RUTGERS UNIVERSITY
School of Social Work

CHILD & FAMILY RESOURCES

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HEALTH & SAFETY TOOL KIT

FOR CHILD CARE CENTERS & PROVIDERS

GROSS MOTOR DEVELOPMENT

0 - 1 YEARS

- Crawls
- Holds head up steadily
- Lifts head/shoulders by propping up on arms
- Rolls over from back to stomach
- Pulls to stand

1 - 2 YEARS

- Walks across room, starting and stopping
- Cruises while holding on to furniture
- Walks up and down stairs, with support
- Runs alone
- Jumps over objects or off a step

2 - 3 YEARS

- Walks across room
- Walks backwards
- Marches around room
- Walks up and down stairs alternating feet, holding handrail or with help
- Jumps in place, two feet together

3 - 4 YEARS

- Runs
- Walks up and down stairs alternating feet
- Climbs up and down on playground equipment
- Rides tricycle using pedals
- Jumps over objects or off a step

4 - 5 YEARS

- Plays games that require jumping or kicking a ball
- Runs smoothly, quickly changes directions and stops/starts quickly
- Jumps and spins
- Marches
- Gallops and skips with ease
- Plays "Follow the Leader" using a variety of traveling movements

5 - 6 YEARS

- Can catch and throw a medium-sized ball from five feet away
- Can manage playground equipment independently, such as pumping legs on a swing
- Has enough muscle coordination to climb, swim, and skate

6 - 7 YEARS

- Begins riding a two-wheeler bicycle without training wheels
- Improved hand-eye coordination (can bounce and catch a tennis ball)

FINE MOTOR DEVELOPMENT

0 - 6 MONTHS

- Reflexive grasp at birth
- Global ineffective reach for objects (3 months)
- Voluntary grasp (3 months)
- Controlled reach (6 months)

6 - 12 MONTHS

- Reaches, grasps, puts objects in mouth
- Controlled release of objects
- Static pincer grasp (thumb and one finger)
- Picks things up with pincer grasp
- Transfers objects from one hand to another
- Drops and picks up toys

1 - 2 YEARS

- Builds tower of three small blocks
- Turns book pages two or three at a time
- Scribbles
- Turns knobs
- Paints with whole arm movement, shifts hands, makes strokes
- Self-feeds with minimal assistance
- Holds and drinks from cup independently

2 - 3 YEARS

- Turns single pages of a book
- Snips with scissors
- Holds crayon with thumb and fingers (not fist)
- Uses one hand consistently in most activities
- Paints with some wrist action, makes dots, lines, circular strokes
- Rolls, pounds, squeezes, and pulls play dough
- Eats without assistance

3 - 4 YEARS

- Builds tower of nine small blocks
- Copies circle
- Manipulates clay material (rolls balls, makes snakes, cookies)
- Uses non-dominant hand to assist and stabilize the use of objects

4 - 5 YEARS

- Cuts on line continuously
- Copies cross and square
- Writes name
- Writes numbers 1-5
- Copies letters
- Handedness is well established
- Dresses and undresses independently

6 - 7 YEARS

- Forms most letters and numbers correctly
- Writes consistently on the lines
- Demonstrates controlled pencil movement
- Good endurance for writing
- Can build Lego, K'nex and other blocks independently
- Ties shoelaces independently

Supporting Children Who Have Experienced Trauma

1

Create and maintain consistent daily routines in the classroom
Stability helps children understand that the world can be a safe place (NCTSNSC 2008). A visual calendar with images of the daily schedule can help children feel more in control of their experiences.

2

Tell children when something out of the ordinary is going to occur
The smallest unexpected event—such as a loud noise or a visit from an outsider—can be a reminder of trauma and trigger children's stress responses (van der Kolk 2005). A class meeting to discuss and answer questions about an upcoming visitor, allows the children express their feelings and concerns about a stranger coming into the classroom.

3

Offer children developmentally appropriate choices
Traumatic events often involve loss of control. Empowering children to have ownership of their behaviors and interests by giving them choices about things like where they want to sit at lunch or which songs to sing at circle time can help build healthy self-esteem (NCTSNSC 2008).

4

Use techniques to support children's self-regulation
Introducing breathing and other centering activities, such as mindfulness, helps children self-regulate (Perry & Szalavitz 2006

5

Recognize re-enacting behavior
Children make sense of their experiences by re-enacting them in play or through interactions with peers or adults. Sometimes the behavior you see, such as a child telling someone "I hate you" and then running to the corner to cry, might actually be a child re-enacting trauma they have experienced.

