

Report on Findings of Play Practices and Innovations Survey:

The State of Play in North American Hospitals

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## Abstract

As part of the Child Life Council's (CLC) [Advancing the Field of Play for Hospitalized Children Initiative](#) grant from Disney, CLC developed and conducted a survey of child life programs to document the range and comparative prevalence of play-related practices, policies, and programming in child life programs throughout North America.

The findings of the survey are summarized within this report, along with suggestions for future growth, innovations and research. A summary of the quantitative data from the survey is included in the Appendix.

CLC views this to be a seminal work documenting the scope and delivery of play-based programs and services in use in the child life profession today. The play survey is an essential step in elevating the field of child life and the practice of play in health care settings as a part of the Strategic Plan 2012-2014.

### **Acknowledgements**

I would like to thank the many child life specialists and CLC staff members who assisted in the development of this survey, including those who participated in the initial brainstorming, in the forum discussions and in the focus groups. I thank the 181 program leaders who took time from their many responsibilities to fill out the survey. I wish to thank Tina DiMartino, who served as a research assistant during the development of the survey. I thank Joe Lindahl for his tireless support with all things quantitative, qualitative and technological. And last but not least, I thank Disney for underwriting this seminal study of play in hospitals.

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## **Methodology**

As part of the Child Life Council's (CLC) [Advancing the Field of Play for Hospitalized Children Initiative](#) grant from Disney, CLC developed and conducted a survey of child life programs to document the range and comparative prevalence of play-related practices, policies, and programming in child life programs throughout North America.

CLC enlisted the author to serve as the project leader for the play survey project. The project leader worked with CLC to construct the survey, assess the responses, and write a report of findings. Input was gathered through the CLC Program Leaders Forum for suggestions of questions to ask and areas to explore in the survey. The CLC also encouraged discussions within programs to ensure that a wide range of perspectives were represented. The survey was further developed with input from two focus groups of child life leaders representing the United States and Canada.

One goal of the survey was to compile statistical data about various practices and policies in programs. The CLC collected feedback for the survey at the program level, distributing the survey to program leaders from each of the child life programs identified in the online Directory of Child Life Programs. The survey was distributed to 464 program directors in August 2013. 181 programs participated in the survey.

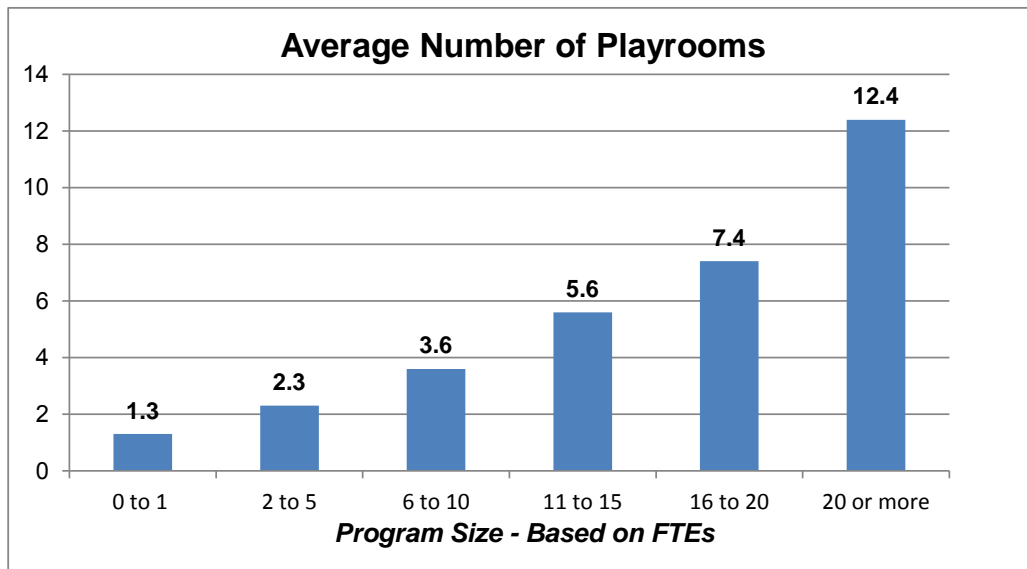
## **Demographics**

The play survey was distributed to 464 child life programs throughout North America. 181 programs participated in the survey. Of the responding programs, the majority are located in children's hospitals within a hospital (40%). The other two most represented categories were freestanding children's hospitals (23%) and community hospitals that offer pediatric services (22%). Most of these hospitals (69%) are in urban settings, with 23% in suburban settings. Rural programs are significantly under-represented at 7%.

The programs vary in size. 33% have between 2-5 full-time employees. 24% are single person programs and 24% have between 6-10 full time employees. Of these programs, 98% do not have a licensed play therapist on staff.

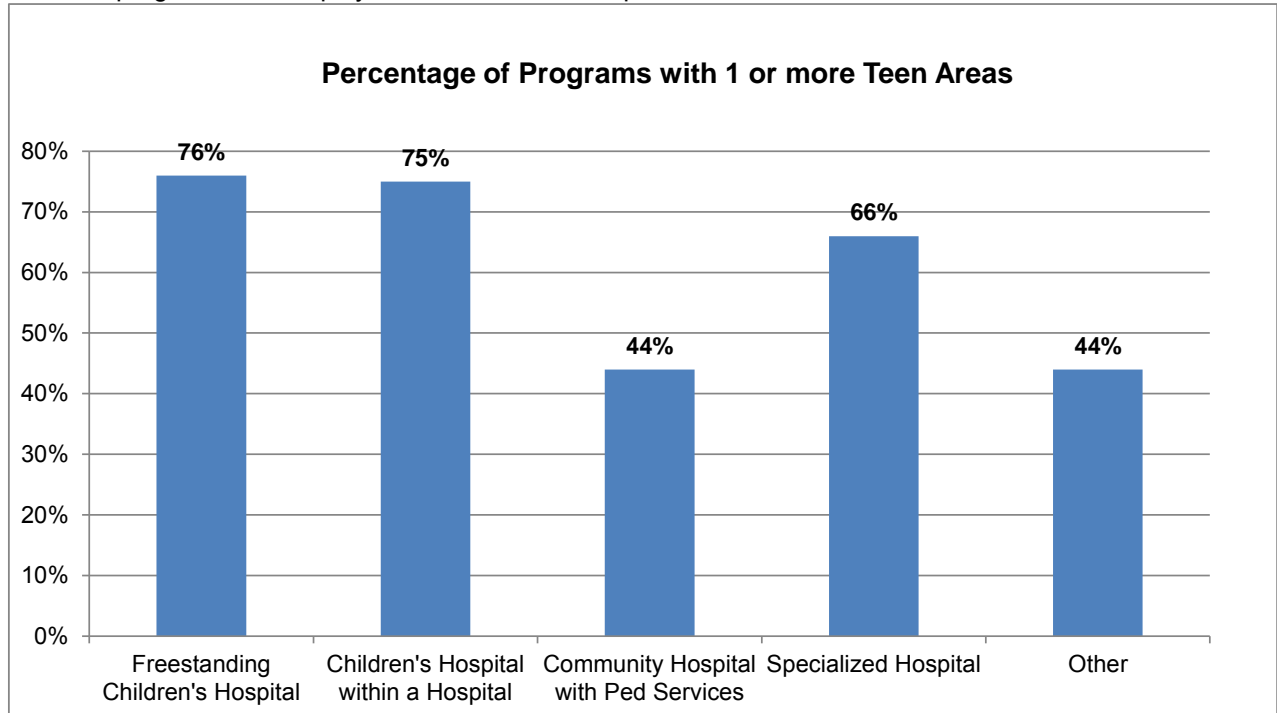
### **Playrooms**

The 181 programs have 451 playrooms. Of these, 348 are located on inpatient units, 86 are located in outpatient units, and 17 are considered off-unit. Regarding playroom operating hours, 32% of playrooms are open 24/7. 28% are open between 40-60 hours a week. 16% are open 21-39 hours a week. 50% are open at off hours.



