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Injury Prevention



INTRODUCTION

Injury prevention is not new to Inuit. For thousands of years Inuit survival has depended on traditional safety knowledge and practices, developed by necessity in the harsh northern environment, and passed on from one generation to the next.

The safety and well-being of the community and all its members endures as a core Inuit value. And this is true for Inuit early childhood education (ECE) programs where “injury prevention” is a fundamental goal. What does injury prevention mean? Injury prevention in ECE means the many practices and procedures undertaken by staff, parents and children, to keep children from hurting themselves and others.

Inuit children are especially vulnerable to injury. Studies have shown that injuries are the leading cause of death for children and youth in Aboriginal communities in Canada.⁸² Serious injuries can have devastating long term effects on individuals, families and communities. Most injuries are the result of events that can be predicted and avoided.⁸³

ECE programs recognize that with careful planning and the creation and maintenance of a safe, nurturing environment for children, injuries can be prevented. Best practices in injury prevention are founded in the traditional knowledge of elders in each community combined with the many principles,

approaches and practical tools developed by Inuit ECE programs, tailored to the realities of caring for children in the north.

Injury prevention work is important not just because it keeps kids safe while they participate in ECE programs. In keeping with traditional ways, children will learn by observation to be injury conscious, gaining knowledge and tools that will serve them well throughout their lives.

“Inuit children are especially vulnerable to injury. Studies have shown that injuries are the leading cause of death for children and youth in Aboriginal communities in Canada.”⁸²

Terms Used in this Chapter

ECE: This means ‘early childhood education’ and refers to all of the programs that are offered in communities to care for and teach children in the 0-5 age range.

Environmental factors: These are all of the things in the physical environment of an ECE program that can impact on the safety of children. For example, furniture, play structures, toys etc.

Inuit Nunangat: This is the Inuit term for to the Inuit ‘homeland’ which is made up of four regions of northern Canada where



Inuit are settled, Inuvialuit, Nunavut, Nunavik and Nunatsiavut.

Injury prevention: This term refers to the work done by adults who care for children to keep children from hurting themselves and others.

Policy: This term refers to the ‘rules’ set up in ECE programs to keep kids safe. One example of a policy is, “all children attending the day care must wear indoor shoes”. Policies are usually written down and agreed to by all of the people involved in the ECE program, the Board, the Director and staff.

Prevention measures: These are the concrete steps taken by ECE program staff to keep kids safe. For example, always ensuring that the kitchen door is closed and locked, to keep kids away from hot stoves and cooking tools, is a prevention measure.

Procedure: This term refers to actions that staff of the ECE program have agreed to carry out, to keep kids safe. For example, setting a weekly schedule for cleaning and disinfecting toys is a procedure.

Structured physical activity: This term refers to physical activity that is organized and led by an adult.

Vicarious trauma: This term refers to the impact that witnessing terrible or troubling events can have on the emotional and mental wellbeing of children.

WHMIS: Workplace Hazardous Material Information System.

UNDERSTANDING INJURIES IN ECE PROGRAMS

While there are no statistics available about injuries in ECE programs in Inuit Nunangat (homeland) specifically, Canada-wide, ‘falls’ are considered to be the leading cause of serious injuries in child care settings. Other injuries that can occur are minor, such as bruises and scrapes. More serious injuries can also occur, including head injuries, broken bones, burns, choking, drowning and suffocation. Because boys are usually involved in more active, physical activity than girls, they tend to be injured more often.⁸⁴ More generally, there are two types of injuries to children, those that are child-related and those that are environment-related.

Child-related injuries may result from actions by some children against each other such as pinching, biting, hitting, pushing or throwing objects. Injuries can also be related to child development factors, for example when children are learning to walk and climb but are still unable to balance themselves. These child-related injuries can be reduced through constant adult supervision and teaching children about appropriate behaviour.

Environmental factors that may contribute to children’s injuries include the many indoor and outdoor hazards (toys, play equipment, furniture, beds, kitchens, chemicals, drugs etc.) that can be controlled by ECE program staff so that injuries are prevented from happening. A commitment by staff to injury prevention/safety awareness, along with good policies, procedures and practices, can make a big difference in keeping kids safe.

It is interesting to note that certain times of the day and particular circumstances in ECE programs can increase the risk that injuries will happen. The most common times for injuries are:⁸⁵

- when children are tired and hungry (before lunch or at the end of the day);
- if caregivers are absent, busy or less watchful;
- when caregivers underestimate a child's ability and forget to anticipate their progress;
- if a child in the day care is sick or hurt and the routine and focus of adults is disrupted;
- when hazards are around;
- during outings; and,
- when children or caregivers are new to the program and are not used to their surroundings.

INJURY PREVENTION – KEY INGREDIENTS⁸⁶

ECE programs have two injury prevention goals: (1) to reduce the number of injuries that occur; and (2) to reduce the seriousness of those injuries. There are a number of key ingredients in successful injury prevention and the governing bodies, directors, staff and parents involved in ECE programs each have an important role to play.

Safety awareness: It is important to actively engage in injury prevention, commit ourselves to it, learn about it, work on practical solutions to avoid injuries, and remain constantly watchful for potential hazards to the safety of the children in our care.

Adequate and nurturing supervision: ECE programs are required by provincial/territorial law to uphold specific staff to child ratios. Staff should be aware of the ratio in effect in their region and knowledgeable about all of the regulations governing ECE programs (see page 114] for links to provincial/territorial laws governing ECE).

“Each location and indeed each room where children spend time in an ECE program or facility has hazards that can put them at risk of injury.”

Many injuries in ECE settings can be avoided through the actions and quick reactions of adults. But this involves the constant presence of adults who can focus their attention adequately. Young children cannot be left alone and so it is really important that sufficient staff are present to supervise all the children, all of the time. When children behave in ways that put themselves or others at risk, staff need to intervene in ways that are appropriate to the age of the child, while using the opportunity to teach them about acceptable behaviour and safety.

Safe indoor and outdoor spaces: Each location and indeed each room where children spend time in an ECE program or facility has hazards that can put them at risk of injury. These spaces need to be equipped, organized and monitored so that risks are reduced. The checklist attached as Appendix A is a useful tool for reviewing indoor and outdoor safety issues.



Age-appropriate activities for children:

By matching the needs, skills and abilities of the children with appropriate, fun activities, we can reduce the likelihood that injuries will occur. Consider their size and strength when selecting toys to play with and plan field trips with safety in mind.

Safety policies and procedures: ECE programs should have injury prevention policies and procedures. Policies state the ‘rules’ that the program will follow and ‘procedures’ (also sometimes called ‘guidelines’) explain how the rules are to be implemented.

