Eyes Must See Well: 
Early Screening and Treatment

Early vision screening with correction of any problems is essential for learning. Children of any age can have an eye exam, even a newborn baby. Treatment is more successful when eye disease is detected early. The child’s health care provider should screen children for vision problems. If the screening suggests a problem might exist, young children should see a pediatric ophthalmologist. A pediatric ophthalmologist is a physician with special training to take care of children’s eyes. School age children who have an abnormal vision screen may go to an optometrist for evaluation.

All schools must do basic vision screening for children starting in Kindergarten. Even though schools perform vision screening for school age children, it is better if early educators and parents can pick up on problems before the child starts school. If you are a parent or an early educator look out for:

- An eye that drifts in or out
- Squinting to see things
- Eyes that don’t seem to work together
- Holding things unusually close to see them
- The two eyes look very different
- The child doesn’t stare, or fixate, on objects

Normal newborn babies may look cross eyed or have their eyes seem to wobble a bit. By 6 months of age, their eyes should be straight and they should be able to stare at an object and follow it around. The eyes are straight when you can see the reflection of the light from a window or a flashlight in the same place on both of the child’s eyes at the same time.

The American Academy of Ophthalmology and the American Academy of Pediatrics recommend that children have a screening eye exam at birth, at 6 months, and then yearly vision screenings starting at age 3 or 4. Poor academic performance and social issues can be associated with uncorrected eye problems. If parents or teachers think there is something unusual about a young child’s eyes, the child should go for evaluation by a pediatric ophthalmologist. Some eye conditions can cause lifetime vision loss if not treated.

The ophthalmologist’s exam usually includes:

- Performing a vision test
- Checking for eye crossing or drifting using an alignment test
- Giving eye drops to examine the entire eye
- Looking closely at the health of the eyes with special magnifying tools and lenses
- Checking the need for an eye glass prescription using hand-held lenses

The eye exam is not painful, although the drops and bright lights used to examine the eyes can be uncomfortable. Parents should be relaxed about their child's eye exam. If children are afraid, a relaxed parent can help put them at ease.

After the exam, the pediatric ophthalmologist will discuss the findings and prescribe any necessary treatment.

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Safe Sunscreen

Recently, a child care provider called ECELS to ask about safe sunscreen products. She had heard that some sunscreen products contain unsafe ingredients. The ECELS staff member who took the call checked the expert, evidence-based advice in the 2011 edition of the Pediatric Environmental Health Handbook of the American Academy of Pediatrics. This reference suggests it may be best to avoid products whose labels list oxybenzone. ECELS recommends that everyone check sunscreen product labels for UVA/UVB broad spectrum protection. Look for sunscreens that do not have oxybenzone as an ingredient.
Some of these treatments are:
- Wearing eye glasses
- Eye drops
- Patching the better eye to strengthen the weaker eye
- Eye muscle exercises
- Surgery

Health care providers, parents and early educators can all play a role in early detection and treatment of eye conditions. Even if carrying out vision screening or a treatment plan is challenging, waiting until the child is older and more cooperative may make treatment less successful for the child’s lifetime.

Contributed by: Jessica Barr, Certified Ophthalmic Technician, Scheie Eye Institute, University of Pennsylvania

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**Domestic Violence Hurts Children**

Millions of children witness or hear about domestic abuse in their families each year. Children who live in homes where domestic violence occurs are more likely to be violent themselves and become victims of child abuse.

