Hazard Mitigation Plan

Iowa Quality Rating System - Enhanced Health and Safety Policies – 2 points

Hazard mitigation is defined as "any sustained action taken to reduce or eliminate long-term risk to life and property from a hazard event."

Any building or setting – including child development homes and centers -- has the potential to pose a risk to a person's health or safety. Child care providers must be extra vigilant in assuring that their programs do not have known threats that could harm children in their care.

Hazard mitigation does not guarantee that all injuries will be prevented but does provide an assurance to parents that every reasonable effort is taken to identify potential threats and minimize harm. Mitigation does not mean quick fixes. Developing a hazard mitigation plan is a long-term approach to reduce *your* program's vulnerability to adults or children being harmed while working or being cared for in your home or center.

A Hazard Mitigation Plan outlines a review of *your unique program* and the actions you will take, both immediate and ongoing, to reduce or eliminate harm to others. Developing policies and procedures provides a structured way for you to review your full program, address hazards that you find during the review, and think through measures you can take now to prevent a problem in the future. Developing this plan provides another indicator to your parents, your staff, and your board of directors that the safety of the children in your care is your top priority. Participating in the Injury Prevention and Medication Administration Policy training available through your local Child Care Resource and Referral Agency can assist you with developing a more comprehensive hazard mitigation plan.

POLICY DEVELOPMENT	
Hazard Mitigation Plan for (name of home provider or program):	**Person(s) writing plan:**
Date reviewed and approved by Board if center has Board of Directors or Advisory Board). Attach Board Minutes from meeting.	**Date Submitted:**
IMPLEMENTATION & ONGOING REVIEW	
Person(s) responsible for implementation of plan:	**Person(s) responsible for reviewing and updating plan:**
	Plan will be reviewed and updated (how often?):

What might cause a child to be injured in my child care business?

FALLS, CRUSHING, LACERATIONS AND IMPALEMENT:

Falls are the leading cause of non-fatal injuries for all children ages 0 to 19. Every day, approximately 8,000 children are treated in U.S. emergency rooms for fall-related injuries -- almost 2.8 million children each year.

Injuries can occur from falls or crushing that is caused by:

a) Falling objects such as furniture, TV's, appliances, shelving units, equipment, and other heavy objects that are not stable, or secured.. This may include decorative items, teaching aids, light or ceiling fixtures, bulletin boards, fire extinguishers, coat cubbies, room dividers, and play equipment falling due to inappropriately or insecurely attaching to walls, ceiling, floor, ground, etc. (example - items nailed into drywall versus secured to wall stud with screws)

b) Trip and slip hazards such as throw rugs, clutter, spills, irrigation hose in play area and lack of improperly installed or poorly maintained surfaces, such as snow/ice covered walkway, burned out light bulbs, cracked concrete, gutter draining onto walkway.

c) Open access to stairways, windows, decks, balconies, abrupt grade changes or due to inappropriately or incorrectly installed or poorly maintained safety devices including but not limited to window guards, safety gates, railings, fences, sidewalks, stairs, etc.

d) Elevated play equipment that doesn't have proper and sufficient fall surfacing, (none, too little or fall surfacing that has been poorly maintained)

e) Equipment that is improperly installed such as upside down crib rail, outdoor play equipment not anchored into ground, or guardrails nailed to side of deck; equipment used inappropriately according to manufacturer's recommendations (such as setting, bouncy seat on counter top) or that is developmentally inappropriate (see saws and arch climbers in play area designated for toddler and preschool age children); and using non-commercial equipment in a commercial (business) setting such as parents building a playground structure purchased at a home improvement store.

f) Use of elevated surfaces or equipment (high chairs, changing tables, lofts, elevated play areas, cribs) without use of safety equipment, or not providing proper supervision while children are using equipment.

g) Access to and use of a trampoline.

h) Falling trees, tree limbs or structures in or beneath trees due to poor tree health or pest infestation.

i) Falling or collapsing structures or portions of structures, signage, or other parts of the property or facility due to lack of appropriate ongoing maintenance, improper installation, storm damage, pest infestation, improper use, etc.

In conducting a site-specific review of both the indoor and outdoor setting AND reviewing the program's policies and procedures:

1. What policies and procedures does your program currently have in place to prevent injuries from these types of hazards?
2. After a review of your facility and review of your current policies and procedures, what additional policies or procedures have you developed to protect children?
3. How will parents and staff be informed of the policies and procedures you have developed to protect their children and of any hazards that still exist and the efforts you are taking to minimize risk? What will be done? By Who? When?
3b. Are there others in the community who need to be contacted to help implement the policies and procedures? Who? How can they help? When will this help be requested?