6

Offer empathy and support
Rather than becoming angry at this behavior, calmly initiate healthy and reparative interactions. Validate feelings and communicate that you understand that the child is upset.

7

Be nurturing and affectionate but also sensitive to children's individual triggers
A teacher's hug may cause a child with a history of sexual abuse to feel anxious and confused. If you know what is a trigger for that child, you can be mindful and adjust your behavior accordingly.

8

Use positive guidance to help all children
Strive to create supportive interventions to guide children to appropriate activities. If a child ripped the paper of a classmate, help him understand that his actions upset that classmate, and encourage that he try to fix it with tape. This will connect his actions to his peer's feelings while creating the expectation that he repair the physical damage he causes (Fox & Hemmeter 2009).

!

Remember, not all strategies work for all children
While a calming pat on the back may work for some, this may be a trigger for others. Find strengths even in children with the most challenging behaviors, and remind them often of what they are doing well (Wolpow et al. 2009).

Trauma Behaviors In The Classroom

Language & Communication

Alex often hears language that is used to command and direct behavior such as ("Sit down," "Be quiet").

↓

As a result he uses that same language in the classroom, appearing demanding and inflexible.

↓

He lacks the language to communicate empathy or to problem solve because the important adults in his life do not use it.

Social & Emotional Regulation

Children who survive trauma may have a difficult time regulating their emotions.

↓

Their inability to self-regulate can show in the classroom setting by aggressive behavior toward oneself or others or feeling unsure about relationships.

Building Relationships

When children's early experiences have been unsafe and unstable, distancing themselves is a way to emotionally, and sometimes physically, protect themselves.

↓

Alex swears and yells at his teachers and the other children as a way to protect himself from forming relationships that could potentially cause him pain or harm.

Play

Children who have experienced trauma may not develop imaginitive or creative play skills because the feelings may be overwhelming.

↓

Chiara plays with younger children because her interpersonal skils are below age-typical levels. Her play leads to repeating her traumatic feelings instead of escaping into her imagination.

Withdrawal

Early traumatized children may have a hard time listening and concentrating in class because they disconnect or freeze when their stress responses are triggered by senses that remind them of the trauma.

↓

An unexpected touch triggers Chiara's stress response; she silently withdraws into herself. Her teacher might see this as daydreaming and for this, may fall behind academically.

CHILD CAR SEAT SAFETY

BY AGE, HEIGHT AND WEIGHT

1

Rear-Facing Seat

Children **under 2 years and up to 30 pounds**, must be seated in a rear-facing seat with a 5-point harness.

2

Front-Facing Seat

Children **under 4 years and up to 40 pounds**, must be seated in a front-facing seat with a 5-point harness.

3

Booster Seat

Children **under 8 years and up to 57 inches** must be seated in a booster seat and secured with a seat belt.

4

Seat Belt

Children **over 8 years or over 57 inches** must be properly secured with a seat belt.

For more information on how to properly place a chest clip, please visit https://csftl.org/a-chest-clip-goes-on-the-chest/.
Icons provided by https://www.nhtsa.gov/equipment/car-seats-and-booster-seats

5 PROTECTIVE FACTORS

Research tells us that when these **5 protective factors** are well established in a family, the likelihood of **child abuse** and **neglect diminishes**. Research also shows that these protective factors **build family strengths** and a family environment that promotes **optimal child and youth development**.

1 Parental Resilience

The ability to recover from difficult life experiences, and often to be strengthened by and even transformed by those experiences.

2 Social Connections

The ability and opportunity to develop positive relationships that lessen stress and isolation and help to build a supportive network.

3 Knowledge of Parenting and Child Development

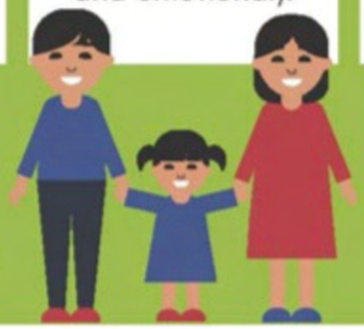
The ability to exercise effective parenting strategies to guide and know what to expect as children develop in multiple domains (physical, cognitive, language and social and emotional).

4 Concrete Support in Times of Need

Access to supports and services that reduce stress and help to make families stronger.

5 Social and Emotional Competence of Children

Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.



