Napping in Child Care Facilities

“That child really needs a nap!” Many aspects of quality child care revolve around napping. Good sleeping practices are integral to the quality of health, safety and learning for children. Current practices need to be improved. Pennsylvania uses the Environment Rating Scales (ERS) to assess overall quality in early learning programs. The naptimes items in the Personal Care Routines area are among the low-scoring subscales in summarized statewide center data.

Reducing the risk of Sudden Infant Death Syndrome (SIDS) is a life-saving naptime practice. Placing infants to sleep on their backs reduces the risk of SIDS by 40%. Back-to-Sleep positioning is recommended by the American Academy of Pediatrics. PA Child Care Regulation PA Code Chapter 3270.119, 3280.119 and 3290.119 requires placing infants to sleep on their backs.

Although children under a year of age should always be placed on their backs for naptime, they should be permitted to sleep in the position of their choice once they are able to roll themselves over. Infant cribs should be free of all other materials. It is best to provide warmth with clothing rather than blankets. If a blanket is necessary, then a light blanket can be used if the baby’s feet are placed against the foot of the crib. The blanket is placed from the baby’s underarm area down and tucked at the foot and sides of the crib so that it will not cover the baby’s head.

PA Child Care Regulations also require that staff supervise children by being physically present and providing critical oversight in which the caregiver can see, hear, direct and assess the activity of the children at all times. This means that walls or furniture cannot obstruct the caregivers’ view of sleeping children. While they are caring for other children, caregivers must position themselves so they can see those who are sleeping.

ECELS has a self learning module “Reducing the Risk of SIDS” that can be downloaded from www.ecels-healthychildcarepa.org. ECELS staff will review and award 1 hour of credit for successful completion of the module. The SIDS module meets one hour of the STAR Level 2 performance standard for health and safety. It contains a sample policy for caregivers to use to define safe infant sleep practices and environments. All caregivers and parents involved with infant child care should receive these policies in written form.

For infection control, sleeping children should be placed at least 3 feet apart in cots, cribs or mats. This spacing also gives caregivers enough room to reach and care for a child in the event of an emergency. Standard 5.144 in Caring for Our Children: National Health and Safety Performance Standards, provides the rationale for this recommendation.

Early learning practitioners must provide for the individual needs of children to rest and sleep. As children arrive, a daily health check should include asking how the child slept overnight. Some children may come to child care looking exhausted repeatedly or show challenging behavior within the classroom when seeming tired. In such cases the staff should make a point to discuss sleep practices with the family.

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For more about sleep and young children, use the resources on the website of the American Academy of Pediatrics (AAP.) This website includes many materials related to the prevention of SIDS, including one specifically for child care. The AAP website also offers one minute audio-files on a variety of sleep topics such as bunk bed safety, coping with early risers, restless leg syndrome, sleep apnea in children, and sleep walking. In addition, you will find a link to the National Sleep Foundation. The home page of this organization lists tips to help foster healthful sleep in infants, toddlers, preschool age and school age children. To find this material on the AAP website, go to www.aap.org, select Health Topics from the header sections, and then select “sleep” from the alphabetical listing.

Article contributed by Beth DelConte, MD, FAAP, ECELS Pediatric Advisor

Indoor Air Pollution

Health-conscious early learning practitioners want to prevent indoor air pollution. One source of concern is that some solids or liquids give off chemical gases. These are known as volatile organic compounds or VOCs. VOCs may have adverse health effects. ECELS staff reviewed available expert information on this topic after receiving calls from staff members at facilities that were being repainted.

Several federal agencies address environmental safety. OSHA regulates industrial exposures to formaldehyde and other occupational risks. The CDC’s Air Pollution and Respiratory Health Branch studies environmental-related respiratory illnesses. They focus on asthma, indoor and outdoor air pollution as well as carbon monoxide and mold. The Environmental Protection Agency (EPA) is a credible and reliable source of public information on indoor air pollution related to VOCs. Some of the information for this article comes from the EPA website at http://www.epa.gov/iaq/voc.html#Sources.

