Medication Administration
Risk Management

Giving medicine in group settings is risky. Children have died and had serious complications from incorrect medication administration in child care settings. The first preventive step is to have parents ask their child’s health care provider if it is possible to adjust the child’s medication so doses are not needed during child care hours.

If your program gives medication, risk management requires procedures and professional development to ensure best practice. ECELS offers a workshop on safe medication administration. You can request this workshop on the ECELS website at www.ecels-healthychildcarepa.org. Click on the heading, “Child Care Provider Training Opportunities.” Then use “Request for Training Event” under “Handy Tools” on the left side of the page to ask for this workshop.

Caring for Our Children, Standards 3.081-3.083, 1.023(2) and 8.021 describe requirements related to medication administration. If you are involved in giving medication in your program, be sure to review the standards. Arrange for a health professional to check the skills of the people who give medication in the program. Incorporate the following steps into your procedures for safe medication administration in the program.

(continued on page 2)
1. Check that you have the RIGHT medication.
   - Is the medication labeled correctly?
   - Are all the instructions legible?
   - Have any abbreviations in the instructions been written out in full as well? Is the name of the medication on the label of the container the same as the instructions you have for the child’s name?
   - Is the date on the medication still current or has it expired? Does it indicate that the medication was prescribed for the current illness? If it is an “as needed medication,” is it more than one year from the date when the medication was first prescribed?
   - Does the person at the child care facility who receives the medication from the family know why the child is to have the medication? Is it a re-occurring or on-going problem for which more information is needed? Does the person at the child care facility who receives the medication know what side effects to look for from the medication?

   Prescription medication labels should have:
   - The child’s first and last names
   - The date the prescription was filled
   - The name of the health care provider who wrote the prescription
   - The medication’s expiration date
   - Specific, legible instructions for administration and storage
   - The name and strength of the medication.

   Over-the-counter medications should have:
   - The original container as sold by the manufacturer
   - A label with the child’s name
   - Specific instructions given by the child’s health professional for administration – either written instructions or instructions dictated by the health care provider over the phone directly to the person who will be giving the medication

2. Make sure the medication is being transported and stored in the RIGHT way.
   - Are medications being transported safely and maintained at the temperature and conditions required? Could the medication be divided and both the home and facility containers labeled appropriately so that the container for the child care facility travels only once to the facility and once to home?
   - Is the medication stored in a child-resistant container in an area that is inaccessible to children?
   - Is refrigerated medication stored away from food and in a locked container that is clearly labeled as containing medication?

   When medication is brought into a child care area, is only the medication for one child brought into the child care area at a time, and given to that child? Alternately, is the child brought out of the child care area and given the medication in a separate area? Is only that child’s medication prepared for that dose, until the dose and the recording of the dose has been completed? Measuring out medication for more than one child at a time and carrying more than one medication into a child care area is very risky. Some child care programs have contaminated one medicine with another, have given a child someone else’s medication, have become distracted and given too much or too little medication, have spilled the medication, or have had a child who is not supposed to receive the medication help himself while the adult is busy giving medication to another child.
   - When the course of medication is complete or reaches its expiration date, is unused medication returned to the parents for disposal or properly disposed of at the facility?

3. Check whether medications are given to the RIGHT child.
   - Does the person who gives the medication to the child, know the child well?
   - Does the person who gives the medication know the name of the medication and understand all the elements under 1. The RIGHT Medication above?
   - Is a photograph of the child used to identify the child if the person who gives the medication is not the child’s usual caregiver?
   - Does the person giving the medication confirm with one other person that the name on the medication is the same as the child to whom it is being given, each time the child receives medication?

