Active Play Outdoors in Winter

Children need outdoor physical activity even when it is cold outside. Teach children about different climate conditions by going outside in varying conditions throughout the year. Infants may go outside in a stroller or carriage, but should be put on a tarp or similar ground cover to crawl or have tummy time outdoors too.

The national standards for the range of safe temperatures for outdoor play is very broad. Standard 3.1.3.2 in Caring for Our Children, 3rd edition says: “Weather that poses a significant health risk should include wind chill factor at or below minus 15°F and heat index at or above 90°F, as identified by the National Weather Service (NWS).” State regulations may differ and must be followed.

Children should wear warm, water resistant winter clothing. Putting on this clothing to go outside offers many instructional opportunities. For example, use the dressing and undressing time to teach about how to put on and remove the clothing, learn about the clothing’s fasteners, count and name the articles of clothing the children are wearing.

Choose the right amount and type of clothing for the conditions. Overheating and getting wet by sweating or getting wet through clothing can cause rapid heat loss from the body. Ask parents to supply extras and donate outgrown clothing that the facility can use when needed.

- Wear layers for warmth, and wet-resistant outer garments.
- Wear boots to play in puddles or snow.
- Avoid clothing that could get caught and choke the child during play or block the child’s ability to see. Use hats or closely fitting hoods. Avoid long scarves, loose hoods and any dangling cords.

Remember to use SPF 15 or higher sunscreen to skin and lips in the winter too. Apply it 15-30 minutes before going outside and reapply it at least every 2 hours for additional time in the sun. Have the children wear sun glasses too. Reflection from snow or ice increases the risk of sunburn.

Winter Scavenger Hunt

Use a scavenger hunt to foster physical activity while teaching science, math and language in outdoor or indoor play spaces. It is a good activity when the outdoor equipment is too wet or too cold to use safely. Adapt the tasks for the setting and for the age of the children. For example, give toddlers one thing at a time to find on the other side of the play space. Give preschool age children magazine photos of the type of object you want them to find. Have school age children form teams to find objects on a written list or complete a hopscotch that adds up to a specific sum. Ask children to find a specific object or something that is a certain color, is soft, is hard or shiny. For all ages, talk about the properties of the objects and how many of them there are.

Influenza Vaccine Required for Children and Caregivers

Pennsylvania regulations already require that children receive vaccines recommended by the Centers for Disease Control, Advisory Committee on Immunization Practices. All children over 6 months of age should receive flu vaccine. New York City, New Jersey and Connecticut are requiring that teachers/caregivers have influenza vaccinations too. Flu vaccine reduces the risk of severe flu for them, the children in their care and family members. Contact in child care is a well-known factor in the spread of influenza in the community. While the current flu vaccine is not perfect, it will reduce the risk. The flu season peaks in January-March. It’s not too late to get some protection from flu vaccine.

Good hygiene is important, but not enough. Be sure that all children and adults wash their hands on arrival at the facility. Be diligent about hand washing whenever there is possible contact with body fluids or a surface that might have body fluids on it. Teach using an elbow to catch a sneeze or cough if you can’t get to a disposable tissue in time.

Poison Control Centers Want to Partner with Early Educators

Poison control centers are available 24 hours a day, 7 days a week. Their staff respond to poisoning emergencies and information calls from the public and from healthcare providers. They educate parents and caregivers of children about prevention. The risk of poisoning is highest among children less than 2 years of age. Most poisonings happen when adults are busy and not paying close attention to an exploring child. Children like to taste even things that smell bad.

Early education programs are an ideal place to provide poison prevention education. The children can learn to ask an adult before touching or tasting anything that may not be safe. Parents can receive materials about how to keep dangerous items out of reach. They can make their home safer by storing hazardous products and medicines in their original containers, in locked cabinets out of sight. They should not store everyday items like soap, toothpaste and shampoo in the same place as dangerous products. Any product with a child-resistive cap should have that cap on tight. Those caps are not child-proof, but they give adults more time to stop the child from being poisoned. Families can learn when and how to call the poison center number, 800-222-1222, and what to do in case of a poisoning.

