Promoting Social-Emotional Health

The American Academy of Pediatrics prepared three lists of tips to promote social-emotional health. They are brief and reproducible. The first list offers specific actions for parents. Teachers can share these ideas with families.

The other two lists recommend specific actions for early educators and pediatricians. Use all three lists to select material for parent and staff bulletin boards, family newsletters, posters, e-mail message footers and any other opportunities to share these helpful tips.

For these handy lists, go to http://www.aap.org/advocacy/releases/mentalhealthday.cfm

Developmental Screening

The Healthy Child Care America/Child Care and Health Partnership convened a meeting in March 2009 to discuss developmental screening. The Partnership is a federally funded initiative administered by the American Academy of Pediatrics (AAP). The AAP and its chapters are committed to promoting high-quality developmental screening in both the pediatric practice offices and within a family-centered community-based services.

Playground Safety

Professional Development and Certified Playground Safety Inspectors

Active play areas should be safe places for exercise and learning. More of the most severe injuries in early education and child care facilities happen in these areas. Studies of emergency room visits and insurance claims repeatedly confirm this is the most risky activity. To reduce the risk, ECELS recommends and offers professional development for teachers/caregivers. A Certified Playground Inspector (CPSI) should conduct an initial playground safety audit. Thereafter, staff, CPSIs or certified Early Childhood Outdoor Playground Inspectors should conduct routine inspections to ensure safe play. A Certified Playground Safety Inspector (CPSI) has demonstrated proficiency in knowledge of the National Standard of Care and passed an exam based on this standard that is administered by the National Recreation and Park Association. The National Program for Playground Safety (NPPS) has a different certification program for Early Childhood Outdoor Play Inspectors. Make the changes these inspectors suggest.

Pennsylvania’s teachers/caregivers can use either of two professional development opportunities from ECELS to learn about Safe Active Play. ECELS offers a fee-for-service workshop and a self-learning module for which credit-seekers need to pay a small fee. Subscribers to the ECELS E-Mail Alert service receive notices about updated materials. To learn more about these opportunities, go to www.ecels-healthychildcarepa.org.


(continued on page 2)
Some Regional Keys can refer to certified playground inspectors. A facility may have to pay a fee to receive inspection services.

For NPPS certified inspectors go to the NPPS website at www.playgroundsafety.org. You can download a current list of CPSIs from the National Recreation and Park Association’s website (NRPA) www.nrpa.org/. Select “Education/Certification,” then “Certification Programs,” and then “CPSI Certification.” In the box that says “Find a CPSI” select “CPSI Registry.” Fill in only the state name to obtain the most comprehensive state list. The registry lists the names of all currently certified CPSIs. Some list only their names and not their contact information on this web site. Contact Ms. Stephanie Hanna if you need help to use the CPSI registry or find a CPSI:

National Recreation and Park Association
Stephanie Hanna, AFO
Certification & Accreditation Specialist
22377 Belmont Ridge Road
Ashburn, VA 20148-4501
800-626-6772 General phone number
703/858-2185 (Ms.Hanna’s phone)
703/858-0794 (fax)
Email: shanna@nrpa.org
Website: www.nrpa.org

Protective Play Surfacing Regulation

As of September 22, 2010 all Pennsylvania child care facilities must fully comply with the state’s regulation for protective play surfacing. The state adopted this requirement in 2008. Some facilities had a two year grandfathering period. All facilities must comply now. The compliance notice says: “The child care regulations state that outdoor equipment that requires embedded mounting must be mounted over a loose-fill or unitary playground protective surface covering that meets the recommendations of the United States Consumer Product Safety Commission. The equipment must be anchored firmly and be in good repair. Additionally, the regulations state that pea gravel and other materials with a diameter of less than 1 inch may not be used in spaces where infants or toddlers receive care.”

The regulations are online for child care centers, group child care homes and family child care homes. Additional information is also provided in OCDEL Bulletin 3009-09-01, Playground Protective Surface Covering (pdf), issued on May 9, 2009 offers additional information.

ECELS, a PA AAP program recognizes this meeting is a helpful stepping stone for further work. Go to http://www.healthychildcare.org/pdf/DSECSreport.pdf for the full report of the meeting. Some pertinent findings include research and recommendations for how to improve developmental screening of children. Research shows that high-quality and low-cost developmental screenings are useful tools. Screening tools identify children whose developmental progress differs from what is typical for their age. The academic, government, health and education professionals from across the country who met in March 2009 reviewed current practices, recommendations and language for effective implementation of developmental screening.

