



# All Children Considered

SPRING 2011

A NEWSLETTER FOR PEOPLE WHO CARE FOR CHILDREN

## CHILDREN'S PHYSICAL HEALTH

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## Healthy Children: Decrease Obesity, Increase Activity

*Our two-part lead article is focused on childhood obesity, a serious challenge to the physical health of today's youth. Two authors offer their perspectives.*

### Part I: Childhood Obesity- An Epidemic of Serious Proportions

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#### What is Childhood Obesity?

This is a serious medical condition when a child is well above the normal weight for his or her age and height. Affecting children and adolescents, it has more than tripled in the past 30 years. From 1980 to 2008 obesity:

- Increased from 6.5% to 19.6% among children ages 6-11, and

- Increased from 5.0% to 18.1% among adolescents ages 12-19.

Obesity is the result of caloric imbalance caused by children eating too much and exercising too little. There may be some genetic, behavioral, and environmental factors that can contribute as well. Childhood obesity has both immediate and long-term health impacts that can carry into adulthood. **Negative effects on physical health** include, but are not limited to, asthma, cardiovascular disease, orthopedic complications, and type 2 diabetes. **Negative effects on social and emotional health** include, but are not limited to, behavioral problems, depression and withdrawal, being teased/bullied, and poor self-esteem.

*Part I continued on page 2*

### Part II: Good Health Habits and Physical Activity

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#### Good health habits

- Help children become aware of proper hygiene, highlighting the importance of washing hands with soap and water. If a sink is unavailable, hand sanitizer can also help.
- Make sure kids learn early to cover their coughs and sneezes by doing so into their elbow and avoid passing germs via their hands.

- Provide fresh fruits or vegetables instead of sugary foods and drinks. Be sure to check for food allergies whenever food is present.

#### Help kids stay on the move

##### • Tic-Tac-Toe Board

Make a big tic-tac-toe board with print outs or pictures of healthy foods. Divide the two groups into teams, and quiz them on fun facts about foods. For example, name three types of vegetables. Have each team write down an answer and run it up to you. The first team that answers correctly can pick one member from their team to sit or stand on a spot on the tic-tac-toe board.

*Part II continued on page 2*

## Part I: Childhood Obesity- An Epidemic of Serious Proportions (continued)

### Healthy Eating Recommendations

- When buying groceries, choose fruits and vegetables. Convenience foods, such as cookies, crackers, and prepared meals, are often high in sugar and fat. Always have healthy snacks available and never use food as a reward or punishment.
- Limit sweetened beverages, including those containing fruit juice. These drinks provide little nutritional value in exchange for their high calories and can make children feel too full to eat healthier foods.

### From the editor...

Increasingly, children served by child care providers in CT suffer from obesity, poor nutrition, lack of physical activity, and homelessness.

Our spring newsletter issue includes specific information and strategies for caregivers to promote the health and well-being of the children in their care. In addition, the Caregivers' Resource Corner and the State Agency Update provide other ideas for ways to improve children's physical health.

Harry Mangle,  
Editor



### Caregivers' Resource Corner

Much free information for caregivers is available on the Internet. Here are ten reliable websites dealing with children's health and fitness that are worthy of your attention:

1. United Way of Connecticut **2-1-1 e-library**  
<http://www.211ct.org/informationlibrary/healthissues.asp>
2. Head lice  
<http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388318>
3. Food safety  
<http://www.ct.gov/dph/cwp/view.asp?Q=468790&A=3865>
4. Bed bugs <http://www.ct.gov/dph/cwp/view.asp?a=3140&q=405378&dphPNavCtr>
5. Nutrition and fitness: [www.letsmove.gov/](http://www.letsmove.gov/)
6. Healthy child care <http://healthykids.us/>
7. Health and safety in child care and early education  
<http://nrckids.org/>
8. Encouraging good health with your school age children  
[http://kidshealth.org/kid/stay\\_healthy/index.html](http://kidshealth.org/kid/stay_healthy/index.html)
9. Doing yoga with children  
[http://kidshealth.org/kid/feeling/emotion/yoga\\_home.html](http://kidshealth.org/kid/feeling/emotion/yoga_home.html)
10. Addressing childhood obesity  
<http://www.healthiergeneration.org/schools.aspx?id=3386>



### Physical Activity Critical for Weight Loss

Physical activity burns calories, builds strong bones and muscles, and helps children sleep well at night and stay alert during the day. Such habits established in childhood help adolescents maintain healthy weight despite the hormonal changes, rapid growth, and social influences that often lead to overeating.