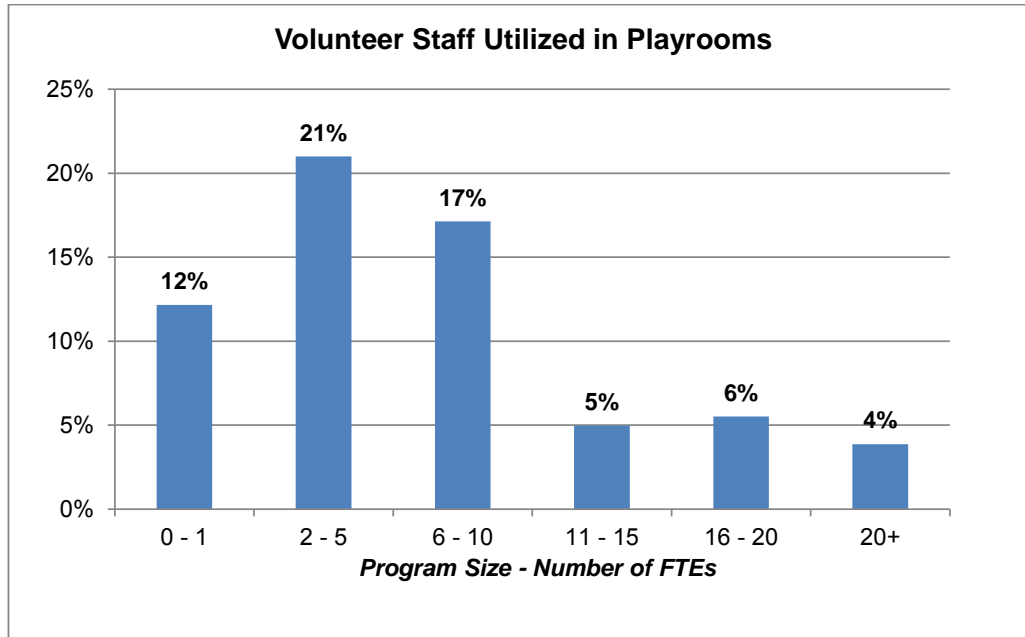
Over 78% of playrooms are small (100-400 square feet) or medium (500-999 square feet) in size. 60% of all playrooms have storage space. In the past two years, 46% of programs have lost either playroom or storage footage.

57% of playrooms have play areas divided by developmental stage. 39% of programs have a playroom or recreational space dedicated to adolescents.



Siblings are welcome in most playrooms. Only 10% of playrooms do not allow siblings. 42% require parental presence when siblings are in the playroom. Psychiatric patients are not permitted playroom access in 18% of programs.

Playrooms are staffed in various ways throughout programs, and there is an overlap of types of staffing within programs. 64% are staffed by child life specialists, 65% by volunteers, 27% by child life assistants, and 25% by child life interns. 44% of all playrooms are unstaffed.



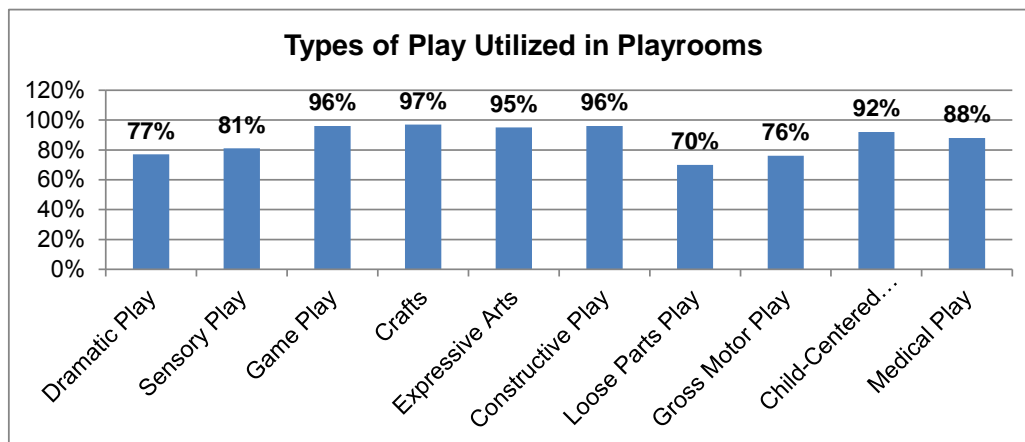
### Outdoor Play Space

Outdoor play areas are available in 38% of programs. However, the majority of these outdoor play spaces are available to patients, families, and guests. Most of these areas are available when weather permits, while a handful of them (16) are staffed.

Outdoor areas are equipped with a range of traditional playground equipment, other equipment, loose parts and Playscape equipment.

### Play Programming

A wide assortment of play is offered in playrooms throughout the programs.





Group play differs from individual play in the learning and social skills that can deepen when children are interacting with peers. Game play, arts and crafts, and constructive play are the most frequently offered types of group play in playroom settings, at 91%, 95%, and 89% respectively. Science and exploration and music therapy are the least offered at 43% and 38%. 51% of programs offer pet therapy in a group setting in playrooms. 75% offer sensory play. Medical play groups are offered in 85% of playrooms.

Special events and holidays are celebrated in all hospitals, with the most focus on winter holidays, Halloween and birthdays. 20 hospitals conduct a prom event. In addition to holidays, summer camps, teddy bear clinics, celebrity visits, sports events, carnivals and Child Life Month are popular events.

### **Medical play**

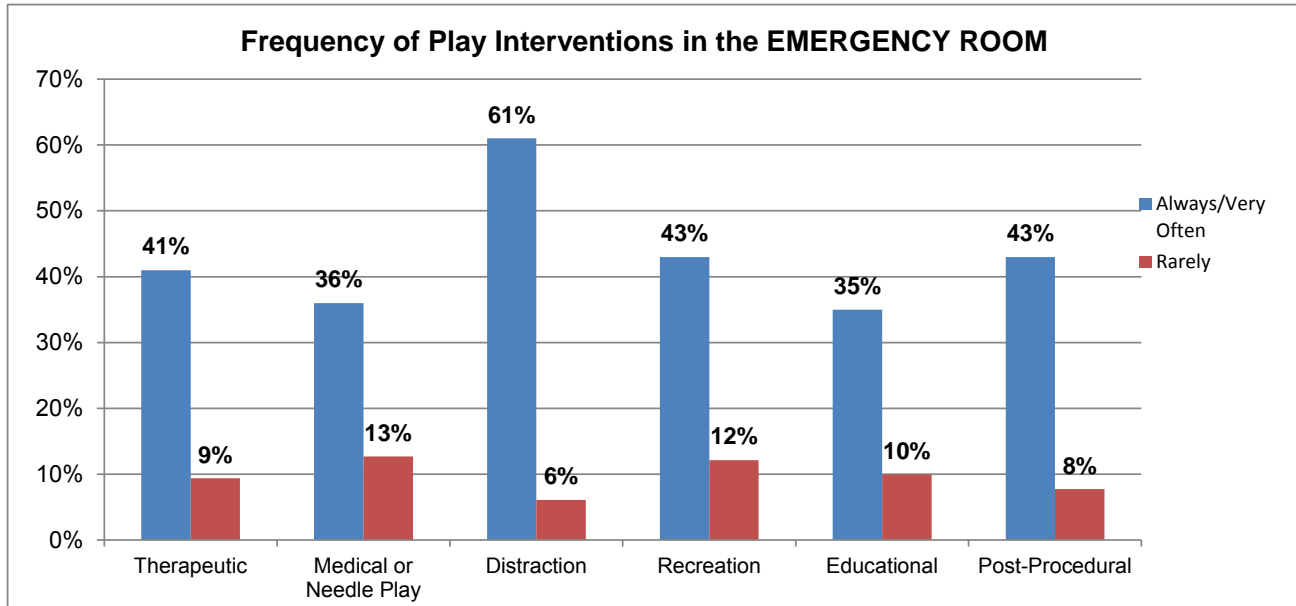
Medical play is offered in 88% of general playrooms, and medical play groups are offered in 85% of playrooms. Medical play is by far most often offered at bedside in 94% of the cases. 59% of programs provide medical play in procedural rooms and 49% provide it in waiting rooms.