The goal is to effectively provide developmental screening, assessment, and services to children. Achievement of the goal requires commitment, communication and working relationships among a variety of professionals and organizations. The parties involved need a common language and agreement on the strategies to use. The rationale for increased developmental screening. Increased use of developmental screening reduces missed opportunities to improve the outcomes for many children. Without early developmental screening, many children go without early recognition of their developmental difficulties when special help is most effective. Strategic planning to foster success in implementing developmental screening in early education and child care settings is essential.

The participants at this meeting reviewed a wide range of national and state activities to promote developmental screening. Most of these involve health and mental health professionals and parents. New Mexico, North Carolina and Rhode Island described their work. The first two states increased competent developmental screening as a part of well-child health care in pediatric practices and links with the early intervention system. Rhode Island reported involving both pediatricians and child care providers. One of the biggest challenges to achieving developmental screening in early childhood is interdisciplinary coordination and cooperation. Success depends on identifying both health care professional and early educator champions who understand and effectively interface with their own and each other’s systems.
Child Care Health Advocates Share Great Ideas

The summer 2010 class of students in the Child Care Health Advocate online course at Northampton Community College shared some great obesity prevention ideas. They posted their ideas as a part of their routine twice weekly discussions on the Northampton Community College Internet-based Discussion Board. Sharing good ideas with fellow students continues to be a strong learning activity for everyone in this course.

The fall semester sessions are underway now. To find out more about this 3 credit, degree-eligible online course or register for the next semester, look for the link to the course flyer on the ECELS home page at www.ecels-healthychildcarepa.org. Administrators, directors and lead teachers from Pennsylvania and other states have said it is one of the best courses they have ever taken.

Here are some examples of the good ideas the summer semester Child Care Health Advocates shared for nutrition and physical activities:

- Model desired nutrition and physical activity behaviors to teach them.
  - Serve water, not soda at meetings. Better yet, work toward having no soda, salty foods or empty calorie foods at the facility. Seeing trusted adults eat these once-in-a-while foods at the facility makes children want them. Ask those who feel they need such foods to eat them in private or away from the program property.
  - Ask parents to use alternatives to “fat and sugar” parties such as celebration activities, a book for the celebrant, a cooking exercise with fruits and vegetables.
  - Try out new physical activities and games at staff meetings. You’ll find some good ideas for children and adults on the www.mypyramid.gov website. Some activities that have been a success came from setting up a parent-teacher committee on “Wellness” to organize optional incentive physical activity competitions. For example, wear pedometers to see who walks the most in a week’s time; sign up for a sponsored walk or run; join a gym; or take an exercise or yoga class. For those who are overweight, consider having a “biggest loser” contest.
  - Schedule at least one vigorous physical activity that involves the teachers and children every time the children go outside.

(continued on page 6)

Use Car Seats Only for Vehicular Travel

The August 2010 issue of Pediatrics highlighted the results of a study of fall injuries of infants from car seats. The study used the National Electronic Injury Surveillance System data collected from a representative sample of emergency rooms across the United States. The researchers sampled records of 1,900 infants whose injuries were related to the use of car seats outside a car. They found:

- 85% of injuries were related to falls. Of these, 64.8% fell out of a car seat; 14.6% of injuries were caused by a car seat falling from an elevated surface; and 5.6% occurred from other types of falls.
- Head and neck injuries were the most common type of injury; 84.3% of infants suffered a head or neck injury, 62.4% of which occurred in infants younger than 4 months old.
- 54.4% of the injuries were in baby boys.
- 8.4% of infants had to be admitted to the hospital for their injuries. Three deaths occurred.

Car seats are for travel in vehicles. Do not use them as seats for other purposes. In addition to injuries from falls, the seated position is associated with decreased blood oxygen levels and more spitting up for infants. Car seats are important protection during transportation. Properly installed car seats are necessary for safe transport of children until they are big enough to use seat belts. A guide to “big enough” is that the seat belt straps fit properly across the child’s chest and hips while the child’s hips are snug against the back of the seat and the child’s knees easily bend at a 90 degree angle over the front edge of the seat.

Infant car seats are designed to keep infants reclined rather than sitting. Even this partial seated position may reduce oxygen saturation in sleeping infants. Lowered oxygen saturation may cause brain injury. The only time infants should be in car seats is when they are transported in vehicles. Keep seated time for young infants short.
Peanut Allergy and Cleaning

The Food Allergy and Anaphylaxis Network has a trustworthy website at (www.foodallergy.org). The website has excellent information about all types of allergies, including peanut allergies in young children. It includes research information for parents, doctors and teachers/caregivers.

