

Michigan Child Care Matters

Keeping Healthy Issue 97

From the Division Director

As child care providers, you see firsthand the importance of good health practices with children. This issue of Michigan Child Care Matters explores ways you can assure your program promotes healthy children and providers by providing a healthy and safe environment.

With so many valuable resources available to help you keep the children you care for healthy and ready to learn, I would like to point out a few:

- “Caring for Our Children (CFOC),” 3rd Edition, identifies national health and safety performance standards and guidelines for early care and education programs. CFOC is a joint collaborative project of the American Academy of Pediatrics, the American Public Health Association and the National Resource Center for Health and Safety in Child Care and Early Education. It is available online at www.cfoc.nrckids.org.
- “Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide,” 2nd edition, is written in concise, nontechnical language. It can be used to assist families and caregivers prevent, identify and respond to the most common childhood infectious diseases. It is available at bookstores and can also be ordered online.
- Our website, www.michigan.gov/michildcare > Licensed Providers > Resources, also has a section of publications and brochures addressing Child Health and Safety.

The introduction to CFOC is worth quoting: “Every day millions of children attend early care and education programs. It is critical that they have the opportunity to grow and learn in healthy and safe environments with caring and professional caregivers/teachers. Following health and safety best practices is an important way to provide quality early care and education for young children.” ❖

James S. Sinnamon
Child Care Licensing Division Director



MICHIGAN DEPARTMENT OF HUMAN SERVICES
Bureau of Children and Adult Licensing
Child Care Licensing Division
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Keeping it Clean: Preventative Measures in Child Care

Toni Stagray, Child Care Licensing Consultant
Saginaw County



Prevention is the key to keeping your child care environment healthy. It is important to maintain a sanitary setting to prevent the spread of germs and illnesses. Caregivers must be trained on health standards and cleaning practices and be part of the team that keeps the child care setting as clean as possible.

Regular Cleaning



Infants, toddlers and even older children play on the floor when in care. For infants, once mobile, the majority of their time is spent on the floor. Carpet and floor mats should be vacuumed daily. Other floor surfaces should be damp-mopped every day to clean them and to control the dust. Use a high-quality vacuum cleaner and change the bag often. If your vacuum is bagless, change the filter often and clean the internal parts of the machine. Carpeting should be cleaned at least quarterly using an efficient extraction method. Spot clean with a product intended for that purpose as needed when an area becomes visibly dirty or has been contaminated with any bodily fluids. Bodily fluids include infant drool, spit-up, vomit, urine, feces, blood, breast milk, nasal discharge and mucus, and eye drainage.

Use a damp cloth when cleaning to prevent the dust from scattering. Make sure you read the label of any cleaning product used around children and follow the label instructions. Keep products in their original containers.

Hard, Non-Absorbent Surfaces

In a child care setting, some areas get overlooked when cleaning occurs. Remember to clean and sanitize all of the following as needed or as part of a regular cleaning schedule:

- Doorknobs.
- Safety gates.
- Crib railings, headboards, plexi-glass sides, mattresses.
- Eating surfaces, such as tables and high chair trays.
- Bottle warmers and crock pots used for warming bottles.
- Microwaves used for heating food.

Toys with a plastic or wooden surface should be cleaned and sanitized at least once a week. Legos, for example, are easily cleaned using the three-step method. A wooden puzzle may be more of a challenge, but each piece as well as the frame can be cleaned, sprayed with a sanitizing agent and air-dried.

Toys used in the infant/toddler room should be cleaned daily. Clean and sanitize equipment and toys that are mouthed by a child before they are handled by another child. A good practice is to have a container available and place any mouthed toys or equipment in it immediately until they are cleaned and sanitized. This will prevent the spread of germs as much as is possible.

Absorbent Items

If possible, use only stuffed toys and dress-up clothing that can be easily laundered. Most infant seats and other equipment, such as high chairs, come with a cloth cover that can be removed and laundered. (Make sure the hard surfaces of this type of equipment are also cleaned and sanitized.) Launder these items at least once a week, and more often if necessary. If an item becomes contaminated, remove it from the area until it can be cleaned and sanitized.

Sheets, blankets and other bedding must be changed weekly or more often if they are soiled or will be used by another child. Bedding must be washed at a temperature of at least 130 degrees Fahrenheit. Washing these items at a lower temperature will not kill dust mites. Once laundered, store items properly so they will remain clean until they are used again.

Indoor Air Quality

An often overlooked area is the quality of the indoor air and how it may affect the overall health of children in care. Indoor pollutants can be harmful to children and adults. Many children have allergies, asthma and other respiratory issues. It is important to keep the air they breathe clean.

When children are kept indoors with little fresh air, especially in the winter months, health problems may occur. In the winter months, furnaces run more frequently, there is less humidity in the air and there is more dust around. Other times of the year, humidity may be too high, encouraging mold growth

and other issues. One of the simplest ways to improve indoor air quality is to increase ventilation, especially in areas with more odors and fumes, such as diapering stations or art and craft centers. Air circulation will help keep odors at bay. If possible, open a screened window for ventilation for a short period of time. Use a ceiling fan to move air around.

Avoid aerosol spray products and opt for products that produce fewer fumes, such as baking soda or vinegar. Use unscented products when possible. Air fresheners mask odors and do not improve air quality.

Keeping child care centers and homes clean and safe is a goal all providers and parents share. Teaching children the importance of cleanliness, as well as scheduled cleaning, will help to contribute to a healthy environment in which children can learn, play and grow. ❖

The Child Care Licensing website has a wealth of helpful information for providers and parents. Take some time to review the information on our website. You can find it at www.michigan.gov/michildcare. In the left column under Licensed Provider Resources:

- There are links to the licensing rules and the Child Care Organizations Act (1973 PA 116).
- The Technical Assistance link takes you to our Technical Assistance and Consultation manuals.
- The Forms link allows you to download all forms required by licensing.
- The Resources link offers in-depth information on a variety of topics.
- The Newsletter link takes you to all previous issues of this publication.

The child care licensing website is updated often. Check it occasionally to find new and helpful information.