To increase children's activity level, emphasize activity not exercise. Just get them moving; you don't need a structured program. Free-play activities, such as playing hide-and-seek, tag, or jump rope, can be great for burning calories and improving fitness.

Vary the activities by allowing each child in your program to take a turn choosing the activity of the day or week. Batting practice, bowling, and swimming all count. What matters is that they are doing something active and having fun!

For more information:

Centers for Disease Control & Prevention (CDC) <http://www.cdc.gov/>

American Academy of Pediatrics (AAP) <http://www.aap.org/>

### Part II: Good Health Habits and Physical Activity (continued)

- **Musical Chairs**  
Play favorite songs while children dance to the music; they will enjoy the opportunity to stand up and move.
- **Simon Says for Younger Kids**  
"Simon Says, jump on one foot"; "Simon Says, do jumping jacks"; etc. This is a good way for kids to learn listening skills while getting them to move. Small prizes, such as stickers, are great motivators. Creating incentives for participation is a great way to engage kids.
- **On warmer and sunny days:**  
The kids can play soccer with kick balls and cones as goals. The object is to score a goal, but only if the ball stays on the ground. Alternatively, place the ball in the middle of the group and assign kids numbers (two kids to each number). Call out the number and have the children race to the ball, trying to be the first to score.

These small changes – making healthier options available to youths and providing exercise periods each day – can make a huge impact for healthy kids. 🌱

# A Winning Combination: Food Preferences and Healthful Eating

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How food tastes is the most important driver of food choice, but genetics and common ailments also influence what we like to eat. Child care providers can use knowledge about taste and food preferences to promote diets that are both healthy and enjoyable.

## Sense of smell greatly influences food flavor

Food flavor is more than salty, sweet, sour, and bitter. Surprisingly, smelling through the mouth provides the biggest part of food flavor. People with a good sense of smell and good oral health use smell to distinguish the flavors of beef versus chicken, cinnamon versus garlic, or strawberry versus cherry. Food can “taste” blah with a cold because smell is impaired.

Taste versus Smell – plug your nose, and put a gourmet jelly bean in your mouth. Chew and then unplug your nose. What do you notice?

## We Don't Perceive Tastes and Flavor Equally

Genetics explains some differences in what we like and choose to eat. “Super-tasters” are born with lots of taste buds and live in a “neon” food world. They find vegetables too bitter and sweet foods/beverages just too sweet. Not surprisingly, super-tasters like and consume these foods less. At the other extreme, non-tasters have few taste buds and live in a “pastel” food world—liking and consuming these foods more.

Frequent exposure to middle ear infection also can influence food tastes and preferences. Children who suffer repeated bouts of middle ear infection may taste vegetables as less pleasant but sweets as more so, and have greater risk of being overweight.

We can use this knowledge to make unpleasant foods more pleasant or find healthy and alternate ways to tame the sweet tooth.

## Focus on Food Preferences

All of us tend to eat what we like and avoid what we do not. UConn nutritionists have applied this information in a simple food preference survey to assess children's usual food intake. The preference survey identifies children who dislike vegetables or have a sweet tooth.

## Use preference patterns to support healthy eating

- Find resources to find out more about serving fruit and vegetables at web sites such as <http://teammnutrition.usda.gov/>
- Offer a variety of whole fruits (fresh, frozen, canned) instead of fruit juice.
- Tame the sweet tooth with fruits and healthy sweets such as fruit/yogurt parfait.
- Serve vegetables first during the meal-time when the children are hungry.

