



IMPROVING
CHILDREN'S
PRODUCT
SAFETY

Safe Products and Child Care

An Illinois Snapshot

Report by: Kids In Danger

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Safe Products and Child Care Executive Summary

Kids In Danger (KID) recently surveyed child care workers throughout Illinois to assess behavior and attitudes towards children's product safety¹.

Findings of the report include:

- Forty-nine percent of the respondents reported at least one recalled or prohibited product in their child care facility.
- Safe sleep practices were also examined. In total 37% indicated seeing unsafe sleep practices in their facilities.
- Sixty-eight percent of respondents reported using secondhand products in their facility. They were 180% more likely to report the use of a recalled or otherwise prohibited product than respondents that worked in a facility that did not use secondhand products.
- Home-based facilities are half as likely as their center counterparts to have unsafe sleep conditions.
- Only 33% of respondents reported that DCFS inspectors checked if their facility kept its dated recall product notice within the last two years.
- Almost all child care providers agreed that child product safety should be a priority at child care facilities (10% agree, 81% strongly agree).

Overall the findings of the survey confirm some commonly held beliefs about children's product safety. For instance, while the flaws are in recalled products whether they are with the first or a second-hand user, it has long been suspected that the use of secondhand products would increase the likelihood that recalled products would be present.

Socio-economic status doesn't seem to play a role in product safety in Illinois child care – all areas of the state show similar awareness of product safety and are just as likely or unlikely to have unsafe products in their facilities. Illinois may not be a fair harbinger of the role income plays – the Illinois Children's Product Safety Act, which requires each caregiver to learn about product safety and remove dangerous products, may have helped level the playing field. This finding bears further research.

The study presents a clear action step – to improve enforcement and understanding among regulators and regulated child care of the Illinois Children's Product Safety Act. Without proper enforcement the Act is only a symbolic victory of child safety. The children of Illinois deserve a more concrete win.

¹ A total of 227 respondent replies were analyzed. The survey results have a sampling margin of error of ± 5.45 percentage points and a confidence level of 90%.

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Introduction

In 1999, Illinois became the first state to pass legislation banning recalled products from child care facilities when it passed the Children's Product Safety Act (CPSA). Since then it has become a recognized leader of children's product safety. However, it is imperative that we continue to uphold and strengthen children's product safety within child care, as 14 out of every 100 children will require medical attention for an injury sustained in a child care setting.² In fact unintentional injuries such as those created by unsafe children's products should be a priority for child care facilities throughout the nation as an estimated 20% of all accidental deaths occurred in child care settings in 1995.³ In addition, research shows that sharing safety messages through child care is an effective way to reach families and get them to take action.⁴

In order to determine how Illinois could better keep the estimated 503,700 children less than five years old that depend on some kind of regular child care⁵ safe, Kids In Danger (KID) surveyed Illinois child care workers. A total of 227 responses helped shed light on the risk dangerous products currently pose in home and center-based child care facilities throughout Illinois.⁶

What follows are the findings from the survey, as well as suggestions to improve children's product safety in Illinois child care.

Socioeconomic factors and child care facilities

Each respondent was asked to provide the zip code of the child care facility where they worked, their ethnic background as well as gender, and the predominate ethnic background of the children their facility served. The zip code was used to approximate the population's average socioeconomic traits that each facility served. Such things as median income, population size, and unemployment rate were analyzed. There were no significant correlations between any of the zip code socioeconomic factors or ethnic background and gender responses.

The results of this survey, therefore, cannot conclude that there is any significant difference between socioeconomic factors in regards to recalled products, unsafe sleep practices, injury, etc. In other words, all areas of the state show similar awareness of product safety and are just as likely or unlikely to have unsafe products in their facilities. However, Illinois may not be a fair harbinger of the role local economic measures play as the Illinois CPSA requiring each caregiver to learn about product safety and remove dangerous products may have helped level the playing field.

² Janet Currie and V. Joseph Hotz, "Accidents Will Happen? Unintentional Childhood Injuries and the Effects of Child Care Regulations," *Journal of Health Economics* 23.1 (2004):25-59.

