

# Helping Hand

The Student Assistance, Community of Practice & LCRC Newsletter

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Volume 20, Issue 6

## Twenty Questions to Ask About Your Child's Behavioral Health

Children may be vulnerable to a variety of emotional or behavioral concerns. Unlike adults, they cannot readily identify problems or seek treatment. Parents and teachers may find it helpful to compare responses to the following questions. If you answer "yes" to any of the following, your child may benefit from assessment by a mental health practitioner. None of these questions alone imply a diagnosis of any behavioral disorder. These behaviors may simply mean that your child is working through a difficult transition and needs additional support or skill building.

### **Educational** – *Does your child ...*

- Disrupt classes?
- Focus too hard on getting perfect grades?
- Seem bored frequently?
- Struggle to complete assignments or not turn them in?
- Cheat on exams or homework?
- Frequently express feeling overwhelmed by assignments?

### **Social** – *Does your child ...*

- Frequently get into arguments?
- Bully others physically or online?
- Frequently become the target of bullies?
- Seem uninterested in other children?
- Struggle to fit in?
- Struggle to make decisions in response to peer pressure?
- Frequently drop out of team activities?
- Do things frequently that fall outside social norms?

### **Mood/emotions** – *In comparison to other children, does your child ...*

- Become irritable or tearful more frequently?
- Have more difficulty calming down?

### **Safety** – *Does your child ...*

- Cut or burn him- or herself?
- Talk about not wanting to live anymore?
- Run away or threaten to run away when upset?
- Have frequent temper tantrums?



If you or your child's teacher have concerns, consult the school student assistance program or counselor (and contact 911 immediately if your child is in immediate danger of harming self or others), or contact your employee assistance program or health insurance carrier to request a referral to a qualified mental health counselor. If you do not have insurance, community mental health agencies may also be sources of further help. Many counselors offer services based on ability to pay.

# Teaching Responsibility Skills

Teaching young people responsibility is an important task. Children aren't born with the ability and must learn to be accountable and act independently in ways that show respect and compassion.

These skills are acquired through practice. Children are aware of, and understand more than we often give them credit for; they are good observers and learn about the world based on the things they witness. How we act as parents is the strongest lesson for children about how to behave.

Children can also learn responsibility through daily tasks or chores.

Give them tasks appropriate to their intellectual, emotional and physical abilities. When possible, let children be self-directive: This increases their sense of ownership for the job. If they don't finish, show how their actions affect others. Understanding the consequences of their behavior shows children their connection to a larger world; they are one part of a greater whole that can be influenced, good and bad, by their choices.

It's important for children for things to be fair; they find security in rules that have clear limits. Make a handful of sensible rules and explain the consequences for breaking them. Children need concrete examples of their role in being responsible.

Many situations come up every day which offer teachable moments. Ask open-ended questions about situations and how they would act. Let children be creative, and discuss their answers. Prompt them to ask questions; when we answer with thought and caring, they begin to understand us, and we them. Knowing each other, and having a positive relationship, is a key to instilling values of good character and responsibility.



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## Reducing the Dangers of Prescription Medications

Most parents are aware of the dangers of firearms, knives, but prescription and over-the-counter medications can be as deadly. Small children can mistake colorful pills for candy, while teens may experiment or be coerced by peers into sharing or selling medications. Teaching children how to safely manage medication is an important life skill. While toddlers and small children need to be protected from any access to medication, consider the following:

- Start with awareness. Always know what medications – and how much – you have in the home. Follow the instructions about completely using up certain medications and for safely discarding any medications you don't need. Do not keep old medication.
- Limit available quantities. It is much harder to overdose when only a small amount of medication is available.
  - Keep your local poison control number handy. Write it and other important numbers down in a central place. Teach your children how to call 911 and/or poison control.
  - Consider your child's vulnerabilities. If your child or a friend has a history of drug use, use extra caution around medication access.
  - Teach your child to be a good patient. Show children how you remember to take medication and how you make follow-up appointments for refills. Let them know you follow up with your prescriber when you have questions or concerns.
  - Be aware of the dangers of over-the-counter medication and vitamins. Your child may be in as much danger from taking too much over-the-counter medication as he or she is from taking too much prescription medication.
  - Don't give one family member pills prescribed for another family member, and always administer medication as prescribed.
  - Teach your child healthy attitudes about medication - Don't joke in front of them about abusing medication or using pills prescribed for a medical condition to numb emotional pain.

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# Help Your Child Cope With a Move

The best way to support your child when relocating is to think like your child. Think about what might be fun or feel helpful. This may help your child cope, and just might make the move easier for you.

Create an itinerary. Children respond favorably when they know what to expect. Together, map out a plan for the move. Allow your child to help pack so he or she feels like part of the action. Your child can reserve a box of special toys to bring in the car or plane.

Investigate new territory by researching your new town in advance. Together, search the internet for information and examine maps of the area. Once you've moved in, take time to explore before unpacking. Go on walks around the neighborhood, check out playgrounds, and help your child meet possible playmates.

Go on a scavenger hunt around your new home. Hide “treasures” for your child to find or send mail to the new house before you leave. That way, something special will be waiting upon arrival. Also, line up activities before you move. Whether it's soccer or dance lessons, any activity will provide an avenue for new adventures and friendships.

Children are affected by their parents' moods. While stress is inevitable, do your best to express excitement and curiosity. A positive attitude is guaranteed to rub off, especially on young children. Anticipate some sadness, but don't push your child into grief. Everyone has different emotions and transitions at different speeds. Moving is a lengthy adjustment, and the sooner you can involve your child in the process the better. Every once in a while, look at the situation from your child's perspective and don't forget that sense of adventure.



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## Parenting a Child with Autism: Tips for Managing Stress

Parenting an autistic child, who needs constant care and attention, can be overwhelming. Parents' expectations are formed prior to birth and change as the child grows. Children with autism often interact with the world and the people around them in unusual and unpredictable ways. How you interpret your child's behavior, based on your expectations, influences how you feel.

Learning about autism and creating a safe, structured environment is helpful for adapting to your child's needs. Many national organizations, and your family doctor, can point toward resources for creating behavior and safety plans.

The stress of parenting a child with autism can leave you feeling angry, anxious, isolated, and sad. For these reasons, taking care of yourself is of the highest importance. Consider the following tips:

- Learn to recognize and accept your feelings. You may feel stretched to the breaking point, angry with your child, or resentful toward family members who don't help as much as you'd like. It's normal to feel these ways sometimes. Share your feelings with family, friends or other people you trust. Find a counselor if you need to, or a support group of people who are dealing with the same issues. There is no shame asking for help.
- Celebrate your child's successes. It is easy to get bogged down in negativity, especially when your expectations for how the child “should be” are not realistic given his or her abilities. Watch for daily victories, no matter how small.
- Be flexible. Traditional ways for rearing a child often don't work for a child with autism. Don't take your child's behavior personally when something doesn't work, and try not to worry about what other people think; your child has his or her own unique needs. Going with the flow, and understanding something doesn't “have to be” a certain way is much less stressful.
- Stay in touch with friends and family. Getting out and participating in social activities keeps you feeling connected and lowers stress.
- Find time for exercise. People in stressful situations often neglect their health. Be active, eat right and see the doctor when needed.

# Starter Science: First Explorations

Play activities can inspire children to explore and develop an interest in science. Beginning at a young age, we can teach them by using everyday objects and experiences.

Science is about observing the world around us and recording what we see. We use sight to navigate our environment and interpret what we encounter. Even though we have four other senses (taste, touch, smell and hearing), the information we use first comes primarily from sight. Often, we don't fully appreciate how much input our other senses give us. In this activity your child can experiment with using their senses to identify familiar objects and explore the home.

Cover your child's eyes with a blindfold and guide them through your home, introducing them to different objects. How does the furniture feel? What does that tell your child about what kind of room it is? Do the sounds or smells in the room give any clues? Go outside and explore the yard, too. How do different plants feel, smell or even sound?

