



Healthy Kids West Virginia

West Virginia Child Care Nurse Health Consultants Newsletter

Volume 1, Issue 4



Have Fun in the Snow: Safety Tips for Winter ~ By: Glenna Bailey, RN



It's that time of year; leaves have fallen from the trees, the wind gets colder and winter is just around the corner. Here are some tips from the American Academy of Pediatrics to help keep kids safe when the weather turns cold.

Dressing warm for the weather is essential to prevent hypothermia and frostbite. Use several thin layers to keep warm and dry. Cotton can be used as the first layer next to the body since it can wick moisture and help to keep skin dry. Top layers should be wool or water resistant materials. Thermal underwear, turtle-necks, coats, hats and

gloves can all help provide warmth and protection. Layering clothing also helps provide a cooler layer that can be worn more comfortably indoors.

Keep infants warm in their cribs with one-piece sleepers or a light blanket tucked in around the mattress and reaching only as far as the baby's chest. Do not use loose blankets, quilts or pillows that can increase the risk of Sudden Infant Death Syndrome.

Don't forget the sunscreen. You might not think you can get sunburn in winter, but snow can reflect up to 85% of the sun's ultraviolet rays so skin and eye protec-

tion is in order.

Cold weather does not cause colds or flu. But the viruses that cause them are more common in the winter so remember to wash hands frequently and cough and sneeze into the elbows.

Just using a few precautions can help to make winter fun safe for kids of all ages. So get out there and play in the snow and enjoy the beauty winter has to offer.



Please help us welcome our newest Nurse Health Consultant, Christy Freed. Christy will be covering the Choices R&R and the Catholic Community Services R&R. Christy is excited about taking this position, and is looking forward to working with you! If you are in the Choices or Catholic Community Services Region, you can contact Christy with any questions you might have at (304) 710-9065 or by email at cfreed@rvcds.org

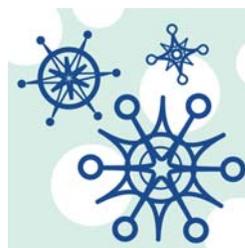
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Any topics you would like to see or ideas you would like to share in the Healthy Kids West Virginia newsletter? Let us know by emailing or calling Sarah, Glenna or Christy. Our contact information can be found on the back page.

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.wwearychildhood.org



Is the Child Sick or Faking It? A Guide for Parents and Caregivers ~ By: Christy Freed, RN

The last thing any parent wants to hear in the morning is “Mommy, I don’t feel good.” Before you allow your child to miss valuable time at school and face possible repercussions from your boss it is important to consider that your child could be faking. Many children fake being sick at least once. Reasons can range from wanting a day off to more serious issues such as depression. Here are some tips to help parents determine if their child is truly sick.

Look for physical evidence – First take your child’s temperature. Keep in mind that older children may be creative enough to run the thermometer under hot water to fake a fever. A reading of



100.4 or higher is evidence that your child is sick. A temp of 99 – 100 degrees can be normal or the start of a fever. Next, take a flash light and look at your child’s throat. White patches and swollen tonsils are signs your child is most likely sick. Look for red nostrils, large amounts of nasal discharge, and dark circles under your child’s eyes. Symptoms such as vomiting and diarrhea are clear signs your child is sick.

Ask for a detailed description of their symptoms - Don’t let your child use vague symptoms such as “my stomach

hurts.” Ask them to point to where it hurts. If they point to their navel they are likely either faking or have something minor such as constipation. If they point to another area of their stomach something more serious could be going on.

Evaluate their behavior – Think back to your child’s behavior the past hour. Have they been actively playing, talking on the phone to their friends, etc.? If your child is complaining of a sore throat but spent the past hour talking on the phone they are most likely faking. Ask your child to sit on the couch for 15-20 min and then see how they feel. A sick child will often drift off to sleep. If your child remains wide awake or begins to play they make be faking. It is best to leave the room and observe them without their knowledge if possible.

Ask your child directly - If you suspect that your child is faking ask them outright. Be concerned, not angry. Ask about big tests or assignments coming up, bullies, fights with friends, problems with teachers, etc. If your child sees that you are concerned they are more likely to open up to you.

