Benefits of Child Care Programs  
– New Evidence

New research shows parents whose children are in child care gain more than freedom to pursue adult-only activity. They reap social, psychological, and financial rewards. Collectively, these rewards are called “social capital.” They add to the benefits of early education for children. This is especially true for low-income mothers. Advocates can use this new evidence to seek universal access to quality early education.

Mario Small at the University of Chicago found that many mothers benefit from relationships with staff and other families. Their data came from four sources. The first was a national survey of 3,500 mothers in 20 large U.S. cities. The second source was a survey of 300 child care centers in New York City. The third was 67 in-depth interviews with mothers who enrolled children in child care. The fourth source was 23 case studies and observations in specific centers. They didn’t study what fathers gain from having their children in child care. However, the benefits for mothers are likely to help them too.

Having common problems to solve leads parents to form a support network of friendships. These relationships go beyond interactions at the child care facility. Some parents talk to other parents and staff about feeling guilty. Some aspects of U.S. culture foster parents’ feelings of guilt. Many people think parents who need and want to share the care of children outside are less competent than those who share care only within the family. Most parents know they shouldn’t “drop and run” in the morning, but it happens. Families may have something come up that makes it hard to pick up their children on time. All these situations contribute to feelings of guilt.

Parents who use child care develop trusting relationships with other parents. This helps them make back-up arrangements with one another. Centers that have strict drop-off and pick-up times foster interfamily friendships by bringing family members to the facility at around the same time. Field trips involving parent volunteers and special family events at the child care facility encourage a sense of extended family too. Families may share concerns with one another about discipline, child-rearing practices or needed services. Some parents find when they share their concerns, child care staff and other families offer good advice and refer them to helpful resources and services. This benefit is particularly valuable in poor neighborhoods.

Mario Small found that as soon as 6 months after enrolling their child in child care, mothers made valuable social connections related to use of the child care program. These relationships led to more than simple solutions for an occasional problem. The friendships fostered well being and in some cases, long-term relationships. To learn more about this work and the findings, go to http://greatergood.berkeley.edu/article/item/how_childcare_boosts_social_capital

Nutrition Tips from USDA

Use the USDA website links on page 2 to help staff and families focus on individual nutrition ideas. Invite families to use the web links to plan how they feed their children at home. Look at all these and more on the USDA website at www.ChooseMyPlate.gov.

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Snack Ideas from each food group: grains, vegetables, fruits, dairy, protein, and combinations of two or more food groups. [http://www.choosemyplate.gov/preschoolers/healthy-habits/snack-ideas.html](http://www.choosemyplate.gov/preschoolers/healthy-habits/snack-ideas.html)

Develop Healthy Eating Habits:
- Tips for offering a variety of foods
- Set a Good Example
- Start Small with Portions
- Help Them Know When They've Had Enough
- Follow a Meal and Snack Schedule
- Make Mealtime a Family Time
- Cope with a Picky Eater
- Help Them Try New Foods
- Make Food Fun

10 Tips Nutrition Education Series (in English and in Spanish).
These single sheet lists have eye-catching graphics.
See the complete list at [http://www.choosemyplate.gov/healthy-eating-tips/ten-tips.html](http://www.choosemyplate.gov/healthy-eating-tips/ten-tips.html).
Here are some examples:
- Food Safe Tips
- Focus on Fruits [English; Español]
- Kid-Friendly Veggies and Fruits [English; Español]
- Be Food Safe [English; Español]
- Enjoy Food from Many Cultures [English; Español]
- Make Celebrations Fun, Healthy & Active [English; Español]
- Choosing Whole-Grain Foods [English; Español]

Laundry Safety

Involving children with laundry tasks offers opportunities for interactive conversation and practice of some motor skills. If you bring children into laundry areas, you’ll need to protect them from hazards commonly found there. Prevent child access to laundry detergents and other toxic products. Laundry machines can cause injury if children climb into them or hang on doors. Empty dryers can tip over. Little fingers can be cut or crushed in machine doors or spaces that have sharp edges.

