Attention Deficit Hyperactivity Disorder (ADHD) Is Getting Attention

In the fall of 2002, the American Academy of Pediatrics (AAP) provided tool kits for health professionals to use in making the diagnosis and guiding management of children with ADHD. Then, in 2003, the AAP published a guidebook and a video for caregivers who are responsible for children who may have ADHD.

The AAP guidebook and video are available to caregivers from the AAP website bookstore, www.aap.org/bookstore. Since 1998, ECELS has distributed a Fact Sheet about ADHD, prepared by Heidi Feldman, MD, PhD, FAAP. She works at Children’s Hospital of Pittsburgh. This Health Link article draws information from the ADHD Fact Sheet that is part of a set of Fact Sheets that includes many topics. You can print the Fact Sheets from the ECELS-Healthy Child Care PA web pages at www.paaap.org or you can use the order form on page 7 to request this material by fax or mail from ECELS.

What is ADHD? Normally, preschoolers are very energetic. They prefer running, climbing, and other types of vigorous play to sitting quietly. They have limited insight and judgment, and often act before they think about consequences. Preschoolers have short attention spans and may be easily distracted. Many have not developed social skills for resolving conflicts, sharing, or cooperating and get into fights or arguments.

The traits that lead to a diagnosis of ADHD begin early, generally before children reach age 6 or 7 years. Since these traits are typical and

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may resolve with maturity, health and mental health professionals are reluctant to apply the diagnosis of ADHD to children who are younger than 6 years of age. At preschool age, children who will later be diagnosed with ADHD are different from their peers. They are the most active and least attentive. Frequently, they fail to complete activities; they take toys out for play, but jump to something else after barely getting started. They may have difficulty in learning letters, numbers, and other pre-academic skills. They may have difficulty making friends and demand extra adult attention.

By school age, about 3-5% of children are diagnosed with ADHD. In children over 6 years of age, Attention Deficit Hyperactivity Disorder is marked by many behaviors typically found in preschoolers. School-age children with ADHD continue their high activity level, distractibility and impulsivity. They do not seem to listen when spoken to directly. They lose things they need to do their work and don’t finish tasks or chores. Children with ADHD are inattentive at home, school, or child care and often have poor social skills.

What causes ADHD? Doctors are not sure what causes ADHD, but experts agree that biological factors contribute to this condition. Parents and caregivers need support to work with children with ADHD, especially those who are very challenging.

What should I do if I think a child has ADHD?
1. Talk with the child’s parents. Get a picture of the child’s traits and behaviors in other settings. You might say to parents, “We’ve observed that your child is extremely active.” Offer the parents documentation (such as ECELS’ Behavioral Data Collection Sheet found on the ECELS web pages at www.paaap.org) that supports your observations. If the parents are concerned about managing the child’s behavior, support them by saying, “It must be so difficult for you. We’ll work on this problem together.”

2. If parents share your concerns, suggest they contact their child’s primary care provider. Hyperactivity and inattention may indicate problems other than ADHD. Avoid labeling a child unnecessarily.

3. Try the behavior management techniques listed below. Many of these changes will benefit the entire class.

- Modify the environment. Children with ADHD often show the greatest problems in loud or busy environments. Lower the classroom noise level and use a calm, quiet voice when you want the child’s attention.

- Simplify social situations. Limit the number of children interacting at one time. Point out social cues to the child with ADHD and interpret them if necessary. E.g., “Your friend wants to share this toy. How can you share it with her?”

- Maintain structure. Children with ADHD, as well as children developing typically, do better when they know what to expect. Make a daily schedule and stick to it.

- Increase the child’s motivation to pay attention. Children with ADHD can settle and concentrate under some circumstances. They are more likely to pay attention when there are rewards for doing so and when there are consequences for not doing so. Identify rewards and consequences for the whole group. Natural rewards work best. E.g., “We can go outside when we finish with clean-up.”

