



Iowa Child Care Nurse Consultant Injury Prevention Checklist



Child Care Business Name: _____ NACCRRARWare # _____
 Name of Director/Owner/Representative _____ Phone _____
 Street Address _____ City _____ Zip _____ County Number _____
 Mailing Address _____ City _____ Zip _____
 Licensed Center New Center Provisional License Registered Home Non-Registered Home Dept. Ed. Program
 Date of Initial Visit _____ Number of Children in Facility _____ CCNC Name _____

OUTCOMES: Record outcomes using the following terms

Will Remove/Destroy Removed/Destroyed Will Repair Repaired Will Replace Replaced Refused

Item to be Assessed	# hazards found	Outcome @ 1 st Visit	F/U Needed	F/U Date	Final Outcome
1. Cribs: Total number of cribs in use → <input type="checkbox"/> No cribs on-site-proceed to question #2.		Total Number of Cribs with identified safety hazard (1a-1c) →			
a. There are cribs that have been recalled or fail to meet current safety standards <i>Note: Crib slats should be no more than 2 3/8" apart, and mattresses should fit snugly. There should be no slats that are missing, no cutouts in the head or footboards, and drop-side latches shall be secure.</i>					
b. There are cribs with corner posts higher than 1/16 inch that may cause entanglement.					
c. The crib is not sturdy with the bolts/screws loosely adjusted.					
<i>List brand & model or recall number of recalled cribs.</i>					
2. There are crib toys with cords longer than 7 inches.					
3. Crib gyms or mobiles are present in cribs with infants older than 5 months, or an infant who is able to push up to hands and knees.					
4. There is more than one child placed in a crib at any one time. Yes = 1 No = 0 <i>** Record outcome as: Will Change Practice - Did Change Practice - Refused</i>					
5. There are pillows, soft bedding, or comforters used with sleeping infants. (enter # of infant sleeping areas found with soft bedding)					
6. Portable Cribs or Playpens Total Number in Use → <input type="checkbox"/> None on-site (Proceed to question number 8)		Total # of PortaCribs/Playpens → with identified safety hazard (6a-6e)			
a. There are recalled portable cribs/playpens with protruding rivets.					
b. There are recalled portable cribs/playpens with rotating top rails.					
c. There are other recalled portable cribs/playpens .					
d. A mesh playpen is present with a mesh weave of larger than 1/4" openings.					
e. Mesh in playpens is not securely attached, hangs loosely, or has holes, tears, or loose threads present, or is otherwise unsafe.					

Item to be Assessed	# hazards found	Outcome @ 1 st Visit	F/U Needed	F/U Date	Final Outcome
<i>List brand & model or recall number of recalled portable cribs or playpens</i>					
7. Fabric or mesh portable cribs/playpens are used as cribs to sleep children. <i>(Enter # of porta-cribs used to sleep children)</i> ** Record Outcome as: Will Change Practice - Did Change Practice - Refused					
8. Infant Swings (Indoor or Outdoor) Total number in use → <input type="checkbox"/> <i>None on-site (Proceed to question number 9)</i>		Total number of infant swings with identified safety hazard (8a-8b) →			
a. There are recalled infant swings , including swings where seat supports loosen or shoulder straps loosen or unbuckle, that could entangle or strangle.					
b. There are infant swings that have broken or missing restraint straps, are in poor condition, or are unstable.					
<i>List brand & model or recall number of recalled infant swings</i>					
9. Baby Walkers or Exersaucers Total number in use → <input type="checkbox"/> <i>None on-site (Proceed to question number 10)</i>		Total number of walkers with → identified safety hazard			
There are recalled baby walkers or exersaucers in use. <i>List brand & model or recall number:</i>					
10. High Chairs Total Number in Use → <input type="checkbox"/> <i>None on-site (Proceed to question number 11)</i> <i>Note: Children with special needs may continue to use high chairs for feeding.</i>		Total number high chairs with → identified safety hazard (10a-10d)			
a. There are recalled high chairs with waist and crotch restraining straps that are not independent of the tray, or have waist only straps					
b. There are other recalled high chairs .					
c. There are high chairs with trays that do not securely lock.					
d. There are high chairs that are unstable, have missing straps, or are otherwise unsafe.					
<i>List brand & model or recall number of recalled high chairs</i>					
11. There are recalled nursery accessories or other recalled infant furniture. <i>List brand & model or recall numbers:</i>					
12. There are recalled toys . <i>(For example, Burger King's Pokemon Balls, McDonald's Happy Meal Scooter Bug, or JaRu Blast Balls) List recalled Toys found:</i>					
13. There are recalled infant or child passenger safety seats . <i>List brand & model or recall number of recalled seats:</i> <input type="checkbox"/> <i>Does not provide transportation (Proceed to question 15)</i>					
14. There are infant/child passenger safety seats that are not appropriate for age or size of child, or are not used correctly.					
15. There are recalled accordion-style safety gates with "V"-shaped openings larger than 1 ½ inches which could cause entrapment.					

