Presentation Notes for Children and Safety: Infancy to Toddler

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Child Injury

Every hour, one child dies from an injury.
Every 4 seconds, a child is treated for an injury in an emergency department.
About 1 in 5 child deaths is due to injury.

April 2012
Child injuries are preventable, yet more than 9,000 children died from injuries in the United States in 2009. Car crashes, suffocation, drowning, poisoning, fires, and falls are some of the most common ways children are hurt or killed. The number of children dying from injury dropped nearly 30% over the last decade. However, injury is still the #1 cause of death among children. More can be done to keep our children safe.
Services and Agencies

- U.S. Consumer Product Safety Commission (CPSC)
- Juvenile Products Manufacturers Association (JPMA)

U.S. Consumer Product Safety Commission (CPSC)

Here you'll find the latest safety information as well as important messages that will keep you and your family safe. CPSC is charged with protecting the public from unreasonable risks of injury or death associated with the use of the thousands of consumer products under the agency's jurisdiction. Deaths, injuries, and property damage from consumer product incidents cost the nation more than $900 billion annually. CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard. CPSC's work to ensure the safety of consumer products - such as toys, cribs, power tools, cigarette lighters, and household chemicals - contributed to a decline in the rate of deaths and injuries associated with consumer products over the past 30 years.

Juvenile Products Manufacturers Association (JPMA) is a national trade organization that represents the juvenile industry defined as from prenatal to preschool. JPMA represents companies in the United States, Canada, and Mexico who manufacture, import and/or distribute infant products. The first step in keeping a baby safe is careful selection of juvenile products. To help with your decisions, JPMA has developed a unique certification program and certification seal that have been guiding parents and caregivers for more than 35 years. As a parent, you understand the importance of product safety, quality, and performance. The participants in the JPMA Certification Program certainly do as well.
National Association for the Education of Young Children (NAEYC) expresses its mission in terms of three broad goals:

- Improving professional practice and working conditions in early childhood education.
- Supporting early childhood programs by working to achieve a high-quality system of early childhood education.
- Building a high-performing, inclusive organization of groups and individuals who are committed to promoting excellence in early childhood education for all young children.
Child Safety First
Because a child is moving around more, he or she will come across more dangers as well. Dangerous situations can happen quickly, so keep a close eye on children. Here are a few tips to help keep a growing toddler safe:

• Do NOT leave a toddler near or around water (for example, bathtubs, pools, ponds, lakes, whirlpools, or the ocean) without someone watching him or her. Fence off backyard pools. Drowning is the leading cause of injury and death among this age group.
• Block off stairs with a small gate or fence. Lock doors to dangerous places such as the garage or basement.
• Ensure that your home is toddler proof by placing plug covers on all unused electrical outlets.
• Keep kitchen appliances, irons, and heaters out of reach of a toddler. Turn pot handles toward the back of the stove.
• Keep sharp objects such as scissors, knives, and pens in a safe place.
• Lock up medicines, household cleaners, and poisons.
• Do NOT leave a toddler alone in any vehicle (that means a car, truck, or van) even for a few moments.
• Store any guns in a safe place out of his or her reach.
• Keep the child’s car seat rear-facing as long as possible. According to the National Highway Traffic Safety Administration, it’s the best way to keep him or her safe. The child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by the car seat’s manufacturer. Once the child outgrows the rear-facing car seat, he or she is ready to travel in a forward-facing car seat with a harness.
Child Care Licensing Responsibilities

It regulates all child-care operations and child-placing agencies to protect the health, safety, and well-being of children in care, largely by reducing the risk of injury, abuse, and communicable disease.

Child Care Licensing responsibilities include:

• Regulates all child-care operations and child-placing agencies to protect the health, safety, and well-being of children in care, largely by reducing the risk of injury, abuse, and communicable disease.
• Establishes and monitors operations and agencies for compliance with licensing standards, rules, and law.
• Informs parents and the public about child care and about the histories of specific homes, child-care operations, and child-placing agencies in complying with minimum standards of care.
• Provides technical assistance to providers on meeting licensing standards, rules, and law.

