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STANDARD 1.1.1.5: Ratios and Supervision for Swimming, Wading, and Water Play

The following child:staff ratios should apply while children are swimming, wading, or engaged in water play:

Developmental Levels	Child:Staff Ratio
Infants	1:1
Toddlers	1:1
Preschoolers	4:1
School-age Children	6:1

Constant and active supervision should be maintained when any child is in or around water (4). During any swimming/wading/water play activities where either an infant or a toddler is present, the ratio should always be one adult to one infant/toddler. The required ratio of adults to older children should be met without including the adults who are required for supervision of infants and/or toddlers. An adult should remain in direct physical contact with an infant at all times during swimming or water play (4). Whenever children thirteen months and up to five years of age are in or around water, the supervising adult should be within an arm’s length providing “touch supervision” (6). The attention of an adult who is supervising children of any age should be focused on the child, and the adult should never be engaged in other distracting activities (4), such as talking on the telephone, socializing, or tending to chores.

A lifeguard should not be counted in the child:staff ratio.

RATIONALE: The circumstances surrounding drownings and water-related injuries of young children suggest that staffing requirements and environmental modifications may reduce the risk of this type of injury. Essential elements are close continuous supervision (1,4), four-sided fencing and self-locking gates around all swimming pools, hot tubs, and spas, and special safety covers on pools when they are not in use (2,7). Five-gallon buckets should not be used for water play (4). Water play using small (one quart) plastic pitchers and plastic containers for pouring water and plastic dish pans or bowls allow children to practice pouring skills. Between 2003 and 2005, a study of drowning deaths of children younger than five years of age attributed the highest percentage of drowning reports to an adult losing contact or knowledge of the whereabouts of the child (5). During the time of lost contact, the child managed to gain access to the pool (3).

COMMENTS: Water play includes wading. Touch supervision means keeping swimming children within arm’s reach and in sight at all times. Drowning is a “silent killer” and children may slip into the water silently without any splashing or screaming.

Ratios for supervision of swimming, wading and water play do not include personnel who have other duties that might preclude their involvement in supervision during swimming/

wading/water play activities while they are performing those duties. This ratio excludes cooks, maintenance workers, or lifeguards from being counted in the child:staff ratio if they are involved in specialized duties at the same time. Proper ratios during swimming activities with infants are important. Infant swimming programs have led to water intoxication and seizures because infants may swallow excessive water when they are engaged in any submersion activities (1).

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

RELATED STANDARDS:

- Standard 2.2.0.4: Supervision Near Bodies of Water
- Standard 6.3.1.3: Sensors or Remote Monitors
- Standard 6.3.1.4: Safety Covers for Swimming Pools
- Standard 6.3.1.7: Pool Safety Rules
- Standard 6.3.2.1: Lifesaving Equipment
- Standard 6.3.2.2: Lifeline in Pool
- Standard 6.3.5.2: Water in Containers
- Standard 6.3.5.3: Portable Wading Pools

REFERENCES:

1. American Academy of Pediatrics, Committee on Injury, Violence, and Poison Prevention. 2010. Policy statement: Prevention of drowning. *Pediatrics* 126:178-85.
2. U.S. Consumer Product Safety Commission (CPSC). *Pool and spa safety: The Virginia Graeme Baker pool and spa safety act*. <http://www.poolsafely.gov/wp-content/uploads/VGBA.pdf>.
3. Gipson, K. 2008. *Pool and spa submersion: Estimated injuries and reported fatalities, 2008 report*. Bethesda, MD: U.S. Consumer Product Safety Commission. <http://www.cpsc.gov/LIBRARY/pools2008.pdf>.
4. U.S. Consumer Product Safety Commission (CPSC). 2009. CPSC warns of in-home drowning dangers with bathtubs, bath seats, buckets. Release #10-008. <http://www.cpsc.gov/cpsc/pub/prerel/prhtml10/10008.html>.
5. Gipson, K. 2008. *Submersions related to non-pool and non-spa products, 2008 report*. Washington, DC: U.S. Consumer Product Safety Commission. <http://www.cpsc.gov/library/FOIA/FOIA09/OS/nonpools2008.pdf>.
6. American Academy of Pediatrics, Committee on Injury, Violence, and Poison Prevention, J. Weiss. 2010. Technical report: Prevention of drowning. *Pediatrics* 126: e253-62.
7. Consumer Product Safety Commission. Steps for safety around the pool: The pool and spa safety act. Pool Safely. <http://www.poolsafely.gov/wp-content/uploads/360.pdf>.