The staff of early care and education programs should know how to contact the poison control center using the nationwide toll-free number. Some may still have a direct dial number on or near their phone for their local poison center. Poison control centers give out educational materials all year long. The materials may include posters with poison prevention tips, stickers with the poison control national toll-free number, coloring books, games, or a full teach-the-teacher program guide.

Poison control centers seek publicity for this educational work during Poison Prevention Week, the third full week of March every year. However, they distribute educational materials throughout the year. See what your poison control center can give you to teach children, staff and families how to stay safe from poisons.

The United States has 55 poison control centers. Some poison control centers have educators who can come to the early education facility to teach children staff and parents about poison prevention. Some of these educators can help early care and education staff put together poison prevention programs to carry out in the facility. Early educators don’t need to take on poison prevention alone. Poison control centers will help them prevent poisonings.

Article contributed by Allison A. Muller, Pharm.D, D.ABAT
Executive Function Skill-Building

Many indoor and outdoor activities help children’s brains and bodies grow. They can provide large and small muscle physical activity children need. Activities can help children make friends, be creative and control their actions. Also, activities can enable children to use information they’ve learned before to learn new things, focus and think through ideas before acting on them. These processes are called the “executive functions” of the brain. The Center on the Developing Child at Harvard University compares executive functions to air traffic control at a busy airport. The link to the Center on the Developing Child is http://developingchild.harvard.edu/index.php?cID=520.

The website of the Center on the Developing Child has a 16-page guide about ways to help children learn executive function. Teachers/caregivers can use the instructions to choose age-appropriate activities and games for children from infancy through adolescence. The guide includes many physical activities. It lists some quieter activities that develop attention skills that help children think through the options rather than acting immediately.

The guide suggests activities by age groups:

- **For infants** - lap games, hiding games, imitation activities, role play, finger plays and conversations
- **For toddlers** - ball catch/throw, floor level balance beam, running up & down an incline, jumping, games with rules for taking turns, imitation games, games that require attention to stop or move, songs with gross motor movement or finger play, matching/sorting games
- **For 3-5 year olds** - imaginary play, movement challenges with songs, matching/sorting and story-telling
- **For school-age children** - games that combine movement with songs, certain types of organized sports, physical activities that combine mindfulness and movement, and games that require coordination while providing aerobic exercise.

Literacy Promotion: Books Build Connections Toolkit

The American Academy of Pediatrics released an updated literacy toolkit in the fall of 2014. It will help families, other caregivers and pediatricians foster literacy for young children. The toolkit has brief tip sheets and handouts. You can download and use them as PDF documents. The AAP urges pediatric professionals to use these. They are good tools for early education and child care professionals too.

**For Families:**
- Helping Your Child Learn to Read
- Sharing Books With Your Baby Up to 11 Months
- Sharing Books With Your 1-Year Old
- Sharing Books With Your 2-Year Old
- Sharing Books With Your Preschooler
- Sharing Books With Your School-Age Child
- The Secret to a Smarter Baby
- Why It Is Never Too Early to Read With Your Baby

**For Professionals:**
- What Every Pediatric Professional Can Do To Promote Early Literacy and Early Learning
- Evidence Supporting Early Literacy and Early Learning
- Finding the Right Book For Every Child
- Selecting Books for Your Program

For the tip sheets and handouts, go to [www.aap.org/literacy](http://www.aap.org/literacy)
Asthma Management Advice *

Kids Asthma Management Program (KAMP) of Crozer-Chester Hospital gives the following 8 tips to families of children with asthma:

**Know Asthma Warning Signs** Watch a child with asthma for these signs of early onset of an asthma episode: scratchy throat, stomach hurts, nose runs, eyes very watery, feeling tired, feeling dizzy, chest feels tight, loss of appetite, starting to wheeze a little, starting to cough. They may only be signs of an ordinary cold. If they occur in a child who is known to have asthma, observe that child more closely.

