

10 Actions to Create a Culture of Safety



THE NATIONAL CENTER ON
Health

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. They know that her safety is everyone's responsibility, and are dedicated to preventing injuries for all children.



Every Child has the Right to be Safe

In programs, all 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 managers, staff, and families work together to improve the strategies they use in homes, centers, and the community so children don't get hurt.

Injuries **are preventable** and Head Start programs are expected to prevent them. Safety and injury prevention requirements are found throughout the Head Start Program Performance Standards (HSPPS). Head Start staff demonstrate safe practices to prevent injuries to children and teach families to recognize and eliminate hazards (§1304.22(d)). Programs that create a culture of safety enhance a child's school readiness and empower families to live a healthy and safe lifestyle.

School readiness begins with health!

Why is a Culture of Safety Important?

Young children develop rapidly, exploring and experimenting to build new skills and learn what is safe. In order to promote optimal development, each Head Start program plans, implements, and evaluates actions that provide safe environments for children to be active and competent learners. Children under the age of 5 are most likely to experience falls, hit or get hit by objects, be stung or bitten, and choke on objects.² Current research indicates that what may seem like a minor bump on the head can sometimes result in Traumatic Brain Injury (TBI). Almost one of every five TBI-related emergency department visits involved children between the ages of birth to 4.³ In addition, “drowning ranks fifth among the leading causes of unintentional injury death in the United States, (and) children ages 1 to 4 have the highest drowning rates.”⁴ Unexpected or unintended injuries are the primary cause of fatalities for children from the ages of 1 to 5 years.² Yet, efforts that seek to prevent injuries work! Examples include smoke alarms and carbon monoxide detectors, childproof medication containers, and child passenger safety seats. Like these examples, coordinating and integrating basic actions into program activities can keep children safe.

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

Health managers may simplify planning and implementation by considering one action at a time. By carefully integrating each action into their service plans, health managers ensure that



the process of re-envisioning a culture of safety in the program is accomplished. In addition, the Health Services Advisory Committee (HSAC) can plan and support health managers as they create a culture of safety in their program and community.

Programs can use this tool to:

- Introduce safety and injury prevention strategies to new managers and reinforce them for existing staff and families
- Assess hazards and plan actions that will strengthen the culture of safety in their program
- Find resources to learn more about each action

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Building a culture of safety is part of a program's vision for serving children and families. The 10 actions in this resource guide are the most prominent safety and injury prevention strategies found in the national data on successful programs (including Head Start, child care, and other early education programs). The Head Start National Center on Health identified these actions based on a comprehensive literature review and data analysis.

In order to be successful, managers and staff use Head Start management systems to integrate these 10 actions into all program activities.

The 10 actions include the following:

- 1. Use Data to Make Decisions:** Program and incident data serves 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:** Educating families about safety issues and partnering with them about how to reduce risks can 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.

Staff and families work together to realize this vision, and each person understands his/her roles and responsibilities in preventing injuries.



1. Use Data to Make Decisions

What it is:

In order to make informed decisions, programs prepare, collect, aggregate and analyze, and use and share data to plan, implement, and evaluate injury prevention strategies. Program injury and incident data serves as an important source of information to help managers and staff evaluate and enhance children's safety. Programs use tracking systems that look at the "who, what, where, when, why, and how" of injuries and incidents, both in the short-term through ongoing monitoring, and over time through the Annual Self-Assessment. This data informs decision-making to constantly improve safety and injury prevention strategies.

Why it matters:

As indicated in the [National Action Plan for Child Injury Prevention](#), current data systems are insufficient for understanding why injuries occur.⁵ Inconsistent and insufficiently detailed data collection prevents programs from

predicting and preventing future injuries. "Injury patterns and child abuse and neglect can be discerned from [data] and can be used to prevent future problems. Known data on typical injuries (scanning for hazards, providing direct supervision, etc.) can also [help] to prevent them."⁶ Managers and staff that use their injury and incident data along with data from ongoing monitoring activities are more able to identify hazards in their own programs. Then they can implement new strategies if needed to prevent injuries and promote a culture of safety.

