Raising Children to Resist Violence

The recent tragedy at Columbine High School in Colorado serves as a national reminder of the need to teach children to resist violence and avoid guns. In Philadelphia, on the same day as the high school shootings, a seven year old was killed by another child who found a handgun underneath a parked car. Each year in the United States there are 50,000 homicides and suicides. A substantial number of homicides occur when children are present because these killings often involve family or friends. An even more sobering statistic is that every day, 15 American children themselves are killed by guns.

Violent or aggressive behavior is often learned early in life. Yet, parents, family members, and caregivers can help children learn to deal with emotions without using violence. Share with parents these principles:

- Teach children to respond with calm but firm words when others insult or threaten them.
- Show them safe routes for walking in the neighborhood. Practice what to do if anyone tries to hurt them: say “no,” run away and tell a reliable adult about it.
- Keep children from seeing violence in the home. Children learn appropriate behavior by watching the way adults act. Hostile, aggressive arguments between parents and siblings can frighten children and set a bad example for them.
- Keep guns away from children. Make sure children know not to touch or handle guns.

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OUTDOOR PLAY:
What Do Children Need?

Surveys indicate that over 85% of all playgrounds are unsafe. Since no play experience is worth putting a child at risk, responsible parents and caregivers are looking at repairing and rebuilding their playgrounds. A typical new playground is an expensive proposition. Trendy play structures with platforms, slides, and climbing elements can cost about $5,000. Installation and safety surfacing can cost another $5,000. After all the expense, these pricey play structures may not meet the real play needs of children.

One activity that most distinguishes children from adults is outdoor play. In the words of Joseph Lee, father of the American playground, “Play for grown people is recreation - the renewal of life; for children it is growth - the gaining of life.” Children need an outdoor play environment rich in choices. They need a wide variety of experiences to explore. Children need to be able to interact with their world to be able to understand it. For children, a playground is a place to take risks, have fun, and build large muscle skills. The cost for this experience must not be serious injury.

Use these publications to make sure your playgrounds are safe: Consumer Product Safety Commission Handbook for Public Playground Safety 1998; and ASTM F1487-95 Standard Consumer Safety Specifications for Playground Equipment for Public Use. Gathered from many sources, the list of ideas below includes playground requirements that must be met in order to achieve accreditation through the National Academy of Early Childhood Programs of the National Association for the Education of Young Children (NAEYC).

Children need:

✓ sunshine, shade, and fresh air
✓ experience of changing weather
✓ freedom of choice activity
✓ protection from hazards - a fenced or otherwise protected area with an impact-absorbing surface
✓ freedom of choice playmates - permit the working out of rules of social order, cooperation and conflict resolution
✓ time - provide sustained time for sociodramatic and constructive play
✓ private places - children need privacy and quiet in any group activity open space - leave at least 1/3 of the space open for running and organized games
✓ experience with natural materials - gardening with non-toxic plants, pine cones, dried grasses, and leaves
✓ experience with animals - interact with bugs, butterflies, and birds
✓ opportunity to make noise
✓ opportunity to listen to the sounds of the natural world and the outdoor built environment
✓ opportunity to feel and experience the textures and topography of the natural world and the built environment. Children need to experience a variety of surfaces such as soil, sand, grass, hills, flat sections and hard surfaces. Props for play - tools and containers for sand, mud, and water. Toys for dramatic play include: dolls, brooms, pots and pans, dishes. Materials for sensory play include: paint, clay, chalk, bubbles, crayons, natural materials. Tools for “real work” include: hammers, eye protectors, insect nets. Materials for construction include: plastic crates, foam blocks, blankets, cones, tires. Wheeled toys include: push toys, wagons, tricycles, carts. Outdoor toys include: balls, jump ropes, “tug-of-war” rope, Hula Hoops™. Materials for quiet play include: books, magnifying glasses, bird baths, rain gauge.
✓ creative interaction with and supervision by caregivers that supports but does not interrupt children’s play
✓ access for the disabled
✓ gross motor activity - look for inexpensive ways to provide climbing, crawling, balancing, bouncing, sliding, etc.