Concentrations of many VOCs are consistently higher indoors than outdoors. Paints, cleaning supplies, pesticides, building materials, office supplies, and craft materials are among the many substances that give off VOCs. Not all VOCs are toxic. However, those that cause health problems can irritate the eyes, nose and throat, produce headaches, dizziness, fatigue, nausea, and cause allergy problems. Some VOCs can damage the body’s respiratory and nervous systems, liver and kidneys. Some VOCs can cause cancer. The severity of the effects depends on the amount of exposure.

The two most effective counter-measures against VOCs are to avoid VOC-emitting products and to ventilate areas when using VOC-emitting products. For example, you can choose from many high quality latex-based paints that emit low levels of VOCs. Some major paint manufacturers offer special odorless VOC-free products. Be sure to check the Manufacturer’s Safety Data Sheet (MSDS) for every product that your facility uses. The MSDS gives legally required information about the presence of VOCs and the risk of exposure from the chemicals in the product.

Ventilate areas where there are any fumes or odors. Open windows to exchange indoor with fresh, clean outside air— even in very warm or very cold weather.

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In some buildings, the windows do not open. In some situations, outdoor air pollution may make opening windows inappropriate. These issues must be addressed by the building’s heating, ventilation and air conditioning (HVAC) system. Whether or not you can open the windows in early learning and school age child care facilities, the HVAC system should meet ventilation standards.

What is best? To achieve adequate ventilation, HVAC systems should deliver the fresh air rates that meet the standards of the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE). ASHRAE Standard 62-1989: Ventilation for Acceptable Indoor Air Quality applies to all types of facilities. The specified rates at which outdoor air must be supplied to each room within a facility range from 15 to 60 cubic feet per minute per person. The rate depends on the activities that normally occur in that room. The ASHRAE standards require technical knowledge. The contractor who services the child care HVAC system should provide evidence of successful completion of such training. A contractor who can competently check the HVAC system and apply the ASHRAE standard should periodically check and make needed adjustments. In addition, protect yourself and children by understanding enough about local building codes and standards to be sure your building is a healthful place to be.

The local building code specifies rate at which the HVAC system must supply outdoor air to a building. The need to control odors and carbon dioxide levels is the primary determinant of supply rates. Excessive accumulation of carbon dioxide indoors can indicate inadequate ventilation. Supply rates are usually referred to as ventilation rates. They are commonly expressed as in the ASHRAE standard, in units of cubic feet per minute per person (cfm/person). If painting or some other source of VOCs is introduced, then be sure to use additional exhaust ventilation to remove contaminated air from the involved area.


Research for this article contributed by Elizabeth Miller, BSN, RN, BC, ECELS T/TA Coordinator

Obese Preschoolers

Obesity is a problem for too many preschool-age children. Among low-income, preschool-aged children, the prevalence of obesity increased steadily from 12.4% in 1998 to 14.5% in 2003, and was 14.6% in 2008. Children who are obese in their preschool years are more likely to be obese in adolescence and adulthood and to develop diabetes, hypertension, hyperlipidemia, asthma, and sleep apnea.

The Centers for Disease Control and Prevention (CDC) reports trends and current prevalence in obesity. The CDC’s Pediatric Nutrition Surveillance System (PedNSS) collected data from states, territories, and Indian tribal organizations during 1998–2008. These findings require everyone’s attention. Consider having your staff receive education about preventing obesity. ECELS offers a two hour workshop called, “What Adults Can Do To Reduce Childhood Obesity.” To request this fee-for-service workshop from ECELS, go to www.ecels-healthychildcarepa.org, or call 800-243-2357.

Early learning and school age child care programs should promote physical activity and follow healthful feeding guidelines for children and staff. Everyone must help reduce the prevalence of obesity!
Fluoride Varnish

Increasing numbers of children are having fluoride varnish applied to their teeth. Fluoride helps prevent tooth decay by combining with the structure of the enamel of the tooth. This makes the enamel harder and more resistant to acid produced by bacteria in the mouth.