Keeping Children and Adults Healthy in Child Care

Jacquelin Sharkey, Area Manager
Macomb County



It is very common for children and adults to become ill in a child care setting, but there are ways to prevent or reduce the incidents of illness. Each child care home and center should have a policy to accomplish this. The following may be included in the policy:

Hand Washing

Hand washing is the most effective way to prevent the spread of illness. Hands should be washed frequently, including after toileting, diapering, caring for an ill child, coming in contact with bodily fluids such as during nose wiping, before eating and handling foods, and any time hands are soiled.

Instructions for effective hand washing are:

1. Wet hands under warm, running water.
2. Apply soap.
3. Vigorously rub hands together for at least 20 seconds to lather all surfaces of the hands. Pay special attention to cleaning under fingernails.
4. Thoroughly rinse hands under warm, running water.
5. Dry hands using a single-use disposable towel and turn off the faucet with the disposable towel or use an air dryer.

Note: Hand sanitizer cannot be used in place of hand washing.

Provide Tissues Throughout the Facility

Use tissues often to wipe young children's nasal drainage. Older children should be taught to use tissues on their own when needed. The hands of staff and children must be washed each time a tissue is used.

Coughing and Sneezing

Teach children to cough and sneeze into a tissue or their sleeve and not on others or other surfaces. Adults should model this behavior for children.

Keep Toys and Equipment Clean

See Keeping it Clean: Preventative Measures in Child Care on pages 2 and 3 for more information about keeping toys and equipment clean. Your policy may include implementing a checklist for keeping track of what is cleaned, by whom, and when.

Keep Diaper-Changing Surfaces and Potty Chairs Clean

To prevent the spread of germs, diaper-changing surfaces and potty chairs must be cleaned and sanitized between uses. Instructions for doing this are:

1. Only use a diaper-changing surface that has a plastic covered pad. Diaper-changing pads and potty chairs must not have any cracks or tears.
2. Use a disposable material to cover the pad on the changing table, e.g. shelf paper, wax paper, scrap computer paper, cut-up paper bags, etc. Discard after each diaper change. This is an optional step.
3. Clean and sanitize the surface after every diaper change and potty chair use, even if a disposable material was used.
4. Wash your hands and the child's hands immediately using the steps under Hand Washing.

Keep Food Service Utensils Clean

Clean the items and then sanitize them by submerging in a sanitizing solution or in water at 170 degrees for one minute. Air-dry; do not towel-dry. Single service articles that are discarded after one use may be used instead.

Keep Sleeping Equipment Clean

Assign each child his/her own separate sleeping area or cot with individual bedding as well as a separate storage container or space for blankets, pillows, etc. Germs can be easily spread when contaminated sleeping supplies come into contact with each other.

Cleaning and Sanitizing

Steps for cleaning and sanitizing toys and equipment include:

- Wash with soap and water. This cleans the area of any dirt or bodily fluids or fecal matter that may have gotten onto the surface.
- Rinse with clean water. This will remove any soap residue and prepares the surface for the sanitizing agent. It is important to remove all soap residue because soap residue will bind with the sanitizing agent used in the next step, making it ineffective.
- Apply a sanitizing agent. This kills germs and prevents their spread.
- Air-dry.

If making your own sanitizing solution with bleach and water:

- Prepare fresh daily:
- Follow the manufacturer's instructions for diluting the bleach or contact your local health department for assistance.

If you are using a commercial sanitizer (products labeled as a sanitizer purchased at a store), caution should be exercised to assure they are used according to the manufacturer's instructions.

Observation

Carefully observe children for a change in appearance or behavior that might indicate the beginning of an illness. Observations should be communicated to the parent so that medical advice and diagnosis can be sought.

Minimize the Spread of Disease

A policy detailing when children, staff and volunteers will be excluded from child care due to illness should be developed and provided to all parents, staff and volunteers. Communicate with parents the need to have a back-up plan for care when their child is ill. This may be a grandparent, friend or neighbor that can care

for the child if the parent needs care for the child but cannot bring the child to the center or home.

If a communicable disease is suspected or is diagnosed in a child care setting, these recommendations for handling communicable diseases should be promptly followed:

- Notify the local health department of any communicable disease.
- Communicate with parents on when to exclude a child suspected of having a communicable disease. Under some special circumstances, and in coordination with the health department, children ill with a specific disease may be able to remain in care.
- Report to all other parents and staff the illness to which children have been exposed and symptoms for which to watch.
- When a diagnosed communicable disease is present in a child care setting, perform a health screening of children on arrival so sick children can be quickly identified and care arrangements made.
- Review the children's immunization records for completeness. If a child is not fully immunized against the diagnosed communicable disease, exclusion from child care during an outbreak may be recommended.
- Sanitation procedures must be strictly followed and extra precautions taken regarding food handling, dish washing, high chair cleaning and hand washing by staff and children; as well as general cleanliness of toys in the environment.
- Re-admission should be upon the advice of the child's doctor and the local health department.

It is not possible to prevent all illness from coming into or going out of your home or center, but taking precautions to keep illness from spreading will help keep children and adults as healthy as possible. ❖

Administering Medication

Kate DeKoning, Child Care Licensing Consultant
Muskegon County



Most caregivers find they will occasionally need to administer some type of medication to accommodate parents or act in the best interest of a child. This article will help caregivers know how to comply with licensing regulations and best protect the child and themselves. The licensing regulations do not require caregivers at homes or centers to administer or apply any type of medication. If the center or home chooses not to administer medication, it is best practice to notify parents at the time of enrollment.

One of the first things to consider is what is a medication? An oral medication is anything that goes into the child's mouth (other than food and beverages) and a topical medication is anything applied to the child's body (other than soap and water). Medications can be prescription or non-prescription.

Prescription medication always comes from a pharmacy and has a label with the child's name, the dosage, how often to administer the medication, any specific directions regarding how to administer the medication, and the name of the prescribing physician. Some examples of prescription medications include antibiotics, inhalers, anti-seizure medication, steroid creams, and eye drops.

