

SEVEN COMMON CHILDCARE DANGERS

Kids are fast, curious and unpredictable. Whether they are in a small in-home childcare, a large childcare center, or simply playing at home, countless dangers can be found around every corner.

In the pages of this safety guide you will learn about some of the most common childcare dangers, including: SIDS, playground injuries, vehicular hyperthermia and more.



Protect your kids.

Learn about the most dangerous (and preventable) exposures in childcare centers and in-home childcares.

A Message for Parents

Throughout this book you will be introduced to some of the most common and devastating injuries children sustain while in a home or childcare setting. In each section we share a real-life story about a child that has been severely injured, and in some cases, killed because of unsafe conditions.

It is important to note that all of the following dangers exist equally in your own home. Please read through this guide carefully and take the necessary steps to ensure your child is safe at home and at their childcare center.

Working closely with your licensed childcare provider will ensure that your child has a safe, fun, and productive childcare experience.

A Message for Childcare Providers

Childcare providers rarely receive the credit they deserve for keeping our children safe. At West Bend, we fully understand, and appreciate, the very hard work you do... which is precisely why we have made such a strong commitment to working with thousands of childcare centers and in-home childcares.

The stories shared throughout this guide highlight some of the worst scenarios imaginable. While these tragic events can and do happen, we are confident that the large majority of childcare providers can avoid similar situations by implementing a few very simple steps.

Nobody knows how to do your work better than you and your peers. This resource has been designed to simply provide some safety tips for everyone who cares about kids.

BOTTLE WARMER BURNS

Children Burned by Scalding Water

On July 16th, 2007, a 14-month-old boy in Minnesota was airlifted to an intensive care unit after suffering 1st and 2nd degree burns to more than 13% of his body. While reaching for his bottle at daycare, he unintentionally pulled the cord of a slow cooker used to warm his formula. In pulling the cord, the slow cooker tipped over spilling scalding hot water onto his head, neck, shoulder, chest, and back.

Ten days later in Wisconsin, another child pulled the cord of a slow cooker and subsequently suffered severe burns to more than 20% of her body. Even after several months of treatment, the scarring to her face, back, and shoulders is significant and permanent.

Slow cookers used for warming infant formula can be found in a large percentage of childcare centers throughout the United States. Childcare providers use slow cookers instead of more traditional bottle warmers because they can quickly warm several bottles simultaneously by simply placing a prepared bottle into a hot water bath.

Providers typically fill the slow cooker with water and turn it on first thing in the morning.



How and Why This Happens

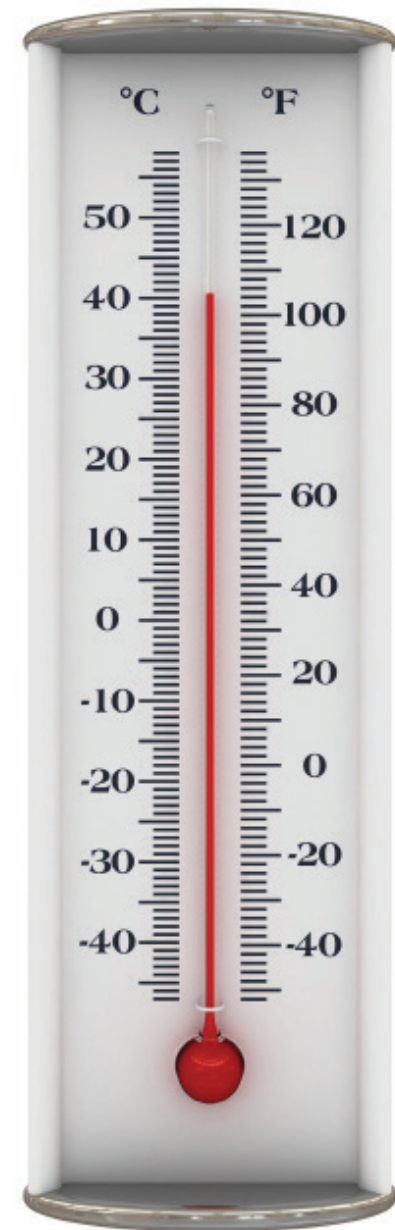
Researchers at the Department of Trauma and Burn Services at the Children's National Medical Center have identified the most common cause of unintentional scald burns as hot liquid spills from a counter top or stove. In the childcare industry, most of these spills tend to be closely connected to the improper heating of formula.

