



Caring for Connecticut's Children



A HANDBOOK FOR
PARENTS AND CAREGIVERS
OF YOUNG CHILDREN

Volume 1 Promoting Health and Safety

Developed by the
Training Resource Academy,
an initiative of CHDI



Child Health and
Development Institute
of Connecticut, Inc.

2004



acknowledgements



This handbook for parents and caregivers is dedicated to the memory of Jane Bourns, LCSW, who devoted her life to improving the health and safety of children. She will be greatly missed by all those whose lives were touched by her presence.

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Dear Connecticut Parents and Caregivers:

The Training Resource Academy has worked over several years with Connecticut Charts-A-Course and Wheeler Clinic in developing a comprehensive training system for child care providers in Connecticut, particularly those at entry level. After designing a series of health and safety training workshops, we recognized the need for a user-friendly handbook with research-based, up-to-date information and local resources on health and safety that would be useful for parents and other caregivers. This publication is the result, and we hope that it will be widely used to promote the healthy development of Connecticut's children.

Many dedicated individuals contributed to the production of this volume. The Training Resource Academy extends special thanks to Carol Kravitz, MS, APRN, principal author, for her commitment to its completion. The Academy also gratefully acknowledges Colleen Brower, M.Ed and Anna Figueroa, MBA for their thoughtful guidance and valuable contributions throughout the development of this publication.

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Final recognition goes to staff contributors, especially Frances Duran and Cindy Langer, who spent many hours working with the authors and editing the final document.

We hope that readers find this document a useful addition to the library of Connecticut materials on child health and development. It is expected to be the first of two volumes; the second, focused on child development, will be published later this year.

Thanks for all you do for Connecticut's children!



Denise W. Merrill, Director
Training Resource Academy of the
Child Health and Development Institute of CT

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introduction

Congratulations! You are caring for Connecticut's young children. Whether you are a parent or a child care provider, you have a very important job. Children depend on you to provide a healthy, safe and nurturing environment that will help them grow up to be happy and self-confident individuals.

The Caring for Connecticut's Children handbook series was developed to help caregivers succeed in this important job by sharing information and best practices on key early childhood topics such as health, safety and physical, intellectual and emotional development. By presenting material in a user-friendly format and including tips, activities and resources throughout, we hope that this series of handbooks will become a valuable reference for all those caring for the youngest members of our communities.

Purpose of this Handbook

This first volume of the Caring for Connecticut's Children series, "Promoting Health and Safety," is intended to help parents and other caregivers of young children (birth through age 5) understand:

- how to create a healthy and safe environment that will ensure that all children can thrive, and
- how to respond to children's many needs based on best practices.

This handbook is only a guide, highlighting major health and safety issues. For more information on any topic in this handbook, you can talk with your health care provider (doctor, nurse practitioner or physician assistant) and/or check out the Resource section at the end of this handbook where you'll find a wealth of information.

In addition, there are several organizations in the state that provide training for parents and child care providers on these issues. The Training Calendar at www.greatkidsCT.org provides a one-stop source for learning about training and workshops going on in Connecticut. Training organizations are also listed in the Resource section.

How to Use this Handbook

An Educational Tool

Each section begins with an introduction and explanation of the topic to be covered and includes helpful hints for promoting health and safety. Many sections also include "What to Do and Why" charts that not only offer suggestions but also explain the rationale behind those suggestions.

Also, key terms are defined in the glossary, which is located in the Resource section at the end of the book.

A Resource Manual

Contact information for local and national organizations is included for those looking for additional help or information on the topics discussed in this book. These resources are included within the appropriate section and are also catalogued by topic at the end of the book. Where possible, we have listed toll-free phone numbers and web site addresses. If you do not have Internet access at home or in the workplace, check out your local library.

Age Icons

This book focuses on health and safety issues for infants, toddlers and preschoolers. The following icons are used in each section to indicate to the reader which age group(s) will be discussed. In some sections, the information presented may apply to more than one age group. For this book, the age groups are defined as follows:



Infants: 0 to 12 months



Toddlers: 1 to 3 years



Preschoolers: 3 to 5 years

introduction

Other Icons

Look for the following icons and other graphics throughout this book. They will lead you to important information and practical tips to help you create a healthy and safe environment for children.



Creative tips and ideas



New research or little known facts



Important things to remember



Alerts or warnings



Sources for more information

Note: The information and ideas presented in this handbook are meant to promote the health and safety of young children by educating caregivers on key issues and providing recommendations based on established best practices. This book is not intended in any way to substitute for the care or advice of a health professional.

Additional Handbooks:

Copies of this handbook may be downloaded at: www.chdi.org

To order additional bound copies*, please contact:

Training Resource Academy
270 Farmington Avenue
Suite 367
Farmington, CT 06032

Phone: 860-679-1519
Fax: 860-679-1521
Email: chdi@adp.uchc.edu

*There will be a small fee to cover postage and handling for all shipped orders.

About the Training Resource Academy

The Training Resource Academy was created to foster, develop and improve education and training opportunities for health practitioners, child care workers, parents and others who care for children. The Academy does not directly provide training, but rather acts as a catalyst to improve quality and access, and to promote a more integrated approach to training and professional development.

About the Child Health and Development Institute

The Child Health and Development Institute of Connecticut is a not-for-profit organization established to promote and maximize the healthy physical, behavioral, emotional, cognitive and social development of children throughout Connecticut. CHDI creates, supports and facilitates innovative primary and preventative strategies for children, and works to maximize the effectiveness of the institutions and systems that contribute to their well-being.





SLEEP



infant

SLEEP HABITS of INFANTS

A newborn can sleep up to 16 hours daily, taking naps throughout the day and night. **By six months, infants are sleeping longer at night and by eight to ten months, most babies sleep all night long (9-10 hours.)** By age one, babies typically sleep about 12 hours total, often with only one nap. However, setbacks in sleeping patterns are common.

It is normal for babies to awake at night. Sometimes babies will awake for up to an hour at a time, even if they don't cry. From birth to six months, babies may wake up as much as 2 to 3 times a night.

helpful hints

WHAT TO DO...

Prepare the baby for sleep by singing softly or rocking him/her, then place the baby in the crib while still awake.

Keep track of daytime routines that help or prevent the baby from getting a good night's sleep.

When the baby wakes and cries at night, you might want to wait a few minutes before trying to settle him/her.

When you go in to settle a crying baby, try to do this while the baby is in the crib.

Use caution if you choose to put the baby in bed with you.

WHY?

This helps to soothe and relax the baby so he/she can fall asleep more easily.

All babies are unique and it is important to learn about each child's habits.

Babies can often settle themselves. But remember, first make sure that the baby is safe and that he/she is not crying because something is really wrong.

A baby that falls asleep in your arms will often wake when put back in bed because of the change in temperature between your body and the crib.

It is possible to roll over on the baby without waking up. The baby may suffocate.



BRIGHT IDEA

.....
To help babies sleep, have soothing sounds in the background like soft music, a quiet fan or recordings of nature sounds.

SUDDEN INFANT DEATH SYNDROME (SIDS) and CRIB SAFETY



infant

SIDS, also known as “crib death,” refers to sudden, unexplained death before the age of one year. The cause of SIDS is unknown, but studies have shown that **placing babies on their backs to sleep greatly reduces the number of deaths from SIDS** without an increase in choking. Unless the baby’s health care provider tells you that the baby has a special health problem that makes sleeping on his/her back unsafe, always put the infant on his/her back to sleep at bedtime and naptime. And to prevent falls and other injuries, be sure to check the crib and the area around it to make sure that it is a safe place for babies.



**? MORE
INFO**

• FOR MORE INFORMATION
• ON SIDS, CALL :
• THE NATIONAL SIDS
• RESOURCE CENTER
• AT 1-866-866-7437
• (TOLL-FREE)

• THE BACK TO SLEEP
• CAMPAIGN
• AT 1-800-370-2943
• (TOLL-FREE)

tips for reducing the risk of sids

WHAT TO DO...

Put the baby on his/her back to sleep.

Remove stuffed animals, pillows or other soft, fluffy and loose bedding from the baby's sleep area.

Keep the baby at a comfortable temperature while he/she sleeps.

WHY?

Studies show that having babies sleep on their backs decreases the number of SIDS deaths.

Removing things that could cause suffocation or be a fire hazard can help prevent accidental injury or death.

Babies can get overheated if they are dressed or covered in too many layers or the room is too hot.