99% of child life specialists provide medical play in their hospitals. Other staff members providing this intervention include child life assistants (11%), child life interns (49%) and volunteers (4%). Parents rarely or never request restrictions for needle play.

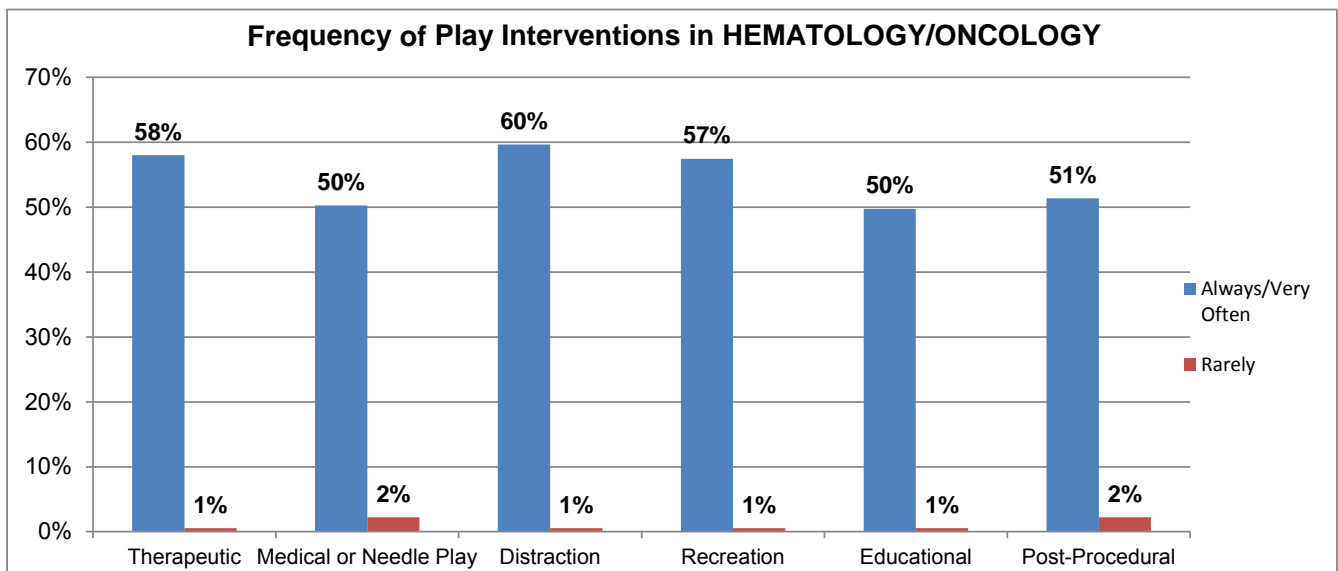
### **Play in Various Departments**

Between 87% and 98% of programs use play for the following functions: developmental assessment, coping assessment, diagnostic teaching, distraction during procedures, rapport building, post-procedural mastery and procedural preparation. Play looks different in various areas of the hospital. There are some issues with reliability/validity for this data, because the survey did not provide the option of N/A for programs without coverage in any given department. With that in mind, in emergency

departments (EDs), distraction play is provided very often or always in 110 of 181 programs (60.7%). Other forms of play, including therapeutic, medical/needle, recreational, educational and post-procedural, all come in at 11% - 16% each.

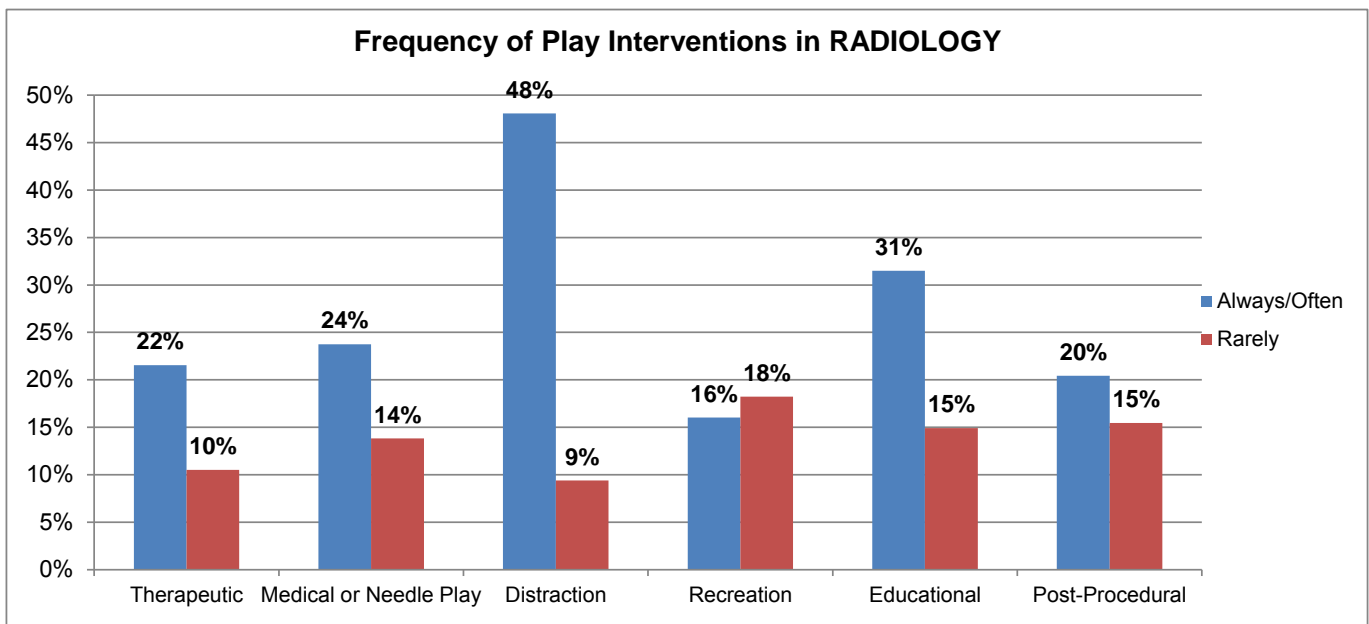


In hematology/oncology units (hem-onc), all types of play are evenly distributed, with therapeutic, distraction, and recreational in the lead with 57%- 60% offered very often or always.



There is much play occurring on surgical units, with 60.7% of programs offering distraction play very often or always and 53% providing educational play. 52% offer medical play and 48% offer therapeutic play. The least offered play is post-procedural play at 65%.

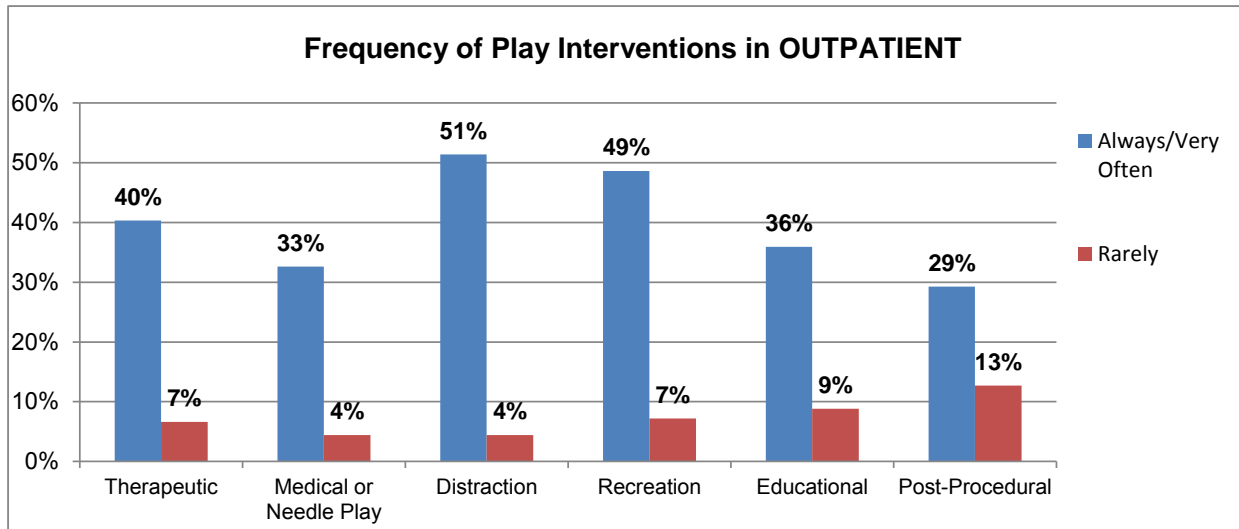
The numbers in radiology are much lower than for the other areas, perhaps indicating that this is an area that does not have regular child life coverage. Of those programs that do offer play in radiology, distraction play is provided very often or always in 48%. Educational play is offered 31%.