Non-prescription medication is available over-the-counter or occasionally behind-the-counter. The container may have general instructions regarding the dosage, how often to administer based on the age of the person receiving it and warnings about frequency or appropriateness. Some examples of non-prescription medications include acetaminophen, ibuprofen, cold and flu medication, cough medicine, vitamins, antibiotic ointment, mosquito repellent, sunscreen, diaper cream, body lotion, lip balm, and hand sanitizer.

Note: The U.S. Food and Drug Administration and the American Academy of Pediatrics have both recommended that cold and cough medicine not be given to children under the age of 6.

Licensing rules for both homes and centers cover what caregivers need to follow when administering medication to assure the safety and well-being of children in their care. Parents must complete the Medical Permission and Instructions form (BCAL-1243 rev. 10-10) for all oral medications (prescription and non-prescription) and any topical prescription medications.

- The parent must fill out the Medical Permission form completely, indicating the dosage, times given per day and the number of days to be given. It is best practice to have parents be as detailed as possible about when and why to administer a dose of an oral, non-prescription medication.
- A separate medication permission form is required for each medication for each individual child.
- The medication permission form must indicate a beginning date and an end date. "Ongoing" may be entered as an ending date only for ongoing/maintenance medications (e.g., inhalers, Ritalin, etc.).
- The medication permission form must indicate a beginning date but can have "ongoing" as an ending date and "as needed" for the time the medication will be provided for medications that will only be provided in an emergency (e.g., epi pen).



- If a non-prescription medication indicates that a physician should be consulted for the dosage, written instructions must be obtained from the physician before administering the medication.

A blanket, as-needed written parent permission form is sufficient for topical non-prescription medication. The date, time and amount of medication given does **not** need to be documented on the permission form.

The parent must review and re-sign ALL medication permission forms at least annually. Any change in the prescription requires that a new medication permission form be completed. The younger the child, the more frequently you should review the form with a parent, as dosage may change as the child gets older or the need for the medication may no longer exist. Also, pay close attention to expiration dates on medication containers. Medication must be returned to the child's parent or destroyed when the prescription indicates or the parent determines it is no longer needed or it has expired

All medication, prescription and non-prescription, needs to be in the original container and clearly labeled for a specific child. Caregivers are prohibited from administering any medication, prescription or non-prescription, that is not in an original labeled container. Most pharmacies will split a prescription into two pharmacy labeled containers—one for home and one for child care.

Caregivers must be careful to read the medication permission form and compare it with the instructions on the container of medication. They must administer medications according to the directions on the package or the pharmacy label, not based solely on a parent's desire. Siblings or other children may not share a medication if the container does not include all of their names.

Medications must always be stored out of the reach of children and not left in backpacks or diaper bags where they may be available to curious children.

Medication, prescription or nonprescription, must be given or applied to a child only by an adult caregiver. A caregiver may apply for a variance to allow school-age children, with parental permission, to self-administer medications such as an inhaler or diabetic shots. The variance request must indicate that an adult will supervise and document the administration of the medication.

Active medication forms can be stored with the current medication. Once a child has stopped using a medication, the medication permission form can be filed in child's permanent file or with other child care records.

Giving medication to a child is a great responsibility. By following these requirements, caregivers in homes and centers will assure that a child will always receive the proper dose of the correct medication at the right time. ❖

Acetaminophen Concentration Changes

Double check the label on liquid acetaminophen before giving it to a child or infant to avoid giving the child the wrong dose.

The FDA is urging parents and caregivers to carefully read the label on liquid acetaminophen marketed to infants and children as a new, less concentrated form of the popular pain reliever arrived on store shelves in late 2011. While the new 160 mg per 5 mL concentration is in drugstores, much of the older, more concentrated 80 mg per 1 mL or 80 mg per 0.8 mL versions may still be in people's medicine cabinets.

For more information, go to www.webmd.com/parenting/baby/news/20111223/infant-acetaminophen-dosage-change-may-cause-confusion.

Physical Activity

Katrice Sweet, Child Care Licensing Consultant
Eaton County



Unfortunately, obesity in young children is on the rise in the United States. Research indicates that children involved in physical and movement activities at young ages tend to stay active as adults. Regular physical activity helps children build and maintain healthy bones, strengthen muscles and joints and control weight. Physical activity also increases children's capacity for learning.



According to "Learning to Move and Moving to Learn," an article published by Head Start Smart Body, research has found motor abilities and play are related to important learning processes such as attention, memory, self-regulation, and overall academic achievement

throughout childhood. The article also indicates that there have been numerous studies linking physical play with a child's ability to focus. Children are much more able to focus their attention in the classroom after active motor play. This may be because the children expended energy and/or because during motor play, children learn to regulate their thinking and behavior through controlling their body movements. Another thought is that during active physical play, the brain releases serotonin and endorphins which may help children focus more attentively.

It is important that caregivers plan both an indoor and outdoor environment, as well as specific activities, to encourage active physical play that leads to increasing physical skills. "Learning to Move and Moving to Learn" suggests the following:

- **Ensure adequate active play:** Adults should make sure that children have an opportunity to spend at least 60 minutes engaged in active play outside every day.

This is also a recommendation from The National Association for Sport and Physical Education regarding the amount of physical activity for toddlers and preschoolers. If weather does not permit going outside, adults can plan indoor activities such as dancing to music, active games, motor challenges (for example, asking children, "How many times can you jump before I say stop?"), and indoor obstacle courses.

- **Strategically schedule outdoor time:** Scheduling outdoor play time just prior to group time or shared reading periods can help children pay attention. Many caregivers are wary of such a schedule because children seem wound up after coming inside. It can take several minutes for children to calm down and focus, but once the children regain their attention, they are often able to sustain it for much longer if they have just been outside. Stretching and breathing exercises when you come indoors will help calm and focus the children and prepare them for a structured cognitive activity.
- **Plan motor challenges:** Adults can challenge children to incorporate movement throughout the day by planning a daily movement theme, such as telling children, "Each time you get out of your seat today, touch your head, shoulders, knees and toes two times before you continue with what you got up to do." Such activities are also great for transitions throughout the day. In addition, planning play experiences that are both intellectually and physically challenging can further support children's self-regulation skills. For example, adults can pose problems that children must solve with their bodies. Ask the children, "How can we use our bodies to create a bridge that Jordan can go under?"