BRIGHT IDEA

Lay babies on their stomachs to play. Babies need time when they are awake to be on their tummies to exercise chest and arm muscles and develop head and neck control.

other crib safety guidelines

WHAT TO DO...

Be sure crib slats are no more than 2 $\frac{1}{2}$ inches apart and use a firm, flat crib mattress that fits snugly in the crib.

Make sure the child cannot reach cords on window blinds and that sleep materials (crib bumpers, pajamas) do not have ties longer than six inches.

WHY?

Some of the baby's body parts could slip between the slats or between the crib and mattress and cause injury if there is too much space.

This can help reduce the possibility of a child strangling him/herself.



SLEEP HABITS of TODDLERS



toddler

As most toddlers celebrate their first birthday they may still be taking a morning and an afternoon nap. However, in the next few weeks or months they will become less and less likely to fall asleep for a morning nap and will soon be taking an afternoon nap only. Toddlers may also begin to resist going to sleep, either to show their independence or to avoid being left alone.

Another change that usually happens between the first and second birthday is the toddler moves out of the crib and into a regular bed or sometimes a junior size bed.

Toddlers often let you know that they are ready for this change by resisting getting into the crib and even by saying that they don't want to sleep in the crib anymore. It takes a while for the toddler to get used to this switch. If mom is expecting a new baby, this change should be started several weeks before the new baby is due.

helpful hints

WHAT TO DO...

Develop a bedtime routine and use it every night. For example, read the child a bedtime story.

Give the toddler appropriate choices like which pajamas to wear and which bedtime story to hear.

Be sure the mattress and springs in the crib are set at the lowest level.

If at all possible, have the crib and the new bed in the bedroom together for a while. Be sure familiar bedding and the toddler's special blanket or toy go with the toddler into the new bed.

Use a guard rail on the new bed or put cushions on the floor to soften any falls.

WHY?

A set routine can help the child settle in for bed and get a better night's sleep.

Toddlers like being given choices because it makes them feel independent and in control.

This helps prevent older infants and toddlers from climbing over the crib rail and falling out of bed, which has caused head injuries and even death.

This makes the adjustment to the new bed easier.

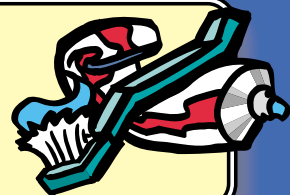


This helps prevent injury from falling out of the regular bed.



REMINDER

Before putting the child to sleep at night, brush his/her teeth and put on a fresh diaper.





SLEEP HABITS of PRESCHOOLERS

preschool

Preschoolers need about 11 to 12 hours of sleep per day. This includes naps, but many children stop taking naps during the preschool years. **To help ensure that the child gets enough sleep, put the child to bed at the same time every night and establish a set bedtime routine.**

Some children will wake with nightmares or night terrors. Many preschoolers become afraid of the dark. Both of these behaviors are a normal part of development. However, if a child's sleep problems seem unmanageable, be sure to talk to the child's health care provider about them.

helpful hints

WHAT TO DO...

Have a set bedtime and wake-up time seven days a week.

Have a bedtime routine and use it every night. This might include a bath, putting on pajamas, two stories, a drink of water, hugs and a good-night kiss. Stick to your routine.

If a child develops a fear of the dark, use a night light in the bedroom.

When a child wakes up crying, he/she may not be able to tell you what is wrong or even seem awake. Settle the child back to sleep and don't worry if he/she has no memory of it in the morning.

WHY?

Routines help young children settle into sleep at a regular time.



This can help children feel in control of their fears.

Nightmares and night terrors are common in preschool children.



BRIGHT IDEA

To comfort a frightened child, try leaving on a night-light in the child's room.





NUTRITION



infant

BREASTFEEDING and BOTTLES

The ideal food for babies during the first year of life is breast milk. When this is not possible, the baby should have iron-enriched formula. Whether the formula is cool or warm does not affect its nutritional value. Young babies like to eat every three to four hours. Breastfed babies usually eat more often. It is not necessary to feed babies juice, cereal or any other food during the first four months of life. Babies should also stay on breast milk or formula until after their first birthday. However, around six months, infants are ready to begin learning how to drink from sippy cups or cups with straws.



**? MORE
INFO**

- FOR MORE INFORMATION ON BREASTFEEDING:
- Call the La Leche League at 1-800-525-3243 (toll-free) or
- Read "A Woman's Guide to Breastfeeding" available on-line at www.aap.org/family/brstguide.htm

helpful hints

WHAT TO DO...

WHY?

If the baby likes warm formula, warm the bottle in a pan of hot water for no more than 5 minutes. Do not microwave formula.

Microwaving formula can make the inside temperature of the bottle hot enough to burn the roof of the baby's mouth and can destroy some of the vitamins and minerals.

Stir heated formula gently. Do not shake bottles.

Shaking a bottle increases the likelihood of feeding air to the baby, which can cause painful gas.

Be sure to test the formula temperature before giving it to the baby.

Testing the formula temperature can help prevent the infant's mouth from getting burned.

Never use opened formula that has been sitting at room temperature for more than one hour. Throw away bottles of formula or breast milk that haven't been used within 48 hours, even if they have been refrigerated.

After an hour, enough bacteria can grow to make babies sick.



If you are not using pre-mixed formula, follow the preparation directions carefully.

Formula that is too strong can cause vomiting and diarrhea.

Do not prop the bottle or let the baby lie down with a bottle.

Propped bottles can cause choking and tooth decay. (See p. 39 for more oral health information)



..... Medications the mother is taking may cross over into breast milk and cause harm to the baby. Before breastfeeding, mothers taking medications should contact their health care provider or the La Leche League at 1-800-525-3243 (toll-free).



infant

BEGINNING SOLID FOODS

The infant's body is usually ready to handle solid food at about six months. This is the perfect time to start developing good eating habits. Talk to the child's health care provider about a plan for adding solid foods. Iron-rich baby cereal is usually a good starting food. In the beginning, offer the child one solid meal for a few days and gradually build up to three solid meals each day. Encourage the baby to try different fruits and vegetables – even the ones you may not like. Toward the end of the first year, babies start to feed themselves. Expect this to be messy and enjoy the process. Make mealtime fun!

helpful hints

WHAT TO DO...

WHY?

Start one new food at a time. Wait five to seven days before adding another food.

This helps to determine any food allergies the baby may have.

Start with no more than two teaspoons of food.

Breast milk or formula should still be the baby's main source of nutrition.

Offer the baby food before the bottle or breast.

Babies are more likely to eat new foods if they are hungry.

Use a spoon to feed the baby. Do not add food to the baby's bottle.

Using a bottle can keep the baby from getting enough formula and from learning to use a spoon. It can also cause choking if you enlarge the bottle nipple hole.

Never give babies honey.

Honey can contain toxins that are not harmful to adults but can be fatal to babies.

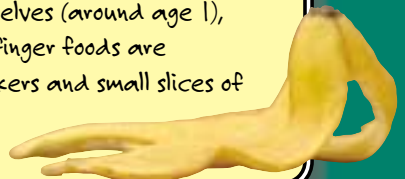
Don't reward babies for taking extra amounts of food.

This can lead to overeating and unhealthy weight gain.



BRIGHT IDEA

When babies are ready to begin feeding themselves (around age 1), good starting finger foods are teething crackers and small slices of bananas.





toddler

PREPARING FOODS FOR YOUNG CHILDREN



From 12 to 36 months, toddlers are rapidly getting more teeth. Still, choking can be a big problem. **It is very important that caregivers carefully choose the foods they offer toddlers and then prepare them correctly.** Children are most likely to choke on food that is round, sticky or hard because it can get caught in their throat and block their airway. For children age 3 and younger, avoid the following foods: celery, cherries with pits, all fruits with seeds, hard candy, gumballs, nuts, raw carrots, spoonfuls of peanut butter, raisins and round hot dog slices.



BRIGHT IDEA

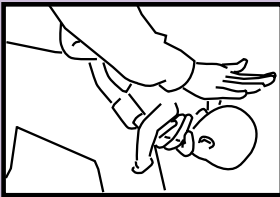
Learn CPR! Knowing CPR saves lives. For more information on CPR training, call the Connecticut Red Cross toll-free at 1-877-287-3327 or Infoline at 2-1-1. CPR classes are offered in English and Spanish.

if a child is choking

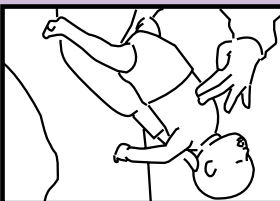
- ▶ Make sure that the child is actually choking. A child that is choking cannot cough, talk or breathe.
- ▶ Perform the Heimlich maneuver to remove the item that is choking the child. Be sure to use the appropriate technique for the child's age! (See below.)
- ▶ If you are unable to remove the item or feel the child needs further medical attention, call 911.

