



Healthy Kids West Virginia

West Virginia Child Care Nurse Health Consultants Newsletter

Volume 2, Issue 2



New Car Seat Safety Guidelines By: Christy Freed, RN

The American Academy of Pediatrics has released new car seat safety guidelines. The biggest change in the guidelines is the recommendation to keep children in the rear facing position until the age of 2. The previous guidelines cited the age of 1 as the minimum age for a forward facing car seat. Studies have shown that children under the age of 2 are 75% less likely to sustain serious injuries in a car accident if they are in a rear facing car seat. The rear facing position has been shown to do a better job of supporting the head, neck, and spine in a collision and also distributes the force of the impact more evenly. The AAP also states that if by the age of the 2 your child does not exceed the height/weight limits for their rear facing car seat they can remain rear facing until they do. If your child reaches the maximum height/weight limits prior to the

age of 2 the AAP recommends that parents buy a convertible car seat, which will often have a higher weight limit and still allow the child to remain rear facing. Further recommendations include:

Read your car seat's manual carefully and ensure you follow the instructions for installation exactly.

Use either the LATCH system hooks and tether OR the seat belt to install the car seat. Do not use both.

After installing your car seat take it to a professional to verify you have it installed correctly.

Put as much weight as possible in the car seat while you install it to ensure it is installed as tightly as possible.

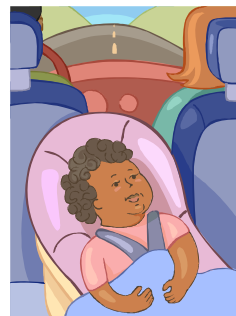
Ensure that the harness is fitted correctly to your child. It should be snug, with

room for only one finger between the harness and your child's body. The chest clip should be even with the armpits. Your child should not be wearing bulky clothing such as a jacket in the car seat.

Always use the tether with forward facing car seats.

Use a booster seat until your child reaches 4 ft. 9 inches tall, even if that means using it until age 10 or 12.

Children 13 and under should never ride in the front seat.



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Any topics you would like to see or ideas you would like to share in the Healthy Kids West Virginia newsletter? Let us know by emailing or calling Sarah, Glenna or Christy. Our contact information can be found on the back page.

Any topics that you feel would make a great training? Feel free to let us know. We are always looking for new ideas!

Feel free to make copies of this newsletter to distribute to other child care providers and parents.

Check out our website ~ www.wvearlychildhood.org



A Guide to New Crib Standards By: Glenna Bailey, RN

Beginning December 28, 2012, any crib used in child care centers and licensed family child care homes must meet new and improved federal safety standards. Manufacturers, retailers and distributors must be in compliance with the products they sell starting on June 28, 2011. The new cribs will replace the traditional drop-side rails cribs and require more durable hardware and mandate more rigorous testing.

You cannot determine compliance of a crib simply by looking at it. Nor, can you make current cribs compliant by immobilizing the rails.

If you purchased a crib prior to June 28, 2011 and you are unsure if it meets the new federal standard, you should verify the crib meets the new criteria by asking the manufacturer, retailer, or distributor for a Certificate of Compliance. The crib



must also have a label attached with the date of manufacture.

You should make preparations now to replace non-compliant cribs with new compliant cribs before December 28, 2012. You should not resell, donate or give away a crib that does not meet the new crib standards. The Consumer Product Safety Commission recommends that old cribs be disassembled in a manner that they cannot be reassembled and used and then disposed of.

For more information refer to the Consumer Product Safety Commission website at www.cpsc.gov.

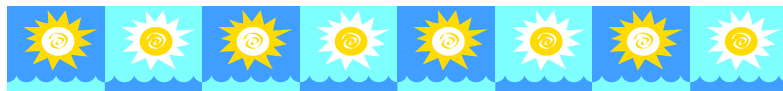
Did you Know... The Food and Drug Administration recently issued a warning about the use of over-the-counter teething medication containing benzocaine. These medications come in liquid and gel forms with Anbesol and Baby Oragel being two of the most popular brands.

Benzocaine has been linked to a rare but potential fatal condition called methemoglobinemia which reduces the amount of oxygen carried in the bloodstream. The FDA advises parents and caregivers not to use these products in children under the age of two, except under the advice of a healthcare professional.

Signs and symptoms of methemoglobinemia include pale, gray or blue-colored skin, lips or nails and shortness of breath. Children displaying these symptoms should have immediate medical attention.

The American Academy of Pediatrics recommends using a chilled teething ring or gently rubbing the gums with a clean finger to relieve symptoms of teething. If these methods do not work, parents should seek advice from a healthcare provider.

Days to Celebrate this Summer!!!