Policies and procedures are important because they formalize injury prevention as an objective for the program and more importantly give everyone, directors, staff and parents, clear, practical guidance on the best way to provide a safe environment for kids. ECE programs may use the checklist in Appendix 7A as a starting point for developing their own injury prevention policy. In Appendix 7B you will find an example of how a policy is written, it is a nutrition policy used in Nunavik to guide the nutrition practices of ECE programs.

Much work has already been done in developing procedures for ECE programs and again, these can be adapted depending upon the situation. Health Canada has a thorough standards guide developed by First Nations, Inuit and Aboriginal Health department of Health Canada:

http://www.hc-sc.gc.ca/fniah-spnia/pubs/famil/_develop/2003_ahs-papa-ref-guide/index-eng.php

Policies and guidelines should be reviewed annually and if necessary, revised. They are also useful tools for training new staff and should be shared with parents. The engagement of parents in supporting the work of the program is really important.

“ECE programs are an important investment by the community in its future and governing bodies have a central role to play in leading and supporting injury prevention.”

ROLE OF ECE BOARD OF DIRECTORS

ECE programs are governed at the local level by a board of directors or advisory committee made up of parents, elders, community members and a representative of the community council.⁸⁷ ECE programs are an important investment by the community in its future and governing bodies have a central role to play in leading and supporting injury prevention by:

- establishing injury prevention policies for the ECE program; and,

- communicating with the community at large about issues arising in the ECE program and engage them in problem-solving.

ROLE OF ECE PROGRAM DIRECTORS

Directors of ECE programs play a key role in child safety through their leadership and by establishing a culture of injury awareness in the program. By culture we mean that injury prevention becomes an integral part of the program and is reflected in the participation of all those involved, staff, parents and children. On a practical level, directors are responsible for ensuring the best conditions possible are created for children to be safe. Their job includes:

- raising injury prevention issues in staff meetings on a regular basis;
- assessing staff training needs and organizing training that is needed (for example, first aid);
- working with the board of directors to develop an injury prevention policy for the program;
- implementing the injury prevention policies and procedures;
- ensuring that staff understand the policies and are actively applying the procedures of the program;
- making parents aware of the program's injury prevention policies and procedures;
- ensuring that the program meets the standards for staff to child ratios and qualifications for their province/territory;
- ensuring that injuries and accidents that occur are being reported and dealt with appropriately, for example, incident reports are completed and parents are informed;



- reporting on suspected cases child abuse or neglect;
- liaising with the community to ensure that injury prevention policies and procedures are coordinated with community-wide emergency plans; and,
- monitoring the program's injury prevention work on a regular basis.

ROLE OF ECE PROGRAM STAFF

Staff members are front line workers. They are responsible for keeping kids safe. Their job includes:

- watchful "safety aware" supervision of children;
- anticipating dangerous situations where children could hurt themselves or others and intervening appropriately;
- teaching children how to play without hurting themselves or others;
- participating in the development and implementation of injury prevention policies and procedures;
- taking initiative to point out potential hazards in the environment;
- being good safety role models for children;
- when child abuse or neglect are suspected, working with the director to address the issue and report if necessary; and,

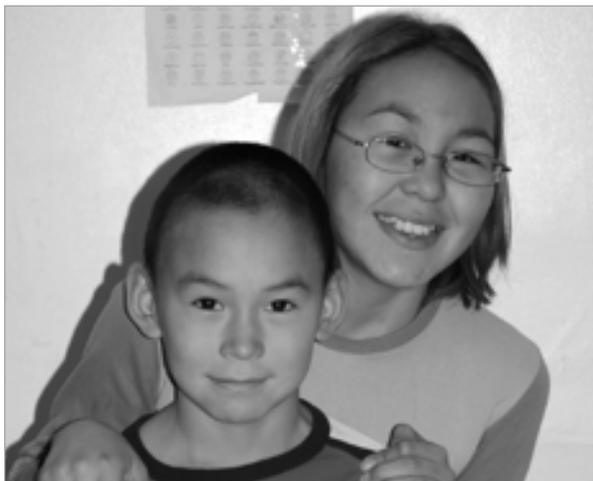
- working with their director to seek training when needed.

ROLE OF PARENTS

Parents obviously have a great interest in the safety and security of their children and they want to know that ECE programs are actively working to maintain a safe environment for their children. Parents can also be very helpful to ECE programs by participating in injury prevention approaches and they can be encouraged to do so through communication.

ECE programs should talk with parents about injury prevention and make all policies and procedures available to them. Parents can participate in problem-solving on safety issues informally, through discussion and more formally via safety committees that are sometimes set up in ECE programs. Other responsibilities of parents are:

- communicating with ECE program staff about any physical or other health issues affecting their child that could have an impact on the child's behaviour in the program; and,



- doing their part to uphold the policies and procedures, for example, providing their children with indoor footwear.
- Have there been any changes to the child's routine?
- What are the child's strengths and abilities?
- How can we build in these strengths to find a solution?

"Providing a safe environment for children means paying attention to safety issues in the indoor and outdoor spaces they spend time in, as well as creating a positive, nurturing emotional environment."

WHAT CHILDREN NEED TO BE SAFE

Providing a safe environment for children means paying attention to safety issues in the indoor and outdoor spaces they spend time in, as well as creating a positive, nurturing emotional environment. The Injury Prevention Checklist provided in Appendix 7A is a tool that ECE programs can use to review their injury prevention measures to see if there are any gaps or areas that need improvement.

Safety Indoors

Injury prevention indoors focuses on eliminating hazards in the environment and adopting procedures to help keep children safe. Inuit ECE programs have identified a number of indoor safety issues that are particularly important:

- children must be supervised at all times while indoors;

- adult to child ratios required by law in each province/territory must be upheld;
- 60 minutes of structured physical activity should be provided;
- children and staff must wear indoor shoes (or kamiks) to protect their feet and keep them from slipping and falling;
- tables and benches with sharp edges must be removed or made safer (with plastic piping for example);
- broken toys and other choking hazards must be removed (a device for measuring the choking hazard of toys and other items is available at: www.wellpromo.com);
- electrical outlet child safety caps must be installed on all outlets;
- qulliq, candles and flashlights should be kept in a safe place for use in the event of a power outage;
- hot water temperature should be adjusted to avoid scalding;
- space heaters should not be used;
- heating sources should be child-proofed;
- rules for consistent hand-washing should be implemented to ensure that germs are not spread among children and staff;
(see www.pauktuutit.ca for a Nunavik Regional Board of Health chart on infections in day cares);
- regular sanitizing of toys and play equipment should be carried out (see examples of ECE cleaning schedules on the Pauktuutit website: www.pauktuutit.ca);
- staff are trained in first aid and a well-equipped first aid kit is available (see Appendix 7F for a list of contents);
- maintain awareness of boiled water orders in the community and provide bottled water when necessary;



- periodic fire drills must be carried out;
- controls are in place to verify individuals authorized to pick up and drop off children;
- clear policies and procedures are in place regarding who may visit the facility and for what purpose; and,
- policies and procedures are in place to deal with inappropriate behaviour by individuals visiting the facility.