POISONING, CHEMICAL EXPOSURE AND HAZARDOUS MATERIALS:

Poisoning is the second leading cause of unintentional injury related death in the United States. The American Academy of Pediatrics estimates that 60% of all children will need help from a poison center before the age of six. The top 10 substances involved in poisoning are:

1) Pain medicine,
2) Cosmetics/personal care products,
3) Household cleaning substances,
4) Sedative/hypnotics/antipsychotics,
5) Antidepressants,
6) Foreign bodies/toys,
7) Topical preparations,
8) Cardiovascular medicines
9) Pesticides and
10) Alcohol

The prevalence of lead poisoning among children under the age of six years is 7% statewide, more than four times the national average of 1.6%. Radon is the second leading cause of lung cancer, and the entire state of Iowa is in Zone 1 meaning we are at risk for high levels of indoor radon exposure.

Poisoning or exposure to chemical/hazardous materials can occur from:

a) Improper using, mixing, storing, handling, labeling, disposal, disturbing or removal of materials used in all child accessible areas (including inside, outside, in vehicles and on field trips). This includes all hazardous material - explosive, corrosive, toxic, oxidizing, asphyxiating, pathogenic, allergenic, radioactive, or bio-hazardous - in any state (solid, liquid, gas) Examples: all products labeled "keep out of reach of children", gasoline, oil, pool chemicals, chemicals, pesticides, incandescent light bulbs, air fresheners, syringes, mercury thermometers, guns, weapons, fireworks, broken glass, razor blades, acetone (commonly found in nail polish remover, liquid bandage, corn/callus remover & some muscle pain gels), benzene (found in air fresheners, paint, furniture wax, glue, adhesives, detergents), battery acid, lead, radon, etc.

b) Repeated exposure to pests and pesticides.

c) Failing to maintain clean and safe indoor air, temperature and adequate air exchange.

d) Medication errors including but not limited to incorrect medication, incorrect dosage or missed dosage, incorrect route, person, or time; failure to document medications given; storing or handling medication in a manner that is accessible to children, and unauthorized use of medications.

e) Exposure or contamination in a multi-use facility (church, community center, school, strip mall, office complex, etc.) due to actions of other tenants, occupants, owner, etc.

f) Access to construction, remodeling, repairs, commercial cleaning, pest extermination or other activities in or around the facility during hours of operation that cause exposure to hazardous materials, equipment or conditions.

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FIRE, BURNS AND SCALDS:

Girls aged 1-4 had the highest rate of fire-related emergency department visits in Iowa in 2006-2008 During that time period, fire-related hospitalization rates were 21% higher in Iowa than in the nation.

Injuries from fires, burns or scalds can occur from:

a) Failure to detect a fire in the facility early enough to safely evacuate everyone due to lack of working, properly maintained and placed dual sensor fire alarms.

b) Exits that are blocked, inaccessible to some or all occupants, developmentally inappropriate (example - ladder for young children), locked or requiring a key to unlock, or otherwise hazardous evacuation routes.

c) Delayed emergency services due to street number not being clearly visible and legible from the street or road.

d) Failure to prevent the spread of fire through improper installation and maintenance of a sprinkler system, fire doors, and fire extinguishers in the facility.

e) Very hot food or liquids being accessible to children, including tap water, coffee cups, bottle warming containers, foods on stovetop or just out of the oven, steam etc.

f) Heating elements or chemicals such as wood stoves, fireplaces, stovetop, grill, hot glue gun, or chemical burns. Examples of chemical burns that can occur in child care include: cleaning wipes accidentally used instead of a diaper wipe, a child's skin coming into contact with sanitizer on a changing table surface (not letting dry, mixing too strong, etc.), a child accessing a chemical by touching or drinking, any product that is significantly alkaline or acidic has the potential to burn a child (such as undiluted bleach, lime, fertilizer, oven cleaner, drain and toilet bowl cleaner, lye, battery acid, etc.)

g) Access to or ignition of flammable materials stored in same building or areas used for child care. Flammable materials include: candles, matches, lighters, oil lamps, portable heaters; portable stoves, hot plates, heating elements, fuel oil, mineral oil, paint, alcohol, gas fireplaces or stoves, charcoal, propane tanks on grills, etc**.**

h) Failures to ensure electrical systems are in compliance with building codes.