Recently researchers studied the presence of the peanut allergen Ara h1 in schools and preschools. They measured how well different cleaning agents removed Ara h1 from surfaces. An allergen is the major part of a substance which causes the symptoms of an allergic reaction. An allergic reaction ranges from red raised itchy bumps, called hives to a life-threatening condition called anaphylaxis. Anaphylaxis may involve many systems in the body. It can include generalized hives, swelling of the lips, mouth or throat, flushing, paleness or sweating of the skin, difficulty breathing or wheezing, nausea, fainting, seizures or cardio-respiratory arrest. Children who have had a significant allergic episode need to have an adult who can give them an injection of epinephrine (Epi-pen or Twinject) at the first sign of anaphylaxis. Updated and easier-to-use versions of these devices are available. Teachers/caregivers should carefully review the instructions that come with the automated injectors. In addition, a health professional should observe them perform a simulation of what they would do to use the devices correctly.

Measures to prevent exposure to the offending peanut allergen are vital. Researchers found common household cleaners such as Formula 409, Lysol sanitizing wipes and Target brand cleaner with bleach removed Ara h1 from table surfaces. Cleaning with dishwashing liquid left Ara h1 on 4 of 12 tables tested (one third). ECELS recommends cleaning table tops with a household cleaner both before and after eating and when they are visibly soiled. For all cleaning agents, follow the instructions on the manufacturer's label. Some require that the product must be rinsed off with water. After cleaning the table-tops, sanitize them. Allow 2 minutes of contact time with a spray solution of bleach and water solution (1 tablespoon household bleach to 1 quart of water made up fresh each morning) or use another product registered with the EPA as an approved "hospital grade" germicide. Follow the directions on the product label. A "hospital grade" germicide is an EPA-approved sanitizer.

For hand cleaning, washing with liquid or bar soap removed Ara h1 from all hands tested. However, 6 of 12 hands cleaned with antibacterial hand sanitizer had Ara h1 remaining. The Centers for Disease Control and Prevention (CDC) recommends washing hands with soap both before and after eating. In child care settings, hand sanitizers should only be used when soap and water are not available.

To educate early care and education providers about food allergies in children, ECELS offers a fee-for-service workshop or a self-learning module which requires a small processing fee for credit. Go to www.ecels-healthychildcarepa.org to learn more about professional development opportunities.

Food Allergy Action Plan Form

A newly revised form called the Food Allergy Action Plan will help early educators collect and use vital information when someone in the facility has a food allergy. To download a copy of the form, go to www.foodallergy.org. This is one of many useful tools offered by the Food Allergy and Anaphylaxis Network.

The two-page form collects essential information about the involved child’s food allergies. The first page lists symptoms that could occur and a flow chart reviewed by the child’s health care provider to indicate what to do. The second page shows how to use different types of commercial auto-injectors. Some injectors have a plastic cover that drops over the needle after the device is used. The bottom of the second page has spaces to fill in emergency contact information.

Look for the Food Allergy Action Plan. Also look at the ECELS website for forms to make Action Plans for children with other types of special health needs. ECELS has a specific form for children with asthma on the ECELS website. Go to www.ecels-healthychildcarepa.org.

Be sure to review all information you have about each child for the disclosure of any medical condition or special instructions that might require a special action/care plan. In Pennsylvania, this information might be on the Child Health Assessment, CD 51 form.

Submitted by Beth A. Delconte, MD, FAAP, ECELS Pediatric Advisor
Medication Administration
PA Child Care Facility Survey Results

In the spring of 2010, the Pennsylvania Child Care Association (PACCA) and ECELS collaborated to survey PACCA members about giving medication in early education and child care facilities. Respondents were administrators from 327 centers, 13 group homes and 11 family child care homes. Most were involved in Keystone STARS facilities: 26% STAR 2, 23% STAR 3 and 36% STAR 4. A quarter of the survey respondents reported being accredited by the National Association for the Education of Young Children (NAEYC) or the National Association for Family Child Care. Over a third (35%) reported enrolling more than 100 children. Most of the others enrolled between 40 and 100 children. Three quarters or more reported serving children in the full range of ages from infancy through kindergarten. The majority (64%) reported enrolling school age children. Most (93%) said they provide state-subsidized care; 89% reported being funded by private fees. Only 12% said they received Head Start funding. The distribution between for-profit and not-for-profit facilities was 40% versus 60% respectively.

Nearly all (96%) said that in the past 12 months, they had served children who have “conditions such as allergies, asthma, seizures, diabetes or other chronic health problems.”