Safety Outdoors

Structured outdoor activities are an integral part of ECE programs. When possible outdoor areas should be enclosed with fencing. Inuit ECE programs have identified other outdoor safety issues that are particularly important:

- children must be supervised at all times when they are outdoors;
- children need to be properly dressed for cold weather and outdoor activities should be avoided if the temperature is below 25 degrees Celsius;
- outdoor activity should be cancelled when there animal and/or weather advisories in effect;
- the use of sunglasses is recommended for outdoor activity to prevent snow blindness; and,

- sunscreen and hats are needed to protect kids from UV rays.

Emotional Well-being

Injury prevention involves not just the physical safety of children but their overall well-being, which includes their mental and emotional health. ECE programs must strive to care for children in ways that are nurturing and affirming. The Challenging Behaviour chapter of this document provides many practical ideas and approaches for dealing with conflict and other behavioural issues in ECE programs (see pages 75-101).

For Inuit, the preservation of their language and culture are integral to their well-being and this is certainly true for children in ECE programs. The Culture and Language Based Curriculum chapter of this document discusses how to ensure that ECE programs reflect and support Inuit culture and language, including many practical ideas and activities (see pages 47-63).

“Children can also experience vicarious trauma resulting from witnessing violence experiencing the death or suicide of a family member, or other traumatic events.”

Part of being a good caregiver involves being aware of the mental and emotional state of the children in your care. Child abuse is a serious threat to the health and safety of children. ECE staff spend a lot of time with children and are thus in a unique position to pick up on signs of distress. If ECE workers have concerns



about abuse affecting a child in their care they should speak to their program director about it. In turn, the director will speak with the parents, when required.

Children can also experience vicarious trauma resulting from witnessing violence experiencing the death or suicide of a family member, or other traumatic events. It is important that caregivers be aware of the signs and symptoms of distress and that they communicate with parents and their program director when concerns arise about a child's mental and emotional well-being.

ACTIVITIES FOR ECE SAFETY PROMOTION

Learning from Elders – Elders in your community are sources of wisdom about injury prevention. Invite elders to the ECE program to meet with children and share their stories about living on the land in earlier days and their knowledge of safety issues. Integrating elders in programs benefits children and elders and is a simple approach for sharing traditional knowledge between generations.

Have Fun Play Safe colouring book – Provide children with pages from this colouring book (by Inuit Tapiriit Kanatami) to colour and talk with them

about the safety practices illustrated. The pages can also be sent home with the children to promote discussion with their families. The colouring book can be downloaded in PDF format: www.itk.ca/sites/default/files/ITK_Colouring_Activity_book.pdf.

Police partnerships – Invite police officers in your community to meet the children and talk with them in an age-appropriate way about safety issues that they have observed in the community.

Walks on the tundra – in the spring when the tundra is coming alive again, take groups of children for walks to observe signs of growing life. This is especially helpful for boys who need plenty of physical activity. Structured activity for boys is an important dimension of quality ECE programming and should be addressed as it can contribute to greater safety in ECE programs.

REPORTING INJURIES

Record-keeping about incidents where children are injured in ECE programs is important for a number of reasons. With record-keeping and tracking ECE programs can gain insights into the nature and causes of injuries taking place in their programs and identify concrete prevention measures. Changes may be needed to be made to the physical environment of the program or to the procedures, or sometimes both.

Inuit ECE programs may also benefit from sharing injury-related information within and across regions, and at the provincial/territorial level, again, with the purpose of strengthening their safety measures or advocating for changes at

“All incidents resulting in injuries should be recorded and filed in a central file and in the child’s file, and parents should be informed.”

the regulatory level to benefit children. Across regions for example, if a toy is found to repeatedly cause injuries in one location, other communities/regions may choose to remove that same toy from their program.

All incidents resulting in injuries should be recorded and filed in a central file and in the child’s file, and parents should be informed. Injury reports should be reviewed every three months by the program director. This will facilitate the identification of patterns occurring that may point to needed adjustments or to new prevention measures. For example, time of day, specific play equipment or staffing issues might emerge as risks that need to be addressed.

A sample injury report is provided in Appendix 7C. Additional sample injury reports from Nunavik and Nunatsiavut are available on the Pauktuutit website: www.pauktuutit.ca/index.php/injury-prevention/.



SAFETY FOR ECE PROGRAM STAFF

Adults who work in early ECE programs do face safety issues in their workplace. Among the most common are back injuries resulting from the repeated physical labour involved in picking up and carrying children. Regular exposure to the strong chemicals used for cleaning toys and equipment can also pose risks for staff safety. And staff are constantly exposed to the illnesses that children bring into the program.

“There are tools available from the federal government to guide ECE program staff in the safe use, storage and handling of hazardous cleaning products such as bleach.”

A few simple measures can reduce risks for staff, for example:

- Back safety – circulating simple instructions and reminding staff about how to safely pick children up to reduce the risk of back injuries.
- Protection from cleaning agents – wearing of rubber gloves when using cleaning agents and doing so in an open space to allow fumes to evaporate quickly.
- Reducing transfer of illnesses – sending sick children home, encouraging regular hand washing by staff and providing plenty of hand sanitizer in the workplace.

There are tools available from the federal government to guide ECE program staff in the safe use, storage and handling of hazardous cleaning products such as bleach. The Workplace Hazardous Material Information System (WHMIS) was developed to help Canadians interpret the national Hazardous Products Act and includes worker safety sheets and worker education programs. Find out who is trained in WHMIS in your community. More information can be found at the Health Canada website: www.health.gc.ca/whims.

