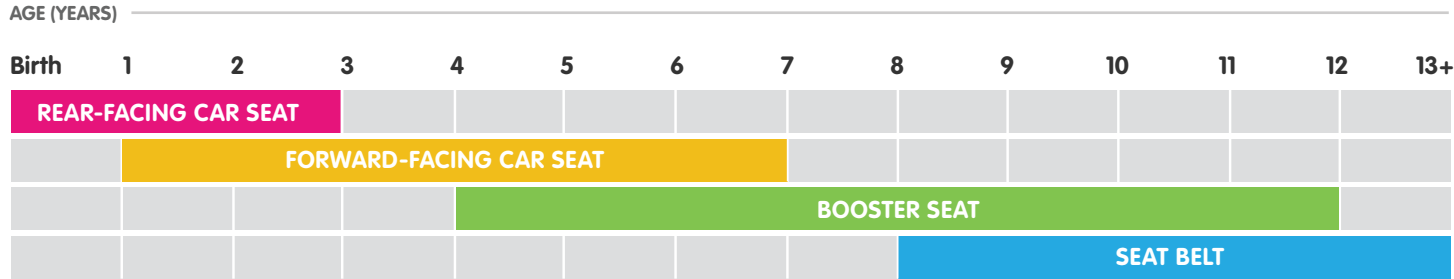


# Car Seat Recommendations: Choosing the Right Seat



Your child under age 1 should always ride in a rear-facing car seat in the back seat. There are different types of rear-facing car seats: Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

A **rear-facing car seat** is the best seat for your young child to use. It has a harness and in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord.



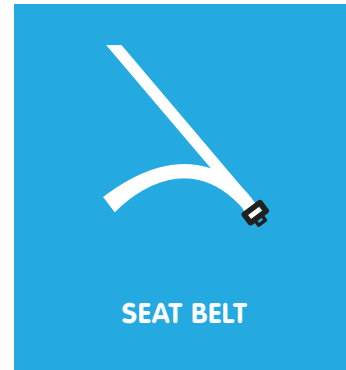
Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness in the back seat.

A **forward-facing car seat** has a harness and tether that limits your child's forward movement during a crash.



Keep your child in a forward-facing car seat with a harness until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

A **booster seat** positions the seat belt so that it fits properly over the stronger parts of your child's body.



Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

A **seat belt** should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.

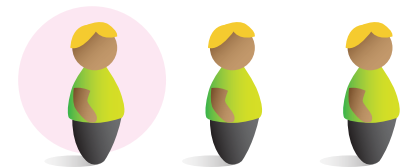
Reduce the risk of death and injury by properly securing your child. To maximize safety, keep your child in the car seat for as long as possible.

Car crashes are a **leading killer of children** ages 1 to 13.

In crashes from 2007-2011, **3,661 children** (under 13 in cars, SUVs, vans, and pick-ups) were killed. An estimated **634,000 children** under 13 were injured.



In 2011, **655 children** (under 13 in cars, SUVs, vans, and pick-ups) were killed in crashes.



Of those killed, more than **1 in 3** were unrestrained.

Car seats reduce the risk of infants (under 1 year old) being killed in cars by



Car seats reduce the risk of toddlers (1 to 4 years old) being killed in cars by





# Field Trip Safety Tips



Taking a day trip with young children can provide wonderful learning opportunities to enrich and extend your curriculum—but day trips are not for the faint of heart! However, with careful planning, adequate staffing and a spirit of adventure, adults and children can safely enjoy outings. Below is important information to consider when planning and making field trips with young children.

## Research your destination before you take a trip

Before selecting a field trip site, providers/teachers should consider why they are taking children on this field trip. Is this an activity that can only take place away from the child care program, such as a visit to a children's theater? Or could this experience occur just as well at the program site? For example, if you want children to learn about firefighters, you can visit the local fire station or instead you might ask your local fire department to come to your site with their equipment and a firetruck.

Be sure the destination you have chosen is safe and appropriate for young children. If possible, visit the site in advance of announcing the trip. Look at the site from a safety perspective, such as potential falls, entrapments, choking/poisoning hazards, etc. Remember, destinations such as parks, zoos, or landmarks are usually not "child-proofed." Talk to others who have visited already, preferably those who have gone there with young children.

Find out if there are accessible restrooms and a supply of running water. What are the best times to visit to avoid large crowds? Are there generally many other groups of children at the same time? Are there hazards such as unfenced bodies of water, loose animals, poisonous plants, or stairs without secure railings? Does the trip require a long walk through a parking lot or along a busy street? Gathering this

type of information ahead of time will help you choose an appropriate destination.

## Obtain written consent for each participating child

A permission slip specific to the trip should be distributed to families ahead of time, to be completed by the parents or guardians. The permission slip should include details about the trip, the date on which it will occur, the destination and its address, the mode(s) of transportation to be used, and the estimated times of the group's departure and return.

In addition to permission to attend, the permission slip should also include consent for emergency care if required during the trip. Parents must provide contact information so that the parent or a designated contact can be reached immediately to assume responsibility in the event of an emergency. Make sure the information you take with you is current. Only children whose parents have signed and returned a permission slip should participate.

## Maintain staffing requirements

During travel and at your destination, maintain the appropriate ratio of staff to children at all times. Parents should be welcome to accompany the group, and having additional adults around will certainly make the logistics of travel easier for all participants. However, parents are not to be counted as substitutes for trained child care staff.

## Use child safety restraints

If your trip requires traveling in cars or vans, each participating child under 6 years old must travel in a car safety seat or booster that is appropriate for their age and weight. Preferably, parents will provide a seat that is already set up to fit the child, to minimize the amount of time spent fidgeting and adjusting straps and buckles on the day of the trip.