PICUs offer the most opportunities for therapeutic play at 65%. 64% offer distraction. Medical play is offered the least often at 43%.

Distraction play is the most common play in outpatient units at 51%.

Recreational play is next at 49%. Post-procedural mastery play and medical/needle play are the least often offered at 29% and 33%.

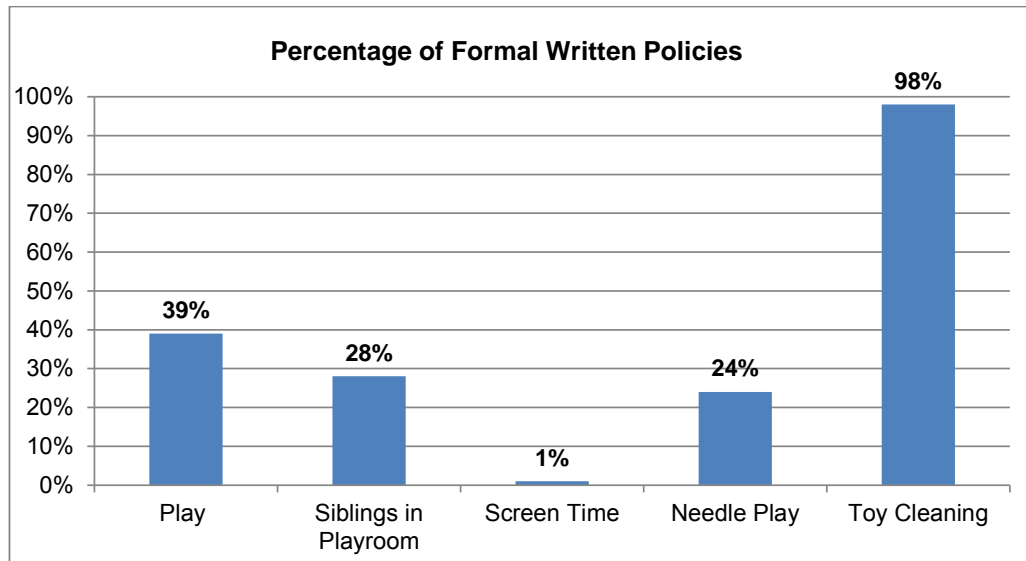


Bedside play intervention categories are broken into two categories: open-ended and close-ended play. 94% of programs offer both types of play at bedside. 98% of programs have child life specialists providing bedside play. Child life assistants provide bedside play in 30% of programs. Child life interns provide supervised and unsupervised play in 56% and 53% of programs, possibly reflecting that interns usually have opportunities to play with and without supervision. 40% of programs have affiliated therapists (i.e.: art, music, pet) doing bedside play. 49% of programs have practicum students doing bedside play. Volunteers make up a large percentage of bedside playmates at 72% unsupervised and 49% supervised.

**Play Policies**

39% of programs have a written philosophical statement on play. 78% of programs chart play on a patient’s medical record. 64% of programs always or very often have play as part of a patient’s hospital-wide recovery/care plan.

25% and 39% of programs state that play is “always” or “very often” part of patients’ hospital-wide recovery plan. 98% of programs have policies on toy cleaning. 24% have a written policy on needle play.



American Academy of Pediatrics (AAP) guidelines recommend zero exposure to screen time for children under the age of 2. This has strong implications for the infants and toddlers who have television sets left on in their rooms. 48% of child life programs use iPads with children under the age of 2. 94% of programs with iPads use them with 3-5 year-olds, and 30% use the iPad very often for play. Only 1% of programs have a policy for screen time hours.

14% of programs feel that infection control policies limit what they would prefer to offer patients, such as sensory materials (water and sand), group play and play materials made from cloth, such as dolls, dramatic play dress up clothes, and infant toys.

**Play Training and Evaluation**

Child life specialists are formally evaluated on their play skills in 67% of programs. In programs with child life assistants, 80% of them are formally evaluated. 92% of interns are formally evaluated for their play skills. 39% of the specialist’s

evaluations include 0-10% of play skills as a competency to be evaluated. Only 14% of directors always feel that their entry-level staff has sufficient training in play pre-hire.

60% of programs with more than one person have scheduled staff meetings to discuss play interventions for specific situations or patients. Most of these are on a monthly or quarterly basis.

25% of programs offer in-service training on play for child life staff. However, 64% of programs have offered in-service training to other hospital staff on the importance, techniques or values of play. Social workers, nurses, doctors, and medical residents are the most frequently trained staff members with regards to play. Medical technicians, patient escorts, volunteers, chaplains, psychologists, administrators and others also attend these in-services, but on a less frequent basis.

Most specialists (83%) obtain their professional development at the annual Child Life Council (CLC) conference, with webinars a fast growing venue at 77%. Only 13% get professional development from college courses, although this might change soon due to the upcoming master's degree requirement for the field.

Only 39% of programs have a formal written philosophical statement or policy regarding the role, value, availability or use of play.

### **Parent/Caregiver's Perceptions of Play**

Child life specialists believe that 17% of parents/caregivers always or very often understand the importance of play when they first arrive at the hospital. 68% of specialists see improvement in parents'/caregivers' perceptions of play following a play intervention. Only 7% of specialists provide formal training to parents/caregivers about play. Informal training is more frequent, at 59% for all types of play (recreational, therapeutic, and educational).

Parents rarely request restrictions on certain types of toys or play tools. But when they do, it is largely about violent video games or movies, and aggressive toys such as guns. Parents rarely or never request restrictions for needle play.

### **Play Theorists**

Only 20% of programs report being influenced by a particular play theorist. Of this 20%, the most often mentioned theorists are Jean Piaget and Erik Erikson (69%). Erikson was a developmental theorist with a focus on social/emotional conflicts, and Piaget was a cognitive theorist. Lev Vygotsky and Garry Landreth were listed in 22% of the responses. Lev Vygotsky had a specific theory about the meaning of play for children. Landreth is a play therapist influenced by Virginia Axline, who developed the eight principles of child-centered play. Other theorists mentioned were Virginia Axline, John Bowlby, Rosemary Bolig, Urie Bronfenbrenner, Mihaly Csikszentmihalyi, John Dewey, Anna Freud, Friedrich Froebel, Stanley Greenspan, Melanie Klien, David Levy, Maria Montessori, Mildred Parten, Emma Plank, Randall, Gene Stanford, Richard Thompson, and David Wiekart.

### **Play Innovations**

84% of programs reported innovations in play within their program. The replies showed pride and excitement in the new ways programs are utilizing play. The innovations cover a range of interventions. 13% report innovations in the use of medical play. These innovations include the provision of medical play more regularly in new places and situations, as well as the infusion of loose parts and creativity into the interventions. 12% of programs cite innovations in the use of iPads or other technology. 11% of innovations reflect a growth in where (burn unit), when (extended hours and more 1:1 time), and to whom (children with special needs, siblings) play interventions are provided. Several programs note collaboration with other medical staff, including medical students, in play interactions and teaching about play. Some programs cite a

focus on “old fashioned”, child-centered or open-ended play. A few report applying developmental theory to how playrooms are set up and how play interventions are carried out. Several programs cite with pride the use of play to assist in clinical situations, whether to lessen the use of sedation, or to encourage bed-bound children to ambulate. One program notes the training of volunteers in the theory and skills of loose parts play. One program suggested the creation of a play space in every patient room. A few programs state strongly that play is their main modality in interacting with children, and that they are proud of the play skills and creativity of their staff.

