



# Milestones

A PUBLICATION OF THE SEVEN HILLS RHODE ISLAND EARLY INTERVENTION PROGRAM

## Play it Safe on the Playground

Kids of all ages and abilities love playgrounds, so with outdoor weather here, this is a good time to think about playground safety.

Forty years ago, playgrounds could be downright scary. Everything was made of metal, so slides could get dangerously hot. Kids would go flying off those spinning contraptions, or perch unsteadily 10 feet in the air on monkey bars with rock-hard earth or concrete below. Today, they don't make them like they used to, and that's a good thing.

You won't find much metal in playgrounds anymore, and fall surfaces are required to be bouncy. Still, every year more than 200,000 children need emergency care because of playground injuries, according to the U.S. Consumer Product Safety Commission (USPSC). Nearly 80% of playground injuries are caused by falls. Climbers, swings, slides, and overhead ladders are the main culprits, according to the National Program for Playground Safety.

The USPSC recommends that you watch out for these and other possible hazards when taking your kids to the park:

**Improper protective surfaces.** Fall surfaces should be made of wood chips, mulch, wood fibers, sand, pea gravel, shredded tires, or rubber mats.

**Protrusion hazards.** Beware of hardware that is capable of cutting a child (bolts, hooks, rungs, etc.), or catching strings on items of clothing. Children should never wear drawstring hoodies at the playground.

**Head entrapment hazards.** No openings should measure between 3 ½ and 9 inches.

**Overcrowded equipment.** Swings should be set far enough away from other equipment so children won't be hit by a moving swing.

**Age-inappropriate activities.** Spring-loaded seesaws are best for young children, and seesaws should not hit the ground.

**Inappropriate equipment.** The number of injuries caused by monkey bars is so significant that many experts recommend they be removed from all playgrounds.



And remember, kids should always have adult supervision at the playground. It won't be hard—they'll probably be calling for you to watch them climb, jump, and swing. Still, improper supervision is associated with about 45% of playground injuries.

Teach your kids to:

**Never push or roughhouse** while on jungle gyms, slides, seesaws, swings, and other equipment.

**Make sure other kids are out of the way** if they're going to jump off equipment or slide, and remind them to land on both feet with knees slightly bent.

**Leave bikes, backpacks, and bags** away from the equipment and the play area so that no one trips over them.

**Always wear a helmet while bike riding**, but take it off while on playground equipment.

**Never use playground equipment that's wet**, because moisture makes the surfaces slippery.

**Check playground equipment in the summertime.** It can become dangerously hot, especially metal slides, handrails, and steps.

**Wear sunscreen** when playing outside, even on cloudy days, to protect against sunburn.

Now, let's get out there!

Sources: National Safety Commission, Consumer Product Safety Commission, KidsHealth.org., National Program for Playground Safety, and SafeKids Worldwide.

## Seven Hills Early Intervention

AGES  
**Birth to 3**  
Support for young children to achieve developmental milestones and thrive in home, social, and community settings

**401.921.1470**

**“Seven Hills is Everywhere, Because We Come to You.”**

### Children's Home-Based Programs:

Seven Hills Rhode Island provides a wide range of supports for children, from birth to age 21:

#### ■ Early Intervention

*Support for children, ages birth to three, who are not reaching developmental milestones.*

#### ■ HBTS

*Support for children, 21 & under, who need to improve communication, behavioral, psychosocial, and developmental skills.*

#### ■ PASS

*Support for families to manage the daily life skills of their children, 21 & under, who have special needs.*

#### ■ RESPITE

*Support to provide time apart for families and their children, 21 & under, with special needs.*

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# LISTEN UP!

by Nancy Manock, MS, CCC-SLP  
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As part of the National Newborn Infant Hearing Screening protocol, all babies have their hearing screened at birth. This ensures that all babies are able to hear their families and caretakers as well as sounds around them to develop speech and language skills in a timely manner. The majority of babies “pass” the screening, but sometimes parents are asked to have their child re-screened at a later date. When children are not developing spoken language by the age of 18-24 months, they may be referred to Early Intervention (EI). As part of the EI program, staff can teach parents techniques to enhance the process of developing speech. It is standard protocol for children who are not developing spoken language to have their hearing tested again to rule out a sensorineural or conductive hearing loss.