Chapter 42 of the Texas Human Resources Code. PDF document requires the Texas Department of Family & Protective Services (DFPS) to regulate child care and child-placing activities in Texas, to investigate alleged abuse/neglect in child-care facilities, and to create and enforce minimum standards.

It can be viewed at:
http://www.dfps.state.tx.us/documents/Child_Care/Child_Care_Standards_and_Regulations/42_THRC.pdf
Texas Department of Family and Protective Services

**Child Protective Services responsibilities include:**

- Investigates reports of abuse and neglect of children.
- Provides services to children and families in their own homes.
- Places children in foster care.
- Provides services to help youth in foster care make the transition to adulthood.
- Places children in adoptive homes.

Physical abuse is non-accidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person who has responsibility for the child. Such injury is considered abuse regardless of whether the caregiver intended to hurt the child.

Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child. Neglect is the failure of a parent, guardian, or other caregiver to provide for a child’s basic needs. Neglect may be:

- Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision)
• Medical (e.g., failure to provide necessary medical or mental health treatment)
• Educational (e.g., failure to educate a child or attend to special education needs)
• Emotional (e.g., inattention to a child’s emotional needs failure to provide psychological care, or permitting the child to use alcohol or other drugs).

Sexual abuse includes activities by a parent or caregiver such as fondling a child’s genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials.

Emotional abuse (or psychological abuse) is a pattern of behavior that impairs a child’s emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove and, therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child.

Abandonment is now defined in many States as a form of neglect. In general, a child is considered to be abandoned when the parent’s identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period of time.

Substance abuse is an element of the definition of child abuse or neglect in many States. Circumstances that are considered abuse or neglect in some States include:
• Prenatal exposure of a child to harm due to the mother’s use of an illegal drug or other substance
• Manufacture of methamphetamine in the presence of a child
• Selling, distributing, or giving illegal drugs or alcohol to a child
• Use of a controlled substance by a caregiver that impairs the caregiver’s ability to adequately care for the child.
Tips for Soothing Your Baby

It’s normal to feel frustrated or even angry at your baby’s crying. But, if you feel yourself getting to a point of frustration or anger where you could potentially hurt your baby, put your baby down in a safe place and call the Child Help Hotline: 800-422-4453 (800-4-A-CHILD). The Child Help Hotline is a 24/7 toll-free number that you can call to talk with a trained counselor. You can get help for how to deal with your infant’s crying and ask other questions you might have about your growing baby.

Source: Period of Purple Crying website. PurpleCrying.info

1. Feed baby. Babies will cry when they’re hungry.
2. Burp baby. Babies need your help to get air out of their stomachs.
3. Give babies a lukewarm bath. Warm baths can be soothing, but remember to never leave your baby alone in the bathtub.
4. Massage baby. A gentle massage on your baby’s back, arms, or legs can be very comforting.
5. Make eye contact with baby and smile. Making eye contact with babies can help distract and comfort.
7. Sing softly. Lullabies and soothing sounds can calm crying babies.
8. Hum in a low tone against your baby’s head. Holding your baby close and humming can help soothe.
9. Run a vacuum cleaner. White noise, like the sound from a vacuum or fan, produces a similar sound to what babies heard in the womb.
10. Go for a drive. The vibrations from a car can help your baby fall asleep. Always make sure your baby is secure in a rear-facing car seat in the back seat.
This first “home” should be cheerful and secure. Each year hundreds of deaths occur when children are placed in a sleep environment that is not specifically designed for children. With some careful planning, naptime and nighttime can be a pleasant experience for both you and your baby. Make every night a safe night!

**Bare is Best**
With any crib, bassinet or play yard, follow a few simple rules to keep babies sleeping safely. Bare is Best!

- To prevent suffocation, never place pillows or thick quilts in a baby's sleep environment.

- Make sure there are no gaps larger than two fingers between the sides of the crib and the mattress.

