Learning Standards: Health and Safety for Infants, Toddlers & Pre-K Children

Pennsylvania is using a new set of Learning Standards for early learning programs. They align with the state’s Core Standards for education. Safety, physical and social-emotional (behavioral) health are included.

Programs must be sure children feel safe. They must help children develop the skills essential for building respectful relationships. The learning environment must be both physically and emotionally safe. Children must be comfortable and free from danger.

Programs must not only prevent harm. They must promote child safety and health. The learning standards include both physical and social-emotional wellbeing. They specifically target the promotion of a proper diet, exercise and healthy habits.

ECELS offers workshops and self-learning modules that address safety, physical and behavioral health. ECELS contributed to or developed these three health and safety resources used in the learning standards:

- *Model Child Care Health Policies*, 5th edition found in the Publications tab on the ECELS website at [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org)

Most, but not all of the health and safety content in the Infant-Toddler and the Pre-K Learning Standards are in Key Learning Area 10 and Key Learning Area 16. Key Learning Area 10 focuses on Health, Wellness and Physical Development. Key Learning Area 16 focuses on Social and Emotional Development – Behavioral Health.

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Hand Hygiene – Best Methods

Hand washing at a sink is best practice for hand hygiene in child care. What about hand hygiene for children who are too heavy to hold at the sink and cannot stand at the sink even with a step stool?

*Managing Infectious Diseases in Child Care and Schools, 3rd Edition* and *Model Child Care Health Policies, 5th Edition* offer a three paper towel method to use if hand washing at a sink is not possible.

1. Wipe the child’s hands with a damp paper towel moistened with a drop of liquid soap.
2. Wipe the child’s hands with a second paper towel wet with clear water.
3. Dry the child’s hands with a third paper towel.

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The five Standard Areas in the Key Learning Area 10 for Health, Wellness and Physical Development are:

- Standard Area 10.1: Concepts of Health
- Standard Area 10.2: Healthful Living
- Standard Area 10.3: Safety and Injury Prevention
- Standard Area 10.4: Physical Activity: Gross Motor Coordination
- Standard Area 10.5: Concepts, Principles and Strategies of Movement: Fine Motor Coordination

The three Standard Areas in Key Learning Area 16 for Social and Emotional Development – Behavioral Health are:

- Standard Area 16.1: Self-Awareness and Self-Management
- Standard Area 16.2: Establishing and Maintaining Relationships
- Standard Area 16.3: Decision Making and Responsible Behavior

The Early Learning Standards documents list specific skills children should acquire for each standard area. Encourage program staff to select professional development opportunities that ECELS offers to better assess children’s skills. Then they can plan activities to meet the PA Learning Standards for Early Childhood.

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In July 2014, The National Resource Center for Health and Safety in Child Care and Early Education agreed that the “three paper towel” method is acceptable when a child’s weight or inability to stand makes it impossible to wash at the sink. **DO NOT USE WIPES THAT ARE PRE-MOISTENED WITH CHEMICALS.** (View the clarification in the online version of Caring for Our Children, 3rd edition (CFOC3) Standard 3.2.1.4: Diaper Changing Procedure at [www.nrckids.org](http://www.nrckids.org).)

CFOC3 says that hand hygiene using alcohol–based hand sanitizer is acceptable for children older than 24 months of age **IF THEIR HANDS HAVE NO VISIBLE SOIL.** Any visible soil must be washed away before using this product. Hand sanitizers are toxic, flammable and must be used properly to be effective. Remember, in child care settings, hand washing with running water is best.

The current wording of the Pennsylvania certification regulations related to washing the hands of children says: “A staff person shall ensure that a child’s hands are washed before meals and snacks, after toileting and after being diapered.” (3270.134 (a), 3280.134, and 3290.134) No method is specified. The regulations do not address use of hand sanitizers instead of hand washing. However, a 2009 DPW memo indicated that alcohol-based hand sanitizers may be used for other hand hygiene situations than those specified in the regulations, e.g. after wiping a nose. Users must follow the instructions on the product label.

Remember: Use running water and soap at a sink for hand washing, if you can. If washing hands at a sink is not possible, then use the approved alternative approaches for hand hygiene.
Literacy Activities Promoted by Pediatricians and Early Educators

Research shows that reading with young children fosters brain development and helps build strong adult-child relationships. Both pediatricians and early educators are encouraging early literacy activities. Families learn from them that reading to very young children builds lifelong language, literacy and social-emotional skills.