Slow cooker burns and scalds typically happen after a child pulls on the slow cooker cord which causes the device, and all of the scalding hot water in it, to cover the child. And while having hot water cover your body is bad enough, the following details make these injuries even more devastating:

- **Almost all slow cookers manufactured in the US don't have breakaway cords.** Magnetic breakaway cords have been required on fondues and home fryers for more than a decade. They are required by law because of the very real possibility of accidentally pulling scalding hot liquid onto yourself. Sound familiar?
- **Slow cookers are heavy.** Most standard-sized slow cookers weigh somewhere between 12 and 15 pounds. So in addition to being covered by scalding hot water, a child has something that weighs more than they do fall on top of their head. Severe contusions are not a rare occurrence in these devastating injuries.



- **Most slow cookers don't have programmable temperatures.** The traditional “Warm”, “Low” and “High” settings on a slow cooker provide very little control over the actual temperature of the contents. Slow cookers, even when set to “Warm”, can easily reach temperatures in excess of 160° F.
- **Children have very sensitive skin.** Did you know an adult would sustain 3rd degree burns if they were exposed for 5 seconds to a liquid hotter than 140° F? As we mentioned above, many slow cookers easily reach temperatures in excess of 160° F... even on the lowest setting. A child's thinner skin means these burns happen much faster and burn much deeper.
- **Clothes and diapers trap the scalding hot water.** If a child is covered in scalding hot liquids the scarring is made much worse by the fact that the child's clothes trap all of the heat against the body. Trapping the heat means the skin is burned for longer and at higher temperatures. And to make matters worse, the extremely high water temperature can cause the skin to literally peel from the body when trying to remove the clothes.



Preventing Slow Cooker Burns and Scalds

Recognize that Heating Baby Formula is Unnecessary

Taking care of multiple infants is extremely tough. Being able to attend quickly to their needs is critical for providers. We understand this. However, the risks associated with crockpots are simply too great. It's not worth a child living with painful scars for the rest of their lives just for convenience. In addition, there are safer ways to heat bottles if needed. Caregivers should also be aware that heating bottles is completely unnecessary from a safety standpoint.

According to the British Medical Journal, *"No differences related to sleep patterns, food intake, weight gain, and frequency of crying and regurgitation have been found when compared between infants given warm milk and others given milk from the refrigerator."*

According to Dr. Joan Arvedson, an internationally-renowned clinician at the Feeding, Swallowing and Nutrition Center of the Children's Hospital of Wisconsin in Milwaukee, *"We don't have any evidence that there is a need to warm formulas or expressed breast milk. The liquids themselves are very safe and do not need to be warmed. It has been a habit often that people warm formulas or other liquids that are in a bottle, but nobody warms juice, and occasionally infants are given juice as well."*

Dr. Arvedson believes *"if [parents and childcare providers] work with infants they are going to learn to take formula at room temperature, or even chilled."*



Safe Alternatives to Slow Cookers

The safest alternative for warming a child's formula is leaving the bottle at room temperature just before feeding. Running the prepared bottle under warm tap water works well too. Slow cookers, even when installed in a safe location with the cord out of reach, can cause serious harm to a child, parent, or childcare provider and should not be used.

It is worth noting that a microwave should never be used to heat infant formula. Although a microwave may get the job done quickly, it does so inconsistently. Pockets of extremely hot formula can make the temperature vary greatly in between sips. Microwaves can also damage bottles which result in piping hot formula spilling on a child.



FALLING OBJECTS

Bookcase Causes Childcare Fatality

A two-year-old child was crushed to death when a bookcase she was climbing on tipped over and fell on top of her. An investigation by the state's Department of Human Services found two reasons responsible for this avoidable tragedy. They ruled the childcare center was at fault for failing to watch the child properly. They also noted in their investigation that the bookcase was unsafe due to overloading of the shelves and that it should have been anchored securely to the wall.