- Proper assembly of cribs is paramount - Follow the instructions provided and make sure that every part is installed correctly. If you are not sure, call the manufacturer for assistance.

- Do not use cribs older than 10 years or broken or modified cribs. Infants can strangle to death if their bodies pass through gaps between loose components or broken slats while their heads remain entrapped.

- Set up play yards properly according to manufacturers' directions. Only use the mattress pad provided with the play yard; do not add extra padding.

- Never place a crib near a window with blind, curtain cords or baby monitor cords; babies can strangle on cords.
Beginning February 28, 2013, manufacturers and importers of infant and toddler play yards are required to test their play yards to ensure that they meet new federal safety standards.

Play yards are framed enclosures with a floor and mesh or fabric side panels. Most can be folded for storage or travel.

Play yards that meet the new safety standard must have:

• Side rails that do not form a sharp V when the product is folded. This prevents a child from strangling in the side rail.
Play yards that meet the new safety standard must have:
• Stronger corner brackets to prevent sharp-edged cracks and to prevent a side-rail collapse.
• Sturdier mattress attachments to the play yard floor to prevent children from getting trapped or hurt.

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The new play yard standard is one of many safety standards that CPSC has passed as part of the Danny Keysar Child Product Safety Notification Act, or what we call “Danny’s Law.” Danny Keysar was killed in Chicago in 1998 when a previously recalled play yard in which he was napping collapsed, suffocating him. This new play yard standard was completed in honor of Danny and his family.

In addition to the play yard safety standard, CPSC has issued mandatory safety standards for cribs, children’s bed rails, baby bath seats, baby walkers, infant swings and toddler beds.

CPSC staff is currently working on safety standards for bedside sleepers, hand-held infant carriers, bassinets, and bassinet attachments to play yards and will propose rules this year for strollers, soft infant carriers and infant slings.

If you use a play yard, keep it bare when you put your baby in it. Each year, CPSC receives reports of infant suffocation deaths. Some key causes of these deaths are the placement of pillows and thick quilts in a baby’s sleeping space and/or overcrowding in the space.
Baby Monitor Cords: 3 Feet from Baby

CPSC knows of seven deaths and three near strangulations since 2002 involving video and audio baby monitors. The monitors and cords were placed within a child’s reach. You need to know about cord hazards, so you can prevent a baby from strangle in a cord. The Juvenile Products Manufacturers Association (JPMA) is working with CPSC on a national baby safety campaign to get the word out to parents and caregivers about the dangers with these cords. JPMA is launching a website, video, and advertising. They are giving away free electric cord warning labels to attach to the cord of your baby monitor. This label will remind you, the people who care for your child and others who may use the monitor in the future about the deadly hazard associated with these cords.

So, take a look around a baby’s crib. Where’s the monitor cord?

Remember, at least 3 feet away is where the monitor should stay.

Note to teacher: Have students measure out three feet with a ruler or tape measure. Remember three feet is as in 3 big feet!

Baby Monitor Safety Tips and Strangulation Warning Video from JPMA
Are you wondering how to create a safe nursery and sleep environment for your baby? This video will show you how to safely use and position your baby monitor from the Juvenile Products Manufacturers Association (JPMA). Learn more at www.BabyMonitorSafety.org for more information, buying guide and tips.
http://youtu.be/3MujupBNLBg
Toy Safety Facts

Since 2000, it is estimated that an average of 168,000 children ages 14 and under are treated in emergency departments for toy-related injuries each year.

- In 2009, an estimated 185,900 children ages 14 and under were treated in an emergency department for a toy-related injury.
- In 2009, 45 percent of toy-related injuries were to the head or face.
- In the U.S., an estimated 3 billion toys and games are sold annually.

How

- Many toy-related deaths are caused by choking, drowning, a motor vehicle incident or strangulation.
- Small play balls and balloons account for many choking deaths among children.
- Riding toys including non-motorized scooters and tricycles are associated with more injuries than any other toy group. In 2009, more than 49,500 injuries to children were treated in emergency departments due to injuries associated with non-motorized scooters.