## Support Positive Messages for Healthy Weight

- Promote non-food activities and enjoyable physical activities instead of emphasizing dieting messages.
- Promote positive messages on consuming more whole fruits and vegetables instead of emphasizing negative messages about restricting sweets and fats.

To use the food preference survey as a quick and simple way to assess children's dietary intake or for more information please contact Heather Harrington.



<sup>1</sup><http://www.ncbi.nlm.nih.gov/pubmed/17258960>



## Addressing Health Needs of Children without Homes

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“Gather your things, and get ready to go home.”

“Bring in something from home to share.”

For most of us, the word ‘home’ brings to mind a familiar place and safe feelings. For tens of thousands of children each year in Connecticut the word ‘home’ brings thoughts of strange places and feelings of uncertainty because they have no regular place to call home.

Children who are homeless are defined in the federal *McKinney-Vento Act* as those who “lack a fixed, regular, and adequate nighttime residence”<sup>1</sup> Sleeping in shelters, campgrounds, sharing housing due to economic hardship, etc., all meet the definition of homelessness. Consequently, when a family's top priority is to find safe and steady housing and meet the most basic needs, it is common for all but the most critical health issues to remain unaddressed. As a result, their children may come to child care with a variety of health needs.

Often missing is regular well-child care, including up-to-date immunizations. Health conditions such as hearing, vision, and motor difficulties or asthma may remain untreated or inconsistently treated for long periods. It may be hard to make appointments with new health care providers, to keep appointments,

or to find transportation. While some shelters have health services on site, many families experiencing homelessness are not in shelters. Meeting oral health needs can be especially challenging when families find themselves moving frequently to new neighborhoods and communities. Social emotional health suffers, too. Children who experience homelessness are more likely to have behavior issues, learning challenges, and developmental delays.

Parents may find it especially difficult to maintain regular and adequate nutrition and physical activity for their children. Even when meals are available, it may be impossible to meet age-appropriate nutrition and feeding habits of infants, toddlers, and young children. Sometimes shelters have rigid rules that are not child-friendly. There are rarely separate spaces for eating, and storing/preparing food. Children must be monitored for signs of ill health due to poor nutrition. These same limitations in space and privacy can

severely limit children's ability to move around. Babies and toddlers may spend all of their time seated because floor or outdoor time is unsafe. Children may not get regular or sufficient rest.

In summary, early care and education providers may find that families experiencing homelessness require some extra support and outreach to:

- Obtain and maintain health records,
- Identify and address unmet health and developmental needs,
- Access health resources, and
- Ensure children's regular attendance so they can benefit optimally from what child care has to offer.

Children without homes are among our most vulnerable and most in need of the experiences child care can provide. Health consultants, health managers, school nurses, school based health

centers, and local health care providers all can be partners, making special efforts to observe and monitor the health of these children. By facilitating their families' access to health resources, all children experiencing homelessness can be healthy despite the adversity in their lives.

<sup>1</sup><http://www.seirtec.org/nche/downloads/briefs/reauthorization.pdf>



## Benefits of Yoga with Young Children

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### Developing Confidence and Self-Awareness

Imagine a room full of mooing cows, effortlessly transforming into meowing cats. Later, the same children balance on one leg spreading their limbs to become a forest filled with different types of trees. This is a scene from a preschool classroom where children experience the many benefits of practicing yoga. Yoga is a natural, creative way for children to move their bodies while developing confidence, self-awareness, and a healthy life style.

### Physical Benefits

Yoga, an increasingly popular form of exercise and relaxation, is based on the ancient practice of uniting the mind, body, and spirit. Breath, moving the body to form different poses based in nature, and

relaxation are all integral components of yoga. The physical benefits of yoga include increased coordination, strength, balance, and flexibility as children stretch and move their bodies to become a dog, tree, or snake. Relaxation techniques are also practiced during "Shavasana," a resting pose in which children lay quietly listening to music or participating in guided visualization.