Don’t make staying home from school



Is the Child Sick or Not???
Helpful tips to determine illness

fun – If staying home sick means that your child gets to do all of their favorite activities they are more likely to fake an illness. When sick all after school activities should be cancelled. Children should not be permitted to play outside or with younger siblings. Sick children should spend the day in bed or on the couch

resting quietly. A child that is sick will need extra sleep and won’t mind the down time.

Consult their physician – Many pediatricians have nurse lines that you can call for advice. If your child is frequently sick you should take them to their physician, even if you suspect they are faking. They could have a medical condition that you are missing, or the physician can explore the possibility your child’s illnesses could be related to anxiety or depression. Often just the threat of a doctor’s visit is enough to get a faking child to suddenly feel better.



Days to Celebrate this Winter!!!

December is....

Safe Toy and Gift Month

Read a New Book Month

Human Rights Month

Also Celebrate...

Hanukkah ~begins at Sunset Dec 1st

World AIDS Day ~ Dec 1st

Christmas ~ Dec 25th

Kwanza ~ Dec 26th

New Years Eve ~ Dec 31st

January is....

Eye Care Month

National Blood Donor Month

National Staying Health Month

National Thank You Month

Also Celebrate...

New Years Day ~ Jan 1st

Martin Luther King Jr. Day ~ Jan 17th

Winnie the Pooh Day ~ Jan 18th

Opposite Day ~ Jan 25th

February is....

American Heart Month

Black History Month

American History Month

Children’s Dental Health Month

Also Celebrate...

Chinese New Year ~ Feb 3rd

Valentines Day ~ Feb 14th

Presidents Day ~ Feb 21st

Celebrating Connections ~ Feb 22-25th

Teaching Children About Oral Health Through Play~ By: Sarah Hicks, RN

Teaching children about oral health is more than just showing them how to brush their teeth. Children can learn through a variety of ways. Create an oral health week in your curriculum, and following are a few ideas you can use.

Art ~ Smile Collages—cut out or have children cut out pictures from old magazines of smiles and make a collage. Talk about the pretty smiles that are found. **Yellow Teeth**— Cut out a set of yellow teeth and make a mouth. At the easel, set up white paint, and allow the children to paint the yellow teeth white with a toothbrush. **Big Mouth**— use empty water bottles and cut off the bottoms, flip over and hot glue together the pieces to make a large set of teeth. Children can squirt shaving cream “the toothpaste” on and then scrub them clean with toothbrushes. **Giant Tooth-**

brushes— Using construction paper, fold a white paper in half –length wise and cut to make bristles. Using various colored construction paper, cut lengthwise, tape/glue the two pieces for the handle and attach the bristles. The child can put their name on the brush, and can be used to decorate a bulletin board or wall.

Science ~ Egg projects—Boil 2 eggs. The first egg is soaked in vinegar, explain to the kids how vinegar is like the acid that bacteria and sugar makes than cause cavities. After a day or two, show them the egg, the shell will be eaten off by the acid. The second egg is soaked in cola for a day or two, then show them how it is discolored. But Surprise, a tooth brush and some paste will brush it clean!!! **Tile Fun**—get some white ceramic tiles and let the children smear a variety of food products on them such as



jelly, ketchup, syrup, peanut butter, etc. The children will brush the tiles, and then discuss which ones are stained, which ones came clean, and why?

Reading ~ Stories and Poems—There are a variety of books and stories available about oral health that are enjoyable for children. My favorite poem is the Crocodile’s toothache by Shel Silverstein from “Where the Sidewalk Ends.”

Math ~ Charts— Make a chart of the number of teeth each child has in the classroom or center. You can even add up the total number of teeth to get a really big number!

Dramatic Play ~ Set up and play dentist! Or ask a real dentist to visit.

Healthy Holiday Snack Recipes ~ By: Christy Freed, RN



Crunch Holiday Snowmen

Ingredients

- * bag of 8-inch pretzel rods
- * 1 c. white chocolate chips
- * mini chocolate chips
- * orange decorators' gel
- * fruit leather
- * gummy rings
- * gum drops

Instructions

To make a batch, melt 1 cup of white chocolate chips in the top of a double boiler.

One at a time, dip one end of an 8-inch pretzel rod in the melted chocolate and use a plastic spoon or knife to spread the chocolate two thirds of the way down the rod.