Steps to implement:

Prepare. Managers and staff review the data that their program already collects and how they collect it. If their data does not indicate whether their injury preventions strategies are effective, they develop a plan to collect additional data. For example, staff may want to consider:

- What information does the program already collect through its ongoing monitoring activities?

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- What additional data do programs need to understand how, what, when, where, and why injuries and incidents occur?
- What tools do staff use to collect the data?
- Do staff need training to complete the data collection activities?

Collect. In this data activity, managers and staff need to consider:

- Who will collect the data?
- Who will enter the data into the program's record-keeping 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: Staff record events during program activities at center-based programs, family child care settings, home visits and socializations that resulted in an injury to one or more children and/or adults. Examples from *Caring for Our Children*, 3rd Edition include an <http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixCC.pdf> and <http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixDD.pdf>.
- Safety checklists: Staff use these preventative tools to find and record any identified hazards within the child's environment. Checklists are available for [homes](#), [centers](#), and [playgrounds](#).
- Facilities maintenance logs: Staff and managers can use this information to track the status of repairs or replacement of equipment after a hazard has been reported.
- Hazard mapping: Staff and managers pinpoint the locations where injuries happen to help them identify the most hazardous places in their program.

Aggregate and Analyze. Once staff and managers know what data to collect and have collected it, they look at the data to determine the number of and causes of incidents and injuries in their program. They organize the data so they understand:

- What the information says;
- What they are doing that is working well
- Trends and patterns that need to be addressed

Use and Share. Management, staff, and families make long- and short-term decisions using their analysis of the data. Staff may make a short-term decision to change a current program practice and address an issue identified through ongoing monitoring. Long-term decisions use data collected over time to determine patterns of injury and problem solve the issues that these trends reveal. This information helps staff match the action plan to the needs of enrolled children and families. Data analysis should inform:

- On-the spot changes in practice
- New or revised data collection activities
- Changes to the program or health services plan
- New priorities or goals

Additional resources:

[Hazard Mapping Instructions for Grantees](#)

[Data in Head Start and Early Head Start.](#) Head Start National Center on Program Management and Fiscal Operations.

[“Reviewing Injury Logs: \[A Learning Activity\].”](#) Safety First: Preventing & Managing Childhood Injuries. Training Guides for the Head Start Learning Community, 1998. HHS/ACF/ACYF/HSB.



Photo courtesy of NCQTL

2. Actively Supervise

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. Finally, they get involved in child activities and redirect children when necessary. Active supervision should be used in classrooms, family child care, socializations, on playgrounds and buses, and in any other child environment.

Why it matters:

“Lack of supervision of young children has been demonstrated to be associated with increased risk of a wide range of unintentional injuries including poisoning, choking, falls and injuries related to exposure to household materials (Morrongiello, 2005).”⁷ Young children are more likely to get injured when they are left unattended. As a component of staff standards

of conduct, the Head Start Program Performance Standards require, “no child shall be left alone or unsupervised while under their care” (45 CFR 1304.52[i][1][iii]). 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 All Head Start staff who directly care for children set up the environment so that they can supervise children at all times. When activities are grouped together and furniture is at waist height or lower, staff are always able to see and hear children. Small spaces are kept clutter free and big spaces are set up so that children have clear play areas that staff can observe.

Position staff Staff carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Staff stay close to children who may need additional support so they can offer assistance when needed. Additionally, center directors or available staff (“floating staff”) may walk around the center to ensure all children are well attended. When necessary these individuals also relieve teachers who need to leave the room temporarily.

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2. Actively Supervise

Scan and count Staff are always able to account for the children in their care. They continually scan the entire environment to know where everyone is and what they are doing. They 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. Staff who are listening closely to children immediately identify signs of potential danger. Programs that think systemically implement additional strategies to safeguard children. For example, placing bells on doors can alert staff when a child enters or leaves the room.