Adapted from ctfalliance.org. To learn more about the 5 Protective Factors, please visit: https://ctfalliance.org/protective-factors/

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HOW TO HANDLE AN ASTHMA EPISODE

Here are the steps to follow for an asthma episode in an Early Childhood Education setting:

- Stop child's activity
- Help child to an upright position
- Remove trigger if possible
- Follow individualized action plan and document any medication given
- Look for improvement
- Contact parent or guardian
- Watch for warning signs of serious medical emergency

SIGNS OF A SERIOUS MEDICAL EMERGENCY DURING AN ASTHMA EPISODE:

- Chest/neck muscles working hard
- Struggling to breathe
- Trouble walking or talking
- Breathing does not improve after treatment
- Lips/fingernails blue or gray

CALL 911 IMMEDIATELY

Resource

https://www.cdc.gov/asthma/schools.html

Action Plan

https://clc.camden.rutgers.edu/files/asthma-plan.pdf

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Reducing Asthma Triggers
in a Child Care Setting

Those with asthma may be more sensitive to certain aspects or allergens than those without. These aspects are called triggers, as they can trigger a reaction or discomfort.

Here are some common asthmatic triggers and how their effects can be minimized.

Dust Mites

Wet mop all hard floors, wipe down surfaces, wash any rugs, blankets, and stuffed toys in hot water.

Animal Allergens & Pet Dander

Keep the facility free of fluffy pets, such as dogs, cats, and birds.

Cockroaches

Store food in airtight containers and promptly mop, sweep, or wipe up spills and crumbs.

Rodents

Keep garbage in tightly covered containers and repair cracks in walls, floors, and ceilings.

Pollen

Keep windows closed (if the center has other sources of ventilation) and limit outdoor activities during high pollen times.

Medicine

Refer to the child's medical plan to determine appropriate medications.

Irritants in the Air

Enforce a smoke-free environment and avoid materials with strong fumes, i.e, air fresheners, scented cleaning products, and soaps.

Respiratory Infections & Colds

Reduce the spread of viral infections by washing hands. Be informed on specific needs one with comorbid conditions may have.

Exercise & Physical Activity

Be aware and knowledgeable of any quick-relief medication that can be used in cases of exercise-induced asthma.

Weather

Limit outdoor activities in instances of extreme hot or extreme cold, and consider limiting activity on high pollen alert days.

Mold & Mildew

Be mindful of reducing dampness in areas of potential mold and mildew, such as bathrooms and sinks.

Strong Emotions & Feelings

Attend to the situation, remain calm, and have the child take deep, steady, and slow breaths.

Sources:
https://aafa.org/asthma/asthma-triggers-causes/
https://aafa.org/wp-content/uploads/2022/08/asthma-care-for-adults-lesson-6-work-and-school-checklist-aafa.pdf

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PREVENTING ALLERGY EXPOSURE

Exposure to allergens can occur through:

INGESTING **INHALING** **TOUCHING**

Common Food Allergies

*Food that contains ANY of these items may cause an allergic reaction. Anyone with egg allergies must avoid baked goods containing eggs.

Foods*

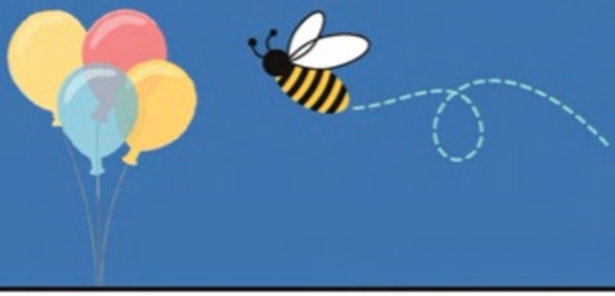
- Sesame
- Peanuts
- Treenuts
- Shellfish
- Fish
- Milk
- Eggs
- Soy
- Wheat

Common Non-Food Allergies

Stinging Insects:
Honeybees & Yellow Jackets

Latex Items:

- Balloons
- Gloves
- Bandages



- Scratches from animals/dander
- Pollen
- Dust
- Mold/Mildew
- Medication

Poisonous Plants

Poison Ivy
Poison Sumac
Poison Oak

(Research household plants before introducing them into the classroom)

Food is not always listed by the names we know.