For Children Under One Year Old

- Carefully place the infant face-down on your forearm, using your hand to support the infant's head and neck.
- With the heel of your other hand, give 5 thumps on the infant's back between the shoulder blades.



- Turn the infant over, continuing to support the infant's head and neck.
- Place two or three fingers in the center of the infant's breastbone.
- Give 5 quick downward thrusts. Each thrust should be about $\frac{1}{2}$ to 1 inch deep.



For Children One Year Old and Older

- Place the thumb side of your fist just above the child's belly button.
- Grab your fist with your other hand.
- Give quick, upward thrusts.



For both age groups, continue the steps shown above until the object is removed and the child begins to breathe. If you need help, call 911 immediately.



MAKING THEIR OWN FOOD CHOICES

toddler

Many people caring for toddlers worry that they are not eating enough. **Toddlers often pick and choose the foods they eat rather than simply eating what you put in front of them.** However, toddlers do not grow as rapidly as infants and therefore, it is unlikely that eating smaller amounts of food will prevent normal growth. Still, it is important that toddlers have a healthy diet that offers nutrition without increasing the risk of choking or tooth decay. It is also important to make sure the toddler is seated while eating.



what to offer toddlers

- ▶ Small amounts of food frequently during the day (every 2 to 3 hours)
- ▶ Finger foods that are easy to chew and swallow
- ▶ A variety of healthy meal and snack choices such as:
 - cut-up pieces of fruit
 - cooked vegetables
 - unsweetened cereal without milk
 - cut-up pieces of chicken and fish
 - graham crackers
- ▶ Milk or other dairy products, such as yogurt
- ▶ New food choices, so the child tries different things

NEWS FLASH

Because rapid brain growth requires fat, whole milk is recommended for children between 1 and 2 years of age. Remember, half the calories in whole milk come from fat! After age 2, children should begin drinking low-fat milk.

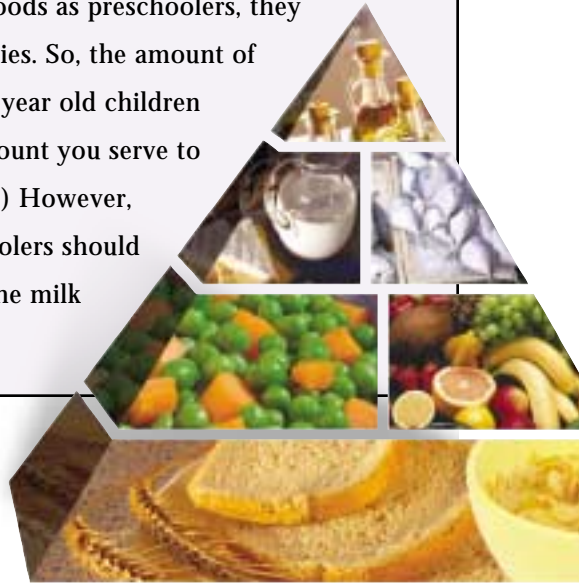


DEVELOPING HEALTHY EATING HABITS



toddler & preschool

To help ensure a healthy, balanced diet, use this food guide pyramid for young children when planning meals and snacks. The six sections represent the six food groups. More servings should be from the bottom of the pyramid and less from the top (fats and sweets). Although toddlers need the same variety of foods as preschoolers, they do not need as many calories. So, the amount of food you offer to 2- and 3-year old children should be about $\frac{2}{3}$ the amount you serve to older children. (See below.) However, both toddlers and preschoolers should have 2 full servings from the milk group every day.



Serving Sizes for 2 and 3 Year Olds

Milk Group (2 servings daily):

- 1 cup milk
- 1 cup yogurt
- 2 ounces cheese

Meat Group (2 servings daily):

- 1 1/3 ounces cooked lean meat, poultry, fish or dry beans
- 1 cooked egg

Grain Group (6 servings daily):

- 2 graham cracker squares
- 1/3 cup cooked oatmeal
- 1/3 cup cooked spaghetti

Vegetable Group (3 servings daily):

- 1/3 cup spaghetti sauce
- 2/3 cup vegetable soup
- 1/3 cup green beans or green peas

Fruit Group (2 servings daily):

- 1/3 cup cut-up fresh or canned fruit
- 1/3 cup applesauce
- 1/3 cup blueberries

helpful hints

WHAT TO DO...

WHY?

Limit juices to about 1/2 cup a day. Choose juices with no-sugar added.

Too much juice can add excess calories and promote tooth decay.

Make sure to offer children water throughout the day.

Unlike juice, water contains no fructose or other sugars. Water is important for good health and brain development.

Don't reward children for taking extra amounts of food.

This can lead to overeating and unhealthy weight gain.

Make meal times happy times.

Food digests better when stress is low.

Let children see you eating healthy foods.

Young children learn by imitating.

Serving Sizes for 4 to 6 Year Olds

Milk Group (2 servings daily):

1 cup milk
1 cup yogurt
2 ounces cheese

Meat Group (2 servings daily):

2 ounces cooked lean meat, poultry, fish or dry beans
2 cooked eggs

Grain Group (6 servings daily):

3 graham cracker squares
1/2 cup cooked oatmeal
1/2 cup cooked spaghetti

Vegetable Group (3 servings daily):

1/2 cup spaghetti sauce
1 cup vegetable soup
1/2 cup green beans or green peas

Fruit Group (2 servings daily):

1/2 cup cut-up fresh or canned fruit
1/2 cup applesauce
1/2 cup blueberries



TEACHING CHILDREN ABOUT NUTRITION

toddler & preschool

Young children love being involved in food preparation and are proud to serve the foods they help prepare. **Food preparation is also a great way for young children to develop new skills and learn about good nutrition** and what foods belong in the different food groups.

**? MORE
INFO**

FOR MORE INFORMATION ON NUTRITION:

Children and caregivers can visit:
www.nutritionexplorations.org

suggested activities for young children

- ▶ Helping put cereal in a bowl and pouring milk over it
- ▶ Helping prepare simple wholesome foods (see sample recipes below)
- ▶ Helping grocery shop by finding foods they recognize on low shelves
- ▶ Learning to use measuring cups and spoons



SOFT TACOS

Ingredients:

Flour tortillas, shredded lettuce, chopped tomato, shredded cheddar cheese, mild taco sauce, canned or cooked pinto beans

Directions:

Give each child a tortilla. Wash and prepare lettuce and tomato. Shred cheese. Assist the children in topping their tortillas with beans, lettuce, tomato, cheese and taco sauce. Fold tortilla in half and cut into 2 pieces.

ENGLISH MUFFIN PIZZAS

Ingredients:

English muffin, tomato sauce, cheese slices, toppings such as sliced olives or sliced mushrooms

Directions:

Give each child half of an English muffin. Put the tomato sauce in one bowl and the toppings in another bowl. Help the child spread some tomato sauce on his/her English muffin with a spoon. Then, let the child place one slice of cheese on top and sprinkle on some toppings. Put the English muffin in the toaster oven until the cheese bubbles and allow to cool slightly before serving to the child.



FOOD SAFETY

toddler & preschool

In addition to selecting healthy and nutritious foods for children, it is also important to make sure that those foods are prepared safely. **Foods that are not cooked, cleaned or stored properly can make both children and adults sick.**

**? MORE
INFO**

• FOR MORE INFORMATION ON FOOD SAFETY
• Call the University of Connecticut Cooperative
• Extension Services toll-free at 1-877-486-6271
• or visit them online at:
• www.canr.uconn.edu/ces/foodsafety/

helpful hints

- ▶ Wash your hands and the child's hands before and after preparing or eating foods.
- ▶ Thoroughly clean fruits and vegetables before eating them.
- ▶ Before and after food preparation, use hot, soapy water to clean counters and cooking tools, like cutting boards, mixing bowls and utensils.
- ▶ Cook all foods completely, especially foods like chicken, eggs, meat and fish.
- ▶ Seal and refrigerate or freeze any cooked foods that will not be eaten right away.

FOOD PREPARATION GUIDELINES

If you're serving...