Anticipate children's play. Staff use what they know about each child's individual interests and skills to predict what he/she will do. They create challenges that children are ready for and support them so they can succeed. But they also recognize when

children may get upset or take a dangerous risk. Information from the daily health check (e.g., illness, allergies, lack of sleep or food, etc.) informs staff observations and helps them anticipate children's behavior. Staff who know what to expect are better able to protect children from harm.

Engage and redirect. Staff use active supervision skills to know when to offer children support. Staff wait until children are unable to solve problems on their own to get involved. They may offer different levels of assistance or redirection depending on each individual child's needs.

Additional resources:

[“Active Supervision: A Fact Sheet from the Head Start National Center on Health.”](#) Active Supervision, 2013. HHS/ACF/OHS/NCH.

[“Safety of Children. ACF-IM-HS-09-06.”](#) 2009. HHS/ACF/OHS.



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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, mosquitos, 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. Additionally, “suffocation is the leading cause of injury death for infants age 1 and younger, and drowning is the leading cause of injury death for children age 1 to 4.”⁸ Children learn through exploration and experimentation. Removing hazards from a child’s environment increases their opportunities to grow in all developmental domains. Staff 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 be sufficiently detailed to include the smallest, easiest-to-miss hazards. To ensure your checklist covers all of the elements that should be included, consider reviewing *Caring for Our Children*, 3rd Edition.⁶

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3. Keep Environments Safe and Secure

Identify and prioritize any identified hazards. After completing the safety checklist:

- Remove any damaged materials or other hazards including chemicals, objects, or elements that could cause immediate injury, as well as hidden hazards such as cords on children’s clothing or window blinds.
- Limit access to any areas with unsafe equipment until repairs are completed.
- Work with the program director and the center or facilities manager to be aware of potential hazards and encourage regular maintenance of the building.
- Record the results of the safety inspection and report them to the appropriate staff member or administrator who can develop and prioritize a list of the repairs that are needed.

Use facilities maintenance systems to report, repair, and maintain facilities.

When staff identify hazards in centers, family child care homes, and socialization spaces, they submit a maintenance report regarding their findings. Facilities staff then use this report to determine next steps, including:

- 1) Removing the hazard or preventing access to the hazardous area
- 2) Repairing damaged equipment
- 3) Replacing damaged or missing equipment

Obtain equipment that may eliminate or reduce injury. This includes safety gates,

electrical plug covers, bicycle and tricycle helmets, smoke alarms and carbon dioxide 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:

[“Recalls.gov.”](https://www.recalls.gov/) The Consumer Product Safety Commission.

[“Compliance with Care: A Crosswalk Between The Head Start Program Performance Standards and *Caring For Our Children*, 3rd Edition, 3rd edition.”](#)⁶



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:

“Between 1990 and 2000, 147 children ages 14 and younger died from playground-related injuries. Of them, 82 (56%) died from strangulation and 31 (20%) died from falls to the playground surface. Most of these deaths (70%) occurred on home playgrounds”.⁹

However, “About 75% of nonfatal playground-related injuries occur on public playgrounds”.¹⁰ “Most occur at schools and daycare centers”.¹⁰ On public playgrounds, more injuries occur on climbers than on any other equipment.¹⁰

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-emotional, and cognitive development.

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4. Make Playground Safe

Steps to implement:

Install safe structures. A safe outdoor play space starts with selecting and correctly installing safe and age- and developmentally appropriate structures. Make sure that:

- Equipment meets Consumer Product Safety Commission 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](#) listing of regulations for more details.

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 such as sand, gravel, shredded rubber, engineered wood fiber 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.

Keep loose fill materials at a depth of 12 inches at all times to allow for compacting.