Falling shelves and bookcases are a common problem in any setting with kids. A child's attraction to these hazards is understandable since they often contain books, toys, aquariums, and more entertaining items designed for their enjoyment. Also, young children enjoy climbing and look at these places as indoor playground equipment. Shelves, bookcases, tables, and all kinds of furniture pose two distinct hazards to children.

The first hazard is crushing children under the furniture as discussed in the story above. The second type of hazard is when children pull, push or slide heavy objects off of shelves and onto themselves or others. This hazard is particularly important when items like aquariums, animal cages, televisions and slow cookers used for heating formula are not properly secured.

What to Look For

Securing and organizing potentially dangerous furniture is a critical step in ensuring children are safe in any setting, but it is especially important in childcare centers. Here are the 9 things you need to look for anywhere a child has access. And don't forget to look in outdoor play areas as well; you'll often find large shelves used to store toys!

1. Are bookcases secured to the wall?

Bookcases and shelving units can be permanently attached to walls using brackets, screws, or bolts. Doing so removes the hazard of them tipping over. Make sure they are secured on all sides and regularly checked to make sure the fasteners do not come loose.

2. Are large, heavy objects secured directly to shelves and tables?

Keeping heavy items like aquariums, televisions, and animal cages affixed directly to surfaces eliminates the hazard of children pushing, pulling, or sliding them off onto themselves or other children. Items such as straps, velcro, brackets, and adhesives can be used to attach heavy items directly to surfaces.

3. Are the heaviest items on the lowest shelves?

Keeping the heaviest items on the bottom shelves aids in both stabilizing the unit and preventing heavy objects from being pulled on top of children. These items should still be fixed to the surface if they are not meant to be removed.

4. Are all bookcases and shelves stabilized?

Not all bookcases and shelves are located along a wall. The best way to ensure these objects are secure is to attach them back-to-back. This will create a much larger surface area on the floor and make them much more difficult to tip over. This should only be done if wall space is unavailable to attach them to.

5. Do ledges and counter tops have barriers?

Ledge barriers can be useful in preventing heavy items from being pulled from shelves or counter tops. These easily installed barriers placed around the edges create a raised edge and encloses the surface area which prevents items from sliding over them.



6. Are televisions mounted to the ceiling?

Televisions are one of the most popular items used by children and can pose a serious hazard. If televisions are within reach of a child they may attempt to change channels or push buttons. Also, they may attempt to climb on whatever they are placed on as a way of getting closer. The only way to remove all potential of a television getting pulled on top of a child is to mount it securely to the ceiling where no child will have access to it.

7. Do cabinets have self-locking latches?

Cabinet doors can easily be pulled open and have their contents fall on and harm children. Self-locking latches prevent cabinet doors from opening randomly and ensure their contents are safe inside.

8. Are all pictures and bulletin boards mounted properly?

Bulletin boards to display children's artwork or post announcements are often high traffic areas. The danger with bulletin boards is that their content can attract small children who will then grab on the bottoms and possibly dislodge them causing it, and its sharp corners, to fall. The same scenario applies for pictures. It is important to fasten them to screws fixed to studs and to monitor their security regularly.

9. Is the area devoid of all glass items?

Glass cages, aquariums, shelves, and anything else can greatly increase the severity of an injury if an item were to inadvertently fall on someone or the floor. Several glass substitutes remain available and should always be used instead of glass.



DOOR-RELATED FINGER INJURIES

Real Life Finger Injuries

A 20-month-old child lost the tip of his finger after getting it caught in the hinge-side of a large metal door. Multiple employees were working at the childcare center and all children were well supervised at the time of the incident. As one employee began taking another child outside, the 20-month-old followed and was trapped by the door. Even though the door was equipped with a slowing mechanism, the child was unable to avoid injury. Several surgeries were required because the child's bone continued to grow through the finger. Eventually, the entire nail was removed and the tip was amputated.

Nearly everyone has had their finger caught in a car or closet door before, and we all know just how painful that can be. When this sort of injury happens to a small child, the impact can be dramatic and everlasting. West Bend sees dozens of very serious claims each year as the result of a child getting their finger caught in a door.

The National Safety Council reports that more than 300,000 door-related injuries requiring emergency room treatment take place each year. Children, especially those under the age of four, suffer the majority of door-related injuries that ultimately require amputation. Like other hazards young children face each day, door-related injuries are easily preventable. A number of inexpensive and highly-effective after market products can prevent a child's small fingers from getting trapped in the hinge side of a door.