Who

- Approximately 50 percent of toy-related injuries resulting in emergency department visits occurred to children under 5 years of age.
- Choking is a leading cause of injury among children ages 3 and under with coins and toys accounting for the most nonfood-related choking incidents.
- In 2009, males accounted for 58 percent of all toy-related injuries.
Play Safe: You should check for age warnings. Big kid toys are not for little kids. If it says “Not for children under age 3,” keep it away from a young child.

Keep Safe: Check toys often for breaks and damaged parts. Sharp edges can cut and cause other injuries. If a toy is damaged, try to fix it or throw away.

Put Away Safe: Store toys on shelves in bins or in a toy box to keep people from tripping or falling. Store outdoor toys in a safe, dry place to keep them from rusting.
You do everything that is possible to protect yourself and your family. Caring for your family also means following food safety precautions in your kitchen, just as you do in other areas of your daily life. The food you serve your family can cause food poisoning if it is not safely handled, cooked, or stored.

Food poisoning is a bigger risk than you think. Harmful bacteria like *E. coli* O157:H7, *Listeria*, or *Salmonella* can contaminate your food and cause illness, such as abdominal cramps and diarrhea. Foodborne illness can also cause more serious consequences for those who are at risk, such as infants and young children; pregnant women; older adults; and people with immune systems weakened by cancer treatment, diabetes, AIDS, or bone marrow and organ transplants.

There are four simple food safety steps you can follow to keep your family safe from food poisoning.

**4 Food Safety Steps to Your Home Safety Checklist:**

*Clean:* Wash hands, cutting boards, utensils and countertops.

*Separate:* Keep raw meat, seafood, and poultry away from ready-to-eat foods.

*Cook:* Cook food to the right temperature.

*Chill:* Refrigerate promptly.
Immunizations

Get the best protection for your child—make sure your child is immunized on schedule.

The recommended immunization schedule is designed to protect infants and children early in life, when they are most vulnerable and before they are exposed to potentially life-threatening diseases.
2013 Recommended Immunizations for Children from Birth Through 6 Years Old

The recommended immunization schedule is designed to protect infants and children early in life, when they are most vulnerable and before they are exposed to potentially life-threatening diseases.

Clothing Safety Guidelines

Young children can be seriously injured or killed if the upper outerwear they are wearing catches and snags on other objects. CPSC staff is aware of 18 deaths and 38 non-fatal incidents associated with neck/hood drawstrings on children’s outerwear between January 1985 and September 2009 involving children 18 months to 10 years of age. Of these, the most common incident scenarios involved drawstrings getting entangled on playground slides. Typically, as a child descended the slide, the toggle or knot on the drawstring got caught in a small space or gap at the top of the slide. Examples of catch points include a protruding bolt or a tiny space between the guardrail and the slide platform. This can present a strangulation risk and has resulted in death. Incidents have also occurred when the long, trailing drawstring at the waist of a jacket was caught on the closed door of a moving school bus.
The U.S. Consumer Product Safety Commission sets national flammability safety standards for children's sleepwear to protect children from burn injuries if they come in contact with ignition sources, such as a match or space heater. Under federal safety rules, all children's sleepwear garments sold in sizes larger than nine months must be flame resistant or tight-fitting.

Flame-resistant children’s sleepwear—Flame-resistant garments do not continue burning when removed from an ignition source. One example is inherently flame-resistant polyesters that do not require chemical treatment.

Tight-fitting children’s sleepwear—Garments that meet the sizing requirements to be tight-fitting and do not need to be flame resistant because they are made to fit closely against a child’s body. Tight-fitting sleepwear does not ignite easily and, even if ignited, does not burn readily.

CPSC standards require hangtags and permanent labels on tight-fitting children’s sleepwear in sizes larger than 9 months.
Between 2009 and 2011, CPSC estimated that there were 1,700 cases treated in hospital emergency rooms nationwide related to the ingestion of small, high powered magnets. More than 70 percent of these cases involved children between the ages of 4 and 12.