Set the pretzels on a sheet of waxed paper and press on mini chocolate chips for eyes and buttons. Use orange decorators' gel to add a carrot nose

When the chocolate has hardened, stand the pretzels in a mug or glass and tie on strips of fruit leather for scarves. For each hat, stretch a gummy ring over the narrow end of a gumdrop and secure it on the pretzel rod with a dab of melted chocolate.



Cracker and Veggie Ornaments

Ingredients

- Low-fat cream cheese
- Water crackers or other round crackers such

as Ritz

Colorful veggies (such as peas, diced peppers, carrot slices and broccoli stems)

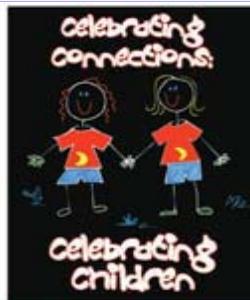
Instructions

Spread low-fat cream cheese on crackers, then top each with colorful veggies to look like Christmas tree bulbs

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



The Apprenticeship for Child Development Specialist Program is a training opportunity for those working in early care and education. Through the ACDS program, you will receive classroom and on-the-job training to help develop your skills and gain knowledge that you will use to open new doors for future opportunities. For more information, please contact Sherrie Barrett at 304-523-0433 or sbarrett@rvcds.org.



2011 Celebrating Connections

Join us for Celebrating Connections 2011!!!

Feb 22-25th, 2011 at the Charleston Civic Center

Look for program and registration materials in the mail coming in December!

Keynote Speakers ~ Jim Harris and Bev Bos

Check out the website:

www.wwearlychildhood.org and then click on the Celebrating Connections tab!

“We have a child that has been diagnosed with hand-foot-and-mouth disease. Does this child need to be excluded from child care today?” ~ from XYZ Child Care Center

Hand-foot-and-mouth is a common viral infection caused by the coxsackievirus and enterovirus. This mild disease occurs most commonly in the summer and fall. Symptoms include tiny blisters in the mouth and on the fingers, palms, buttocks and soles of the feet. The blisters in the mouth may be painful and make it difficult for the child to comfortably eat or drink. There may also be a fever, sore throat, runny nose and cough.

The disease is contagious and can be spread through coughing and sneezing, direct contact with the drainage from the blisters or by the fecal-oral route since the virus is shed through stool as well as respiratory mucus. Spread of the disease can be minimized by frequent hand washing, covering the mouth and nose when sneezing and coughing and disposing of tissues that contain nasal secretions after each use.

The American Academy of Pediatrics does not recommend exclusion unless the child is unable to participate in activities, requires care from staff that prevents safe care for the other children or if the child has excessive drooling from mouth blisters. Exclusion has not been shown to reduce the transmission of the disease since the child may shed the virus without appearing ill or a child who has become ill may shed the virus in the stool for weeks.



Did you know January is National Bath Safety Month? Drowning is the leading cause of unintentional injury deaths in children aged 4 and younger. To keep your child safe in the bath cover faucets with faucet covers, use non-skid mats or decals, check water temperature carefully, keep one hand firmly on your infant/toddler while bathing, and if you must leave the room for any reason take your child out of the tub and take them with you.

ABC to CAB ~ New American Heart Association Guidelines on CPR By: Sarah Hicks, RN

New guidelines that came out in October switch up the steps for CPR, telling rescuers to start with hard, fast chest presses before giving mouth-to-mouth for adults, children, and infants, but the guidelines haven't changed for newborns.

The change puts "the simplest step first" for traditional CPR, said Dr. Michael Sayre, co-author of the guidelines issued by the American Heart Association. Traditionally CPR followed the ABCs –Airway, Breathing, Compressions.

In recent years, CPR guidance has been revised to put more emphasis on chest pushes for sudden cardiac arrest. In 2008, the heart group said untrained bystanders or those unwilling to do rescue breaths could do hands-only CPR

until paramedics arrive or a defibrillator is used to restore a normal heart beat.



Now, the group says everyone from professionals to bystanders who use standard CPR should begin with chest

compressions instead of opening the victim's airway and breathing into their mouth first. Sayre said the old approach delayed pumping needed oxygen throughout the body, while the airway was being focus on. The new way circulates the already present oxygen via compressions first, then going to the airway second.