### Emotional and Cognitive Benefits

Yoga practicing children improve their self-regulation and relaxation. Focus and concentration are important for holding various poses, causing children to slow down and focus on themselves and their bodies. They learn the importance of breath as a way to either calm or energize their bodies. Breathing exercises involve imagination as the children buzz like bees, hiss like snakes, roar like lions, or blow up balloons. As children practice and eventually master the various poses, they not only gain body strength but also feelings of accomplishment and the realization that "I can do it!" This empowerment extends into all areas of children's lives.

Yoga is inherently non-competitive and accepting. There is no right or wrong and each child brings his or her own

interpretation to a pose, allowing for individual and developmental differences. Just as nature is filled with many different types of trees, each child forms his or her own unique tree pose. As yoga is accepting of all abilities, strengths, and weaknesses, it has many benefits for children.

Although classes to teach children's yoga are available, formal training is not required. Give it a try-anyone can share the benefits of yoga with a child!

*Good resources for caregivers beginning yoga with children:*

- Stewart, Mary & Philips, Kathy. *Yoga for Children*. New York: Simon & Schuster, 1992.
- Wenig, Marsha. *Yoga Kids: Educating the Whole Child Through Yoga*. New York: Stewart, Tabori, & Chang, 2003.
- <http://yogakids.com/>

# Making Effective Use of Your Health Consultant

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Every day in child care programs across Connecticut, child care providers are confronted with health issues:

“What is that rash?”

“Should the child be excluded from care?”

“How can we manage a child who needs an Epi-pen™?”

“Are the children’s immunizations up-to-date?”

Providers deserve support with these important and complex issues.

Connecticut is recognized nationally for its strong child care regulations to ensure children’s health and safety. One of the most lauded regulations is the requirement in licensed group and center based child day care that consultation be available from education, social services, dental, nutrition, and health professionals. The purpose of this regulation is to provide the necessary support to child care directors and providers to comply with regulations and achieve a quality program.

The role of the health consultant is to support a healthy and safe environment and the health of children, families, and providers. Such professional must be a registered nurse, advanced practice registered nurse, physician, or physician assistant. The frequency of visits and minimal duties are outlined in regulations and should be noted in a log (a sample is available from me upon request). Although there is no central source for finding health consultants, providers may contact the CT Department of Public Health (<http://www.ct.gov/dph>) and the CT Nurses Association (<http://ctnurses.org/>) for information.

## Tips to maximize collaboration with your health consultant

- Select a health consultant who is committed to supporting quality care and preferably has training or an interest in being trained for the role. Since 2002, approximately 200 nurses have participated in federally funded annual training, which is based on a curriculum that incorporates *Caring for Our Children: National Health and Safety Performance Standards* and evidence-based models of consultation.
- Review the regulations and the most recent routine unannounced DPH inspection report and develop a plan for monitoring: children’s development; indoor and outdoor health and safety; hand washing; cleaning, sanitizing, and diapering practices; management of children with special health care needs; medication administration; emergency preparedness; documentation of health forms and immunizations; and policies, such as exclusion for illness.
- On a regular basis, plan to meet with your health consultant during visits.
- Support teachers in sharing their concerns and questions with your program’s health consultant.
- Encourage your health consultant to observe classrooms and outdoor spaces at each visit.
- Facilitate communication among all the consultants in the program and share information about consultants with parents.

<sup>1</sup><http://nrckids.org/CFOC/index.html>



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### Food Safety: Easy Steps to Good Health

Joanne Houser, Environmental Sanitarian 2  
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“The CDC estimates that each year roughly 1 out of 6 Americans (or 48 million people) gets sick, 128,000 are hospitalized, and 3,000 die from foodborne diseases.”<sup>1</sup> A foodborne disease (or illness) is a disease transmitted to people by food or water. The symptoms can range from nausea, vomiting, and diarrhea, to liver and kidney problems, even death.

Most healthy adults recover from a foodborne illness without any lasting effects, but members of high-risk populations (which include infants and preschool children) may develop more complications.