Often, parents are unaware that their child is experiencing fluid in their middle ear, and the child can suffer from mild to moderate hearing loss that can sound to the child like he or she is hearing underwater. This fluid can come and go during the day, and may not get identified during a well-visit checkup. Additionally, a sensorineural hearing loss can be progressive in nature and not be detected during the initial neonatal screening.

During a hearing test, an audiologist will assess the functioning of the child’s eardrum to determine if there is fluid, and test the child’s hearing responses to sounds through various measures, depending on the child’s age. If fluid is present or a sensorineural hearing loss is detected, the audiologist will refer the family to an Ear, Nose and Throat (ENT) doctor who will determine the best course of action.

A hearing assessment is the most objective way to rule out or manage a road block to successful communication development in infants and toddlers. In Rhode Island, this assessment can be conducted free of charge at the Rhode Island School for the Deaf. Since delayed communication can have profound effects on academic achievement in the future as well as development in other skill areas, following through on this recommendation is prudent. If you are concerned about your child’s speech and language development, speak to your child’s pediatrician or EI provider about warning signs for hearing loss.



## Bundling & Buckling Up: Car-Seat Safety



It’s a chilly concept, but safety advocates recommend removing a child’s puffy coat before he or she is strapped into a car seat. Why? The average puffy coat/snowsuit can add up to 4 inches of slack between a child and the harness straps.

Puffy coats insulate by trapping lots of air, which cannot be compressed easily. In a crash, the forces are extreme, compressing the coat and allowing too much slack in the harness to protect the child. Risk of injury—especially to the head—is significant.

Think “thin layers” when selecting clothing for your child’s safe travel, using the following steps to ensure warmth along the way:

**Step 1:** Dress your child in 2 to 4 thin, tight layers, depending on the temperature at the time of departure, and to what degree it will rise or fall by the time you reach your destination. Factor in your child’s body temperature, and whether or not you can warm your car in advance. The goal is to keep your child safe—and comfortable—in their car seat without becoming too cold or overheated.

**Step 2:** It’s critical that the car seat is installed properly—always in the back seat and facing away from air bags. Buckle your child in and ensure a snug restraint on the straps. To check if the straps are snug enough, take hold of them near the child’s shoulders and gently pull upward. This should remove the slack from the child’s legs and stomach. Next, insert your finger under the strap at the child’s collarbone and pull your finger away from the child’s body as far as possible. There should be only enough room for one finger.

**Step 3:** Once your child is buckled safely into the car seat, a puffy coat can be used as a blanket.

**Step 4:** When your destination is reached, your child will have the puffy coat to wear outdoors!

Find more helpful, healthful information at [www.thecarseatlady.com/warmandsafe](http://www.thecarseatlady.com/warmandsafe).

Adapted from: “Resources.” The Car Seat Lady – Keep Kids WARM & SAFE in the Car Seat. Web. 27 Jan. 2016.

## Sensory Spotlight: FINE-MOTOR ACTIVITY



*Supplies:* Muffin tin, tubes from paper towels and toilet paper

*What to do:* Cut the tubes into varying sizes. Sit with your baby or toddler on the floor with the muffin tin in front of you. Pick up a few of the tubes and place them into the muffin tin, showing how each tube fits into the spaces. Encourage your child to pick up the tubes and mirror your activity.

Adapted from: Ranson, Anna. “Baby Play: Muffin Tin Sorting.” 3 Feb. 2011. Web. 22 Feb. 2016.

## Reading List

**Head, Shoulders, Knees & Toes**  
Annie Kubler

**Play Rhymes**  
Marc Brown

**From Head to Toe**  
Eric Carle

**Where is Baby’s Belly Button?**  
Karen Katz

**Clap Hands**  
Helen Oxenbury

MILESTONES is a newsletter published by the Early Intervention program of Seven Hills Rhode Island, an Affiliate of Seven Hills Foundation, David A. Jordan, DHA, President/CEO. For more information, contact **Laurie Farrell, MA, Director, Early Intervention**, 401.921.1470 x7206, or [lfarrell@sevenhills.org](mailto:lfarrell@sevenhills.org), 178 Norwood Avenue, Cranston, RI 02905.