Remember, even the best surfacing can't prevent all injuries. No surface material is considered safe if the combined height of the structure and the child (standing on the highest platform) is higher than 12 feet. Always check with the manufacturer to determine which product best meets a 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, active supervision. These strategies apply to indoor as well as outdoor activity. Be intentional. When setting up the environment be sure to consider sight lines,

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4. Make Playground Safe



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 of greatest danger. 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 they are misusing it, engage and redirect them to another part of the playground. If a staff person must leave the playground, remaining staff 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, staff use a comprehensive safety checklist before each use of an outdoor space and/or playground. This so-called “sweep” will identify hazards that may have appeared overnight. A daily safety check will also alert staff to any pieces of equipment that may have broken or worn since last being used. Loose or missing parts and sharp edges are often associated with playground injuries. Staff are comfortable with the tool, can complete it accurately, and follow their program's policies and procedures to report any hazards that need to be removed. Remove or restrict children's access to any immediate hazards. Staff use the facilities maintenance systems to report and repair the equipment. They also use a tracking system to make sure hazards are removed, repaired or replaced quickly and efficiently.

Additional resources:

[“State Regulations.”](#) National Program for Playground Safety.

[“Public Playground Safety Handbook.”](#) U.S. Consumer Product Safety Commission. (2010) Also available in Spanish.

[“Is Your Home Playground a Safe Place to Play?”](#) U.S. Consumer Product Safety Commission, 2010. Also available in Spanish.

[Head Start Center Design Guide, 2005.](#)

[“Compliance with Care: A Crosswalk Between The Head Start Program Performance Standards” and Caring For Our Children.](#)

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5. Transport Children Safely

What it is:

School buses 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.⁶ Training for bus monitors and drivers includes measures to account for children at all times, especially when they are getting on and off the bus. Finally, programs provide pedestrian safety education to children, families, and staff as they move throughout the community, whether they walk to program activities, ride in their family car, or take public transportation.

Why it matters:

“Motor vehicle crashes kill more children in the United States than any other cause of death.”¹² Additionally, “from 1998–2013 606 children died due to heatstroke, representing 61 percent of total non-crash fatalities” for children 14 and younger.¹³ Many children ride the bus to programs every day. Head Start programs that transport children on Head Start buses or provide contracted transportation services ensure that they meet all safety requirements and comply with state laws. Programs also educate families about the importance of choosing and always using a car seat that is right for their child’s age, weight, and size and is properly installed in their vehicle.¹⁴ Promoting safe transportation ensures that children are safe as they travel to program activities, within their community, and in the world beyond.

Steps to implement:

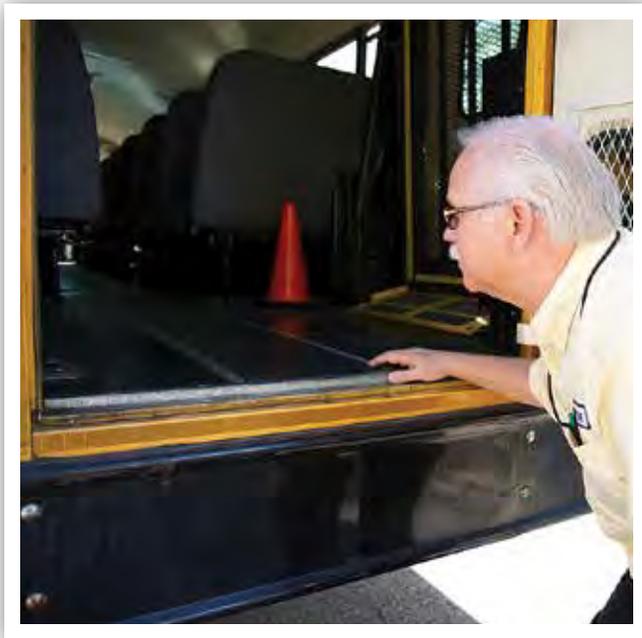
Develop a transportation plan for your program.