Next, seat your child at a table. Place common things, like a toy, spoon, or book, on the table and see if your child can guess what they are. You can also test different foods, encouraging them to feel, smell and taste the various items.

Ask questions about what they find; have children describe what they come across. This is good practice for boosting verbal skills and may help them identify an object they are having trouble recognizing. Above all, have fun — you may even change roles and let your child be the guide.

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## Keys to Preventing Suicide

Sorting out when a child is simply seeking attention or genuinely at risk can seem like an overwhelming task. It takes courage to intervene, and knowing when — and how — to effectively help is also a concern. Young children and teens can be at risk for suicide, and for “parasuicidal” behaviors like cutting themselves. Children often have not developed skills to manage painful and scary emotions. They sometimes lack the understanding that death is final. They can also be very impulsive and act without consideration for consequences.

Children who attempt suicide may be depressed. Signs of depression include insomnia, lethargy, low moods, irritability, changes in educational performance, changes in behaviors toward other students, becoming withdrawn, and losing interest in favorite toys or activities. Other factors leading to suicide attempts may include drug use, impulse control issues, the suicide attempt of a friend, or grief. The most obvious sign is if a child says he or she does not want to live anymore. Take it seriously! Other signs of increased risk are a child who draws pictures of self-injury or death, gives away prized possessions, or writes a farewell note.

Take any threat seriously and contact 911 immediately if you believe danger is imminent. Contact a mental health professional immediately if a child makes a suicidal statement even if the child is safe under your supervision. Partner with the mental health professional to make a safety plan until the child can be seen, and follow up with any recommendations he or she makes to protect the child while treatment occurs. If your child repeatedly makes threats, work with his or her counselor to help your child develop other ways to handle painful emotions.

For teachers, know your school's safety policies and who is available for consultation if you believe a child is at risk.

### **For more information, contact:**

Lori Joy --Regional Coordinator  
Maine Transition Network  
ljoy@mainetransition.org  
207-460-3914

Newspaper Editing & Assistance Provided By Maine Transition Network



AND

Collaboratively Present:

## Workshops for Parents

Friday, February 26, 2010

Topic: What is ABA?

Presenter: Shayna Grindle, Board Certified Behavior Analyst

Friday, March 26, 2010

Topic: Bullying and Teen Dating Relationships - Information and Strategies for Parents

Presenter: Tammy Light, Youth Educator, Next Step Domestic Violence Project

Friday, April 23, 2010

Topic: What is Collaborative Problem Solving?

Judy Fortin, LCSW

All held from 10:30 a.m. - 12:30 p.m.

Location: KidsPeace, 16 KidsPeace Way, Ellsworth

Workshops are free to all parents/caregivers/educators of children with emotional & behavioral health concerns.

You may register by phone with Judy Somers at 943-0908 or 1-800-264-9224; or fax completed registration page to 207-626-3453 Attn: Carol Tiernan Thank you!

I am a  Parent or  Professional (please check one)

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Are you worried about your child's emotional well-being?** Through parent-to-parent sharing of experiences and knowledge, G.E.A.R. empowers parents of children with behavioral health needs to build on their family's strengths and to advocate for their family's needs. Free services available to parents & caregivers include: information and support by phone, monthly support groups, education, health & legal trainings and social opportunities. We are parents helping each other; we offer unconditional support - no blame, no shame and no judgment. We want you to know that you are not **ALONE!**



## **Save The Date**

### ***Improving Health Outcomes with Integrated Physical and Behavioral Healthcare***

*A Conference co-sponsored by DHHS and APS Healthcare  
March 18, 2010 - Augusta Civic Center*

#### **Conference Goal:**

To promote increased integration of physical and behavioral healthcare in Maine.

DHHS and APS Healthcare will accomplish this by providing education to the Maine provider community about current and planned DHHS policy/initiatives related to integration and examples of successful models of integration in the field.

#### **Featuring:**

- Commissioner Brenda Harvey
- Ruth Katz, SAMSHA, Office of Disability, Aging, and Long-Term Care Policy – Keynote Speaker
- Jerry Vaccaro, MD - President of APS Healthcare
- A wide variety of breakout session speakers
- A plenary session with a panel of DHHS Office Leadership from the Commissioner's Office, MaineCare, Child & Family Services, Adult MH Services and Substance Abuse discussing current and future state of DHHS integration initiatives/vision

Registration Materials will be available by 2/15/2010

## **The Information And Resource Center Of The Maine Office Of Substance Abuse Is Your Free Resource For Alcohol, Tobacco And Other Drug Information.**

**We distribute pamphlets & loan books, videos and dvds to schools state-wide.**

Contact us to set up a borrower account:

**Phone:** 1-800-499-0027 **E-mail:** [osa.ircosa@maine.gov](mailto:osa.ircosa@maine.gov)

Our complete library catalog is online at: [www.maineosa.org/irc](http://www.maineosa.org/irc)

**Call to schedule:**

### **The Case of Cool Al: A Johnny Clue Mystery**

(13 min., gr: 3-6, dvd, 2008)

A mystery adventure designed to teach young viewers about the dangers of alcohol. Kids, have no fear, ace detective Johnny Clue is on the case of evil dude "Cool Al". When Johnny uncovers unmistakable evidence that bad things are happening to the kids hanging out with Cool Al, his investigation goes into high gear.

### **Drugs: True Stories**

(28 min., gr: 5-12, adult, dvd, 2007)

Joel's abuse of alcohol and marijuana led to addiction to prescription pills. He, his parents, and his sister describe their denial, Joel's spiraling addiction, and his ongoing recovery. Trevor tells how he avoided drugs and stays drug free.

### **Stop Bullying: Take a Stand**

(29 min., gr: 6-12, dvd, 2005, Series: In the Mix)

This program presents a comprehensive approach to preventing bullying for victims, parents, and bystanders. Learn the different types of bullying and how to stick up for yourself. Includes a segment on cyber bullying.

***Save the Date***

## **Bullying: Myths and Facts**

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**Presented by Marjorie Withers**

**Wednesday, May 19, 2010**

**Nadeau Hall Conference Room  
University of Maine at Fort Kent**

**9:00am to 3:30pm**

This workshop is designed to address the Myths & Facts about bullying and provide strategies for your classroom, home and playground.

This workshop is being offered free of charge and includes a light lunch. Seating is limited, so registration is a must.

**FMI contact:**

Jeanne Bugbee  
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207.227.0046  
[jbugbee@mainetransition.org](mailto:jbugbee@mainetransition.org)

Catherine Jandreau  
Maine Parent Federation  
834.7908  
[cjandreau@mpf.org](mailto:cjandreau@mpf.org)

## The Northern New England Poison Center – who are they?

Rebecca L. Miller, RN, BSN, MPH, CSPI, CHES

The Northern New England Poison Center (NNEPC) is located at Maine Medical Center (MMC) in Portland, Maine. The NNEPC manages poison calls from Maine, New Hampshire and Vermont. The poison center has been around since 1974 when it was housed at Togus in Augusta. In those years, they averaged about 700 calls a year. In 1978, the poison center moved to Maine Medical Center emergency department and merged with the Regional Emergency Management Information System (REMIS). REMIS handled the calls from ambulances delivering patients to MMC while the poison center continued to handle poison emergencies.

In 1978, the poison center handled approximately 17,000 call a year which grew to approximately 29,000. In 2000, the center had to separate from REMIS. To be able to obtain federal funding, the center had to become nationally certified by the American Association of Poison Centers (AAPCC). This meant changes in staffing and resulted with a merge with Vermont Poison Center. In 2004, the center merged with New Hampshire Poison Center to become the Northern New England Poison Center. Last year, the center handled over 98,000 calls.

The center is staffed with specially trained nurses (CSPIs) at all times with support from other medical professionals. Toxicologists are available 24 hours a day, 7 days a week. The national toll free number is 1-800-222-1222 and is confidential. However, any call that originates from Maine, New Hampshire and Vermont phone exchanges will reach NNEPC in Portland.