Small high-powered magnets swallowed by children are like a bullet hole in the body with no entry or exit wound, say doctors who have surgically removed magnets from children’s bodies. When these individual magnets are ingested, they connect inside the body. The bonds are so strong that the magnets clamp digestive organ tissue together and tear holes at the contact points. The resulting injuries are horrific and life-altering. The surgeries to remove the magnets are time consuming and expensive.

High-powered magnets that connect in a child’s body are a serious injury, or even a death, waiting to happen. We are not willing to stand back and wait for these incidents to keep occurring before acting.

Doctors say that time is of the essence when treating these injuries. Yet, the symptoms can be vague—typical of a stomach virus. Unless you KNOW that a child has swallowed magnets, you might think your child has a stomach bug.

A marble, a coin and other small nonmagnetic things can pass through a child’s body. A doctor’s plan when a child swallows something is typically to watch and wait. This approach often works for nonmagnetic products. In the case of high-powered magnets, however, watch and wait can be life-altering. Watch and wait means that the injury has time to worsen.
Teen to Teen: Magnet Talk
High-powered magnets are a deadly safety risk to children age toddler through teen. Swallowing incidents are on the rise and can result in surgery. SafetyGov USCPSC. http://youtu.be/HmqIlhnPt1qk
Health care includes the prevention, treatment, and management of illness and the promotion of emotional, behavioral, and physical well-being. Effective health care is an important aspect of achieving good health outcomes. Health insurance status and usual source of health care affect whether care is received and the type of care provided. The receipt of immunization and dental visits characterize care utilization.
Unintentional falls are the leading cause of nonfatal injury in children younger than 14 years of age in the United States. Fall-related mortality in children has declined since 1987; nonetheless, according to the National Center for Injury and Prevention Control in 2009, 93 fall-related deaths occurred in children younger than 15 years: 65 in children younger than five years, 126 in children between 5 and 10 years, and 16 in children between 11 and 14 years. Boys are more than twice as likely as girls to die from fall-related injuries.
Shaken Baby Syndrome (SBS), a form of abusive head trauma (AHT) and inflicted traumatic brain injury (ITBI), is a preventable and severe form of physical child abuse. It results from violently shaking an infant by the shoulders, arms, or legs. SBS may result from both shaking alone or from impact (with or without shaking). The resulting whiplash effect can cause bleeding within the brain or the eyes. Nearly all victims of SBS suffer serious health consequences and at least one of every four babies who are violently shaken dies from this form of child maltreatment.

Centers for Disease Control
Heads Up: Prevent Shaken Baby Syndrome
http://www.cdc.gov/concussion/HeadsUp/sbs.html
Furniture Tipover Tragedies
A new CPSC data report shows that 349 people (84 percent of them children under 9) were killed between 2000 and 2011 when TVs, furniture, or appliances toppled over onto them. The 41 reported deaths in 2011 were the highest number reported in one year. That’s an increase from 31 in 2010 and 27 in 2009.

Every two weeks a child dies when a television, a piece of furniture or an appliance falls on him. These incidents are tragic and preventable. Large TVs and unstable furniture can be a deadly combination. Take simple, low-cost steps to secure furniture and TVs to save lives. The simplest solution is to install hardware or other devices that anchor furniture to a wall -- they're inexpensive and easy-to-install.
http://youtu.be/g6oHH9GTzsg
Discuss the facts on the poster.
Fire/Burns

- Use smoke alarms – where people sleep and on every level of the home – and test monthly.
- Create and practice a family fire escape plan.
If you use a play yard, keep it bare when you put your baby in it. Each year, U.S. Consumer Product Safety Commission (CPSC) receives reports of infant suffocation deaths. Some key causes of these deaths are the placement of pillows and thick quilts in a baby’s sleeping space and/or overcrowding in the space.