³ *ibid.* If deaths to children who were automobile passengers are include, then this figure falls to 12%.

⁴ United States, Administration for Children and Families. Office of Planning, Research and Evaluation, "Family-Provider Relationship Quality: Review of Conceptual and Empirical Literature of Family-provider Relationships," *OPRE Report No 2012-46* (2012).

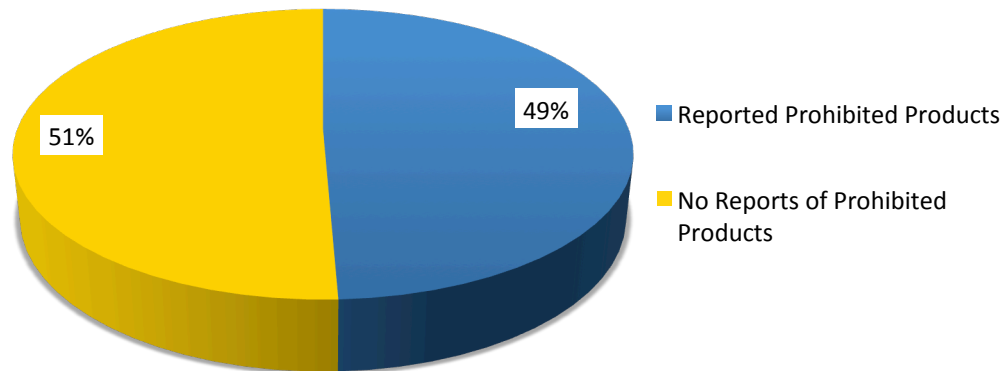
⁵ Figure extrapolated from the Child Care in America: 2014 State Fact Sheets by Child Care Aware of America and the 2011 child care study by the U.S. Census Bureau.

⁶ The survey results have a sampling margin of error of ± 5.45 percentage points and a confidence level of 90%.

Reported prohibited products within child care facilities

KID presented respondents with a list of thirteen products that were either recalled or otherwise prohibited by regulation. These products were chosen for age of recall, level of risk, as well as other factors. Respondents were asked whether they had used or seen said products in use at their facilities. Nearly half of the child care workers indicated that they had at least one recalled or prohibited products in their place of employment (49%).

Figure 1: Prohibited products and child care facilities



The findings show that Illinois child care can improve their product safety practices. While the slim majority of child care workers reported no use of prohibited products, the number of child care workers that reported the use of prohibited products is too high. Methods for reducing the number of reported prohibited products within child care will be discussed at length.

Table 1: Recalled or Otherwise Prohibited Products Reported

Product Name	Manufacturer /Retailer	# of Respondents Reported Use or Sight	Year of Recall	# Units Recalled	Injuries/ Deaths Reported
Bumbo Baby Seat without Restraints	Bumbo International Trust	67	2012	4 million	84 injuries
Learn-Around Playground Activity Center	Leapfrog Enterprises Inc	21	2006	186,000	54 injuries
Infant Walkers	Generic	20	N/A	N/A	34 deaths (1973-1998) ⁷
Baby Einstein Musical Motion Activity Jumpers	Kids II	17	2013	400,000	61 injuries
Drop-Side Crib	Generic	13	N/A	N/A	32 deaths (2000-2011) ⁸
Home and Roam Playpen	Baby Trend	13	2001	100,000	4 deaths
Rock ‘N Play Infant Sleep	Fisher Price	11	2013	800,000	16 injuries
Crib Bumper Pads	Generic	8	N/A	N/A	27 deaths (1985-2005) ⁹
Travel-Lite Portable Crib	Playskool	5	1998	11,638	6 deaths
Children’s Wall Mounted Lamp	IKEA	4	2014	3.5 million	2 deaths
Nap Nanny Infant Recliner	Baby Matters LLC	4	2012	30,000	1 death, 92 incidence
Peapod Travel Beds	KidCo Inc	2	2012	N/A	1 death, 9 injuries
Chicco Polly High Chair	Artsana USA Inc	1	2012	455,000	21 injuries

⁷ American Academy of Pediatrics, Committee on Injury and Poison Prevention, “Injuries Associated with Infant Walkers,” *Pediatrics* 108.3 (2001): 790.