- Hamburger meat
- Chicken
- Fish
- Eggs

Cook until...

- Brown or gray on the inside
- Juices run clear
- Flakes easily with a fork
- Firm, not runny

FOOD SHOPPING GUIDELINES

- ▶ Check the "sell by" or expiration date on all foods to make sure that they are still fresh.
- ▶ Check eggs to make sure that they are not broken or cracked.
- ▶ Look for canned goods without any dents or bulging lids.
- ▶ Avoid any foods in packaging that has been ripped open or shows other signs of damage.
- ▶ If you buy foods that need to stay cold, go straight home after shopping and put them in the refrigerator or freezer. Do not leave food in a hot car.





ORAL HEALTH



ORAL HEALTH & INFANTS

infant

Baby's first teeth are already forming when the baby is born and start to cut through the gums at about six months of age. This process is called *teething*. Some babies are fussy when this happens because it is painful. These first teeth are important and you will want to take good care of them. You can help keep the baby's mouth healthy by taking the bottle away as soon as the baby has finished eating, and cleaning the infant's mouth with a wet cloth after every feeding. Also, **Mom and baby should visit the dentist together after the first tooth cuts through the gums.** The dentist will then decide how often the child should come in for check-ups. Usually, it will be every six months.





ORAL HEALTH & TODDLERS

toddler

During this stage of the child's development, the full set of 20 primary teeth will grow into place. These teeth are important for chewing and talking and they help prepare the mouth for the permanent teeth. Some of these baby teeth will need to last until the child is 12 years old. To help keep toddlers' teeth healthy and strong, take them to the dentist for check-ups every six months and ask about the need for fluoride supplements.



helpful hints

WHAT TO DO...

At two years of age you can start using fluoridated toothpaste. Use no more than an amount the size of a pea.

Provide non-sugary, non-sticky snack choices like bananas, crackers and oranges.

If the toddler is taking a bottle, STOP NOW or give only plain water in the bottle.

Protect your toddler against falls.

Help your toddler brush his/her teeth up and down, front and back. Do this after meals and before bedtime and naptime.

WHY?

Too much fluoride is poisonous. Toddlers usually swallow toothpaste.

Sugar, including milk sugar, helps decay-causing bacteria grow. Food that gets stuck in the teeth, like fruit roll-ups, can also cause cavities.

Too much exposure to milk sugar or juice sugar encourages tooth decay.

Falls can damage or kill the nerves in toddlers' teeth.



NEWS FLASH

..... Dental decay is the most common chronic disease in children in America today. It is five times more common than asthma.



ORAL HEALTH & PRESCHOOLERS

preschool

Dental decay is increasing among preschool children. It is important that you know how to keep preschoolers' teeth healthy and strong. Even though the child is past the age of using a baby bottle, there are other habits that could contribute to tooth decay. For example, frequent snacking is a serious problem because it keeps the teeth covered in the acid produced by the breakdown of food. This acid eats away at the tooth enamel and results in decay. It is a good idea to have set meal and snack times and to offer healthy, low-sugar food and drink choices.



**NEWS
FLASH**

At age three, children should begin visiting the dentist every six months, if they have not already begun to do so.

helpful hints

WHAT TO DO...

Brush the child's teeth or supervise brushing after breakfast and at bedtime. Use a pea-sized dot of fluoride toothpaste.

Offer non-sugary, non-sticky snacks.

Use positive reinforcement for good dental habits. For example, praise the child for doing a good job brushing his/her teeth. Or, buy the child a motorized toothbrush to make brushing more fun.

WHY?

3 year olds can begin to learn to brush their own teeth, but swallowing too much fluoride is still a danger.

Limiting the amount of time tooth enamel is exposed to sugar helps prevent tooth decay.

Preschoolers love to please adults.

HEALTHY FOOD AND DRINK CHOICES

Instead of...

Soda

Candy

Ice cream

Offer

100% juice or water

Fresh fruit

Yogurt





SAFETY



BURNS

infant

A burn only takes an instant to happen! Every year all over the country babies come into emergency rooms with burns, often from hot liquids. **An infant's skin burns at a lower temperature than an adult's.** This includes sunburns.

Infants should be protected from the sun by clothing and hats and kept in shaded areas. After six months of age, sunscreen (at least SPF 30) should be used to protect exposed areas of skin.



tips for preventing burns

WHAT TO DO...

WHY?

Put babies down in a safe place while holding hot items or smoking.

Keeping hot items more than an arm's length away from babies prevents them from grabbing things that could harm them.

Keep hot liquids out of the baby's reach and off of tables with tablecloths.

Every year many babies are burned when they pull hot liquids onto themselves.

Turn the hot water heater down to 120 degrees.

A baby's skin burns at a lower temperature than an adult's.

Keep all electric cords out of reach.

Babies like to teethe on electric cords. They can burn their mouths and electrocute themselves.

Plug all open wall sockets with safety plugs.

This stops the baby from putting anything in the socket and getting a shock.

Shield radiators and fireplaces.

This protects babies from touching something hot enough to burn them.



REMINDER

..... Install smoke detectors on every level of the home or child care center (including near sleep areas). Be sure to test them twice a month!

BURNS



toddler & preschool

Like babies, toddlers and preschoolers are particularly at risk for burns because of their tender thin skin, curiosity and slower reaction time. **Since burns can occur in seconds, close supervision is necessary.** Below are some additional safety tips to help caregivers reduce the risk of burn injuries.

TIPS FOR PREVENTING BURNS

- Teach children what "HOT" means.
- Keep matches, lighters and other fire sources out of reach.
- Keep lit cigarettes, cigars and other smoking items out of reach.
- Use outlet covers and hide electrical cords.
- Keep screens/guards around radiators and fireplaces.
- Throw away any electrical equipment with frayed wires.
- When cooking, turn pan handles in towards the back of the stove.
- Keep hot beverages and foods out of reach.

if a child is burned

WHAT TO DO...

Stop the burning by removing the source. For example, lift the child's hand off of the hot stove burner.

Cool minor burns quickly by placing the burned skin area under cool running tap water.

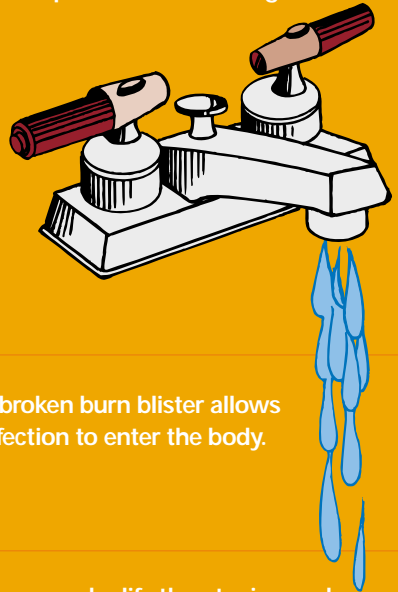
Remove the child's clothing unless it is stuck to his/her body.

Keep the child from breaking any burn blisters. If you have any questions about how to do this, contact a health care provider.

In the event of a serious burn, call 911 and (child care providers) notify the parents. Burns to the face, genitals, hands and feet should be considered serious.

WHY?

Skin damage continues after the burn first happens and these things will help reduce that damage.

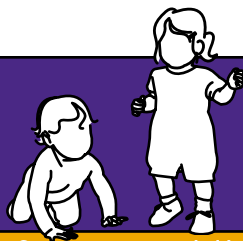


A broken burn blister allows infection to enter the body.

Burns can be life threatening and cause permanent damage. If there is any doubt, get medical attention. Serious burns should be treated by a hospital.

- Place appliances towards the back of the counter.
- When using microwaves, use caution in heating time.
- Teach children to crawl low to the ground if they notice smoke or a fire.
- Plan and practice escape routes in case of a fire. Choose an outside meeting place and make sure everyone knows where it is.
- Apply sunscreen (at least SPF 30) before children go outside. Reapply after being in the pool/ocean.

CAR SEAT SAFETY



infant & toddler

Car accidents are a major cause of death among young children. **Proper use of a car seat can greatly reduce the risk of serious injury and death.** Children should be in a rear-facing car seat until they are 20 pounds and at least one year of age. After that and until they reach 40 pounds, children should ride in a front-facing car seat.



