

Culture of Safety: Part 2

Steve Shuman: This is the second part of a two-part presentation developed by the Head Start National Center on Health to introduce Head Start and Early Head Start staff to safety and injury prevention strategies and resources. We encourage you to review part one first. At any time, you can download the foundational document for today's recording, "10 Actions to Create a Culture of Safety," and all the supplemental materials for this presentation from ECLKC. Look for the materials link underneath the link for this recording.

My name is Steve Shuman. I have been a Head Start director and have been providing technical assistance and training on early childhood public health topics since 1987. My colleague Nancy Topping-Tailby and I are from the Head Start National Center on Health. The work we do at the National Center on Health includes helping programs implement effective injury prevention practices. Nancy is also a former Head Start and Early Head Start program director and a behavioral health clinician who has worked with Head Start staff and families for more than 20 years at a local, state, and national level.

The fifth action is transport children safely. Transportation is an essential service that makes it possible for many children to attend a Head Start program. Getting children to and from their Head Start or Early Head Start program is as important as what happens in the classroom. School buses present a range of safety considerations. Programs that transport children on Head Start buses or provide contracted transportation services ensure that they meet all applicable requirements and laws. This ensures that children reach their programs in the safest possible way.

Families who bring their children by car may need guidance about safe practices, and those that walk or take public transportation need to be able to do so without risk of injury. Programs create, consistently implement, and enforce policies and procedures for safe transportation. This includes bus driver qualifications, vehicle inspections, as well as procedures for authorized drop-off, pick-up, and evacuation.

Training for bus monitors and drivers includes measures to account for children at all times, especially when they are getting on and off the bus. Programs are also required to provide a training on pedestrian safety education to children, families, and staff whether they ride the school bus, walk to program activities, ride in their family car, or take public transportation. Motor vehicle crashes kill more children in the United States than any other cause of death.

Programs educate families and staff about the importance of always using a properly installed car seat, according to the manufacturer's instructions, that is right for their child's age, weight, and size. There are many resources available to staff and families about safe transportation and pedestrian practices at SaferCar.gov, a website of the National Highway Traffic Safety Administration. Parents and staff make sure that parents and bus staff know that it is never safe to leave a child in a vehicle. This is an important way to prevent a tragedy.

The following clip from Safe Kids Worldwide provides an explanation of the danger of leaving children in a vehicle.

[Video begins]

Anchorwoman: Well, if you think it's hot outside now, you know it's even hotter inside a car.

Reporter 1: I'm out here in this circle to talk about the dangers of leaving children in a hot car.

Reporter 2: This just happened to a two-year-old in our state just last month.

Reporter 1: Did you know that a child could die from heatstroke on a 72-degree day?

Reporter 2: Says it is 99 degrees outside and 160 in the vehicle.

Female voice: At 104 degrees, their internal organs start to shut down.

Reporter 1: Heatstroke, I mean, that's a very significant possibility.

Female voice: It was only in the 70s outside. He thought all his children were at daycare.

Male speaker: To my horror, I realized Payton was still in her car seat.

Reporter 2: This can happen to anybody.

Male at podium: I heard someone screaming. It was me.

Female reporter: Create a habit to help you remember your child. Reminders include placing something on the back seat next to your child that you'll need on your next stop.

Female voice: And you never leave a child in a car and always remember to lock the door so kids can't climb inside. Another idea is to set an alarm on your cell phone reminding you to drop your child off at daycare or calling someone once you do.

Female: If you see a child unattended in a car alone, call 911.

[Video ends]

Steve: Each program determines whether it will provide transportation services. If your program provides or contracts for transportation, it is critical to include redundant or fail-safe systems in your transportation plan. These systems ensure the safety of children whenever they travel to and from the Head Start program. Making sure that you have a redundant system in place is an important component of any effective injury prevention plan. People are human, and human beings make mistakes. So, over time, mistakes are bound to happen.

A fail-safe or redundant system uses strategies to reduce the risk of harm when a system fails. The assumption is that failure will eventually occur; and so, when it does, you have a backup system. Your fail-safe or redundant system is your Plan B. The chance of two or more systems failing at the same time is a lot less likely than a single system breaking down when there is no backup plan in place.