Children must have a chance to play outdoors in a safe setting. You may not be able to afford everything on the
In April, First Lady Hillary Rodham Clinton and the U.S. Consumer Product Safety Commission (CPSC) kicked off a national campaign to alert parents and caregivers to safety hazards in child care settings.

In a recent national study, CPSC staff visited a number of child care settings nationwide and found that 2/3 of them had one or more potentially serious hazards. Many child care settings provide safe environments for young children. Yet, CPSC knows of at least 56 children who have died in child care settings since 1990. Since death certificates may not note that the location of death was a child care facility, these figures may underestimate deaths in child care facilities. In 1997, about 31,000 children, four years old and younger, were treated in U.S. hospital emergency rooms for injuries at child care and school settings.

The CPSC study looked at eight potential safety hazards in a group of randomly selected child care settings. The results were:

- 38% had children wearing outerwear with drawstrings at the neck (strangulation hazard)
- 27% did not maintain their playground surfacing
- 24% did not have safe playground surfacing
- 26% had loops on window blind cords (strangulation hazard)
- 19% had cribs containing soft bedding (suffocation / SIDS risk)
- 13% did not use safety gates where necessary
- 5% were using products that had been recalled by CPSC

After the study, CPSC put together a list of safety tips to help keep young children safe:

1. **Cribs:** Make sure cribs meet current national safety standards, do not contain lead-based paint, and are in good condition. Look for a certification safety seal. Older cribs may not meet current standards. Crib slats should be no more than 2 3/8" apart, and mattresses should fit snugly.

2. **Soft bedding:** Be sure that no pillows, soft bedding, or comforters are used when you put babies to sleep. Babies should be put to sleep on their backs in a crib with a firm, flat mattress. If babies need a cover, tuck the cover under the foot of the mattress and position the child toward the foot of the crib so the cover will not go over the child's head. Explain these precautions to parents so they do the same at home. (ECELS Note: In 1998, only 44% of PA child care providers reported putting infants to sleep on their backs.)

3. **Playground surfacing:** Look for safe surfacing on outdoor playgrounds - at least 12 inches of wood chips, mulch, sand or pea gravel, or mats made of safety-tested rubber or rubber-like materials.

4. **Playground maintenance:** Check playground surfacing and equipment regularly to make sure they are maintained in good condition.

5. **Safety gates:** Be sure that safety gates are used to keep children away from potentially dangerous areas, especially stairs.

6. **Window blind and curtain cords:** Be sure miniblinds and venetian blinds do not have looped cords. Check that vertical blinds, continuous looped blinds, and drapery cords have tension or tie-down devices to hold the cords tight.

7. **Clothing drawstrings:** Be sure there are no drawstrings around the hood and neck of children's outerwear clothing. Other types of clothing fasteners, like snaps, zippers, or hook and loop fasteners (such as Velcro™) should be used.

8. **Recalled products:** Check that no recalled products are being used and that a current list of recalled children's products is readily visible. (A 17 month old baby was recently placed in a playpen by a child care provider. The caregiver returned to find the baby's head sticking through the playpen after it folded on the victim's neck. The cause of death was asphyxia / trauma to the neck. The playpen had been previously recalled.)

ECELS has audio-visual and print materials that can help you follow CPSC's tips. Call 800/24-ECELS to borrow the “Caring For Our Children” videos. These videos reflect the National Health and Safety Performance Standards for Out-of-Home Child Care Programs. Use the form on page 7 to order a free copy of:
Teach kids that if they come across a gun, they should not touch it. They should leave the place where the gun is and immediately get help from an adult.

