



Preschool Vision Screening

Vision problems are the fourth most common disability among children in the United States. About 25% of preschoolers (nearly 4 million children nationwide) are estimated to have impaired vision.

Most vision problems are easy to correct. Without early detection, a few eye problems, however, can cause blindness in children. The most common cause of childhood blindness is amblyopia. Amblyopia develops when a child has one eye that doesn't see well, and begins to use the other eye almost exclusively. As a result, the eye not being used becomes even weaker. The problem must be detected and treated early. If the problem persists past the age of 4 or 5 years, vision may be lost permanently in the "lazy" eye.

Another common eye disorder in children is strabismus. Strabismus is a misalignment of the eyes caused by an imbalance in the muscles controlling the eye. One eye may look as though it turns in, out, up, or down. It is important to diagnose and treat strabismus as early as possible. If an eyeturn is not treated early, the child may never develop the ability to use both eyes together (binocular vision).

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HEALTH AND SAFETY CALENDAR

Use the calendar to plan ahead.

May

National SAFE KIDS Week: May 6-13, 2000. Check out <www.safekids.org> for more information. Caregivers can use the "Bike Smart" safety activities, songs, and messages included with this edition of HEALTH LINK to help keep kids safe!

Food Allergy Awareness Week: May 8-12, 2000. Have you completed the ECELS Food Allergy self-learning module yet? You can earn 2 hours of child care training credit by submitting a label reading activity and a self-test. The module includes one video for staff and one for children (videos must be returned within 7-10 working days). For more food allergy information, visit <www.foodallergy.org> For food allergy workshop training, see page 5.

National Sight Saving Month: Make sure vision screenings are up-to-date on children's health assessments. Check out the vision screening article on this page, as well as the free materials on page 7.

Breathe Easy Month: Call 800/LUNG-USA for information on clean air activities sponsored by the American Lung Association or check out their website at <www.lungusa.org> For an ECELS fact sheet on Asthma and Tobacco Smoke, use the order form on page 7. Request asthma training via self-learning module (page 7), or via workshop, using the training request form on page 5.

June

National Dairy Month: Teach children about nutrition and celebrate with cottage cheese cones or low fat frozen yogurt sundaes. Fruit or low fat cereal crumbs make healthy toppings. Also, check out the article on page 8.

July

4th of July: Every year 12,500 individuals (more than half of them children) have fireworks-related injuries that require hospital treatment. Teach children to stay clear of sparklers or snakes (type of fireworks). All other classes of fireworks are banned in Pennsylvania. Urge parents to leave fireworks to the professionals for a safe holiday.

Record checking: Check that children's health assessments are up-to-date for screenings, as well as for immunizations. Use the "Recommendations for Preventive Pediatric Health Care" flyer included with this edition of HEALTH LINK.

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If both eyes are not used together, it is common for one to become "lazy" or amblyopic.



The American Academy of Pediatrics (AAP) believes that after the initial neonatal exam, children should receive vision screening within their "medical homes" at the age of 3. A "medical home" describes health care that is accessible, continuous, and comprehensive. And although 94% of American children have access to medical homes, only 21% of preschool children nationally receive vision screening.



The national AAP is working with other health care organizations and eye specialists on "Project Universal Preschool Vision Screening." The goals of the project include ensuring that:

- all children receive vision screening at the earliest age that is practical, but no later than age 3.
- all children who screen positive are referred to a specialist.
- vision screening is performed within the "medical home."
- children with possible eye problems who need a "medical home" get one.



In PA, child care health records show gaps in documentation of AAP-recommended vision screening by 4 years of age. By DPW region, the 1998-99 data (from ECELSTRAK) showed these levels: Western = 57%, Central = 64%, Northeastern = 74%, and Southeastern = 77%. On March 16, 2000, at the 12th Annual ECELS Advisory Committee, pediatrician leaders from the PA AAP organized a vision screening workgroup. The workgroup involves representatives from the AAP, pediatric ophthalmologists, the PA Association for the Blind, PA Department of Health and other community health nursing organizations, child care providers, and the national Project Universal Preschool Vision Screening. With plans for educating parents, health professionals and child care providers, the workgroup hopes to have more PA children achieve timely vision screening.



