

HEALTH LINK ONLINE

Uniting Children, Parents, Caregivers and Health Professionals

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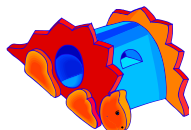
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Winter 2011

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Preventing Childhood Obesity: National Expert Advice

To coincide with the launch of the federal initiative to reduce obesity in children, the publishers of the 3rd edition of *Caring for Our Children (CFOC)* accelerated the release of the standards related to obesity prevention. These standards for nutrition, physical activity and screen time are at <http://www.nrckids.org> in English and Spanish. The full release of the 3rd edition of CFOC is planned for early 2011. Each standard specifies what should be done, the rationale for the standard, ideas for implementation and references.



Examples of the new physical activity standards are:

- Provide plenty of supervised “tummy time” for infants when they are awake
- Promote daily active play for children from 1-6 years of age
- Provide 2-3 occasions for outdoor active play daily (weather permitting)
- Provide 2 or more teacher led movement activities (either indoors or outdoors, 5-10 minutes each) over the course of the day
- Provide time for children to have unstructured physical activity
- Encourage toddlers to be physically active 60-90 minutes daily
- Encourage preschoolers to be physically active for 90-120 minutes daily
- Do not restrict physical activity as punishment.

On December 1, 2010, Child Care Health Consultants and early educators who are Child Care Health Advocates, STARS Managers and Technical Assistance Providers listened to a teleconference about implementing the new standards in *Caring for Our Children* Standards in a separate publication called “Preventing Childhood Obesity in Early care and Education Programs.” Kristen Copeland, MD from Cincinnati Children’s Hospital Medical Center spoke about practical strategies

for increasing physical activity in child care. In her study, early learning practitioners noted many benefits of increased physical activity and outdoor time for young children and their teachers. They mentioned improvements in gross motor skills, napping, and mood for both children and teachers. They also mentioned escaping the high concentration of germs indoors. Teachers are “gatekeepers” to the level of physical activity children experience while in child care. Adults benefit from being outside too! Some obstacles to increasing the amount of time a child is active each day that focus group participants mentioned included: children not having appropriate clothing for outdoor play, insufficient equipment both indoors and outdoors, and the perception that “too much work is involved” in going outdoors.

Teachers/caregivers are responsible for the amount and type of physical activity for the children in their care. Program policies should tell parents what clothes the program requires and that their children will go outdoors in all but the most severe weather conditions. Think of dressing and undressing for outdoor activities as a time to teach personal care routines and fine motor skills, as well as the vocabulary for clothing items.

(continued on page 2)



First Aid Corner: Nosebleeds

The American Academy of Pediatrics recommends this approach to care for nosebleeds: Keep the child in a sitting position with the head tilted slightly forward. Squeeze the soft part of the nose between your thumb and index finger, pressing the soft parts against the nose bone for 5-10 minutes. Apply firm, steady pressure. This holding time lets a clot form that is strong enough to block the place that is bleeding. Don’t release your fingers too soon or the clot may come away and the bleeding will start again. If bleeding continues after 10 minutes of firm, steady pressure, seek care from a health care professional.

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The recording of the audio conference is available as an online Self-Learning Module (SLM), *Implementing New Caring for Our Children (CFOC) Standards to Reduce Risk of Obesity in Young Children*. Go to www.ecels-healthychildcarepa.org for the MP3 file and the handouts. An extensive list of links to resources related to obesity prevention is in the handouts. Some of these resources have great ideas for indoor and outdoor active play activities to do with children. For example, Keystone Kids Go Active Toolkit has many activities which practitioners can use. Find it at www.dsf.health.state.pa.us/health/lib/health/Go_Active_Cards_10.pdf. To locate the SLM-Online, look in the sections for "Early Education & Child Care Providers," "Childcare Provider Training" or "Publications and Media." Then select the sub-section for "Self-Learning Modules." Pennsylvania Early Learning Practitioners may receive two hours of state-authorized training credit from ECELS for successful completion of the module. The instructions for submission are on the SLM Registration Form. For questions about the audio conference, contact ECELS at ecels@paaap.org or 800/243-2357.