- Talk about guns and violence. Teach kids that anger and fear can be expressed without using aggression. Teach them to talk about feelings rather than act them out.
- By age 18, young people have viewed an estimated 200,000 acts of violence on TV alone. Explain to children that despite what they see on TV, in movies, and in video games, violence is not an acceptable way to resolve problems. Tell children that the gun violence they see on TV is not real. Explain that in real life children are hurt and killed by guns. Limit TV viewing to 1-2 hours per day. Spend time talking, reading, and playing with children instead of watching TV.
- Make sure children are supervised.
- Do not hit children. Be consistent with rules and discipline.
- And most of all, give children consistent love, attention, and praise for what they do that’s right.

Use the form on page 7 to order a free copy of the American Academy of Pediatrics’ pamphlet, “Raising Children to Resist Violence” and the PA Department of Health’s flier, “Children and Guns.”

The Central PA Poison Center reports more elementary and middle school age kids are inhaling products like aerosol air freshener, correction fluid, and permanent markers to get “high”. Over time this practice can damage the nervous system and other organs. Because inhalants starve the body of oxygen, they can lead to unconsciousness and death, commonly referred to as sudden sniffing death (SSD), even if only used once.

Poison education begins early! Teach children that they cannot identify a poison by smell, because some poisons actually smell good. Caregivers can also teach children by not exposing them to scented markers and crayons. Kids should grow up thinking it’s unsafe and weird to smell markers or any chemicals.

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Most callers who use ECELS’ helpline for questions about when to exclude a child from care also use Preparing For Illness for guidance. Preparing For Illness is a booklet available from ECELS and from NAEYC that lists common infectious diseases, when to exclude children from care who have certain symptoms, and when to readmit the children.

Sometimes caregivers ask why a child with a contagious illness is permitted to stay in care. The answer is that oftentimes a certain contagious illness like fifth disease is actually communicable before children ever manifest any symptoms. And by the time they do get the rash and other associated symptoms, they are unlikely to be infectious anymore.

Another reason why a child with a particular contagious illness may be able to stay in care is that some illnesses are caused by germs that are just about everywhere. It would be impractical to exclude every child with a cold for instance. Instead, emphasize prevention by controlling the spread of germs. Good germ control practices include handwashing, cleaning and sanitizing surfaces, separating cribs and cots by 3 feet, and letting fresh air in the room.

A final reason why a child with a communicable disease may stay in care is that some illnesses have a carrier state. A child with hepatitis B or a giardia infection may have no symptoms yet still be able to transmit the disease. Often, caregivers do not know which children have an infection in the carrier state. Again, environmental control of the germs is the key.

Besides infectious disease, there are other reasons children should be excluded from child care. Sometimes children have a fever accompanied by behavior change, are unable to participate, or demand so much of the provider’s time that the care of the other children would be in jeopardy. If a child with continuing fever and behavior change is to be readmitted, the child should be cleared by the primary health care provider first.

Callers to ECELS’s helpline sometimes also ask about doctor’s notes. Generally, no doctor’s note is needed for readmission because doctors usually base their “clearance” to return to program on the parents’ description of how well the child is doing. On those rare occasions when the child’s clinician says it’s OK for a child to return to care, and the child care facility disagrees, the director / caregiver should discuss the medical facts with the child’s health care provider or get advice from the program health consultant. When the reason for exclusion is to prevent spread of disease, the doctor’s or health consultant’s advice helps determine the risk. When the reason is participation or care issues, the child care staff should make the decision. Parents need to know at enrollment how the child care facility handles such decisions.

(Continued from page 3)

- CPSC booklet, “Childproofing Your Home”
- HUD fold-up poster, “Danger in the Home”
- Andersen Corporation pamphlet, “Look Out For Kids” (window and home safety tips)

Many children’s health newsletters highlight recalled products. Keeping on top of recalled products is a full-time job, and printing recalls takes up a lot of newsletter space. It can actually be dangerous to rely exclusively on a newsletter’s listing of recalled products because the list may not be complete. The best source of recall information is the CPSC.