In the meantime ... what can you do? Make sure that vision screening is complete on children's reentry assessments (CY-51s). Encourage parents to call 800/986-KIDS for help getting medical insurance for their children. If children in your care are having a hard time getting their vision screenings completed, consider contacting organizations like the Prevent Blindness America or the Lions International Foundation for help. The PA Association for the Blind



Immunization Updates

◆ On February 17, 2000, the U.S. Food and Drug Administration approved the first vaccine to prevent invasive pneumococcal disease in infants and toddlers. The vaccine will decrease diseases caused by *Streptococcus pneumoniae*, including bacteremia (infection of the bloodstream), meningitis, and possibly some ear infections in young children. As soon as the American Academy of Pediatrics' recommended schedule for the pneumococcal vaccine becomes available, HEALTH LINK will pass along the information.

◆ A second dose of measles vaccine will be required beginning school year 2000/2001. This requirement is for all children in all grades in all schools in PA. The second dose of measles vaccine is recommended as MMR2.

Speaking of vaccines ... ever wonder how these vaccines actually work? Vaccines help your body prepare to fight deadly diseases. Here's how:

First: Vaccine is given by injection or as a liquid by mouth. Vaccines contain a weak or dead disease germ or part of a germ.

Next: The body makes antibodies to fight the weak or dead germs in the vaccine.

Then: These antibodies practice on the weak germs so when the real, strong disease germs invade the body, the antibodies will know how to destroy them.

Finally: Protective antibodies stay on guard in the body to safeguard it from the real disease germs.

Antibodies fight infectious diseases and usually stay in your system, even after the disease is gone, to protect you from getting sick again. This is called immunity.

To learn more about vaccines and immunization, visit the Centers for Disease Control's website at <www.cdc.gov/nip> Click on "Publications" and choose information from such topics as "6 Common Misconceptions about Vaccination", "Immunization Factsheets", or "Vaccine Information Sheets." The vaccine



ECELS Technical Assistance

ECELS recently received a call from a director of a child care center that has enrolled a child with a deformed hand. The 3 year old child will be moving into a new group soon and the new teacher wanted to know how to prepare the children in the group for his arrival. ECELS suggests these activities:

First Game (Day #1): Different but Alike

Materials: Flip chart or newsprint paper
Brown marker or crayon
Green marker or crayon
Blue marker or crayon
Gold marker or crayon
Purple marker or crayon

Lead children in a group activity highlighting how body parts can have different characteristics, but serve the same function (hence, different but alike). For example, note the different eye colors of children and staff in the group. Try something like "I see that Jonathan has brown eyes" as you draw an eye on the flip chart. Have a child volunteer color in the iris brown using a marker or crayon. Continue with "Now, how about Melissa? What color eyes does Melissa have?" Have children volunteers color in blue eyes, etc. on the flip chart. You may have to mix some colors and also suggest some folks with particular eye colors that aren't present in the group, such as parents, other staff, etc.

Next, discuss with children how even though we all have different kinds of eyes, our eyes are also pretty much the same. Help children offer ideas such as: we all use our eyes to see; we all use our eyes to cry; all of our eyes get itchy and teary around onions; our eyes get tired at bedtime, etc.

Continue this activity with hair, ears, hands, feet ... be creative!

Second Game (Day #2) Activity: Different Ways to Get the Job Done

Outdoor activity

Materials: baseball-size ball
bucket
basket
broom
baby stroller
wagon
hose
straws

Present children with the task of getting the ball from a spot you designate as the "Starting Place" to another spot you call the "Finishing Place." Suggest that the easiest way would be, perhaps, to throw the ball. Encourage children to use the provided materials to brainstorm alternative ways to get the ball to the finishing place. For example, one child might carry the ball in a bucket; another may sweep the ball using the broom; still another may use the straws to "blow" the ball to the finishing place. You may even find creative ways to move the ball without using any of the provided materials (e.g. squeezing the ball between your knees as you hop to the finishing place).

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Summarize the activity by helping children realize there are many ways to complete a task.