Recently, children have been poisoned by eating detergent pods. These single-use detergent pods are very concentrated, dissolve quickly when in contact with moisture and can be very toxic. A small amount can cause irritation of eyes, mouth, throat, stomach and difficulty breathing. In one month in 2012, the Centers for Disease Control and Prevention reported over 1000 cases of laundry detergent poisoning. Almost half were from detergent packets.

Products that promise to make colors brighter or fabrics whiter, and spot removers are toxic. So are fabric softeners. Read the labels of all the products in the laundry. When they say “Keep Out of Reach of Children,” put them where an adventurous child cannot get to them. Helping do the laundry should be a fun learning opportunity. Make sure it is safe too.

If a child has contact with a laundry product, call the Poison Center at 800-222-1222. Caring for Our Children STANDARD 5.2.9.2 at [www.nrckids.org](http://www.nrckids.org) lists the information that the Poison Center needs to be able to tell you what to do.
Anaphylaxis – What is it?

Anaphylaxis is a dangerous and sudden body reaction that involves two or more organ systems. An allergy to some substance causes the reaction. This may be something that has not caused any symptoms in the past. The reaction might involve skin and the linings of the mouth and throat. If so, you could see hives or flushing of the skin and swelling of the lips, tongue or the back of the throat. The respiratory system might be affected causing shortness of breath, wheezing, croupy sounds, and blue tint to the lips and skin. Other symptoms are cramps, abdominal pain or vomiting.

Anaphylaxis is a life-threatening medical emergency. There may not be enough time to go to the emergency room or for emergency medical services to respond to a 911 call. The temporary life-saving medication that slows the anaphylactic reaction is an epinephrine injection. This medication is usually packaged in two auto- injectors. For maximum benefit, the first injection should be given in less than 4 minutes from the time the symptoms first appear. The auto-injector shoots the epinephrine dose through the skin when it is forcefully thrust against the thigh. Some auto-injectors must be held in place for 10 seconds for all the medicine to come through the needle. Once injected, a dose of epinephrine lasts about 15-20 minutes.

Doctors will prescribe a two-dose set of auto-injectors to be kept on hand wherever there is someone who has had a serious allergic reaction in the past. However, the first anaphylactic reaction may occur without warning anywhere, at any time.

In some states, legislators are enacting laws that enable school personnel to keep epinephrine auto-injectors on hand to use for first time anaphylactic reactions. These are in addition to the auto-injectors prescribed for specific children who have had significant allergic reactions in the past. Pennsylvania is one of those states. The Pennsylvania legislation is for schools and does not include child care facilities. However, the first aid responder in child care should be as prepared as possible. If anaphylaxis is suspected, and an epinephrine auto-injector is available, give the first dose to the person while someone else is calling 911. Medical professionals must come quickly to continue emergency measures.

Peanut Allergy Update

Managing peanut allergy is challenging for child care providers and families who use child care. Peanut butter and products that contain peanuts are among the easiest and most tasty lunch and snack foods. Peanut allergy only occurs in 1-4% of the population. However, reactions to peanuts can be severe.

In 2013, a Princeton researcher, Miranda Waggoner studied the emergence of what some have called an “epidemic” of peanut allergy. She found that the publicity about peanut allergy has overstated the risk significantly.

Peanuts are not nuts; they are legumes. They are related to peas and beans. They are flavorful and nutritious. Peanut butter is safely transported and stored without refrigeration, making it a good choice to carry between home and child care or on picnics.

Avoiding peanut products is difficult. Many foods contain peanut oil or ground peanut thickeners. Some commercial food manufacturers prepare foods with equipment used to prepare peanut-containing products too.