Employees of ECE programs are also protected by provincial/territorial workplace health and safety regulations. ECE program directors and staff should be familiar with the regulations in effect in their area:

Nunavut & Northwest Territories
Workers’ Safety & Compensation
Commission (WSSC)
www.wcb.nt.ca

Quebec
Commission de la santé et de la sécurité
au travail du Québec (CSST)
www.csst.qc.ca

Newfoundland & Labrador
Occupational Health and Safety
www.gs.gov.nl.ca/ohs/

PROVINCIAL/TERRITORIAL LAWS

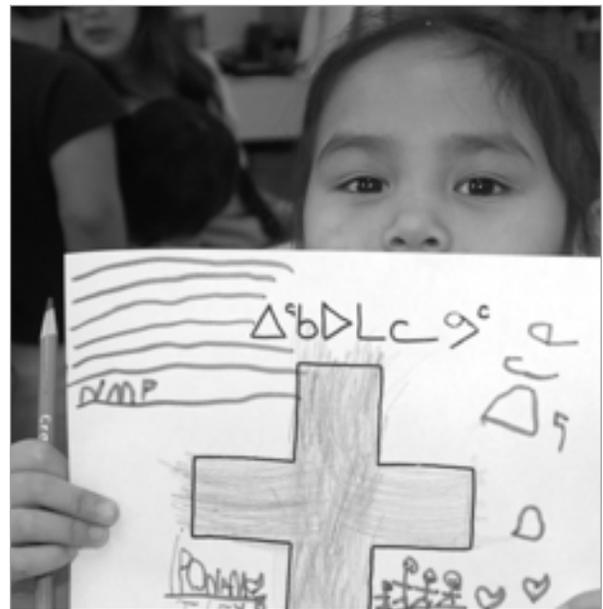
Each province and territory has passed a law or 'Act' to govern the licensing and operation of day cares. The purpose of these laws is to establish legally binding standards that protect the safety of children and day care operators as well. Day care operators are obliged to be familiar with and follow the day care law of their province/territory. Though the language used in these Acts is somewhat legalistic, with careful reading, they contain a lot of very helpful information and guidance about running a day care and in particular, injury prevention issues.

For example, the Child Day Care Act of Nunavut covers many important topics including:

- the definition of what a day care is and how these facilities can be licensed, and the competencies that staff must have;
- record-keeping that day cares must undertake (eg. keeping health information about the children on file);
- the physical requirements of a facility including the size of play spaces that are acceptable and the separation of sleeping and eating areas;
- requirements for furnishings and equipment;
- safety issues for outdoor activity areas;

- guidelines for programs (eg. that they should reflect the cultural backgrounds of the children);
- nutritional standards and guidelines for meal preparation;
- cleanliness standards;
- guidelines for supervision of children;
- parental involvement; and,
- handling hazards in the day care, and emergency procedures.

The laws governing the operations of day cares are available on the following government websites. They are updated on a regular basis so make sure you have the most recent one:





Nunavut

Nunavut Child Day Care Act

www.justice.gov.nu.ca/apps/authoring/dspPage.aspx?page=CURRENT+CONSOLIDATIONS+OF+ACTS+AND+REGULATIONS&letter=C

***Inuvialuit Settlement Region,
Northwest Territories***

The Northwest Territories Child Day Care Act http://www.justice.gov.nt.ca/PDF/REGS/CHILD_DAY_CARE/Child%20Day%20Care%20Standards.pdf

***Nunatsiavut, Newfoundland
& Labrador***

Child Care Services Act

<http://assembly.nl.ca/Legislation/sr/statutes/c11-1.htm>

Nunavik, Quebec

An Act Respecting Childcare Centres and Childcare Services

http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/C_8_2/C8_2_A.html



Resources

Websites:

www.csa.ca

The Canadian Standards Association publishes standard requirements for play spaces and play equipment intended for use by children aged 18 months to 12 years. The latest edition of the standards was published in 2007 and is titled, *Children's Playspaces and Equipment*.

www.cps.ca

The Canadian Paediatric Society (CPS) publishes *Well Beings*, the definitive guide to child care in Canada. First published in 1992, the 2008 updated version provides the latest new information, evidence and best practices in child care. It is packed with useful forms, checklists, tools and resources. *Well Beings* can be purchased at the CPS website.

www.caphc.org/programs_injury.html

This link will take you to the injury prevention page of the Canadian Association of Paediatric Health Centres. Their mandate is to support member and partner organizations through education, research, and quality improvement initiatives to promote health service delivery for Canadian children and youth. Recent projects featured on the injury prevention page include keeping kids safe in cars and the developmental outcomes associated with the use of physical punishment.

www.redcross.ca

The Canadian Red Cross offers first aid programs for children and adults of

varying levels of skills and interest. The ChildSafe course helps parents and caregivers learn basic first aid and safety knowledge such as creating a safe environment for children, preventing injuries, and knowing what to do in an emergency.

www.ccsc-cssge.ca

As part of its Occupational Standards for Early Childhood Educators project, the Child Care Human Resources Sector Council has prepared a series of videos that can be viewed online. The videos feature presentations on how to use occupational standards for ECEs and training gaps analysis.

www.hc-sc.gc.ca/cps-spc/pubs/indust/toys-jouets/index-eng.php

The 2006 *Industry Guide to Canadian Safety Requirements for Children's Toys and Related Products* covers a range of important topics for ECE programs.

www.hc-sc.gc.ca/fniah-spnia/pubs/famil/_develop/2003_ahs-papa-ref-guide/index-eng.php

This link is for the *Standards Guide for First Nations Head-Start Programs*, Health Canada. It provides standards that are very relevant for early childhood education programs in the north, covering all aspects of service delivery including program services, education services, facilities, human resources, administration and nutrition.

www.hc-sc.gc.ca/fniah-spnia/promotion/injury-bless/index-eng.php

This link is for the injury prevention page of First Nations, Inuit and Aboriginal Health, of Health Canada. Here you can find links to injury prevention regional offices and obtain information about unintentional injuries.

www.pauktuutit.ca/index.php/injury-prevention/

Pauktuutit Inuit Women of Canada is actively working to promote injury prevention awareness and strategies among Inuit. Check out the injury prevention pages of their website to learn about their priorities and activities.

www.pauktuutit.ca/index.php/injury-prevention/

Journey to the Teachings is an injury prevention training manual developed by the First Nations and Inuit Health Branch of Health Canada incorporating traditional knowledge, First Nations and Inuit perspectives. The package includes a facilitator manual and guide, slides, hand-outs, activity sheets, regional data in injury, and certificates of completion. The target audiences for the training are workshop facilitators and community practitioners/service providers working in First Nations and Inuit communities.

www.safecommunitiescanada.ca

Safe Communities Canada is a national charitable organization dedicated to helping communities across the country build the capacity and resources they will need to promote safety for their citizens.

www.safekidscanada.ca

Safe Kids Canada is the national injury prevention program of Toronto's Hospital for Sick Children. The program works to help keep children safe by providing information on how to prevent injuries. The web site includes excellent fact sheets on safety prevention tips for infants and young children under the age of five.

www.smartrisk.ca

SMARTRISK is a national charity dedicated to preventing injuries and saving lives, by helping Canadians to see and manage the risks in their lives. Their main focus is youth, the age group at peak risk for injury.

www.thinkfirst.ca

ThinkFirst is a national non-profit organization dedicated to the prevention of brain and spinal cord injuries. ThinkFirst teaches school-aged children and youth, sports teams, and community volunteers, to safely participate in the activities they enjoy.