June

Clean Air Month
National Congenital Cytomegalovirus Awareness Month
Home Safety Month
June 1st International Children's Day
June 2nd-June 8th Down Syndrome Awareness Week

July

National UV Safety Month
Juvenile Arthritis Awareness Month
July 5th-July 11th National Childhood Obesity Week
July 4th Independence Day

August

National Immunization Awareness Month
1st-7th World Breastfeeding Week
Back to School

What's New With Choosy? By: Sarah Hicks, RN

The 2nd phase of the "Be Choosy, Be Health WV" project is finally moving ahead!!! Through grant money, 150 additional kits are being purchased and will be available through the next phase of the project. Participants can be home, center or facility providers and must submit an application to be considered and possibly chosen to participate. Those chosen will receive a Choosy Kit from Lakeshore Learning, as well as a one day free training that will be presented by Choosy Kids, and technical assistance

from one of the 3 child care nurse health consultants. There is still time to apply! Just contact one of the nurses to receive your application! The chosen applicants will be notified in June, and the trainings are going to be held in July in Charleston, Beckley, Morgantown, and Martinsburg. 3 Centers from the first phase of the Choosy project were recently awarded with a visit from Choosy! These 3 Centers did an exceptional job in showing Choosy Spirit and helping the children to choose health habits everyday. 'The winners were Hardy County Child Care

Center in Moorefield, Imagination Station in Clarksburg, and the Playmates group of Huntington. Congratulations!!!!!!



Healthy Snack Recipes ~ By: Glenna Bailey, RN

Summertime is here and a cold icy treat is great on a hot day. Making homemade fruit popsicles are fun and easy. The combinations are endless and are as easy as pureeing fresh fruit and pouring it into a mold and freezing it. If you don't have molds use small plastic cups (empty yogurt cups work well) and Popsicle sticks. If you don't have popsicle sticks, use a pretzel rod. If you want it to be creamy, add low-fat yogurt to the mix. Here's a red, white and blue version for July 4th.



Berry Patriotic Popsicles

strawberries, chopped
vanilla yogurt
blueberries slightly smashed with a fork
popsicles molds

Fill popsicles molds about 1/3 full with yogurt and place them in the freezer just long enough for it to firm up about 30 minutes, then a layer of strawberries, then blueberries. Insert sticks and freeze.

These Recipes and Pictures were obtained from Family Fun Magazine ~ For more ideas/recipes go to www.familyfun.com



WEST VIRGINIA EARLY CHILDHOOD
Training
CONNECTIONS
AND RESOURCES

.WV Early Childhood Training Connections and Resources (WVECTCR) is a statewide program designed to provide professional development opportunities for the early care and education community. Through an extensive network of information, training and technical assistance, resources, and collaboration, WVECTCR strives to improve the quality of early education services for young children and their families.

www.wvearlychildhood.org

Ask the Nurse...Sunburn Treatment By: Sarah Hicks, RN

"I put sunscreen on all the children, but forgot to put it on myself... and I got a sunburn! What can I do?"

A sunburn is a burn to the skin from the sun (same as if you would burn your skin on the stove.) The signs of sunburn usually appear two to twelve hours after exposure, with the greatest discomfort occurring during the first 12-24 hours. If your burn is just red, warm, and painful, you can treat it yourself. Apply cool compresses to the burned areas or bathe/shower in cool water. You also can take acetaminophen or ibuprofen to help relieve the pain. Check the package for appropriate dosing. Aloe Vera creams labeled for use in treatment of sunburns may be applied according to package directions. Make sure to keep your self hydrated!

If the sunburn causes severe pain, blisters, fever, chills, headache, or a general feeling of illness, it may be appropriate to call your physician. Severe sunburn should be treated like any other serious burn, and if it's very extensive, hospitalization may be required. Blisters may burst and drain. Wash hands well before touching to decrease risk of infection. If the blisters do become infected, treatment with antibiotics may be necessary. Sometimes extensive or severe sunburn also can lead to dehydration and, in some cases fainting, heat exhaustion, or even heatstroke. Such cases need to be examined by your physician or the nearest emergency facility.



The best treatment is prevention. Don't forget to apply your sunscreen before going outside, even on overcast days (I've personally learned that lesson.) The skin damage from sunburn can lead to skin cancer. For more prevention tips: <http://www.webmd.com/skin-beauty/tc/sunburn-prevention>

Adapted from recommendations from the American Academy of Pediatrics and WebMD.com

Did you know.. August is Children's Eye Health and Safety month. Don't forget to have your child's vision screened before the start of the school year!!

Autism Indicators By: Christy Freed, RN

The incidence of Autism in children has increased over the recent years to an alarming 1 in 100 to 1 in 150 children. This increase can be largely attributed to the increased identification and diagnosis of children with milder Autism symptoms. Though Autism cannot be prevented or cured, early intervention can lessen the severity of Autism symptoms. This makes early identification of children with Autism crucial.