**Be Trigger Busters** A trigger is anything that causes the child’s airway to react. Common triggers are dust mites that live on skin cells in bedding and other fabric objects, cigarette smoke, furry and feathered animals, pollen, fresh cut grass, mold, strong odors, weather changes, running/exercising hard, respiratory infections, and air pollution. Avoid exposing a child to asthma triggers as much as possible.

**Share Information about the Child’s Asthma with Teachers/Caregivers and Families** Children spend large blocks of time in group care and at home.Sharing information about a child’s symptoms and any needed health care helps coordinate care for the child in both settings.  

**Follow an Asthma Action Plan** This plan is a tool that helps caregivers/teachers and families provide the specific care that any particular child may need. The plan identifies the child's known triggers, what medications the child should use, when and how to use them, when to contact the child’s health care provider or go to the hospital. Everyone who cares for the child with asthma should be familiar with and have a copy of that child's Asthma Action Plan.

**Take Prescribed Medications Correctly** Children with asthma usually have two types of medications. These are Quick Relief (or Rescue) medication and Control (Preventive) medication. Quick Relief medication stops symptoms by relaxing the muscles that circle the air tubes in the chest. Control medication reduces the airway swelling and tendency to react to triggers. Control medication makes it less likely that a flare-up will occur.

**Use a Spacer with an Inhaler** Inhalers provide fine droplets of medication. It is hard to time taking a deep, slow breath to pull the medication into the air tubes in the chest with the direct use of the inhaler. With a mistimed quick inhalation, the droplets merge and deposit on the linings of the mouth and throat, doing little good. When a spacer device is used with an inhaler, the bigger, heavier droplets tend to fall against the sides of the spacer tube. That leaves the small droplets in the air in the tube. It is easier to have the child take two slow, deep breaths from the spacer after spraying the mist into the spacer. Spacers come with properly sized masks or mouth tubes. They take a short time to use. If used correctly, they do a better job delivering the necessary medication, better than an inhaler alone or a nebulizer. A nebulizer is a device that makes fine mist for the user to breathe over a period of 5-15 minutes. With a nebulizer, much of the medication is lost into the surrounding air. Every adult who is involved in giving inhaled medication to a child should receive direct instruction from a health care professional about how to use the asthma devices and medications correctly.

**Have Quick Relief Medication For Every Child With Asthma** Be sure that the child’s health care professional prescribes quick relief medication to use if the child starts to have an asthma episode. All the child’s caregivers/teachers must know how to use this medication and be able to do so promptly. It is best to keep Quick Relief inhaler medication with a spacer at home and another set in the child care program.

**Work With the Family to Know When Frequent Asthma Episodes Signal a Need for More Medical Advice** Generally, children with asthma should return for more advice from their health care provider if they need to use their Quick Relief medication more than twice a week, wake from sleep with asthma symptoms more than twice a month, refill their Quick Relief medication or need steroid medication for their asthma more than twice a year.

*Adapted with permission of Zalika Shani, MPH, MCHES, Program Manager, and Dr. Vatsala Ramprasad, Pulmonologist, Kids Asthma Management Program. Crozer-Chester Hospital, Delaware County, Pennsylvania*
Oral Health Update

Oral health and public health experts have updated the recommendations to prevent cavities (dental caries) for children less than 5 years of age. What’s new is a strong recommendation for the child’s pediatrician or dentist to apply fluoride varnish every 3 to 6 months, starting as soon as possible. Painting the teeth with fluoride varnish is easy. Good research shows that fluoride varnish reduces cavities by as much as 59%. Painting fluoride varnish on the teeth protects the outer layer of tooth enamel for “baby teeth.” Baby teeth start forming before birth. Most finish developing during the first year of life. The formed teeth start to come up during the first year, and finish coming up by the time the child is three years old.

In addition, young children should drink water that contains recommended amounts of fluoride. Taking fluoride in drinking water or as a supplement hardens the permanent teeth as they are forming. When drinking water doesn’t contain fluoride, children should take a fluoride supplement. The child’s health professional should prescribe the right amount. Taking too much fluoride can make white spots on the teeth. Best practice is to combine use of fluoride varnish with taking recommended amounts of oral fluoride.