In any child care setting, handle food safely to reduce the children’s risk for foodborne illness. Here are food safety tips to reduce the risk for foodborne illness at your facility:

#### Providers who are ill

- Do not work if you have symptoms of diarrhea, vomiting, jaundice, or sore throat with a fever. Be sure to report symptoms to your supervisor.
- Do not allow staff to prepare food if they have experienced vomiting, diarrhea, jaundice, fever, or have open wounds.
- Do not allow staff to prepare food until after at least 72 hours has passed since the symptoms of vomiting and diarrhea have ended.
- If a family day care provider’s household member has vomiting or diarrhea, consider closing the day care.

#### Cleanliness and hygiene

- It is very important that child care providers have clean hands and use gloves or utensils to prevent bare hand contact with ready-to-eat foods.



- Key times for staff and children to wash hands include:
  1. After using the toilet or helping a child at the toilet
  2. After changing diapers (remember to wash the hands of the diapered child, too)
  3. Whenever hands are exposed to vomit, saliva, feces, urine, blood, and runny noses
  4. After touching raw meat, poultry, fish, or eggs
  5. Before preparing, handling, or eating meals and snacks
  6. Before putting on gloves and in between glove changes
  7. On arrival at the child care facility
  8. After playing outside or with pets

#### Hot and cold foods

For programs that prepare foods, it is necessary to maintain proper temperatures in order to keep the food safe.

- Use a thermometer to be sure food has been cooked to the proper temperature.
- Once cooked or heated, hot foods must be held at a temperature of at least 140°F.
- After cooking, keep hot food hot by keeping the heat on a low setting. Do

not turn off the burner and let food sit until needed.

- Food that is served or stored cold must be kept at 45°F or less. Leave cold food covered and in the refrigerator until just before serving, especially in warm weather.

#### Avoid touching foods with bare hands

Use gloves, tongs or other serving utensils. Hands are often how the bacteria and viruses get from the sick worker to the food. Wearing gloves or using hand sanitizer doesn’t replace hand washing, but when used properly, gloves do provide an extra barrier between bare hands and food. Provide a clean utensil for each serving bowl and serving dish.

#### Resources:

United States Department of Agriculture (<http://teammnutrition.usda.gov/resources/appendj.pdf>), “Keeping Kids Safe: A Guide for Safe Food Handling and Sanitation for Child Care Providers,” spring 2000

Food Safety.Gov - Your Gateway to Federal Food Safety Information ([www.foodsafety.gov](http://www.foodsafety.gov))

<sup>1</sup>Centers for Disease Control and Prevention (<http://www.west.cdc.gov/foodborneburden/2011-methods.html>), “CDC Estimates of Foodborne Illness in the United States,” 12-15-10.

# Child Day Care SAFER Program: Working to Keep Children Safe from Environmental Contamination

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Did you know that several years ago a day care in New Jersey opened in an old thermometer factory that had not been cleaned up properly? Children were exposed to mercury, and the day care was closed. Connecticut's Child Day Care Program *Screening Assessment for Environmental Risk* (SAFER) is working to prevent such an incident from ever happening here.

The SAFER program is an initiative of the Environmental and Occupational Health Assessment Program (EOHA) at the Connecticut Department of Public Health. This program is an initiative to identify licensed child day care programs that are operating on land or in buildings that could be impacted by hazardous chemicals.

## How does the SAFER Program work?

1. **We find day care programs that are on or near known hazardous waste sites.**

We compare our list of licensed day care programs with the list of hazardous waste sites from the CT Department of Environmental Protection. If we find a match, we follow up to make sure the day care is safe.

2. **We look for signs of possible chemical contamination.**

Day care inspectors are trained to look for clues (such as automotive or construction debris, farm equipment, a dry cleaner, or a nail salon next door) that could signal the presence of chemical contamination at or near the day care property. If something is observed, we follow up to make sure the day care is safe.

3. **We ask about how day care land and buildings were used in the past.**

New licensure applicants are asked to complete a questionnaire about how the day care buildings and land were used in the past. If information suggests that hazardous chemicals could have been left behind from a past use, we follow up to make sure the new day care is safe before it opens.


**YOU SHOULD KNOW:** Most Day Care Programs Do NOT Have Any Environmental Contamination Problems!

**What happens when the Day Care SAFER Program identifies a day care for follow up?** We start out by reviewing all environmental files and documents for the property; and we might need to visit the day care. If we think environmental samples need to be collected, we will help make sure that happens. If any follow-up work is needed, we will be there to respond to any questions or concerns from day care providers, staff, or parents.