Oral health professionals are teaching health staff how to apply fluoride varnish. With limited training, these individuals can safely paint the varnish directly on the teeth with a small brush or cotton swab. It does not require special dental instruments or extensive drying of the teeth. The procedure involves using a tooth brush or piece of gauze to remove plaque and food debris from the teeth. After the varnish is applied, it sets within seconds after contact with saliva. It sticks to the teeth for up to 6-8 hours. Each application of varnish protects the teeth for a few months before needing to be reapplied.

Be aware of the availability of fluoride varnish in your community. In addition, early learning and school age programs should make sure their curriculum and activities include these preventive oral health practices:

- correct feeding and oral hygiene
- checking that children have seen an oral health professional for professional preventive care, preferably by one year of age, but no later than by three years of age
- appropriate oral health policies.

To learn more about promoting oral health in early learning settings, use the ECELS Online Self-Learning Module on “Oral Health Promotion.” Go to: www.ecels-healthychildcarepa.org.

Photo from the CA First Smiles Curriculum at http://www.first5oralhealth.org/

Isolating Ill Children?

Isolating ill children who are waiting for pickup is intended to control spread of germs in a group. The idea is to separate those who are sick from others who are not infected. Unless separation actually reduces the risk of contact with children and adults who have not been exposed already, isolation is not helpful.

In early learning and child care facilities, “Isolation” usually involves placing children in situations where people who were not previously exposed take care of them. Often, the ill child contaminates new parts of the early learning facility. In most cases, the group and room where the child was in care have already been fully exposed. The risk will not increase if the child stays there until pickup.

Removing the child from care by the teachers who know the child best may be stressful to an ill child. Many facilities find it easiest to have the ill child resting or reading/playing quietly off to the side of the other children and activities in the child’s usual care setting. The child’s usual teacher can continue to comfort and observe the child there. When someone comes to take the child home, the child’s regular teacher is the best person to tell the family about the situation.

Be sure to include the information in parent and staff policy handbooks about the facility’s policy for care of the ill child until pickup. That may reduce “fault-finding” by parents who are concerned about ill children giving germs to their well child. It may help to provide printed information from experts as well. You can copy and give out relevant pages from Managing Infectious Diseases in Child Care and Schools, 2nd edition, Ed. Susan Aronson and Timothy Shope. This book contains the official guidelines of the American Academy of Pediatrics (AAP). If you do not already have it, you may purchase it from the AAP Bookstore at www.aap.org.
Seasonal and H1N1 Influenza Update

Child care facilities should do all they can to ensure that children and staff receive both seasonal and H1N1 influenza vaccine. For 2009, the Centers for Disease Control and Prevention (CDC) recommends both types of influenza vaccines for all children. Health staff may be very busy handling illness this fall and winter, so urge everyone to get these flu vaccines as soon as they are available. Priority groups to receive H1N1 vaccine include all children over 6 months of age, pregnant women, caregivers for infants less than 6 months of age, and adults with underlying medical conditions that put them at higher risk of complications from influenza.

The strongest predictor of receiving vaccine is whether those at risk believe they are in the high risk group. Illnesses caused by influenza virus infection are difficult to distinguish from illnesses caused by other respiratory pathogens based on symptoms alone. Young children are less likely to have typical influenza symptoms (e.g., fever and cough). They can get severe complications. They can infect others easily before they seem ill. Their close contact with caregivers can quickly spread influenza viruses.

Seasonal influenza vaccine for 2009 started to become available in August. Vaccine producers made a separate vaccine to prevent infection with the novel influenza A (H1N1) virus which health departments are expected to distribute in mid-October. Getting both the seasonal and the H1N1 flu vaccine is best.

Vaccine is only one part of the influenza plan child care facilities should have. Use the information provided by the CDC to be sure your facility is prepared for the pandemic of influenza. The CDC has specific guidance for child care separate from advice for schools and periodically updates this advice.