1.1.2 Minimum Age

STANDARD 1.1.2.1: Minimum Age to Enter Child Care

Reader’s Note: This standard reflects a desirable goal when sufficient resources are available; it is understood that for some families, waiting until three months of age to enter their infant in child care may not be possible.

Healthy full-term infants can be enrolled in child care settings as early as three months of age. Premature infants or those with chronic health conditions should be evaluated by their primary care providers and developmental specialists to make an individual determination concerning the appropriate age for child care enrollment.

-Ratings-A-Guide-for-Parents.aspx. Caregivers/teachers are discouraged from having a TV in a room where children are present.

Caregivers/teachers should begin reading to children when they are six months of age and facilities should have age-appropriate books available for each cognitive stage of development. See “Reach Out and Read” at <http://www.reachoutandread.org> for more information.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

RELATED STANDARDS:

Standard 3.1.3.1: Active Opportunities for Physical Activity
Appendix S: Physical Activity: How Much Is Needed?

REFERENCES:

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- Tandon, P. S., C. Zhou, P. Lozano, D. A. Christakis. 2010. Preschoolers’ total daily screen time at home and by type of child care. *J Pediatr* 158:297-300.

STANDARD 2.2.0.4: Supervision Near Bodies of Water

Constant and active supervision should be maintained when any child is in or around water (1). During any swimming/wading/water play activities where either an infant or a toddler is present, the ratio should always be one adult to one infant/toddler. Children ages thirteen months to five years of age should not be permitted to play in areas where there is any body of water, including swimming pools, ponds and irrigation ditches, built-in wading pools, tubs, pails, sinks, or toilets unless the supervising adult is within an arm’s length providing “touch supervision”.

Caregivers/teachers should ensure that all pools meet the Virginia Graeme Baker Pool and Spa Safety Act, requiring the retrofitting of safe suction-type devices for pools and spas to prevent underwater entrapment of children in such locations with strong suction devices that have led to deaths of children of varying ages (2).

RATIONALE: Small children can drown within thirty seconds, in as little as two inches of liquid (3).

In a comprehensive study of drowning and submersion incidents involving children under five years of age in Arizona, California, and Florida, the U.S. Consumer Product Safety Commission (CPSC) found that:

- Submersion incidents involving children usually happen in familiar surroundings;
- Pool submersions involving children happen quickly, 77% of the victims had been missing from sight for five minutes or less;
- Child drowning is a silent death, and splashing may not occur to alert someone that the child is in trouble (4).

Drowning is the second leading cause of unintentional injury-related death for children ages one to fourteen (5).

In 2006, approximately 1,100 children under the age of twenty in the U.S died from drowning (11). A national study



that examined where drowning most commonly takes place concluded that infants are most likely to drown in bathtubs, toddlers are most likely to drown in swimming pools and older children and adolescents are most likely to drown in freshwater (rivers, lakes, ponds) (11).

While swimming pools pose the greatest risk for toddlers, about one-quarter of drowning among toddlers are in freshwater sites, such as ponds or lakes.

The American Academy of Pediatrics (AAP) recommends:

- a) Swimming lessons for children based on the child's frequency of exposure to water, emotional maturity, physical limitations, and health concerns related to swimming pools;
- b) "Touch supervision" of infants and young children through age four when they are in the bathtub or around other bodies of water;
- c) Installation of four-sided fencing that completely separates homes from residential pools;
- d) Use of approved personal flotation devices (PFDs) when riding on a boat or playing near a river, lake, pond, or ocean;
- e) Teaching children never to swim alone or without adult supervision;
- f) Stressing the need for parents/guardians and teens to learn first aid and cardiopulmonary resuscitation (CPR) (3).

Deaths and nonfatal injuries have been associated with infant bathtub "supporting ring" devices that are supposed to keep an infant safe in the tub. These rings usually contain three or four legs with suction cups that attach to the bottom of the tub. The suction cups, however, may release suddenly, allowing the bath ring and infant to tip over. An infant also may slip between the legs of the bath ring and become trapped under it. Caregivers/teachers must not rely on these devices to keep an infant safe in the bath and must never leave an infant alone in these bath support rings (1,6,7).