- Provide clear instructions. Communicate clearly and quietly. Make sure the child is paying attention by gently touching his chin and getting him to look at you. Break complex instructions into small steps and ask the child to repeat them.

- Celebrate successes. Praise the child for concentrating and completing work. This reward increases the child’s motivation. Don’t forget to provide opportunities for children to be active. For example, allow children to talk or jump between activities.
Q: How often is a stomach ache from something you ate?

A: Often, diarrhea, stomach cramps and vomiting come from putting contaminated food or hands in the mouth. Viral infections generally cause diarrhea by injuring intestinal tissues so water isn’t absorbed properly. Bacteria also damage the intestinal tissues, and may produce toxins too. Diarrhea can also come from parasites or infections elsewhere in the body, as well as the effect of drugs or other chemicals.

Many viruses can cause trouble. A family of viruses known as Norwalk-like viruses cause many food-borne cases of diarrhea. In the winter, rotaviruses cause diarrhea in many children between 4 and 24 months of age.

Bacterial causes are less common. These include Salmonella, campylobacter, Shigella and Eschericia Coli. Parasites like Giardia lamblia, or Cryptosporidium can cause diarrhea too.

Prevention is the best treatment. Many outbreaks of food-borne illness come from contamination during food preparation, or improperly stored food. Practice good hygiene whenever food is involved. Promptly exclude any child whose feces can’t be contained by the child’s use of a flushing toilet. For more about diarrhea, see the Diarrhea fact sheet on the ECELS website at www.paaap.org.

Q: Some people have an allergy to latex. Should we avoid using latex gloves?

A: Latex allergy affects a small portion of the population. You do not need to switch to any different type of glove unless someone is known to be allergic to latex. Children who are more likely to have latex allergy are those who are doing intermittent catheterization or some other invasive or repetitive daily procedure that involves latex exposure. Many health professionals use latex all the time and have no problem. Do not presume latex is a problem without evidence of it.

**Discipline**

The way we discipline our youngest children can contribute to a more supportive and caring society. It takes years of firm but gentle guidance before children understand what is expected of them and develop enough self-control to meet these expectations. It helps to remember that the word discipline means teaching or training to produce moral or mental improvement. Adults learn how to discipline children from their own experiences as children, as parents and through formal or informal education. Many parents could benefit from observing and listening to their children’s teachers.

At around six to nine months, as infants begin to crawl, their attempts to explore can potentially expose them to danger. A simple “no” with a frown or head shaking conveys to the infant disapproval of his action. Frequently this is enough to stop the behavior. If not, then the child must be physically removed from danger.

As toddlers, children begin to play alongside each other. A struggle over a desired object may lead to injury. The concept of sharing is hard for children to understand. A calm, brief explanation while offering another toy to the child who must let go of the toy works best:

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Say No to Reptiles In Child Care

Nearly all toads, snakes, lizards, turtles and all other reptiles and amphibians carry Salmonella bacteria. This germ can cause serious diarrhea, meningitis and total body infection for young children. The risk is particularly high in infants. Salmonella lives in the gastrointestinal tract of reptiles normally, without making the reptile sick. Contamination occurs on every surface the reptile touches, or that anything in contact with the reptile. So, children can become infected even though they do not actually touch the reptile.

Recently a preschooler proudly announced that her classroom has a turtle that the children pet and feed in an aquarium. Not only was the aquarium in the room, but it was in a cozy corner of a loft where the children were encouraged to interact with it freely. The classroom had a hand washing sink, down the steps of the loft and across the classroom. This situation almost assured contamination of the classroom – from everything the children touch after they touch the aquarium and the turtle before they finish washing at the sink – a sink also used to wash up for snack in this room.