### **Unlimited Resources**

When programs were asked how they would expand play opportunities should they be given unlimited resources, areas for play expansion became apparent. 38% of programs wish they could hire staff to provide more complimentary therapies (play, music, art, pet, dance, drama, clown, yoga, horticulture, movement). 22% of programs ask for more indoor play space, and 14% would like some or more outdoor space. For those who listed indoor space needs, specific requests for Snoezelen rooms, teen rooms, sibling playrooms, unit based rooms, and larger play spaces are cited. One person suggested the creation of a play space in every patient room. 20% of programs report the need to hire more child life staff or have more time to dedicate to play programming.

13% of programs would like more play equipment, with a focus on technology (iPads, computers, kindle account, video games) and medical play equipment. The Snoezelen was mentioned several times as a desired item.

### **Factors that limit play**

Participants were asked which factors, beyond financial restrictions, limit play interventions in their hospital. 45% of programs report that lack of staffing or time



prevent them from providing play interventions. 30% of programs cite the lack of space, including storage, as a limiting factor. 18% report staff's (including child life staff) lack of understanding of the value of play as a limiting factor. 14% report infection control and isolation precautions as a factor limiting play opportunities. 6% cite patient factors (length of stay, high or low census, or medical fragility) as a reason for lack of play interventions.

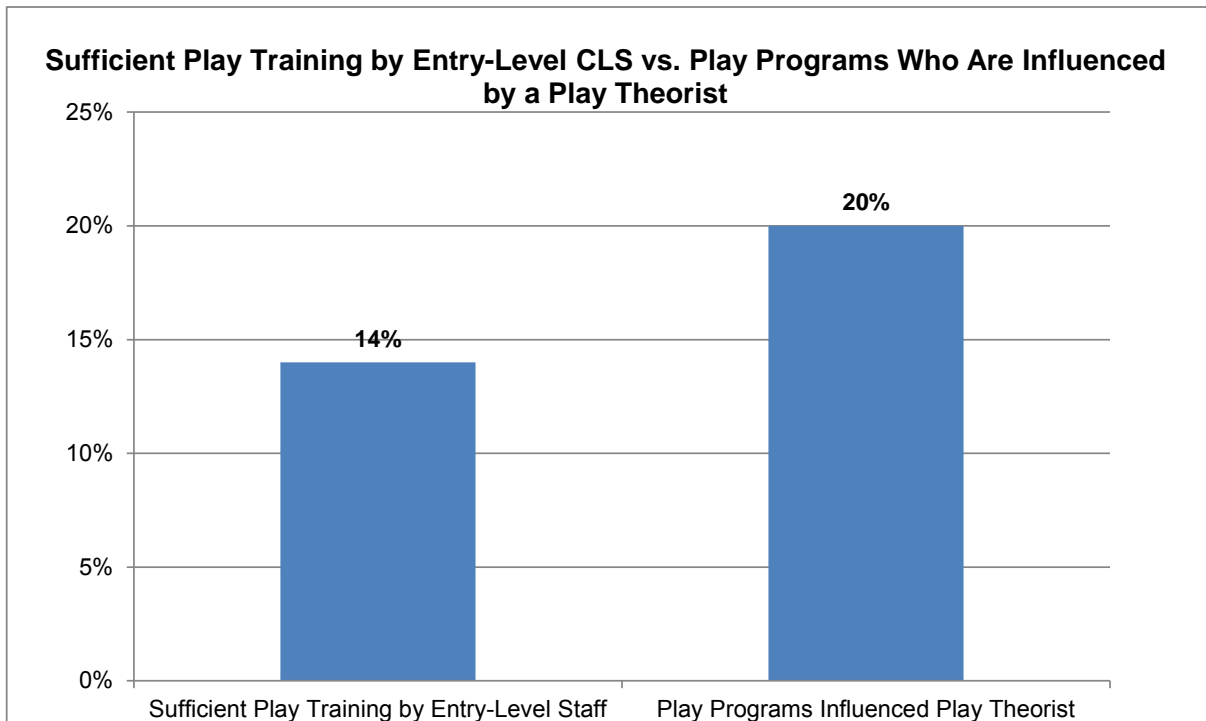
### **Implications for program growth and further research**

At a time where child-centered, open-ended play is on the decline, child life specialists are called upon now more than ever to be leaders and advocates for developmentally appropriate and empowering play. The data from this survey points to many opportunities for possible program growth and topics for future research:

#### **Areas for program growth:**

- More play space (indoors and outdoors) for all patients, and more designated space for teens.
- Improved patient access to medical play materials in all playrooms for all ages, including adolescents.
- The availability of more play groups in order to meet developmental needs and provide therapeutic interventions for more children.
- Improved availability of dramatic play, sensory play, and gross motor play, all vital to the development of children.
- Increased skills-based training and supervision for staff and volunteers on play techniques, including child-centered play, the Floortime approach, and playroom design.

- 80% of programs reported that they are not influenced by a particular play theorist. This may indicate the need for more staff education and training prior to hire as well as post-hire.



- The development of policies addressing statement of play philosophy, screen time, medical/needle play and play opportunities for psychiatric patients and siblings.
- Further education of staff (including child life, administration and medical staff) on the value, importance, and necessity of play in children's development.
- The provision of aggression release toys and play for preschoolers and school aged children. More training for child life staff in the value and use of such toys and interventions.

- Playscape equipment and loose parts provide for many developmental opportunities. It is therefore recommended that these types of materials are made more available to patients of all ages and their siblings.
- Waiting rooms are areas rife with opportunities to build rapport and assess coping in children and families. It is recommended that programs explore the expansion of medical play in these areas.
- Distraction play is provided very often or always in 110 of 181 programs (60.7%). Other forms of play, including therapeutic, medical/needle, recreational, educational and post-procedural, all come in at 11% - 16% each. There are many reasons why these types of play should be more infused into daily ED interventions, including the potential for trauma, the fact that ED visits may be a child's only experience of the hospital, and the highly clinical nature of medical interventions there. There are long waiting times in the ED and play can mitigate frustration and anxiety for families.
- Play interventions in radiology are offered at a much lower rate than in the other areas, perhaps indicating that this is an area that does not have regular child life coverage. Both child life coverage and play interventions should be a focus for improvement throughout radiology departments.
- In reference to the data on specialists' evaluations, the inclusion of play skills might serve as motivation for staff to use more play interventions, and to provide modeling for interns who are required to develop these skills.
- Specific play techniques and skills should be added to the Child Life Competencies.

- 60% of programs with more than one person have scheduled staff meetings to discuss play interventions for specific situations or patients. Inclusion of this topic in staff meetings and supervision may improve motivation and ability to make play and play interventions more available to patients and their families.
- In-service trainings for child life specialists bolster play skills. They may also build and maintain morale and mitigate compassion fatigue amongst specialists.
- The implementation of formal parent play groups where child-centered and Floortime skills are taught and practiced.

#### **Areas for further research**

- Adult directed play is more widely used than child-centered play. How can we provide more opportunities for child-centered, open-ended play?
- Further study regarding programs' understanding of and definitions of child-centered and loose parts play.
- Further study of how previous education, staffing policies, training and supervision affect what types of play are available to patients.
- Research on how many patients actually receive play interventions and services.
- Research on how specialists train and coach parents in the value, importance and skills of play.
- The data on who provides medical play brings up many questions about training and supervision. Is it possible that child life assistants are an underutilized resource? If only 49% of interns are facilitating medical play, how are the other 51% being trained in these vital skills? For those 4% of

volunteers providing medical play, who is training and supervising them and what does this training look like? Does this type of training undermine our validity as trained professionals? Does a tier system where only cpls can provide medical play ensure quality or might it also take away for invaluable interventions and learning opportunities?

