—Pinpoint systems and services that need to be strengthened

1. To identify and understand patterns of injuries at locations throughout the program, review additional information from injury and/or incident reports.
   - **Who** was involved in each injury? (child/children; staff, volunteers, parents)
   - **Where** did the injury occur?
   - **What** happened? (What was the cause?)
   - **What** was the severity of each injury?
   - **When** did each injury occur?
   - **Who** – e.g., what staff were present and where were they at the time of each injury?
   - **How** could each injury have been prevented?
2. Using your/the program plan, determine areas where systems and services affect these findings.
3. Translate these findings into recommendations that strengthen systems and services.



Instructions for Hazard Mapping
Step Three—Developing a Corrective Action Plan

1. Review all of the findings and recommendations regarding injuries and incidents.
2. Prioritize and select specific activities/strategies to resolve problem areas. These should focus on the everyday service delivery level and the higher systemic level.
3. Develop an action plan to correct the problem areas you identified. Include each of the activities/strategies selected in this corrective action plan. Identify the steps, the individuals responsible, and the dates for completion.
4. Create a plan for sharing the corrective action plan with management, staff, and families to get buy in for injury and/or incident responses.



Instructions for Hazard Mapping
Step Four—Incorporating Hazard Mapping in Ongoing-Monitoring Activities

- Based on an analysis of these data, determine what action(s) needs to be taken to avoid future injuries in the location(s) identified. Determine if any additional questions should be added to injury/incident report forms to obtain this missing information.
- When developing corrective action plans, consider prioritizing more serious injuries, even if they have occurred less often.
- A reduction in injuries and/or incidents happens over time if the correct set of interventions is selected based on analysis of the data about patterns of injuries.
- Continuously review incident and/or injury data to make sure that interventions are reducing the number of incidents and the severity of injuries. They may include:
  - Educational opportunities about safety and injury prevention for staff
  - Environmental modifications
  - Procedures to monitor compliance with program policies, and/or
  - Other necessary corrective actions.
- Discuss how to share injury data from ongoing monitoring activities and the self-assessment process with staff, families, the Health Services Advisory Committee, and Governing Board and Policy Council. Determine:
  - How will managers share the results of hazard mapping activities with all staff to advise them of risks or hazards that may exist at their center or location?
  - How will managers share the hazard mapping and incident and/or injury report results with the program's Health Services Advisory Committee (HSAC) (when it is not the same as the Safety and Injury Prevention Committee) to problem-solve the issues that are identified?
  - How will managers use hazard mapping as part of ongoing-monitoring activities to (1) develop and maintain corrective action plans, (2) assure continuous program improvement, and (3) reduce the incidence of future injuries to enrolled children?

Resources to Learn More

National Council for Occupational Safety and Health. (2012). *"Mapping" Health and Safety Problems."* Los Angeles, CA: National Council for Occupational Safety and Health. Retrieved August 13, 2012 from: http://www.coshnetwork.org/sites/default/files/Mapping%20NLC.pdf

Injury Prevention Program Division. (2012). *UCLA Injury and Illness Prevention Program (IIPP).* Los Angeles, CA: University of California, Los Angeles. Retrieved August 13, 2012 from: http://map.ais.ucla.edu/go/1002965

Childproofing the Outdoor Space

Some degree of risk is normal and an important ingredient of outdoor play. Our role is to minimize potential injuries by providing a safe environment and carefully supervising play.

***Arrivals and departures:** beware of these things when families are coming and leaving your home:

- Repair walks
- Hand rails
- Gates on decks
- Trim low branches to prevent eye damage
- Ice and snow in Minnesota
- How is pool inaccessible when not in use? (rule 2 9502.0425 subpart 3)

***Fall cushion:** despite our best efforts to keep children from falling off playground equipment, it will sometimes happen. We can help reduce or prevent injury from these falls by installing some sort of protective surface under all swings and climbing equipment. This can include sand, pea gravel, shredded recycled rubber, wood mulch or wood chips and should be at least 9 inches deep.

*** Traffic paths**: When designing your playground, plan clear circulation and a path for children and wheel toys.

- Have defined space between swings and slide to prevent collision. On home playgrounds, swings are responsible for the most outdoor injuries.
- Establish rules for wheel toys (helmets , one ways ,turn around, parking)
- Create a specific area for sand play or water play and make sure there isn't a slipping hazard surround this area by keeping it swept after use if necessary.

Childproofing the Indoor Space

*Family child care providers have additional area to consider when planning for injury prevention

Basement:

- Non access to furnace and hot water tank
- Unused refrigerators or freezers (doors should be removed)
- Toxics items laundry soap ,paint ,ETC(these should be stored out of reach and locked)
- Store flammable away from children and heat source
- Ensure that washer and dryer are not used as playing climbing space

Workshop

- Ensure it is not accessible to children at any time

Fireplace

- Screens and protective guards
- Clean chimneys at least once a year to prevent build up which can lead to fires
- All wood burning stoves, fireplaces, space heaters, radiators or other hot surfaces protected so children do not have access to them when in use. (rule 2 9502.0425 subpart 7,D)

Bathrooms

- Water temp should be less than 120 degrees at all times
- Stool used by children to reach sink or toilet is stable wont tip or slip
- Toxic items (hair products, medication, etc.) store out of reach and locked
- Never leave a child on changing table unattended even if a safety belt is used
- Can bathroom door be open from outside if locked ,unlocking devices near door?(Rule 2 9502.0425 subpart 12B)

Gross motor area /play

While children need to be involved in vigorous play, t a challenge to prevent injuries from falls and collision.