Automatic door closers that slow down or prevent slammed doors can help prevent injuries around the doorknob side of the door, but most serious finger injuries take place at the hinge side of the door. As the door closes, the pressure exerted at the hinge area of a door can reach as much as 40 tons – or 80,000 lbs – per square inch!

Install Hinge Guards

A number of companies manufacture easy-to-install hinge guards that essentially eliminate any exposure to serious finger injuries. A small plastic casing is placed around both sides of the door which blocks contact with the open hinge face. Childcare centers should strongly consider placing these hinge guards throughout their facility.

Placing door stoppers can also prevent unexpected closing. In addition, painting or taping off the area in which the door swings can be a visual reminder for children and employees to stay out of the path of a swinging door.

Finger Safety Exercise

Door-related finger injuries are traumatic and potentially debilitating for both children and adults, but unfortunately they're often difficult to prevent. There's rarely someone at fault when such an accident takes place. We highly encourage all childcare providers to consider installing hinge guards on every door in the facility.

To illustrate the potential for excruciating pain, carefully place a standard No. 2 pencil on the middle hinge of any door. Be sure to move your fingers from the door. Once the pencil is carefully balanced, quickly close the door and witness what 40 tons per square inch of pressure can do to a fragile finger. What happens is shocking. Share this exercise with parents and staff.



KIDS LEFT IN VEHICLES

Vehicular Hyperthermia in the News

Milwaukee Journal Sentinel – An infant boy was found dead Thursday afternoon in a sport utility vehicle outside a west side childcare center, apparently left unattended by an employee of the center who picked him up Thursday morning, police and relatives said.

The temperature was 81 degrees at 4 p.m. when a 911 caller reported that the baby, identified by family members as a 4-month-old, was found in a Dodge Durango outside the daycare.

Relatives, including one who is employed by the daycare, said the infant was picked up from his home that morning but was never taken inside the center.

Not all childcares provide transportation services, but parents pick up and drop off their kids every single day. This information is important for anyone that spends time with children.



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*Never leave a child unattended in
a vehicle- NEVER!*

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What is Vehicular Hyperthermia?

Hyperthermia is an acute condition which occurs when the body produces or absorbs more heat than it can dissipate. A core body temperature of 107° is considered lethal as cells are damaged and internal organs shut down. Because a child's thermoregulatory system is not fully developed, their bodies warm at a rate three to five times faster than an adults. Since 1998, 386 children under the age of four have died due to vehicle-related hyperthermia.

Studies have shown that in 10 minutes, the temperature in a vehicle raises about 19° F. Within an hour, the temperature jumps around 50° F. Slightly rolling the window down has almost no impact on these temperature increases.

Most hyperthermia incidents occur when the child is forgotten by a parent or childcare provider. Stress and preoccupation are typically the greatest cause for such forgetfulness. In cases involving paid caregivers, 84% were prosecuted; 96% of which were convicted.

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Safety Recommendations

- Never leave a child unattended in a vehicle. Not even for a few minutes.
- Verify that all occupants leave the vehicle when unloading.
- Teach children not to play in or around cars.
- Always lock your car and ensure children do not have access to keys.
- Place items (purses, groceries, etc.) in the backseat as a reminder there is a child in the car.
- Check attendance at the childcare to verify that all children are present; investigate any missing children.
- Keep all vehicles clean; it's easier to spot children when no debris or trash is present.

First Aid – Immediate Action

If you suspect a child is suffering from heat exhaustion, call 911 immediately. While waiting for medical authorities, it is important to quickly lower the body temperature of the child.

- Move the victim to a cool area (indoors or shaded area)
- Remove clothing to promote heat loss. – Cold compresses to the head, neck, torso, and groin will aid in cooling.
 - Do NOT wrap the victim in wet towels; this can act as a heat insulator.
 - Immersion in ice or cold water is dangerous and should be avoided.
- which was the largest single recall - for any product - in CPSC history.

SIDS PREVENTION

Real Life SIDS Stories

A simple mistake put a reputable childcare center in the middle of everyone's worst nightmare... the death of a young child. An employee at the facility, who had worked there for several years, placed a 3-month-old child down for a nap on her stomach. When she returned to check on the child an hour later the infant was unresponsive. She immediately called 911, but it was too late. An investigation into the infant's death ruled that the death was caused by SIDS.