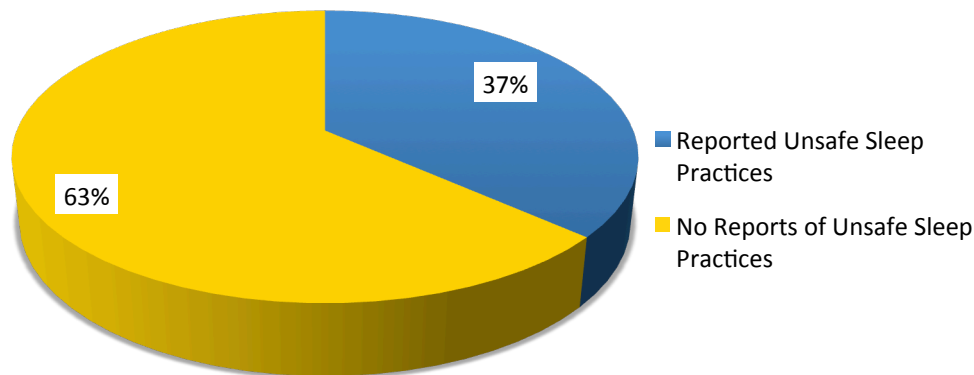
⁸ Lida Allkhani, “Dangerous Drop Side Cribs No Longer for Sale,” *CNN Health Blog*, <http://thechart.blogs.cnn.com/2011/06/28/dangerous-drop-side-cribs-no-longer-for-sale/>

⁹ Bradley T. Thatch, George W. Rutherford, Kathleen Harris, “Deaths and Injuries Attributed to Infant Crib Bumper Pads,” *The Journal of Pediatrics* 151.3 (2007): 271.

Reported unsafe sleep practices and products within child care facilities

KID also asked respondents a set of questions in regard to safe sleep practices. A little over a third of child care workers indicated that unsafe sleep practices, such as lying infants to sleep on their bellies, and the use of unsafe sleep products, such as drop-side cribs were used in their facilities (37%).

Figure 2: Unsafe Sleep Practices and Child Care Facilities



Illinois passed legislation in 2011 that requires child care providers to undergo safe sleep training every three years.¹⁰ The required training could explain why nearly two-thirds of child care workers reported safe sleep habits. However while the majority of Illinois child care workers reported safe sleep practices, it is important that Illinois provides additional support to the 37% of child care workers that reported unsafe sleep habits.

According to the Centers for Disease Control and Prevention (CDC), nearly 4,000 infant Sudden Unexpected Infant Deaths (SUID) occur in the U.S. each year. The three major causes of SUID are Sudden Infant Death Syndrome (SIDS), accidental suffocation, and accidental strangulation in bed.¹¹ It is hard to estimate what percentage of accidental suffocations and strangulations occur in child care facilities due to privacy laws, but it is known that almost 15% of all SIDS cases occur in child care settings.¹²

Additional is needed to extend the 2011 legislation's influence. Public education campaigns are known to reduce the occurrence of SUID and SIDS. Since the American Academy of Pediatrics first began its Safe to Sleep Public Education Campaign, formerly the Back to Sleep campaign, the number of infants killed by SIDS or SUID has decreased by 50%.¹³ Increasing child care workers' awareness of safe sleep practices should have a similar effect. It is also possible that child care workers could pass safe sleep awareness on to child care parents, thus increasing the effect.

¹⁰ Alexa Aguilar, "Infant's Death Spurs New Child Care Training: Parents Lobbied Legislator, State for New Guidelines on How to Prevent SIDS," *Chicago Tribune*, July 20, 2011.

¹¹ Centers for Disease Control and Prevention, "About Sudden Unexpected Infant Death and Sudden Infant Death Syndrome," accessed October 3, 2014 <http://www.cdc.gov/sids/aboutsuidandsids.htm>.

¹² Teresa Byington, et al., "Teaching Child Care Providers to Reduce the Risk of SIDS (Sudden Infant Death Syndrome)," *Journal of Extension* 49.2 (2011).

