HEALTH AND SAFETY CALENDAR

Use the calendar to plan ahead.

November

? **Food Safety:** If you are planning a Thanksgiving meal at your child care facility, call the USDA Meat and Poultry Hotline at 800/535-4555 for information on safe turkey preparation. Use the order form on page 7 for a copy of “Take the Guesswork Out of Roasting a Turkey.”

? **November 19-20, 1999:** Inclusion: Linking Early Childhood and Early Intervention conference, Greensburg, PA. For more information, call Nancy Holland at 800/360-7282 X3712.

December

? **Holiday Gift Exchange:** Suggest that parents use books and safe toys as holiday pollyannas. For a “Toy Safety Tips” fact sheet and “Safe Toy Guide”, check out the order form on page 7.

? **Year-End Fire Safety:** Don’t let fire safety get lost in the holiday shuffle. Hold an evacuation drill this month in the late afternoon. Make sure holiday celebrations are safe. Use the order form on page 7 for a copy of “Firesafe Holidays.”

January

? **New Year Give-aways:** Caregivers can check out this edition of HEALTH LINK for a bunch of great inserts. Post the immunization and school health pamphlets in your parent information center. Read the *Germ Patrol* book to children at story time … encourage parents to peruse it too!

? **Martin Luther King, Jr. Birthday:** Teach children non-violent conflict resolution. Some children may need peer reminders or a star chart to help learn and practice non-violent choices. Use the order form on page 7 for a copy of “Raising Children to Resist Violence.”

? **Millenium Count-down!** Let “Y2K” mean “Yes to Kids” as we work to keep them safe and healthy throughout the new year. For a copy of New Year’s Resolutions from the American Academy of Pediatrics, check out the order form on page 7.

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bowling or rollerskating for a treat rather than buying cakes and snacks.
4 Plan family activities like a car wash, or hula hoop contest to have a lot of fun while getting exercise at the same time.

A Word on Fast Food

Easy access to junk food for children is a concern. Another problem is the marketing of empty-calorie foods in extra large or economy size containers. Consumers are likely to buy foods in larger containers, thinking they are getting good value. Oftentimes, however, the consumer will eat more when the food comes in a big container. Brian Wansink, director of the Food and Brand Research Lab at the University of Illinois conducted a study where he sent parents home with a video and either one or two pound bags of M&Ms® plus either a medium or jumbo movie theater-size tub of popcorn for each family member. On average, people ate 112 M&Ms® from the one pound bag and 156 from the two pound bag. Likewise, the average person ate roughly half the tub of popcorn, whether it was medium or jumbo (which held twice as much). “People often eat about 50% more of hedonistic foods like candy, chips, and popcorn when they come in bigger packages,” said Wansink.

Kelly Brownell, Professor of Psychology, Epidemiology, and Public Health at Yale University reminds us that Americans have unprecedented access to poor diet - to high calorie foods that are widely available, low in cost, and heavily promoted. He states that three new McDonald’s come on line every day and that the corporate goal is to have no American more than 4 minutes from one of its restaurants. The habit of overeating is so widespread that Dr. Brownell notes that most American children now recognize the word “supersize” as a verb.

For a HEALTH LINK article reprint on nutritious choices at fast food restaurants, use the order form on page 7.


ECELS Book Review

Looking for some new healthy and exciting snack menu items?

Totline’s Healthy Snacks offers nearly 100 creative snack ideas. Quesadilla Quickies, Cheese Pretzels, and Pumpkin Muffins are just some of the goodies you’ll find in this fun and easy-to-use book. Each recipe in Healthy Snacks is followed by nutritional information, listing calories, protein, fat, carbohydrates, and sodium per serving. Family child care providers will be especially interested in the recipes that bear a special diamond symbol. Recipes with this symbol are approved for the Child and Adult Care Food Program.

For ordering information, call 800/609-1735.

For a quick recipe to try in the meantime, check out this one for Peanut Butter Pizza …

Ingredients:  
Prepared pizza crust
1 cup peanut butter
3 bananas, sliced
½ cup raisins

Bake pizza crust according to package directions. Spread crust with peanut butter and top with bananas and raisins. Bake at 350° F for 10 minutes or until peanut butter melts. Slice and serve. Makes 12 servings. Hint: Try using a variety of fruits such as strawberries, apples, or blueberries.

Mmmmmmm.

From: Healthy Snacks by Susan Hodges, Totline © 1994, a division of Frank Schaffer Publications, 23740 Hawthorne Boulevard, Torrance, CA 90505

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Care Corner

Dedicated to caring for the caregiver’s mental and physical health

ECELS cares about the health and well-being of child care providers. The child care profession is physically, mentally and emotionally challenging. We hear from child care providers each day who give a lot of themselves to meet the challenge. This following section is dedicated to you!

Physical Health Care Ideas

“Tune in” to your physical body frequently. Do you have physical aches and pains? Where are they? Can you identify what may be causing them? Aches and pains in the child care setting can be from physical stress and strain from lifting, twisting, and frequent sitting in child size seats or on the floor without support for the back. (Use the order form on page 7 for helpful pointers on how to improve your physical health in the child care setting.)