SIDS Statistics

Sudden Infant Death Syndrome, most commonly referred to as SIDS, is the sudden and unexplained death of an infant less than one year of age. Deaths from SIDS are also defined as being unexplained after performing an autopsy, examination of the scene of the death, and an investigation into the infant's medical history. SIDS usually occurs during sleep and is occasionally referred to as crib death.

- SIDS is the leading cause of death among infants aged 1-12 months
- Every year there are over 4,500 cases of infant deaths attributed to SIDS
- SIDS occurs in 1 to 2 of every 1000 live births
- Most victims of SIDS die before the age of 4 months
- The overall rate of SIDS has decreased 50% since 1990, but the rates of SIDS among Hispanics, African Americans, and Native Americans remains disproportionately high.

Causes of SIDS

The exact causes of SIDS are unknown, but studies have shown that certain conditions and factors make children more susceptible to SIDS. The two major factors that can increase an infant's chance of suffering from SIDS are physiological and environmental. It is important to communicate with parents and guardians regularly to determine if any of the children in your care have experienced any of these conditions that can contribute to SIDS.

Physiological SIDS Contributors

Low Birth Weight

Premature babies or babies that were part of a multiple birth are statistically more likely to die from SIDS than other infants. This is believed to occur because babies' brains have not developed properly and they are less likely to be able to fully control their breathing and heart rate. Very young infants known to have been premature or suffered from low birth weight must be monitored closely.

Respiratory Problems or Infections

Many infants that died of SIDS had often recently suffered a cold or illness that caused breathing problems. If a child appears sick, or has recently been sick, it is a good idea to determine the type of illness and to monitor the child closely. Whenever possible, parents should not send a sick child to a childcare provider.



Other Conditions

There are many other physiological conditions that can contribute SIDS, but are undetectable and poorly understood. Some of these conditions include brain and lung development. These causes cannot be controlled and are out of the power of childcare providers.

Environmental SIDS Contributors

Sleep Position

Babies placed on their stomachs or sides may experience more difficulty breathing than babies placed on their backs. The easiest and most effective way to protect an infant from SIDS is to always position an infant on their back for sleeping. Avoid the stomach or side sleeping position at all times.

Sleeping Environment

A baby's sleeping area is another major factor in SIDS. An infant's sleeping area should be a firm mattress in a crib with a tight-fitting sheet. No blankets, stuffed animals, crib bumpers, or pillows should be in the crib with the infant. Weighted blankets are especially dangerous and should never be used. Infants should never be allowed to sleep in car seats, swings, or any other surface besides a crib.

Sleeping with Others

Allowing infants to sleep with their parents or others also contributes to instances of SIDS. Infants should not sleep in the same bed as their siblings and/or parents and should always be placed in safe cribs for sleep.

Increased Risk Factors

There are several factors that can increase an infant's risk of SIDS. SIDS can still affect any infant regardless of the absence of these factors, but the presence of them do indicate a heightened risk. If a child exhibits any or all of these risk factors it is a good idea to take extra care when putting them to sleep and to monitor them more frequently.

- **Age:** Babies are most vulnerable during their 2nd and 3rd months
- **Sex:** Males are more likely to die of SIDS than females
- **Race:** Inexplicably, African Americans and Native Americans are more likely to develop SIDS than children from other races
- **Family Medical History:** Children that have siblings, cousins, or other relatives die from SIDS are at a higher risk to suffer SIDS themselves
- **Maternal Conditions:** Instances of SIDS also often correlate to the mother and several maternal factors associated with prenatal care. These factors include:
 - Young mother (20 years old or less)
 - Cigarette Use
 - Drug or alcohol consumption
 - Generally poor prenatal health

PLAYGROUND INJURIES

Playground Injuries in the News

On a chilly day in California several children were playing on a playground structure. As a 2-year-old began climbing the steps to the slide, the drawstring from his hooded sweatshirt got caught between the slats and stretched tight. In the short time that the childcare employee had stopped watching the play set, the boy lost consciousness. When the boy was seen laying lifeless on the slide the employee rushed to help. CPR was performed on the boy until emergency crews arrived. The boy was pronounced dead at the hospital.