¹³ *ibid.*

Table 2: Unsafe Sleep Practices and Products Reported

Unsafe Practice/Product	# of Respondents Reported Use or Sight of Unsafe Sleep Practice/Product
Use Blankets in Crib	60
Use Crib Past Recommended Age Limit	22
Put Infant to Sleep on Stomach	15
Use Drop-Side Crib	13
Use Crib Bumper Pads	8
Use Nap Nanny in Crib	1
Use Pillows in Crib	1

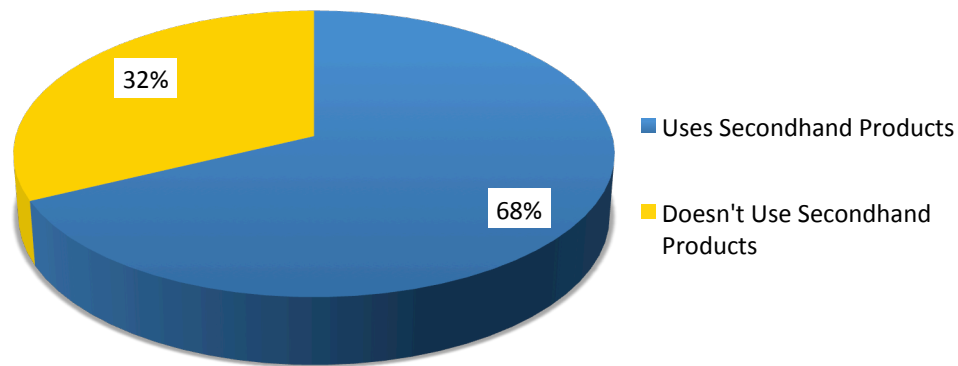
Home-based versus center-based child care facilities

Child care workers reported very little difference between home and center-based child care facilities. The only statistically probable difference is that home-based facilities are half as likely as their center counterparts to have unsafe sleep conditions. However this finding is not particularly statistically precise.

Secondhand and prohibited products

Child care workers that reported that their child care facilities use secondhand products were 180% more likely to report the use of a recalled or otherwise prohibited product than respondents that worked in a facility that did not use secondhand products. This is a particularly concerning correlation as the vast majority of child care workers reported the use of secondhand products at their child care facility.

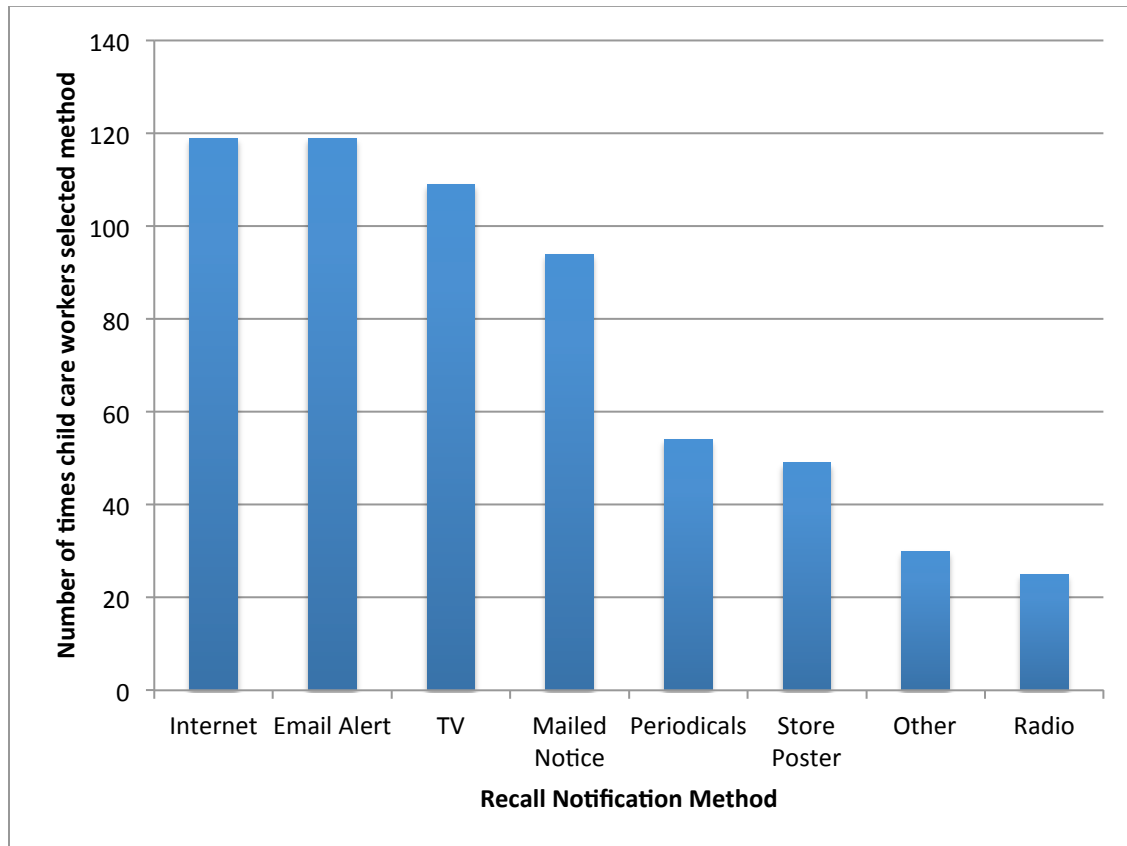
Figure 3: Secondhand products and child care facilities