For example, you may find milk products listed as:

- Whey
- Lactoglobulin
- Caseinate

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For more information go to https://www.cdc.gov/healthyschools/foodallergies/

6 RIGHTS OF MEDICATION ADMINISTRATION

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ONE
THE RIGHT CHILD

Check:

- ☑ Child's picture on paperwork
- ☑ Child's date of birth
- ☑ Health care provider form
- ☑ Parental permission form
- ☑ Label

TWO
THE RIGHT MEDICINE

Check:

- ☑ Name of the medication on the label and "Permission to Administer Medication" form to be sure they match
- ☑ The expiration date to be sure medication has not expired

THREE
THE RIGHT DOSE

Check:

- ☑ Label and permission form
- ☑ Proper measuring tool

FOUR
THE RIGHT ROUTE

Check:

- ☑ Label and permission forms to confirm how medication is to be given

FIVE
THE RIGHT TIME

Check:

- ☑ Label and permission forms to confirm the time to give the medication
- ☑ All documents to confirm when the parent/guardian or staff member last gave the medication
- ☑ Directions on all documents for Over the Counter (OTC) medications

SIX
THE RIGHT DOCUMENTATION

Document and report:

- ☑ Date and time the medication was administered
- ☑ If the child vomited or spit up the medication
- ☑ Adverse effects of the medication
- ☑ Medication errors

Source: https://nrckids.org/CFOC/Database/9.2.3.9

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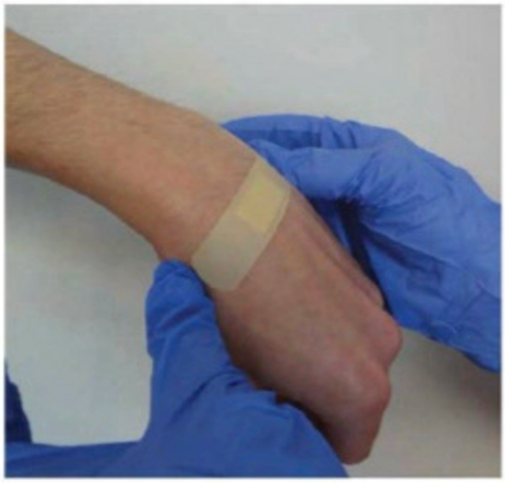
PROPER GLOVE PROCEDURE

Wash hands prior to using gloves if hands are visibly soiled



1. Put on a clean pair of gloves.

2. Provide the appropriate care.

3. Remove each glove carefully. Grab the first glove at the palm and strip the glove off.

4. Ball-up the dirty glove in the palm of the other gloved hand.

5. With the clean hand, strip the glove off from underneath at the wrist, turning the glove inside out.

6. Discard the dirty gloves immediately in a step can. Wash your hands.

*Note that sensitivity to latex is a growing problem.
If caregivers/teachers or children who are
sensitive to latex are present in the facility, non-latex gloves should be used.

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DIAPERING

SUPPLIES

Non-porous changing table paper	Baby wipes (remove from container)	Disposable gloves (if used)	New diaper and clean clothes	Plastic bag for soiled clothes	Diaper cream (if needed)

Caregivers/teachers should never leave a child unattended on a table or counter top.
A safety strap or harness should not be used on the diaper changing surface.

STEPS

1. Before bringing the child to the diaper changing area, perform hand hygiene and gather all supplies. Place them near, but not on, the diapering surface to minimize contamination.
   - If diaper cream is needed, put some on a facial tissue or clean glove when gathering supplies, as to not contaminate the diaper cream container during the diaper change.
2. Put gloves on (recommended) before handling soiled clothing or diapers. Bring the child to the changing table, keeping soiled clothing away from you.
3. Remove clothing as needed to access the diaper.
   - Place soiled clothes in plastic bag.
   - Open the diaper, leaving diaper under the child's bottom while cleaning.
   - Clean the child's diaper area by wiping from front to back.
   - Use a fresh wipe, for each swipe.
4. Dispose of the soiled diaper and wipes in a lined, hands-free, covered can that is within reach.
   - If changing paper is soiled, fold over to make a clean surface.
   - If gloves were used, remove them using the proper technique, before handling clean diapers and clothing.
   - Use a fresh wipe to wipe your hands and another for the child's hands.
5. Put on a new diaper and dress the child.
   - If diaper cream is needed, use clean glove or tissue to apply diaper cream, then dispose of properly.
6. Wash the child's hands and return the child to a supervised area.
7. Clean and disinfect the diaper-changing surface.
   - Dispose of the paper liner (if used) in a plastic-lined, hands-free, covered can.
   - If clothing was soiled, securely tie the plastic bag used to store the clothing and send the bag home.
   - Clean diaper changing surface with soap and water solution, rinse and dry.
   - Thoroughly cover changing surface with EPA-approved disinfecting solution following manufacturer's instructions for use.
8. Perform hand hygiene and then document the diaper change, diaper contents, and/or any additional notes.

For High Quality guidelines, please visit the ERSI website

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Source: *CCHC 10-30-23

A step-by-step guide to:

HAND WASHING

PREP Liquid soap, single-use disposable paper, cloth towels or hand dryer and step trash can. *Antibacterial soap, fragrant soap, bar soap, and pre-moistened wipes are not recommended for hand washing.*

STEP 1

Wet hands with clean, running water at a comfortable temperature. Turn off faucet and apply liquid soap.