Playground Injury Statistics

An estimated 500,000 children under the age of 14 sustain injuries on playgrounds every year; 100,000 to 200,000 of these injuries require emergency-room care. Although far more children are injured in car accidents than on playgrounds, playground injuries are more likely to be severe. Severe injuries include broken bones, dislocations, and contusions.

Between 1990 and 2000, 147 children died from playground-related injuries. Of these, 82, or 56%, died from strangulation and 31, or 20%, died from falls to the playground surface. Most of these deaths occurred on home/private playgrounds. On public playgrounds most injuries occur on climbing features, while swings are responsible for most injuries on home/private playgrounds.

Preventing Playground Injuries

Merry-go-rounds and teeter totters, some of the most dangerous pieces of playground equipment, have already been removed from a large percentage of playgrounds across the country. Even simple playgrounds, however, can present opportunities for a child to sustain injury.

At your childcare center and local playground:

- Make sure surfaces around playground equipment have at least 12 inches of wood chips, mulch, sand, or pea gravel, or safety-tested rubber mats.
- Check that protective surfacing extends at least six feet in all directions from play equipment.
- Make sure structures more than 30 inches tall are spaced at least 9 feet apart.
- Check for dangerous hardware, like open “S” hooks or protruding bolt ends.
- Make sure spaces that could trap children, like guardrail opening or ladder rungs, measure less than 3.5 inches or more than 9 inches.
- Check for sharp points or edges in equipment.
- Look out for tripping hazards, like exposed concrete footings, tree stumps, and rocks.
- Make sure elevated surfaces, like platforms and ramps, have guardrails to prevent falls.
- Check playgrounds regularly to see that equipment and surfacing are in good condition.
- Carefully supervise children on playgrounds to make sure they’re safe.
- Remove drawstrings from a child’s sweatshirt.



CHILDCARE SECURITY

School shootings and child abductions get major news coverage and send parents and childcare providers scrambling to ensure their children are safe. While the likelihood of a childcare center being the target of an active shooter is relatively slim, it's easy to imagine other scenarios, like a contentious custody dispute, where having a secure facility is vital.

Childcare licensing rules vary from state to state and many do not include any specific security requirements. The following are simply security choices for providers to consider. Providers should always check with local licensing bodies before implementing new policies and procedures.

Safest Option: Keypad or Computer Security Systems

A keypad system in which parents can enter a code or use their fingerprint to gain access is becoming increasingly popular. Many of these systems track attendance and can assist with tuition billing. They can even be used for staff to clock in and out. The drawbacks of these systems are cost and set-up time. These devices also require regular software and hardware updates. However, if a center can afford this system it will be the best for keeping unwanted individuals out.



Locked Door Security System

A childcare center can be secured by simply locking all doors from the outside and requiring staff to buzz parents into the center. There are also wi-fi enabled locks, which might be useful for staff entry. This option requires less cost and installation. However, this system is not practical for a large center with many families. Staff members may not be available and able to identify everyone coming in. For a small in-home facility, on the other hand, this is a great option to secure entry at a more reasonable cost.

Door Alarm or Chime Security System

Centers may leave the front door unlocked but have a buzzer or doorbell that rings every time someone enters. While this will alert staff to the fact that someone has entered the building, these systems do little to keep intruders or hostile parents from gaining access. While affordable and easy to install, this system provides virtually no security and should not be relied on in heavy traffic environments. This option is better than nothing, but it really doesn't provide much more than an early warning.

A critical part of security for childcare facilities is strong pick-up procedures. Providers encounter divorced parents, grandparents visiting from out of town, friends sent to pick up children whose parents are running late, and other potentially tricky situations every day. Strong policies and procedures regarding pick-ups are essential to ensure a child's safety.

Recommended Policies and Procedures

Childcare facilities need to have a policy in place describing who can and cannot pick up any given child. This information should be obtained as soon as a child enrolls. We recommend that any request to make an addition or modification to this list be made in writing by the child's parent or guardian. This written permission should then be turned into the child's teacher in person by the parent before someone new is allowed to pick up the child.