Contributed by Beth A. DeIConte, MD, FAAP - ECELS Pediatric Advisor and Child Care Health Consultant

Hand Sanitizers:

*Sleighbells ring—Are you listening?
In the lane, — Kids are sniffing....*

Hand sanitizers and sanitizing wipes are in so many places now. They are in homes, schools, grocery stores, at playgrounds, offices and health care facilities. They remind everyone about surfaces that transfer germs. So, how effective are hand sanitizers?



Recent studies suggest that hand sanitizers are not as effective as many people think. Hand sanitizers do not clean hands that have visible dirt or body fluids (like eye or nose discharge) on them. They are not effective against certain bacteria that can cause diarrhea such as *C.difficile* or *Cryptosporidium* species. In child care settings, the Centers for Disease Control and Prevention recommends using hand washing as the best approach. Use hand sanitizers only when hand washing is not possible. Wash hands:

- On arriving for the day or moving from one group to another
- After diapering or helping a child use the toilet
- After handling any bodily fluids (e.g. mucus, blood, vomit, or diarrhea)
- Before and after handling any food, or feeding a child. (Wash especially carefully after touching raw meat and poultry.)
- After handling animals
- After playing in sand or on a playground
- After handling the garbage
- Before and after giving medication
- Before and after playing in water used by more than one person

Proper use of hand sanitizers is essential. The hand sanitizer should be an alcohol based one, containing 60-90% alcohol. It is toxic. Be sure that children cannot have access to the product without close adult supervision.

1. Wipe off any visible soil.
2. Put the amount specified on the sanitizer label on the palm of one hand and then rub the sanitizer over both sides of the entire hand surface, including the fingers and under fingernails and rings.
3. Rub the hands until they are completely dry, usually about 15-30 seconds. Do not wipe them with a hand towel.

Contributed by Neha Desai, MD, FAAP

(continued from page 1 - Nosebleeds)

Dry winter air makes nosebleeds happen more easily. Parents of children who have frequent nosebleeds can ask their child's health care provider about what to do to prevent them. Sometimes just a small dab of petroleum jelly inside the first part of the nostril helps. Gentle nose blowing and no picking are important too.

For more first aid guides, visit the website of the American Academy of Pediatrics (AAP). Go to www.healthychildren.org. Select the heading "Safety and Prevention." Select "At Home." Then, scroll down to "First Aid Guide."

To arrange for an AAP pediatric first aid workshop called PedFACTs, contact ECELS by e-mail (ecels@paaap.org) or by phone (800-24-ECELS). Satisfactory completion of the PedFACTs workshop meets the PA regulatory requirement for first aid training and the Keystone STARS Performance Standard for Pediatric First Aid.

New Recommendations for Fluoride and Oral Health

Fluoride attaches to a chemical in tooth enamel. This makes the tooth enamel harder and more resistant to cavities. Too much fluoride causes streaks in the teeth. So giving children the right amount of fluoride is important.

Experts no longer recommend giving children oral fluoride supplements as liquid or tablets. Now, fluoride is present in the water of some products that children drink. It can be in the water at home or at school or none of these sources. It has become too hard to figure out how much fluoride a child receives from such sources.

Current recommendations are for children to **brush with fluoride toothpaste twice daily:**

- For children up to 24 months of age, use a smear of toothpaste on the brush. An adult should do the brushing.
- From 2-5 years of age, use a pea size amount of toothpaste on the brush. An adult should assist with brushing to be sure that technique is appropriate. For example, the child should not suck on the brush and should brush all tooth surfaces.
- From 6 years of age onward, use a "ribbon" of toothpaste on the brush. The child can do the tooth brushing unassisted. However, an adult should check that the child does the tooth brushing properly, and twice a day.