- **Schedule frequent movement breaks:** Encouraging children to get up and move frequently throughout the day provides additional opportunities for children to engage in motor activity and may help to facilitate transitions between activities. Quick breaks could include having children make two marching or skipping laps around the room before sitting down for snack, use their arms to fly like a bird to line up or swim like a fish to the circle time area. If children show signs of inattention during lessons or shared reading periods, adults can spontaneously incorporate a quick movement experience. For example, ask children, “Can everyone stand up and stretch like the tree in our story?”
- **Play self-regulation games involving movement:** Adults can use games such as Stop and Go and Red Light, Green Light freeze races or Simon Says to encourage children to learn to control and inhibit movements. These games should be adapted to ensure that all children can participate the entire time. Children should not be eliminated when they make a mistake so that they can remain active throughout the game.

Physical activity must also be added to the learning curriculum; planning purposeful daily activities will increase fundamental skills. Steven Sanders, author of “*Active for Life*,” states developmentally appropriate practice suggests that children be provided with a variety of learning experiences throughout the year emphasizing all areas of motor skill development. Children also need repeated practice of the same skill in order for mastery.

According to Sanders, the physical skills children develop can be divided into three categories or skill themes: locomotor skills such as walking, running, hopping, skipping, jumping, climbing, crawling, chasing, and fleeing; stability skills such as turning, twisting, bending, balancing, transferring weight, stretching, swinging, and swaying;

and manipulative skills such as throwing, catching, kicking, punting, dribbling, volleying, and striking with an instrument such as a bat or racket. These skill themes develop in sequence.

Children learn about movement as they practice these skill themes. It is important to know that skill themes do not always come naturally to children. The sequences to these actions must sometimes be taught. Teach children the skill by breaking down the specific movement to the child. Rolling, for example, requires the child to keep feet together and arms together, preferably close to the body. The child then twists his/her body to roll across the ground. Children must be given repeated practice in order to master the skill set and move on to the next level.

Intentional planning of daily physical activity is important for several reasons. Obesity among children is at the highest levels ever and seems to be growing every day. Children participating in daily physical activities are less likely to be obese and are more likely to continue regular physical activity through adolescence and adulthood. Planning both age- and developmentally-appropriate activities for both the indoor and outdoor environment allows children to continuously move and practice motor skills. Implementing a curriculum rich in intentional physical activities will stimulate brain function and increases a child’s ability to focus. ❖

Would you like to receive an email with:

- Information on a different licensing rule each week?
- Notice of training opportunities?
- Information on resources available?
- Notice of rule and other changes?

If you answered yes to these questions, sign up for the child care listserv by going to www.michigan.gov/michildcare and clicking on the red envelope.

Nutrition in the Early Years

Vanessa Riggio, Dietetic Department
Eastern Michigan University



Proper nutrition is very important for children's growth and to start a healthy life. It can be hard to figure out what to feed children in care with all of the different food choices available at grocery stores. With a few simple tips on what to look for, your job of picking out the most nutritious food will be easy.

Good infant nutrition is very important to help with early growth and development. Breastfeeding is recommended for an infant's first 6 months to 1 year. Breastmilk is specific to each individual infant's needs and provides the correct amounts of protein, carbohydrates and fat. Breastmilk also provides antibodies and other health factors from the mother to help protect the infant from diseases. However, mothers who cannot or choose not to breastfeed may feed their baby with formula. For the first 6 months, breastmilk or formula provide all the nutrients an infant will need. Cow, goat and soy milk are not recommended until after age 1. Juices are also not necessary at this stage in life.

Solid food can be introduced anytime between 4 and 6 months of age. Solid foods should be introduced in the following order: iron-fortified cereal, fruits and vegetables, and then meats. Introduce one new food at a time to clearly identify any allergies. Avoid eggs, honey, peanuts, and other tree nuts for the first year.

Nutrition for children is similar to nutrition for adults due to the need for whole grains, vegetables, fruits, dairy, and lean proteins. Encourage children to try new foods and lead by example. Provide children in care with a sufficient quantity of food and food of nutritional quality according to the minimum meal pattern requirements of the Child and Adult Food Care Program. Choose healthy foods and beverages during meal and snack times. Whole grains provide energy, fiber and many

of the nutrients needed by growing children. Whole grains include whole wheat bread and pasta, brown rice, shredded wheat cereal, oatmeal, and whole grain bagels and muffins. Whole grain options provide more fiber and nutrients than refined food options, such as white bread.

Vegetables and fruits provide a variety of different minerals and vitamins along with fiber. Choose fruits and vegetables of all different colors to receive the unique nutrients associated with the different colors. Fresh, frozen, raw, canned, and dried fruits and vegetables are all acceptable forms. For canned and frozen fruit, make sure they are labeled "no sugar added". For canned and frozen vegetables, make sure they are labeled "no salt, sodium or sugar added". Fruit juices are not good replacements for fruit because they do not have the same fiber content. If fruit juices are used, only 100 percent fruit juice can be used. For picky eaters, puree vegetables and disguise them in other foods.

Dairy products make bones strong and dense in addition to helping children grow. Switch children in care from whole milk to 1 percent or skim milk at age 2. These lower-fat milk options still provide the same Vitamin D and calcium content as whole milk and only differ in a lower fat content.

Protein is also important to help children grow. Choose lean proteins such as turkey, chicken, fish, soy, nuts, eggs, and beans. Look for proteins that are low in saturated fats to decrease unnecessary fat in a child's diet.

With these few simple tips, you can help provide and maintain a healthy diet for a growing child. A healthy diet provides for a happy, healthy child! ❖

Outdoor Play is a Must for Good Health!

Catherine Edgar, Child Care Licensing Consultant
Genesee County

Adapted from an article in Issue 89 by Kathleen Sinnamon, Retired Area Manager



In years past, outdoor play and childhood went hand-in-hand. Children played outside all day long or after school until dark. Television viewing was a rarity and computers, video games and cell phones were someone's vision for the future.