## What does the SAFER Program mean for a day care provider?

**Be aware:** During routine inspections, day care inspectors are looking for clues about possible chemical contamination at your day care program.

**Help us help you:** If a new business that uses chemicals (such as a nail salon, dry cleaner, auto body shop) opens next to your day care, let us know about it (see contact information below). If you are applying for a new day care license, please complete the property history questionnaire.

Can the Day Care SAFER Program help me address other environmental hazards in my day care like mold, indoor air quality, and cleaning chemicals? Yes, we can provide phone assistance, workshops/trainings, or referrals to help providers learn about hazards and exposure prevention techniques, which keep children and staff safe. For more information, call 800.282.6063 or 860.509.7740. 

## Department of Social Services (DSS)

<http://www.ct.gov/dss>

### More Training Opportunities for Child Care Providers caring for Infants and Toddlers

Amparo García, Lead Planning Analyst  
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CT Dept of Social Services

Last year, the Department of Social Services, through a contract with the Accreditation Facilitation Project of Connecticut Charts-A-Course, started implementing a training and dissemination plan on the State's Guidelines for the Development of


Infant and Toddler Early Learning (better known as ELGs). The first phase of the plan sought to train teachers at targeted child care center programs that had infant and toddler classrooms. Participating child care centers were either receiving state funds or seeking accreditation from the National Association for the Education of Young Children (NAEYC.) Over one thousand individuals have received the ELG training in the past 18 months.

The next phase of the ELG dissemination plan started in January 2011 as this training opportunity was extended to include other child care providers serving infants and toddlers such as:

- Early Head Start programs

- Private (both nonprofit and for-profit) child care centers
- Family day care home providers licensed by the Department of Public Health (DPH)
- Family, Friends and Neighbors (FFN) caregivers exempt from DPH licensing

The Accreditation Facilitation Project will continue coordinating the training of child care center based infant and toddler programs. All Our Kin, a New Haven nonprofit organization, will coordinate the training of family day care homes and FFN child care providers.

For more information, contact Amparo García at [amparo.garcia@ct.gov](mailto:amparo.garcia@ct.gov) 

*Please share the newsletter with all staff.*

## Child Care 2-1-1 Mailbag

**Question:** Incorporating healthy foods into the menu is easy, but always getting the children to eat them is not! How do I find creative ways to encourage well balanced healthy eating?

**Answer:** It definitely is difficult to get children to eat healthy snacks and meals. Temptation is always there to give them something quick and easy even if it is not healthy; however, the long term effects may not be so good.

Here are some creative ways to incorporate healthy meals/snacks that children will eat:

- Children learn by example. So, be a good role model and eat the same healthy foods that you serve the children.
- Make healthy food the option available for children. Temptation will not be there!
- Include the children in helping you create the menu in your program. Making a chart of their favorite snacks, favorite fruits, etc., and serving commonly mentioned items encourages children to eat them. They, in turn, feel proud that they were an integral part of the menu planning.
- Create an herb and vegetable garden in which the children can use all their senses (smell, touch, taste, etc.). They can



nurture the growing plants and make graphs (good math skills) that describe their efforts and the resulting plant growth.

- Take a shopping field trip to your local farmers market or grocery store; but, before you go, prepare a list of healthy items to purchase.
- Plan cooking activities: bake banana bread, toast muffins, make fruit salad, or even make ice cream. Invite a chef come to engage with children in making a simple snack/meal as a fun, educational activity.
- Eat sweets in moderation by incorporating them just in celebrations. Ask parents to bring in cupcakes and other sugary treats only on special occasions.
- Create a cookbook from the children's most loved food items and give to parents. Then families can incorporate the foods in their homes as well.
- Be mindful of allergies and ensure children's health assessment forms on file have allergies noted.

*For additional ideas contact 2-1-1 Child Care  
(call 2-1-1 or 800.505.1000.)*