Thirty children under five years of age died from drowning in buckets, pails, and containers from 2003-2005 (10). Of all buckets, the five-gallon size presents the greatest hazard to young children because of its tall straight sides and its weight with even just a small amount of liquid. It is nearly impossible for top-heavy (their heads) infants and toddlers to free themselves when they fall into a five-gallon bucket head first (8).

The Centers for Disease Control (CDC) National Center for Injury Prevention and Control recommends that whenever young children are swimming, playing, or bathing in water, an adult should be watching them constantly. The supervising adult should not read, play cards, talk on the telephone, mow the lawn, or do any other distracting activity while watching children (1,9).

COMMENTS: "Touch supervision" means keeping swimming children within arm's reach and in sight at all times. Flotation devices should never be used as a substitute for supervision. Knowing how to swim does not make a child drown-proof.

The need for constant supervision is of particular concern in dealing with very young children and children with significant motor dysfunction or developmental delays. Supervising adults should be CPR-trained and should have a telephone accessible to the pool and water area at all times should emergency services be required.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

RELATED STANDARDS:

Standard 1.1.1.5: Ratios and Supervision for Swimming, Wading, and Water Play

Standard 1.4.3.3: CPR Training for Swimming and Water Play

Standard 6.3.1.1: Enclosure of Bodies of Water

Standard 6.3.1.7: Pool Safety Rules

REFERENCES:

1. U.S. Consumer Product Safety Commission. 2009. *CPSC warns of in-home drowning dangers with bathtubs, bath seats, buckets*. Release #10-008. Washington, DC: CPSC. <http://www.cpsc.gov/cpsc/pub/prerel/prhtml10/10008.html>.
2. U.S. Congress. 2007. *Virginia Graeme Baker Pool and Spa Safety Act*. 15 USC 8001. <http://www.cpsc.gov/businfo/vgb/pssa.pdf>.
3. American Academy of Pediatrics, Committee on Injury, Violence, and Poison Prevention. 2010. Policy statement-prevention of drowning. *Pediatrics* 126: 178-85.
4. U.S. Consumer Product Safety Commission. 2002. *How to plan for the unexpected: Preventing child drownings*. Publication #359. Washington, DC: CPSC. <http://www.cpsc.gov/CPSC/PUBS/359.pdf>.
5. Centers for Disease Control and Prevention (CDC). 2010. Unintentional drowning: Fact sheet. <http://www.cdc.gov/HomeandRecreationalSafety/Water-Safety/waterinjuries-factsheet.html>.
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7. Rauchschalbe, R., R. A. Brenner, S. Gordon. 1997. The role of bathtub seats and rings in infant drowning deaths. *Pediatrics* 100:e1.
8. U.S. Consumer Product Safety Commission. 1994. *Infants and toddlers can drown in 5-gallon buckets: A hidden hazard in the home*. Document #5006. Washington, DC: CPSC. <http://www.cpsc.gov/cpsc/pub/pubs/5006.html>.
9. U.S. Consumer Product Safety Commission. 1997. *CPSC reminds pool owners that barriers, supervision prevent drowning*. Release #97-152. Washington, DC: CPSC. <http://www.cpsc.gov/CPSC/PUBS/PREREL/PRHTML97/97152.html>.
10. Gipson, K. 2008. *Submersions related to non-pool and non-spa products, 2008 report*. Washington, DC: U.S. Consumer Product Safety Commission. <http://www.cpsc.gov/library/FOIA/FOIA09/OS/nonpools2008.pdf>.
11. American Academy of Pediatrics Committee on Injury, Violence, and Poison Prevention, J. Weiss. 2010. Technical report: Prevention of drowning. *Pediatrics* 126: e253-62.

STANDARD 2.2.0.5: Behavior Around a Pool

When children are in or around a pool, caregivers/teachers should teach age-appropriate behavior and safety skills including not pushing each other, holding each other under water, or running at the poolside. Children should be shown the depth of the water at different part of the pool. They should be taught that when going into a body of water, they

should go in feet first the first time to check the depth. Children should be instructed what an emergency would be and to only call for help only in a real/genuine emergency. They should be taught to never dive in shallow water.

RATIONALE: Caregivers/teachers should take the opportunities to explain how certain behaviors could injure other children. Also such behavior can distract caregivers/teachers from supervising other children, thereby placing the other children at risk (1).