According to the Centers for Disease Control and Promotion (CDC) and the Humane Society of the United States (HSUS), keeping wild or bred reptiles is not an appropriate way to teach children about these animals. The CDC says: “Children aged < 5 years and immunocompromized persons should avoid direct and indirect contact with reptiles. Reptiles also should not be kept in homes of persons with children aged < 1 year and in child care facilities.” Some states have or will soon ban reptiles from child care facilities. (WY, MN, AZ, NY, WA)

Children can learn about reptiles safely by viewing, but not touching these animals in the outdoor environment or at a zoo. At a zoo, be sure the handlers protect the public from contact with reptiles or their environments. To keep reptiles out of food handling areas, be sure all openings to the outdoors are screened or caulked. Facilitate careful hand washing whenever children may have had contact with a reptile or the environment of a reptile. For more details, visit www.hsus.org/wildlife or call 202/452-1100. Ask for the Wildlife and Habitat Section of HSUS to order a free kit called “Psst… I have a secret” about the hidden threats of reptiles as pets.

Check It Out — Print It Out!

New Allergy and Asthma Web Page
A new web page of the American Academy of Pediatrics gives reliable general and personalized information on allergy and asthma. The web pages offer recommendations on books, pamphlets and other sources of information about allergies and asthma. Also, you can use an "Ask the Expert" section to ask specific questions. The web page is at http://www.aap.org/sections/allergy

Fact Sheets in English, Spanish and Other Languages
By using reliable sources, you can provide fact sheets on many important health topics in the home language of staff and families. When looking for information, try www.healthfinder.gov as a jumping-off point. Look on the website of the Centers for Disease Control and Prevention, www.cdc.gov. For single page Fact Sheets for families and teachers in early education settings, look at the web pages of ECELS-Healthy Child Care PA, www.paaap.org or use the order form on page 7 to order a printed set.

Another good source for fact sheets on a wide range of topics in English and Spanish is a “sister program” of ECELS, The CA Childcare Health Program at www.ucsfchildcarehealth.org. You can order a set of Health and Safety Notes in English or Spanish by sending a check made out to UC Regents for $20 per set from CAChildcare Health Program, 1333 Broadway, Suite 1010, Oakland, CA 94612-1926.
Four ECELS Self-Learning Modules (SLM) Now On-Line

ECELS has expanded the availability of self-learning modules (SLMs) for PA Early Education and Child Care professionals. Most of the materials are available on-line at www.paaap.org. For credit, the user must request registration materials from ECELS.

**Prevent SIDS in Child Care** (K7C2-Topic Code 84 - 1 hour of training credit). The first person each month who submits this self-learning module and receives training credit will also receive a free copy of a book from the American Academy of Pediatrics on children 0-5 years of age.

**Emergency Preparedness** (K7C2-Topic Code 84 - 2 hours of training credit) helps directors and family child care providers through the process of developing a ‘best practice’ plan for crisis. An audiotape of a discussion among experts on emergency preparedness planning comes with the registration forms for this module.

**Easing the Burden of Managing Child Health Records** (K7C3-Topic Code 78 or K8C3-Topic Code 91 - 2 hours of training credit) This training is for Directors and Administrative Staff who are new subscribers using WellCareTracker™ Internet application software now available from ECELS. The training involves working with user-friendly technology in your program to identify and track gaps in required preventive health services, as well as to produce the data needed to provide annual documentation of immunizations required by PA DOH.

**Keeping Safe When Touching Blood or Other Body Fluids** (K7C3-Topic Code 76 - 2 hours of training credit). This training module replaces **Controlling Bloodborne Disease in Child Care, 1995 version**. It is updated and completely revised following the Occupational Health and Safety Administration (OSHA) Regulations and Caring For Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition. Almost everyone in Early Education and Child Care who works with children comes in contact with blood at some time. To protect against contact with blood or other potentially infectious body fluids, staff and children need to follow specific practices that are different from what you might do in your own home. This SLM gives you the tools and resources to develop an Exposure Control Plan for your Early Education and Child Care setting. Remember, OSHA requires employers to develop and implement plans and policies to protect employees from exposure to potentially infectious body fluids.