4. Make sure medications are given in the RIGHT dose.
   - Is an accurate medication measuring device used that is specifically designed to measure the type of medication that is being measured? These are sold in pharmacies or come with the medication. Is this device always washed and sanitized between uses?
   - Is the medication measured in a well-lit area that is inaccessible to the children? Does this area have a sink for hand washing? Are records kept about what medication should be given and what is actually given, by whom, and at what time?
5. Make sure that medications are given at the RIGHT time.
-Has the child’s health care provider determined that the medication has to be given during child care hours, or could it be given only at home?
-Are medications given before or with food if such instructions come with the medication?
-Is the time that the dose should be given related to the previous dose given, usually at home, and if so, is the time interval honored?
-Is the dose given within a half an hour of when the dose should be given?

6. Make sure that the person who gives the medication uses the RIGHT method.
-Does the person giving medication always wash her hands before and after giving medicine to a child?
-Has the person giving the medicine received instruction from a health professional on the technique that is required for medicine that person gives? (oral drops/liquid/chewable pills/swallowed pills/melt-away pills, nasal, ear drops, inhaled medication, topical applications, injectable medication such as Epipen, insulin or glucagon)

7. Make sure to properly document the dose in the RIGHT record.
-Is the name of the medication, the dose, the time, the person giving the dose, and any reactions or problems with giving the medication noted for each dose?
-Is the record of medication administered at the facility kept in a confidential file, either in the child’s individual record, or in a place that is accessible only to those to whom the parents have given permission to have this information? Is the record available should the child exhibit some problem later in the day or evening after going home? Forms are available from ECELS publications and from the Pennsylvania DPW website for these records.

Making Food Healthy and Safe

Education professionals are responsible for all aspects of care of children. It is an awesome duty! As the weather grows warmer, choosing, preparing, transporting and serving nutritious food safely is a special challenge.

Caring for Our Children, the National Health and Safety Performance Standards – Guidelines for Out-of-Home Child Care Programs (CFOC) defines what to do to keep children safe and healthy in group care. Practitioners, regulators, professional development instructors, technical assistance specialists and child care health consultants all draw on CFOC. Now, a newly updated nutrition publication provides practical suggestions on how to implement CFOC food and nutrition standards.

The new publication is called Making Food Healthy and Safe for Children: How to Meet the National Health and Safety Performance Standards—Guidelines for Out-of-Home Child Care Programs. Second Edition. Sara Benjamin, a PhD, Registered Dietitian edited this wonderful 2007 update. She drew from the first edition, and had help from many other contributors as well. Her work was done under a grant from the U.S. Health Resources and Services Administration to the National Training Institute for Child Care Health Consultants at the University of North Carolina at Chapel Hill. Go to http://nti.unc.edu/. The link is in the yellow box in the left pane.

The contents include:
Chapter 1- Introduction
Chapter 2- Keeping Everything Clean and Safe
Chapter 3- Using Foods that are Safe to Eat
Chapter 4- Storing Foods Safely
Chapter 5- Planning to Meet Children’s Nutrition Needs
Chapter 6- Promoting Pleasant Meals and Snacks
Chapter 7- Helping Children and Families Learn About Food
References: Relevant Citations from Caring for Our Children, A Fill-in-the-Blank List of Community Resources, A Resource List with handy Internet links

Using this new publication makes it easier to ensure healthful, nutritious feeding of children.
The ratio of supervisors to children should be the same on the playground as it is in the classroom. If someone has to leave to take a child to the toilet, enough adults must remain or some of the children have to leave also. If an adult must leave to handle an emergency, then another adult must be found as a replacement to supervise the remaining children.

A Certified Playground Safety Inspector should review every playground. The National Recreation and Park Association trains these inspectors. Learn more at www.nrpa.org. Some playground equipment suppliers will provide a free audit of your current playground if you plan to purchase equipment in the near future. ECELS can help you identify a Certified Playground Safety Inspector in your area.

Remember to protect everyone from skin damage from the sun. ECELS adapted the letter in the box on this page from the sun safety web site listed in the next paragraph. Use the letter to involve families in protecting their children. Be a good role model yourself!