The NNEPC can help with poison exposures, questions about side effects, drug interactions, or pill identifications. The center also can help with food poisoning questions and other topics such as carbon monoxide, lead poisoning information and others. You do not have to be an emergency to call the center!. For poison related exposures or questions, please call 1-800-222-1222. For more information about our educational activities please visit our website at [www.nnepc.org](http://www.nnepc.org) or contact Rebecca Miller, the Maine education specialist at [miller@mmc.org](mailto:miller@mmc.org) or 662-7224.

Presenter:

***Marjorie Withers, LCPC***

Marjorie Withers is the director of the Community Caring Collaborative (CCC). She has worked with families and children as a mental health therapist and consultant for the past 28 years. She has used her experiences and skills as a therapist to develop strengths-based, family-driven services in a wide arena, including rural and tribal communities. Starting an infant stimulation program for acutely ill infants and their families at Duke University Medical Center over a quarter of a century ago, Marjorie recognized that children's thriving depended on their parents' ability to develop nurturing attachment even when faced with difficult environments. She has seen the link between serving children and supporting their parents and caregivers as essential.

Marjorie has been a consultant nationally for systems of care and family driven culturally competent services. She has numerous work experiences that confirm her beliefs in being strengths-based. She has worked closely with local agencies and believes that we can make a difference for children when we work with each other in strengths-based ways.

Marjorie's belief in collaboration and her experience in working with a wide array of services have allowed her to "think outside the box" when developing viable programming that serves the needs of fragile communities. She believes that the greatest expertise comes from those families and individuals living with the challenges of mental health and substance abuse issues. It is their courage and experiences that lead us to new ways of helping and coping.

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To Register Please email  
Lorinda Joy  
ljoy@mainetransition.org  
or  
Nancy Drake

**Professional  
Wellness**



**April 13, 2010**

**Augusta  
Civic Center**

# Professional Wellness



## Professional Wellness

Augusta Civic Center

April 13, 2010

### Agenda

8:00-8:30 Registration

8:30-8:45 Opening Remarks

8:45-9:45 Marjorie Withers

9:45-10:00 Break

10:00-12:00 Marjorie Withers

12:00-12:45 Lunch

12:45-2:15 Networking

Nancy Drake- Lori Joy-

Marjorie Withers

Wrap up with Marjorie...

2:15-2:30 Closing and Evaluations

### Outcomes for Professional Wellness

1. Participants will learn strategies for taking care of themselves as providers, teachers, and others who work in the helping professions.
2. Participants will have an opportunity to network with others who serve similar age populations.
3. Participants will learn strategies to look at their own strengths and keep resilient
4. Participants will look at ways they respond to stress in the work setting and develop alternative approaches.

To Register Please email  
Lorinda Joy  
ljoy@mainetransition.org  
or  
Nancy Drake  
nancy.drake@maine.gov

For special accommodation please call Nancy Drake at  
255-3625 at least 4 weeks in advance.

*Down east Communities of Practice  
Planning Committee*

# Save this Date

***April 28, 2009***

***Hutchinson Center, Belfast***

**8:30-2:30 (Registration at 8)**

**Working with Children with  
Challenging Behaviors**

**Presenter:**

***Marjorie Withers, LCPC***

Marjorie Withers is the director of the Community Caring Collaborative (CCC). She has worked with families and children as a mental health therapist and consultant for the past 28 years. She has used her experiences and skills as a therapist to develop strengths-based, family-driven services in a wide arena, including rural and tribal communities. Starting an infant stimulation program for acutely ill infants and their families at Duke University Medical Center over a quarter of a century ago, Marjorie recognized that children's thriving depended on their parents' ability to develop nurturing attachment even when faced with difficult environments. She has seen the link between serving children and supporting their parents and caregivers as essential.

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***Free Workshop Lunch Included***

**Contact Hours Available**

To Register Email:

[ljoy@mainetransition.org](mailto:ljoy@mainetransition.org) or [nancy.drake@maine.gov](mailto:nancy.drake@maine.gov)

Sponsored by: Downeast Communities of Practice Planning Committee; Maine Department of Education Student Assistance, (Mid Maine and Down east) Maine Transition Network, Regional Maine Parent Federation, Keeping Maine's Children Connected, DHHS Children's Behavioral Health and more...

# Partners in Legal Issues in Education

May 5, 2010

8:00 am-2:30pm

University of Maine Belfast-Hutchinson Center

**Speaker: Eric R. Herlan, Esq.**

This free workshop will include:

Secondary Transition, Pre-referral, Response to Intervention (RTI)  
Identification and Eligibility and other issues related to Special Education and Regular  
Education.

**Target Audience:** Parents, Guardians, Educators, Service Providers, Administrators and  
Interested Community Members

**Goal for the Day:** Promoting a common understanding of special education laws and regulations  
and improving collaboration among stakeholders.

**Eric R. Herlan, Esq.,** Eric has been representing school districts for many years, with a focus on both special education and general school law issues. Eric also practiced in both federal and state courts, primarily in the area of special education and disability rights. He has appeared before the First Circuit Court of Appeals, the United States District Court for Maine and the Maine Supreme Judicial Court. In addition to his legal practice, Eric has also lectured throughout New England and nationally on issues involving disability rights and school law. He is the editor of the Special Education Quarterly, is the contributing author to Maine School Law, Third Edition (2006) and authored Commentaries on Maine State Special Education Regulations (1993).

Eric graduated from Sumner High School in 1976 and from the University of Maine at Orono in 1980. He received his Ph.D. in political philosophy from Columbia University, and his law degree from the University Of Maine School Of Law in 1987. Eric is licensed to practice law in Maine and New Hampshire.

To Register call 207-963-5973 or email [ljoy@mainetransition.org](mailto:ljoy@mainetransition.org)

For more information or to request accommodations-  
contact SAT unit

[nancy.drake@maine.gov](mailto:nancy.drake@maine.gov) or 255-3625

Sponsored by:

**Downeast Communities of Practice Planning Committee;**

Maine Department of Education Student Assistance Team Unit

Maine Transition Network Downeast and Mid-Maine

Keeping Maine's Children Connected

Disability Navigators

DHHS Children's Behavioral Health

**TO: Student Assistance Teams and Area Schools**  
**FROM: Nancy Drake, Student Assistance and Community of Practice**  
**SUBJECT: SAT/RTI Team Training/Team Renewal: A Working Model**  
**May 26th, Hutchinson Center - Belfast**

The Maine Department of Education, in collaboration with the Committee on Transition, is offering a one-day workshop

**A Student Assistance Team Training/Renewal – “Response to Intervention (RTI) Team Workshop: A Working Model**  
**May 26th, at the Hutchinson Center in Belfast.**

This will be a pilot training for sites who wish to train a team in a one-day setting. Previously trained teams that need retraining/renewal, because of changes in membership, can also benefit from this training. This is an opportunity for teams who wish to begin doing RTI to incorporate that function into their student assistance program.

Space is limited to 75 participants. Teams will be taken on a first-come, first-served basis. This workshop is a collaborative effort of the Maine Department of Education, Student Assistance Team Unit, and Maine Transition Network, in collaboration with MSB, Down East Development Services and Maine Support Network.

Upon successful completion of this training, participants will:

- Establish and maintain effective student assistance teams in their schools,
- Demonstrate the interactive meeting process utilized in the SAT process,
- Describe good practice in setting up SAT files and record maintenance,
- Develop a short- and long-term plan for implementing student assistance at the building level.

Response to Intervention Outcomes: Participants will begin to gain a more in-depth understanding of RTI, comprehending the scope and sequence of the parameters necessary to initiate RTI planning in their school system. These include:

- High quality classroom instruction,
- Research –based instruction,
- Assessment of classroom performance,
- Universal screening using a three-tier model to assess academic, behavioral/social and transition outcomes,
- Continuous progress monitoring,
- Research-based interventions,
- Progress monitoring during the interventions, and
- Fidelity measures.