? MORE ! INFO

• FOR MORE INFORMATION ON CAR SEAT SAFETY

• CT SafeKids	National SafeKids
• Campaign	Campaign
• www.ctsafekids.org	www.safekids.org.buckleup
• or call 860-545-9988	

• You can also contact your local police department.
• They can tell you about dates and locations for car seat fittings and installation checks.

car seat safety guidelines

- ▶ Be sure the car seat is installed properly and that the car seat is held securely by the seat belt and tether strap.
- ▶ Put the car seat in the center of the back seat - it's the safest place for the child.
- ▶ Make sure the car seat straps (5-point harness) fit snugly against the child's body.
- ▶ Never place the child in the front seat of a car with front or side air bags.
- ▶ Use the car seat EVERY time the child is in the car.
- ▶ Choose a car seat style that snaps and unsnaps easily to make life simpler for the caretaker.
- ▶ Set a good example by wearing your own seat belt at all times.

!ALERT

.....

NEVER leave a child unattended in a car seat. Children left in unattended cars have died from injuries or exposure to excessively hot or cold temperatures. They have also been kidnapped.



CAR SAFETY

preschool

Motor vehicle accidents are the leading cause of accidental death in preschool children. Once children reach a weight of 40 pounds, they have outgrown the car seat. However, when some children (between 40 and 80 pounds) are buckled in, the seat belt harness comes across their face or neck instead of their chest. When this happens, these children need to sit in a specially designed booster seat so that the seat belt fits correctly, across the chest. They should also ride in the rear seat.

Car safety includes the area outside of the car as well as inside. This is a good time to teach preschool children how to act safely whenever cars are around.



helpful hints

WHAT TO DO...

Teach young children key safety tips, such as:

- Always holding an adult's hand when crossing the street or walking in a parking lot.
- Looking both ways when crossing the street.

Have children wear approved helmets when riding bicycles and tricycles. Make sure the helmets fit comfortably, but snugly.

Always have an adult supervising preschoolers when they are playing outside.

Teach preschoolers not to get in cars with strangers.

WHY?

By following these basic rules, children are at less risk for being hit by cars.



Each year many children suffer head injuries when they are hit by cars while riding bikes.

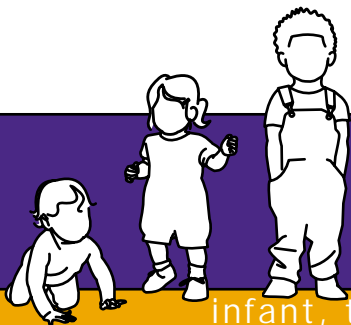
Preschoolers often act impulsively and can quickly dart into traffic.

This can help prevent kidnappings.

!ALERT

.....

The impact of an inflating airbag can injure or kill a young child. Always place children in the back seat if there is a passenger side airbag in the front seat.



CHILD ABUSE

infant, toddler & preschool

Child abuse, also known as child maltreatment, happens every day in this country and hundreds of children die each year of abuse by parents and caretakers. Young children are often victims, probably because of their small size and helplessness.

Child abuse is against the law. Anyone can report suspected child abuse. This can be done without telling your name.

**All health care professionals
and all child care workers
must report any suspected
child abuse, sexual abuse
or neglect. This is the law.**



**Child Abuse
and Neglect
Hotline**

**1-800-842-2288
(toll-free)**

helpful hints

WHAT TO DO...

Report suspected child abuse by calling the child abuse and neglect hotline toll-free at 1-800-842-2288. This is available 24 hours a day.

If you are having trouble handling the children in your care, get help. Some numbers to call are:

- Infoline at 2-1-1 (toll-free)
- Wheeler Clinic HelpLine at 860-747-3434 or 860-524-1182

WHY?

You don't have to be sure a child is being abused to report it, you only need to suspect it. You are legally protected if your report was made in good faith, even if abuse is not confirmed by investigation.

Many times family or other stresses can lead to unintentional abuse or neglect. It is better to get help than hurt a child.

COMMON FORMS OF ABUSE ARE:

- ▶ Physical harm from such things as kicking, burning and punching.
- ▶ Physical neglect such as withholding food, medical attention or the right kind of clothing.
- ▶ Emotional abuse and neglect such as ignoring the child for long periods of time, locking the child up for punishment or always yelling and telling the child that they are bad or stupid.
- ▶ Sexual abuse that includes any sexual contact or behavior with a child.



CHOKING

infant

The main way babies learn about the world is by putting things in their mouth. You have seen this in action lots of times. Everything goes in the mouth. Your job is to make sure all dangerous items are out of the baby's reach. Once the baby is crawling, this means checking the baby's whole environment, especially on the floor level, for potential choking items such as small toy parts.



**? MORE
INFO**

FOR MORE INFORMATION ON CPR TRAINING
AND THE HEIMLICH MANEUVER:

RED CROSS:

1-866-866-7437 (toll-free)

1-877-287-3327 (toll-free)

INFOLINE:

2-1-1 (toll-free)

Classes are offered in English and Spanish

tips to prevent choking

WHAT TO DO...

Make sure all toys given to the baby are 1 ¾ inches in size or greater. If you can fit a toy inside a roll of toilet paper, it's too small.

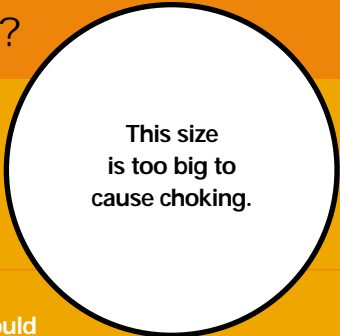
Be sure all toys, including stuffed animals, do not have smaller parts, such as buttons for eyes.

Keep all plastic bags and balloons out of baby's reach.

Keep hair ornaments, nuts, pills, beads and hard candy off the floor and out of reach.

Learn infant/child CPR.

WHY?



This size is too big to cause choking.

They could come off and cause choking.

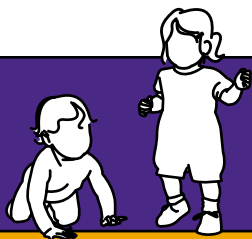
Many babies have suffocated with plastic bags or balloons over their faces.

Once babies learn to crawl or scoot around, they will try to put everything they see in their mouths.

If a child does begin choking or stops breathing, you might be able to save his/her life with your CPR skills.

IF A CHILD IS CHOKING...

- ▶ Perform the Heimlich maneuver to remove the item that is choking the child. (See page 27 for details.)
- ▶ If you are unable to remove the item or feel the child needs further medical attention, call 911.



DROWNING

infant & toddler

Babies love water! Splashing in water is exciting and a bath is often very soothing. However, you must guard babies against drowning which can happen in even the smallest amounts of water (like a dog's water bowl). Before babies are a year old, most can turn on bathtub faucets and walk into swimming pools.

Drowning is also a danger for toddlers. Toddlers have an intense curiosity level. Unfortunately, children at this young age are unable to swim, (even if you give them swimming lessons) therefore, their curiosity of water can lead to drowning. Young children are helpless in water and are unaware of its potential dangers. **Death from water can occur in any body of water in minutes.**



BRIGHT IDEA

• Learn CPR. Knowing CPR saves lives! In a drowning accident or other accident that causes a child to stop breathing, CPR can keep a child alive until medical help arrives. For more information on CPR training, call the Connecticut Red Cross toll-free at 1-877-287-3327 or Infoline at 2-1-1. CPR classes are offered in English and Spanish.

tips for preventing drownings

WHAT TO DO...

Always stay with the baby while he/she is in the bathtub, even if it's a baby tub. If you must leave even for a minute, take the baby with you or put the baby in a safe place like a crib or playpen.

Prevent young children from accessing water sources without adult supervision. For example:

- Fence in swimming pools and hot tubs/spas and lock the gate (self-latching are recommended).
- Prevent direct access to ponds, lakes or other bodies of water.
- Keep bathroom doors closed with the toilet seat down.
- Keep bathtubs drained.

Closely supervise children when near any water source including buckets of water.

WHY?

A baby sitting on the floor can fall or slide over and be fine, but in even a few inches of water, the baby can easily drown in just a minute.

Young children are curious and will try to investigate everything. Without locks and other safety precautions, this curiosity can lead to danger.

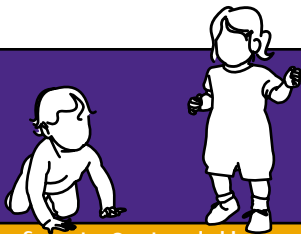


Young children do not always follow instructions and need your help in making safe choices.