Item to be Assessed	# hazards found	Outcome @ 1 st Visit	F/U Needed	F/U Date	Final Outcome
16. Child care does not use safety gates or closed, childproof doors, to keep children away from potentially dangerous areas, particularly stairs or bathrooms. <i>Note: Record the number of openings lacking safety gate or door</i> <i>**Record Outcomes as: Will Use - Using - Refused</i>					
17. There is a toy chest with a lid latch or no ventilation holes.					
18. The changing tables do not have drawers or shelves that are easily accessible without leaving the infant/child unattended. <i>Note: Children with special needs may continue to wear diaper like clothing that needs to be changed.</i> Note: Emphasize the importance of never leaving an infant/ child unattended on a changing table/surface					
19. Indoor climbing equipment over one foot in height lacks appropriate fall surfacing material. <input type="checkbox"/> <i>No indoor climbing equipment is present.</i>					
20. Water temperature in handwashing sinks exceeds 120° F, or is less than 60° F. Yes = 1 No = 0 <i>** Record Outcomes as: Will Adjust – Adjusted – Unable to Adjust - Refused</i>					
21. Electrical outlets that are not in-use are left uncapped or covered. (<i>record total # of uncapped outlets</i>) <i>** Record Outcomes as: Will Cap - Capped - Refused</i>					
22. Electrical cords are dangling within reach of children, or are not used appropriately (<i>record total # of unsafe cords</i>)					
23. There are chemicals or toxic materials within reach of children or used when children are present. Yes = 1 No = 0					
24. There are open pails or buckets of water in child occupied areas Yes = 1 No = 0					
25. There are drapes, mini-blind or Venetian blind cords that have looped cords, cords tied in knot, or cords are unsecured or too long and lay on the floor creating a tripping hazard. <input type="checkbox"/> Window Cord Safety Brochure given if unsafe blind cords found					
26. There are drawstrings around hood and neck of children's outerwear clothing.					

Outdoor Assessment

27. There are recalled toy basketball nets with openings in the nets that can come unhooked from the rim, or have knots that slide. <i>Note: May be located indoors</i>					
28. There are recalled ride-on battery-powered vehicles . <i>List brand & model or recall # of recalled vehicles:</i>					
29. There are outdoor playgrounds that lack safe surfacing material , Example: wood chips, mulch, sand, pea gravel, or a mat made of rubber material, (<i>Please circle the ground cover that is used</i>) -OR- Fall surfacing material is not of adequate depth for height of equipment. Yes = 1 No = 0 <i>** Record Outcomes as: - Will Add – Added - Refused</i> <input type="checkbox"/> <i>No outdoor playground equipment is in use, which would require surfacing material. (Proceed to question 30)</i>					
30. Loose-fill surfacing material or outdoor play area has foreign objects or debris present. Yes = 1 No = 0					

Item to be Assessed	# hazards found	Outcome @ 1 st Visit	F/U Needed	F/U Date	Final Outcome
31. There are trip hazards , in outdoor play area, such as exposed footings on anchoring devices, and rocks or tree/plant roots. Yes = 1 No = 0					
32. The playground equipment is in poor condition with rust, rot, cracks, splinters, or broken equipment. Yes = 1 No = 0					
33. There are sharp points , corners or edges on the equipment. Yes = 1 No = 0					
34. There are missing or damaged protective caps or plugs on playground equipment Yes = 1 No = 0					
35. There are hazardous protrusions and projections on equipment Yes = 1 No = 0					
36. There is a large size trampoline in use, or accessible to children. Yes = 1 No = 0					
37. There is a swimming pool that lacks barrier fencing that is at least 4 feet in height, or lacks a pool cover that meets ASTM standards <input type="checkbox"/> No swimming pools are in use. Yes = 1 No = 0 <input type="checkbox"/> "Safety Barrier Guidelines for Home Pools" given if pool is present					
38. There are filled wading pools in use that are left unattended, and are accessible to children <input type="checkbox"/> No wading pools are in use. Yes = 1 No = 0					
39. Helmets are not used for bicycles, tricycles or other wheeled equipment -OR- Helmets are used that do not have a CPSC approved label (Circle which applies) Yes = 1 No = 0 ** Record Outcomes as: Will Use – Are Used – Refused <input type="checkbox"/> No wheeled equipment requiring helmets in use					
40. Choking hazards were present in care giving areas of children under the age of 3. Please describe: Yes = 1 No = 0					
41. Other recalled products that were identified: Please describe including brand & model or recall number:					

I have informed the Child Care Director/Owner of **All** hazards identified during this assessment

CCNC Name (Print)	CCNC Signature	Date
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Verbal report given to owner/director	<input type="checkbox"/> Yes	date given	<input type="checkbox"/> No
Written IP Summary Report given to owner/director	<input type="checkbox"/> Yes	date given	<input type="checkbox"/> No
Owner/director requests consultation, training or technical assistance	<input type="checkbox"/> Yes	date scheduled	<input type="checkbox"/> No
Written IP Summary Report sent to licensing consultant (child care centers)	<input type="checkbox"/> Yes	date sent	<input type="checkbox"/> No
Written IP Summary Report sent to home consultant (registered and nonregistered child development homes)	<input type="checkbox"/> Yes	date sent	<input type="checkbox"/> No
Completed IP Checklist and IP Summary Report sent to RCCNC	<input type="checkbox"/> Yes	date sent	<input type="checkbox"/> No

Additional Notes: