Adopted Children

Adoption is the bringing together of individuals unrelated by birth into a forever family.

Adoptive parents are “real” parents. Adoptive siblings are “real” siblings. Adoptive families are “real” families.

In the United States more and more children join their families each year through the process of adoption. Many of these children have spent time in the foster care system. Some live in one or more foster families for many years before they are fortunate enough to have a “permanent, forever family.”

The number of successful infant adoptions is growing. Many of these children have relationships with their birth parents in open adoptions. The number of children joining families through international adoption has increased too. In 1999 more than 16,000 children from abroad joined families living in the United States.

Early education and child care providers are likely to encounter children who have been adopted. Transracial adoptions may be obvious. For children in other circumstances, the fact that the child is adopted may not be so apparent.

(Continued on page 2)
Be sensitive to the needs of children who have been adopted.

Until age 3 most children who have been adopted do not realize any difference between the way that they joined their family and the way other children joined their families by birth. Around 3 years of age, many children ask questions about what adoption means. Adopted children love to hear their adoption story, fantasizing about being a “Chosen Child.” They don’t understand that they have another family besides the one with whom they live. Usually, by kindergarten, adopted children know that most other children they meet are not adopted. Also, they learn that some children are raised by birth parents in difficult circumstances that are similar to those experienced by their birth parents (e.g. single parent families, conditions of poverty). They may question why their birth families wanted to have them adopted.

School-age children may deal with adoption by going “underground.” When children are 6 to 12 years old, they realize that in gaining an adoptive family, they also lost a birth family. These children may become upset by the differences between themselves and other children, especially children adopted across racial and/or cultural lines. Some deny these differences, as well as of the adoption itself. Some children may wonder what was “bad” or “unlovable” about them that led to their birth parents making an adoption plan.

Children adopted across racial and/or cultural boundaries may have other identity issues. As these children start grade school, peers may ask questions about the child’s birth and cultural heritage. Adopted children may interpret these remarks as hurtful or intrusive.

Early childhood educators need to be sensitive to activities that may be difficult for adopted children. Children who lived in foster care or in another country may not have a baby book or pictures of their infancy to bring in and share with the class, or be able to trace common family genetic traits. Family tree assignments are also difficult for adopted children. Children adopted into families have at least two family trees, one for their birth family and one for their adoptive family. Foster care families also count.

Although adopted children are a product of both families, other children may not easily understand the concept of “two families, two sets of parents”. Children in open adoption with ongoing contact with birth parents may question whether their adoptive family is their “real” family. Accepting differences between birth and adoptive families is necessary for the self-identity and self-concept of a child who has been adopted.

Often, behavioral changes occur in adopted children on certain anniversary days. On Mother’s Day, children who have been adopted may think about the many mothers they have had, including their adoptive mother and birth mother, as well as foster parents. On birthdays and adoption days, children may seem depressed and withdrawn instead of joyful. These anniversaries sometimes trigger thoughts of a child’s birth family. Children may wonder if their birth parents ever think about them, or still love them. Sensitivity to adoption issues at these significant times may help a child. Behavior problems that may signal a problem with these issues are acting out, withdrawal, unusual sensitivity to criticism, and difficulty fitting in with peers.

Other children and adults may say cruel things, sometimes unintentionally. Curious questions may be painful to answer, particularly when they are phrased insensitively. A child may not wish to share some information about the circumstances of birth and birth family. Well-meaning peers and even teachers sometimes pry in a way that is intrusive and meddlesome.

All adults need to model “Positive Adoption Language.” Adoptive families are “real” families; siblings who joined a family through adoption “are real siblings.” Birth parents do not “give up a child for adoption,” rather they “make an adoption plan for a child.” A birth mother is not a “natural parent.” A child’s racial identity, adoption or birth in another country should not be the identifying characteristics for any child. In modeling Positive Adoption Language, it’s best to use child-first vocabulary that reflects respect and permanency about a child and the child’s family.

This article was abstracted with permission from Borchers, DA. Adoption: Positive Strategies for Early Childhood Educators. Healthy Child Care America. Winter 2001: 3-4. Visit www.healthychildcare.org for the entire article with references.
### Q: How common are food allergies?

**A:** According to the Asthma and Allergy Foundation of America, food allergies are more common among children than among adults. Up to 8% of all children have trouble with some foods. The eight foods that cause most of the reactions are: milk, soy, eggs, wheat, peanuts, tree nuts, fish and shellfish. By adulthood, 1-3% of people still have food allergies. The foods that are least likely to be out-grown are: peanuts, tree nuts and shellfish.

### Food allergy reactions usually happen within minutes and up to two hours after eating the problem food. The reaction can be severe, even the first time there is a reaction. Since the food has to be eaten more than once to cause an allergic reaction, people usually think they have no problem with the food until the reaction occurs.

### Q: What are the symptoms of food allergy?

**A:** Commonly, the symptoms involve swelling and itching along the path of the food, but hives and swelling of the skin, wheezing, breathing problems, itching of the hands and feet can occur.

The most dangerous reaction is anaphylaxis. In this life-threatening reaction, the whole body is involved. Blood pressure falls, and death can occur rapidly. An injection of epinephrine can temporarily reverse the reaction, but the person having anaphylaxis needs immediate emergency care in a hospital. If a child or adult has had a severe allergic reaction to a food in the past, an auto-injector of epinephrine (e.g. “Epipen”) should be handy at all times, in case anaphylaxis occurs. Those who care for such individuals should receive training in how to use the auto-injector and know to call EMS right away when a reaction occurs.

For more information about food allergy, visit The Asthma and Allergy Foundation of America at www.aafa.org and the Food Allergy and Anaphylaxis Network at www.foodallergy.org. The Food Allergy and Anaphylaxis Network kit for child (day) care facilities is the basis for the ECELS Self-Learning Module on food allergy. See enclosed training brochure or use the order form on page 7 to request this self-learning module.
FREE Medical Consent Cards

Early education programs keep emergency consent information on file, and usually have forms to store the essential data. However, families may not have a way to provide the same information to grandparents or other informal caregivers who are otherwise not authorized to give consent for the child’s medical care.

Many parents rely on family members or friends to bring children for medical care. Due to concerns about liability, health providers may refuse to provide anything other than life-saving care without consent from the child’s legal guardian. The American Academy of Pediatrics recommends that parents set up “consent-by-proxy” to delegate the right to give consent for the child’s treatment.

The Pennsylvania Medical Society’s (PMS) Medical Consent card helps parents prepare for the unexpected. The wallet-sized card allows parents to authorize their child’s teacher or any other caregiver to make emergency medical decisions in their absence. The card includes space for key medical information as well.

The Society is providing a sample of its Medical Consent card with this issue of Health Link. If you would like a supply of these cards to give to families, call PMS toll-free at 877/272-2425.

Chicken Pox News

With so many children now immunized against chickenpox, the outbreaks of this disease in late winter and early spring are no longer as much of a problem as in the past. Still, some lingering questions remain about when to exclude a child who has received varicella (chickenpox) vaccine — if that child has a rash that looks like a mild case of chickenpox.

Dr. Barbara Watson is a national expert on chickenpox outbreaks in child care settings. She tells us that when children who received varicella vaccine in the past few months get a rash, you can’t tell whether the child has a rash from the vaccine or a mild case of the wild virus infection. The transmission rate for spread to another person of the weakened virus in the vaccine is 30%. The rate for the wild chickenpox virus is 87%.

The vaccine virus can cause disease in people whose immune systems have been weakened by special medications or diseases such as HIV-AIDS. Also, unless the fluid from the rash is cultured in a laboratory, you can’t tell whether the rash is from the vaccine virus or the wild chickenpox virus. So, a child who has received varicella vaccine and who develops a chickenpox rash should be excluded until all the blisters in the rash crust over.

Check It Out — Print It Out!

The ECELS website has up-to-date information and resource material for early education and child care professionals. You can access, print and distribute this material to staff and parents. Here are some examples of what you will find on the website:

- Fact Sheets on many child health issues — infectious diseases that are common in group settings, behavioral health, and special health needs.

- Health and safety training opportunities,— Look at the self-learning module on Prevent SIDS in Child Care for one hour of PA Pathways credit and the new one for Directors and Family Child Care Providers on Emergency Preparedness that you can use to earn three hours of credit.