i) Overloading electrical outlets, misuse of extension cords, using appliances with frayed or broken cords, lack of ground fault circuit interrupter (GFCI) outlets, using equipment that is non-safety certified (Underwriters Laboratories – UL), poorly maintained equipment, outlets being accessible to young children, using electrical items with missing parts or for unintended uses, etc.

j) Sun burn, UV skin and eye damage, increased risk of skin cancer due to unprotected sun exposure in young children and lack of provision for shade.

k) Access to items labeled "keep out of the reach of children." Items carrying this label typically contain ingredients that are hazardous to children. The Food and Drug Administration regulates and has guidelines requiring certain products to carry this warning to alert parents and caregivers of the potential hazard associated with children having unsupervised access to the product. Product labels are not just "suggestions".

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CHOKING, SUFFOCATION, STRANGULATION, ENTRAPMENT AND DROWNING:

According to a 1984 analysis, hot dogs alone accounted for 17% of food-related asphyxiations of young children. In both Iowa and the U.S. overall, suffocation is the fifth leading cause of injury death. Drowning is the 3rd leading cause of injury death for Iowans under the age of 14. Among children ages 5-14, 13% of all hospitalizations were the result of sustaining an injury, the highest percent of any age group.

Choking, suffocation, strangulation, entrapment and drowning can result from:

Choking

a) Choke-able foods or pieces of food in choke-able sizes given to children under 4years of age. Examples: hotdogs (whole or sliced into rounds, raw carrot rounds, whole grapes, hard candy, nuts, hard pretzels, popcorn, marshmallows, peanut butter, etc.

b) Bottle propping in infants, unsupervised feeding, or caregiver being further than an arm's distance away from all children during feeding, at any age.

c) Choking hazards or small parts being accessible to children under 3 years of age. Examples of choking hazards and small parts : plastic bags, balls smaller than 1 ¾ diameter, coins, marbles, Styrofoam pieces, un-inflated balloons, pea gravel, dried beans, items with a diameter less than 1 ¼ inch and a length less than 2 ¼ inches, items labeled "small parts" or "not intended for children under 3" or "not intended for young children".

d) Broken, missing or non-manufacture-added parts on indoor or outdoor play equipment (including furniture, infant equipment, food service equipment, and toys,) and failure to maintain or properly install equipment or parts.

e) Loose, broken, or missing hardware on cribs; improper assembly, self repairs, non-intended use or failure to use safety mechanisms provided on cribs; failure to inspect and maintain cribs on a regular basis.

Suffocation, Strangulation and Entrapment

f) Infants sleeping in or on items not intended for sleep for infants. Examples: infant swings, car seats (outside a vehicle), infant carriers, bouncy seats, adult mattress, couch, inflatable mattress, pillows, bean bag, etc.

g) Use of items in or near the crib that pose a danger to infants, including: soft bedding, stuffed animals, pillows, bibs, mobiles, sleep positioners, bumper pads, cords or hanging decorations near the crib, etc.

h) Access to window covering cords, strings, or chains. (Note: The Consumer Product Safety Commission now recommends the use of only cordless window coverings.)

i) Access to strings, cords, ropes, or chains on or near playground equipment or climbing equipment that can catch on the hoods or waistbands of children under 12 years of age; strings or cords exceeding 12 inches in length on young children's toys, household decorations, etc.

j) Access to an enclosure with limited air exchange such as a refrigerator, freezer, large plastic bin, toy box, dryer, storage container, washing machine, etc.

k) Access to head entrapment hazards - openings that are between 3.5" and 9" which are large enough to permit a child's body to go through, but are too small to permit the head to go through. When children enter such openings, feet first, they can become strangle.

Drowning

l) Access to a body of water or other item that a child can be submerged in that is on the property of the child care facility. Examples: decorative pond, man-made or natural lake or pond, river, stream, decorative fountain, hot tub, in-ground, above-ground or inflatable pool, wading pool, 5 gallon bucket, bathtub, watering trough, rain barrel, toilet, mop bucket, farm grain bins, etc.

m) Access to a body of water adjacent to or near the facility but not owned or maintained by the child care facility, including water hazards accessible on field trips.

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FOOD SAFETY: Millions of meals are served annually to infants and young children in Iowa early care and education settings. Infants and young children are at high risk for food and waterborne illnesses. Each year in the U.S., foodborne illness causes 76 million gastrointestinal illnesses, 325,000 hospitalizations and 5,000 deaths.