In 2011, the National Law Enforcement Museum developed a Domestic Violence Awareness Program. This curriculum helps children’s teachers recognize and seek help for families suffering from domestic abuse. It includes warning signs that suggest a child’s exposure to domestic violence. If the warning signs are present, teachers can respectfully ask adult family members how things are going at home. The teacher can give the family a hotline phone number to call for help. Letting the parents know that their child seems to be showing warning signs may motivate them to make the call. The museum’s curriculum suggests the following clues that a child may have witnessed or been involved in domestic abuse:

- Comes to school more tired than usual without a reasonable explanation for it
- Worries about possible danger when there is little apparent reason for it
- Displays new challenging behavior, such as bullying or outbursts of anger
- Doesn’t want to go home
- Includes physically or emotionally abusive behaviors in play
- Complains of physical symptoms that a health professional thinks are unrelated to physical illness, e.g. constant stomach aches or headaches
- Is frequently absent with no believable reason
- Shows unexplained changes in behavior, learning ability, or physical appearance
- Has unexplained bruises or injuries

For immediate advice, support and referral to local agencies, contact the National Domestic Violence Hotline. Counselors speak English and Spanish and can access interpreters in 17 other languages. Call 800-799-7233 or visit www.thehotline.org for more information.

**The Daily Health Check**

When parents transfer a child to the care of a staff member, someone who is familiar with the child’s behavior and appearance should perform the Daily Health Check. The Daily Health Check does not take long. It is part of the transition of a child into the program. It helps determine the child’s needs for the coming hours in care and whether the child is well enough to participate in the program.

In a friendly way, teachers/caregivers should ask about how the child has been while at home. Ask about anything unusual such as an illness, an injury or a special event that involved the child or a family member. Ask when and what the child last ate, and when the child was last changed or used the toilet.

During the conversation, the teacher/caregiver should observe the child for irritability, tiredness, sadness and readiness to join the group. Look for skin rashes, itching or scratching, runny nose, flushing of the skin, or irritated eyes. Listen to the child’s breathing and voice. Touch the child gently to feel for unusual body warmth that might suggest a fever. Note any odors that suggest the child needs a diaper change.

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Follow a similar procedure when transferring the child back to the family. Face-to-face communication is best. If the teacher who was most involved with the child during the day is not present when the child is picked up, that person should leave written notes, e-mail or call the family member.

Keep a group log of attendance and symptoms using a form such as the Enrollment/Attendance/Symptom Record on the ECELS website. Also keep a simple private log for each child where parents and staff members give information to each other. Standards 3.1.1.1 and 3.1.1.2 in Caring for Our Children suggest keeping these notes for at least a month. You can review the standards at www.nrckids.org.

SCREEN TIME

The recently updated statement from the American Academy of Pediatrics about media use with young children addresses three issues:

- Educational/developmental value of media
- Potential harm from early media exposure
- Effect of ‘background media’.

Countless “educational” media products are sold to entertain or educate young children in homes, in the backseat of vehicles, in early care and education facilities, on smartphones and other devices. Many people think it is a good idea for young children to watch or use ‘educational’ media. However, research shows that children younger than 2 years of age are less able to learn from a program they view on a screen than from a real life event. They are also more likely to remember what they learn from a live experience. Often, young children do not understand the messages presented in these programs even when they appear to be using them. Although most educational media for young children is intended for use with an adult facilitator, meaningful interaction rarely occurs.

Early media exposure may be harmful to a child’s development. One result of screen time is decreased time for interactive and creative play. Sometimes the images disturb children’s sleep. The sleep disturbances can lead to mood, behavior, and learning problems. Research shows that media use by children older than two years of age is associated with obesity, aggressiveness, and decreased attentiveness. Studies of a relationship between media use, obesity and behavior difficulties in children younger than two years of age are not available yet.

One issue that has not had enough attention is the effect of ‘background media.’ In many settings, adults have a television or music playing in the presence of a child. Studies show that even when the broadcast programming is not intended for the child, simply having the TV on can be harmful. It distracts the adults’ attention and decreases direct interaction with the child. Children are less likely to seek an adult’s attention when that adult is watching a program.

Language development suffers when TV and music are playing in the background. When children are playing independently, having media running in the background makes it harder for them to pay attention to what they are doing. The distraction may interfere with cognition, memory and reading comprehension as well. In addition, it may teach words children should not say and demonstrate inappropriate interpersonal interactions that young children should not learn.