Other Changes include:

"Look, Listen and Feel" has been removed from the basic life support algorithm.

Rate of chest compressions should be at least 100 times a minute. Go to the beat of "Staying Alive" by the Bee Gees.

Rescuers should push deeper on the chest, resulting in compressions of at least 2 inches in adults and children and 1.5 inches in infants.

Between each compression, rescuers should avoid leaning on the chest so that it can return to the starting position.

All 9-1-1 centers should assertively give telephone instructions to start chest compressions (Hands-Only CPR) when cardiac arrest is suspected in adults who are unresponsive, with no breathing or no normal breathing. Dispatchers should provide instructions in conventional CPR for individuals who have presumably drowned or have had other likely asphyxial arrest.

Contact your CPR instructor for more information on the new guidelines. In the meantime, continue to do CPR the way you were trained, the best way you know how.

Movement Ideas To Share!

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

Infants

Swat!

This game can be played with children from crawlers and up. The premise is to put the printed picture of a fly (or stuffed toy) that is attached to a string just out of reach of the child. The adult moves the toy with the string as the child approaches it, encouraging crawling and moving. The crawler will swat with the hand. As the child begins walking (or running) the game can be adapted. The child can swat with a fly swatter, an old paper towel roller, construction paper taped into a tube, or a cut up water noodle.



Toddlers

Tape Ball

Make a ball with masking tape, sticky side out, until is a good size, making sure it is too big to fit in the child's mouth. Let the child explore the tactile sensation of the stickiness. Still the ball on different surfaces for the child to pull off. Stick it high so the child has to reach up, stick it under a table so the child has to climb under, stick it anywhere. Make it a game of hide and seek, and keep the child moving!



Preschoolers

Hop, Clap, Hop, Clap

You can teach early math skills such as patterns through movement. Create a motion pattern for the child to follow. Demonstrate the motions for him/her, then do it with the child until he/she can perform it alone. Try ABAB patterns first such as ~ hop, clap, hop, clap. Any movements can be used. Add a C to make ABCABC patterns ~ clap, stomp, turn around, clap, stomp, turn around. The variations are endless as different patterns and different movements can be used.



School-Age

Copy Cat

School-age kids can get together in small groups. One child will make a movement, for example, jump. Everyone in the group will jump. Then next child will jump and then adds their own movement. For example, jump then clap. Everyone in the group copies the movements. The next child does those two movements, and then adds their own movement. And it keeps going, and going, and going...getting more complex with each movement added.



Do you have any cheap or free movement ideas you'd like to share? Let Sarah, Glenna, or Christy Know, and we'll include it this section of the newsletter in the next issue.

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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



WEST VIRGINIA EARLY CHILDHOOD
Training
CONNECTIONS
AND RESOURCES



WEST VIRGINIA
Department of
Health & Human Resources

Get to know your CCHC ~ What is your favorite healthy summer snack?



Glenna Bailey

Favorite Christmas Movies: My top three are “A Christmas Story”, “Scrooge” (1951 version) and “Scrooged” with Bill Murray.

Favorite Winter Activity: Walking in freshly fallen snow.

Favorite Christmas Memory: How beautiful our street looked with all the houses lit with lights and everyone having an open house Christmas Eve. Lots of food, laughter, and neighborly fellowship that made growing up in a coal camp very special.



Sarah Hicks

Favorite Christmas Movie? I love Emmett Otter and the Jug Band Christmas, Charlie Brown Christmas, and Scrooged.

Favorite Holiday Memory? One of my favorite memories was playing the part of Linus in “A Charlie Brown Christmas,” and explaining the true meaning of Christmas to Charlie Brown and the rest of the Peanuts gang.

Favorite Winter Activity? Sled-riding and snow-tubing with my girls, and skiing ever now and then.



Christy Freed

Favorite Christmas movie? Miracle on 34th Street and Prancer. They are both older movies that I have seen hundreds of times but I still look forward to watching them every year.

Favorite Christmas activity? Decorating the Christmas tree. Growing up my entire extended family always decorated my Grandparent's Christmas tree together, and my sister and I and our families still go to my parent's house every year to help decorate theirs.

Favorite winter activity? Building snowmen. My daughter loves to build the snowman together and then decorate it with her clothes and scarves.