Injuries or illness and can result from:

a) Improperly cleaned and sanitized bottles and nipples; inappropriately mixed formula; inappropriate temperature control for formula; lack of labeling or mislabeled bottles or food containers, etc.

b) Breast milk being mishandled or fed to wrong infant.

c) Lack of feeding plans and written menus that address the nutritional and feeding needs of young children, including children with special needs; feeding foods against parent, cultural or religious beliefs.

d) Exposure of children to foods that they are allergic to, including delayed medical treatment due to lack of trained staff, lack of access to medication, or lack of a special needs care plan.

e) Failure to provide adequate clean, safe drinking water throughout the day, including indoors, outdoors, on field trips, walks, and during utility outages.

f) Improperly maintained food preparation, cooking, and cleaning/drying surfaces and equipment; improperly cleaned and maintained utensils and serving equipment; cross contamination of food preparation and cleaning areas by using food preparation sinks for handwashing, cleaning pet supplies, and other non-food preparation related activities (in homes - without proper sanitizing between uses).

g) Mishandling of food during preparation, storage, or handling. (such as not using a separate cutting boards for raw meat, serving uncooked hot dogs or deli meats to young children, cross contamination of cooked and uncooked foods, thawing foods at room temperature, allowing food to sit out uncooled or unheated for too long, ensuring storage containers are insect and rodent-proof).

h) Failure to restrict staff with infectious diseases or broken skin from handling food.

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SUPERVISION AND STAFFING:

In 2009, 12,442 children were abused in Iowa. 51% of those children were 0-5 years of age. Caregivers must assume responsibility for the safety of infants, toddlers and preschoolers because children at these developmental stages have limited abilities to appraise risk and differentiate unsafe from safe situations

Injuries from inadequate supervision, staffing patterns and/or procedures can result from:

a) Unauthorized adult(s) having access to a child or the opportunity to abuse or neglect a child in the facility due to a lack of thorough record checks.

b) Lack of orientation and training on appropriate guidance and discipline, staffing patterns including understaffing, lack of appropriate stress relief opportunities and breaks, lack of staff oversight and direct supervision, lack of follow through on staff concerns, etc.

c) Lack of direct sight and sound supervision of children at all times; engaging in personal conversations, texting, gaming, using the computer, watching television, talking on telephone, sleeping, housekeeping, lawn care, etc.

d) Failure to properly train and provide orientation to new staff on all policies and procedures prior to providing direct care to children.

e) Lack of responsive, meaningful interactions by consistent caregivers with personal relationships with the infants and children in care.

f) Staff member working while under the effects of alcohol or illegal drugs or experiencing side effects to prescription, non-prescription, or herbal medications.

g) Poor facility design, environment setup, and/or lack of adaptations (mirrors, video monitors, etc.) to minimize hidden areas where staff or child behavior can be concealed – risk for child maltreatment.

h) Lack of education about crying behavior in young children, a plan of care and an adequate support system for frustrated caregiver – risk for shaken baby syndrome.

i) Failure of a staff member to be present to provide adequate first aid, rescue breathing and/or CPR.

j) Failure to develop policies for or identify and respond to a weapon brought on the premises.

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INFECTIOUS DISEASE PREVENTION:

Infectious diseases kill more people worldwide than any other single cause.

Infectious diseases can result from:

a) Allowing children in the program who are not current on immunization or in compliance with Iowa immunization laws.

b) Lack of clear illness exclusion policies, failure to enforce exclusion policies, and failure of staff to conduct daily health checks.

c) Failure to notify parents and post communicable disease notices in facility, including failure to notify licensing or registration staff and local health department of a reportable infectious diseases (such as pink eye, Norovirus, strep throat, E. coli, Shigella

d) Inadequate handwashing by staff, visitors, and children, including failure to supervise and assist children with handwashing.

e) Inadequate diapering or toileting procedures.

f) Inadequate or inappropriate cleaning and sanitizing of facility, toys and equipment.

g) Inappropriate, inadequate or illegal disposal or handling of waste, including regular facility trash, bio-hazard bags, diapers, body fluids, animal waste, etc.

h) Failure of employer to comply with OSHA standards regarding universal precautions, including providing Hepatitis B vaccination at no cost to employee before potential exposure and providing appropriate medical care should an exposure occur; obtaining site specific universal precautions training and exposure control plan orientation; providing personal protective equipment for staff.

i) Failure of employer to comply with all OSHA standards including notifying staff of occupational hazards in the home or facility (back and neck injury related to lifting children, exposure to body fluids through human bites, blood, urine, feces, vomit, etc.; exposure to infectious diseases (some are especially harmful to pregnant women), etc. and failure to develop health & safety policies. Examples of potential OSHA violations affecting child care provider include: failure to notify employees of exposure to hazardous substances such as radon, lead dust, friable asbestos, failure to notify pregnant women/employees of exposure to measles or cytomegalovirus.

j) Staff working while ill as a result of understaffing, lack of clear exclusion policies or enforcement of policies, failure of supervisor to conduct daily staff health checks, or lack of appropriate staff supervision.

k) Failure to identify early stages of a disease outbreak by not tracking illness days and symptoms among children in care.