Participants will be part of a facilitated discussion that seeks to identify and consider the necessary components to transition RTI teams with SAT teams including:

- Core membership,
- Protected time to work as a team,
- How to build school, community, and parental awareness and understanding of RTI,
- The importance of assessing tier-one curricula and instruction (inventory),
- Identified interventions.

Contact hours will be provided. There is no fee for this training. Lunch will be provided. Participants will receive an updated training manual.

For further information and registration, contact Nancy Drake at [nancy.drake@maine.gov](mailto:nancy.drake@maine.gov). (207-255-3625) Registrations are taken on a first-come basis. The deadline for registration is March 15th.

Below is a draft agenda. A complete and more detailed agenda will be sent out as a part of the confirmation information approximately two weeks before the event.

### **DRAFT AGENDA**

- |                    |  |
|--------------------|--|
| <b>8:00-8:30</b>   | Registration   |
| <b>8:30-9:30</b>   | Welcome/ Introductions<br>Nancy Drake<br>Ground Rules<br>Questions my Team Needs Answered  |
| <b>9:30-10:30</b>  | RTI – Requirements Jim Roberts   |
| <b>10:30-10:45</b> | Break  |
| <b>10:45-11:15</b> | Progress Monitoring- Data Collection with Catherine Wood of MSB<br>and Record Keeping for SAT  |
| <b>11:15-11:45</b> | An Overview of the Behavior Component - Debbie Gilmer-MSN  |
| <b>11:45-12:30</b> | Lunch  |
| <b>12:30-2:45</b>  | SAT-The Basics; Video, Case Study and short term planning in teams - Nancy<br>(Staff to assist during planning.. Lori Joy, Michael Ashmore, Catherine Wood,<br>Jim Roberts, and Debbie Gilmer and Nancy) |
| <b>2:45-3:00</b>   | Q and A  |
| <b>3:00-3:15</b>   | Evaluation and Closure   |



News from Catholic Charities Maine **Community Mobilization Team:**

This month, CCM was pleased to host Lt. Joseph Thomas, Maine State Deputy Fire Marshal. Lt. Thomas provided the group with information, as well as this helpful *Fire Safety Checklist*.

Feel free to share this list with friends and family. For more information about Catholic Charities Maine or Wraparound Maine, please contact: Rebecca Thistlewood at (207) 255-4116.

# Your Home Fire Safety Checklist



U.S. Consumer Product Safety Commission  
Washington, D.C. 20207

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## About the Commission

This Home Fire Safety Checklist was developed by the U.S. Consumer Product Safety Commission (CPSC), an independent regulatory agency of the U.S. Government.

The Commission has four statutory missions:

- to protect the public from unreasonable risks of injury associated with consumer products;
- to assist consumers in evaluating the comparative safety of consumer products;
- to develop uniform safety standards for consumer products and minimize conflicting state and local regulations; and
- to promote research and investigation into the causes and prevention of product-related deaths, injuries and illnesses.

It has jurisdiction over more than 15,000 consumer products used in the home, school and in public places. Among the products not subject to the Commission's authority are food, drugs, automobiles, tobacco, and fire arms. The Commission administers five safety laws: The Consumer Product Safety Act, the Federal Hazardous Substances Act, the Flammable Fabrics Act, the Poison Prevention Packaging Act, and the Refrigerator Act.

CPSC began operation on May 14, 1973. It is headed by three Commissioners appointed by the President with the advice and consent of the Senate.

On October 29, 1973, the Commission instituted a toll-free Hotline to make it easier for consumers to report product-related injuries or potentially hazardous products, and to get information on recalled products seven days a week, 24 hours a day. You may call the Commission's Hotline from anywhere in the continental U.S. by dialing 1-800-638-2772. A teletypewriter for the hearing impaired is also available (including Alaska and Hawaii) on a special Hotline number 1-800-638-8270. To order publications, write to the Office of Information and Public Affairs, Washington, DC 20207.

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# Sources of Fire

## Supplemental Home Heating

The use of supplemental room heaters, such as wood and coal burning stoves, kerosene heaters, gas space heaters and electrical heaters, has decreased, along with the number of residential fires.

Even though there has been a decrease in fires associated with supplemental heaters, it is important to remember that about 120,000 residential fires still occur annually with the use of these heaters, or about 22 percent of all residential fires. These fires kill more than 600 people. Annually there are thousands of contact burn injuries and hundreds of carbon monoxide poisonings.

### Introduction

The United States has one of the highest fire death and injury rates in the world. Fire—in the form of flames and smoke—is the second leading cause of accidental death in the home.

More than 4,000 people die each year in home fires. Every year, there are more than 500,000 residential fires serious enough to be reported to fire departments. More than 90 percent of residential fire deaths and injuries result from fires in one and two family houses and apartments. Property losses exceed 4 billion dollars annually, and the long term emotional damage to victims and their loved ones is incalculable.

The U.S. Consumer Product Safety Commission (CPSC) has targeted the principal consumer products associated with fires, namely home heating devices, upholstered furniture, bedding, cigarette lighters, matches, and wearing apparel. The Commission is participating in a special Congressionally authorized study of cigarette-ignited fires, which cause more deaths than any other kind of fire. The Commission continues to push for extensive use of smoke detectors. With the help of concerned consumers, the number of residential fires has declined about 30 percent since 1980.

The CPSC is fulfilling its role to make products inherently more fire safe. We recognize that much more can be done to cut down on the needlessly high and tragic fire toll by an alert and informed public. Many of the injuries associated with flammable products result from hazards that are overlooked. Fire experts agree that one key to fewer fires is a greater awareness of how accidents can be prevented. By spotting these hazards and taking some simple precautions, many fires and fire-related injuries can be prevented.

Use this checklist as a safety guide to spot possible fire safety problems which may be present in your home. It is a first step in reducing the risk of fire. Check YES or NO to answer each question. If you check NO to any question, the potential hazard should be corrected to avoid the risk of injury or death.

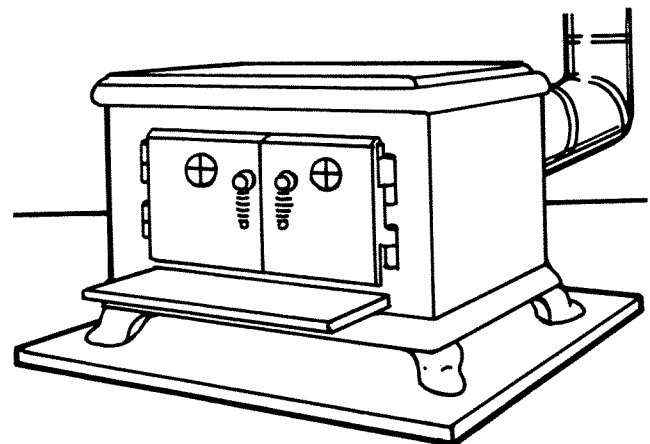
How safe is your home from fire?

**PRODUCT SAFETY, IT'S NO ACCIDENT!**

### Wood Stoves

You should be able to respond “yes” to the following safety statements.

	<u>Yes</u>	<u>No</u>
1. The wood stove or fireplace has been installed according to existing building codes and manufacturer's instructions.	___	___
2. The chimney and stovepipe are checked frequently during the heating season for creosote buildup and are cleaned when necessary.	___	___
3. The stove sits on a non-combustible or on a code-specified or listed floor protector.	___	___
4. Combustibles such as curtains, chairs, firewood, etc., are at least three feet away from the stove.	___	___
5. Only proper fuel is used in the stove.	___	___
6. A metal container with a tight-fitting lid is used for ash removal.	___	___



## Recommendations:

- Do not use wood burning stoves and fireplaces unless they are properly installed and meet building codes.
- Follow the label instructions on the stove which recommends an inspection twice monthly. Have chimneys inspected and cleaned by a professional chimney sweep. Creosote is an unavoidable product of wood burning stoves. Creosote builds up in chimney flues and can cause a chimney fire. To cut down on creosote buildup, avoid smoldering fires.
- Use a code-specified or listed floor protector. It should extend 18 inches beyond the stove on all sides. This will reduce the possibility of the floor being ignited.
- Follow the instructions on the stove label for proper location of the stove from combustible walls.
- Never burn trash in a stove because this could over heat the stove. Gasoline and other flammable liquids should never be used to start wood stove fires. Gasoline will ignite and explode. Use coal only if designated as appropriate by the manufacturer.

