

Steps for Early Care and Education Programs to Reduce Injury

To reduce injury, facilities must pay attention to risks and reduce them. Risk-taking helps children learn and build confidence, but it should not lead to serious harm. Research shows that four steps make a difference:

1. **Write and use policies** that define how the program avoids known health and safety problems.
2. **Establish routine checks** for conditions and practices that could cause harm.
3. **Use injury reports** to see what needs attention.
4. **Make and implement Action Plans** that reduce risks. As appropriate, modify written policies and routine checks so the program does better in the future.

1. Write and Use Policies

Every program needs written health and safety policies. These policies are tools for staff and parent orientation, and a reference for operation of the program. Sitting down to write policies from scratch is hard. You can use a set of model policies to get started. Many aspects of written health and safety policies are similar from one facility to another. Adapting model policies to fit the needs of your program is important.

[Model Child Care Health Policies \(MCCHP\)](#), 5th Edition, is a set of “starter” policies with blanks for staff to fill in to adapt the policies. The sample policies were developed with input from early care and education programs and reviewed by national experts. The appendix section of MCCHP includes many sample forms to implement the policies. To buy a print copy of this guide, order it from the [American Academy of Pediatrics bookstore](#). For a **free** copy of *Model Child Care Health Policies, 5th edition*, click [here](#) to download the file from ECELS website.

Consult a Child Care Health Consultant to be sure your site-specific health and safety policies are current with what experts recommend. If your program does not have a local health professional who routinely visits to offer health and safety advice, contact your Early Learning Resource Center (ELRC) or ECELS. A Child Care Health Consultant can help review policies to improve practices. Minimizing the risk of injury keeps children and staff safe.

2. Establish Routine Checks

Monthly checks using a detailed checklist are a good idea. You will find more hazards if different people do different parts of the checklist and if you change who does the checks from one month to another.

[ECELS Health and Safety Checklist 2011 with References](#) is a comprehensive tool to raise awareness and find risky practices that people might otherwise overlook. For an excellent checklist focused on reducing risk in active play areas (playgrounds and indoor gross motor play areas), go to the [Active Play Safety Checklist & Planning Tool](#) on the ECELS website. Child Care Health Consultants can perform safety checks and develop action plans to improve safety. Certified Playground Safety Inspectors (CPSI) have specialized training to identify hazards and recommend changes that reduce the risk of injury during active play. Contact ECELS to find a CPSI.

3. Use Injury Reports to Find What Needs Attention

Injury Report Form: Use a form that records the necessary details. Make three copies. Use the copies for: 1) communication with parents, 2) documentation in the injured person’s file for liability protection and reference, and 3) a file or log that you can review to identify patterns of injury within each classroom, on the playground, or within your entire facility.

ECELS recommends the *Incident Report Form in Model Child Care Health Policies, Appendix CC*. If you use a different form, be sure the form records the essential details: a) name and contact information for the facility, b) child’s name and birth date, c) date and time of the incident, d) witnesses, e) location of the incident, f) action that caused the injury, g) part of the body injured, h) first aid given at the facility, i) who was contacted and when, j) treatment by a health professional (if any), k) follow-up plan to care for the child, l) corrective action needed to reduce the risk of recurrence, m) any official or agency notified, n) dated signature of the staff, and o) dated signature of the parent.

Tracking Procedure: Every three to six months, organize a staff meeting to review the injury reports from the previous period. Group brainstorming is best. Include those who are affected by the issues and those who have the authority to make changes. Be sure to get input from someone with expertise in safety, such as a Child Care Health Consultant or a Certified Playground Safety Inspector. Look for patterns of injury, and then consider what actions might help to reduce the risks.

Corrective Action: Making physical changes to remove unacceptable risks is more effective than relying on children or staff to make safe choices during periods of play. Consider changing the type or location of the equipment, who is allowed to use the equipment, or improving the surfacing under and around the equipment. In addition, staff should teach children how to play safely and provide more supervision in areas where injury is more likely to occur.

4. Make and Implement an Action Plan

Figure out what you want to change, the resources you will need, who will be responsible for needed changes, how changes will be implemented, and a time frame to get the job done. Assign the tasks, including checkpoints when a responsible person will monitor progress on the plan

Criteria #	Performance Standard	Suggested Measurement / Evidence / Documentation
Leadership and Management		
LM.2.3	Program uses documents for tracking child and staff illnesses and injuries, including plans of action to prevent further occurrences.	- Copy of tracking document - In progress and current action plans– not sample. - Description of process implementation
Effective July 1, 2018		

If you need technical assistance to implement these four steps, contact ECELS by phone or e-mail:

ECELS (Early Childhood Education Linkage System)
 e-mail: ecels@paaap.org
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