Many resources are available to educate staff about playground safety and sun safety. ECELS has a Sun Safety Self-Learning Module, an “Active Play” Self-Learning Module and an Active Play Workshop as well. For more information about these opportunities go to www.ecels-healthychildcarepa.org, contact ECELS by e-mail at ecels@paaap.org or call 800-243-2357. The National Program for Playground Safety (NPPS) has materials including the “ABC’s of Supervision” Kit, student lesson plans and brochures. Go to http://www.uni.edu/playground/ or call (800) 554-7529. Other playground safety resources are available from the American Society for Testing and Materials (ASTM) at www.astm.org and from the U.S. Consumer Product Safety Commission (CPSC) at www.cpsc.gov. Some companies are willing to sell sun protective clothing and sunscreen directly to schools. For a list of these and lots of good information about sun safety, go to http://www.sunsafetyforkids.org/

Dear Parents,

Skin cancer is by far the most common type of cancer in the United States. It can be prevented. Most skin cancers are caused by too much sun exposure. From March through October, please follow these instructions so your child uses the following sun-protective items in the program:

- **Hat** — a sun-protective hat for outdoor activities should be one of the following styles:
  - Wide-brim: A brim, all the way around, at least 3 inches deep
  - Legionnaire: Like a baseball cap with wider brim and a neck flap
  - Bucket: Fisherman’s style, with a brim at least 2 ½ inches deep
- **Long clothing** — a play shirt with long-sleeves and collar that can be slipped on before going outdoors unless your child is already wearing long sleeves and long pants or a long skirt to provide good protection for the legs.
- **Sunscreen and sun-protective lip balm** — Our program will apply or reapply sunscreen and lip balm that blocks UVA and UVB rays to areas not covered by clothing and a hat before going outdoors. To ensure a sufficient supply of these items, our program will _____________ (insert arrangements for the program to supply or the parent to supply these items)
- **Sunglasses** — Wrap-around, close-fitting styles of sunglasses with shatter-proof lenses that block 100% of UV rays are preferred.

Children who prevent sun damage to their skin will have much less risk of developing skin cancer later in life. Please take time to discuss the importance of sun safety whenever you go out in the sun with your child. Sun safety is important at home, on weekends, and on vacations too. Always be sun-safe!

Your Child’s Early Learning and Child Care Program
Sharing Developmental Concerns with Parents and Health Care Providers

Children are more likely to succeed in school and life when developmental concerns are evaluated and treated early. Often, early learning practitioners recognize developmental or behavioral concerns. However, they may have difficulty sharing these concerns with parents and health care professionals.

The first step is to discuss the concerns with the parents. Early learning practitioners can give parents a letter to document the specific issues and urge parents to use the letter to inform their child’s health care professional. Remember to be brief and specific about your concern. Make sure the parent gives consent for the health care professional to respond in writing or by phone to the program. Good communication will help everyone work together for the child’s benefit.

Here are some good resources to use:

- See the sample letter (in the box on this page) for parents to take to the child’s health care professional. Early learning practitioners can complete the letter on their letterhead to document their concerns. The California Childcare Health Program has legal consent forms under the Publications and Resources tab on their website. Go to http://ucsfchildcarehealth.org/.

- The Center for Disease Control (CDC) has a free resource kit called “Learn Early, Act Early” for early learning practitioners. The resource kit includes a review of developmental milestones from 3 months to 5 years, a developmental screening checklist for parents that early educators can use too, and information on developmental disabilities including autism, cerebral palsy, mental retardation, vision and hearing loss. Also see the tip sheet for talking with parents about development. Call 1-800-CDC-INFO or order online at www.cdc.gov/actearly.

Pennsylvania’s quality rating system, Keystone STARS, is encouraging practitioners to use the Ages and Stages Questionnaire (ASQ). This tool is a parent-completed questionnaire that early learning practitioners can use at regular intervals. The scored responses suggest the child’s level of risk of developmental delay. You can find this questionnaire by putting ‘Ages and Stages’ in the search box at www.brookespublishing.com/store/.

Each of the six Pennsylvania Regional Keys has an Early Childhood Mental Health Project to provide consultation for children with difficult-to-manage behaviors. Contact your Regional Key for further information at http://www.pakeys.org/.