What should caregivers do when their other tasks limit how much they can interact with a child? Supervised unstructured independent play is far more valuable for a child’s development than exposure to media. It fosters creativity and problem solving skills. Caregivers can offer activities such as mobiles, board books, a plastic mirror, housekeeping toys, balls or nesting objects, or musical toys (e.g. a drum, a toy piano) that the child can play. Encourage children to participate in safe parts of daily chores such as cooking, sorting laundry, or putting things away. In addition, caregivers should save their own use of media for times when they are not sharing the environment with children.

In sum, while media can be entertaining for young children, it is not educational and may in fact be harmful.

Exercise in Child Care - A Research Report

Children spend 70-83% of their time being sedentary when they are in child care, excluding the time when they are napping or eating. In the February 2012 issue of Pediatrics, Dr. Copeland reported a study that identified many barriers that account for this problem. These include:

- Inadequate or inappropriate clothing
- Inappropriate weather-related policies
- Some teacher attitudes & behaviors
- Concerns about safety & injury
- Lack of money for equipment
- Lack of space
- A focus on academics

To meet best practice standards, teachers and directors must overcome these barriers. The national health and safety standards in Caring for Our Children state that the curriculum should provide one to one and a half hours of physical activity for toddlers every day. Preschoolers need one and a half to two hours daily. Physical activity enhances learning. Being outdoors in fresh air is best. However, vigorous play indoors is good too. Teach everyone to value and provide moderate to vigorous physical activity for children to increase their fitness and ability to learn.

Physical Activity in Afterschool Child Care

Using a pedometer as a measure of activity, researchers found that children in after school programs need to be much more active than they are now. Current guidelines are equivalent to having children take 4600 steps per day in their afterschool programs. In one study, on average, children attended their afterschool programs for a little more than two hours per day. In that time they accumulated less than 3,000 steps, and spent less than half an hour in physical activity. The research found no difference whether they measured one day or up to 4 days.

Pedometers are inexpensive and widely available in sporting goods stores. Consider having children compete with their own performance to reach and sustain the recommended level of 4600 steps.


Transitions

Caring for our Children recommends that teachers address the individual needs of children when moving them to a new indoor and/or outdoor environment. Offer the child the opportunity to visit the new space with a familiar teacher or family member. Provide enough time for the child to become comfortable in the new space. Children need to adapt to new teachers and peers too. Staff members should inform families about the process.

For more information about how to handle transitions, see Caring for Our Children STANDARD 2.1.1.6: Transitioning within Programs and Indoor and Outdoor Learning/Play Environments at www.nrckids.org.
Shaving Cream as an Art Material

Many early educators have heard about or are using shaving cream as an art material. An advisor at the University of Pittsburgh Medical Center's Poison Center says, "Ingestion of shaving cream can cause minor reactions, irritating the mouth or skin, nausea or an upset stomach. Some shaving cream products contain small amounts of alcohol. The hands of a young child often 'end up' in the mouth." Standard 5.2.9.7 in Caring for Our Children states: "Only art and craft materials that are approved by the Art and Creative Materials Institute (ACMI) should be used in the child care facility. Art and craft materials should conform to all applicable ACMI safety standards. Materials should be labeled in accordance with the chronic hazard labeling standard, ASTM D4236. The facility should prohibit use of unlabeled, improperly labeled old, or donated materials with potentially harmful ingredients."

Shaving cream is an aerosol. Pennsylvania Facility Licensing Regulations §§ 3270.66, 3280.66, 3290.64 require "(e) Arts and crafts materials shall be nontoxic." The shaving cream label says "Keep out of reach of children." Also, aerosols are not environmentally friendly. They may put fine particles into the air that people breathe. The bottom line is that child care programs should not use shaving cream or any other material for art and craft activities for young children that lack the ACMI "AP" (approved product) seal on the label. In Pennsylvania child care programs, it is illegal to use anything other than non-toxic materials. Note that federal law prohibits the use of products with cautionary labeling for children in pre-K through 6th grade.