The concentration of fluoride is the same in both adult and children's fluoridated toothpaste. Some toothpaste contains NO fluoride. Be sure to read labels. Special "kiddie" toothpaste is not necessary. If children use the right amount for their age, swallowing the toothpaste is not a problem. If children brush their teeth twice daily, they do not need fluoridated bottled water.

Contact the local water company or if your water comes from a well, have it tested to find out if there is fluoride in the water supply at a specific address. Some well water has a concentration of fluoride that is more than the maximum recommended concentration for drinking water. The maximum recommended concentration is 4 parts fluoride per million parts of water.

Fluoride is important in cavity prevention up to age 16. It may help to decrease pain in normal teeth as people age too. Brushing twice a day with fluoride toothpaste is important for everyone! A doctor or dentist should apply **fluoride varnish** to children's teeth beginning at 12 months of age, or within 6 months after the first tooth appears. The child should visit a health professional for an **oral health check-up every 6 months** after that first visit. Medical Assistance Insurance pays for this care. Some but not all types of private insurance also pay for it. The dentist may apply a sealant to keep food from being trapped in the deep crevices of the teeth.

Pennsylvania early childhood educators may use the ECELS Self-Learning Module Online - Oral Health (ECERS-ITERS: Personal Care Routines. K7C2-77) for 2 hours of state-authorized credit. This self-learning module meets STAR Level 2 Performance Standard for Health and Safety. Go to www.ecels-healthychildcarepa.org. Select the Child Care Provider Training Section, then the Self-Learning Modules. Scroll down to this module. For additional information, see the Oral Health website of the American Academy of Pediatrics at www.aap.org/oralhealth. This site offers reliable facts, state-specific links and useful training materials. Another good resource is the fluoridation website of the Centers for Disease Control and Prevention at www.cdc.gov/fluoridation/.

All childcare providers should know how to recognize the signs and symptoms of oral health problems that need attention from a health care professional. Refer such children to a pediatric or child-friendly dentist. Oral health problems cause much absence, illness, pain, and trouble learning.

Sippy cups are not a good way to teach children to drink from a cup. However, parents and teachers/caregivers like them. They are less messy. **Children SHOULD NOT USE SIPPY CUPS WITH ANYTHING OTHER THAN WATER.** Juice or diluted juice, other beverages, or milk all contain sugars. Sippy cups allow fluids to slowly rinse over the teeth, feeding the bacteria that cause tooth decay. **Make sure children only use their bottles or cups while seated at meal or snack time.** Bottles and cups should never be carried around. Limit drinking to specified mealtimes to avoid extra exposure of bacteria on the teeth to sugary beverages, as well as reduce the risk of choking and oral injuries from these feeding tools.

Contributed by Eve J. Kimball, MD, FAAP – PA
AAP Chapter Oral Health Advocate and Child
Care Health Consultant

Crib Mobiles and Crib Safety in Child Care

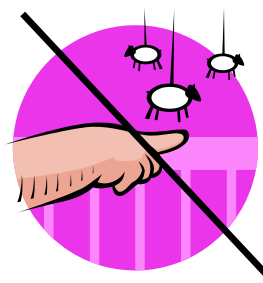
Many crib mobiles are available. They can be as simple as the wind-up kind that displays a variety of decorative items, such as colorful birds, animals, or geodesic shapes. Choose one that is attractive from the infant's point of view. Many mobiles are more attractive to an adult looking down or across at it than to an infant looking up.

Generally, infants should only be put into cribs when they are ready to sleep, and not to play or to be stimulated. You might use a mobile for transition times between sleeping and being awake, or as a focus of stimulation out of the child's reach over the diaper changing table.

Infants may be fascinated or soothed by a melody and a simple merry-go-round movement of a mobile hanging over the crib. Infants may try to reach for the objects on a mobile. Mobiles can present certain hazards. Think safety.

Typically, older mobiles, or ones that may be "homemade," do not meet current safety standards. Mobiles should meet the standards of the Consumer Product Safety Commission (CPSC). To learn about these standards, check product recalls and get safety news from CPSC, visit www.cpsc.gov or call 800-638-2772.