If the concern is about developmental delay, encourage the family to call 1-800-CONNECT, a helpline which directs parents of children with developmental concerns to a local resource for an early intervention evaluation.

The discussion with parents may evoke denial, doubt or relief that others noted the concern. Whatever the parents’ response, continue to support them. Their follow-through with recommendations now or later may be difficult for them. Whenever they are ready to get help, it will help their child.

Beth A. DelConte, M.D., FAAP
Pediatric Advisor, PA AAP ECELS

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Early Education Program Letterhead

Date:

Dear Doctor,

I am writing to share a concern about ______________________ (child’s name), whose date of birth is ________________.

The concern(s) I have is/are:

Please let me know about your evaluation of this child and what you think are the most appropriate next steps to address the concerns about this child.

Thank you for your attention to this matter.

Sincerely,

_______________________________
(Signature)

_______________________________
(Print name)

_______________________________
(Title)
Drowning is the second leading cause of unintentional injury death for children and teens.


Healthy Swimming Behaviors

For all swimmers:
- Don’t swim when you have diarrhea. This is especially important for children wearing diapers. Germs can spread in the pool water and make others ill.
- Don’t swallow pool water. Avoid getting water in your mouth.
Practice good hygiene. Take a shower before swimming and wash your hands after using the restroom or changing diapers. Germs on your body end up in the water.

For parents and caregivers of young swimmers:
- Take your children to the bathroom or check diapers often. Waiting to hear “I have to go” may mean that it’s too late.
- Change diapers in the restroom and not at poolside. Germs can spread to surfaces and objects in and around the pool and spread illness to others.
Wash your child thoroughly, specifically their bottom, with soap and water before swimming. Everyone has invisible amounts of fecal matter on their bottoms that ends up in the pool.

From the Pennsylvania Department of Health

See Water Safety Insert

The National Safety Council reports that among the 300,000 people a year who drown, children four years old and younger have the highest death rate. Most drowning and near-drowning incidents happen when a child falls into a pool or is left alone in the bathtub. The U.S. mailed version of this issue of Health Link Online includes an insert on water safety from the American Academy of Pediatrics. Use this information to educate children and adults.

For the online survey, go to http://www.zoomerang.com/survey.zgi?p=WEB227G7J63UBN The first programs to take the survey on-line can receive up to 25 free oral health brochures for families.
ECELS Satisfaction Survey

Please participate in our two-page survey. Your feedback will help ECELS do a better job. The survey contains only 14 items, and the questions are easy to answer. See the bottom of page 6 for the link to respond to the survey online. If you prefer to respond on paper, please circle your responses on this page and on page 8. Answer every item, and then return these two pages to ECELS. You can FAX them to 484-446-3255 or use the envelope enclosed with this newsletter to mail them to ECELS.

1. Is your program center-based or home-based?
   - Center
   - Home
   - Both Center and Home-based

2. According to your state certificate how many children may be in care in your program at one time?
   - 6 or fewer
   - 7-12
   - 13-20
   - 21-40
   - 41-79
   - More than 80

3. What is the closest title that describes your position in this program?
   - Owner/Operator
   - Director
   - Assistant Director
   - Head Teacher/Group Supervisor
   - Assistant Teacher/Assistant Group Supervisor
   - Aide
   - Other, please specify

4. What are the ages of the children presently enrolled in your program? (circle all that apply)
   - Birth to 12 months
   - 13 to 35 months
   - Preschool: 36 months to 5 years
   - Kindergarten: 5 to 6 years
   - School Age

5. Does your program participate in Keystone STARS, and if so, what is the highest STAR level held at this time?
   - STAR 1
   - STAR 2
   - STAR 3
   - STAR 4
   - Not in Keystone STARS

6. In your program, about how many people have ever read the electronic version of the ECELS health and safety newsletter called HEALTH LINK ONLINE? (The electronic version is posted on the ECELS website. It can be viewed, downloaded and distributed as a PDF file. In your response, include people at your program who read it on a computer, even if they received it from someone who sent it to them by e-mail.)
   - None
   - One or two
   - More than two
   - Don't Know

