

CHILD CARE RESOURCE & REFERRAL

Advocating for the well-being of children in child care.

Position Statement 3/2003

SUPERVISION

Supervision is basic to the prevention of harm. *Caring for our Children*, a comprehensive set of health and safety standards for out-of-home care settings, defines supervision as “keeping infants, toddlers and preschoolers within sight and hearing at all times, even when the children are in sleeping areas”. The rationale is that in order to prevent harm or to rescue in an emergency, an adult must be able to hear and see the children. This may seem to be overly cautious to some, but caregivers must remember that parents have entrusted the well-being of their children to their caregiver. Parents have a contract with caregivers to properly supervise their children, and this responsibility should not be taken lightly.

Caring for children in a child care setting is different from caring for one’s own children in the child’s home. Settings are usually made up of several children, often in the same age group, in an environment full of activity shared by children who have various personalities and different rules of behavior.

Supervision recommendations:

As children grow and develop, each new stage presents different risk factors for child care providers to consider.

Risk Factors	Best Practice
EATING	
Children left alone while eating could choke.	Children should always be in caregivers’ sight while eating and should not be left unattended.
Propping a bottle for a baby to drink may cause choking.	Always hold an infant when feeding with a bottle.
Allowing children to walk, run, lie down, or play while eating may cause choking.	Children should sit when they are eating. Infants should be properly secured in high chairs, toddlers should be in low chairs or booster seats, older children should sit in chairs.
SLEEPING	
Children may be afraid, ill or need attention.	Children need to be within sight and hearing during rest times so the caregiver is available to reassure children.
Sudden Infant Death Syndrome (SIDS) is a concern for infants. Toddlers and preschoolers are independent and adventurous by nature. They will explore their surroundings when left unsupervised.	Visual checks should be done every 15 minutes. Place babies flat on their back in a crib with no soft bedding. Each sleeping room should have a hearing monitor, and the receiver should be carried by the caregiver or the caregiver should stay in the same room with the receiver.
Fire is an unexpected risk. Caregivers must be able to reach children quickly to get them to a safe setting.	When possible, remain in the sleeping area with the children. If not possible, remain on the same level as the children sleeping.

PLAY

Infants can roll off of a surface, choke, have breathing difficulty, or be injured by older, mobile children.	Infants should be in sight at all times. They should not be placed on furniture. High chairs, car seats, swings or bouncy chairs should be used only for their intended purpose and for short amounts of time while being directly supervised by the caregiver. (see CCR&R's Position Statement on restrictive environments)
Most toddlers do not have well developed coordination. Their shaky balance triggers falls against hard objects. Since toddlers are adventurous, they love to climb up on furniture, stairs, slides and swings before they are physically adept.	Toddlers should be in sight at all times. Keep heavy objects stable – secure shelves to avoid tipping. Talk with toddlers about staying safe.
Preschoolers tend to leave the room, the house or the yard without permission. They act before considering circumstances.	Preschoolers should be in sight at all times. Secure doors and gates to avoid unsupervised exits. Talk with preschoolers about staying safe.
School-age children want independence and won't seek permission for activities. They may venture out on their own. They may leave the yard, climb a tree or cross the street.	School-agers should be within hearing at all times. Establish rules together and discuss them regularly.

Special considerations:

In family child care, it is usually necessary for providers to leave children for short periods of time, for example to use the toilet or prepare food. When children are out of sight, they must still be within hearing range. Children should be in a nearby safe place (for children under age two an approved crib), involved in low-risk activities when not in view and providers should return to the children as soon as possible.

Examples of low risk activities to occupy preschool children include puzzles, coloring, short educational video, Lego's or books.

Children of all ages should always be closely supervised and never left unattended during high risk activities such as water play (swimming pools, sprinklers, sand/water table activities), cooking activities, outdoor play (jungle gyms, wagons, trikes and bikes) and on field trips.

Children who are outside must always be accompanied by an adult. If the provider needs to go inside for any reason, she should take the children along.

Caregivers should rearrange their environment to ensure the best supervision possible. Assessing the setting on a monthly basis allows providers to adjust to children's changing abilities. The use of devices such as mirrors and baby monitors can aid supervision in challenging settings.

Liability recommendations:

Running a child care business creates greater risks of accidents and injuries. Providers can never eliminate these risks, but can work to minimize risks, protect the business and themselves in the event of a major incident. It is highly recommended that child care providers purchase business liability insurance. (For more information on liability insurance, contact CCR&R)

References:

- Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2nd Edition, 2002*
- Healthy Young Children: A Manual for Programs, 4th Edition, 2002*
- Redleaf National Institute website: www.redleafinstitute.org
- Family Day Care Rating Scale, Thelma Harms and Richard M. Clifford, Additional Notes 2002*



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