In a 2014 policy statement, the American Academy of Pediatrics (AAP) urged reading aloud to young children. The AAP says that this routine should start with infants and continue at least through kindergarten age. The activities should include language-rich use of books, pictures and written words.

Early educators and pediatricians are trusted advisors for many parents. Parents who hear the same message from health care and education professionals are more likely to follow the advice.

THE MESSAGE: Read to young children. Do not entertain them with electronic screen activities. Children less than 2 years of age should not view electronic media. Children older than 2 years of age should have no more than 2 hours per day of media exposure.

The American Academy of Pediatrics emphasizes the "5 Rs" of early education. Families and others should:

- **Read** together as a daily fun activity.
- **Rhyme**, play, talk, sing, and cuddle together throughout the day.
- Keep **Routines** and regular times for meals, play, and sleeping. This helps children know what they can expect and what is expected of them.
- **Reward** everyday successes. Give specific approval for the child's efforts toward worthwhile goals such as helping, listening, being kind to others. Praise from those closest to a child is a very potent reward.
- Foster **Relationships** that are reciprocal, nurturing, purposeful, and enduring. These relationships are the foundation to build healthy early brain and child development.

Source: *Pediatrics* 2014; 134(2): 404-409

Swaddling and Hip Dysplasia

Swaddling is the practice of wrapping an infant tightly. Many cultures have used it. Swaddling may decrease crying and increase sleep periods. However, there are two types of risks to consider. One is the increased risk of sleep-related deaths, such as SIDS. The risk of SIDS increases three ways: The blanket can loosen and cover the child's face. The swaddled infant might roll from back to stomach. Also, the infant is more likely to overheat when swaddled.

A second risk is that swaddling is associated with a serious hip deformity called developmental dysplasia of the hip (DDH). DDH is a condition that occurs when the hip fails to develop properly. This causes long term hip joint problems. Development of normal hip joints requires being able to bend up and out at the hips. Swaddling keeps the hips from freely bending up and out.

The PA Position Statement for the Infant Toddler Environmental Rating Scale (ITERS-R) refers to the *Caring for Our Children, 3rd* edition (CFOC3) best practice standard:

“**As per CFOC3 Standard 3.1.4.1: Safe Sleep Practices and SIDS/Suffocation Risk**- Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. Blankets/items should not be hung on the sides of cribs. Swaddling infants when they are in a crib is not necessary or recommended.”

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Child care providers should refuse to follow a parent’s request for swaddling without a written recommendation and explanation from the child’s doctor for the reason that this infant needs to be swaddled, despite the risks. In this situation, the child care program should also obtain written consent from the parent that clearly states that the requested practice is not recommended. If swaddling is done, make sure it will not restrict movement of the baby’s legs and feet in any way and that it is not done for any infant who can roll over from back to stomach. Stop the practice by the time the infant is two months of age.

The Minnesota Department of Human Services has created a form called “Parent Consent for Swaddling an Infant.” If a family wants their infant swaddled, consider using the Minnesota form to obtain parent consent in addition to the written recommendation and explanation from the child’s doctor.

NEW FREE Online Training Course: Influenza Prevention and Control: Strategies for Early Education and Child Care Programs

A free online course is available as a collaborative effort of the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC). The course educates staff who work in Head Start and other early education and child care programs about influenza policies and strategies that help keep children healthy. Upon completion of the course, learners will be able to recognize the symptoms of influenza; explain how influenza is spread; discuss the importance of annual seasonal influenza immunization with parents and peers; and much more.

This course certificate from the AAP confirms 1.0 contact hour of professional development. To enroll in the course, go to http://www.healthychildcare.org/flu.html. To waive the fee, be sure to use the promo code FLUPREVENTION. Send an email to DisasterReady@aap.org for more information about the course.

Drinking Water and Other Healthier Beverages in Early Care and School-Age Settings

The Centers for Disease Control and Prevention has a new free guide to help early care and school age providers promote drinking healthier beverages. Click on the title to download the guide: Increasing Access to Drinking Water and Other Healthier Beverages in Early Care and Education Settings.