7. In your program, about how many people in the past year or so read the health and safety newsletter called HEALTH LINK ONLINE when it was printed out on paper and was delivered to the program in the U.S. Mail?
   - None
   - One or two
   - More than two
   - Don't Know
   - Didn’t receive Health Link Online in the mail

8. How would you prefer to receive the ECELS health and safety newsletter HEALTH LINK ONLINE?
   - E-mail notice when it is available on the ECELS website
   - Attached to an e-mail
   - Print version arriving in the U.S. Mail
   - No preference
   - Don’t want newsletter

9. In the past year or so, about how often do you think you or someone in your program used a computer for each of the following tasks?

   A. For e-mail messages:
      - Not at all
      - Once or twice
      - Three to five times
      - Six to ten times
      - More than ten times

   B. To obtain health and safety information on the Internet:
      - Not at all
      - Once or twice
      - Three to five times
      - Six to ten times
      - More than ten times

   C. To access the ECELS Website, www.ecelshealthychildcarepa.org
      - Not at all
      - Once or twice
      - Three to five times
      - Six to ten times
      - More than ten times

   D. To manage child care health records for the program using software such as WellCareTracker™
      - Not at all
      - Once or twice
      - Three to five times
      - Six to ten times
      - More than ten times
10. For each of the other ECELS services listed below, indicate about how many times in the past year or so you think someone in your program used or received the service.

A. ECELS Health and Safety Helpline (advice by telephone or e-mail):
   - Once
   - Twice
   - Three or more
   - Don’t know
   - Did not use

B. ECELS E-Mail Alerts:
   - Once
   - Twice
   - Three or more
   - Don’t know
   - Did not use

C. ECELS Self-Learning Modules:
   - Once
   - Twice
   - Three or more
   - Don’t know
   - Did not use

D. ECELS Health and Safety Workshops:
   - Once
   - Twice
   - Three or more
   - Don’t know
   - Did not use

E. Print materials on health and safety from ECELS:
   - Once
   - Twice
   - Three or more
   - Don’t know
   - Did not use

F. Linkage with a Child care Health Consultant:
   - Once
   - Twice
   - Three or more
   - Don’t know
   - Did not use

11. For each of the ECELS services listed below, indicate how satisfied you are with the ECELS services your program has used or received. If you are not satisfied with any service, we encourage you to use the contact information at the end of this newsletter to tell us why you are not satisfied.

A. ECELS Health and Safety Helpline (advice by telephone or e-mail):
   - Very satisfied
   - OK
   - Not satisfied
   - Did not use

B. HEALTH LINK ONLINE newsletter:
   - Very satisfied
   - OK
   - Not satisfied
   - Did not use

C. ECELS E-Mail Alerts:
   - Very satisfied
   - OK
   - Not satisfied
   - Did not use

D. ECELS Self-Learning Modules:
   - Very satisfied
   - OK
   - Not satisfied
   - Did not use

E. ECELS Health and Safety Workshops:
   - Very satisfied
   - OK
   - Not satisfied
   - Did not use

F. Print materials on health and safety from ECELS:
   - Very satisfied
   - OK
   - Not satisfied
   - Did not use

G. ECELS website: www.ecels-healthychildcarepa.org:
   - Very satisfied
   - OK
   - Not satisfied
   - Did not use

H. Linkage with a Child Care Health Consultant:
   - Very satisfied
   - OK
   - Not satisfied
   - Did not use

I. Help to use a computer to manage child care health records:
   - Very satisfied
   - OK
   - Not satisfied
   - Did not use

12. In the past 12 months, has your program had telephone advice, visits or other services from any of these health and safety professionals? If so, indicate whether the program paid for the services.