Third Game (Day #3) Activity:

Materials: Hammer (You'll no doubt want to add to this list; using toy tools prevents accidents)

Screw driver
Binoculars
Hand mixer
Plastic fork, knife, spoon
Straws
Pictures of children or adults wearing glasses, using wheelchairs, hearing aids, braces, walkers, and other assistive devices

Building on the ideas generated from Day #2, lead children in a discussion of how sometimes we all need help getting the job done. For instance, elevators help us get upstairs; telescopes help us see stars up close; telephones help us talk to people far away. Help children appreciate how we all rely on various tools, appliances, and other items every day. Next, using the pictures, have children offer suggestions as to why some people use glasses, hearing aids, etc. Ask the children to share stories about people they know who use assistive devices (tools to help them).

Share with the children the news that a child will be soon joining their group whose hand looks different. Remind them of the Day #1 Activity where we all learned that body parts can look different. Suggest that this child may use tools and items differently to get the job done (e.g. may button his shirt differently, may use crayons differently, etc.) Encourage children to ask questions and celebrate



Children's Literacy Program

The Children's Television Workshop (CTW) and the American Academy of Pediatrics have teamed up to help parents and caregivers encourage language development in children. The program, *Sesame Street Beginnings: Language to Literacy*, targets the critical development period of children (birth to age 3).

The literacy program is launching a kit that contains a fact sheet describing the initiative, a video, facilitator's guide, and a project poster. To borrow a kit from the ECELS audio-visual lending library, use the order form on page 7.



Looking for some interesting websites you can share with preschoolers and school-aged children in your care? Each edition, HEALTH LINK will spread the news about health and safety websites we've found and ideas on how to get kids involved.

This edition, check out the U.S. Food and Drug Administration's website at <www.fda.gov> Click on the Kids Homepage for a food safety quiz, facts on vaccines, and information on children and tobacco. Have kids create banners and posters using facts they learned from the FDA's website. There's even a parent's corner (for caregivers too) with topics such as "How to give Medicine to Children" and "Preventing Dehydration in Children."



ECELS VIDEO REVIEW

“Taking Good Care of You” is a four-part training series that contains video segments, print materials, handout masters, and background information. The series was created by Family Communications, Inc., the group that produces Mister Rogers’ Neighborhood. © The training series is packaged in two separate three-ring binders. The first binder includes the workshops, “Controlling Infectious Disease” and “Keeping Children Well.” The videos that accompany these workshops demonstrate diapering and handwashing techniques, and stress the importance of caregiver as role model for children learning to

take care of themselves.

The second binder includes materials on the topics of “Managing the Sick Child” and “Nourishing Emotional Growth.” Video segments cover the distinction between serious and minor illness, present sick day scenarios, and support caring for sick children. A sample letter to parents, illness policies, and a medication log are included for the participant’s use. Caregivers also learn how to become “emotional archaeologists” and discover the purposes behind their own emotional reactions, as well as those of the children in their care. Combine this learning with poignant messages and songs by Fred Rogers, and you’ll experience a truly enjoyable training experience for child care staff.

All four workshops include a guide that instructs the user in leading the workshop. Invite your health consultant to present one of the workshops, or simply use the videos and print materials individually with your entry-level child care staff. Check out the order form on page 7 to borrow one of the workshop binders.

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, but training can be arranged on a fee-for-service basis when state funds for the year have been exhausted.

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

____ First Aid

Return this form to ECELS -PA AAP, 919 Conestoga Road, Building 2, Suite 307, Rosemont, PA 19010.

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is staffed with individuals who will screen children on site at your facility. Some member agencies provide free services; others charge a nominal fee. Check out the order form on page 7 for a copy of "Your Child's Eyes:

a word on ... photoscreening

Guidelines for Parents" and the list of PA Association for the Blind member agencies.

Photoscreening is a technique used to check for strabismus (crossed eyes) and some other vision disorders. A special camera or video system is used to "take a picture" of a child's eyes. The image then needs to be interpreted.

ECELS has heard from child care centers about being approached by companies who offer to photoscreen children at the facility for a set fee. While this might sound like a good idea, be aware of the problems with this service. The companies that offer photoscreening usually provide some sort of disclaimer, such as, "No screening process is a substitute for an exam by a qualified eye care professional." Parents may wind up taking their children to the primary care provider for interpretation of the photo, when that same primary care provider probably should have done the vision screening him or herself in the first place. Pediatricians and ophthalmologists (eye doctors) also have been reporting photoscreening false negatives and false positives. False negatives are reports that a child's eyes are normal when there is really something wrong. False positives are reports that there is a problem with a child's eyes

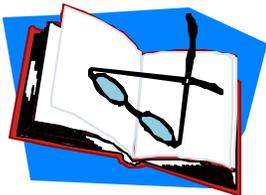
ECELS Q & A

Q: Infants usually start solid foods between 4 and 6 months of age. Some families ask us to give infants cereal or other solids long before they reach that age. Some want their babies to get cereal in every bottle. What should we do?