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MOTOR VEHICLE TRAFFIC:

Motor vehicle traffic (MVT) - related trauma was the leading cause of "injury deaths" (a death that results from a significant injury versus deaths from chronic disease, etc.) in Iowa. Among Iowans aged 1-34, MVT-related injuries were the leading cause of and the 2nd leading cause of injury-related ER visits after falls.

Injuries can result from:

a) Facility employing under-qualified drivers who lack maturity, experience and/or specialized training (defensive driving course, certifications)

b) Lack of adequate policies and procedures or failure to enforce policies and procedures related to driver qualifications and transportation safety

c) Inattentive driving, operation of the vehicle in an illegal manner or against facility policies. Examples: operating vehicle without a license, speeding, running red light, driving too fast for conditions, following too closely, on phone or texting, etc.

d) Failure to secure infants and children in passenger safety-restraints; incorrect placement or installation of passenger safety-restraints or use of damaged or recalled restraints.

e) Failure to supply adequate first aid and basic life sustaining supplies (such as water, food, sanitation, critical medications, adaptive equipment for children with special needs, etc.) in the event of an accident, getting caught in inclement weather, etc.?

f) Failure to maintain a reliable method for communication, including a back-up system, and contact information to request emergency services following an accident.

g) Access to parked or moving vehicles including arriving or departing vehicles, farm machinery, ATVs, construction equipment, snow removal or lawn equipment, or access to equipment with moving parts (farm equipment, etc). Examples of hazards include: child being backed over or driven over, being trapped or left inside the vehicle, strangling in partially open or in electronically closing window, body part being crushed in closing door, vehicle crashes, etc.

h) Access to street or road traffic, parking lot, loading dock.

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CHLDREN AND STAFF WITH SPECIAL NEEDS:

In October 2010, over 3,600 children from birth to age three were identified with special needs and were being served by their Area Education Agency on an Individual Family Service Plan.

Injuries can result from:

a) Failure to provide an accessible facility and accessible equipment for children and staff.

b) Failure to follow the individual special needs care plan for the management of chronic health conditions or other special needs of individual children or staff.

c) Failure to maintain adaptive equipment.

d) Failure to assign a specific person to be responsible for coordinating care for those with special needs, including assuring the care plan is reviewed and updated regularly and that the plan includes providing assistance during an emergency.

e) Inadequate staff training and orientation to child's needs, routines, proper use of adaptive equipment, etc.

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Resources to Assist You in Developing a Hazard Mitigation Plan

In developing a Hazard Mitigation Plan for your child care business, you may want to consult your insurance agent, legal counsel, board of directors or parent company. Also, it is important to follow the Occupational Health and Safety Administration (OSHA) requirements for employers (if applicable), the licensing and registration rules for centers and homes, and your local zoning and building laws.

In addition, local and state public health agencies may be able to assist you in reviewing your home or program for hazards and provider guidance on how to address them.

The following websites may be of interest or assistance to you in developing your hazard mitigation plan.

Iowa Child Care Resource and Referral agencies	www.iowaccrr.org
Healthy Child Care Iowa	www.idph.state.ia.us/hcci/
National Program for Playground Safety	www.uni.edu/playground/
Iowa/Illinois Safety Council	www.iisc.org/index.html
Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Care	www. nrckids.org/
Consumer Product Safety Commission	www.cpsc.gov
On Safety Consumer Product Safety Commission Blog	www.cpsc.gov/onsafety/
Injury Prevention Curriculum	www.ucsfchildcarehealth.org/pdfs/Curricula/Prev_Injuries_052407.pdf
Guide to Developing Your Workplace Injury and Illness Prevention Program -- with checklists for self-inspection	www.dir.ca.gov/dosh/dosh_publications/IIPP.html#6
Key Questions in Injury Prevention for Out of Home Child Care	www.healthykids.us/chapters/injury_pf.htm
Iowa OSHA	www.iowaworkforce.org/labor/iosh/
Occupational Safety and Health Administration	www.OSHA.gov
Safe Kids USA	www.safekids.org
Neighborhood Safety Network	www.cpsc.gov/nsn/nsn.html
National Safety Council	www.nsc.org/Pages/Home.aspx
National Fire Protection Association	www.nfpa.org/
National Center for Healthy Housing	www.nchh.org
International Property Maintenance Code	www.nchh.org/Policy/National-Policy/International-Property-Maintenance-Code.aspx