All four on-line self-learning modules are available to Early Care and Education Professionals who have not previously received DPW training credit from ECELS for these modules. Those who received credit for **Controlling Bloodborne Disease in Child Care, 1995** may use the on-line materials to update their plans, but are not eligible for credit by using the updated module. To receive training credit, each employee must complete and return a two-part PA Pathways Registration of Training (ROT) form and any other documents listed in the self-learning module instructions to ECELS. For questions or to place an order for the forms you need to submit the on-line training for credit, please contact ECELS at ECELS@paaap.org, or (800) 243-2357 (PA Only).

Free Sun Safety Programs for Staff, Parents and Children

As summer approaches, the sun gets higher in the sky during the day, increasing the risk of skin damage from the sun. A fair skinned person can receive a burn from exposure to the summer sun in as little as 15 to 20 minutes. Severe sunburns in childhood increase the risk of developing a form of skin cancer later in life, called melanoma. Sun protection is very important for children.

The Pennsylvania Department of Health, Cancer Prevention and Control Section, and the Pennsylvania Department of Public Welfare, Bureau of Child Day Care Services have joined together to encourage sun safety practices. The six state Department of Health District Offices and some of the county-municipal health departments have consultants who can conduct on-site educational programs for staff, parents, and children. Allentown, Bethlehem, Bucks, Montgomery, Philadelphia, York and Wilkes-Barre DOH provide skin cancer education too. In addition, these DOH consultants can work with the early education program staff to develop sun safety policies, and to measure the effectiveness of the interventions.

If you would like to schedule a sun-safety educational program by a state DOH Cancer Prevention Consultant for your early education and child care program, call 1-877-PA-HEALTH. For further sun safety information, visit the Department of Health website at www.health.state.pa.us. Under Quick Clicks — click on Cancer Programs, and then skin cancer. If your county-municipal DOH is listed above, call them for sun safety help.
“Let’s ask for a turn after Jamie’s turn.” Teaching turn-taking by modeling the words and offering a trade shows toddlers how to use their voice and wits, not their fists to obtain what they want.

Hitting and biting among toddlers is common. By paying attention to the injured child first, the teacher denies attention to the child who was the aggressor that might reinforce the undesired behavior. For example, a biter needs to hear a simple “no biting” or “we don’t bite” and be removed to a quiet area away from where the biting took place. Many times, these children are either over-stimulated, not active enough to use up excess energy, or unable to verbalize their frustration over something.

Time-out is rarely effective before two years of age. When used, this approach should be focused on correcting one type of undesired behavior and used consistently whenever that behavior occurs. Time out is not intended as punishment, or to shame the child. It is intended to help the child (and often adult too) reset the scene. Some children may need an adult sitting close by to help them calm down. A minute per year of age is the usual rule for how long a child should experience the time-out. This model of calming down serves young children well as a lifetime tool for handling frustrating situations. Remember to show praise and attention to each child when they show acceptable behavior and maintain a kind, caring approach once the discipline is complete.

Discipline requires consistent practice over time for children to learn the rules. There are some children who always seem to push the limits. These children may have a difficult-to mana ge temperament. They especially need a calm adult role model in difficult situations. See the article on ADHD on page 1 for some guidelines on behavior management. — Contributed by Beth A. DelConte M.D., FAAP

Teaching Young Children in Violent Times

In 2003, The National Association for the Education of Young Children (NAEYC) published a second edition of this excellent guide for teachers about how to build a “peaceable” classroom. The book is written with the post 9-11 reality as a filter through which children now experience life and conflict resolution. The book may be ordered from NAEYC www.naeyc.org or 800-424-2460.