Mobiles should be placed well out of reach of an infant. Once a baby is able to roll over, it's time for the mobile to be removed from the crib. No



strings or cords longer than 7 inches should dangle into the crib. Also, check to make sure no toys or part of the objects hanging from the mobile are small enough to be a choking hazard if the infant does reach it. Generally, anything that can fit inside a

toilet paper roll is small enough to pose a choking risk. There are many online sources for infant safety items. You may want to get a choking risk tester to check small objects.

Since 1992, the national American Academy of Pediatrics, has recommended that a baby be placed in the "back to sleep" position throughout the first year of life. Infants put to sleep on their backs are 40% less likely to die of Sudden Infant Death Syndrome (SIDS). Once put to sleep in the back position, the child can assume any comfortable position. An infant who can roll over without

help does not need to be repositioned. A child who is attracted to the sound and movement of a mobile may be more likely to be happy and content to fall asleep in the "back to sleep" position.

Because they pose a safety hazard, bumpers, toys or any other soft objects should not be in the crib. It's best for the child to wear clothes that keep the child just warm enough, but not too



warm. If the baby uses a blanket, then the infant's feet should be at the foot of the crib and the blanket tucked in securely at the foot and sides. The blanket should stay no higher than the infant's chest.

Babies who spend all their time with the back of their heads against a flat surface, may develop a "flat" head. They need time on their tummies while they are awake to build strength in their neck and shoulder muscles.



Babies should be on their tummies to play and not left for a long time on their backs while awake.

Stimulate an infant to move his/her head from side to side while falling asleep by changing the placement of the infant in relation to interesting sounds or sights every few days. An easy way to do this is to change which end of the crib you put the infant's head. If you use a mobile, change its position in the crib. The mobile's familiar sound and movement may encourage infants to vary the position of their heads.

Contributed by Anne Dodds, a Regional Key Health and Safety Specialist.

For a related article about crib safety and new standards from the Consumer Product Safety Commission for the type of cribs allowed in child care facilities, see page 6.

Caring for Our Children “Standard of the Month”

The American Academy of Pediatrics (AAP) wants to help early learning practitioners and child care health consultants implement the national standards in *Caring for Our Children* (CFOC). The AAP website of Healthy Child Care America focuses on one standard each month. The feature gives the verbatim wording of the selected standard, the rationale, comments, and references.

In addition to the wording of the standard, the website offers a section called “Learn From Your Peers.” A team of experienced pediatricians, child care health consultants, child care directors, and family child care providers contribute stories and strategies to implement “The Standard of the Month.” For example, the September 2010 standard is about 100% fruit juice. The standard says children less than 12 months of age should have no juice at all. A child care center director said when parents send in fruit juice for an infant, her program gives them a copy of the standard. The teachers/caregivers feel sharing this authoritative resource educates families with less risk to their positive relationship with them.

Recently featured standards:

- * January 2011 - **Nutritional Quality of Food Brought From Home** (pre-released standard from the 3rd edition of CFOC)
- * December 2010 - **Limiting Screen Time - Media, Computer Time** (pre-released standard from the 3rd edition of CFOC)
- * November 2010 - **Standard 2.004: Helping Families Cope with Separation** (from 2nd edition of CFOC)
- * October 2010 - **Standard 3.005: Immunization Documentation** (from 2nd edition of CFOC)

For more details go to www.healthychildcare.org.



Nutrition in the Kitchen From the Healthy Weight Program

The Healthy Weight Team at The Children’s Hospital of Philadelphia (CHOP) offers recipes for wholesome versions of favorite dishes. Their online resource includes international dishes that lets everyone taste new flavors. [Download the entire cookbook](#) (a 3.97 MB PDF file) or select recipes from the following categories:

- **Main Dishes**
- **Side Dishes**
- **Desserts**
- **Snacks/Beverages**
- **Appetizers**

For example, the snack called [Mr. Bagel Head](#) (PDF) is fun to make, delicious and healthy too! The ingredients are sliced whole wheat bagels, low-fat cream cheese and a variety of cut fruits and vegetables. The recipe suggests which foods work best for face parts. The children assemble their own snack by spreading the cream cheese and adding their choice of fruits and vegetables to make faces.