In today's world, children spend less time outdoors and more time inside watching television, playing computer or video games and texting their friends. At many schools, morning and afternoon recess times have been eliminated so children have limited time for outdoor play during the school day.

The lack of outdoor play is a big part in the current obesity epidemic plaguing our country. Childhood obesity has more than tripled in the past 30 years, with more than one third of children and adolescents meeting the criteria to be considered overweight or obese. These children are more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, osteoarthritis, and several types of cancer.



The Centers for Disease Control recommends that children ages 2 and older get at least 60 minutes of physical activity each day. Daily physical activity for children should include aerobic, as well as muscle- and bone-strengthening activity. This can be achieved through running, climbing and jumping.

Children should have equipment available to them during outdoor play in both the summer and winter months, such as balls, hula hoops and sleds. Make sure that parents supply children with proper clothing and footwear for outdoor play during the summer and winter

months. Child care providers might want to start a collection of extra boots, hats and mittens for children to use in case a parent forgets to dress them for outdoor play. Make sure parents supply sunscreen, insect repellent and proper footwear as well.

Not only does outdoor play make children more physically fit, it also allows for exploration, risk taking, conflict resolution, social interaction, and the development of fine and gross motor skills. This makes outdoor play critical to a child's overall development. Daily outdoor play can:

- Relieve/reduce stress and anxiety.
- Increase coordination.
- Build muscles, strength, and endurance.
- Promote leadership skills.
- Increase self-confidence.
- Enhance language and social skills.
- Promote exploration of the environment.

We know that colds, flu and illness are caused by viruses and bacteria, not by outdoor play in the winter. Children who remain inside a warm, stuffy room all winter have a greater chance of exposure to the germs and illness trapped in there. Daily outdoor play allows for the viruses and bacteria to be dispersed into a larger air space, thus decreasing the risk of illness. Frequent exposure to daily fresh air and exercise improves a child's general health and increases his or her resistance to illness and infection.

Daily outdoor play for children of all ages is a licensing requirement for child care homes. For child care centers, children in attendance for more than five continuous hours must have an opportunity for daily outdoor play. A child's

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Provide for the Provider

Vickie Rick, Group Child Care Home Provider
Barry County



Too often when we spend so much time and energy providing for our child care families, we forget to provide for ourselves, which leads to provider burnout. Whether you are just starting your child care business, have provided care for years or are working in a center, we can all start taking better care of ourselves. One of the best tools for caring for yourself is being prepared. Here are a few tips on how you can do that:

- Keep one calendar. By keeping personal and child care items on the same calendar, you will make planning ahead so much simpler. This will prevent surprises that can interfere with your personal or professional life.
- Plan ahead and make your meals simple. Plan special meals for weekends when you have time to prepare them. Cook a few things ahead of time. For example, if you have chicken for dinner on Sunday, cut up the left-over cooked chicken, add gravy and veggies and toss into a pie crust for chicken pot pie Monday night.
- Organize your records and stay on top of them.
- Know the training opportunities available in your area or online. If you do two to four hours a month, you will meet the training requirements. Never wait until the last moment before your renewal to discover you need all of your training hours. Know when your CPR and first aid training need to be renewed and find and schedule classes ahead of time.

As you plan for training, keep in mind when you attend conferences and other in-person training sessions, you are building relationships with other providers. Reach out to other providers and get to know them. We share a common thread, a love for providing quality child care.

Look forward to those developing friendships. Mentoring another provider and sharing tools with others can be invaluable. Friendships with other providers can also be a lifeline of understanding on rough days.

Providing child care can be frustrating. Observe and acknowledge what your frustrations are. Change what you can and acknowledge what you can't. For example, it can be hard to keep up with cleaning your home. You may not be able to afford a cleaning service, but why not exchange some services? Provide free child care for free cleaning. Be creative and keep things simple for yourself.

Take time to enjoy your family. Take walks, ride bikes, watch the stars in the backyard. All of these things bring family enjoyment and allow you time to relax. Someday your family will be grown and gone, enjoy them while you can. Many times we share this information with our child care families but do not heed our own advice.

Take time to treat yourself, too. Once or twice a month, give yourself a fun Saturday. It can be as simple as taking a walk, reading a book in your room, having lunch with friends - whatever makes you happy. We work long hours and have a lot to do; you deserve it.

Family child care homes are not usually required to have an assistant caregiver, but why not have one anyway? Think of the joy you would have if you had someone there for even one day a week. You can spend extra time with a child to work on his penmanship or to have someone to take care of the littlest ones so you are able to do more active things with the older children. Why not? It is your business after all. You can have as many assistants as you can afford. Keep in mind, the licensing rules have

requirements for assistant caregivers and for how much time you have to spend with the children.

The key for longevity in our line of work is keeping it simple. Here are just a few easy tips to simplify child care and keep the energy and joy in a business that has great capacity to give back to us:

- If you need help or just do not understand, ask, ask ask! The state has provided us with wonderful information on regulations. If you have not downloaded the Technical Assistance and Consultation Manual (www.michigan.gov/michildcare-ta), do so. The explanations in it often answer the questions we have. If you still have a question, contact your licensing consultant. They are here to help us do a better job.
- Give yourself credit! You are neither “just home all day” or “a babysitter.” In all my years, I have never sat on a baby. You are a child care professional. We keep Michigan working. (That phrase has been used before and I love it.)
- Treasure your family. Treat them and yourself. You do not provide care by yourself.

If you are a center-based provider, you have many of the same stressors. Use the support of fellow workers to help you balance your day. On the way home from work, play soothing music and stay off the phone. Give yourself time to be quiet and relax. Recharging yourself helps maintain the joy.

So relax, prepare, keep it simple and love the profession you have selected for yourself. You are making a difference every day to the children you care for and their families. Good job! ❖

Want to Receive Credit for Reading Michigan Child Care Matters?