- Make sure equipment is stable ,no sharp area
- Check for nails , bolts or any lose parts
- Arrange equipment to prevent collision and safe traffic flow
- Set up climbing equipment away from furniture ,widows and walls to prevent fall against them
- Place resilient matting under and around structures

PETS: Although they can be beloved family members, pets can also pose a danger to young children in family child care homes. We can minimize the risk by:

*Making sure pets are always up to date with their vaccinations, especially rabies, as required by Rule 2.

*Carefully supervising any interaction children have with pets and teaching them to be gentle. Even a very calm pet can bite a child if hurt or frightened.

*Keeping pets in a separate part of your home when children are present.

SAFE PLAYGROUND RULES

SWINGS

1. Sit in the center of the swing, never on knees or standing. This provides for better balance.
2. Hold on with both hands and come to a complete stop before getting off.
3. Stay far away from moving swings (how can you help children with visual cues to help them recognize a safe distance?)
4. Only one child to a swing.
5. Do not swing empty swings.

SLIDES

1. Wait your turn. Give the child ahead lots of room.
2. Hold on with both hands going up.
3. Before beginning to slide down, check to make sure no one else is on the slide.
4. **FEET FIRST!**
5. After sliding down, get away from the front of the slide right away.
6. Don't use when hot!

CLIMBING APPARATUS

1. Only ___ children at a time (how many children can you safely supervise by yourself).
2. Use both hands and use "lock grips" fingers and thumbs together.
3. Don't use when hot or wet.

HORIZONTAL LADDERS AND BARS

1. Only ____ children at a time (how many children can you safely supervise by yourself).
2. Everybody starts at the same end and goes in the same direction.
3. Use the "lock grip" (fingers and thumbs).
4. Drop down with kness bent and try to land on both feet.

TRICYCLES

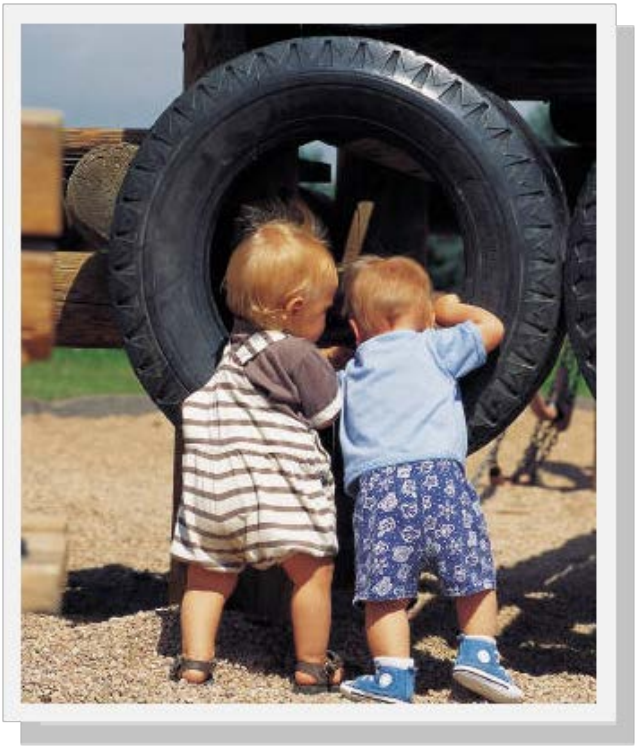
1. Only one child to a tricycle.
2. Always use a ssfety helmut.
3. Everybody goes in one direction.
4. Keep both hands on the handlebars.
5. Never ride near cars, driveways, pools, or in front of other equipment.

Children learn the rules best when they hear them frequently and when the rules are consistently enforced. For example, if a child isn't riding the tricycle in the designated direction, that child loses the opportunity to ride the trike for a certain period of time. Make sure the direction the children are supposed to ride is the same from day-to-day.

Photos, drawings, or homemade videos of children using the equipment safely are great ways to help children learn and remember the rules.

Make it a habit to routinely review the rules.

"Count" children frequently to ensure everyone is still present and you actively monitor what activities children are engaged in, and with whom.



OTHER EQUIPMENT AND/OR ACTIVITIES YOU ROUTINELY PLAN – WHAT ESSENTIAL SAFETY RULES SHOULD BE IN PLACE?

List them here:

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): _____

Parts of body injured: ☐Eye ☐Ear ☐Nose ☐Mouth ☐Tooth ☐Part of face ☐Part of head
☐Neck ☐Arm/Wrist/Hand ☐Leg/Ankle/Foot ☐Trunk ☐Other (specify): _____

First aid given at the facility (e.g. comfort, pressure, elevation, cold pack, washing, bandage): _____
_____

Treatment provided by: _____

☐No doctor's or dentist's treatment required
☐Treated as an outpatient (e.g. office or emergency room)
☐Hospitalized (overnight) # of days: _____

Number of days of limited activity from this incident: _____ Follow-up plan for care of the child: _____
_____

Corrective action needed to prevent reoccurrence:
_____

Name of Official/Agency notified: _____

Signature of Staff Member: _____ Date: _____

Signature of Legal Guardian/Parent: _____ Date: _____

Reference: American Academy of Pediatrics, Pennsylvania Chapter. 2002. *Model child care health policies*. 4th ed. Washhington, DC: national Association for the Education of Young Children.
This form was developed for *Model Child Care Health Policies*, 2002, by the Early Chhildhood Education Linkage System (ECELS), a program funded by the Pennsylvania Depts. of Health & Public Welfare and contractually administered by the PA Chapter, American Academy of Pediatrics.