The CHOP website for these recipes is <http://www.chop.edu/service/healthy-weight-program/cookbook-of-healthy-recipes.html>



How to Find a Dentist

Pediatric Dentist: American Academy of Pediatric Dentistry-
<http://www.aapd.org/finddentist/index.asp>

General Dentist (ask the office what age children the dentist usually cares for)
American Dental Association-<http://www.ada.org/public/directory/index.asp>

(updated from the 2008 *Parent’s Checklist for Good Dental Health Practices in Child Care*, found at <http://nrckids.org/dentalchecklist.pdf>)



**Celebrating Judith
Rex, Child Care
Health Consultant
and Child Care
Health Advocate
Course Instructor**

Judith Rex, RN, BC, MSN, has been the Director of the Center for Healthcare Education at Northampton County Community College (NCC) for the past 7 years. She focuses her work as a child care health consultant in the counties served by the Northeast Regional Key. She is registered as a PQAS Specialty Discipline Instructor. Her work includes serving as an instructor for ECELS, and for the Northeast Regional Key in addition to her faculty position at NCC. Since 2004, she has taught health and safety classes to early educators as well as to health professionals on a wide range of topics.

Currently, Judy is the lead instructor for the 3 credit, degree-eligible Child Care Health Advocate Course offered by NCC. Most of the early childhood students take the course online. ECELS coordinated the work of pediatric health professionals to develop the curriculum for the course for early educators. Judy has taught the course at NCC since 2007. The students who have completed the course are enthusiastic in their evaluations of her and of the course. They say Judy understands their life stressors, and supports their learning. Directors and supervisors from Pennsylvania and other states who have taken the Child Care Health Advocate course say that it is a "MUST HAVE" learning experience. It gives them practical information they use right away. Also, they like the relationship Judy has with pediatricians at the PA AAP. They can ask questions and get expert answers.

Judy is dedicated to improving health and safety in child care in any way that she can. She holds a Masters Degree in Nursing Education and is a Doctoral Candidate in Human Development and Health Promotion at Marywood University in Scranton, PA. She is a certified instructor for First Aid, Basic Life Support, Health Care Provider Basic Life Support, Advanced Cardiac Life Support, and Pediatric Advanced Life Support.

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Crib Safety News from CPSC



On December 17, 2010, the Consumer Product Safety Commission (CPSC) issued strong new safety standards for cribs. The new standards go into effect in June, 2011. All cribs in child care facilities in the United States must comply with the new standards by June 2013. However, providers in Pennsylvania should replace their cribs now to keep children safe. [PA child care center regulations 3270.102 \(g\)](#) and those for group homes at 3280.102 (f) say: "Children's toys and equipment, including furniture and rest equipment, described as hazardous by the United States Consumer Product Safety Commission may not be used by children at the facility and may not be on the premises at the facility." The corresponding regulation for family child care homes is 3290.102 (f). It is similar, except that it just says such equipment cannot be used.

According to the CPSC, the new mandatory crib standards: "(1) stop the manufacture and sale of dangerous, traditional drop-side cribs; (2) make mattress supports stronger; (3) make crib hardware more durable; and (4) make safety testing more rigorous." Look for new cribs from manufacturers with a warranty that says the cribs comply with these new standards. For more details and excellent videos on crib safety, visit www.cpsc.gov/info/cribs/index.html.

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Editor: Susan S. Aronson, MD, FAAP. Contact ECELS at: 484-446-3003 or 800-24-ECELS; ecels@paaap.org;
PA AAP, Rose Tree Corporate Center, Bldg II, Suite 3007, 1400 N. Providence Road, Media, PA 19063.