WHAT TO DO IF YOU FIND A CHILD DROWNING IN WATER:

- Call 911
- Yell for help
- Start CPR if necessary





FALLS

infant & toddler

Babies grow so fast during the first year of life that every day brings new delights and new challenges. Protecting babies from being hurt in a fall is a big job because you never know what the baby will be able to do today that he/she couldn't do yesterday such as rolling over, pulling up and crawling on top of objects.

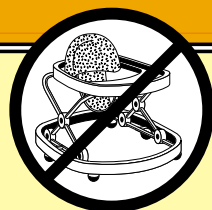
Preventing falls for toddlers is also a challenge. By toddler age, children are able to really explore their environment and become interested in opening doors and windows and climbing stairs. **While exploration is an important part of development, falls can easily occur.**



tips for preventing falls

- ▶ Supervise children at all times. This includes while on changing tables or in highchairs. Falls can occur in an instant!
- ▶ Keep screens in windows and/or guard windows with rails.
- ▶ Always use approved gates at both the top and bottom of stairs.
- ▶ Use secured area rugs or wall-to-wall carpeting in child care areas.
- ▶ Dress children in properly fitting clothing and shoes (pant legs should not touch the floor) so they don't trip easily.
- ▶ Keep children from climbing out of cribs or playpens by removing large toys and bumper pads and keeping crib rails fully raised and mattresses at the lowest level.
- ▶ When children are able to climb out of cribs, consider having them sleep in youth beds or close to the ground.

NEWS FLASH



The American Academy of Pediatrics recommends NOT using baby walkers because they have caused many child deaths and injuries.

if a child falls

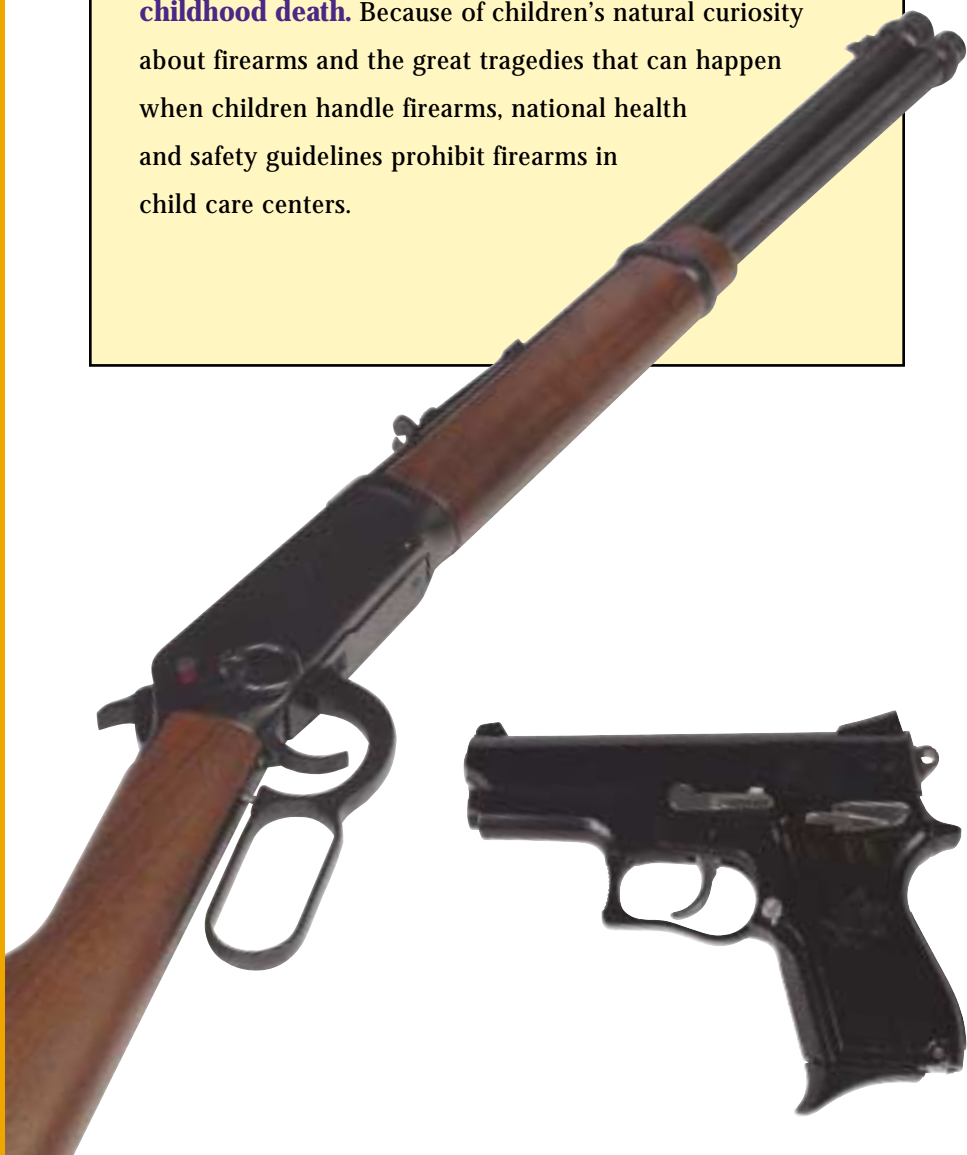
- ▶ Call 911 if you think the injury is severe.
- ▶ Do not move a child from the place of injury if he/she is severely injured and cannot get up by him/herself. Movement could make injuries worse.
- ▶ In a child care setting, notify the parents so they can watch the child at home and look for any problems.
- ▶ Closely examine the child for any injuries. Observe his/her use of the arms and legs and look for limping or absence of movement.
- ▶ Take him/her to a hospital if you notice sluggishness or vomiting or you are unable to wake the child. These may be signs of a head injury. Also look for any deformities such as abnormal shape of the arm or leg.



FIREARMS

preschool

Guns are one of the most common causes of accidental childhood death. Because of children's natural curiosity about firearms and the great tragedies that can happen when children handle firearms, national health and safety guidelines prohibit firearms in child care centers.



tips for preventing firearm injury

WHAT TO DO...

Remove guns from your home or places where children frequently stay.

If you must keep a gun:

- Keep it unloaded
- Put a childproof safety lock on the gun
- Keep the ammunition in a separate location, if possible, on a separate floor of the house
- Lock the gun in a lockbox

Supervise what your preschooler watches on TV and in videos so that they are not exposed to gun violence.

WHY?

The best way to avoid young children being injured and killed from firearms is to keep guns out of the home.

It is never enough to tell the child not to do it. You should do everything possible to prevent the child from playing with a gun and ammunition.

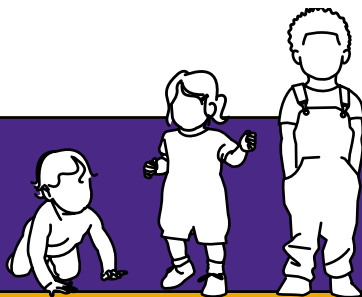


Studies have shown that watching violence on TV shows and videos increases violent behavior in children.



REMINDER

Remember, if a child stays at a friend or relative's house, find out if there are any firearms in the house and how they are stored. The same safety guidelines need to be in place wherever the child stays, so ask - even if it's just for a play date!



POISONING

infant, toddler & preschool

By about five or six months of age, a baby can scoot, creep, crawl or cruise around and get into a poisonous substance.

Before this happens, you need to childproof the baby's whole environment. Remember, by 10 months a baby can pick up even the smallest pill that falls on the floor!

Poisoning is also a big danger for toddlers. They are curious, love to imitate others and have an increased ability to get into things. **Common poisons include: household products such as cosmetics and other personal care products, cleaning substances, pain relievers and plants.**

It is important that caregivers take steps to prevent poisonings and protect all the children in their care. A good first step is to call the Connecticut Poison Control Center at 860-679-3531 for information on poisonings and clearly post the toll-free Poison Control number (1-800-222-1222) by the phone in case of an emergency.