## Kerosene Heaters

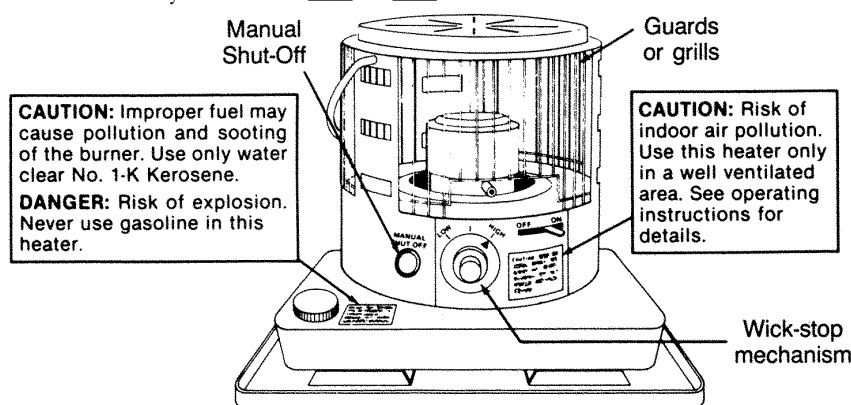
You should be able to respond “yes” to the following safety statements.

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Only 1-K kerosene is used and it is bought from a dealer who can certify that the product is 1-K kerosene.   | _____      | _____     |
| 2. The heater is placed out of the path of traffic areas such as doorways and hallways.   | _____      | _____     |
| 3. Kerosene is stored outdoors, and out of the reach of children in a tightly sealed, preferably blue plastic or metal container, labeled “kerosene.” | _____      | _____     |
| 4. No attempt is to be made to move the heater if flare-up (flames outside the heater cabinet) occurs. The fire department is called immediately.     | _____      | _____     |

5. The heater is used in well ventilated rooms. \_\_\_\_\_
6. The heater is turned off while sleeping and is never left operating unattended. \_\_\_\_\_
7. The heater is placed at least three feet away from anything that might catch fire such as clothing, furniture, curtains, etc. \_\_\_\_\_

## Recommendations:

- Check with your local fire marshal regarding local and state codes and regulations for using a kerosene heater.
- NEVER USE GASOLINE. Even small amounts of gasoline mixed with kerosene can increase the risk of fire.
- Use properly labeled containers. It reduces the likelihood of mistaking gasoline for kerosene.
- Place heater so it will not be knocked over or trap you in case of fire.
- Use 1-K kerosene because grades other than 1-K contain much more sulfur and will increase sulfur dioxide emissions, posing a possible health problem. If you buy kerosene from a gasoline station make sure you and/or the attendant are using the kerosene pump, not the gasoline pump.
- Never fill the heater while it is operating. Always refuel the heater outdoors to prevent spillage on floors and rugs which could later result in fire ignition.
- Keep the room in which the heater operates ventilated (e.g. door open or the window ajar). This will prevent an indoor air pollution problem and minimize health problems. Kerosene heaters are not usually vented.
- Keep flammable liquids and fabrics away from an open flame.
- Never try to move the heater or try to smother the flames with a rug or a blanket if a flare-up occurs. Activate the manual shut-off switch and call the fire department. Moving the heater may increase the height of the flames and cause leakage resulting in personal injury.

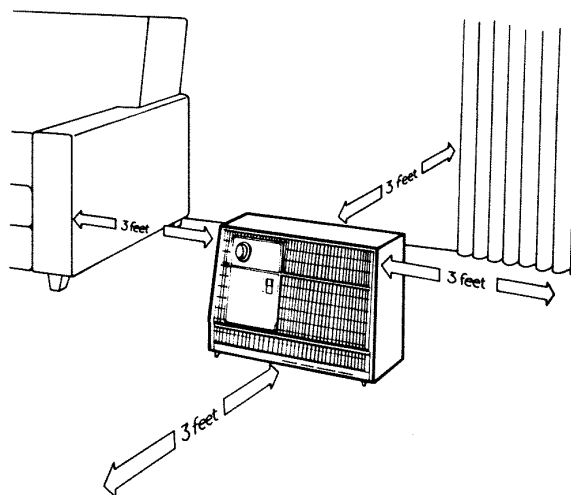


## Gas-Fired Space Heaters

You should be able to respond “yes” to the following safety statements.

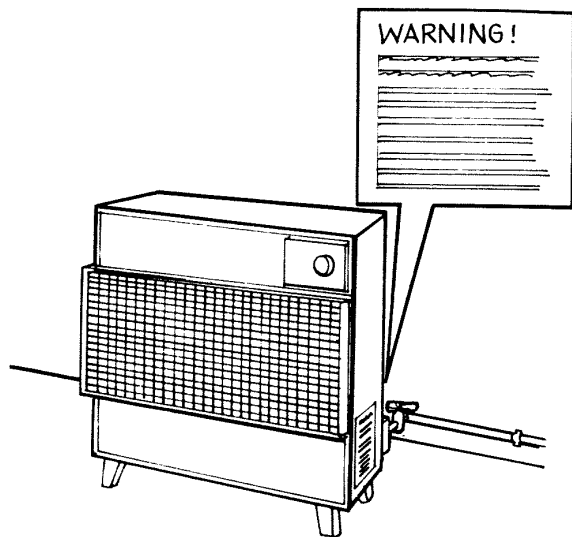
	<u>Yes</u>	<u>No</u>
1. Only vented heaters are installed or used in sleeping quarters.	___	___
2. Vented heaters are properly vented to the outside.	___	___
3. The unvented gas-fired room heater has a warning label and instructions that are followed.	___	___
4. The unvented gas-fired room heater has a label stating it has a “pilot safety system”, which turns off the gas if not enough fresh air is available.	___	___
5. The vented heater has a label stating that it is equipped with a vent safety shutoff system.	___	___
6. If the heater uses liquefied petroleum (LP) gas, the container is located outside the house.	___	___
7. The manufacturer’s instructions for lighting the pilot are followed.	___	___
8. Matches are lighted before turning on the gas if pilot lighting is required.	___	___
9. Flammable materials and liquids are kept away from gas heating appliances.	___	___

- Do not use a propane heater (LP) which has a gas cylinder stored in the body of the heater. Its use is prohibited in most states and localities in the United States.
- Follow the manufacturer’s instructions for lighting the pilot. Gas vapors may accumulate and ignite explosively, burning your hand or face.
- Light matches, if needed for lighting the pilot, before turning on the gas to prevent gas buildup.
- Do not operate a vented style heater unvented. It could allow combustion products, including carbon monoxide, to reach dangerous levels which will result in illness and death.



## Recommendations:

- Follow the manufacturer’s instructions regarding where and how to use gas space heaters. Unvented heaters should not be used in small enclosed areas, especially bedrooms because of the potential for carbon monoxide poisoning.



## Portable Electric Heaters

The Commission estimates that half the deaths and one-third of the injuries resulting from electric heater fires occurred at night when family members were asleep and the heater unattended. The Commission is also concerned about the use of power or extension cords which can be too small to supply the amount of current required by the typical portable electric heater.

You should be able to respond “yes” to the following safety statements.