A program can have as many plans or backup systems as they need as long as they have more than just one. In fact, we think the more the better. This is why it is a good idea to use a token or some other system of marking a seat once the child boards the bus and then removing the token when the child exits the bus as a visual cue and reminder that the child is either on or off the bus. This means that you check and you double-check, and then you check again.

How many of you have left a second key outside in a hidden spot or with a trusted friend or neighbor in case you accidentally lock yourself out? You may not have realized it, but by doing this, you have created a redundant system. Programs can train staff and educate families about how to set up a fail-safe plan so they know when and how to use them. To create the most effective plans, programs have to test them. Practicing how to respond to an emergency or a less serious change in routine means that plans become rote.

So, when something happens unexpectedly, everyone knows what to do. This is also why programs may want to use a sign-in sheet or attendance log that requires multiple signatures as each child boards and exits the bus and have emergency contact lists with the names and phone numbers of other authorized adults in case they can't reach the parent or guardian. After implementing its transportation plan, a program needs to collect data about how its plan is working.

As in Action 1, use data to make decisions, staff can use the information they collect to determine whether their plan is effective. Staff aggregate and analyze their data to answer the following questions: Has any child ever been injured or left unattended when traveling on a Head Start vehicle? Are children, families, and staff aware of safe transportation practices? Do staff know and consistently follow the program's policies and procedures? What transportation strategies have been most effective? What strategies need to be improved? What challenges remain? The answers to these questions help programs determine which parts of their transportation plan are effective and which areas may need improvement.

For example, bus monitors may need more training on active supervision or families may need more support in developing drop-off and pick-up routines. Staff assess and make changes to program practices, if needed, to immediately address any area of concern. You may also want to review the National Center on Health webinar "Supervising Children on Head Start Buses" on the ECLKC in your supplemental materials. Now, Nancy will speak about Action Number 6.

Nancy Topping-Tailby: Action Number 6 is report child abuse and neglect. Unlike the other actions that focus on preventing an unintentional injury, reporting child abuse and neglect is related to the intentional injury of a child. Child abuse and neglect is also known as child maltreatment. Programs that promote a culture of safety make sure that all staff know that everyone who works in a Head Start or Early Head Start program is a mandated reporter.

According to the 2009 Head Start information memorandum on the safety of children, being a mandated reporter means that agency staff are legally obligated to report any potential child abuse or neglect to the appropriate child protection agency for their jurisdiction. This includes potential abuse or neglect that occurs when a child is in the care of the Head Start agency as well as suspected abuse or neglect occurring outside the program.

Child abuse includes physical, sexual, psychological, and emotional abuse. It also includes acute head trauma such as shaken baby syndrome and repeated exposure to violence including domestic violence. Neglect can occur when a parent or guardian does not meet a child's basic needs. We know that caring for young children can be stressful, particularly for families who may already be experiencing other significant stressors such as social isolation, unemployment, housing instability, and alcohol or drug abuse. We also know that children under age five are more likely to experience maltreatment than any other age group and that children younger than age one are especially vulnerable.

So, what do programs need to do to make sure that staff fulfill their responsibility as mandated reporters? First, make sure that your program has established policies and procedures for identifying and reporting suspected child abuse and neglect. It's important to review any local reporting requirements when drafting your policies. Train staff to know what to look for so that they can recognize the signs of suspected abuse and neglect. The Child Welfare Information Gateway has a variety of helpful resources including this fact sheet on how to recognize the signs and symptoms of child abuse and neglect.

The next step is to train all staff on your agencies policies and procedures, so that staff understand the process, both what they need to do and the procedure that the agency will follow after they report a concern to a supervisor. Consider when to schedule training on mandated reporting; for example, during pre-service and in-service periods as well as orientation sessions for new staff.

It's important to remember when filing a report that it is not your job to prove that the abuse or neglect occurred. Your program's responsibility is merely to inform the child protection agency if staff suspect a child has experienced abuse or neglect. An investigator from the agency will make the final determination. Provide reflective supervision for staff, as this process can be quite stressful for staff who may feel worried about the child's safety but uncomfortable at having to file a report.