- Licensing has now developed tests based on the content of each issue of this newsletter. Each article will include a symbol (below) in the title of the article to identify the content as appropriate for center caregivers, home caregivers or all caregivers. The tests will have tests geared to those articles.
- To receive one clock hour of annual training, you must read all of the home- or center-related articles in three different issues and pass the tests associated with those issues during that calendar year. Only one clock hour of your annual training requirements each year can be earned by reading issues of Michigan Child Care Matters.
- When taking a test, you will need an access code. To obtain an access code, just email Colleen Nelson (NelsonC7@michigan.gov) with your name and license number.



Article is appropriate for **all** child care providers.



Article is appropriate for **center** child care providers.



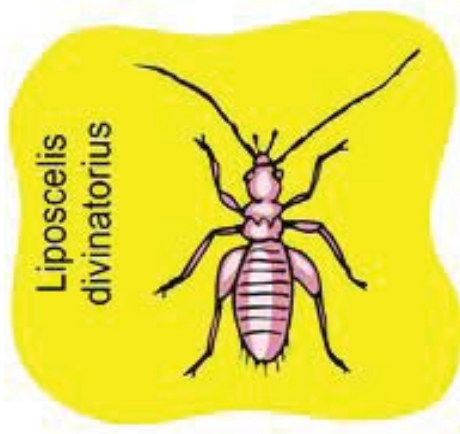
Article is appropriate for **home** child care providers.

Head Lice

Jessica Coates, Child Care Licensing Consultant
Eaton County



Head lice are a common nuisance among children in child care and elementary school settings. The Centers for Disease Control and Prevention (CDC) estimate that there are at least 6 million infestations each year in the United States among children ages 3 to 11. That is why it is important to understand head lice and what you can do to prevent and treat it.



Head lice are parasitic insects that live close to the scalp, where they feed on human blood. Lice are most commonly found on the human scalp behind the ears and near the neckline at the back of the head, but occasionally are found on eyebrows and eyelashes. Adult lice can live approximately 30 days on a person's head but can only survive a few days if they fall off.

Head lice move around by crawling along the scalp or moving through the hair by gripping onto the hair shaft using the claws attached to the end of their legs. Lice cannot jump or fly. Head lice spread from person to person by direct head-to-head contact with an infected person. This can occur while playing, engaging in sports and when at slumber parties or camp. Although lice can also be spread by contact with clothing and personal items such as hats, combs and towels, or by laying on beds, pillows, couches, or carpets recently used by

infected people, it is uncommon because the lice cannot easily attach themselves to these items. Dogs, cats and other pets cannot get lice and do not play a role in spreading it. Neither does personal hygiene nor home cleanliness.

Once lice inhabit the scalp, they begin laying eggs, which are called nits. They can lay up to eight nits per day. Lice lay nits at the base of the hair shaft, nearest the scalp. Once a nit is laid, it takes about a week for it to hatch. Nits generally die within a week away from a human head and will not hatch in temperatures lower than what it is near the scalp.

Nits are very small-about the size of a knot in thread-and are hard to see. They are firmly cemented to the hair shaft and can be difficult to remove. Nits are yellow or white, but sometimes can appear to be the same color as the hair of the infested person. They are often confused with dandruff, hairspray droplets and dirt particles. It is difficult to diagnose an infestation of lice because of their small size and their ability to move quickly to avoid light.

When trying to determine if an individual is infected with lice, using a magnifying glass and a fine-toothed comb to go through the individual's hair may make the process easier. If nits firmly attached to the hair shaft within a quarter inch of the scalp are found, even if no live nymphs or lice are observed, it is likely that the individual has head lice and should be treated. If only nits attached further than a quarter inch from the scalp are found, they are almost always dead or already hatched. The individual is not considered to have head lice and treatment is not needed.

Misdiagnosis of head lice is common. If you are unsure, diagnosis should be made by a health care provider, the health department or other trained individual. If head lice is diagnosed, all

household members and others having close contact with the affected individual, including other children in care, should also be checked.

Individuals diagnosed with an active case of head lice need to be treated. Some experts also suggest that individuals who share the same bed with an infected person be treated as a preventative measure. There are several different treatment options available for head lice, such as over-the-counter and prescription topical medications with nit combs. There are no treatments that completely kill all nits and only one prescription treatment that kills some nits. Due to this, most medications require a re-treatment after approximately nine days to kill any live bugs that may have hatched after the initial medication application. It is important to ensure that the medication instructions are followed carefully to prevent injury and to ensure that the infestation is effectively treated.

In addition to treating the scalp, other measures should be taken to eliminate the reoccurrence of infestation. All items that can be laundered that have come into contact with the infected person should be washed in hot water and dried on high heat. This is effective because lice and eggs are killed after five minutes of exposure to temperatures greater than 130 degrees Fahrenheit. Cloth items that cannot be laundered can be dry cleaned or sealed in a plastic bag for two weeks. Vacuuming furniture and floors can remove an infested person's hairs that might have viable nits attached. Items such as combs and brushes can be soaked in hot water for at least five minutes. The CDC warns against using fumigant sprays as they can be toxic if inhaled or absorbed through the skin.

It is a good idea to have a policy for your child care program regarding head lice and to ensure that parents are aware of your policy. This can make the unfortunate occurrence of head lice at your child care program easier to deal with for all those involved. Although head lice are not considered a medical or public health

hazard, it is important that you and parents know about head lice and how to identify, treat and prevent an infestation. ❖

As a licensed or registered child care provider, you must immediately report any suspected child abuse or neglect to Children's Protective Services (CPS) through centralized intake (CI). You must make a written report within 72 hours in addition to the immediate verbal report. You can use the Report of Actual or Suspected Child Abuse or Neglect (DHS-3200) form [online at http://michigan.gov/documents/dhs/DHS-3200_224934_7.pdf]. You can fax or email this form to CI.

CI accepts and processes reports of alleged abuse and neglect 24 hours a day, seven days a week.