	<u>Yes</u>	<u>No</u>
1. The heater is operated at least three feet away from upholstered furniture, drapes, bedding and other combustible materials.	___	___
2. The extension cord (if used) is marked #14 or #12 American Wire Gauge (AWG).	___	___
3. The heater is used on the floor.	___	___
4. The heater is turned off when family members leave the house or are sleeping.	___	___

## Recommendations:

- Operate heater away from combustible materials. Do not place heaters where towels or the like could fall on the appliance and trigger a fire.
- Avoid using extension cords unless absolutely necessary. If you must use an extension cord with your electric heater, make sure it is marked with a power rating at least as high as that of the heater itself. Keep the cord stretched out. Do not permit the cord to become buried under carpeting or rugs. Do not place anything on top of the cord.
- Never place heaters on cabinets, tables, furniture or the like. Never use heaters to dry wearing apparel or shoes.

## Cooking Equipment

Cooking equipment is estimated to be associated with more than 100,000 fires annually, and almost 400 deaths, and 5,000 injuries. Gas cooking equipment accounts for about 30,000 fires, and electric cooking equipment for about 55,000 fires.

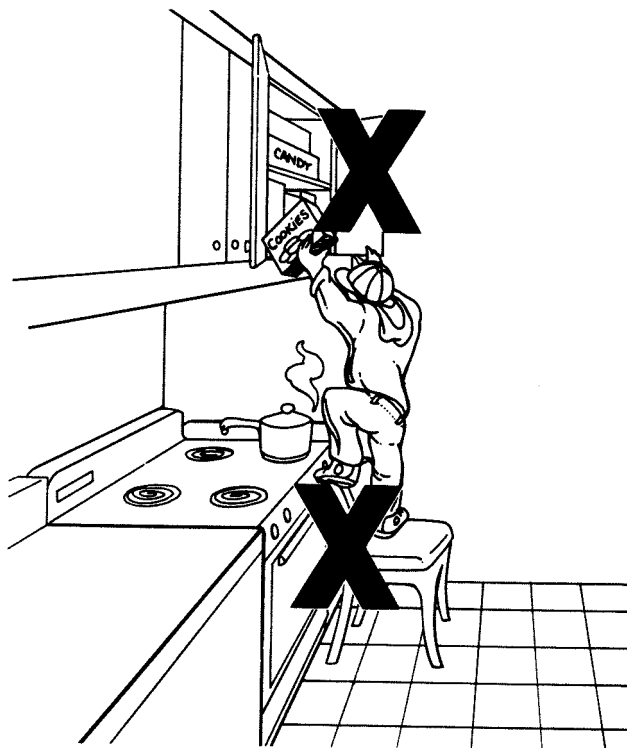
You should be able to respond “yes” to the following safety statements.

	<u>Yes</u>	<u>No</u>
1. The storage area above the stove is free of flammable and combustible items.	___	___
2. Short or tight fitting sleeves, and tight fitting shirts, robes, gowns, etc., are worn while cooking.	___	___
3. Items that could attract children (e.g. cookies and candy) are not kept above the range and are kept out of the immediate area.	___	___
4. The stove is not left unattended when cooking especially when the burner is turned to a high setting.	___	___



## Recommendations:

- Never place or store pot holders, plastic utensils, towels and other non-cooking equipment on or near the range because these items can be ignited.
- Roll up or fasten long loose sleeves with pins or elastic bands while cooking. Do not reach across a range while cooking. Long loose sleeves are more likely to catch on fire than are short sleeves. Long loose sleeves are also more apt to catch on pot handles, overturning pots and pans and cause scalds.



- Do not place candy or cookies over top of ranges. This will reduce the attraction kids may have for climbing on cooking equipment, thus reducing the possibility of their clothing catching fire.
- Keep constant vigilance on any cooking that is require above the “keep warm” setting.

## Cigarette Lighters and Matches

Each year more than 200 deaths are associated with fires statreted by cigarette lighters. About two thirds of these result from children playing with lighters. Most of the victims are under five years old.

You should be able to answer “yes” to the safety statements below.

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Cigarette lighters and matches are kept out of the reach of children. | —          | —         |
| 2. Cigarette lighters are never used to entertain a child.               | —          | —         |

### Danger— Children and Lighters



**KEEP CIGARETTE LIGHTERS AWAY  
FROM YOUNG CHILDREN**

### Recommendations:

- Keep lighters and matches out of sight and out of the reach of children. Children as young as two years old are capable of lighting cigarette lighters and matches.
- Never encourage or allow a child to play with a lighter or to think of it as a toy. Do not use it as a source of amusement for a child. Once their curiosity is aroused, children may seek out a lighter and try to light it.
- Always check to see that cigarettes are extinguished before emptying ashtrays. Stubs that are still burning can ignite trash.

## Materials That Burn

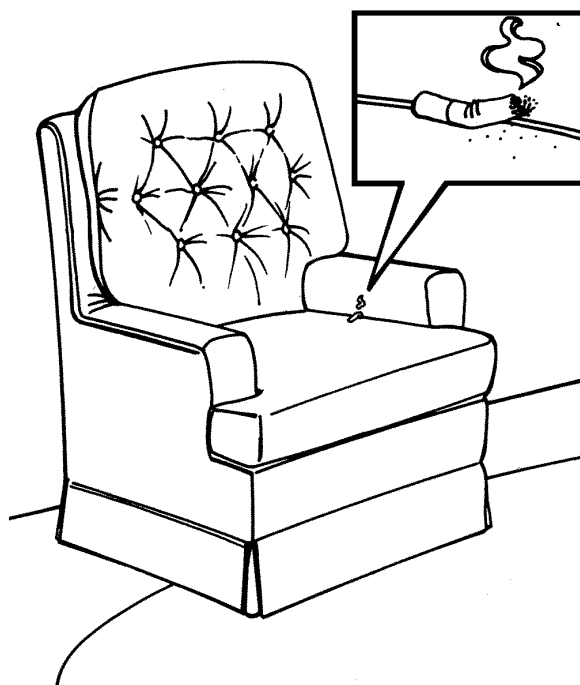
Your home is filled with materials and products that will burn if ignited. Upholstered furniture, clothing, drapery fabrics, and liquids such as gasoline and volatile solvents are involved in many injury-causing fires each year. Most of these fires could be prevented.

### Upholstered Furniture

In 1989, there were 18,600 residential fires associated with upholstered furniture; about 900 people lost their lives. About one half of these fires were caused by smoking materials. Property losses amounted to over \$ 100 million from fires started by cigarette ignition of upholstered furniture.

You should be able to respond “yes” to the safety statements below.

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Upholstered furniture fabrics made from vinyl, wool or thermoplastic fibers are generally selected for safety reasons.                        | —          | —         |
| 2. I check thoroughly after parties for ashes or unextinguished cigarettes that may have fallen behind and between cushions and under furniture. | —          | —         |



## Recommendations:

- Look for furniture designed to reduce the likelihood of furniture fire from cigarettes. Much of the furniture manufactured today has significantly greater resistance to ignition by cigarettes than upholstered furniture manufactured 10 to 15 years ago. This is particularly true of furniture manufactured to comply with the requirements of the Upholstered Furniture Action Council's (UFAC) Voluntary Action Program. Such upholstered furniture may be identified by the gold colored tag on the furniture item. The legend on the front of the tag in red letters states "Important Consumer Safety Information from UFAC."
- Always check the furniture where smokers have been sitting for improperly discarded smoking materials. Ashes and lighted cigarettes can fall unnoticed behind or between cushions or under furniture.
- Do not place or leave ashtrays on the arms of chairs where they can be knocked off.