On August 5, 2009, CDC changed its recommendation related to the amount of time people with influenza-like illness should stay away from others (the exclusion period). New guidance indicates that people with influenza-like illness should stay home for at least 24 hours after their fever is gone (without the use of fever-reducing medicine). The CDC puts updated information about influenza on its website at [http://www.flu.gov](http://www.flu.gov). This website addresses many issues: how to prevent illness, what to do in case of illness, how to clean and sanitize surfaces and many other concerns. ECELS will send out E-Mail Alerts as new information becomes available. Sign-up for E-Mail Alerts from ECELS on the home page of the ECELS website at [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org).

2009 Professional Development for Child Care Health Consultants

Over 50 Pennsylvania health professionals sharpened their Child Care Health Consultant (CCHC) skills in recent conference sessions held by ECELS. Harrisburg was the location for a statewide session that was supported by the PA Key. Philadelphia was the location for a regional session that was supported by a grant from United Way of Southeast Pennsylvania. Both sessions occurred in the spring of 2009.

The statewide session included topics from a pre-session survey of the participants. The session began with an update on CCHC activities in other states. Next, the CCHCs participated in small group discussions about how to provide targeted technical assistance for commonly encountered illness problems. The CCHCs were interested in relating their technical assistance to health and safety scores on the Environmental Rating Scales. In addition, ECELS staff provided instruction about how to use the CCHC Health and Safety Checklist that ECELS is developing. Also, CCHCs worked on collaboration to use their findings to develop focused action plans. Even seasoned CCHCs said they learned some new approaches.

In the regional session held in Philadelphia, CCHCs learned about strategies to support social emotional health of young children in group care. Dr. Nathan Blum, MD, FAAP, Developmental-Behavioral Pediatrician at Children’s Hospital of Philadelphia was the guest instructor. He presented tools, techniques, and resources that CCHCs can use to help directors, staff and families promote social emotional health. CCHCs analyzed case studies and developed approaches to address specific situations. As with the statewide session, both new and experienced CCHCs found this session very helpful.

In both sessions, CCHCs made plans for ongoing peer-to-peer support. The CCHCs felt the sharing they experienced during the sessions was valuable. They asked ECELS to establish a list serve to maintain CCHC communication with one another. Also, the CCHCs asked for more CCHC professional development activities in the coming year.

Article contributed by Libby Ungvary, MEd, ECELS Director
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Honoring CCHC Janice Maker

ECELS and early childhood educators often praise Janice Maker. She is an exceptional Child Care Health Consultant and Instructor who works in the area covered by the Southwest Regional Key. Janice retired after 40 years of service as a Maternal and Child Health Consultant at the Pennsylvania Department of Health. However, she remains professionally active. She is a Pediatric Nurse Practitioner and also has a Master’s degree in Child Development. She draws on her broad education in the onsite consultation she provides to early learning programs. Janice finds her skills especially valuable when she works with practitioners who care for infants and toddlers.

In years past, Janice helped develop a Disaster Planning Curriculum for early childhood educators. She created an easy-to-use brochure entitled, Children and Emergency Situations: What We as Adults Can Do to Help. Now Janice is working with Southwest Regional Key on a three part workshop. This focus of this workshop is helping early childhood educators to develop appropriate health and safety policies and procedures.

Janice travels throughout the Southwest Region in her private Child Care Health Consultation practice. She has found time for international travel too. Her visits included Japan, Turkey, Italy, Russia, London, Paris and beyond! Above all, Janice is committed to improving health and safety for children in Pennsylvania. We are lucky to have Janice as a consultant, instructor, role model, and mentor!

Free Kit - Activities, Games & More

Go Out and Play!

The Centers for Disease Control and Prevention’s “Learn the Signs. Act Early.” campaign created the Go Out and Play! Kit for child care and early education providers. The kit includes developmentally appropriate games and activities for children three through five years of age.

This free kit also contains information about monitoring developmental milestones, ideas for making outdoor activities successful, and tips for talking to parents when a developmental delay is suspected. In addition, the kit includes a special pullout section with interactive activities to share with parents for at-home play.

For more information, go to http://www.cdc.gov/ncbddd/actearly/partners/.

To download the kit from the link above, select “Early Childhood Educators” in the box titled “Information For...” Scroll down to “Go Out and Play Kit” and then click on the title.