- Model Child Care Health Policies (4th edition) including the fill-in-the-blank policies and sample forms and appendices in the printed document

Get what you need at www.paaap.org, click on ECELS-Healthy Child Care PA
Teach Children How to Walk Safely

Whether you are dealing with your own child or a child under your care, safety is your highest priority. While children and adults need to learn about the proper use of safety restraints for traveling in a vehicle, they need to be taught the key concepts about walking safely too. In 2000, PENNDOT statistics showed that younger pedestrians (age 19 and under) accounted for 43% of all pedestrian injuries in Pennsylvania. Pre-school and early elementary school age children suffered some of these preventable injuries and deaths:

<table>
<thead>
<tr>
<th>Age</th>
<th>Deaths</th>
<th>Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 4</td>
<td>6 (3.5%)</td>
<td>209 (3.8%)</td>
</tr>
<tr>
<td>5 – 9</td>
<td>6 (3.5%)</td>
<td>853 (15.4%)</td>
</tr>
</tbody>
</table>

By taking the time to educate children and their caregivers about pedestrian safety, you’ll help reduce the likelihood of the child being injured by traffic now and throughout life. The Traffic Injury Prevention Project (TIPP) of the Pennsylvania Chapter of the American Academy of Pediatrics offers the following pedestrian safety tips for child care providers:

- Teach children never to dash out into traffic.
- Teach safe crossing by showing children how you stop at the edge of the curb and look *Left, Right, and Left* to be sure it is safe to cross before stepping into the street.
- Do not allow children to play in the street.
- Explain the meaning of traffic signs, signals, and how to cross in the crosswalk.
- Teach children to watch for cars making turns.
- Instruct and show children that you cross at the intersection only - never mid-block or between parked cars.
- Do not allow children to play on or near driveways.
- Teach children how to recognize that a car is backing out of a driveway.
- Walk with children to practice pedestrian skills. Teach them that vehicles are bigger and faster than they are. Drivers may not see them.
- Explain that jumping onto the back of a vehicle, or trying to get in or out of a vehicle while it is moving is very dangerous. (They see this type of risky behavior on TV.)
- Make sure that children under 10 years of age always cross the street with an adult.
New Ipecac Guidelines

The only thing constant in life is change. Just as our kids grow and change, our policies must change when new information becomes available. The American Academy of Pediatrics released a new policy that recommends not using Syrup of Ipecac for home treatment of poisonings. The rationale for this change includes facts that caregivers may not know. Although it seems to make sense to induce vomiting if a child takes a poison, no studies show the effectiveness of this approach. New research shows that there is no difference in outcome of children who receive ipecac prior to coming to the emergency department and those who receive nothing. The studies show that parents sometimes give ipecac incorrectly and that treatment with activated charcoal is more effective. Activated charcoal is hard to give anywhere but in an emergency room. Also, people with bulimia and other eating disorders have misused syrup of ipecac. At this point, the FDA is considering removing syrup of ipecac from over-the-counter status. If this occurs, the makers of ipecac are unlikely to undertake costly and time-consuming studies to test for effectiveness and safety. The FDA requires such studies before a drug can become available by prescription.

What does this mean for early education and child care providers? Pennsylvania child (day) care regulation 3270.75 (c) includes Syrup of Ipecac in the required contents of a first aid kit. Regulation 3270.133(9) requires staff persons to request case-specific instruction for administration of Syrup of Ipecac from a poison control center or a physician. Providers must continue to comply with the requirements in 3270.75 (c) and 3270.133(9). DPW is not revising the regulation at the present time.

Child poisoning deaths have dropped dramatically over the last 50 years. Safety measures such as child resistant caps, child safety education and EMS/poison control systems are working. The AAP stresses that prevention is the best defense against accidental poisoning. Also, post the universal poison control number near all phones in the child care facility and urge parents to do so at home too: (800) 222-1222.

To order a copy of the new AAP brochure, “Protect Your Child From Poison,” complete and return the order form on page 7.

Adapted from an article by Elaine Donoghue, MD

Seven Handouts to Promote “Healthy Minds”

A new series of seven handouts for parents and teachers offers practical tips on how to foster early brain development. Experts from the American Academy of Pediatrics and Zero to Three worked together to develop the handouts. Each covers one of seven age groups, starting from birth and ending at 36 months.

Obtain the handouts for free on the Internet. You can reproduce and distribute them to parents and teachers. To get the handouts, go to the website www.zerotothree.org, click on the link for “Healthy Minds” and download them. Alternately, contact Zero to Three at (202) 638-1144 to request hard copies of the handouts.