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

REFERENCES:

1. U.S. Department of Health and Human Services, Maternal and Child Health Bureau. 1999. *Basic emergency lifesaving skills (BELS): A framework for teaching emergency lifesaving skills to children and adolescents*. Newton, MA: Children's Safety Network, Education Development Center. <http://bolivia.hrsa.gov/emsc/Downloads/BELS/BELS.htm>.

STANDARD 2.2.0.6: Discipline Measures

Reader's Note: The word discipline means to teach and guide. Discipline is not punishment. The discipline standard therefore reflects an approach that focuses on preventing behavior problems by supporting children in learning appropriate social skills and emotional responses.

Caregivers/teachers should guide children to develop self-control and appropriate behaviors in the context of relationships with peers and adults. Caregivers/teachers should care for children without ever resorting to physical punishment or abusive language. When a child needs assistance to resolve a conflict, manage a transition, engage in a challenging situation, or express feelings, needs, and wants, the adult should help the child learn strategies for dealing with the situation. Discipline should be an ongoing process to help children learn to manage their own behavior in a socially acceptable manner, and should not just occur in response to a problem behavior. Rather, the adult's guidance helps children respond to difficult situations using socially appropriate strategies. To develop self-control, children should receive adult support that is individual to the child and adapts as the child develops internal controls. This process should include:

- a) Forming a positive relationship with the child. When children have a positive relationship with the adult, they are more likely to follow that person's directions. This positive relationship occurs when the adult spends time talking to the child, listening to the child, following the child's lead, playing with the child, and responding to the child's needs;
- b) Basing expectations on children's developmental level;
- c) Establishing simple rules children can understand (e.g., you can't hurt others, our things, or yourself) and being proactive in teaching and supporting children in learning the rules;
- d) Adapting the physical indoor and outdoor learning/play environment or family child care home to encourage positive behavior and self regulation by

providing engaging materials based on children's interests and ensuring that the learning environment promotes active participation of each child. Well-designed child care environments are ones that are supportive of appropriate behavior in children, and are designed to help children learn about what to expect in that environment and to promote positive interactions and engagement with others;

- e) Modifying the learning/play environment (e.g., schedule, routine, activities, transitions) to support the child's appropriate behavior;
- f) Creating a predictable daily routine and schedule. When a routine is predictable, children are more likely to know what to do and what is expected of them. This may decrease anxiety in the child. When there is less anxiety, there may be less acting out. Reminders need to be given to the children so they can anticipate and prepare themselves for transitions within the schedule. Reminders should be individualized such that each child understands and anticipates the transition;
- g) Using encouragement and descriptive praise. When clear encouragement and descriptive praise are used to give attention to appropriate behaviors, those behaviors are likely to be repeated. Encouragement and praise should be stated positively and descriptively. Encouragement and praise should provide information that the behavior the child engaged in was appropriate. Examples: "I can tell you are ready for circle time because you are sitting on your name and looking at me." "Your friend looked so happy when you helped him clean up his toys." "You must be so proud of yourself for putting on your coat all by yourself." Encouragement and praise should label the behaviors, not the child (e.g., good listening, good eating, instead of good boy);
- h) Using clear, direct, and simple commands. When clear commands are used with children, they are more likely to follow them. The caregiver/teacher should tell the child what to do rather than what NOT to do. The caregiver/teacher should limit the number of commands. The caregiver/teacher should use if/then and when/then statements with logical and natural consequences. These practices help children understand they can make choices and that choices have consequences;
- i) Showing children positive alternatives rather than just telling children "no";
- j) Modeling desired behavior;
- k) Using planned ignoring and redirection. Certain behaviors can be ignored while at the same time the adult is able to redirect the children to another activity. If the behavior cannot be ignored, the adult should prompt the child to use a more appropriate behavior and provide positive feedback when the child engages in the behavior;
- l) Individualizing discipline based on the individual needs of children. For example, if a child has a hard time transitioning, the caregiver/teacher can



Guardrails are not recommended to use for infant and toddlers; protective barriers should be used instead.

COMMENTS: If the exposed side of the retaining wall is less than two feet high, additional safety can be provided by placing shock-absorbing material at the base of the exposed side of the retaining wall. A Certified Playground Safety Inspector (CPSI) can be utilized for guidance in assisting with elevated play areas.

According to the U.S. Consumer Product Safety Commission (CPSC), guardrails are not recommended for use with infants and toddlers because they do not discourage climbing or protect against climbing under or through (1). Protective barriers are recommended for infants and toddlers because they provide better protection and protect against all three risks (1).