KIDS Registry—For verification of immunization for children who live in Philadelphia

The KIDS Immunization Database/Tracking System (KIDS) is part of the Philadelphia Department of Public Health and contains the immunization histories of children under the age of six living in Philadelphia. It is a Board of Health Regulation in Philadelphia that all providers report immunizations given to the registry. KIDS has information on 325,000 children and contains over 3 million immunizations. Currently, over 93% of the 336 child health providers (both private and public) in Philadelphia report to the registry. The KIDS registry can assist providers in numerous ways: ascertain a child’s immunization history regardless of where in Philadelphia the child received the immunization, generate recall letters/postcards to reach the parents/guardians of children who are overdue, and determine the up-to-date immunization rates for the children in the care of the child health professional.

The Philadelphia Dept. of Public Health also contracts with three community based organizations to contact children living in targeted areas who are not up-to-date according to the KIDS data. The outreach organizations either make a home visit or telephone the child’s parent or guardian to encourage them to take their child in for immunizations. For the KIDS registry contact: Janet Cherry, the KIDS Registry Coordinator (215) 685-6829. For information on a specific child, call the KIDS Help Line: (215) 685-6784.
Lead in Sidewalk Chalk

In November 2003, the Consumer Product Safety Commission announced recalls of certain sidewalk chalk because it contained lead that could poison the user. The product involved was imported by Target Corporation and Toys R Us, Inc. The lead-containing chalk was manufactured by Agglo Corporation of Hong Kong and sold under the brand names of “Double Dipp’n Fun” and “Totally Me! Chalk to Go.”

The Art & Creative Materials Institute (ACMI) tests for lead in all the children’s products that it certifies. To be sure the art materials you use are safe, look for the ACMI Certification on them. You can access the database of products certified by ACMI on their website www.acminet.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 mailing label that can be applied to a large envelope. Return the order form to the new address for ECELS:

ECELS-HCCPA, Rose Tree Corporate Center II, Suite 3007, 1400 North Providence Road, Media, PA 19063.

Handouts: One copy per child care facility while supplies last — Remember to send a mailing label for a large mailing envelope. This item is a booklet.

Fact Sheets (current print version of web-posted materials on infectious diseases, caring for children with special needs and managing behavior)

Health & Safety Training Opportunities:

Four Self-Learning Modules are now available on the ECELS web pages at www.paaap.org. ECELS also offers many on-site workshops to providers who arrange the site, and request training for a group of participants. Please see the ECELS training brochure enclosed with this newsletter for both workshop and self-learning training opportunities.

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
**Which Milk Is Best For Babies?**

The best nutrition for infants is human (breast) milk. Approximately 70% of US women breastfeed when their babies are born, and up to 1/3 are still breastfeeding when their babies are three months old. Many kinds of formula are available to supplement or substitute for human milk.

Most formula companies make more than one product. Each company makes a range of products they try to tailor to the different needs of growing infants. The 2 most common starting ingredients for these formulas are cow's milk (e.g. Similac, Enfamil, and Good Start), or soy (e.g. Isomil, Prosobee, and Good Start Soy). Specially formulated use mixtures of more elemental ingredients for infants diagnosed with special health problems (e.g. Alimentum, Nutramigen, or Peptamen.)

Babies who are fed only human milk do not need extra iron for the first 4-6 months. Formula should contain iron (not low iron) so infants don't become anemic. The iron in infant formulas is not constipating. Recently, formula companies started adding ARA (arachidonic acid) and DHA (docosahexaenoic acid). ARA and DHA are a natural part of human milk. These are long-chain polyunsaturated fatty acids, which are believed to improve brain development in infants. The formulas with added ARA and DHA are labeled "Similac Advanced", "Enfamil Lipil", and "Good Start with ARA and DHA".

Parents can bring expressed human milk to child care frozen or refrigerated. Warm milk in warm tap water and swirl it gently to mix it. Infant formula should come to child care in a factory-sealed container. Liquid concentrate and powder formulas are easy to prepare with a daily supply of fresh boiled water. Then, the bottles do not need to be warmed. --  

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