Appendix 7A:⁸⁸ Injury Prevention Checklist

Note: This checklist covers recommended safety measures and may be adapted to reflect legislation in each province/territory. An “Initial Inspection Check List” from Nunatsiavut is available at: www.pauktuutit.ca/index.php/injury-prevention/.

Injury Prevention Checklist				
Indoors	OK	Action required		
		Please specify	Assigned to	Date completed
Fire				
• Smoke detectors are installed in all rooms.				
• Smoke detectors are checked regularly & batteries are changed every 6 months.				
• A fire extinguisher is in place, checked regularly & staff are trained.				
• Fire exits are clear.				
• Full fire drills are held every six months.				
• Monthly “up to the door” drills are held.				
• Weekly practice fire drills are held for the first month of start-up (for new kids).				
• A fire evacuation plan is in place.				
Emergency Plan				
• An emergency preparedness plan is in place & is coordinated with community-wide emergency plans.				
First Aid				
• All staff are trained in first aid.				
• Program has a first aid kit & the contents are checked regularly.				

Appendix 7A:⁸⁸ continued

Injury Prevention Checklist

Injury Prevention Checklist				
Indoors	OK	Action required		
		Please specify	Assigned to	Date completed
Drinking Water • Safety of drinking water is checked regularly.				
• Alternative water sources are obtained when necessary.				
Clothing • Children & staff are required to wear indoor shoes or kamiks.				
• A spare change of clothes for each child is kept at the day care.				
Furniture • Furniture is kept in good condition or repaired to be used for its original purpose.				
• Furniture is free of sharp edges, splinters, pinch & crunch points.				
• Rugs are secured with slip-proof under-carpeting.				
• Heavy objects are stored on lower shelves.				
Windows • Cords & window coverings are kept out of children's reach.				
Hazardous Materials • Toxic materials & cleaning products are in containers and out of reach for children.				
• Ceilings & walls are free of cracked or broken plaster & peeling or chipped paint.				
Hallways & Stairways • Clear of toys, boxes or other items that may cause tripping.				
Gates & Doors • Areas where children are not permitted are closed off with secure doors or safety gates.				

Appendix 7A:⁸⁸ continued

Injury Prevention Checklist

Injury Prevention Checklist				
Indoors	OK	Action required		
		Please specify	Assigned to	Date completed
<p>Gates & Doors cont'd</p> <ul style="list-style-type: none"> Finger guards are installed to protect children's fingers from being pinched in doors. <p>Note: information about these guards can be found at: http://abiggyboom.com/francais/Catalogue3.html</p>				
<p>Wiring, Electrical Plugs & Appliances</p> <ul style="list-style-type: none"> Safety caps cover electric plug outlets. 				
<ul style="list-style-type: none"> Small electrical appliances are well away from sinks or tubs. 				
<ul style="list-style-type: none"> Electrical fans are out of children's reach. 				
<ul style="list-style-type: none"> Space heaters are not being used. 				
<p>Toys</p> <ul style="list-style-type: none"> Toys are in good condition & free of sharp edges, pinch points, splinters or broken parts. 				
<ul style="list-style-type: none"> Toys are regularly cleaned & disinfected. <p>Note: sample cleaning & sanitizing checklists are available at: www.pauktuutit.ca/index.php/injury-prevention/.</p>				
<p>Kitchen</p> <ul style="list-style-type: none"> Poisonous materials are stored in child-proofed cupboards. 				
<ul style="list-style-type: none"> Scissors, knives & other sharp items are out of children's reach. 				
<ul style="list-style-type: none"> Plastic bags are not accessible to children. 				
<p>Sleeping</p> <p>Note: may not apply to all centers</p> <ul style="list-style-type: none"> Cribs are in good condition with no loose or missing slats. 				

Appendix 7A:⁸⁸ continued

Injury Prevention Checklist

Injury Prevention Checklist				
Indoors	OK	Action required		
		Please specify	Assigned to	Date completed
Sleeping cont'd <ul style="list-style-type: none"> Cribs, beds & mats are located away from windows & blind cords. 				
<ul style="list-style-type: none"> Cribs have less than 1" (2.5cm) gap between mattress & crib side. 				
<ul style="list-style-type: none"> Bumper pads are free of cuts or breaks. 				
<ul style="list-style-type: none"> Bumper pads & large toys are removed from cribs of infants who can stand. 				
<ul style="list-style-type: none"> Vinyl pads & rail covers for playpens are free of cuts or breaks. 				
<ul style="list-style-type: none"> Soother cords are removed if children are sleeping with a soother. 				
<ul style="list-style-type: none"> Evacuation cribs are in place (one crib per 5 children that use a crib). 				
<ul style="list-style-type: none"> Weekly washing of sleeping mats & bedding. 				
<ul style="list-style-type: none"> Mats are stored separately to avoid cross-contamination. <p>Note: for evacuation crib info: www.wintergreen.ca.</p>				
Activity/Play Areas <ul style="list-style-type: none"> Equipment is free of loose parts – bolts, nails or splinters sticking out. 				
<ul style="list-style-type: none"> Structures higher than 2' (60cm) have mats under & around them. 				
Bathrooms <ul style="list-style-type: none"> Platforms or stools used at hand basins are stable & slip-proof. 				
<ul style="list-style-type: none"> Toxic materials & cleaning products are not accessible to kids. 				

Appendix 7A:⁸⁸ continued

Injury Prevention Checklist

Injury Prevention Checklist				
Indoors	OK	Action required		
		Please specify	Assigned to	Date completed
Bathrooms cont'd • Hot water temperature is adjusted to a safe level for infants/toddlers.				
• Children are supervised when using the bathroom.				
• Child toilet seats are used (no potties).				
Security • Policies are in place about who may enter the facility, for what reasons & to deal with inappropriate behaviour by visitors.				

Appendix 7A:⁸⁸ continued

Injury Prevention Checklist

Note: Outdoor activity once a day is recommended (weather-permitting). Additional outdoor checklists: “Daily Visual Inspection of Outdoor Play Area” and “Seasonal Maintenance and Repair Checklist”, from Nunatsiavut, are available at: www.pauktuutit.ca/index.php/injury-prevention/.