If you are new to working in a child care setting or have recently changed child care facilities, you may be experiencing more cold or stomach viruses. New environments that contain viruses unknown to your immune system are challenging. It will take a little while for your system to adjust. The good news is that most of these viruses last a short time and your immune system will be stronger than ever before! Did you know that there are around 200 viruses that can cause symptoms? Practice good hand washing to reduce the load of these viruses and your chance of becoming ill with one of them. Remember to wash your hands after contact with germs and before contact with food or surfaces involved with food.

Mental and Emotional Health Care Ideas

d Acknowledge that mental health and emotional well being are as important as physical health.
d “Tune in” to the level of mental stress you are experiencing in your life. Inability to concentrate, depression, inability to sleep, fatigue, irritability, headaches, loss or increase in appetite and increase in alcohol use are a few of the signs of stress.
d Seek and offer support to other child care staff.
d Participate in a physical activity that you enjoy. Physical activity can increase the body’s natural “good feeling” hormones.
d Eat healthy foods and set a priority on keeping regular meal times.
d Laugh often. Laughter is a natural tension reducer.

Look forward to other Care Corner articles in future editions of HEALTH LINK.

Calling All First Aid Trainers!

ECELS is busy developing a “First Aid in Child Care” curriculum and we need your help! Specifically, we’d like to know who is providing your first aid training currently. ECELS is looking for qualified first aid instructors to field test a new first aid curriculum.

aaa Please call 800/24-ECELS and put us in touch with the individual or organization you use for first aid training, or have the trainer call us directly.
Guide to Your Child’s Nutrition

Knowing the right foods to feed children is one thing. Having children eat the right foods is another. Luckily, help has arrived.

The American Academy of Pediatrics has just published Guide to Your Child’s Nutrition: Making Peace at the Table and Building Healthy Eating Habits for Life. This 200+ page book is a practical, easy-to-use reference to help parents and caregivers meet the challenge of providing good, nutritious meals to children. The book also includes information on eating disorders, food safety, additives, alternative diets, and vegetarianism, to name a few. The book is wonderfully designed and organized with tables, resource information, and growth charts.

Guide to Your Child’s Nutrition

Colds, Runny Noses, and Antibiotics

When viruses that cause colds first infect the nose and sinuses, the nose produces clear mucus. This is the first reaction of the mucous membranes to the irritation of the infection. After two or three days, the body’s immune cells fight back and the body starts to discard injured tissues. This changes the mucus to a white or yellow color. As the bacteria that live in the nose grow in the mucus, they change its color from white or yellow to green. Yellow or green mucus does not mean that the child has a bacterial infection. It is normal for the mucus to get thick and change color during a cold.

The best treatment for a cold and runny nose is watchful waiting. Nasal discharge, cough, and symptoms like fever, headache, and muscle aches may be bothersome, but antibiotics will not make them go away sooner. Antibiotics will not cure most colds, coughs, sore throats, or runny noses - children fight off colds on their own.

Unnecessary antibiotics can be harmful. After each course of antibiotics, children are more likely to carry resistant germs in their noses. Resistant germs are not killed by the usual antibiotics. Children who get seriously infected by resistant bacteria may need more expensive antibiotics, or special antibiotics.

- - Based, in part, on the CDC’s “Runny Nose” Guide for Parents, and the American Academy of Pediatrics’ “Your Child and Antibiotics.”

For a copy of the pamphlet, “Your Child and Antibiotics,” use the order form on page 7.

Honor Roll

Sandra Schwartz, MSN, RN, and the Chester County Health Department public health nurses visited 149 child care facilities in Chester county last year, helping to check children’s immunization records. If immunizations were up-to-date, the nurses sent home a congratulatory letter to parents and a health and safety coloring book for the kids. If records were not up-to-date, the health department nurses offered assistance to get the children the vaccines they needed. In April 1999, the Chester County Health Department nurses were at it again … revisiting facilities they checked last year. Great effort!
ECELS Q & A

Q: We recently had a child come to child care with flea bites. We didn’t see any live fleas, but were wondering if it’s possible for live fleas to still have been on her? If so, could the fleas have re-bitten her or have jumped off onto another child?

A: Paul Honig, MD, pediatric dermatologist at the Children’s Hospital of Philadelphia answers, “Fleas can sometimes stay on a child for awhile and look like specks of dirt. They can jump off and end up on another child, although unlikely.”

ECELS adds: As each child arrives at the facility, the caregiver should perform an informal health check. This means using all your senses to determine if the child is well enough to be in care. For example, use your eyes to note if the child looks pale, tired, restless, or is having trouble breathing, or is in pain. Use your ears to note any wheezing, coughing, or verbal complaints of pain or discomfort. Use your nose to note any unusual odors. Touch the child’s skin noting if it’s sweaty, rough, or bumpy (rash). Use this type of approach as you check the child from head to toe. If a child has fleas, lice, mites, or other insects on his body, the caregiver should try to discover the condition before admitting the child into care.

For home-based providers … read on for information on how to kill fleas and eggs in carpets and on floors.