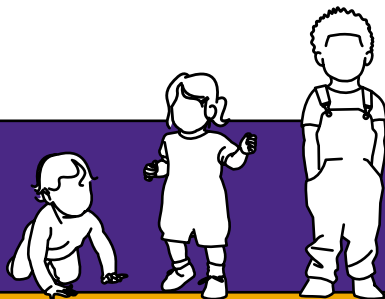
tips for preventing poisoning

- ▶ Remove from bottom cupboards all cleaning products and other products that might be poisonous.
- ▶ Put safety caps on all medicines and keep them and other hazardous products locked up and out of reach.
- ▶ Do not take medications in front of children. They learn by imitation.
- ▶ Keep children away from potential sources of lead poisoning, like paint chips on the floors or windowsills of older homes.
- ▶ Label all containers. Do not use familiar containers (like milk cartons) for storing chemicals or other poisonous substances.
- ▶ Do not mix chemicals.
- ▶ Call your local Poison Center to see if plants in child care areas are dangerous.
- ▶ Consider installing a carbon monoxide detector.



FOR ALL POISON EMERGENCIES,
CALL POISON CONTROL TOLL-FREE
AT 1-800-222-1222

POISONING (continued)



infant, toddler & preschool

Lead poisoning can cause brain damage or even death in young children. It is most commonly caused by swallowing or inhaling paint chips from old paint containing lead. Fortunately, lead poisoning is considered one of the most preventable environmental diseases. To help protect children, you should keep furniture, walls, windowsills, and other painted surfaces in good repair and keep children away from flaking or chipped paint.



**? MORE
INFO**

FOR MORE INFORMATION ON LEAD POISONING:

Connecticut
Poison Control Center
860-679-3531

National
Lead Information Center
1-800-424-5323 (toll-free) or
www.epa.gov/lead

In an emergency, call Poison Control
at 1-800-222-1222 (toll-free)

if you think a child has been poisoned

WHAT TO DO...

WHY?

Call Poison Control toll-free at 1-800-222-1222.

They can tell you what you need to do to help the child.

For swallowed poisons: take the container to the phone when you call Poison Control. Do not give the child anything to eat or drink unless Poison Control tells you to do so.

Some poisons cause more damage if vomited.

For poisons on the skin: remove all contaminated clothing, rinse the skin with water for 10 minutes.

This will help stop further absorption of the poison and skin damage.

For poisons in the eye: rinse the eye by pouring lukewarm water from a large cup held 2-3 inches above the eye. Continue for 15 minutes, encouraging the child to blink frequently.

This helps wash away some of the poison.

For inhaled poisons: get the child to fresh air.

This stops the child from breathing in additional poison.

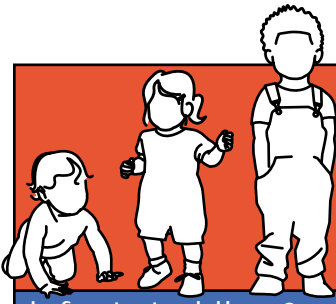
IF YOU THINK A CHILD HAS BEEN LEAD POISONED...

- ▶ Take the child to the doctor for a lead screening test. If the child has been lead poisoned, discuss treatment options with the child's health care provider.
- ▶ Locate the source of the lead.
- ▶ Take steps to get rid of the lead hazard to prevent the child from getting worse and to prevent other children from being harmed. Call your local health department for more information.
- ▶ Consider testing the child's siblings or other children who could also have the same lead exposure.





COMMON HEALTH PROBLEMS



PREVENTION: IMMUNIZATIONS & HEALTH SCREENINGS

infant, toddler & preschool



Starting in infancy, it is important to protect children against serious illnesses by vaccinating them. When given to a child, vaccines teach his/her immune system to fight off life threatening diseases such as whooping cough (pertussis), tetanus (lockjaw) and some forms of meningitis.

The immunization schedule recommended by the American Academy of Pediatrics coordinates with the well-child check-up schedule (opposite page). This is the schedule for visiting the child's health care provider to check on growth and development and to screen for problems such as iron deficiency anemia, tuberculosis (TB) and lead poisoning. During these visits, the child's health care provider will give the child any necessary immunizations.

helpful hints

- ▶ Keep the child's health care appointments.
- ▶ Keep your own records of all vaccines given. Ask the health care provider to help you with this. Bring these records with you to each health care visit.
- ▶ Talk to the child's health care provider about using acetaminophen like Tylenol® or ibuprofen like Advil® if the immunizations cause mild discomfort.

RECOMMENDED SCHEDULE FOR WELL-CHILD VISITS (BIRTH TO AGE 5)

- ▶ Between 2 and 4 weeks old
- ▶ 2, 4, 6, 9, 12, 15 and 18 months old
- ▶ 2, 3, 4, and 5 years old

ALERT

.....

Call the child's health care provider if he/she has a fever over 102 degrees, cries inconsolably or has seizure-like symptoms, such as shaking uncontrollably, after receiving an immunization. The child may be having an unusual vaccine reaction or may be suffering from an unrelated illness.

**? MORE
INFO**

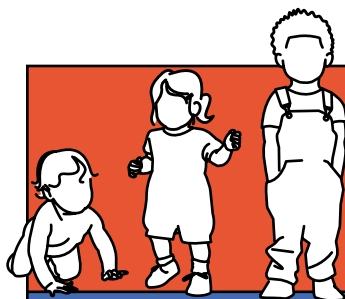
FOR MORE INFORMATION ON IMMUNIZATIONS:

Immunization Services
(Connecticut Department
of Public Health):

860-509-7929

National Network for
Immunization Information:

1-877-341-6644 (toll-free) or
www.immunizationinfo.org



PREVENTION: STAYING HEALTHY IN CHILD CARE

infant, toddler & preschool

Children get ill; this is simply a part of growing up. Exposure to common illnesses in childhood seems to strengthen the immune system in healthy children. **Germs can easily be spread in group settings, like child care or school, where children are constantly in contact with one another.** Fortunately, there are some things that parents and child care providers can do to decrease the spread of germs that can cause illness.



BRIGHT IDEA

Clean toys, equipment and diaper changing area with this solution recommended by the American Academy of Pediatrics:

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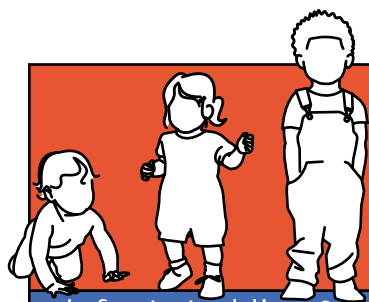
Add 1/4 cup regular household bleach to 1 gallon tap water. For a smaller amount, add 1 tablespoon bleach to 1 quart tap water. After wiping the toy/equipment clean with the solution, let it air dry or wait 2 minutes before wiping it dry with a clean cloth. Make a fresh solution each day.

tips for preventing the spreading of germs

- ▶ Wash your hands and children's hands before and after eating and after using the toilet or changing diapers. Most child care centers now also use disposable gloves for diaper changing.
- ▶ Wash your hands after wiping runny noses and caring for sick children.
- ▶ Throw away used tissues in plastic bags in a closed container.
- ▶ Teach children to cover their mouths with a tissue when coughing or sneezing.
- ▶ Clean toys, equipment and diaper changing area with a 10% bleach solution (see opposite page) after use. Label the container with the solution in it and make a fresh solution each day. Make sure the solution does not come in direct contact with skin! Keep solution locked away from children.

NOTE TO PARENTS:

- ▶ Know your preschool/child care center's policy on keeping sick children at home and follow it. These policies are there to help stop the spread of illness. When a sick child exhales, their germs stay in the air putting those around him/her at risk for catching those germs.
- ▶ Be sure your child care provider knows how to reach you at all times. If your child becomes sick while at child care, the provider may need you to pick up your child.
- ▶ Be sure you or your child's health care provider tells the preschool or child care center about any chronic condition (like asthma), illness, or allergies your child may have. Parents, child care staff and the health care provider should work as a team to keep the child as healthy as possible.



GENERAL TOPICS: COLDS

infant, toddler & preschool

Sooner or later, almost all children get a cold. Runny nose, cough, and fussiness can all be part of this. **Colds usually last for one to two weeks and then symptoms disappear on their own.** You cannot get rid of a cold by taking medicine.

Colds are caused by viruses and spread from person to person. Covering your nose and mouth with a tissue during coughing and sneezing, as well as frequent hand washing, can help decrease the spread of colds. In addition, it is often recommended that young infants be kept away from crowds to protect them from getting a cold.

A FEW WORDS ABOUT ANTIBIOTICS:

- ▶ Antibiotics do not get rid of viruses like colds. They only work on bacterial infections, like some ear infections.
- ▶ Pressuring health care providers to give antibiotics for non-bacterial illnesses is not a good idea and can lead to bigger health problems in the future.
- ▶ Taking a lot of antibiotics can cause problems. Eventually, antibiotics do not work as well because the germs that cause sickness begin to resist the healing effects of the medication.

if a child catches a cold

WHAT TO DO...