Injury Prevention Checklist				
Outdoors	OK	Action required		
		Please specify	Assigned to	Date completed
Entries & Exits <ul style="list-style-type: none"> Fences & gates are stable & free of nails, nuts/bolts sticking out. 				
<ul style="list-style-type: none"> Walkways and steps are shoveled and salted (or other slip-proofing). 				
Equipment <ul style="list-style-type: none"> Climbing structures, slides & swings are stable. 				
<ul style="list-style-type: none"> Rungs, rails & steps are free of splinters or sharp edges. 				
<ul style="list-style-type: none"> Swing hangers, chairs & seats are in good condition. 				
<ul style="list-style-type: none"> Equipment parts are not broken, worn, cracked rusted or missing. 				
<ul style="list-style-type: none"> Nuts, bolts & screws are tight, recessed and/or covered with plastic caps. 				
<ul style="list-style-type: none"> Ropes, chains & cables are in good condition. 				
Outdoor Surfaces <ul style="list-style-type: none"> Surfaces under swings & play structures are shock absorbing. 				
<ul style="list-style-type: none"> Loose materials on the ground are raked & there are no holes or bare spots. 				
<ul style="list-style-type: none"> Play area is free of garbage, glass, sharp objects & animal droppings. 				
Note: a daily visual inspection grid used in Nunavik is available at: www.pauktuutit.ca/index.php/injury-prevention/				

Appendix 7A:⁸⁸ continued

Injury Prevention Checklist

Injury Prevention Checklist				
Outdoors	OK	Action required		
		Please specify	Assigned to	Date completed
Transportation <ul style="list-style-type: none"> When children are transported by Qamuti an adult is always present in the Qamuti. 				
<ul style="list-style-type: none"> Children wear helmets when being transported by Qamuti (as per provincial/territorial regulations). <p>Note: guidelines from Nunatsiavut on skidoo & Qamuti transport are available at: www.pauktuutit.ca/index.php/injury-prevention/</p>				
Weather <ul style="list-style-type: none"> Children are dressed appropriately for outdoor activity (hot or cold). 				
<ul style="list-style-type: none"> Outdoor activity is not permitted when the temperature (with wind chill) goes below -25°C. <p>Note: heat index and wind-chill factor charts for ECE programs are available at: www.pauktuutit.ca/index.php/injury-prevention/</p>				
Sun <ul style="list-style-type: none"> Sunscreen is used to protect children's skin. 				
<ul style="list-style-type: none"> For sun protection children wear hats & sunglasses (especially in winter to prevent snow blindness). 				
Security <ul style="list-style-type: none"> Measures (such as fencing) are in place to keep children safe from unwelcome visitors during outdoor activity. 				

Appendix 7A:⁸⁸ continued

Injury Prevention Checklist

Injury Prevention Checklist				
Outdoors	OK	Action required		
		Please specify	Assigned to	Date completed
Garbage <ul style="list-style-type: none"> • Garbage bins are put away from outdoor activity areas so that children won't hit their heads. 				
<ul style="list-style-type: none"> • Garbage is safely enclosed inside bins or bags so that it isn't accessible to animals. 				



Appendix 7B: Nunavik Childcare Centre – Nutrition Policy

- Children will receive breakfast, lunch and an afternoon snack.
- The improved 4 week menu to prevent iron deficiency anemia will be used at all childcare centers. Any changes to the menu must be verified with KRG Childcare Consultant and approved by the Board of Directors of the daycare.
- Country foods will be served at least 3 meals a week except in cases where there is a lack of availability.
- Children with allergies or special diets must provide a written note from their doctor.
- In the case where a child has a nut allergy, nuts will be forbidden in that daycare.
- Menus for children on prescribed special diets will be dealt with individually, as the need arises. For example, a child with a diagnosis of a fish allergy will not be served any fish, products containing fish or fish oils. A special menu will be developed for this child.
- Children are not permitted to bring juice or other foods from their home to daycare.
- No juice will be served between meals. Water will be offered to children when they are thirsty.
- Babies 18 months of age and older, are not allowed bottles in daycare. Sippy cup are not allowed at the nap time.
- If juices are to be served with meals, they must be unsweetened (no sugar added), and the quantity is not to exceed ½ cup of juice per meal.
- Pacifiers, bottle nipples or chewing toys must not be dipped in sugar, honey or jam.
- Carnation milk will not be served in daycare.
- Sugary cereals like Fruit Loops, Lucky Charms, will not be served in daycare.
- Soft drinks (ie. Coke, Pepsi, 7-Up, Sprite, etc) will not be served in daycare.
- Kool-Aid, Crystal Light, Tang and other fruit drink crystals will not be served in daycare.
- Infants aged 1 year old and less should not be given cow's milk. Only iron-enriched infant formula or breast milk should be used.
- 1% or skim milk will not be served at daycare.



Appendix 7C:⁸⁹

Sample Injury/Incident Report

Page 1

Child's name: _____ Date of birth: _____

Date of injury: _____ Time: _____

Parents notified: Y N Time: _____

When was the facility director (if applicable) notified of the injury?

Date: _____ Time: _____

Name(s) of the staff on site at the time: _____

Name(s) of the staff who witnessed the injury: _____

Where did the injury occur? _____

What was the staff-to-child ration when the injury occurred? _____

Describe the injury (type/extent). If appropriate, use drawings to indicate where the injury was located on the child's body: _____

Describe how the injury occurred (include sequence of events, the child's behaviour or actions, who was there, group size and age mix, where staff were located and action taken). _____

If toys, play equipment or the physical environment (such as stairs, windows) were involved, describe how: _____



Appendix 7C:⁸⁹ continued

Sample Injury/Incident Report

Page 2

Was first aid administered? Y N

What was done and by who? _____

Was further action taken (eg. child taken to hospital, taken home)? _____

Doctor's contact information, if one was consulted: _____

If the child remained at the facility, what was the child's level of participation? _____

Other comments: _____

What corrective action should be taken to prevent further injuries of this type? Consider:

- the type or level of supervision;
- the need for additional staff training;
- the repair, replacement or elimination of equipment or toys;
- the reorganization of space or furniture; and,
- the reinforcement of rules or limits.

Signature or reporting child care practitioner: _____ Date: _____

Signature of facility director or co-worker: _____ Date: _____

Signature of parent/guardian: _____ Date: _____



Appendix 7D:⁹⁰ Consent Form – Emergency Care and Transportation

Note: This form may be included in the program’s registration package.

Name of child: _____

Date: _____

If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the child care staff to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or nursing station, including the possible use of a vehicle, Qamuti, or ambulance to get there.

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Parent’s signature: _____

Centre director’s signature: _____



Appendix 7E: Checklist for Taking Children on the Land

Complete these questions as you look critically at the environment in your room.