A: Most physicians do recommend starting solid foods at 4 to 6 months of age. However, some physicians recommend cereal earlier for babies who spit up a lot because they believe that by thickening the bottle milk, the baby will bring up less. You should have a policy that requires a physician's note for any unusual feeding practices.

Many parents feed their children cereals, fruits, meats, or items that are difficult to identify that come from health food stores. Some of this is done without letting the child's doctor know about it. Parents may be open to nutrition education from caregivers or the child's doctor, but some are not. Caregivers do not have to be "accomplices" in a practice that may be harmful. Establishing a firm policy

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ECELS Book Review

The Committee on Environmental Health of the American Academy of Pediatrics has just developed a comprehensive guide to help everyone involved in caring for children identify, reduce, and eliminate potential environmental hazards. *Pediatric Environmental Health* is a 400+ page book that provides in-depth guidance on:

z asbestos
 asthma
 z carbon monoxide
 z ultraviolet light ... and more! (Dr. Sue Aronson, PA AAP, edited the chapter on child care.)

z electric/magnetic fields
 z mercury
 z indoor/outdoor air pollution

z arts and crafts
 z lead
 z

Wherever kids live or play, they may be at risk! An amazing variety of environmental hazards can affect their health. Learn how to do an environmental inventory and avoid hazards. Order *Pediatric Environmental Health* for \$44.95 by contacting the American Academy of Pediatrics at 800/433-9016 or visiting the website at <www.aap.org>

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about needing a doctor's recommendation for any unusual feeding routines protects caregivers and children.

Q: Is it OK for children to use empty egg cartons for arts and crafts projects? Or is there a risk of picking up salmonella from the egg carton?

A: Ray Lin, MS, RD, PA Department of Health answers, "Eggs are washed before they are packed commercially. The egg shells, therefore, are sanitized. Unless it is visibly soiled, a clean, dry egg carton does not contain moisture and nutrients essential for bacterial growth. Therefore, it is considered safe for arts and crafts."

ECELS ORDER FORM

(Pennsylvania Child Care Providers & Pennsylvania Health Consultants Only)

Please use this form to order any brochure listed below. Check the box beside the items you would like and return the form to PA AAP, ECELS, Rosemont Business Campus, 919 Conestoga Road, Bldg. 2, Suite 307, Rosemont, PA 19010-1353.

**Brochures/Handouts:
(One copy per organization)**

- PA Assoc. for the Blind member agencies
- "Your Child's Eyes: Guidelines for Parents"
- Asthma & Tobacco Smoke fact sheet

Self-Learning Module:

- Asthma
- Food Allergy

AV Lending Library:

- Children's Literacy Program
- Taking Good Care of You Binder #1
- Taking Good Care of You Binder #2

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code and Telephone #: _____

E-mail address (if you have one): _____



Get Milk!

Serve milk daily with meals. Child care feeding guidelines require that fluid milk and milk products be served at breakfast either as a beverage or on cereal, and at lunch and supper as a beverage. Although guidelines do not count dry milk powder, cheese, yogurt, pudding, pudding pops, ice cream and ice milk as alternates for milk, these foods do contain calcium-rich milk and will increase the calcium content of meals and snacks. So if you know children are not drinking milk, you may want to include additional foods rich in calcium at mealtime and snack time. Some strategies for increasing the amount of calcium in the diet of children are listed below. Remember to check children's charts for food allergies to milk and milk products before offering these foods.



Offer cheese as a snack or add it to sandwiches.

Use milk instead of water when making cream soups, oatmeal or cream of wheat.



Add powdered milk to casseroles, creamed potatoes, sauces, and soups.

Offer calcium-fortified pure fruit juice at breakfast and snack time.



Occasionally serve custard, pudding, yogurt, frozen yogurt, ice milk, or ice cream.

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