- The study of present policies addressing statements of play philosophy, screen time. It is not enough to know what age group the iPads are used with. We need to know more about how they are used with which age groups.
- The examination of policies regarding medical/needle play.
- The examination of policies and factors prohibiting play opportunities for psychiatric patients and siblings.

## **Conclusion**

The data garnered by this groundbreaking and seminal survey reveals many details about the state of play throughout hospitals in North America. It spotlights areas of excellence and points the way to further growth and research. It also delineates blind spots of the survey. We have already identified further questions to address in future surveys. A few ideas for the future include the juxtaposing play conducted at the bedside and play inside the playroom, diving deeper into precisely how iPads are utilized with young children, and examining cultural proficiency as it relates to playroom design and instruments available to patients. Based upon the survey findings and suggestions for program growth and improvement, a playroom investigation rubric has been designed and is attached as an Appendix for your use..

An important finding that requires a strategic response is the data on what stands in the way of play. The survey reflects three significant obstacles to providing play opportunities for hospitalized children. Lack of time, staffing and space reduces the child life specialist's ability to meet the play needs of many patients. In order to meet all of the play and procedural support needs of hospitalized children, child life specialists require a reasonable caseload and adequate, accessible, staffed play space. As long as we do not have time and space in which to facilitate therapeutic and recreational play, children will be deprived of one of their most powerful healing tools. As advocates for children's developmental and emotional health, we promote access to play for all children, in and out of hospitals.

**Which of the following statements best describes your hospital?**

Hospital Type	Count	Percentage
Freestanding	42	23%
Specialized Hospital with Pediatric Services	9	5%
Community Hospital with Pediatric Services	39	22%
Children's Hospital within a Hospital	73	40%
Other	18	10%
Total	181	100

**Which of the following best describes your hospital's setting?**

Hospital Setting	Count	Percentage
Rural	13	7%
Urban	124	69%
Suburban	42	23%
Other	2	1%
Total	181	100

**How many FTE (full time equivalent) child life specialists do you currently have on staff?**

FTE(s)	Count	Percentage
0 - 1	43	24%
2 - 5	60	33%
6 - 10	43	24%
11 - 15	13	7%
16 - 20	14	8%
20 +	8	4%
Total	181	100

**How many licensed Play Therapists (RPT/S) do you have on your staff?**

Play Therapists	Count	Percentage
0	177	98%
1	1	1%
2	1	1%
3	1	1%
4 +	1	1%
Total	181	100

**Playroom Locations**

	In Patient	Out Patient	Off Unit
Playroom 1	165	6	6
Playroom 2	88	27	3
Playroom 3	59	26	4
Playroom 4	36	27	4
Total	348	86	17

\*=Optional question

**Playroom Hours**

Total Hours	1 - 10	11 - 20	21 - 39	40 - 60	60+	24/7
Playroom 1	12	6	30	42	21	65
Playroom 2	9	2	18	38	8	39
Playroom 3	4	6	16	24	10	26
Playroom 4	8	7	11	23	2	15
Total	33	21	75	127	41	145

**Playroom Off Hours**

Do you have off hours for your playroom(s)?	Yes	No
Playroom 1	100	67
Playroom 2	57	53
Playroom 3	44	38
Playroom 4	26	37

**Playroom Size**

Size – by Sq. Feet	Small (100 – 400)	Medium (500 – 999)	Large (1000 – 1999)	X-Large (2000 – 3000)
Playroom 1	53	78	33	7
Playroom 2	52	46	15	0
Playroom 3	43	30	11	0
Playroom 4	32	20	7	5
Total	180	174	66	12

**Playroom Storage Available?**

	Yes	No
Playroom 1	121	56
Playroom 2	64	52
Playroom 3	47	40
Playroom 4	39	27
Total	271	175

**Playroom Separated for Differing Ages Served?**

	Yes	No
Playroom 1	110	65
Playroom 2	63	53
Playroom 3	51	36
Playroom 4	39	27
Total	263	181

\*=Optional question



**Do you have a Playroom Sibling Policy?**

	Yes	Yes, with parental presence	No
Playroom 1	40%	46%	12%
Playroom 2	30%	29%	5%
Playroom 3	23%	19%	6%
Playroom 4	19%	14%	4%
Total	113	109	27

**How many dedicated teen areas do you have?**

Teen Area	Count	Percentage
None	70	39%
1	91	50%
2	13	7%
3	4	2%
4 +	3	2%

**Has the total square footage of your playroom(s) and storage increased, decreased, or remained the same within the past two years?**

	Increased	Decreased	Remained the same
Storage	41	50	90
Playroom	25	17	138

\*=Optional question

**What types of play do you provide in your playroom? Please select all that apply**

Types of Play	Count	Percentage
Dramatic Play	140	77%
Sensory Play - sand, water, play dough	146	81%
Game Play - bingo, card, board games	173	96%
Crafts	175	97%
Expressive Arts - i.e., painting, collage	172	95%
Constructive Play - i.e., blocks, Legos	173	96%
Loose Parts Play	126	70%
Gross Motor Play	137	76%
Child-Centered Play	166	92%
Medical Play	159	88%
Other	13	7%

**Where is medical play done at your hospital? Please select all that apply.**

Medical Play Location	Count	Percentage
Designated medical playrooms	12	7%
Regular playrooms	165	91%
Bedside	171	94%
Procedural rooms	106	59%
Waiting rooms	89	49%
Other	18	10%

**Who is able to facilitate medical play with patients? Please select all that apply.**

Medical Play Admin	Count	Percentage
Child Life Specialist	179	99%
Child Life Assistant	20	11%
Child Life Intern	89	49%
Volunteer Staff	8	4%
Other	13	7%
Total	309	171

\*=Optional question

**Do you allow psychiatric patients access to a playroom?**

	Percentage
Yes, to designated psychiatric playroom	2%
Yes, to general playroom	43%
No	18%
N/A, we do not have psychiatric patients	38%
Total	100

**Do you have an outdoor play area?**

Outdoor play area	Percentage
Yes	38%
No	62%
Total	100

**Who currently staffs your playrooms? Please select all that apply.**

Playroom staff	Percentage
Child Life Specialist	64%
Child Life Assistant	27%
Child Life Intern	25%
Volunteer Staff	65%
Unstaffed	44%
Other	22%

**What types of group play activities do you conduct inside a playroom? Please select all that apply.**

Group Play Activities	Percentage
Arts & Crafts	95%
Medical Play	85%
Game Play (Ex: bingo, board, card games)	91%
Science and Exploration	43%
Constructive Play (Ex: blocks, manipulatives, loose parts)	89%
Sensory Play (Ex: sand, water, play dough)	75%
Music Therapy	38%
Pet Therapy	51%
Other	28%

\*=Optional question

**\*Who is allowed to use the outdoor area? Please select all that apply.**

Outdoor Area	Patients	Siblings	Guests
Outdoor Area 1	35%	35%	29%
Outdoor Area 2	8%	7%	7%
Outdoor Area 3	4%	5%	4%

**\*What is the availability of the outdoor play area? Please select all that apply.**

Outdoor Area Availability	Staffed Hours	As Requested	As Weather Permits	Staff Availability	Other
Outdoor Area 1	8%	11%	28%	4%	5%
Outdoor Area 2	1%	1%	6%	1%	1%
Outdoor Area 3	0%	1%	4%	1%	1%
Total	9%	14%	38%	14%	7%

**\*Who supervises the outdoor play area?**

Outdoor Play Area	Other	Child Life Specialists	Child Life Assistants	Volunteers	Interns	N/A, not supervised
Outdoor Area 1	9%	12%	6%	9%	5%	20%
Outdoor Area 2	2%	2%	1%	1%	1%	5%
Outdoor Area 3	2%	2%	2%	2%	2%	2%
Total	13%	14%	9%	12%	8%	27%

**\*What equipment is available in the outdoor play area?**

Outdoor Area Equipment	Other	Traditional Playground Equipment	Loose Parts	Playscape
Outdoor Area 1	11%	18%	8%	14%
Outdoor Area 2	3%	4%	1%	2%
Outdoor Area 3	2%	1%	1%	1%
Total	16%	23%	10%	17%