References for Hazard Statistics:

Falls/Lacerations: www.cdc.gov/safechild/Falls/index.html

Poisoning: www.iowapoison.org/iapoison/pdfs/IA_2008-2009AnnualReport.pdf

Lead Poisoning: www.idph.state.ia.us/eh/lead_poisoning_prevention.asp

Fire Safety: Iowa Department of Public Health. The Burden of Injury in Iowa, Comprehensive Injury Report, 2002-2006. December 2008.

Suffocation and Choking: American Academy of Pediatrics and Iowa Department of Public Health. The Burden of Injury in Iowa, Comprehensive Injury Report, 2002-2006. December 2008.

Food Safety - www.fda.gov/Food/ResourcesForYou/HealthEducators/ucm095399.htm

Child Abuse - www.pcaiowa.org/child_abuse_data.html

Infectious Diseases -- www.nlm.nih.gov/medlineplus/infectiousdiseases.html

Supervision - /www.child-encyclopedia.com/en-ca/parents-habiletes/selon-les-experts/morrongiello.html

Guidance – Intent and Expectations of Each Question and Samples of Policies

1. What policies and procedures does your program <u>currently</u> have in place to prevent injuries from these types of hazards?

This question is asking you to review and list all of the policies and procedures you had in place - *prior* to developing this plan – that were designed to prevent injuries based on the hazards in each specific grouping.

EXAMPLE OF A POLICY OR PROCEDURE – You will develop policies and procedures for your program based on your unique needs, the specific location, limitation or layout of your building, the children and families you serve, etc.

1. Hazard: Children falling from play equipment
Policy/Procedure already in place: Trampolines are not allowed on the outdoor play area. Children will not be allowed to play on trampolines if they are available at off-site locations on field trips, visits to the park or other facilities, etc.

2. Hazard: access to emergency equipment
Policy/Procedure already in place: A fire extinguisher is installed and available inside each classroom.

2. After a review of your facility and review of your current policies and procedures, what <u>additional policies or procedures have you developed</u> to protect children?

In answering this question, you first must do an assessment of the outdoor and indoor space of your program, looking specifically for anything that might be harmful to a child based on the hazards in each specific grouping. If you find concerns that you did not previously have policies or procedures in place to address, list the new or revised ones you developed to address the concern. In developing a satisfactory plan, you are encouraged to develop at least 2-3 new or revised policies in response to the review of your program.

EXAMPLE OF A POLICY OR PROCEDURE – You will develop policies and procedures for your program based on your unique needs, the specific location, limitation or layout of your building, the children and families you serve, etc.

1. Hazard: Rain barrels at downspouts were not covered.

Policy/Procedure developed in response to a concern identified: Covers have been purchased and will be attached to the barrels so that children cannot easily remove them.

2. Hazard: Giving children medication. We didn't have strong policies in place to make sure children got the proper dosage and type of medicine

Policy/Procedure developed in response to a concern identified: Staff policies have been updated to require that the staff administering medication have a 2nd staff review the label to ensure that the medicine is being given to the correct child and in the correct dosage.

3. How will parents be informed of the policies and procedures you have developed to protect their children and of any hazards that still exist and the efforts you are taking to minimize risk? What will be done? By Who? When?

This question is asking you to think through what needs to be done to inform parents about 1) what you currently do as a matter of policy and practice to ensure that children are not exposed to hazards identified in each specific grouping and 2) hazards that may be in place and the steps you have taken to ensure children are not harmed. Strategies may include developing or updating parent handbooks on a specific timeframe, providing letters to parents if a new hazard is identified and remedied, providing information in the handbook regarding a hazard that is not in your control to remove/remedy and the steps you will take to prevent injury, etc.

3b. Are there others in the community who need to be contacted to help implement the policies and procedures? Who? About What? When will this help be requested?

Some hazards will require you to seek other help in resolving (example – tree branch removal; boards of churches or other sites not owned by the provider may need to authorize structural changes such as installing a sink, fire extinguishers, fences, etc.) If other people will need to be involved to help fix a hazard, list that here.