ECELS recommends that everyone use good hand hygiene practices before and after using moist art materials. Children often put their hands or a moist art material in their mouths during the activity. Be sure to clean the surface to be used for the activity with detergent and water, then rinse it with water.


Recipes Kids Can Make

A special feature on the website called Kids Health from Nemours is a long list of recipes that children can make with adult supervision. Go to http://kidshealth.org. Select the tab labeled "Kids Site." Then select "Cooking and Recipes." You'll find ideas for preparation of foods by typical children. Many are favorite foods: Banana Bread, Berry Tasty Muffins, Cream Cheesy Cucumber Sandwiches, Disappearing Zucchini Muffins, Fabulous French Toast, Frozen Yogurt Pops, Pretzels, Strawberry Smoothie, and Tiny Pizzas. The site includes recipes that children with special health problems can make. These include some for children with lactose intolerance, celiac disease, diabetes or cystic fibrosis.

Food Allergy Action Plan

In 2011, the Food Allergy & Anaphylaxis Network released an updated, 2-sided Food Allergy Action Plan. The first side of the form includes flow diagrams for severe and mild symptoms, a list of medications, and instructions for monitoring someone with an allergic reaction until medical professionals take over. The second side of the form has blanks for emergency contact numbers and an illustration of how to use an Epi-Pen. To download the form, click on the download tab at www.foodallergy.org. Make a site-specific plan for responding to a food allergy reaction in your facility. Contact ECELS to request the Food Allergy fee-for-service workshop. It uses the interactive curriculum from the Food Allergy Network. Learn how to modify the child care setting for a child with a food allergy. This workshop addresses the ECERS-ITERS items in the Personal Care Routines subscale area. Successful completion earns 2 hours of credit in the topic area K7 C2-84 and meets the STAR Level 2 Performance Standard for Health and Safety.
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Food Thermometers

Research reported by the Partnership for Food Safety Education reveals that a majority of adults feel confident they understand and follow safe food handling procedures. Yet, only about 15% of people consistently use a food thermometer. To prevent food poisoning, you need to use a food thermometer and the safe food temperature chart. This chart is at http://www.befoodsafe.org/temperature. Check all cooked foods. Check cold perishable foods when they arrive at the facility. It is the only way you can tell whether a food has been cooked or held at the right temperature. Digital thermometers are quick and accurate.

Make sure hot foods are hot enough.
Stick a digital food thermometer into cooked food in several places will make sure the food has reached a safe temperature. Large batches of oven-baked foods may not be heated enough to reach a safe temperature in the center. Stand time is how long the food should stand before checking its final temperature. Whether cooked in an conventional oven or a microwave appliance, stand time is important. Most large cooked foods continue to heat in the center for 5 minutes or so. Foods cooked in a microwave oven must be rotated while cooking and stand for 2-5 minutes so the entire contents reaches the final cooked temperature. Microwave ovens of different wattages require different amounts of time to cook similar foods. Check the instructions that came with the oven or on the food package as a guide.

Make sure cold foods are cold enough.
Use a digital food thermometer to check perishable food that has been transported to the child care facility from elsewhere. Put the stem of the thermometer into the center of a sandwich or through the foil on top of a yogurt to be sure the food is at or below 40 degrees F. when it arrives. If it is at a safe temperature, keep it in the refrigerator until it is time to serve it. Be sure the stem of the thermometer is clean and sanitary before using it to check another food.

For more information from the Partnership for Food Safety Education, go to these websites:

- www.fightbac.org (Sign up on the website for weekly e-cards with tips and resources about reducing risk of food poisoning.)
- www.befoodsafe.org
- www.foodsafety.gov

To receive information by phone or e-mail, go to www.foodsafety.gov, and select the tab from the menu at the top of the page “Ask the Experts.” Pick the phone number or e-mail address that fits the topic of your question.

The photo is from www.foodsafety.gov blog, “Why does USDA Recommend Using a Food Safety Thermometer?” that was posted May 24, 2010 by Diane Van, USDA’s Food Safety and Inspection Service.