To get all CPSC recall information sent directly to you or your facility by fax, send a fax with your name and fax number to 301/504-0399. To receive this information by e-mail, visit the CPSC e-mail subscription list page, where there are detailed instructions (in brief, send an e-mail message to <listproc@cpsc.gov> and, in the message area, enter: Join CPSCINFO-L). You can also access the CPSC hotline at 800/638-2772.
Bike Helmets...
  here's the latest

The Consumer Product Safety Commission and McDonald's released a national survey on bike helmet usage: Helmet use is on the rise, but half of all riders are still not wearing helmets. The survey reports 69% of children under 16 wear a helmet on a regular basis while riding a bike. To help boost the percentages and to “help kids get the helmet habit,” check out the new website at <www.bikehelmet.org> Visit the Parent/Teacher camp in Cranium Canyon and get your school-age kids involved with the effort!

Bike helmets are necessary while riding bikes, but the CPSC warns that children should not wear bike helmets when playing, especially on playground equipment. CPSC has reports of two strangulation deaths to children when their bike helmets became stuck in openings on playground equipment, resulting in hanging. Children should always wear helmets when riding bikes. But when a child gets off the bike, the helmet must come off too.

(Children's Health Insurance Program)

Help the kids in your care get the medical services they deserve! Nearly all children are eligible for some health insurance now.

Pass the word on to parents that their children may be eligible for Medical Assistance, or for the state’s Children’s Health Insurance Program (CHIP). Have parents call the Healthy Kids Helpline at 800/986-KIDS. They will be asked a few simple questions about family size, age of children, and total household income. The Healthy Kids Helpline representative will then send an insurance application which can be completed by mail.

The new “One App is a Good App” plan means that if ineligible for one program, the child’s application will be forwarded to the other program for consideration. And as of July 1999, the number of insurance companies providing CHIP-insured care will increase, making care under CHIP insurance more available. Encourage parents to call the Healthy Kids Helpline today!

No Trampolines!

The Committee on Injury and Poison Prevention, and the Committee on Sports Medicine and Fitness of the American Academy of Pediatrics announced in the May edition of *Pediatrics* that 83,400 trampoline-related injuries occurred in 1996 in the United States. This represents an annual rate 140% higher than was reported in 1990. Most injuries were sustained on home trampolines.

A recent study by the University of Utah School of Medicine and Primary Children's Medical Center looked at the records of pediatric trampoline injury patients who reported to the emergency department from 1990 through 1997. Of the 727 records reviewed, 45% noted fractures. Spinal injuries were also common (12%) including 7 patients who broke their necks or backs. One is now a paraplegic.

These findings underscore the American Academy of Pediatrics’ recommendation that trampolines should never be used in the home environment, in routine physical education classes, or on playgrounds.
ECELS ORDER FORM
(Pennsylvania Child Care Providers & Pennsylvania Health Consultants Only)

Please use this form to order any brochure listed below. Check the box beside the item you would like and return the form to PA AAP, ECELS, Rosemont Business Campus, 919 Conestoga Road, Bldg. 2, Suite 307, Rosemont, PA 19010-1353.

Brochures/Handouts:
(One copy per organization)
- “Raising Children to Resist Violence”
- “Children and Guns”
- Immunization poster
- Inhalant abuse pamphlet
- “Childproofing Your Home”
- “Danger in the Home”
- Window safety pamphlet

New Self-Learning Modules
○○○ Sun Safety
○○○ Back To Sleep

Name: ____________________________________________________________
Organization: ______________________________________________________
Address: __________________________________________________________
City: _____________________________ State: __________ Zip: ________________
Telephone # and Area Code: ________________________________________
Meet ECELS Staff!

Next in the line-up this edition is ECELS Secretary Debbie Ogens. Since 1993 Debbie has been managing the audio-visual lending library, keeping track of and filling orders for self-learning modules, ordering review materials, and maintaining database information.

Debbie is the sweet voice many caregivers talk to first when they call with a health and safety question, or to reserve a video or self-learning module. Helpline callers and ECELS staff so appreciate her dedication and great sense of humor. And it’s Debbie’s warm disposition that brightens up the ECELS office first thing every morning when she’s first to arrive at 6:30 am!

DEBBIE OGENS

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