Child care workers and recall awareness by recall notification method

Child care workers were asked how they found out about children's product recalls. A list of common notification methods was given to respondents and they selected multiple items from the list. The results mirrored findings from an earlier KID report that suggests that most consumers become aware of recalls through electronic means such as the internet, email, and TV reports.¹⁴ The notification methods most favored by manufacturers and retailers in the recall process such as mailed notices and store posters, were some of the least selected methods for child care workers.

Figure 4: Child care workers and children's product recall notification methods

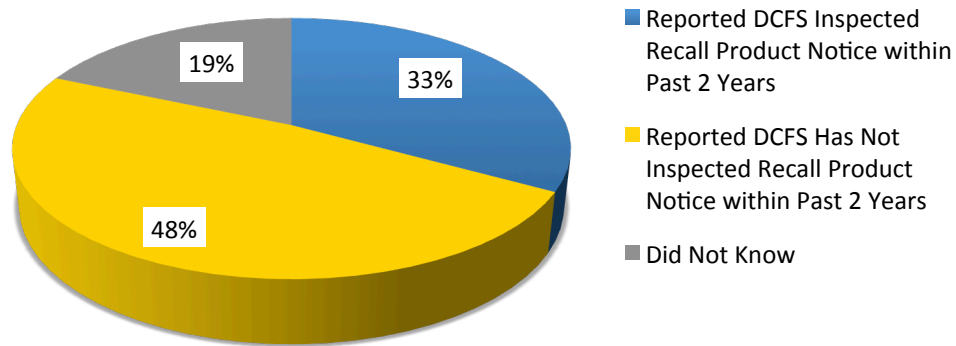


Illinois Department of Child and Family Services (DCFS) and children's product safety

Although the Illinois Children's Product Safety Act prohibits the use of recalled products in child care, recalled products and other prohibited equipment continue to be used. This could be because only 33% of respondents reported that DCFS inspectors checked if their facility kept its dated recall product notice within the last two years. This notification is suppose to serve as evidence that facilities are self-checking their products against recall lists. Inspectors are charged with checking to make sure this notice is updated every time the facility is inspected. This is a significant lapse in enforcement.

¹⁴ Jordan Durrett, "After the Recall: Dangerous Products Remain in Homes," accessed October 3, 2014 http://www.kidsindanger.org/docs/reports/KID_Recall_Report_2013_Final.pdf.