STEP 2

Rub hands together, lathering all surfaces of hands, for at least 20 seconds.

Tip: Teach children to sing the 'Happy Birthday' song twice to help monitor time.

STEP 3

Rinse hands under clean, running water until they are free of soap and dirt.

STEP 4

Dry hands with a clean disposable paper towel or a one-time use cloth towel, or dry thoroughly with an air dryer.

STEP 5

Use a paper towel or single-use cloth to turn off faucet (optional). Have a step trash can available for disposal paper towels.

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PROPER CLEANING, SANITIZING OR DISINFECTING

Remove children from seated area

1. SPRAY CLEANING SOLUTION ONTO SURFACE (SOAP AND WATER/ OR A DETERGENT PREPARED ACCORDING TO MANUFACTURER'S LABEL INSTRUCTIONS).
2. WIPE SURFACE WITH A SINGLE USE PAPER TOWEL, SINGLE USE MICROFIBER CLOTH, OR MOP.
3. RINSE, THEN AIR DRY OR DRY WITH A SINGLE USE PAPER TOWEL OR MICROFIBER CLOTH.
4. APPLY SANITIZER OR DISINFECTANT TO SURFACE. ALLOW PRODUCT TO STAY WET ON SURFACE FOR TIME INSTRUCTED ON PRODUCT LABEL (DWELL TIME).
5. AIR DRY, OR AFTER DWELL TIME, DRY WITH A SINGLE USE PAPER TOWEL OR MICROFIBER CLOTH.

Sanitize surfaces that touch food (dishes, cutting boards, or mixed-use tables), or objects that a child might place in their mouth (toys).

Disinfect equipment and surfaces that are used in toileting or diapering and in cleaning body fluids.

Choose an Environmental Protection Agency (EPA) Registered Disinfectant and follow label instructions! Select a product certified by the EPA by using this link.

- Some sanitizers/ disinfectants (products) are ready-to-use and some need to be diluted with water.
- Check label for the dwell time.
- When applying the sanitizer or disinfectant, be sure to look at the clock or set a timer!
- Some products require a rinse step.
- Check product for expiration date.
- If using bleach, solutions should be made daily, according to manufacturer's label instructions.
- Do not use sanitizers or disinfectants near children!
- Be careful to spray away from people and provide ventilation.

Keep all toxic substances out of the reach of children.

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Source: ECERS-3 Table Cleaning/Sanitizing Guidelines and Author Clarifications of June 2013, Table Cleaning and Disinfecting Guidance PDF from nj.gov

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ACTIVE SUPERVISION AT-A-GLANCE

SIX STRATEGIES TO KEEP CHILDREN SAFE

The following strategies allow children to explore their environments safely. Infants, toddlers, and preschoolers must be directly supervised at all times. Programs that use active supervision take advantage of all available learning opportunities and never leave children unattended.

Set Up the Environment

Staff set up the environment so that they can supervise children and be accessible at all times. When activities are grouped together and furniture is at waist height or shorter, adults 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 spaces 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. Their location helps them provide support, if necessary.

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, bells added to doors help alert staff when a child leaves or enters the room.

Anticipate Children's Behavior

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 in succeeding. But they also recognize when children might wander, 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's 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 what they know about each child's individual needs and development to offer 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.

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/safety-injury-prevention/safe-healthy-environments/active-supervision.html

WHEN TO WASH YOUR HANDS

Staff and Children

ALL STAFF AND VOLUNTEERS SHOULD WASH THEIR HANDS:

On arrival for the day, after breaks, or when moving from one child care group to another

Before and after:

- Preparing food or beverages
- Diapering a child
- Eating, handling food, or feeding a child
- Giving medication or applying a medical ointment or cream
- Playing with children in water that is used by more than one person

After:

- Using the toilet or helping a child use a toilet
- Handling bodily fluid (mucus, blood, vomit)
- Handling animals or cleaning up animal waste
- Playing, with children, in sand, wooden play sets, or outdoors
- Cleaning or handling the garbage.
- Applying sunscreen and/or insect repellent
- Between each instance of helping with tooth brushing

ALL CHILDREN SHOULD WASH THEIR HANDS:

- When arriving for the day
- Before and after eating or being fed
- Before and after playing in water that is used by more than one person
- After being diapered or helped with changing soiled clothes
- After using the toilet
- After sneezing, wiping and blowing noses
- After handling animals
- After playing in sand
- After play with wooden play sets
- After playing outdoors