The parent is often the first person to notice abnormalities in their child's development that could be indicative of Autism and bring these concerns to the pediatrician. According to the American Academy of Pediatrics though 44 % of physicians treat at least 10 children with Autism less than 10 % actually do any routine screening for the condition. This can cause a delay in diagnosis un-

til symptoms are more pronounced as the child ages.

Children with Autism have communication difficulties, problems with social interaction, and restricted or repetitive movements. Symptoms can range from barely noticeable to severe. Early indicators in infants include no babbling by 12 months; no gesturing, which includes pointing or waving bye-bye by 12 months; no single words by 16 months; and no two-word phrases by 24 months. In older children parents should be concerned if the child does not respond to his name, the child appears deaf at times or has inconsistent hearing; if the child doesn't point or wave bye-bye or use gestures, if the child is serious and doesn't smile socially, the child seems to prefer to play alone or is just not interested in interacting with other children, the child has poor eye contact or seems to be in his own world and has been described as tuning

out others, the child gets stuck on things over and over, may do the same activities repeatedly, gets upset by what seem to be minor changes in routine, has obsessive interests, or has some unusual motor actions such as flapping their hands or rocking their body or spinning themselves or objects in circles.

Just because a child experiences one or more of these symptoms it does not mean that they definitely have Autism. It does, however, mean that further work up is indicated. If Autism is identified early treatment can be initiated to lessen symptoms for the child.



Movement Ideas To Share!

(Please copy and distribute to families and other Child Care providers)

Infants

Head, Shoulders, Knees and Toes



While playing, dressing, and changing diapers, identify body parts as you touch them on your infant. You can wiggle them, kiss them, slowly move them, etc., while saying, “This is your ———.” The activity can also be done in a supportive seated position in front of a mirror.

Toddlers

Snowstorm



Throw cotton balls all around a room or an outside play area. Encourage toddlers to run around and pick them up. Once all the cotton balls are collected, scoop up the cotton balls from the bag or basket. Throw them up in the air so they fall down on the children. Children can be encouraged to collect them again.

Preschoolers

Sleeping Giants



Beginning: Explain to the children that they are going to pretend to be giants who like to jump. Allow students to practice jumping up and down. Have students stop when you say “sleeping giants.”

Middle: Once they hear “sleeping giants” children will stop and lie very still on the floor. When you say “waking giants” the children will jump up and down until you call out “sleeping giants” again.

End: Continue the game to allow children to practice stopping and starting. Substitute other motor skills instead of jumping, for example walking, hopping, skipping, marching and galloping.

School-Age

Hot Potato With a Laugh



The children get in groups of 5 or so and play a game of hot potato with a bean back, scarf, wash clothes, or item of your choice. When the music stops, the child with the “potato” has to make a up a silly or funny laugh. Then the rest of the group has to copy the silly laugh before the music can start again!

Do you have any cheap or free movement ideas you’d like to share? Let us know, and we’ll include it this section of the newsletter in the next issue.

Check out <http://www.aahperd.org/headstartbodystart/> for more movement ideas!

West Virginia Child Care Nurse Health Consultants

Glenna Bailey, RN
611 7th Ave Suite 322
Huntington, WV 25701
304-972-6300
gbailey@rvcds.org
Covers Link, Connect, MountainHeart South counties of McDowell, Mercer, Monroe, Summers, Raleigh, Fayette and Wyoming.

Sarah Hicks, RN
8 Memorial Dr
Parsons, WV 26287
304-972-6200
shicks@rvcds.org
Covers MountainHeart North and MountainHeart South Counties of Braxton, Nicholas, Webster, Pocahontas, and Greenbrier

Christy Freed, RN
521 Market St, #7
Parkersburg, WV 26101
304-710-9065
cfreed@rvcds.org
Covers Catholic Community Services and Choices

www.wwearlychildhood.org

How Can a Child Care Nurse Health Consultant (CCHC) Help Me?

- Help providers develop strategies for caring for children with special health needs
- Develop or update health and safety policies for child care providers
- Provide health education and wellness programs
- Provide up-to-date information on the latest guidelines, policies and information regarding child health and safety
- Offer support through telephone consultations or on-site visits
- Conduct child care staff training
- Provide Medication Administration Training
- Provide communicable disease information
- Develop health care plans for children with special needs
- Provide health and safety education for parents and children



Get to know your CCHC



Glenna Bailey

Favorite Summer Vacation Memory

Visiting my Dad's family in Baltimore. It was always great fun to visit with my cousins and my uncle always made sure to take us to ball-games in either Baltimore or Washington DC.



Sarah Hicks

Favorite Summer Vacation Memory

My husband (with help from our best friends) set up a surprise marriage proposal on the beach. They did a great job. We'll be celebrating 10 years of marriage this summer!



Christy Freed

Favorite Summer Vacation Memory

Deep Sea fishing with my dad at Myrtle Beach