Each program determines whether it will provide transportation for children. This plan should ensure that adults supervise children during their ride and as they transition off of the bus so that no child is ever left alone. For programs that manage their own transportation, the plan should include:

- [Child safety restraint systems](#)¹⁵
- School Bus Pre-Trip Inspections
- Bus driver and monitor training

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5. Transport Children Safely



- Attention management strategies for bus monitors
- [Active supervision](#) strategies for bus monitors
- Bus education and pedestrian safety education for children and families
- Pick-up and drop-off policies and procedures
- Emergency policies and procedures
- Evacuation drills
- Schedule of regular maintenance

Transportation plans may also include:

- Support for families to acquire and correctly install age-appropriate car seats
- 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 the program, a program needs to collect data about how its plan is working. As in [Action Step 1: Use Data to Make Decisions](#), staff can use the information they collect to determine whether their plan is effective. Staff aggregate and analyze their data to answer the following questions:

- Has any child been injured or left unattended when traveling on a Head Start 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 help programs determine what parts of their plans are effective and which areas may need improvement. 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. Staff assess and make changes to program practices if needed to immediately address any area of concern.

Additional resources:

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

[“Webinar handouts: Supervising Children on Head Start Buses.”](#)

[“Child Passenger Safety Laws.”](#) Governors Highway Safety Association. July 2015.

6. Report Child Abuse and Neglect

What it is:

Program managers, staff and family members are the guardians of children’s safety. All Head Start staff members are responsible for making sure that every child is safe. When managers or staff suspect a child may be abused or neglected, they adhere to mandated reporting statutes and program procedures for reporting suspected child abuse and neglect.

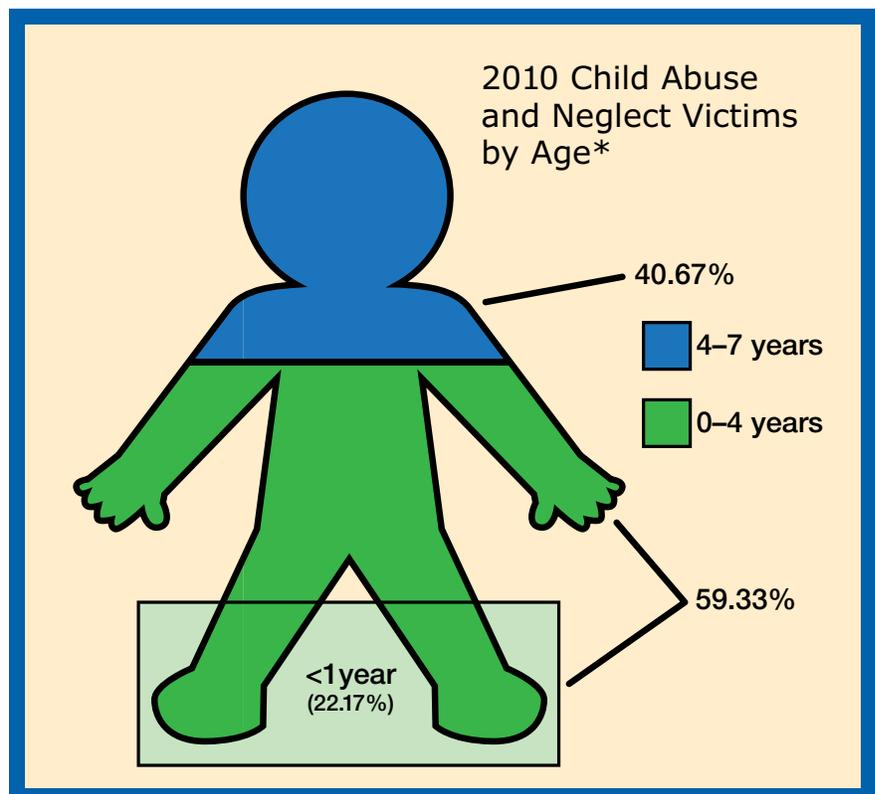
Child abuse includes physical, sexual, psychological, and emotional abuse. Other components of abuse include shaken baby syndrome/acute head trauma and repeated exposure to violence including domestic violence. Neglect can occur when the parent/guardian does not meet the child’s basic needs and includes physical, medical, educational, and emotional needs.⁶