The 2014 recommendations for oral health from the American Academy of Pediatrics are:

1. Reduce exposure to sugars in foods and drinks.
2. Brush a child’s teeth as soon as teeth erupt. Teach tooth brushing by doing it as a daily routine after a meal. Until children are 3 years of age, use a smear (a grain-of-rice-sized amount) of fluoride toothpaste. Thereafter, use a pea-sized amount.
3. Monitor tooth brushing by adult observation until 8 years of age.
4. Follow the local dentists’ guidelines for daily fluoride administration and supplementation. The amount depends on how much fluoride is in the water the child drinks. Urge families to ask their child’s pediatrician or dentist to routinely apply fluoride varnish to protect the teeth against cavities as soon as possible.
5. Build and maintain collaborative relationships with local dentists who accept young children as patients.
6. Recommend that families connect each child with a dentist by 1 year of age.

If local dentists do not provide care to very young children, then the child’s health care professional should examine the teeth, teach families about preventive tooth care, apply fluoride varnish and prescribe needed fluoride supplements.

Adapted from the December 2014 Policy Statement from the American Academy of Pediatrics and the 2014 recommendations for fluoride use from the United States Preventive Services Task Force

Whole Grains – Tips for Healthy Eating

The ChooseMyPlate website has reliable nutrition advice from the U.S. Department of Agriculture. You can sign up for regular email information. On December 10, 2014 ChooseMyPlate@public.govdelivery.com sent an email about whole grains:

Read food labels carefully. Choose foods that name one of the following whole-grain ingredients as the first food on the label’s list of ingredients: buckwheat, bulgur, millet, oatmeal, quinoa, rolled oats, whole grain barley/corn/sorghum/triticale/oats/rye/wheat or rice. Some labels intentionally mislead consumers with words that suggest the foods are healthier. Labels on foods that are usually not whole grain products include “multi-grain,” “stone-ground,” “100% wheat,” “cracked wheat” “seven-grain,” or “bran.” Color of the food can be misleading. Molasses or other ingredients can make grain products brown.

Adult role modeling for children is key. Be sure that children see their teachers/caregivers eating whole grain products. When they are able to participate in cooking products, have the children prepare and then taste whole grain foods. Teach school age children to read food labels and select foods with whole grain as the first ingredient on the list.
Anne Dodds  
South Central Pennsylvania Regional Key Child Care Health Consultant

Anne became a child care health consultant for the South Central Regional Key (SCRK) in June 2008. In this role, she provides health and safety education and technical assistance to early care and education programs that participate in Keystone STARS. Anne has been a Licensed Practical Nurse for over 38 years. For 15 years, she and her husband owned and operated an early learning program in Lancaster County. These experiences facilitate her work as a child care health consultant.

Anne is always ready to answer questions and offer support. She collaborates with ECELS. ECELS keeps her informed about the current recommendations of the American Academy of Pediatrics. She encourages early educators to use the resources on the ECELS website. These include Health Link Online newsletter, professional development opportunities, fact sheets, checklists, website links to reliable resources and more.

Anne is certified as a PQAS Specialty Discipline Instructor. She is certified to teach the American Heart Association’s Pediatric First Aid/CPR/AED course. She serves on the Advisory Group for the Penn State Hershey initiative – Know When to Say No to Antibiotics and (How to Use) Sick-Child Exclusion Policy. In addition, she represents the SCRK on the PA Key Child Care Consultants’ Wellness Committee.

Anne teaches health and safety workshops. She presented at the 2013 Pennsylvania Early Childhood Education Summit. She has taught health and safety topics to Child Development Associate (CDA) students too. Anne has contributed to the ECELS Health Link Online newsletter. Nationally, she served as a reviewer for the participant handbook for the pediatric first aid course of the American Academy of Pediatrics. This book is the 2nd Edition of Pediatric First Aid for Caregivers and Teachers (PedFACTs).

Her devotion to improving the quality of services for children, their families and adults in early care and education settings is evident. She is dedicated to her work and loves what she does!