A. Nurse, Doctor or Physician’s Assistant
   - Yes, service was free
   - Yes, paid for service
   - Don’t know
   - Did not use

B. Mental Health Professional
   - Yes, service was free
   - Yes, paid for service
   - Don’t know
   - Did not use

C. Oral Health (dental) Professional
   - Yes, service was free
   - Yes, paid for service
   - Don’t know
   - Did not use

D. Nutrition Professional
   - Yes, service was free
   - Yes, paid for service
   - Don’t know
   - Did not use

E. Food Safety/Environmental Health
   - Yes, service was free
   - Yes, paid for service
   - Don’t know
   - Did not use

F. Fire Safety or Building Safety
   - Yes, service was free
   - Yes, paid for service
   - Don’t know
   - Did not use

G. Emergency Medical Service (EMS)
   - Yes, service was free
   - Yes, paid for service
   - Don’t know
   - Did not use

13. For which health and safety areas does your program need help from a health professional? List the topics of concern to you. (Add pages if needed.)

14. What do you think is the most important thing ECELS-Healthy Child Care PA could do to help your program improve health and safety for the children, families and staff you serve? (Add pages if needed.)

Please be sure you have answered every question. Return the completed survey by fax or by U. S. Mail. Fax the survey to 484-446-3255 or mail it to ECELS-Healthy Child Care PA, Rose Tree Corporate Center II, 1400 North Providence Road, Suite 3007, Media, PA. Thank you!
Security and Emergency Preparedness

Every program needs a risk management plan that addresses the emergencies that could occur, including security risks. The first step is to assess what the program has already done against a list of what needs to be done. Many organizations have excellent checklists to use. At [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org), ECELS has emergency preparedness materials and links to more resources. The tools prepared by the National Association for Resource and Referral Agencies are particularly complete and up-to-date. The direct link to NACCRRA is [www.naccrra.org](http://www.naccrra.org).

- Review all access and exit points to your facility. How can people enter the areas you use outside and inside the building?

- Can a disgruntled or disoriented person drive a vehicle through the fence onto the playground?

- Does someone screen and identify everyone before admission to your building?

- If a threatening person has unknowingly been allowed to enter the building, can someone keep that person in a reception area? Especially if you use security doors with coded buttons or a PIN known only to staff and families, you need someone close to the entrance to screen people who enter through this type of security system. Someone who no longer has a child enrolled or has lost custody of a child could use the PIN to gain access. If after being allowed inside the entrance, any person seems impaired and threatening, someone in the reception area should be able to limit further access, alert others, and signal to call the police.

- Consider placing buzzers on doors and outside gates to notify nearby staff when someone enters or leaves. This is a safeguard against unnoticed entry and having children slip out gates and doors unattended.

- Think about places inside and outside the facility where someone could hide. Is outdoor lighting adequate to illuminate all points of access?

- Think about how to warn other people in the facility about different types of danger such as need to evacuate, need to lock down, need to move to the areas to designated shelter-areas. For example, would you use cell phones, intercoms, alarms, or a known number of blasts on a portable horn? Identify and practice using the warning tool once a month to make sure everyone knows what the warning means.

- Plan what should happen if you needed emergency personnel at your facility. How would emergency vehicles find the facility if called? Where would they park? Engage your emergency service professionals in this planning. Invite the police, fire and emergency management agency personnel to send someone to visit your facility. After a tour and review of your plans, these professionals may be able to suggest some ways to improve your risk management. Also, they will have learned about your program and be better prepared to help you in an emergency.
What Pennsylvania Educators Need to Know About New National Guidelines for Children’s Routine Health Check-Ups

Pennsylvania’s regulations for child care require for each enrolled child that “An age-appropriate health assessment shall be conducted according to the recommended schedule for routine health supervision as referenced in the most current edition of the American Academy of Pediatrics (AAP) Guidelines for Health Supervision.” The regulation requires documentation of up-to-date status within 60 days after enrollment. To meet the recommended schedule, the records must show that children remain up-to-date. Practitioners should check child health records with the recommended schedule at enrollment and periodically throughout the program year.