For a list of shock-absorbing materials, see Appendix Z, the CPSC *Public Playground Safety Handbook*, and the ASTM International (ASTM) standards “F2223-09: Standard Guide for ASTM Standards on Playground Surfacing” and “F1292-09: Standard Specification for Impact Attenuation of Surfacing Materials within the Use Zone of Playground Equipment” (2,3). To locate a CPSI, check the National Park and Recreation Association (NPR) registry at https://ipv.nrpa.org/CPSI_registry/.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

RELATED STANDARDS:

Standard 6.1.0.8: Enclosures for Outdoor Play Areas
Standard 6.2.3.1: Prohibited Surfaces for Placing Climbing Equipment
Appendix Z: Depth of Surface Materials

REFERENCES:

1. U.S. Consumer Product Safety Commission (CPSC). 2008. *Public playground safety handbook*. Bethesda, MD: CPSC. <http://www.cpsc.gov/cpsc/pub/pubs/325.pdf>.
2. ASTM International (ASTM). 2009. *Standard guide for ASTM standards on playground surfacing*. ASTM F2223-09. West Conshohocken, PA: ASTM.
3. ASTM International (ASTM). 2009. *Standard specification for impact attenuation of surfacing materials within the use zone of playground equipment*. ASTM F1292-09. West Conshohocken, PA: ASTM.
4. ASTM International (ASTM). 2009. *Standard safety performance specification for fences/barriers for public, commercial, and multi-family residential use outdoor play areas*. ASTM F2049-09b. West Conshohocken, PA: ASTM.

STANDARD 6.1.0.5: Visibility of Outdoor Play Area

The outdoor play area should be arranged so all areas are visible to the staff and easily supervised at all times (1). When a group of children are outdoors, the child care staff member responsible for the group should be able to summon another adult without leaving the group alone or unsupervised.

RATIONALE: This arrangement promotes the prevention of injury and abuse.

COMMENTS: Compliance can be ascertained by inspection. One tool to facilitate communication among caregivers/teachers is a walkie-talkie or cell phone.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

REFERENCES:

1. U.S. Consumer Product Safety Commission (CPSC). 2008. *Public playground safety handbook*. Bethesda, MD: CPSC. <http://www.cpsc.gov/cpsc/pub/pubs/325.pdf>.

STANDARD 6.1.0.6: Location of Play Areas Near Bodies of Water

Outside play areas should be free from the following bodies of water:

- a) Unfenced swimming and wading pools;
- b) Ditches;
- c) Quarries;
- d) Canals;
- e) Excavations;
- f) Fish ponds;
- g) Water retention or detention basins;
- h) Other bodies of water.

RATIONALE: Drowning is one of the leading causes of unintentional death in children one to fourteen years of age (1).

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

REFERENCES:

1. Centers for Disease Control and Prevention. 2008. Water-related injuries. <http://www.cdc.gov/HomeandRecreationalSafety/Water-Safety/>.

STANDARD 6.1.0.7: Shading of Play Area

Children should be provided shade in play areas (not just playgrounds). Shading may be provided by trees, buildings, or shade structures. Metal equipment (especially slides) should be placed in the shade (1,2). Sun exposure should be reduced by timing children’s outdoor play to take place before ten o’clock in the morning or after four o’clock in the afternoon standard time (3).

RATIONALE: The shade will provide comfort and prevent sunburn or burning because the structures or surfacing are hot. Access to sun and shade is beneficial to children while they play outdoors. Light exposure of the skin to sunlight promotes the production of vitamin D that growing children require for bone development and immune system health (8). Additionally, research shows sun may play an important role in alleviating depression. Exposure to sun is needed, but children must be protected from excessive exposure. Individuals who suffer severe childhood sunburns are at increased risk for skin cancer. Practicing sun-safe behavior during childhood is the first step in reducing the chances of getting skin cancer later in life (4). Placing metal equipment (such as slides) in the shade prevents the buildup of heat on play surfaces. Hot play surfaces can cause burns on children (5,7).