\*=Optional question

**Which of the following types of play does your program use in the ER? Please indicate the frequency of each type of play.**

Types of Play	Always	Very often	Sometimes	Rarely	Never or N/A
Therapeutic	15%	26%	17%	9%	31%
Medical/Needle Play	16%	19%	17%	13%	33%
Distraction Play	34%	26%	4%	6%	28%
Recreational Play	17%	19%	19%	12%	33%
Educational Play	13%	25%	19%	9%	33%
Post-Procedural Play	10%	22%	26%	8%	33%

**Which of the following types of play does your program use in Oncology/Hematology? Please indicate the frequency of each type of play.**

Types of Play	Always	Very often	Sometimes	Rarely	Never or N/A
Therapeutic	27%	30%	5%	1%	35%
Medical/Needle Play	19%	30%	11%	2%	35%
Distraction Play	27%	31%	3%	1%	35%
Recreational Play	29%	27%	6%	1%	35%
Educational Play	20%	29%	13%	1%	35%
Post-Procedural Play	14%	36%	10%	2%	35%

**Which of the following types of play does your program use in Radiology? Please indicate the frequency of each type of play.**

Types of Play	Always	Very often	Sometimes	Rarely	Never or N/A
Therapeutic	9%	12%	30%	10%	36%
Medical/Needle Play	6%	17%	20%	14%	42%
Distraction Play	19%	28%	19%	9%	23%
Recreational Play	7%	9%	23%	18%	41%
Educational Play	10%	20%	19%	15%	34%
Post-Procedural Play	6%	14%	25%	15%	38%

\*=Optional question

**Which of the following types of play does your program use in the Surgical unit? Please indicate frequency of each type of play.**

Types of Play	Always	Very often	Sometimes	Rarely	Never or N/A
Therapeutic	22%	25%	23%	5%	24%
Medical/Needle Play	15%	35%	13%	9%	26%
Distraction Play	28%	31%	17%	4%	18%
Recreational Play	19%	23%	19%	13%	23%
Educational Play	20%	32%	17%	8%	22%
Post-Procedural Play	10%	25%	19%	20%	23%

**Which of the following types of play does your program use in the PICU? Please indicate frequency of each type of play.**

Types of Play	Always	Very often	Sometimes	Rarely	Never or N/A
Therapeutic	23%	40%	14%	2%	20%
Medical/Needle Play	13%	29%	29%	7%	22%
Distraction Play	22%	40%	15%	2%	19%
Recreational Play	19%	28%	22%	4%	21%
Educational Play	14%	33%	25%	6%	21%
Post-Procedural Play	14%	34%	26%	4%	21%

**Which of the following types of play does your program use in the Out Patient Clinic? Please indicate frequency of each type of play.**

Types of Play	Always	Very often	Sometimes	Rarely	Never or N/A
Therapeutic	19%	21%	21%	7%	30%
Medical/Needle Play	9%	24%	27%	4%	35%
Distraction Play	24%	27%	15%	4%	28%
Recreational Play	22%	27%	16%	7%	27%
Educational Play	14%	22%	23%	9%	30%
Post-Procedural Play	11%	18%	23%	13%	33%

\*=Optional question

**Who provides play at the bedside to patients? Please select all that apply.**

Play at bedside	Percentage
Child Life Specialist	98%
Child Life Assistant	30%
Child Life Intern - Supervised	56%
Child Life Intern - Unsupervised	53%
Affiliated Therapists (Art,music, etc)	40%
Practicum Students	42%
Volunteer Staff - Supervised	50%
Volunteer Staff - Unsupervised	72%
N/A	1%
Other	8%

What types of play activities are you doing at the bedside?

Play activities bedside	Percentage
Open Ended: Any play that has no right or wrong way to do it, such as child-centered play, loose parts play, constructive play, sensory play, art	2%
Close-Ended: Play that has instructions, directions, explicit rules, such as board and card games, puzzles, electronic toys, video games, crafts, coloring books	1%
Both	94%
Other	3%

\*=Optional question

**Is play a distinct skill set that is formally addressed in your performance evaluation process for the following positions?**

Position	Yes	No	N/A
Child Life Specialist	119	59	3
Child Life Assistant	51	13	114
Child Life Interns	100	10	69

**What percentage of a child life specialist's evaluation is based on their play skill set?**

Play skill Set Evaluated	Percentage
0 - 10	40%
11 - 24	26%
25 - 50	22%
51 - 75	9%
76 - 100	3%

**Does your child life program offer in-service training for child life staff on play within your hospital?**

In-service Training	Percentage
Yes	25%
No	75%

**\*How often do you offer in-serving training for child life staff?**

Play Train Frequency	Percentage
Once per week	1%
Once per month	4%
Once per quarter	7%
Once per year	6%
Other	7%

**What types of professional development learning opportunities on play do you offer child life specialists? Please select all that apply.**

Professional Learning Opportunities	Count	Percentage
Workshops	94	53%
Webinars	137	77%
CLC Conference	147	83%
College courses	23	13%
Printed materials	100	56%
Other	31	17%

**Does your Child Life program have a written guiding philosophical statement on the role, value, availability, or use of play?**

Philosophical Statement	Percentage
Yes	39%
No	61%

\*=Optional question



**Has the Child Life program or staff provided any formal in-service training to other hospital staff about the importance, techniques, or values of play within the past two years?**

Training Other Staff	Percentage
Yes	65%
No	35%

**\*Please indicate who has attended and Count within the past two years.**

	0 times	1 time	2 - 4 times	5 - 7 times	8 - 10 times	10 or more times
Doctors	54	27	31	2	0	1
Nurses	7	21	52	13	7	15
Medical Residents	39	21	38	5	4	8
Volunteers	32	19	30	8	7	19
Medical Technicians	78	13	17	5	1	1
Patient Escort	106	7	2	0	0	0
Social Workers	68	15	28	2	0	2
Chaplain	86	12	16	1	0	0
Psychologists	90	10	12	3	0	0
Administrators	86	18	10	1	0	0
Other	76	10	17	3	1	8

**Do you feel in general that your entry level staff has sufficient training in play before their hire?**

Play Preparedness	Percentage
Always	13%
Very often	38%
Sometimes	29%
Rarely	3%
Never	2%
N/A	16%

**Do you ever have scheduled staff meetings to discuss play interventions for specific situations or patients?**

Play Intervention Meeting	Percentage
Yes	40%
No	43%
Staff of One	16%

\*=Optional question

**\*How often do you hold regular staff meetings to discuss play interventions for specific situations or patients?**

Play Intervention Frequency	Percentage
Daily	1%
Weekly	6%
Monthly	16%
Quarterly	14%
Annually	3%

**In general, how often does a parent or caregiver understand the importance of play when they first arrive at the hospital?**

Parent Perception	Percentage
Always	2%
Very often	15%
Sometimes	63%
Rarely	20%
Never	1%

**After play intervention, did you recognize a positive change in the parent/caregiver's perception of play?**

Parent Perception of Play	Percentage
Always	7%
Very often	61%
Sometimes	31%
Rarely	1%
Never	0%

**Do child life specialists provide training or teaching to the parent/caregivers about play?**

Parent Play Training	Percentage
Yes, formally, all types of play	2%
Yes, informally, all types of play	60%
Yes, formally, certain types of play	5%
Yes, informally, certain types of play	31%
No	2%

\*=Optional question

**Which of the following types of play do you explain, instruct, or teach to parents? Please select all that apply.**

Play Training - Parents	Percentage
Recreational Play: dramatic play, sensory play, game play, arts and crafts, constructive play, loose parts play, gross motor play	73%
Therapeutic Play: expressive play (i.e., guided art activities to promote healing), dramatic play, child-centered play, medical play	87%
Educational Play: puzzles, books, medical bingo	62%
Medical Play: medical play with dolls and medical equipment, medical art (i.e., syringe painting, worry dolls, finger casting puppets)	85%