Staff may also have concerns about the family's reaction, and in certain circumstances may even have concerns about their own safety. Reflective supervision can provide an opportunity for staff to have an open discussion with their supervisor and get the support they need to address their concerns. A report doesn't have to end the relationship between the program and the family. Staff can use family engagement strategies to offer their continued support.

Reporting child abuse and neglect can be a difficult task for any Head Start and Early Head Start staff. While prevention is usually the first line of defense against injury, if you suspect that someone may have intentionally injured a child, then reporting your suspicion promptly can protect the child from further harm. Both as early childhood educators and as mandated reporters, we have a responsibility to ensure that every child is safe.

Steve: The seventh action is be aware of changes that impact safety. There are numerous transitions throughout the day, and we know that children are more vulnerable at these times. Schedules and routines create predictability and stability for young children. They feel more secure because they know what to expect. Identify any changes in the environment and routines that may make children more vulnerable for injury. This can include changes in staff, classroom, daily routine, and equipment. For example, a field trip, while a new and different experience, has all the elements of change that pose an increased risk to children's safety.

Many children have difficulty during everyday transitions, especially when they are asked to make a change, try something new, or stop doing something they are enjoying. Some children react to even the slightest changes in daily routines. Staff who anticipate and prepare for children's reactions are better able to protect children by watching them closely and helping them make safe choices. Active Supervision, a referenced fact sheet from the Head Start National Center on Health, is available in the supplemental materials.

Staff also conduct a daily health check to see if a child is experiencing a change in health status. The daily health check is an important safety check that can help staff identify children who may not be feeling well, had enough sleep, or who may be reacting to other developmental or family issues that can affect and even interfere with their behavior and ability to follow safety rules. One of the best ways to keep children safe is when they have a relationship with a responsive caregiver who can help them regulate their feelings and behavior.

The eighth action is model safe behaviors. When all managers, staff, and families engage in safe behaviors, everyone is protected from injury. Modeling safe behaviors is part of the nurturing, positive relationship staff and families establish with children. Staff who demonstrate safe behaviors encourage children and other adults to use them, too, so caregivers can be positive examples for children. Children learn by watching and following the lead of their caregivers, making it even more important for staff and family members to practice safe behaviors.

Offering children positive role models will help them see, repeat, and practice safe behaviors. The steps to implement this action include establishing safety rules for each manager and staff to follow, supporting staff to enhance their safety practices through reflective supervision, and setting expectations by modeling the behavior. Managers and staff should jointly develop safety rules. You can even include children, depending on their age. These rules should be easy-to-use strategies that fit within daily routines. For example, staff can make sure that they are wearing appropriate shoes. Simply wearing the right shoes offers a concrete and easy action to prevent falls.

Helping staff understand and practice new safety strategies can sometimes be challenging. Managers work with staff to celebrate what they do well and identify barriers to trying out new strategies. Like the children and families you serve, staff may need support to try a new approach. Managers who lead by example are more likely to impact the behaviors of staff, families, and children. Implementing strategies on a day-to-day basis sets the stage for others to follow.

Nancy: The ninth action is teach families about safety. Staff can help prevent injuries by helping families become more aware of the risks to children's safety. Staff can partner with families to reduce injuries that occur in the home. Examples include addressing families' safety concerns, educating families about safety hazards, completing home safety checks, identifying safe practices, and helping families obtain safety devices. We know that the majority of injuries to children age five and younger occur in the home.

Home safety is an important element of the home visiting and family engagement relationship. Some families may need support in acquiring the resources to eliminate hazards, obtain safety equipment, or learn active supervision strategies. When families have the information and resources that they need, they can often prevent many injuries at home. Some families may feel that injury prevention is beyond their reach and may not feel empowered to prevent injuries or remove hazards from their home.