In December 2007, the American Academy of Pediatrics updated the schedule for routine check-up service. The AAP adjusted both the timing and content of routine check-up visits. Go to http://brightfutures.aap.org for the complete schedule. Some of the changes include:

- Newly added check-ups at 30 months, 7 years and 9 years of age provide more time over the course of childhood to focus on developmental and behavioral issues as well as other services. The schedule now calls for school age children to have annual visits.
- Catch up of needed immunizations at all ages. See www.cispimmunize.org for the 2008 immunization schedule.
- Developmental measurements at 9, 18, and 24 or 30 months of age. Thereafter, well child visits include looking for signals of risk for developmental delay and behavioral problems.
- An autism-specific screen at 18 months and again at 24 months of age.
- Measurement of weight for length/height and the body mass index.
- Terminology to make clear when an actual screening test should be performed and when a risk assessment is appropriate at certain ages for vision, hearing, anemia, oral health, lead, blood pressure, tuberculosis, dyslipidemia and sexually transmitted infections.
- A hematocrit or hemoglobin screening test is recommended at 12 months of age.
- A urinalysis is no longer a required screening test at any age.

Many educators find it burdensome to check whether children have received specific well-child services. The schedules are complex. The paperwork is tedious. Parents and health professionals struggle with this task also. For now, we must catch children who have missed needed care by checking documents at the educational setting to be sure children are kept up-to-date. Children must be healthy to learn and grow optimally.

Many barriers must be overcome to keep children up-to-date. Health care providers must improve the convenience and quality of preventive health care. Health insurers must be persuaded to pay for all the well child services. Parents must understand that when their insurance doesn’t cover a health service their child needs, they can and should pay for it.

Checking program records against the updated schedules can be challenging. If you would like to make child record checks easier, sign up for WellCareTracker™ at www.wellcaretracker.org. ECELS updates WellCareTracker™ whenever the national health care and immunization recommendations change. WellCareTracker™ checks the dates of service that you have entered from the children’s health records with the newest guidelines.

References:
Safe Transport

After the first year of life, walking and riding injuries that involve motor vehicles are the leading cause of death throughout childhood. All programs should consider walking routes, loading zones and vehicle use around the facility.

The issues involve however and whenever children come and go from the facility. Think about travel that involves parents as well as staff. Consider both routine daily trips and field trips.

For every trip make sure:
1. The car safety seat (or seat belt) is appropriate for the child and the vehicle, and it is used correctly every time.
2. The person responsible for transporting the child knows how to install the car safety seat correctly.
3. The person responsible for transporting the child ensures supervision while boarding, riding and leaving the vehicle. See the insert in this newsletter. It is a guide for parenting as a safety feature for riding in cars. You can use the link on the insert to order more copies to give out to parents.
4. The early learning program has written guidelines for transporting children that include:
   - All drivers must be experienced and have a valid driver's license. School bus drivers need to have a special type of license.
   - Staff-to-Child ratios for transport should meet or exceed those required when children are not traveling.
   - The driver must be able to focus on driving tasks, leaving the supervision of children to other adults in the vehicle. This is especially important with young children who will be sitting close to each other and may need attention during the trip.
5. Everyone must know what to do in an emergency that might occur anywhere on the route.

The Traffic Injury Prevention Project (TIPP) of the Pennsylvania Chapter of the American Academy of Pediatrics provides traffic safety education. TIPP staff work with the police and traffic safety educators to promote traffic safety education throughout Pennsylvania. Call 800-CAR-BELT to request a traffic injury prevention program or educational materials.

Safe Transport (continued)

For more sources of information on Safe Transport, see page 12.

Be a Health Advocate

Physical health and socio-emotional health are interconnected parameters that are essential for the productivity of the individual as a learner and as a person who can function optimally throughout life. Good health is more than the absence of death, disease, disability, and discomfort. With good health, a person is alert, sociable, articulate and competent.