**Do parents request restrictions on certain types of toys or play tools? Please indicate Count for each.**

	Always	Very often	Sometimes	Rarely	Never	N/A
Violent Videogames	4	22	44	18	2	88
All videogames	1	9	55	96	14	3
Medical Needles	2	1	19	90	49	17
Toy guns	2	11	22	39	5	99
Gender Stereotyped toys	1	3	34	78	60	2
Messy Play: paint, glue, etc.	0	4	52	80	40	2
Movies with violence	5	17	37	14	3	102
All movies	2	6	25	96	47	2
Musical Instruments	0	1	11	66	89	11

\*=Optional question

**Do you use play as a tool for any of the following functions? Please select all that apply.**

Play Tool Function	Percentage
Developmental assessment	93%
Coping assessment	94%
Diagnosis teaching	88%
Distraction during procedures	97%
Rapport building	98%
Post-procedural mastery	87%
Procedural Preparation	89%

**Do you chart play in a patient's record?**

Charting Play	Percentage
Yes	78%
Varies by department	17%
No	5%

**Is play part of a patient's hospital-wide recovery/care plan?**

Play Care Plan	Percentage
Always	26%
Very often	39%
Sometimes	20%
Rarely	7%
Never	8%

**Which of the following statements best describes your feelings towards iPads?**

iPad Feelings	Percentage
Love them and wish we had more	38%
Love them and have enough inventory	39%
Like them, but use them sparingly	21%
Do not like them, use them as last resort	1%
Don't have any, don't want any	1%

\*=Optional question

**How does the child life staff use iPads in your practice setting? Please select all that apply.**

iPad Uses	Percentage
Administrative tool	21%
Assistive for communication for language or hearing impaired	43%
Charting	8%
Distraction	88%
Entertainment	63%
Gameplay	61%
Prep books	78%
Social Media	23%
N/A, we do not own an iPad	10%
N/A, we do not use an iPad	1%
Other	8%

**Which age population may use the iPad? Please select all that apply.**

Age Population	Percentage
0 - 2 year olds	47%
3 - 5 year olds	94%
6 - 12 year olds	97%
13 years and older	95%

**How often does the child life staff use the iPad as a tool for play?**

	Percentage
Always	4%
Very often	31%
Sometimes	44%
Rarely	12%
Never	9%

\*=Optional question

**Do you use loose parts in play? (Loose parts: loose parts can be any open-ended material that can be manipulated and combined with others, with no right or wrong way of exploration)**

Loose Parts	Percentage
Yes	92%
No	8%

**What play tools do you make available for infants? Please select all that apply.**

Play tools for infants	Percentage
Mobiles	90%
Rattles	98%
Sensory Toys	96%
Mirror	85%
Cause and Effect Toys	90%
Mat for Floor time	79%
Music	89%
Other	5%

**What play tools do you make available for toddlers? Please select all that apply.**

Play tools for Toddlers	Percentage
Stacking and Nesting Toys	98%
Musical Instruments	92%
Sensory Materials (water, sand, dough)	74%
Baby dolls	88%
Loose Parts (ex: pots, boxes)	78%
Soft Blocks	73%
Cause and Effect Toys	94%
Play Medical Kit	87%
Gross Motor Riding Toys	81%
Other	8%

\*=Optional question

**What play tools do you make available for preschool age children? Please select all that apply.**

Play tools for Pre-School Age Children	Percentage
Dramatic Play Materials (ex: kitchen set, costumes, puppets, hats, dolls)	92%
Loose Parts (ex: cloth materials, boxes, blocks)	87%
Miniatures (ex:actions figures, small dolls)	95%
Dollhouse	83%
Transportation Toys (ex:cars, planes, boats, trucks)	97%
Gross Motor Riding Toys	81%
Aggressive Release Toys (ex:bop bag, toy weapons, toy soldiers)	38%
Puzzles	97%
Books	97%
Painting Easel	69%
Cash Register	71%
Play Medical Kit	96%
Chalk or Dry Erase Board	60%
Play Telephone	83%
Other	8%

\*=Optional question

**What play tools do you make available for school-age children? Please select all that apply.**

Play tools for School-Age Children	Percentage
Crafts	98%
Art Supplies	98%
Board and Card Games	98%
Electronic Games	96%
Dramatic Play Materials	76%
Loose Parts	84%
Construction Materials (ex: Legos, blocks)	98%
Books	97%
Medical Play Tools	94%
Puzzles	93%
Other	7%

**What play tools do you make available for adolescents? Please select all that apply.**

Play tools for Adolescents	Percentage
Electronic Games	96%
Board Games	99%
Medical Play Tools	81%
Arts and Craft Materials	99%
Loose Parts	78%
Computer Access	86%
Other	10%

**Which self-directed play opportunities are available to children? Please select all that apply.**

Self-Directed Toys	Percentage
Portable Handheld video game systems	72%
Laptops	58%
Desk Top Computers	51%
Portable DVD Players	78%
Wall Mounted Toys	56%
Expressive Art Materials	92%
Other	11%

\*=Optional question



**Do you have a policy on the total amount of screen time per day?**

Policy on Screen Time	Percentage
Yes	1%
No	99%

**\*Can this policy be increased and/or decreased due to any of the following circumstances?**

	Increase	Decrease	Both	None
Severity of crisis	1	0	0	0
Parental absence	1	0	0	0
Bedridden	1	0	0	0
Isolation	1	0	0	0
Parental Request	1	0	0	0

**Do you have any formal written policies on the following toy issues? Please select all that apply.**

Written Toy Policies	Percentage
Toy lending	33%
Dirty/Hazardous Toys	90%
Toy Recall	29%
Aggressive-release toys	9%
Other	12%

**Which of the following written policies do you have addressing specific usage of needle play? Please select all that apply.**

Needle Play	Percentage
Use by a patient	6%
Use by a child life specialist	20%
Age restrictions	2%
No written policy	76%
Other	4%

**Do you have a written formal policy on toy cleaning?**

Written Cleaning Policy	Percentage
Yes	98%
No	2%

**When does toy cleaning normally occur?**

Toy cleaning occurrence	Percentage
After each patient use	59%
After each playroom session	10%
Every day	25%
Once a week	3%
When staff is available	3%

\*Optional question

**What policies do you have in place to deter theft of toys (excluding electronics such as iPads or videogames)? Please select all that apply.**

Theft Policy	Percentage
Sign In/Out Sheet	40%
Labeling toys	92%
Locked storage	84%
Toys available only when playroom is open	29%
Signage	40%
Direct supervision of toys	34%
Collection of toys at the end of a play session	31%
Lending guidelines	27%
Wall mounted or land locked toys	34%
Other	5%

**Which professional therapists are currently employed within your hospital and how many hours per week are they available? Please select all that apply.**

	1 – 5 hours	6 – 10 hours	11 – 20 hours	21 – 30 hours	30 + hours
Art Therapist	10%	5%	4%	3%	8%
Clown Therapist	12%	3%	1%	2%	1%
Music Therapist	10%	3%	3%	4%	14%
Dance Therapist	2%	0%	1%	0%	0%
Pet Therapist	36%	10%	4%	1%	2%
Recreation Therapist	2%	1%	2%	1%	13%
Drama Therapist	1%	0%	0%	0%	0%
Yoga	8%	0%	1%	0%	0%
Massage Therapist	12%	3%	2%	2%	2%

\*=Optional question

**Which of the following occasions do you offer special events for in your annual programming? Please indicate the level of activity for each.**

Special Event	Major Activity	Some Activity	Minor Activity	No Activity
Winter Holidays	80%	13%	3%	2%
New Years	5%	23%	36%	34%
Prom	10%	5%	17%	66%
Halloween	66%	20%	8%	3%
USA Thanksgiving	12%	38%	30%	18%
Easter	20%	39%	28%	11%
4th of July	6%	29%	35%	28%
Birthdays	24%	46%	23%	5%
School Graduation	2%	19%	29%	48%
Valentine's Day	13%	44%	32%	9%
Mother's Day	10%	35%	38%	15%
Father's Day	9%	33%	40%	16%

**Do you feel that your program is influenced by a particular play theorist or theorists?**

Theorists	Percentage
Yes	20%
No	80%

\*=Optional question