Why it matters:

In 2010, Child Protective Services (CPS) “estimated that 695,000 children (9.2 per 1,000) were victims of maltreatment... 34% of victims were younger than 4 years, with children younger than 1 year having the highest rate of victimization (20.6 per 1,000 children).”¹⁶ Statistically, children under 5 are more likely to experience maltreatment than any other age group.¹⁷ Caring for young children can be stressful, particularly for families who may already be experiencing other significant stressors. Recognizing and reporting suspected child abuse and neglect can protect children from injury.

Steps to implement:

Develop policies and procedures for identifying and reporting child abuse and neglect that align with state licensure requirements. In each state, licensure



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6. Report Child Abuse and Neglect

requirements [specify mandatory reporting requirements](#). Program policies should include these requirements and more 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/or neglect.

Train staff on strategies to identify child abuse and neglect. All staff members should be able to recognize possible [signs of child abuse and neglect](#). There are a wide range of tools to support training. Programs work with their Health Services Advisory Committee (HSAC) to identify the best resources for this training and ensure that all staff have received it.

Train staff in the policies and procedures for reporting child abuse and neglect. Identification is only the first step to removing a child from an unsafe environment. Staff need to know the programs' policies and procedures for reporting as they are often the first to notice signs of abuse or neglect. It is important to remember that an investigator from the child protection agency will make the final determination. The program's responsibility is merely to inform the agency if staff suspect a child has experienced abuse or neglect. Staff may have questions and concerns about filing a report of child abuse or neglect. Therefore, training should help staff members understand the impact the report may have on the child, the family, the staff member, and the program. Providing reflective supervision offers staff an opportunity to discuss concerns while enforcing the need to file a report. Managers help staff to understand that the legal requirement is a means to protecting a child from a hazardous or unsafe environment.

Follow up on all child abuse and neglect reports with child protective organizations to ensure they have all of the information they need. By following up with the professionals who investigate child abuse and neglect cases, programs ensure that they have done everything possible to protect a child from harm. Programs may also provide professional development opportunities for staff to learn about the [Five Protective Factors in the Strengthening Families approach](#) that are linked to a lower incidence of child abuse and neglect.¹⁸ Staff can also use positive behavioral supports to address challenging behaviors. These interventions are effective classroom management strategies that reduce disciplinary issues.

Additional resources:

[“Safety of Children. ACF-IM-HS-09-06.”](#) HHS/ACF/OHS. 2009.

[“Child Abuse and Neglect.”](#) Child Welfare Information Gateway.

[“Identification of Child Abuse and Neglect.”](#) Child Welfare Information Gateway.

[“State Child Abuse and Neglect Reporting Numbers.”](#) Child Welfare Information Gateway.

[Center for Social and Emotional Foundations for Early Learning \(CSEFEL\).](#)

7. Be Aware of Changes that Impact Safety

What it is:

Head Start staff and families identify transitions, and changes in the environment that may make children more vulnerable to injury, then plan additional ways to keep children safe. This might mean:

- Using the daily health check or family observations to anticipate issues a child may have that day (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 by giving children an opportunity to become comfortable with these changes (for example, substitute staff, special events, facilities maintenance, and emergency preparedness)

- Identifying changes in family routines that may create an increased risk of injury (for example, a new drop-off routine or other changes in schedule).