(855) 444-3911

Toll-free number for CPS & APS complaints

(616) 977-1154, (616) 977-1158, or
DHS-CPS-CIGroup@michigan.gov

FAX numbers and email address for
DHS-3200 reports

Speak up about abuse and neglect. Call any time, day or night. **One** number. **One** call. **One** person can make a difference. If you suspect abuse or neglect, call now!

Managing Food Allergies

Madeleine Sigman-Grant, PhD, RD, Area Extension Specialist, State of Nevada
Reprinted with permission from Healthy Child Care (August/September 2010)



One child in your care cannot eat peanuts. Another cannot drink milk. And yet another child must avoid eggs. Food allergy in children is not uncommon and a childcare setting may have several children with dietary concerns that must be monitored.

The term “allergy” refers to a variety of conditions caused by an adverse reaction of the immune system to substances in the environment. Some substances (e.g., dust mites, animal dander, molds, pollens) can be inhaled.

Others (e.g., poison ivy) cause reactions upon contact with skin. Some substances are ingested, such as food. Allergic reactions to foods can be dangerous and even life threatening.

When a potentially harmful substance enters the body, the immune system reacts to protect the body by fighting infection and disease. That is a good reaction for germs, but not good when it happens with a food item. Sometimes the reaction is excessive or inappropriate.

Although a child can be allergic to any food, just eight foods account for 90 percent of all allergic reactions to food: milk, eggs, peanuts, tree nuts (e.g., cashews, walnuts), soy, wheat, fish, and shellfish. The Centers for Disease Control and Prevention (CDC) estimate that 4-6 percent of children ages 4 years and younger have a food allergy.

Allergic Reactions

With a food allergy, the body reacts as though that particular food product is harmful. Once the body has made antibodies against a certain food, those antibodies instantly recognize that food.

Each time the person eats the food, the body

releases histamine into the bloodstream again, creating allergy symptoms. In severe food allergies, reactions can occur even if the person touches or breathes in particles of the food.

Symptoms usually occur within a few minutes after exposure, or up to two hours after exposure. Food allergy reactions vary, however, watch for these symptoms in young children:

- Skin problems (itching, rash, hives).
- Gastrointestinal problems (diarrhea, abdominal pain, vomiting, burning of the mouth, throat).
- Respiratory difficulties (wheezing, runny nose, nasal congestion).

Serious reactions can occur quickly. Anaphylaxis is a severe, potentially life-threatening allergic reaction. The flood of chemicals released by the immune system during anaphylaxis can cause a child to go into shock. The blood pressure drops suddenly and the airways narrow, blocking normal breathing. There is a risk of anaphylaxis, even if previous reactions have been mild.

Child Care and Allergies

An “allergy action plan” for each child with known allergies should be in place at every childcare program. Upon admission of each child to your program, be sure to ask parents about known food allergies.

If a child does have diagnosed allergies, parents, caregivers, health care professionals, cooks, and other staff members can collaborate to create an effective allergy action plan for the child. A food allergy action plan includes the following information:

- Name, date of birth, caregiver, and a photo of the child.
- What symptoms to look for as signs of

an allergic reaction and where they are most likely to appear--mouth, throat, skin, stomach, lungs, and heart.

- Contact information for the child's parent/family, health care provider and other emergency contact persons.
- Medically appropriate actions to be taken in the event of an allergic reaction.

If the child's physician prescribes an epinephrine injection kit, it must be readily accessible at all times. Staff members, properly trained on how to safely administer the epinephrine, could save a child's life.

Food-Safe Child Care

Child care programs should have clearly written policy and procedures regarding food allergies. The most effective way to prevent food allergen exposure is to eliminate the problem foods from the facility. This approach requires that both staff and parents be informed about all foods and ingredients.

For example, if a child in your care has a peanut allergy, post large and visible signs to remind parents and visitors. If your program does not ban peanuts, but instead works to keep peanut products from an allergic child, then thorough hand washing after meals and snacks is necessary to eliminate traces of peanut that could be transferred from hands to toys or doorknobs.

If children bring food from home for snacks or meals, serve the foods for children with food allergies first. Have a caregiver sit at the table when the food is served to make sure children do not share their foods.

Food preparation surfaces, utensils, and equipment used to prepare meals need to be thoroughly cleaned prior to each use.

When possible, serve fresh foods rather than processed foods. When using packaged or canned foods, carefully check food labels and the ingredients list. New government

regulations require food manufacturers to list the presence of eight potential food allergens (such as peanuts).

Check the labels each time a food product is used. Manufacturers can change ingredients and processing methods. Also, ask parents of children with food allergies to provide a list of safe foods or--if allowed by local program policies--to bring safe food items to your program.

Child Activities

Caring for children with food allergies is challenging, yet manageable. Make certain that children with food allergies are included in all activities. For example, when engaging children in food preparation, use cream cheese or fruit spread instead of peanut butter. Choose healthy foods and ingredients that all children can enjoy equally.

Recognize opportunities to help staff, children, and families learn about diversity. Other children may not understand why the allergic child cannot have some foods. Use books, guest speakers, puppets, and dramatic play to educate children about dealing with food allergies and the feelings they may experience. Recognize differences, but emphasize similarities. ❖

Books on Food Allergies

There are many children's books on food allergies. Here are just a few:

- "Chad the Allergic Chipmunk," "Cody the Allergic Cow" and "Allie the Allergic Elephant" by Nicole Smith.
- "No Nuts for Me!" by Aaron Zevy.
- "The Peanut-Free Café" by Gloria Koster.
- "Allergic Like Me" by Michelle Meyer-Devlin.
- "The Allergy Buddy Club" by Cindy Rice Andrea.
- "The Peanut Butter Jam" by Elizabeth Sussman Nassau.
- "Taking Food Allergies to School" by Ellen Weiner.

Autism: Know the Signs and Know When to Speak UP

Cathy Schafer, Mother of an Autistic Child,

Parent Support Partner, Community Mental Health for Central Michigan, Isabella County



As a child care provider, you can tell when a child is not feeling well. You know the signs: flushed cheeks and glazed eyes and the child is just not being his or her usual, sweet self. So you feel a forehead, drag out a thermometer and discover the child's temperature is high. You make a call to the parent. Noticing physical symptoms is just what you do. But what about other things you notice? How do you approach parents with something you notice about their child that just isn't in sync with what you are seeing with other children? Is it your place to say something to the parent? These are busy parents who love their kids. Between doctors, friends and family, someone must have told them that something was wrong. Surely they would know if something wasn't right? You should not be the one to butt into their lives. Or should you?