Figure 4: DCFS inspection of child care facility's recall product notice within past 2 years reported

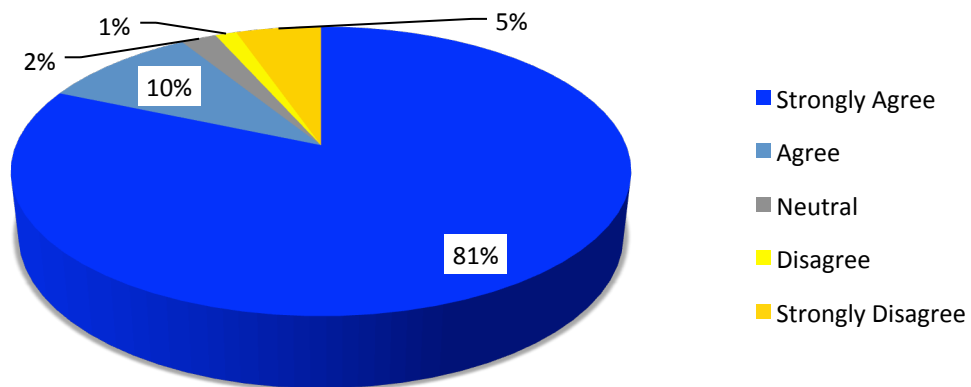


Unfortunately due to budget and staffing cuts, DCFS has been hard pressed to provide comprehensive child care inspections in a timely and thorough manner. In 2012, Illinois child care licensing officials, the individuals in charge of inspections, were handing an average of 100 child care facilities apiece. For perspective, the highest caseload that is nationally recommended is 75 child care facilities for every licensing officer.¹⁵ Without proper funding and staffing the progressive child product safety regulations the Illinois legislature and DCFS pioneered is much less effective.

Child care workers and their attitudes toward child product safety

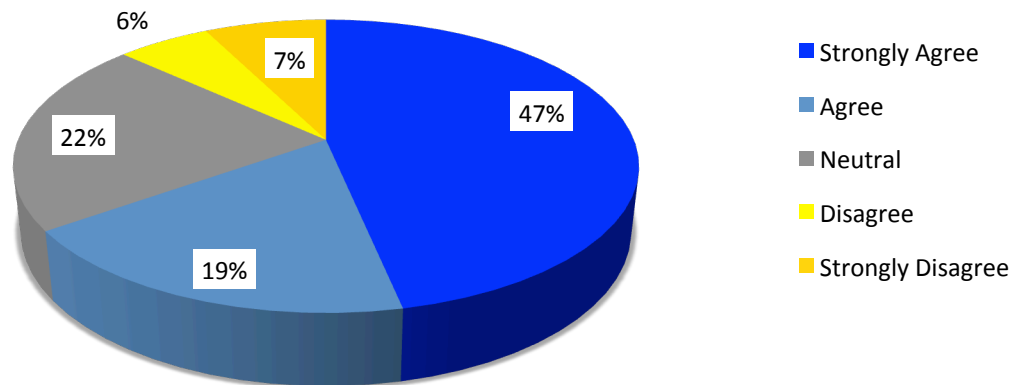
Child care workers were asked a series of opinion questions pertaining to child care facilities and child product safety.

Figure 4: Do you feel that child product safety should be a priority at child care facilities?



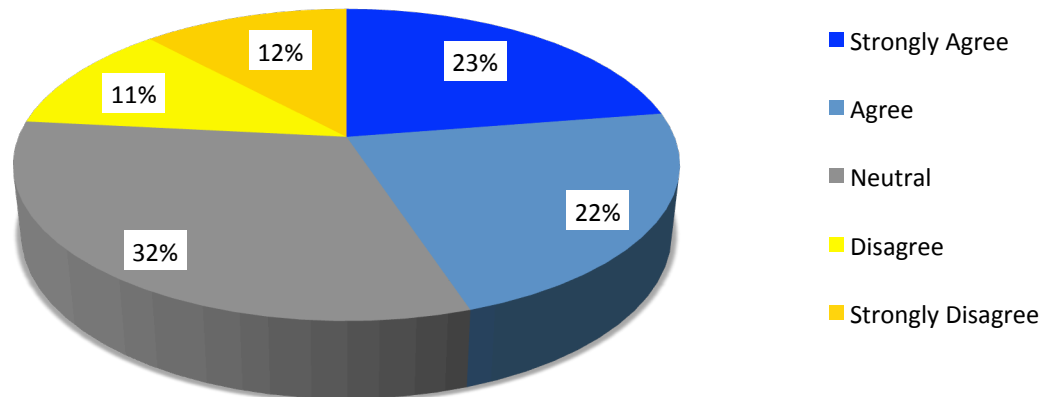
¹⁵ Christy Gutowski and Bill Ruthhart, "DCFS Can't Keep Up with Day Care Duties: Staff, Budget Cuts Blamed for Missed Inspections, High Caseloads, Licensing and Background-Check Delays," April 22, 2012, accessed September 25, 2014 http://articles.chicagotribune.com/2012-04-22/news/ct-met-dcfs-daycare-20120422_1_dcfs-director-richard-calica-day-care-kendall-marlowe.