Article contributed by Karen Wang, MD
Safe Playground Supervision Kit

Mishaps that occur during large muscle play account for the most frequent and most severe injuries in child care. As much as possible, the structures and environment of play areas need to be designed and installed to reduce the risk. Still, adult supervision plays an important role.

The National Program for Playground Safety has a Safe Playground Supervising Kit that includes a manual, video and safety pack. The cost is $150 plus $5 shipping. To find out more about these materials or to order them, call 1-800-554-PLAY or visit their website at http://www.PlaygroundSupervision.org.

REQUESTING PRINTED MATERIAL AND ADVICE ON HEALTH AND SAFETY

ECELS ORDER FORM

(Pennsylvania Child Care Providers & Pennsylvania Health Consultants Only)

To receive the handout listed below, check the box and return the form with a self-addressed, stamped business envelope. Send a mailing label for the self-learning module. Return the order form to the new address for ECELS PA AAP, ECELS-HCCPA, Rose Tree Corporate Center, Bldg. 2, Suite 3007. 1400 North Providence Road, Media, PA 19063.

Health & Safety Training Opportunities:

☐ New Self-Learning Module for Directors and Family Child Care Providers on Emergency Planning (Includes an audiotape to keep and requires use of Internet websites.)

☐ Food Allergy Self-Learning Module (Includes a super-helpful kit that you can borrow from ECELS.)

Handouts: One copy per organization

☐ Protect Your Child From Poison (new brochure from the American Academy of Pediatrics)

Many useful materials are located on the PA AAP website, ECELS-Healthy Child Care PA page. To find ECELS-Healthy Child Care PA on the PA AAP website, sign on to the Internet, type into the internet address box on your computer screen “http://www.paaap.org” or “http://paaap.org”. When the PA AAP web page opens, use your mouse to put the cursor on “ECELS-Healthy Child Care PA” in the left border or frame of the page, and then click on it. You can also make requests by email: ecels@paaap.org or by Fax: 484-446-3255.
Snack Your Way to 5 A Day
The Produce for Better Health Foundation offers great tips on using 5 or more servings of fruits and vegetables a day as snacks for better health. Check out their ideas at www.5aday.com and www.aboutproduce.com

Fond Farewell
Amy Requa has been tapped to move up from her position at ECELS. She is the new Health Specialist for Head Start in HHS Region III. While we will miss her, we know that Amy’s work on behalf of children and families in Head Start for the Mid-Atlantic states and the District of Columbia will echo her many contributions to ECELS.

New Leadership Roles
Libby Ungvary and Nancy Alleman are increasing their work time for ECELS. In addition to her administrative role, Libby has re-assumed some of the leadership duties that she gave up when her young family needed more of her time. Now, she is the Director of ECELS–Healthy Child Care PA. Now Nancy is the Lead Training and Technical Assistance Coordinator. Both Libby and Nancy have been part of the ECELS team for over 10 years.

IN THIS ISSUE:
♦ Adopted Children
♦ Food Allergies
♦ New Self-Learning Module
♦ Chickenpox News
♦ Pediatric Safety
♦ New Ipecac Guidelines
♦ Playground Supervision
♦ Free Resources

UPDATE YOUR FILES -
Please note our new contact info !!!

PA AAP
ECELS-Healthy Child Care PA
Rose Tree Corporate Center, II
1400 N. Providence Road
Suite 3007
Media, PA 19063

800–24-ECELS in PA only
484-446-3003; Fax 484-446-3255
E-mail: ecels@paaap.org
http://www.paaap.org

Administrative Assistant:
Pattie Burchette-Davis

Project Assistants:
Heather Rivers
Sandy Sandos

T/TA Coordinators:
Nancy Alleman, BSN, CRNP
Sandy McDonnell, MSN, CRNP
Elizabeth Miller, BSN, RN, BC

Director:
Libby Ungvary, MEd

Pediatric Advisor/HEALTH LINK Editor:
Susan Aronson, MD, FAAP

ECELS-Healthy Child Care PA is a program of the PA Chapter of the American Academy of Pediatrics, funded by contracts with the PA Departments of Health and Public Welfare, as well as contributions from corporations, foundations and individuals. HEALTH LINK is a publication of ECELS-Healthy Child Care PA.

HEALTH LINK, in its newsletter form or in its Internet-posted form, may be reproduced provided materials are used without editing and provided proper credit and bylines are included.

HEALTH LINK is not a substitute for the advice of a health care provider and should not be relied on as such.