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Some people avoid giving children peanuts or products containing peanuts thinking that restricting peanuts might prevent peanut allergy. It may be the opposite. In February 2015, the American Academy of Pediatrics news magazine reported research that suggests feeding small amounts of peanut butter to young infants as soon as they are eating solid foods may prevent peanut allergy. At 5 years of age, only 3% of children who received peanut feedings became allergic to peanuts, while 17% of those who avoided peanut products developed peanut allergy.

Even for children who have a strong family history of severe allergies to peanuts, little evidence exists for delaying introduction of peanut products to prevent a peanut allergy. Once an infant has had no problem with a few typical baby foods, the baby can have peanut butter as early as 6 months of age.

To give peanut butter to an infant, use just a very thin smear on a spoon until the child starts eating toast. Avoid a large chunk. It may cause choking. Do not give young children whole peanuts. They can block the air tubes. Whole or partially chewed peanuts inhaled into the lungs can cause a severe and possibly fatal chemical pneumonia. Avoid whole peanuts until at least 5-7 years of age. By then, they are OK as long as children chew them well.

If a child is truly allergic to peanuts, prevent sharing peanut containing food between children in the group. Clean surfaces including hands that might have peanut products on them. Use detergent to clean food surfaces. Be prepared with a set of epinephrine auto-injectors in case an allergic child does have symptoms like swelling of the lips, tongue or throat, or trouble breathing. Ask the child’s health care provider whether banning peanuts from areas used by the child or from the facility is necessary.

The good news is that 1 in 5 young children will outgrow a peanut allergy. The child’s pediatrician or allergist can perform tests to track whether a child's food allergies are going away.

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**Child Abuse and Neglect Clearance, Training and Reporting**

Recent legislation changed the legal requirements for child care providers related to suspected child abuse and neglect. Facilities with clearances issued before 12/31/14 that are less than 36 months old need new clearances 36 months from the previous clearance date. New clearances are required by 12/31/15 if clearances are more than 36 months old. New applicants’ clearances must be no more than 3 months old. Also, the clearance requirements apply to family or group home staff and to anyone in the household who is 18 years of age or older. All staff members who have any contact with children and were hired before 12/31/14 must complete state-approved child abuse training by 7/1/2015. Those hired after 12/31/14 must complete training within 90 days of hiring.

Use the new website, [Keep Kids Safe PA](http://keepkidssafe.pa.gov/) to access key resources about child abuse and neglect. If you are reading a print copy of this newsletter, note that the URL is [http://keepkidssafe.pa.gov/](http://keepkidssafe.pa.gov/). This website has a link for mandated reporters to make reports of suspected child abuse electronically. **Electronic reporting is preferable.** Go to [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis). If you can’t report electronically, you can report by phone at **800-932-0313** and then you must follow-up by submitting the state’s CY 47 form.

The state’s [Keep Kids Safe PA](http://keepkidssafe.pa.gov/) website lists state-approved sources of required training. It explains how to get child abuse clearance and offers two state forms: the CY-113, the child abuse history clearance and the CY-47, the written report of suspected child abuse. Child care providers are mandatory reporters. The penalties for failure to report suspected child abuse can be severe.

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Developmentally Appropriate Practice - Freebies from the CDC

To celebrate the 10th birthday of Learn the Signs, Act Early, the Centers for Disease Control is offering free online materials for parents, and credit-bearing professional development for early educators and health professionals. These gifts are on the Act Early website at http://www.cdc.gov/ncbddd/actearly/.

For Parents in Spanish and English:

Amazing Me—It’s Busy Being 3!
This book is for children two to four years of age. It is about Joey, an amazing 3-year-old kangaroo. Joey is very excited about all that he can do now that he is three. As parents read this book to their children, they will learn about what to look for as the child grows and develops. Parents can read this story to their child online or have a hard copy of the book. Each page with a koala bear has a star and developmental milestone at the bottom. Parents should see if their 3-year-old is able to do what Joey does.

Download the FREE iBook or PDF version or order a FREE print copy at www.cdc.gov/AmazingMe.