Figure 5: Do you feel that additional children's product safety training opportunities would be beneficial to your facility?



Illinois child care workers show a strong desire to improve child product safety. Nearly all child care workers agree that child product safety should be a priority for child care facilities (91% agree or strongly agree). Additionally 66% of respondents agreed or strongly agreed that more children's product safety training would benefit their facility. This suggests that additional educational and training programs focusing on child product safety would be well utilized if made accessible to more child care workers.

Figure 6: Do you believe state inspections of child care facilities are sufficient to handle children's product safety concerns?



Child care workers place a lot of faith in DCFS licensing officers. Overall 55% of child care workers either agreed or strongly agreed that state inspections were sufficient to handle children's product safety concerns, while another 32% felt ambivalent on the issue. With this trust, it is important that DCFS gets the adequate resources necessary to improve funding and staffing gaps in its child care oversight division.

Conclusions and Suggestions

The report shows that while the majority of Illinois child care workers provide a safe setting for the children in their charge, there is still some work to be done in terms of child product safety and safe sleep practices. The good news is that Illinois child care workers are eager and willing to help strengthen Illinois child care safety. Also important to note is that Illinois already has regulations and legislation in place to help improve children's product safety and safe sleep practice compliance. It is only a lack of funding and other resources that leave these measures less effective and child care safety weakened. If Illinois wants to continue to be a leader in child care safety, then a few suggestions should be taken into consideration.

- More trainings and educational programs should be provided for child care workers that focus specifically on children's product safety and safe sleep practices. These workshops should be made accessible to child care workers throughout Illinois. Illinois child care workers have expressed a decided interest in such programs. Given this interest along with the potential risk dangerous children's products and unsafe sleep practices pose to Illinois children, these programs should successfully increase child care safety.
- Manufacturers and retailers of recalled children's products should use social media, email campaigns, and webpages to notify child care workers of dangerous products that may be in use in child care facilities. Other recall notification methods do not appear to be as effective as internet and television campaigns. This should help child care workers keep on top of children's product recalls.
- When purchasing or receiving secondhand products child care workers should treat these products with increased scrutiny. There is a strong correlation between secondhand and prohibited products. Check these secondhand products against the Consumer Product Safety Commission's website (www.cpsc.gov). A continually updated list of all children's product recalls from 1989 to the present is available from the Illinois Department of Public Health as well.
- It is important that resources for the Illinois DCFS child care oversight division be increased. Funding and staffing gaps leave children vulnerable to product safety and unsafe sleep risks. In order to fully and effectively enforce the Illinois CPSA, DCFS must have the manpower and funding adequate to provide thorough and timely inspections. Otherwise product safety hazards and unsafe sleep practices will continue to be a problem in child care settings.

KID urges every parent and caregiver to take the following **three steps to protect children in their care**.

1) Be aware of the problem: Visit www.KidsInDanger.org for more information on children's product safety and to sign up for free email alerts to stay up-to-date on recalled products. Consumers can also sign up at www.cpsc.gov to receive notice of recalls by email.

2) Always check products: Take an inventory of the products used with children—at home, at childcare, and elsewhere—and check it against the list of recalls at www.cpsc.gov. Check for safety information on car seats at the National Highway Traffic Safety Administration (NHTSA), by visiting www.nhtsa.gov. Repeat the check every time a child receives a new product, gift, or hand-me-down. Consumers can use KID’s mobile site, available by going to KidsInDanger.org from any mobile device, to search for recalls while away from their computer.