Staff can use their knowledge of how to find community resources to help families access safety equipment and advocate for safer living conditions. Use information from home visiting and family engagement activities including goal-oriented partnerships with families to encourage home safety. Asking the right questions in a two-way engaged relationship can initiate a productive collaboration. This information helps define what areas of home safety to address and how to individualize to meet the needs of families. With a family, conduct a home safety inspection. Using a comprehensive checklist can help families and staff identify hazards, discuss home safety topics, and raise awareness of injury prevention strategies. For example, resetting hot water heaters, replacing batteries twice a year in smoke detectors, turning buckets upside down, locking up cleaning supplies, and storing all medication out of children's reach are free and low-cost injury prevention strategies.

Provide ongoing education opportunities for families to learn more about safety from community experts. Use your Health Service Advisory Committee and other community partners to find local experts to provide training on safety topics of interest to families. These experts may also be able to offer additional resources to families. Assist families to acquire safety equipment for their home. With the family's permission, connect with the Health Services Advisory Committee and community partners to find resources that families may need to make their homes more secure such as electrical socket covers, oven protectors, guardrails, bathtub thermometers, gates for stairs and doorways, locks for cabinets and drawers, and other home safety tools. For more information on home safety hazards and how to prevent them, see the Safety and Injury Prevention Resource List in the supplemental materials.

The tenth action is know your children and families. Each child grows at a different rate and has unique skills, abilities, and challenges. Staff who understand a child's strengths and needs can individualize the curriculum to promote safe learning opportunities for each child. Families may have a different cultural perspective or different expectations of their child's behavior based on their beliefs and traditions. Staff who respect each family's beliefs, experiences, and values are better able to acknowledge and support parents' efforts. Parents are ultimately key to establishing a safe environment for their child.

Engaging in mutually respectful, goal-oriented partnerships with families allows staff to share injury prevention information and build trusting relationships over time. Conduct ongoing child assessments to recognize each child's skills, abilities, and challenges. Staff understand each child's developmental level, especially children with special healthcare needs and/or disabilities. Individualizing for each child and family in safe well-supervised environments supports all children's learning and healthy growth and development.

Let's review the 10 Actions to Create a Culture of Safety. Once again, the 10 actions are: Use data to make decisions, actively supervise, keep environments safe and secure, make playgrounds safe, transport children safely, report child abuse and neglect, be aware of changes that impact safety, model safe behaviors, teach families about safety, and know your children and families. Staff create a culture of safety when they make sure that facilities and equipment and their interactions with children and families follow these 10 actions.

The Head Start National Center on Health hopes that these two presentations have helped you gain a better understanding of what these actions are, why they matter, and the steps to implement each action. From using data to knowing your families and children, used together, these actions create a culture of safety for all children. A culture of safety is not fostered when programs pick and choose which actions to promote because they build upon each other with data as a foundation and a holistic, evidence-based, developmentally appropriate child and family-focused approach. Managers may simplify planning, training, and implementation by considering one action at a time. Careful integration of each action into service plans assures that the process of re-envisioning a culture of safety in your program is accomplished.

In addition, Health Services Advisory Committees can engage in planning and support programs as they create a culture of safety within the program and the community. As programs consider each action and a culture of safety as a whole, don't forget the importance of the extra key. Even the best plans fail once in a while. Mistakes are bound to happen. A program can have as many plans or backup systems as they need as long as they have more than just one system. In fact, the more the better. A failsafe or redundant system uses strategies to reduce the risk of harm when a system fails. The motto is: Check, double check, and then check again. A culture of safety is everyone's responsibility. Management teams working alongside staff with and for families can make Head Start communities safe for children to play and learn.

This concludes the second part of our two-part presentation. We encourage you to use this recording with your staff, Policy Council, governing body, Health Services Advisory Committee, and Self-Assessment teams. You can download the foundational document for this recording, *10 Actions to Create a Culture of Safety*, and all the supplemental materials for this presentation from the Early Childhood Learning and Knowledge Center. Look for the materials link underneath the link for this recording. Use these supplemental materials as well as the many injury prevention resources on the Head Start National Center on Health Early Childhood Learning and Knowledge Center pages where you will find tip sheets, interactive tools, articles, and checklists. The Head Start National Center on Health is available to answer your questions by email or phone. Thank you for listening.