Health Advocates are early childhood practitioners (directors, lead teachers, family child care providers) who see to it that the program integrates best practices in health, safety and nutrition, even though they may not perform these practices directly themselves. They coordinate the program’s operations with external sources of health expertise such as a Child Care Health Consultant and other health professionals who provide technical assistance and education.

During 2007-08, ECELS prepared a curriculum for a three credit undergraduate course to teach best practices in health, safety and nutrition to students of early education and related fields. Presently, Northampton Community College plans to offer this course as a pilot in the fall of 2008 to two small groups of students in two alternative formats: on-campus and on-line. Northampton Community College plans to offer the course to the public in the spring of 2009. For more information about the Northampton course, contact Judith Rex, RNC, MSN, Director of Healthcare Education at 610-332-6585 or jpascarosa@northampton.edu.

ECELS is seeking other college faculty partners to collaborate to make this course widely available.

For more sources of information on Safe Transport, see page 12.
Unexpected Finding from the Written Oral Health Survey

In the fall of 2007, ECELS randomly selected 1000 center addresses to receive a written oral health survey. One of the unexpected preliminary findings is the relatively large number of respondents who said that the first step they could take to include better oral health practices in their program is to have children brush their teeth in the program. Even more said that they wanted to improve the education of children about oral health. Some want to help parents do more to take care of their children’s teeth. In response, ECELS is offering up to 25 free brochures about oral health to give to families to the first programs who use the on-line option to complete the ECELS Satisfaction Survey. (See page 6.)

ECELS encourages early learning practitioners to use the ECELS Oral Health Self-Learning module to educate staff and develop improved oral health practices in center or home-based child care. Request this module from the ECELS website, www.ecels-healthychildcarepa.org, by e-mail ecels@paaap.org, or by phone 800-243-2357.

An easy way to do group tooth brushing is as a supervised educational activity. You need:

- An individually labeled tooth brush for each child with a sanitary place to store the toothbrushes. You can label toothbrushes with permanent marker. Many home-made toothbrush storage devices are acceptable. For example, turn a plastic one gallon milk container on its side and puncture it to make spaced holes just wide enough to hold one tooth brush handle securely (brushes up to air dry) in each hole. With this type of holder, it is easy to label each hole with the child’s name, clean the holder often, and when it wears out, replace it.
- Two (disposable or dishwasher cleanable) cups for each child: one cup with water for rinsing the mouth and the other cup for the child to spit into.
- Toothpaste is not needed – For children over two years of age, you can place a pea-sized bead on the edge of the spit cup for the child to pick up with the tooth brush.

The ECELS Oral Health Advisory-Work Group is reviewing all the data from the written Oral Health Survey. Then the members of the group will suggest ways to improve oral health practices in early learning programs. ECELS will ask about these suggestions in electronic surveys of the members of Pennsylvania’s collaborating organizations of early education professionals.

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- Spring into Playground Safety/Sun Safety
- Medication Risk Management
- Making Food Healthy and Safe
- Sharing Developmental Concerns
- Water Safety
- ECELS Satisfaction Survey
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- Children’s Routine Health Check-Ups
- Safe Transport
- Be a Health Advocate
- Written Oral Health Survey Finding
- ECELS Professional Development

ECELS Professional Development

Pennsylvania early learning and school age child care practitioners can improve health and safety performance by using over 25 ECELS free Self-Learning Modules and 17 fee-for-service Workshops. These professional development options provide current information with tips and tools to improve the quality. A new ECELS Self-Learning Module highlights quality infant–toddler care. See the ECELS Professional Development brochure or the ECELS website for a list of opportunities. Use the ECELS web site, send an e-mail or call ECELS to request Self-Learning Modules and fee-for-service Workshops.

More on Safe Transport:

Healthy Kids/Healthy Care – A health and safety web site for parents has a “printer friendly” hand-out for parents. Go to www.healthykids.us/ and select transportation.


Child Care Information Exchange – A magazine for child care administrators. For the article, “Moving Kids Safely in Child Care: A Refresher Course, go to http://www.childcareexchange.com/