Lynn Goldman, MD, Johns Hopkins School of Hygiene and Public Health adds: A female flea lays eggs that are shed in areas where your pet spends time. Eggs hatch and mature into larvae which generally live in pet bedding, carpets, and on floors. Once a flea hatches, it must find a host (your pet), feed, and reproduce in order to survive. A mature flea that is unable to find a host (dog or cat) will bite humans! The goal of flea control is not only to kill the fleas you see, but also to interrupt the fleas’ life cycle as well.

Treat the animal before you try to kill fleas in carpets and on floors. A veterinarian can supply oral flea treatments that are non-toxic to you and the children in your care (unlike flea powders and flea dips). Flea collars should not be recommended at this point. They are far less effective than oral medications; young children can mouth them and they can cause adverse reactions in the pets themselves.

For large infestations, or if you are unsuccessful with the above recommendations, call a professional licensed pest control operator. Make sure you ask which products will be used and get instructions for protecting yourself and the children in your care.

Remember … pesticides can be dangerous if used carelessly or if they are not stored out of the reach of children. The American Association of Poison Control Centers reported 79,000 children involved in pesticide-related poisonings or exposures in 1995. The U.S. Environmental Protection Agency reports that 47% of all households with children under the age of 5 have at least one pesticide stored in an unlocked cabinet within the reach of children. 13% of all pesticide poisonings occur in homes other than the child’s home … make sure yours.

Q: I work in a church-operated child care facility. Are we exempt from complying with the Americans with Disabilities Act (ADA)?

A: The National Organization on Disability published its opinion in its book Loving Justice: The ADA and the Religious Community. Their answer is that Title III of the Americans with Disabilities Act does not apply to religious organizations or entities controlled by religious organizations. Thus, if a religious organization itself operates a child care facility, a summer camp, a private school, etc., the center, camp, or school would not be subject to the requirements of the ADA. The religious entity would not lose its exemption merely because the services provided were open to the general public. The test is whether the religious organization controls the public accommodation, not which individuals receive the public accommodation’s services.

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Training News!

In the Spring 1999 edition of HEALTH LINK, ECELS announced that we are working with Keystone University Research Corporation (KURC) to offer new health and safety training opportunities. This expansion of workshop training will be in addition to the 15 self-learning modules already available from ECELS.

Training will be available for groups of at least 15 child care staff. Network as necessary with home-based and other child care staff to guarantee the minimum number of participants. Trainees will pay a $10 per person non-refundable fee once ECELS identifies an instructor for your training. When KURC funds run out, child care providers will be able to purchase training from ECELS at $150/workshop hour plus the $10 per person registration fee. We will add new workshop topics as soon as we can prepare the curricula and support materials needed for them. To start the process, complete and return the form below.

Early Childhood Education Linkage System (ECELS)
Request for Health and Safety Training (Form 1)

ECELS will arrange training on a first-come, first serve basis as Instructors are available. Completion of this form does not guarantee that training can be scheduled.

The Child care facility must guarantee at least 15 participants and $10 registration fee per participant to proceed with scheduling. State funding to subsidize workshop training costs is limited.

Name of Child Care Facility__________________________________________
Facility Address___________________________________________________
City _________________________________State_______Zip______________
County_________________________Phone (____)______________________
Contact Person___________________________________________________

Please indicate which of the following workshops you would like arranged in order of preference, 1=most preferred; 4=least preferred:

____ Asthma                    _____ Managing Illness
____ Back to Sleep (positioning for infants in child care)  _____ Food Allergy

Return this form to ECELS-PA AAP, 919 Conestoga Road, Building 2, Suite 307, Rosemont, PA 19010.
When a religious organization rents space to a public accommodation such as a child care center, the ADA applies to the activities of the child care center. Responsibility for compliance with the ADA rests with the tenant, not the religious organization.

Remember … if an organization receives federal funds, the accessibility and non-discrimination requirements of a different federal law apply (Section 504 of the Rehabilitation Act of 1973). Programs need to comply with applicable state law and local ordinances as well.

Welcoming children with disabilities into child care is beneficial for all involved. Nurturing a child’s development is one of the most rewarding experiences.

“What barrier is there that love cannot break?” - - Mahatma Gandhi

To order *Loving Justice*, contact the National Organization on Disability, 910 16th Street, NW, Washington, DC 20006 or call 202/293-5960.
**LEAD SCREENING UPDATE**

Last year ECELS told you that the Centers for Disease Control recommended that each state develop a plan for childhood lead screening. The Pennsylvania Department of Health is working on the development of a statewide screening plan for the Commonwealth. In the interim, based upon the large amount of older housing in Pennsylvania, the Pennsylvania Department of Health is recommending the continuation of universal screening. This means that ALL children at ages 12 and 24 months, and all children aged 36-72 months of age who have not been previously screened, should receive a blood lead test.

What does this mean to you? For now, caregivers will continue to check all children’s health assessments to make sure lead screening is recorded at the proper times. Look for an indication that lead screening was done by blood lead test at 12 months of age and again at 24 months of age. HEALTH LINK will keep you informed of