Older children should buckle the lap belt and shoulder belt. Never double-buckle children in seat belts; each child should have his or her own seat belt to provide the best possible protection.

## Bring important health and safety materials with you

Assemble a first aid kit and designate one staff member to carry it in a backpack or fanny pack. Contents should include:

- Disposable nonporous gloves
- Adhesive bandages of assorted shapes/sizes
- Gauze pads/rolls and bandage tape
- Scissors and tweezers
- Thermometer (not made of glass)
- Eye dressing
- Cold pack
- Bottled water
- Sunscreen
- Small splints
- Soap or disposable hand wipes
- Plastic bags for disposal of soiled materials
- A simple first aid guide or chart
- Any emergency medications potentially needed by participants
- List of emergency phone numbers, parent contact information, and poison control numbers
- A functional cell phone or coins for pay phones
- A pen or pencil and a small notepad, for taking down emergency notes or instructions

In addition, carry with you the care plans describing any special health needs of participating children. For example, if a participating child has asthma, the kit should contain the care plan as well as any medications or equipment he or she may need.

## Bring a roster sheet of participants

An accurate list of children who have been signed in on the day of the trip is crucial. Use this list to conduct frequent exact head counts. Count the children as you leave the program, once they are in the vehicle(s), as they exit the vehicle(s), and when they get into the designated building or area. The roster should also allow for a parent or designated contact to sign out a child during the trip, if necessary.

## Plan for safe and nutritious food

If your trip will include a meal or snack, be sure to prepare food safely. Perishable items are generally

not practical, since they require refrigeration or packing in ice. If the destination doesn't offer drinking fountains, participants will need to carry water to drink to prevent dehydration. The ability of children to carry their own backpacks or lunch sacks will depend on their ages and developmental levels. At the very least, for a short trip, a nutritious snack should be carried by the adults and distributed to the children at an appropriate time.

## Maintain basic hygiene during the outing

Practice handwashing prior to eating, even when you are away from your site. It may be necessary to carry hand wipes to accomplish this, if there is no access to clean running water on your trip.

## Wear identifying labels or apparel

Identify the children in your group with a special sticker, or even matching tee-shirts. Ready visual identification of the children in your group is especially helpful where there are many groups of young children present.

Field trips with young children can be fun and educational, and with the proper health and safety preparations, unnecessary problems can be avoided.

## Additional Resources

Staff training materials on field trip safety: [www.childhealthonline.org/field\\_trip\\_safety.htm](http://www.childhealthonline.org/field_trip_safety.htm).

For additional resources and for menu ideas, see Food Safety for Field Trips: [www.healthychild.net/articles/na5tripfood.html](http://www.healthychild.net/articles/na5tripfood.html).

## References

National Network for Child Care. Safety and field trips. Harbor Springs, MD: Healthy Child Publications.

*Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care*, 2nd Edition.

State of California Department of Social Services, Community Care Licensing Division, Title 22 Child Care Center General Licensing Requirements, August 2002.

by Eileen Walsh, RN, MPH (July 2004).

# Outdoor Safety Checklist Recommendations

Date: \_\_\_\_\_

<b>INSTRUCTIONS:</b> Check the entire playground at least once a month. Do not use unsafe equipment until repaired.	O.K.	Repair Needed	Damage Repaired
1. A fence (minimum 6 feet high) protects children from potentially hazardous areas (e.g. streets). There must be two exits and gates that can be secured. Water features (e.g. pools, spa, irrigation) require a fence 4 feet high.			
2. The area is free of electrical hazards (e.g. unfenced air conditioners switchboxes, and power lines).			
3. The area is free of debris (e.g. broken glass, rocks, garbage).			
4. There are no poisonous substances such as poisonous plants, poisonous berries, mushrooms, animal feces.			
5. The sandbox or sand play area is covered when not in use.			
6. A sprinkler or hose is used for water play (to prevent drowning, diseases passed through water).			
7. 9-12 inches of non-compacted sand, pea gravel, shredded wood, or equivalent materials is in place under and around all climbing and moving equipment.			
8. Play equipment is placed at least 6 feet away from buildings, fences, trees, and other playground equipment.			
9. Large equipment is secured in the ground. Legs are anchored with concrete at least 6 inches below the surface. If pegs are used, they are driven well into the ground.			
10. The equipment is sized to the age group served, with climbing heights limited to reaching height of children standing erect.			
11. There are no openings that can entrap a child's head. Even four (4) inch openings are dangerous to children.			
12. Swing seats are sling type and constructed of soft lightweight materials.			
13. Moving parts are free of defects (no pinch, shearing, or crush points).			
14. Equipment is free of sharp edges, protruding elements, broken parts, and toxic substances.			
15. There are no frayed, open hooks or chains that could pinch.			
16. All bolts or screws on play equipment are tight and recessed or smoothly rounded; if protruding, cover with plastic safety caps.			
17. The adult to child supervision ratio is observed during outdoor play.			

**References:**

American Academy of Pediatrics, SKIPP Injury Prevention Program, [Safety Tips For Home Playground Equipment](#)  
 Frost, J., [Playground Maintenance Checklist](#)  
 Mass. Dept. of Public Health, [Family Day Care Health and Safety Checklist](#), Work/Family Directions Development Corps, Boston MA  
 Mille, K., [More Things To Do With Toddlers and Twos](#)  
[Safety Checklist for Young Children](#), *Journal of NAEYC*, July, 1988:21