- appropriate seasonal clothing for everyone including clothing for warmth, wind-proofing, rain and sun protection
- comprehensive first aid kit
- emergency drinking water and food supplies
- emergency shelter such as a tent, or tools for building a shelter
- emergency kit (tarps, rope, knife, gas stove, matches, flares)
- a fire arm
- travel plans and estimated return date/time have been left with appropriate authority
- knowledge of current and forecasted weather conditions
- knowledge of current ice conditions
- compass/GPS
- electronic communication device (walkie-talkie, cell phone, SAT phone)



Appendix 7F: Checklist – First Aid Kit Contents

Note: A list of first aid items should be posted in the first aid box.

- | | |
|--|--|
| <input type="checkbox"/> first aid manual | <input type="checkbox"/> triangular bandages |
| <input type="checkbox"/> 1 pair of bandage scissors | <input type="checkbox"/> individually wrapped sterile bandage compresses |
| <input type="checkbox"/> 1 pair tweezers for splinters | <input type="checkbox"/> roll of hypoallergenic adhesive tape (25mm by 9m) |
| <input type="checkbox"/> 1 pair of disposable gloves | <input type="checkbox"/> individually wrapped antiseptic swabs |
| <input type="checkbox"/> a disposable device used for cardiopulmonary resuscitation | <input type="checkbox"/> sterile adhesive bandages of various shapes and sizes |
| <input type="checkbox"/> individually wrapped sterile adhesive bandages (25mm x 75mm) | <input type="checkbox"/> eye bandages |
| <input type="checkbox"/> sterile gauze compresses (102mm x 102mm) | <input type="checkbox"/> 1 rectal thermometer |
| <input type="checkbox"/> rolls of sterile gauze bandages (4 rolls-50mm x 9m, 4 rolls-102mm x 9m) | <input type="checkbox"/> 1 oral thermometer |
| | <input type="checkbox"/> alcohol swabs |



Endnotes

- ¹ Canada. Nunavut Department of Education, & Department of Health & Social Services, Early Childhood Development Update Report 2003/2004, p. 4.
- ² Inuit Tapiriit Kanatami, A National Dialogue on the Delivery of Federal Early Childhood Development Programs and Services for Aboriginal Children, 2004, pp. 5 & 7.
- ³ Canada. Northwest Territories Department of Health and Social Services, & Department of Education, Culture and Employment, 2001 Framework for Action: Early Childhood Development, pg. i A Message from the Ministers.
- ⁴ Unipkausivut, Building Language and Literacy Skills Through Oral History, Nunavut Literacy Council, 2004, p. 39.
- ⁵ Canadian Child Care Federation & Canadian Institute of Child Health (2001), Resource Sheet 2.
- ⁶ Kinguvaaksatingnut: Early Learning and Child Care for Children in Inuit and First Nations Communities, 2005, p. 13.
- ⁷ Koshyk et al. 2000, p. 9.
- ⁸ Doherty 2000a, p.8; Doherty 2003, pp. 21-22.
- ⁹ Canadian Child Care Federation & Canadian Institute of Child Health (2001) Resource Sheet 57.
- ¹⁰ Canadian Child Care Federation & Canadian Institute of Child Health (2001) Resource Sheet 57.
- ¹¹ AHS National Newsletter Fall 2001/ Winter 2002 p.13.
- ¹² AHS National Newsletter Fall 2001/ Winter 2002 p.13.
- ¹³ Building Our Strengths Together, An Evaluation of the Igloolik Early Intervention Project. 1999, p. 6.
- ¹⁴ Canada. Northwest Territories Department of Health and Social Services, & Department of Education, Culture and Employment 2001, p. 5.
- ¹⁵ Canada. GNWT Departments of Education, Culture and Employment and Health and Social Services. Framework for Action: Early Childhood Development, 2001, p. 6.
- ¹⁶ Inuit Tapiriit Kanatami, Inuit Early Learning and Child Care Discussion Paper, 2005, p. 10.
- ¹⁷ Building Our Strengths Together, An Evaluation of the Igloolik Early Intervention Project. 1999, p. 1.
- ¹⁸ Building Our Strengths Together, An Evaluation of the Igloolik Early Intervention Project. 1999, p. 29.
- ¹⁹ Kinguvaaksatingnut: Early Learning and Child Care for Children in Inuit and First Nations Communities, 2005, p. 11.
- ²⁰ Quality by Design, Childcare Resource and Research Unit, 2006.
www.childcarequality.ca.
- ²¹ Kinguvaaksatingnut: Early Learning and Child Care for Children in Inuit and First Nations Communities, 2005, p. 13.
- ²² Inuit Tapiriit Kanatami, A National Dialogue on the Delivery of Federal Early Childhood Development Programs and Services for Aboriginal Children, 2004, p. 4; Kinguvaaksatingnut: Early Learning and Child Care for Children in Inuit and First Nations Communities, 2005, p. 13.

- 23 Kativik Regional Government, *The Non-Profit Corporation and Childcare in Nunavik: A Manual for the Board of Directors*, 2005, p. 4.
- 24 Friendly & Beach 2005b, p. 2.
- 25 Canada. Nunavut Department of Education, & Department of Health & Social Services, *Nunavut's Early Childhood Development Expenditures and Programs Baseline Report 2000/2001*, p. 3.
- 26 Sones, R., *Parent Involvement in Aboriginal Head Start: Building Community* 2002, p. 14.
- 27 Ontario Coalition for Better Child Care, *Child Care Management Guide II*, 2002, p. 91.
- 28 Ministry of Education, *School Councils: A Guide for Members* 2001, p. 8.10.
- 29 Inuit Tapiriit Kanatami, *Inuit Early Learning and Child Care Discussion Paper*, p. 27.
- 30 Kinguvaaksatingnut: *Early Learning and Child Care for Children in Inuit and First Nations Communities*, 2005, p. 16.
- 31 Inuvialuit Child Care Program Family Handbook, 1999 p. 3.
- 32 Canada. Government of Newfoundland and Labrador 2005 *Standards and Guidelines for Health in Child Care Settings*, p. ii.
- 33 Inuvialuit Child Care Program Family Handbook, 1999 p. 1.
- 34 Unipkausivut: *Building Language and Literacy Skills Through Oral History*, Nunavut Literacy Council, 2004, p. 5.
- 35 Gordan, A., *Beginnings and Beyond, Foundations in Early Childhood Education* p. 350.
- 36 Pauktuutit Inuit Women of Canada, *The Inuit Way: A guide to Inuit Culture*, 2006, p.19.
- 37 Doherty 2000a, p. 6; Doherty 2003, p. 12.
- 38 Canada. Northwest Territories Department of Education, Culture and Employment 1996, p. 15.
- 39 Doherty 2000a, p.7; Doherty 2003, p.16.
- 40 Doherty 2000a, pp.6-7; Doherty 2003, p. 13.
- 41 Unipkausivut: *Building Language and Literacy Skills Through Oral History*, Nunavut Literacy Council, 2004, p. 30.
- 42 BC Aboriginal Child Care Society, *Handbook of Best Practices in Aboriginal Early Childhood Programs*, 2003. 2003, pp. 30-31.
- 43 Pauktuutit Inuit Women of Canada, *The Inuit Way: A Guide to Inuit Culture*, 2006, p. 24.
- 44 Unipkausivut: *Building Language and Literacy Skills Through Oral History*, Nunavut Literacy Council, 2004, p. 3.
- 45 Unipkausivut: *Building Language and Literacy Skills Through Oral History*, Nunavut Literacy Council, 2004, p. 3.
- 46 *Aboriginal Head Start National Newsletter*, Spring/Summer 2002, p. 12.
- 47 *Aboriginal Head Start National Newsletter*, Spring 2000, p. 10.
- 48 Boschee & Jacobs, *Ingredients for Quality Child Care*, retrieved from www.nncc.org.
- 49 Doherty, 1999a p. 22.
- 50 Doherty, 1999a p. 23.
- 51 Doherty 2000a, pp. 10 & 24.
- 52 Canada. GNWT Departments of Education, Culture and Employment and Health and Social Services. *Framework for Action: Early Childhood Development*, 2001, p. 19.
- 53 Inuit Tapiriit Kanatami, *Inuit Early Learning and Child Care Discussion Paper*, 2005, p. 4.
- 54 *Building Our Strengths Together, An Evaluation of the Igloolik Early Intervention Project*. 1999, p. 36.
- 55 Klass, Guskin and Thomas, 1995; Ritchie and Pohl, 1995 found in Kaiser, B., & Sklar Rasminsky, J., *Challenging Behaviour in Young Children*, 2007, p. 9.