Here’s more information on how to put your baby to sleep safely:

CPSC staff estimates that between 1992 and 2010 there were nearly 700 deaths involving infants 12 months and younger related to pillows and cushions placed in or near a baby’s sleep environment. Nearly half of the infant crib deaths and two-thirds of bassinet deaths reported to CPSC each year are suffocations caused by pillows, thick quilts and/or overcrowding in the baby’s sleeping space.

The safest place for a baby to sleep is in a safe crib. A safe crib is one that meets CPSC’s strong federal safety standards and is clear of clutter. That means no pillows, no heavy quilts, no thick blankets, no pillow-like stuffed toys or other large stuffed toys and no child carrying devices, recliners or sleep positioners.

Many parents are aware of the Back-to-Sleep Campaign to reduce the risk of SIDS. Putting your baby to sleep on his or her back also helps prevent suffocation. Be sure to always place your baby on his/her back on a tight-fitting, firm, flat mattress or any surface that comes with the bassinet and play yard. Crib mattresses need to fit tightly, too.
CPSC and the U.S. Food and Drug Administration (FDA) are warning parents and caregivers to stop using sleep positioners. Over the past 13 years CPSC and FDA have received 12 reports of infants between the ages of 1 month and 4 months who have died when they suffocated in these positioners or when they became trapped between a sleep positioner and the side of a crib or bassinet. CPSC has received dozens of reports of infants who were placed on their backs or sides in sleep positioners, only to be found later in potentially hazardous positions within or next to the sleep positioners.

The safest crib is one with only a mattress and a tight-fitting sheet. Parents should stop using sleep positioners or ANY device to hold an infant on his or her back or side for sleep. These are unnecessary and can pose a suffocation risk to your baby.

Sleep Positioners: A Suffocation Risk
CPSC and the U.S. Food and Drug Administration (FDA) are warning parents and caregivers to stop using sleep positioners.
http://youtu.be/3xvdPpKJoMc
Motor Vehicles

Always use seat belts, child safety seats and booster seats that are correct for a child’s age and weight.

Ensure that every occupant is properly restrained for every ride. Children should ride in a back seat until they are at least 13 years of age. A recent study found that almost 99 percent of child seats are installed in a back seat.

- Children should ride in a car seat as long as possible, as long as the child is within the height and weight requirements described by the manufacturer. Always follow manufacturer’s instructions.
- Children should ride in rear-facing child safety seats as long as possible. They should remain in a rear-facing child seat until they are at least 2 years of age or reach the highest weight or height allowed by the manufacturer of the child safety seat.
- Children ages 2 or older, or those who have outgrown their rear-facing safety seat, should ride in a forward-facing car seat for as long as possible. Many of these seats can accommodate children up to 65 or 80 pounds.
- Children should remain in a forward-facing car seat until they reach the upper height or weight limit specified by the manufacturer. Once beyond the height or weight limit of a forward-facing car seat, a child should ride in a booster seat until an adult seat belt fits properly.
- Children no longer require the booster seat when a seat belt fits correctly—the adult lap belt must lie snugly across the upper thighs and the shoulder belt must lie snugly across the shoulder and chest (usually when a child is approximately 4’9” and between 8 and 12 years of age).
- Return the product registration card provided for all new child safety seats to the manufacturer to ensure you will be notified of any recalls.
- Check www.recalls.gov to inquire about recalls or safety notices on child safety seats. Avoid purchasing safety seats from yard sales, flea markets and second hand stores or when there is no known history of the seat. A recent study found that more than 90 percent of people knew the history of their car seat and whether it had previously been involved in a crash.
- In some child seats, a top tether can be used for added safety. A 2011 study found that only 28 percent of forward facing car seats installed in vehicles used the top tether.
In 2012, CPSC staff has learned of about 500 incidents involving children and adults who were injured by single-load laundry packets like those shown above. Children have required hospitalization from ingesting the product due to loss of consciousness, excessive vomiting, drowsiness, throat swelling, and difficulty breathing (requiring intubation).

Do NOT let children handle laundry packets. Keep them locked up and out of a child’s sight and reach.
What Can Be Done

States and communities can:
• Align efforts with the National Action Plan for Child Injury Prevention.
• Strengthen data collection on child injury.