3) Spread the word: Report any injuries or problems with products at www.SaferProducts.gov. After learning of a recall, share the news with friends and family and urge them to pass it along. Always fill out product registration cards so manufacturers can send recall information. Product registration cards and online registration are required for durable infant and toddler products, but you can use the same online sites to register other products such as toys from the same company.

Become an Advocate: Let local, state, and national lawmakers know that children’s product safety is important. Find out more at www.KidsInDanger.org advocacy pages and join the KID Action Team to keep children safe.

Methodology, Definitions and About KID

KID obtained all recall information for this report from press releases issued jointly by product manufacturers and the CPSC. Press releases outline the incidents, failures, and injuries caused by the product prior to the date of recall. All numbers, facts, and figures contained in this report originated in these press releases. In addition, SaferProducts.gov was studied for incidents with the recalled products. Only children’s products under the jurisdiction of the CPSC were considered. This excludes car seats and booster seats regulated by NHTSA. However, CPSC does have oversight of car seats that also function as infant carriers.

The survey was developed by KID interns, Jordan Durrett and Asia Bey. Jordan Durrett is a Masters of Public Policy candidate from the Harris School of Public Policy at the University of Chicago. Asia Bey is a Masters of Clinical Psychology candidate from Roosevelt University.

The online questionnaire was developed after extensive research into child product safety and safe sleep, as well as Illinois child care regulations. The survey was divided into four subsections: background information, product safety and safe sleep practices, procedural knowledge, and opinion. It was accessible from late June until late August 2014.

KID focused specifically on Illinois child care workers. Respondents were asked to provide the zip code of the child care facility of their employment. All surveys with zip codes outside of Illinois were thrown out.

Other background questions provided data on ethnicity, gender, etc. These background questions were used to judge how representative the sample was to the Illinois child care worker population. Population characteristics were gathered from the U.S. Bureau of

Labor, the U.S. Census Bureau, and other sources.¹⁶ The only population that is underrepresented by the sample is male child care workers. The survey results have a sampling margin of error of ± 5.45 percentage points and a confidence level of 90%.

Social desirability bias was an important concern as the survey relied on unverifiable self-reporting on a very sensitive subject. In order to reduce social desirability bias skewing KID implemented specific surveying techniques. The survey was completely anonymous. Also the survey title and questions were carefully worded to reduce priming. For additional protection against social desirability bias, impossible answers were added to weed out false surveys.

The survey results were statistically analyzed. A p-value of 0.05 was used to determine statistical significance for linear and multi-variable regressions. Logit regressions were run on binary variables. Confidence intervals were used to judge the statistical precision of the logit results.

A children's product is defined as any product designed or intended for the care of or use by children. Products that pose potential dangers to children but that are not intended for their use, such as cigarette lighters with faulty child resistance locks and window blinds, are not counted as children's products. Children's products were further categorized for this report by the type of product (clothing, furniture, nursery products, sports and outdoor, jewelry, miscellaneous, and toys). The product name, manufacturer, date of recall, number of units recalled, type of hazard posed, and number of incidents and injuries were also recorded for children's products recalled in 2012 (Appendix A).

KID is a nonprofit organization dedicated to protecting children by improving children's product safety. KID was founded in 1998 by Linda Ginzler and Boaz Keysar after the death of their 16-month-old son, Danny, in a dangerous portable crib. For more information, call 312.595.0649 or visit www.KidsInDanger.org.

Acknowledgements

KID would like to acknowledge Illinois Action for Children for their helpful comments on earlier versions of this paper as well as their help with respondent out-reach in the early stages of the study.

KID would also like to thank the Chicago Harris School of Public Policy Student Association (PPSA) for selecting Jordan Durrett as a 2014 Amy Marie Bosman Memorial Fellow. The funding the fellowship provided allowed for this study to be completed.

¹⁶ Bellam, Dan, et al., "Making Work Pay in the Child Care Industry: Promising Practices for Improving Compensation," *National Center for the Early Childhood Work Force (NCECW)*.