- 56 Karetak, Roda Inuit Creating a Foundation for Child Care Services found in Linking Research to Practice, 1998, p. 103.
- 57 Let's Talk FASD, VON Canada www.von.ca.
- 58 Let's Talk FASD, VON Canada www.von.ca.
- 59 Kaiser, B., & Sklar Rasminsky, J., Challenging Behaviour in Young Children, 2007, p. 16.
- 60 Challenging Behaviours http://tautoko.org.na/index/php?/Resources/challenging_behaviours/.
- 61 Donellan 1990 Found in Challenging Behaviours http://tautoko.org.na/index/php?/Resources/challenging_behaviours/.
- 62 Kaiser, B., & Sklar Rasminsky, J., Challenging Behaviour in Young Children, 2007, p. 59.
- 63 Kaiser, B., & Sklar Rasminsky, J., Challenging Behaviour in Young Children, 2007, p. 77.
- 64 Uqsuralik Ottokie, Interviewing Inuit Elders: The Series Volume 3: Childrearing Practices 2000 www.naho.ca.
- 65 McNeil, Capage, & Bennett, 2002; Public Health Agency of Canada, 1999; Waddell, Wong, Hua & Godderis, 2004, found in Noble, E. and Bowd, A., (2005) Definition and Identification of Children's Attention and Behaviour Difficulties, With a Focus on Northern Youth, Centre of Excellence for Children & Adolescents with Special Needs www.coespecialneeds.ca.
- 66 Kaiser, B., & Sklar Rasminsky, J., Challenging Behaviour in Young Children, 2007, p. 12.
- 67 National Crime Prevention Council Canada, 1995 found in Kaiser, B., & Sklar Rasminsky, J., Challenging Behaviour in Young Children, 2007, p. 45.
- 68 Rosie Iaqllijuq, January 1987 found in Building Our Strengths Together, 1999.
- 69 Cowichan Valley FAS Action Team Society, Strategies for Service Providers Working with Clients with FASD, www.cvfasd.org.
- 70 Canadian Child Care Federation, Meeting the Challenge: An Aboriginal Perspective.
- 71 Alter, P.J., Conroy, M., Preventing Challenging Behaviours in Young Children: Effective Practices, www.challengingbehavior.org.
- 72 Uqsuralik Ottokie, Interviewing Inuit Elders: The Series Volume 3: Childrearing Practices 2000 www.naho.ca.
- 73 Kaiser, B., & Sklar Rasminsky, J., Challenging Behaviour in Young Children, 2007, p. 110.
- 74 Uqsuralik Ottokie, Interviewing Inuit Elders: The Series Volume 3: Childrearing Practices 2000 www.naho.ca.
- 75 High Scope Press Release, www.highscope.org/Content.asp?ContentId=284.
- 76 Kaiser, B., & Sklar Rasminsky, J., Challenging Behaviour in Young Children, 2007, p. 139.
- 77 Naqi Ekho, Interviewing Inuit Elders: The Series Volume 3: Childrearing Practices 2000 www.naho.ca.
- 78 Canadian Child Care Federation, Meeting the Challenge: An Aboriginal Perspective.
- 79 Kaiser, B., & Sklar Rasminsky, J., Challenging Behaviour in Young Children, 2007, p. 153.
- 80 Kaiser, B., & Sklar Rasminsky, J., Challenging Behaviour in Young Children, 2007, p. 156.
- 81 Canadian Child Care Federation, Meeting the Challenge: An Aboriginal Perspective.
- 82 Pike, I. et al (2010) *Injury Prevention Indicators for Inuit Children and Youth*. Ottawa, ON. P.4.
- 83 Cushman, R. (1995) *Injury prevention: The time has come*. CMAJ. 152(1): 121-3.

- 
- 84 Government of Newfoundland and Labrador, Department of Health and Community Services (2005) *Standards and Guidelines for Health in Child Care Settings*. St. John's, NFLD. P.66.
- 85 Government of Newfoundland and Labrador, Department of Health and Community Services (2005) *Standards and Guidelines for Health in Child Care Settings*. St. John's, NFLD. P.66.
- 86 Some material for this section is drawn from: Government of British Columbia, Ministry of Health Planning (1995) *Preventing Injury in Child Care Settings*. Victoria, BC.
- 87 Governance of ECE programs is discussed in more detail in chapter two of this document. Please see pages 21-33.
- 88 Adapted from: Government of British Columbia, Ministry of Health Planning (1995) *Preventing Injury in Child Care Settings*. Victoria, BC.
- 89 Adapted from: Canadian Paediatric Society (2008) *Well Beings: A Guide to Health in Child Care (3rd edition)*. Ottawa, ON.
- 90 Adapted from: Canadian Paediatric Society (2008) *Well Beings: A Guide to Health in Child Care (3rd edition)*. Ottawa, ON.