STANDARD 6.2.4.2: Water Play Tables

Communal, unsupervised water play tables should be prohibited. Communal water tables should be permitted if children are supervised and the following conditions apply:

- a) The water tables should be filled with fresh potable water immediately before designated children begin a water play activity at the table, and changed when a new group begins a water play activity at the table even if all the child-users are from a single group in the space where the water table is located; or, the table should be supplied with freely flowing fresh potable water during the play activity;
- b) The basin and toys should be washed and sanitized at the end of the day;
- c) If the basin and toys are used by another classroom, the basin and toys should be washed and sanitized prior to use;
- d) Only children without cuts, scratches, and sores on their hands should be permitted to use a communal water play table;
- e) Children should wash their hands before and after they use a communal water play table;
- f) Caregivers/teachers should ensure that no child drinks water from the water table;
- g) Floor/surface under and around the water table should be dried during and after play;
- h) Avoid use of bottles, cups, and glasses in water play, as these items encourage children to drink from them.

As an alternative to a communal water table, separate basins with fresh potable water for each child to engage in water play should be permitted. If separate basins of water are used and placed on the floor, close supervision is crucial to prevent drowning.

RATIONALE: Contamination of hands, toys, and equipment in the room in which play tables are located seems to play a role in the transmission of diseases in child care settings (1,2). Proper handwashing, supervision of children, and cleaning and sanitizing of the water table will help prevent the transmission of disease (3).

Children have drowned in very shallow water (4).

COMMENTS: A designated group of children is defined as the children in a classroom in a center or the children in a family child care setting.

To avoid splashing chemical solutions around the child care environment, the addition of bleach to the water is not recommended.

Keeping the floor/surface dry with towels and/or wiping up water on the floor during and after play is recommended to reduce the potential for children and staff slipping/falling.

Another way to use water play tables is to use the table to hold a personal basin of potable water for each child who is engaged in water play. With this approach, supervision must be provided to be sure children confine their play to their own basin. Wherever a suitable inlet and outlet of water

can be arranged, safe communal water play can involve free-flowing potable water by attaching a hose to the table that connects to the water source and attaching a hose to the table's drain that connects to a water drain or suitable run-off area.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

RELATED STANDARDS:

Standard 3.2.2.1: Situations that Require Hand Hygiene
Standard 3.3.0.2: Cleaning and Sanitizing Toys
Standard 6.3.5.2: Water in Containers

REFERENCES:

1. Churchill, R. B., L. K. Pickering. 1997. Infection control challenges in child-care centers. *Infect Dis Clin North Am* 11:347-65.
2. Van, R., A. L. Morrow, R. R. Reves, L. K. Pickering. 1991. Environmental contamination in child day-care centers. *Am J Epidemiol* 133:460-70.
3. American Academy of Pediatrics (AAP), Committee on Environmental Health. 2003. Child care centers. In *Pediatric environmental health*, ed. R. A. Etzel. Elk Grove Village, IL: AAP.
4. U.S. Consumer Product Safety Commission (CPSC). 2009. CPSC warns of in-home drowning dangers with bathtubs, bath seats, buckets. Release #10-008. <http://www.cpsc.gov/cpsc/pub/prerel/prhtml10/10008.html>.

STANDARD 6.2.4.3: Sensory Table Materials

All materials used in a sensory table should be nontoxic and should not be of a size or material that could cause choking. Sensory table activities should not be used with children under eighteen months of age. For toddlers, materials should be limited to water, sand and fixed plastic objects. All sensory table activities should be supervised for toddlers and preschool children. When water is used in a sensory table, the requirements of Standard 6.2.4.2, Water Play Tables should be met.

RATIONALE: According to the federal government's small parts standard on safe-size toys for children under three years of age, a prohibited small part is any object that fits completely into a specially designed test cylinder two and one-quarter inches long by one and one-quarter inches wide, which approximates the size of the fully expanded throat of a child under three-years-old. Since round objects are more likely to choke children because they can completely block a child's airway, balls and toys with parts that are spheroid, ovoid, or elliptical with a diameter smaller than one and three-quarter inches should be banned for children under three years old (4,5); any part smaller than this is a potential choking hazard (5). Injury and fatality from aspiration of small parts is well-documented (4). Eliminating small parts from children's environment will greatly reduce this risk.

According to the U.S. Food and Drug Administration (FDA), eating as few as four or five uncooked kidney beans can cause severe nausea, vomiting, and diarrhea. In addition to their toxicity, raw kidney beans are small objects that could be inserted by a child into his nose or ear; beans can potentially get stuck, swell, and be difficult to remove (1). Styrofoam peanuts could cause choking. Flour could be