The guide includes needs assessment tools, strategies to use new approaches, sample letters and other resources. It has links to attractive posters too.

Drinking water helps children reduce their intake of sugar-containing beverages and extra calories. Water is essential for children’s health and growing bodies. Drinking fluoridated water can help prevent cavities. The Child and Adult Care Food Program requires providing drinking water to children.
**Food Allergy Self Learning Module-Update**

Food allergy is a problem for about 1 in every 13 children in the United States. Everyone is responsible for the safety of children with food allergies. ECELS is offering a newly revised ECELS Self Learning Module on this topic. It covers key facts about food allergy, types of allergens found in foods and what educators should do.

Find out how to prevent a food allergy response. An allergic response to food may be mild, severe, or even life-threatening. A life-threatening reaction is called anaphylaxis. The ECELS Self-Learning Module includes forms, guides, links to online videos and other materials. Users practice reading food labels to find hidden ingredients that are common food allergens. The module describes how to modify the early learning or school age program for a child with a food allergy. Learn about ways to work with families of children with food allergies.

The self-learning module has links to excellent free information from these reliable sources:
- **Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education** – a rich resource published online by the Centers for Disease Control and Prevention (CDC).
- A high quality online training video that focuses on actions food service staff can use to manage food allergies. The National Food Service Management Institute (NFSMI) created the video.
- Many helpful resources from the Food Allergy and Research Education (FARE) website. For example the newest FARE Emergency Care Plan is in the self-learning module.
- The April 2014 Head Start Health Services Newsletter that featured a discussion of Food Allergies.

The ECELS Food Allergy Self Learning Module meets the PA Facility Licensing Regulations for child care training. It also meets the PA Keystone STAR 2 Performance Standard requirement for two (2) hours of annual health and safety professional development. For a limited time, ECELS has waived the co-pay review fee to approve this credit for the PA Key.

**Flu Vaccine for Everyone**

In the 2013 flu season, unvaccinated children got very sick. Young and middle-aged adults accounted for about 60% of the flu deaths. According to the Centers for Disease Control and Prevention, the failure to get influenza vaccine was a big factor in the flu deaths.

Once the flu virus spreads into a community, many unvaccinated children and adults get sick. Flu spreads easily in child care. All staff and children over 6 months of age should receive annual flu vaccine. It is available as a nasal spray or injection.

Ask every staff member and families of children whether they have received their flu vaccine for 2014-15. Encourage those who have not to make arrangements to get theirs.

See if the health department or a health care provider will give vaccine at the child care facility or somewhere nearby. One study showed that giving vaccine on site and a small token reward for getting the vaccine increased the number of flu vaccine users.

Many people have mistaken ideas about the risk of flu and of flu vaccine. If the vaccine makes you feel under the weather for a day or two, that’s better than being wiped out for a couple of months by the disease. It is a lot better than dying from the flu. Good information about control of flu in child care and use of flu vaccine is in the free online course described on page 4 of this newsletter.
Eating - Milestones Poster

The ChooseMyPlate website offers a colorful poster that shows the usual sequence for development of eating skills in early childhood. The U.S. Department of Agriculture is the home of the ChooseMyPlate program. Use the poster to promote age-appropriate expectations. It helps families and teachers work on the same skills. The poster lists expected behaviors for 2, 3, 4 and 5 year old children. For example, the poster lists:

At 2 years of age:
- Can use a spoon and drink from a cup
- Can be easily distracted
- Growth slows and appetite drops
- Develops likes and dislikes
- Can be very messy
- May suddenly refuse certain foods

At 3 years of age:
- Makes simple either/or food choices, such as a choice of apple or orange slices
- Pours liquid with some spills
- Comfortable using fork and spoon
- Can follow simple requests such as “Please use your napkin.”
- Starts to request favorite foods
- Likes to imitate cooking
- May suddenly refuse certain foods


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Recipes and Menus for Healthy Meals

Use the collected recipes and menus at ChooseMyPlate.gov to plan tasty and healthy meals for all age groups. Search the website for recipes from all the U.S. Department of Agriculture (USDA) programs. These include recipes from the websites of the Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), USDA Foods and Team Nutrition. You can save, store or print the recipes. In addition, the website offers ways to share recipes using social media.