An email or phone call should not be considered sufficient. In addition, anyone who has not met the child's teacher should have a photo ID checked. It's critical for staff to understand how important this is to prevent dangerous incidents and keep children safe.

CHILDCARE DANGERS CHECKLIST

The following checklist covers many of the main points highlighted throughout this book. Parents are encouraged to use this checklist the next time they are visiting a current or prospective childcare center or in-home childcare. Childcare providers are encouraged to ensure that their own centers meet all of the following safety criteria.

Bottle Warming

- ☐ Childcare provider knows slow cookers are dangerous for warming bottles.
- ☐ There are no slow cookers being used in the center.
- ☐ Childcare provider knows to never microwave a baby bottle.
- ☐ Childcare provider knows running bottle under tap water is the best solution.
- ☐ The hot water heater temperature has been tested and does not exceed 120° F.

Falling and Unsecured Objects

- ☐ Childcare provider recognizes the dangers of falling and unsecured objects.
- ☐ All bookshelves and cubbies are permanently attached/fastened to a wall.
- ☐ All heavy objects (e.g., televisions, fish tanks, animal cages, etc.) are securely fastened to shelves or tables.
- ☐ Large, heavy items are stored as low as possible (e.g., heavy storage containers are on the floor, not on top of a shelf or cabinet).
- ☐ All bookshelves and cubbies not located on walls are stabilized to prevent tip overs.
- ☐ Childcare provider recognizes the benefit of mounting televisions to the ceiling.
- ☐ All cabinets within reach of my child have self-locking latches.
- ☐ Large picture frames and/or bulletin boards are mounted securely to a wall.
- ☐ The center is devoid of all glass and other breakable items (e.g., flower pots, vases, aquariums, etc.)

Door-Related Finger Injuries

- ☐ Childcare provider is aware of the possibility of fingertip amputation caused by door hinges.
- ☐ Childcare provider has seen demonstration of No. 2 pencil being snapped in door frame.
- ☐ Childcare provider has considered adding hinge guards to doors and closets throughout the center.

Vehicular Hyperthermia

- ☐ Childcare provider knows to never leave a child unattended in a vehicle.
- ☐ Childcare provider checks and rechecks the number of children in their care throughout the day.
- ☐ Childcare provider will contact a child's guardians if they are late. (Ensures parents do not accidentally leave a child in their car at work)
- ☐ Childcare provider knows proper first-aid for suspected heat exhaustion.

Sudden Infant Death Syndrome (SIDS)

- ☐ Childcare provider knows that SIDS is the leading cause of death of kids under one year old.
- ☐ Childcare provider knows premature babies or babies that were part of a multiple birth are statistically more susceptible to SIDS.
- ☐ All infants are placed to sleep on their back.
- ☐ Infants are never placed to sleep in an environment with blankets, stuffed animals, or too much padding.
- ☐ Infants are never placed to sleep with adults or other kids.

Playground Injuries

- ☐ Drawstrings are removed from any clothing kids wear on the playground.
- ☐ Playground surface has at least 12 inches of wood chips, mulch, sand, pea gravel, or safety-tested rubber mats.
- ☐ Playground surface under slides and swings is redistributed at least monthly.
- ☐ Playground surface extends at least six feet in all directions from playground equipment.
- ☐ Guardrail openings or ladder rungs are less than 3.5 inches wide or more than 9 inches wide.
- ☐ No sharp points or edges can be found on playground equipment.
- ☐ All elevated surfaces have guardrails.
- ☐ Childcare provider has a view of all children when surveying the playground.
- ☐ Childcare provider has a strict no cellphone or distraction policy while watching children.

Childcare Security

- ☐ Providers are aware of the need to limit access to the facility.
- ☐ The main entrance is locked or secured in some way.
- ☐ Other entrances and windows are secured.
- ☐ The center has policies and procedures for emergencies.
- ☐ Doors are never propped open or left unlocked.
- ☐ Children are only released to authorized individuals.

From everyone at West Bend, thank you for your part in making the world a safer and healthier place. We hope that you have found the information in this free eBook to be helpful in your risk management efforts.

Please note that the chapters of this eBook only represent a fraction of the safety resources available to you. We encourage you to visit TheSilverLining.com to view West Bend's entire catalog of free safety articles, videos, and links.

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