States and communities can:

• Align efforts with the National Action Plan for Child Injury Prevention, released in 2012 by Center for Disease Control and more than 60 partner organizations. Visit www.cdc.gov/safechild.
• Strengthen data collection on child injury to identify problems and track progress.
States and communities can:

- Use strategies shown to reduce injuries such as graduated driver licenses, learn-to-swim programs, and prescription drug monitoring programs.
- Improve access to poison control centers, trauma center care, and preventive services such as CPR/first aid training.)
What Can Be Done

Health care systems can:
• Use technology to improve the speed and quality of care.
• Provide safety education for new parents.

Health care systems can:
• Use technology, such as electronic medical records, to improve the speed and quality of care for injured children, and to monitor the number and severity of injuries.
• Include child safety education for new parents and at all pediatric visits.
Everyone can:

• Take steps to prevent child injury where you live, work, and play.
• Be a good role model—wear a seat belt, use a helmet, and follow other safety tips.
• Learn more about protecting the ones you love at www.cdc.gov/safechild.
References and Resources

Microsoft Clip Art: Used with permission from Microsoft.

Textbook:

Websites:
2013 Recommended Immunizations for Children from Birth Through 6 Years Old
The recommended immunization schedule is designed to protect infants and children early in life, when they are most vulnerable and before they are exposed to potentially life-threatening diseases.

Center for Disease Control
Child Safety First is important because your child is moving around more; he will come across more dangers as well. Dangerous situations can happen quickly, so keep a close eye on your child.
http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/toddlers.html
References and Resources

Consumer Federation of America
When It Comes to Protecting Our Nation’s Children, Regulations are Effective. The CPSC empowers the CPSC to respond swiftly to emerging toy and product hazards, implement strong safety standards for these products, and immediately inform the American public through an online product database about safety hazards.

http://www.consumerfed.org/news/627

Consumer Product Safety Commission
Publications and guidelines for baby savers, soft bedding, baby monitors, seat cushions, strings, cords, and magnets.


Crib Safety

http://www.cpsc.gov/Safety/Products/Sleep-Products/Safety/Tips/Pages/Crib-Relief.aspx

National Association for the Education of Young Children
Founded in 1926, The National Association for the Education of Young Children (NAEYC) is the world’s largest organization working on behalf of young children with nearly 80,000 members, a national network of more than 300 state and local Affiliates, and a growing global alliance of like-minded organizations.

http://www.naeyc.org/
References and Resources

Safe Kids
Here you will find a wealth of information from across Safe Kids Worldwide, covering everything from safety basics and fact sheets to activities you can adapt for your lesson plans.

U.S. Consumer Product Safety Commission
CPSC is charged with protecting the public from unreasonable risks of injury or death associated with the use of the thousands of consumer products under the agency’s jurisdiction.

What Is Child Abuse and Neglect?
Federal legislation lays the groundwork for States by identifying a minimum set of acts or behaviors that define child abuse and neglect.

References and Resources

YouTube™
- Baby Monitor Cords Have Strangled Children
- CPSC knows of 7 deaths and 3 near strangulations since 2002 involving baby monitors. Always keep ALL cords and monitor parts out of the reach of babies and young children — at least 3 feet away.
- JPMA Bumper Pad Interview
- Interview concerning the safety of crib bumper pads.
- United States Consumer Product Safety Commission
  - In this month’s Consumer Product Safety Commission Recall Round-Up: Dunecraft Water Balz, skulls, orbs and flower toys, DynoCube high-powered magnets, and Enesco’s Shelly’s Diner collectibles.
  - Nikki Fleming, CPSC spokesperson discusses whether you just had a baby, expecting a new baby, or taking care of a young infant — it’s important to create a safe sleep environment for your baby.

http://youtu.be/RXhuZivjxUk
http://youtu.be/nHr4T5QwA68
http://youtu.be/suS54XU8S0I
http://youtu.be/UGFvlRQFY30