Autism. It seems to be everywhere these days: puzzle pieces, blue lights, public service announcements. Chances are you are in some way touched by autism. It may be your own child or someone in your own community, family or child's class. No one quite knows why, but it is certain that it is not going away any time soon. In fact, a recent survey puts autism prevalence at 1 in 50, while the official number is 1 in 88. What is going on here and what does that mean for your child care program?

I was one of those moms. I found the best child care providers in the area to take care of my three boys while I went to my 50-hour-a-week job. I am one of 11 children myself; I grew up around lots of kids. I am college-educated and consider myself conscientious. I would know if something was not quite right with one of my kids. I was wrong! Between the rushing around and juggling a full-time job and a family, I missed all of the signs.

My oldest son was 4 years old when my child

care provider said that he could stay if I got him help. He lashed out at other children, didn't speak yet, and played with things that weren't toys. I look back now and have to chastise myself: How in the world didn't I know? I just didn't and I was relying on others to tell me. I am so lucky that someone did. My son was diagnosed with a speech delay, started a program and, three years later, was finally diagnosed with autism. It shouldn't have taken so long. It really shouldn't have.

But that was 10 years ago. Things are so much better now, but they still are not where they should be. Do you know that autism can be diagnosed as early as 12 months of age? Often, parents are used to relying on schools to tell them when something isn't right. With autism, early diagnosis can have a significant impact on a child's prognosis. You, as a child care provider, have the opportunity to help a child now. You have to start with noticing things, but what are the signs?

One of the most important things you can do as a child care provider is to learn the early signs of autism and become familiar with the typical developmental milestones that a child should be reaching. The following red flags may indicate a child is at risk for an autism spectrum disorder. If a child exhibits any of the following, please do not delay in letting his or her parents know.

- No big smiles or other warm, joyful expressions by 6 months of age or thereafter.
- No back-and-forth sharing of sounds, smiles or other facial expressions by 9 months of age.
- No babbling by 12 months of age.
- No back-and-forth gestures such as pointing, showing, reaching, or waving by 12 months of age.

- No words by 16 months of age.
- No meaningful, two-word phrases (not including imitating or repeating) by 24 months of age.
- Any regression in speech, including babbling, or social skills at any age.

Parents and caregivers can screen children for autism by way of an online screening tool. The M-CHAT (Modified Checklist for Autism in Toddlers) is designed to give you all you need to determine if a professional should evaluate your child. The screening tool, which really takes just a few minutes to run, is the first step to seeing if a child may need help. Access the M-CHAT at www.m-chat.org/.

Autism rates are exploding. Our state recognizes what is going on, and recently made it law that insurance cover therapy for autism. As of October 2012, private insurance (non-self-funded) has to provide benefits to children medically diagnosed with autism. As of April 2013, those with public insurance (Medicaid/MiChild), who are 18 months through 5 years of age, can receive autism treatment and services at Community Mental Health agencies.

Simply put: The earlier the diagnosis, the best chance that child will have for overcoming obstacles. If the child in your care had a fever, would you wait for someone else to notice before something was done? Of course you wouldn't. As a mom who now knows what autism looks like and how it affects the entire family as a lifelong disability, I am telling you as a child care provider, speak up. Say something. ❖

Early On® Michigan

Most parents wonder at times if their child is growing and developing like other children. If you question how your child is developing, ***“Don’t worry. But don’t wait.”***

Early On® assists families with infants and toddlers, from birth until 3 years of age, who have a delay in their development or a diagnosed disability.

Anyone can make a referral for an *Early On*® evaluation if it is suspected that the child is developmentally delayed or has a physical or mental condition highly associated with developmental delay.

To make a referral:

Call: 1-800-Early-On (1-800-327-5966)

Online: https://1800earlyon.org/online_referral.php

Autism Resources

<http://michigan.gov/autism>

www.autism-mi.org/

www.autismspeaks.org

<http://autismallianceofmichigan.org/>

Michigan Child Care Matters

Editorial Staff

Thanh Biehl

Licensing Consultant

Jessica Coates

Licensing Consultant

Kate DeKoning

Licensing Consultant

Catherine Edgar

Licensing Consultant

Maureen McNamara

Licensing Consultant

Colleen Nelson

Child Care Program Consultant

Jackie Sharkey

Area Manager

Yolanda Sims

Area Manager

Toni Stagray

Licensing Consultant

Katrice Sweet

Licensing Consultant



Consumer Product Safety Commission (CPSC) Infant/Child Product Recalls (not including toys)

These recalls have been added since Issue 96 of MCCM (March 2013):

- Strollers recalled by Kolcraft due to projectile hazard.
- Buy Buy Baby, BeBeLove and Chelsea & Scott recall baby bath seats due to drowning hazard.
- iCandy World recalls cherry strollers due to strangulation hazard.
- BabyHome USA recalls high chairs due to strangulation hazard.
- Bugaboo recalls Cameleon3 strollers due to fall hazard.
- Toys R Us recalls Imaginarium activity walker due to choking hazard.

Details on these product recalls may be obtained on the CPSC's website (www.cpsc.gov). Post this page in your facility to be in compliance with the Children's Product Safety Act (2000 PA 219).

Outdoor Play, from page 11

age and health play into the decision for outdoor time. An infant or a child with health issues will spend less time outside than a healthy, older child. However, all children, including infants, must be taken outside daily, weather permitting. Investing in a stroller is a great way to get infants and toddlers outside for fresh air, even if for a short period of time.

Outdoor play promotes happy, healthy children who rest better and have fewer disagreements with others. It gives children an opportunity to explore the environment while developing new skills. Children who learn to enjoy the outdoors have a much higher chance of doing the same as adults. Take those children outside daily and make it a regular part of your program. ❖

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