<p>The manufacturer of this furniture certifies that it is made in accordance with the new, improved UFAC methods, designed to reduce the likelihood of furniture fire from cigarettes. However, upholstery fires are still possible.</p> <p><b>CLEANING INFORMATION</b>  <small>Caution: Never remove cushion covers even if they have zippers. Wash and Iron Fabrics. Vacuum or Dust with soft bristle brush weekly. Use a professional furniture cleaning service for overall soiled condition. Wipe or Leather. Sponge periodically with warm mild soapy water. Remove soapy solution with clean damp soft cloth.</small></p>	<p>Some materials used in upholstery, when ignited, will burn rapidly and emit toxic gases. Remember to practice careful smoking habits. For early warning, equip your home with properly placed smoke detectors and maintain them regularly.</p> <p><b>UFAC:</b>  <small>The Upholstered Furniture Action Council is a voluntary industry association organized to conduct research into more cigarette resistant upholstered furniture. For further information write UFAC Box 2430, High Point, NC 27601. © 1989</small></p>
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- Look for fabrics made predominantly from thermo-plastic fibers (nylon, polyester, acrylic, olefin) because they resist ignition by burning cigarettes better than cellulosic fabrics (rayon or cotton). In general, the higher the thermo-plastic content, the greater the resistance to cigarette ignition.

## Mattresses and Bedding

Smoldering fires in mattresses and bedding materials caused by cigarettes are a major cause of deaths in residential fires. In 1989 over 35,000 mattress/bedding fires caused about 700 deaths.

You should be able to respond "yes" to the following safety statements.

	<u>Yes</u>	<u>No</u>
1. "No smoking in bed" is a rule that is practiced in my home.	___	___
2. Heaters, ash trays, smoking materials and other fire sources are located away from bedding.	___	___

## Recommendations:

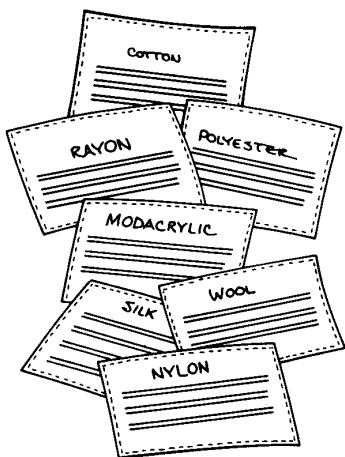
- **DO NOT** smoke in bed. Smoking in bed is a major cause of accidental fire deaths in homes.
- Locate heaters or other fire sources three feet from the bed to prevent the bed catching on fire.
- Consider replacing your old mattress with a new one if you are a smoker. Mattresses manufactured since 1973 are required to resist cigarette ignition.



## Wearing Apparel

Most fibers used in clothing can burn, some more quickly than others. A significant number of clothing fires occur in the over 65 age group principally from nightwear (robes, pajamas, nightgowns). In 1989 about 200 clothing fire deaths were reported; about three fourths occurred in the 65 and older age group. The severity of apparel burns is high. Hospital stays average over one month.

Small open flames, including matches, cigarette lighters, and candles are the major sources of clothing ignition. These are followed by ranges, open fires and space heaters. The most commonly worn garments that are associated with clothing ignition injuries are pajamas, nightgowns, robes, shirts/blouses, pants/slacks and dresses.



You should be able to respond “yes” to the following statements.

	<u>Yes</u>	<u>No</u>
1. When purchasing wearing apparel I consider fiber content and fabric construction for safety purposes.	___	___
2. I purchase garments for my children that are intended for sleepwear since they are made to be flame resistant.	___	___

**Recommendations:**

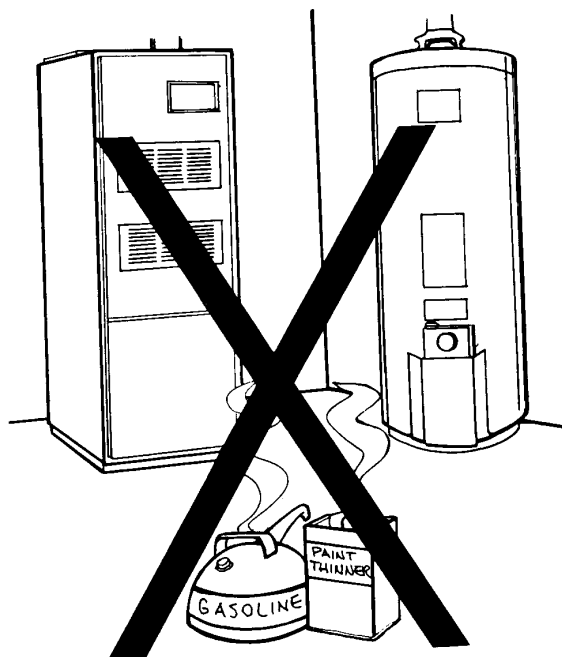
- Consider purchasing fabrics such as 100% polyester, nylon, wool and silk that are difficult to ignite and tend to self extinguish.
- Consider the flammability of certain fabrics containing cotton, cotton/polyester blends, rayon, and acrylic. These are relatively easy to ignite and burn rapidly.
- Look at fabric construction. It also affects ignitability. Tight weaves or knits and fabrics without a fuzzy or napped surface are less likely to ignite and burn rapidly than open knits or weaves, or fabrics with brushed or piled surfaces.
- Consider purchasing garments that can be removed without having to pull them over the head. Clothes that are easily removed can help prevent serious burns. If a garment can be quickly stripped off when it catches fire, injury will be far less severe or avoided altogether.
- Follow manufacturer’s care and cleaning instructions on products labeled “flame resistant” to ensure that their flame resistant properties are maintained.

**Flammable Liquids**

One of the major causes of household fires is flammable liquids. These include gasoline, acetone benzene, lacquer thinner, alcohol, turpentine, contact cements, paint thinner, kerosene, and charcoal lighter fluid. The most dangerous of all is gasoline.

You should be able to respond “yes” to the following safety statements.

	<u>Yes</u>	<u>No</u>
1. Flammable liquids are stored in properly labeled, tightly closed non-glass containers.	___	___
2. These products are stored away from heaters, furnaces, water heaters, ranges, and other gas appliances.	___	___
3. Flammable liquids are stored out of reach of children.	___	___



**Recommendation:**

- Take extra precautions in storing and using flammable liquids, such as gasoline, paint thinners, etc. They produce invisible explosive vapors that can ignite by a small spark at considerable distances from the flammable substance. Store outside the house.

# Early Warning and Escape

Even when you have complied with every item in this Home Fire Safety Checklist, you still need to have a plan for early warning and escape in case a fire does occur.

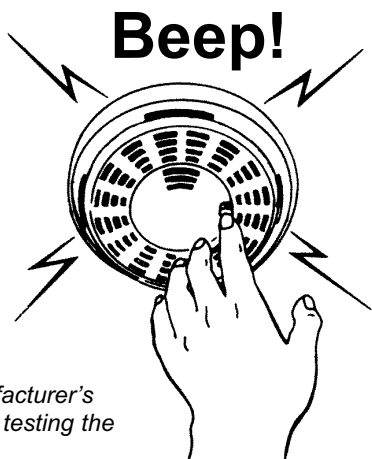
Many fire deaths and fire injuries are actually caused by smoke and gases. Victims inhale smoke and poisonous gases that rise ahead of the flames. Survival depends on being warned as early as possible and having an escape plan.

You should be able to respond “yes” to the following statements.

## Smoke Detectors

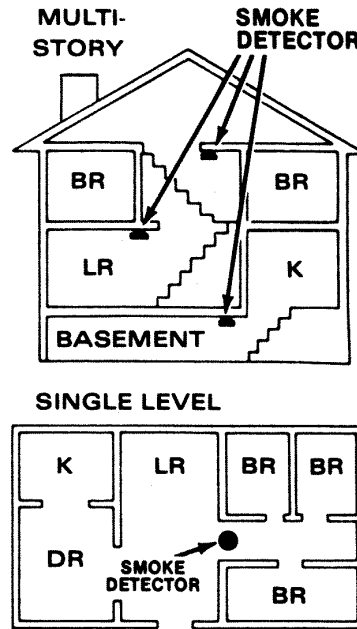
	<u>Yes</u>	<u>No</u>
1. At least one smoke detector is located on every floor of my home.	___	___
2. Smoke detectors are placed near bedrooms, either on the ceiling or 6-12 inches below the ceiling on the wall.	___	___
3. Smoke detectors are tested according to manufacturer’s instructions on a regular basis (at least once a month) and are kept in working condition at all times.	___	___
4. Batteries are replaced according to manufacturer’s instructions, at least annually.	___	___
5. Batteries are never disconnected.	___	___
6. The detector has a distinct warning signal that can be heard whether asleep or awake.	___	___

## TEST YOUR DETECTOR MONTHLY



Follow manufacturer’s directions for testing the detector.