Medication administration by facility personnel is a common practice in the respondents’ facilities. The most frequently reported medication administered was sunscreen preparations (88%) followed closely by oral prescription medication (84%), skin creams or ointments other than sunscreen (81%), inhaled medication (79%) and then oral over-the-counter medications (64%).

The least frequently administered medications were ear drops (19%), nose drops and injected medication (8% each), and rectal suppositories (2%). Only 3% of respondents reported they had not administered any medication in the previous year.

Despite the high proportion of facilities that administered medication, more than half (53%) of the respondents said the staff involved had not received any education from a health professional about how to safely give medication in an early education and child care facility. More than two-thirds (69%) of the respondents reported that they addressed some aspects of medication administration in their written policies. The most commonly reported topics covered in written policies were documentation of medication administration (83%), storing medication and how to give medication (79% each) and receiving medications (71%). Fewer respondents reported covering observing and documenting side effects (61%) and handling side effects and medication errors (51%). When asked to what extent the respondent thought their facility could have used help from a health professional in the past 12 months, over half (55%) said they did not need any health professional help about giving medications; 38% said they could have used help. Only 7% said they really needed health professional help to address this topic.

Medication administration is well-documented to be associated with significant risk, especially when so many early learning practitioners have had no education and are not seeking instruction from health professionals to do it safely. ECELS concludes that Pennsylvania needs to follow the practice of other states that have a regulatory requirement for education of those who are involved in medication administration in early education and child care facilities. Contact ECELS for help with medication administration policies and procedures. Consider the ECELS Medication Administration workshop to prepare staff who administer medication to do it correctly.
In this Issue:

- Promoting Social-Emotional Health
- Developmental Screening
- Playground Safety: Professional Development and CPSI Inspections
- Protective Play Surfacing Regulation
- Child Care Health Advocates Share Great Ideas
- Use Car Seats Only for Vehicular Travel
- Peanut Allergy and Cleaning
- Food Allergy Action Plan and Form
- Medication Administration: PA Child Care Facility Survey

Reminder: Everyone in child care should get influenza vaccine this fall.

Obesity prevention: Keep teachers engaged in working on this topic with a variety of materials. Encourage them to select the activities they think will work best for the children in their group. Offer these resources:

Choosy:
http://www.choosykids.com/CK2/
Choosy has CDs to involve the children in dancing and moving with the music while learning about nutrition.

Chef Combo
http://www.nutritionexplorations.org/educators/lessons/chef-combo/chef-combo.asp?tab=1

Color Me Healthy
http://www.colormehealthy.com/.

Encourage the children to tell their families what they are learning from these activities. Make up a “take home activity kit” for families to sign out for a week. The kit can include scarves (for dancing), healthful recipes and a form to log the healthful food and physical activities family members did together that week.

- Ask local physical education teachers and physical therapists to suggest ideas for physical activities that work with the space and equipment available. The idea is to get the children moving inside and outside.
- Share the results of studies that show how physical activity is related to academic achievement to help families and teachers/caregivers value physical play (See the report from the Robert Wood Johnson Foundation at: http://healthyamericans.org/reports/obesity2009/Obesity2009Report.pdf

Use these and your own good ideas!

“Coordination of early childhood systems inherently requires everyone involved to think outside of the traditional silos within which early childhood health and education professionals commonly operate.” Another challenge is providing consistent and sufficient funding and education of those involved in doing screening and follow-up of the results of screening. Everyone needs to find something valuable in the activity.

The report concludes with next steps, a very helpful list of definitions for terms used to discuss developmental screening and an excellent focused list of resources and references.

The report did not address Pennsylvania’s recent approaches to developmental screening in child care. The Office of Child Development and Early Learning is working to incorporate the Ages and Stages Questionnaire (ASQ) in Early Childhood Education settings. Parents and other caregivers complete the items on the ASQ. This system is in widespread use across various state and county programs, such as Early Care and Education, Early Head Start, Head Start, Head Start, Early Intervention and the Office for Children Youth and Families. It has strong technical qualities: For details: go to: www.pakeys.org/pages/get.aspx?page=Programs_ECMH

Children who are at increased risk of developmental delay should have priority for screening using valid screening tools. For example, screen children with a substantiated claim of abuse, a history of prematurity or some other chronic health problem. If a developmental screen identifies concerns, Early learning practitioners should share these concerns with the child’s health provider and link the family with Early Intervention via 1-800-CONNECT. Be sure to follow-up, indicating a willingness to collaborate further. Make sure that a child whose screening reveals a possible problem receives a more complete evaluation of development.