For Early Educators: Watch Me!
Celebrating Milestones and Sharing Concerns
FREE VIDEO TRAINING IS AVAILABLE FOR CREDIT!

Early care and education providers can access a FREE, 1-hour online continuing education course. The Watch Me! videos are in 4 modules that engage the viewer in child care scenes.

The modules take a total of an hour to view. They show how teachers/caregivers monitor the development of the children in their care and talk with parents about developmental concerns. For continuing education credit, complete all 4 modules, each quiz and a final evaluation.

Access this free video training at www.cdc.gov/WatchMeTraining

For Health Professionals – Autism Case Training (ACT) Online CE Course

This free, web-based, continuing education course consists of three modules with PowerPoint and video components. Users can view and complete all the materials online. The modules have facilitator guides for using the modules in a group. The content focuses on how health professionals and future health professionals can identify, diagnose, and care for children with autism spectrum disorder.

Early educators can use the free, online access to this module to explore what is known about the symptoms and treatment of autism too. Go to www.cdc.gov/AutismCaseTraining. The training is approved for health professionals to earn credit for: CME, CNE, CEU and American Board of Pediatrics’ MOC (Part 2; 20pts).

Active Play Self-Learning Module—NEW

Go to the ECELS website to use a newly revised interactive, online video self-learning module. It shows how to assess play areas for hazards and make corrections. The videos illustrate ways to encourage vigorous active play, and to minimize injuries. You can review sample forms and guides. On the ECELS website, select Professional Development, then Self-Learning Modules and then Active Play.

Gluten Free – Disease Prevention or Fad?

Gluten is found in wheat and related grains, including barley, rye and tritale. Tritale is a cross between wheat and rye. Gluten is the substance that makes dough elastic. It helps dough rise and keep its shape. It usually gives the final product a chewy texture. Think about chewy bread or a bagel.

Celiac disease is an immune system illness caused when people with certain genes eat gluten. It occurs in less than 0.5% of the population. Less than half of the population with the genes for celiac disease ever develop the illness. Symptoms vary. They include abdominal pain, bloating (gas) and diarrhea. Some people with celiac disease have no symptoms at all. Some people who don’t have celiac disease may have symptoms when they eat gluten.

Avoiding gluten isn’t harmful as long as the restriction is offset by healthful foods. People who follow a gluten-free diet may have low levels of certain vitamins and nutrients in their diets. Health professionals who specialize in gastrointestinal diseases can help identify the cause of symptoms that seem to be associated with eating gluten. If some food type is the problem, be sure to have a qualified health professional plan a diet that contains needed nutrients.

For children, recent research shows that that the timing of introduction of gluten foods into the diet doesn’t determine whether a child will get celiac disease. The bottom line is that it is not likely that all the people who are purchasing gluten-free products need to avoid gluten. Some may be unable to tolerate other components of wheat or have no problem with wheat at all. Before becoming a gluten-free customer, be sure that gluten is actually the cause of symptoms.

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The new laws protect child abuse reporters. They encourage and support reporting suspected child abuse and neglect electronically to improve the efficient use and tracking of child abuse data.

KeepKidsSafe.pa.gov has a link to the Child Welfare Information Gateway. The Gateway is a jointly sponsored service of three federal government agencies. Explore the Gateway website’s many excellent publications in English and Spanish. Search for a topic in the Gateway’s well-stocked catalog of publications at https://www.childwelfare.gov/catalog/. You can download free fact sheets, references and research information about child abuse and neglect.

In March, ECELS submitted for state approval an updated, online, video-based, interactive Child Abuse and Neglect self-learning module and a workshop curriculum. The content matches the state’s current criteria for required training. ECELS will send an Email Alert as soon as the state review/approval process is complete. At that time, these ECELS training options should appear on the KeepKidsSafe.pa.gov list of approved child abuse trainings. Be sure you have signed up at www.ecels-healthychildcarepa.org to receive Email Alerts from ECELS.

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