## PLACE ONE DETECTOR ON EVERY FLOOR



Make sure detectors are placed either on the ceiling or 6-12 inches below the ceiling on the wall. Locate smoke detectors away from air vents or registers; high air flow or “dead” spots are to be avoided.

## Recommendations:

- Purchase a smoke detector if you do not have one. Smoke detectors are inexpensive and are required by law in many localities. Check local codes and regulations before you buy your smoke detector because some codes require specific types of detectors. They provide an early warning which is critical because the longer the delay, the deadlier the consequences.
- Read the instructions that come with the detector for advice on the best place to install it. As a minimum detectors should be located near bedrooms and one on every floor.
- Follow the manufacturer’s instructions for proper maintenance. Smoke detectors can save lives, but only if properly installed and maintained.
- Never disconnect a detector. Consider relocating the detector rather than disconnecting it if it is subject to nuisance alarms, e.g. from cooking.
- Replace the battery annually, or when a “chirping” sound is heard.
- Follow the manufacturer’s instructions about cleaning your detector. Excessive dust, grease or other material in the detector may cause it to operate abnormally. Vacuum the grill work of your detector.

## Escape Plan

Planning ahead, rehearsing, thinking, and acting clearly are keys to surviving a fire. How prepared are you?

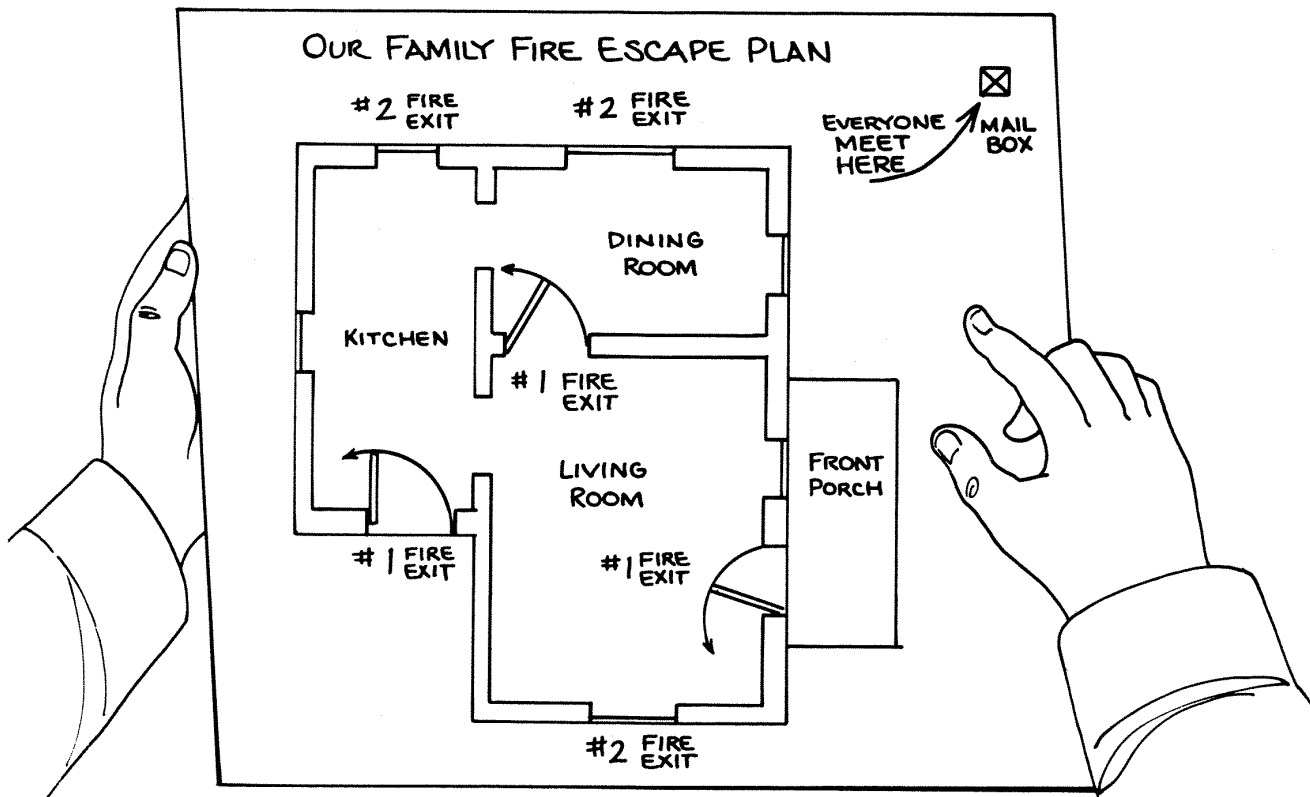
You should be able to respond “yes” to the following statements.

	<u>Yes</u>	<u>No</u>
1. The family has an escape plan and an alternate escape plan.	—	—
2. Escape routes and plans are rehearsed periodically.	—	—
3. The escape plan includes choosing a place safely outside the house where the family can meet to be sure everyone got out safely.	—	—
4. At least two exits from each part of the house are established.	—	—
5. The fire department number is posted on every telephone.	—	—

## Recommendations:

- Establish advanced family planning for escape. It is an important partner with smoke detectors and it will prepare you for a fire emergency.
- Include small children as a part of the discussion and rehearsal. It is especially important to make sure they understand that they must escape; they can't hide from fire under a bed or in a closet.  
Your life and that of your family can be saved by foresight, planning, discussing and rehearsal.

**PRODUCT SAFETY, IT'S NO ACCIDENT!**



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## U.S. CONSUMER PRODUCT SAFETY COMMISSION

Washington, DC 20207

Web site: [www.cpsc.gov](http://www.cpsc.gov)

Toll-free hotline: 1-800-638-2772

The U.S. Consumer Product Safety Commission (CPSC) is a federal agency that helps keep families and children safe in and around their homes.

For more information, call the CPSC's toll-free hotline 1-800-638-2772 or visit its website at <http://www.cpsc.gov>.

To report a product hazard or a product related injury, write to the U.S. Consumer Product Safety Commission, Washington, D.C. 20207. In the United States, call the toll free hotline: 800-638-CPSC (2772). A teletypewriter for the deaf is available on the following numbers: National (including Alaska and Hawaii) (301) 595-7054. CPSC news releases, Public Calendar and other information can be obtained via the **Internet** from the agency's Web Site: <http://www.cpsc.gov> Agency staff may be contacted by e-mail: **E-mail Address: [info@cpsc.gov](mailto:info@cpsc.gov)**.

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The U.S. Consumer Product Safety Commission (CPSC) is an independent regulatory agency charged with reducing unreasonable risks of injury associated with consumer products. CPSC is headed by three Commissioners appointed by the President with the advice and consent of the Senate.

## PRODUCT SAFETY, IT'S NO ACCIDENT.

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### REGIONAL CENTERS

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#### U.S. Consumer Product Safety Commission

##### Eastern Region

Eastern Regional Center  
201 Varick Street, Room 903  
New York, NY 10014-4811  
(212) 620-4120

#### U.S. Consumer Product Safety Commission

##### Central Region

Central Regional Center  
230 South Dearborn Street, Room 2944  
Chicago, IL 60604-1601  
(312) 353-8260

#### U.S. Consumer Product Safety Commission

##### Western Region

Western Regional Center  
1301 Clay Street, Suite 610-N  
Oakland, CA 94612  
(510) 637-4050