Staff who recognize the impact of transitions and changes in daily routine are able to provide additional support for children who are more likely to react to 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, with many No, No, No’s 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), which trigger more tantrums. Tantrums can also unfold during everyday transitions, when children are asked to stop doing something they are happily involved in to begin another activity (going from playtime to lunch).”¹⁹

Schedules and routines create predictability and stability for young children.²⁰ Children feel more secure because they know what to expect. Staff are better able to protect children when they anticipate children’s reaction to



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7. Be Aware of Changes that Impact Safety

these changes. They plan for contingencies, checking and rechecking to make sure that children are able to adjust to a new caregiver or routine.

Steps to implement:

Staff and managers 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)
- Family living situation (for example, new or lost jobs, new or lack of housing, new household members, or new or lack of resources like transportation, health insurance, and other important supports)
- Staff (for example, staff absences, new staff or volunteers, substitute staff, changes in staffing patterns or assignments)

They also plan for field trips and other special events and monitor programmatic issues such as major facilities repairs. Identifying changes and planning a response will help staff determine the best way to meet the needs of children and families.

Develop contingency or fail-safe plans.

Contingency planning is a method to help staff and families prepare for the changes in their lives. Staff can work with families to develop strategies to accommodate these changes, preferably before the change occurs. For example, when families have a new routine that alters which family member will drop off the children, they place a “[Look Before You Lock](#)” sticker on the dashboard of their car or truck. This provides a reminder for the adult not to forget the child in the backseat.

Train staff and educate families about processes for contingencies.

Once contingency or fail-safe plans are in place, staff and families need to know when and how to use them. Programs may provide training as part of their in-service orientation or ongoing professional development. Checking with staff using reflective supervision can help determine whether training has been sufficient. Additional educational activities may need to be provided either one-on-one or in small groups. Talking with families about having a back-up plan can be helpful with many planning issues, including developing safety plans.

Practice, review and revise plans to ensure they work.

Developing and providing training on contingency or fail-safe plans does not mean that they will always be effective. To create the most effective plans, programs develop schedules to practice them, review how they are working, and make revisions if needed based on the feedback they collect. Practicing how to respond to an emergency or a less serious 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.”](#)

[“News You Can Use: Transitions.”](#) EHS NRC.

[“Classroom Transitions.”](#) National Center on Quality Teaching and Learning.

[“Helping Children Make Transitions between Activities.”](#) Center for Social Emotional Foundations for Early Learning, 2008.

[“Head Start Emergency Preparedness Manual, 2015 Edition.”](#) National Center on Health, 2015.



8. Model Safe Behaviors

What it is:

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

Why it matters:

Family members and caregivers make decisions about child safety based on perceived 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 staff and family members to practice safe behaviors.²² Offering children positive role models will help them see, repeat, and practice safe behaviors.

Steps to implement:

Establish safety rules. Programs develop these rules with input from staff and managers. They include easy-to-use strategies that fit within daily routines. For example, during an infant socialization, staff serve age-appropriate foods to demonstrate how to reduce the risk of choking. On the playground, staff 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.

Support staff in enhancing their safety practices through reflective supervision.

It is important to help staff understand and practice new safety strategies. Managers work with staff to celebrate what they do well and identify barriers to change. Both children and adults may need support to learn a new approach.

Set the expectation by fulfilling it.

Managers who lead by example are more likely to impact the behaviors of staff, families, and children. Implementing strategies on a day-to-day basis sets the stage for others to follow.

Additional resources:

[“Follow the Leader: A National Study of Safety Role Modeling Among Parents and Children.”](#) National Safe Kids Campaign, 2005.

[“Major Occupational Health Hazards.”](#) *Caring for our Children.*⁶



9. Teach Families about Safety

What it is:

Staff can include a discussion about home safety in the family partnership process, and can partner with families to reduce injuries that occur in the home. Examples include educating families about safety risks to young infants, mobile infants, toddlers and preschool children; completing home safety checks; identifying safe practices and equipment; and helping families obtain safety equipment.

Why it matters:

“Economic circumstances often affect parent’s 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 Additionally, the majority of injuries to children age 5 and younger occur in the home.²⁴ Staff can help prevent injuries by helping families become more aware of the risks to children’s safety. Some families need support to eliminate hazards, obtain safety equipment, or learn [active supervision](#) strategies. 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 goals during the family partnership process to encourage home safety. This information helps define what areas of home safety to address and how to individualize to meet the needs of families. For example, a family may have a landlord that has refused to correct

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building violations (exposed nails in the floor); the family may need support to feel empowered and learn how to advocate for better living conditions.

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 home safety strategies. Home visitors and family child care providers are in a unique position to offer families guidance because they have a clear understanding of home safety.

Provide ongoing educational opportunities for families to learn more about safety issues from community experts. Use the Health Services Advisory Committee (HSAC) and other community partners 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. Upon a family's request, connect with the HSAC and other community partners to find resources that families may need to make their homes safer. This 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 tool(s)

Additional resources:

[“Health Tips for Families Series. Safety and Injury Prevention: Tips for Families.”](#)

[“Injury Prevention Starts at Home!”](#)

[“SaferProducts.gov.”](#) The Consumer Product Safety Commission.

School readiness begins with health!

10. Know Your Children and Families

What it is:

When staff understand a child's developmental level and individual abilities, as well as the family's preferences, culture, and traditions, they are better able to plan activities to meet the needs of each child and his/her family. Engaging in mutually respectful goal-oriented partnerships with families helps families feel welcomed, safe and respected while building trusting relationships over time.²⁵ Staff use the family partnership process, ongoing child-assessment, self-reflection and two-way communication with families 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:

"Parents [and caregivers] of young children often underestimate the level of their child's motor skill development (e.g., age of ability to climb) and overestimate their cognitive and sensory skills (e.g., assessing the speed of an oncoming car)."²³ Children's development in all areas occurs most rapidly during the first five years of life.²⁶ Each child grows at a different rate and has unique skills, abilities, and challenges. 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.²³ 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:

Use the family partnership process to get to know and support each family.

Family service workers and/or home visitors individualize services for parents and expectant families as they work together to identify and follow up on goals during the family partnership process. They can also work with health managers and other Head Start staff to develop individualized strategies to keep children safe at home, in program activities, and in the community.

Conduct ongoing child assessments to learn each child's skills, abilities, and challenges.

Staff and families 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. Formal and informal ongoing child assessment allows teachers and caregivers to individualize children's experiences and plan activities that help children build the skills they need to move toward independence safely.

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Maintain a system of ongoing communication with families to ensure each child's safety. Staff that establish two-way communication with families know:

- Children's abilities in and out of program activities
- Families' expectations and priorities
- Successes and challenges in promoting child safety
- Family resources and needs

This information can help staff individualize on an ongoing basis.

Individualize for each child and family, supporting children's learning and development in safe, well-supervised environments. Staff identify, implement, and assess injury prevention strategies for each child and family using information collected from:

- The family partnership process
- Ongoing child assessment
- Communication with families

This data provides the basis for individualized decision-making discussed in [Action Step 1: Use Data to Make Decisions](#). Staff can focus on applying strategies that research has proven works 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, staff and families 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. Staff use recordkeeping and their communication systems to ensure that they have accurate information about:

- Emergency contact information
- Consent for individuals who are permitted to pick up children at the center or bus stop
- Changes in routines and schedules to ensure children are always with an approved adult

Additional resources:

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

New resource coming soon: “A Home Visitor's Guide to Safety Conversations.”

[“Protect the Ones You Love.”](#) Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2012.

[“Program Preparedness Checklist 5.0.”](#)

National Center for Cultural and Linguistic Responsiveness, 2012.

Summary

These 10 actions integrate management systems and program services that are already in place. From using data and ongoing monitoring activities to educating families and children about safe behaviors, these actions enhance what program staff already do to foster a culture of safety for all enrolled children. Health managers who work with their management team to implement these actions will be able to strengthen their program's injury prevention efforts and make Head Start environments safe for children to play and learn.

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