Offer the child extra fluids to drink, such as water or 100% juice.

Call the child's health care provider if the child:

- Has a fever
- Has a persistent barking cough
- Has trouble swallowing
- Can't sleep

WHY?

This can help prevent dehydration and helps decrease fever if there is one.

These things may be symptoms of a more serious illness that requires medical care.

FOR BABIES WITH COLDS, YOU SHOULD ALSO:

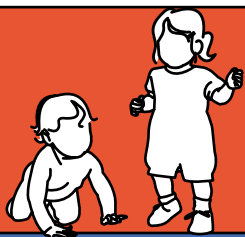
Keep the nose passages free of mucus using a bulb syringe.

Young babies only know how to breathe through their noses and need your help to keep these passages open.

Get emergency help if the baby is struggling to breathe.

The baby may not be getting enough oxygen and the baby could stop breathing.





GENERAL TOPICS: EAR INFECTIONS

infant & toddler

Ear infections most commonly affect children between the ages of 6 months and 2 years. The ear has three main parts: the outer ear, middle ear, and inner ear. A tiny tube, called the Eustachian tube, connects the middle ear to the back of the nose and throat. Blockage of this tube can occur from swelling caused by upper respiratory infections or allergies.

This blockage causes fluid to build up in the middle ear. If bacteria or viruses infect this fluid, swelling of the eardrum and pain will occur.



if a child develops an ear infection

WHAT TO DO...

If the child has more than one of the symptoms below, consult the child's health care provider.

Make sure the child drinks lots of fluids, like water or 100% juice. (Note: the child should be in an upright position while drinking.)

Raise the head of the crib for naps by placing a pillow under the crib mattress.

If the ear is draining, cleanse the inside of the outer ear with cotton and water. Don't pack or place anything into the ear opening.

WHY?

The child's health care provider can tell if the ear is infected and may prescribe antibiotics.

Fluids will help prevent dehydration, especially if the child has a fever.

This may help decrease the painful throbbing caused by the ear infection.

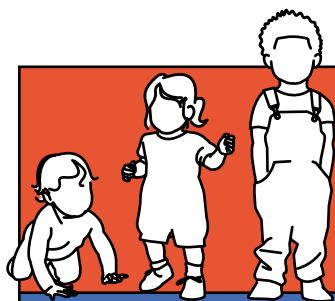
Further damage to the middle ear could happen by putting anything in the ear canal.

EAR INFECTION SYMPTOMS:

- | | | |
|---|--------------------|-------------------------------|
| ▶ Crying and using words related to pain in the ear | ▶ Lack of energy | ▶ Drainage from the ear canal |
| ▶ Pulling at the ears | ▶ Loss of appetite | ▶ Difficulty sleeping |
| ▶ Fussiness | ▶ Fever | ▶ Trouble hearing |



- If not treated properly, ear infections can interfere with a child's speech and language development.
- See page 97 for more information.



GENERAL TOPICS: FEVERS

infant, toddler & preschool

A fever is a sign of illness. Something, usually a virus or bacterial infection, is causing the child to fight the illness by running the fever. The child may feel hot, look flushed and be sweating or chilled. Take the child's temperature to tell if there is a fever and how high it is.

The most common methods for taking a baby's or child's temperature are under the arm with a digital thermometer or in the ear with a tympanic thermometer. Follow the manufacturers' directions on how to use the thermometer carefully. Do not try to take a baby or young child's temperature in the mouth unless using a pacifier thermometer. Because mercury is a hazardous waste, the use of mercury thermometers is no longer recommended.



if a child has a fever

WHAT TO DO...

- Call a health care provider if:
- Infant under six months has a temperature of 100 degrees or higher.
 - Infant or child, 6 months or older, has a temperature of 102 degrees or higher.

Give fever medication according to the health care provider's directions. He/she will usually suggest acetaminophen (like Tylenol®) or ibuprofen (like Advil®) in an amount that is safe for the child's age. Follow the directions that come with the medicine. Baby medication either comes in liquid form or drops (drops are much stronger). Toddlers and preschoolers can also take chewable tablets.

Dress the child in lightweight clothing.

Offer extra fluids to drink, such as water or 100% juice.

Call the health care provider if the child lacks energy, is dehydrated, or cries when you attempt to pick up or hold him/her. (For signs of dehydration, see page 85)

WHY?

The health care provider may want to examine the child because he/she may be sicker than he/she seems.

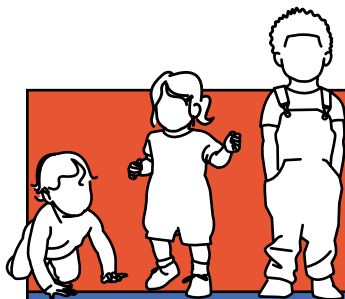
This will help bring the fever down and help the child feel better.



Over dressing can make the fever go higher.

Fever uses up more body fluid than normal and this loss can be replaced by drinking extra fluids.

These signs may indicate a serious illness that needs immediate attention.



GENERAL TOPICS: RASHES

infant, toddler & preschool

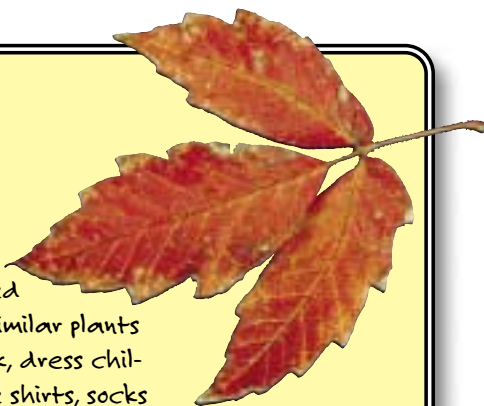
A rash is a reaction of the skin. Viruses, bacteria, allergic reactions to medication or plants, and skin irritants (such as harsh soaps or scratchy fabrics) can all cause rashes. Most rashes are not serious and will disappear in time without treatment. Yet many childhood diseases such as chicken pox and fifth's disease are accompanied by rashes. **It is important that the child's health care provider determine what is causing the rash.** If a purple or bruise-like rash suddenly appears on the child's skin or if the child seems ill, call the health care provider right away. This could indicate a serious infection.



BRIGHT IDEA

.....

To help prevent rashes caused from poison ivy (pictured) or similar plants like poison sumac or poison oak, dress children in long pants, long-sleeve shirts, socks and shoes when you take them for walks in wooded areas.



if a child develops a rash

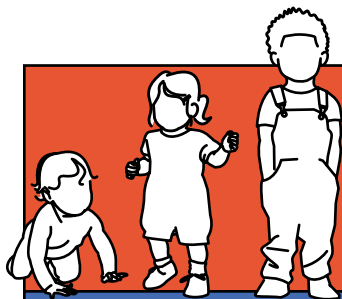
- ▶ Wash your hands after caring for a child with a rash.
- ▶ Take the child to his/her health care provider.
- ▶ When a rash causes itching, dress the child in lightweight clothing. Being too warm can make the child more itchy.
- ▶ Cut the child's fingernails to a short length to prevent the child from scratching the skin.
- ▶ In child care:
 - Isolate children with rashes immediately.
 - Alert all parents when any child develops a contagious illness accompanied by a rash.
 - Send children with rashes home until the child's health care provider says it is okay for them to return to child care.



!ALERT

.....

Some allergic reactions that cause a rash or hives can also cause the throat to become swollen, which makes it difficult to breathe. If you notice a child having difficulty breathing, call 911 immediately. This is a MEDICAL EMERGENCY.



GENERAL TOPICS: SECONDHAND SMOKE

infant, toddler & preschool

We know that specific breathing problems are becoming more common, especially in the inner cities. One cause of breathing problems is secondhand smoke. The Environmental Protection Agency (EPA) defines secondhand smoke as "a mixture of the smoke given off by the burning end of a cigarette, pipe or cigar and the smoke exhaled from the lungs of smokers." **Young children exposed to secondhand smoke are more likely to develop asthma, respiratory infections, chronic lung disease, cancer and even ear infections than children who are not exposed.** They may even have more heart problems as adults.

For more information on secondhand smoke, call the EPA toll-free at 1-800-428-4318 or visit their web site at: www.epa.gov/smokefree/

? MORE INFO

FOR INFORMATION ON QUITTING SMOKING:

- Talk to your health care provider, or

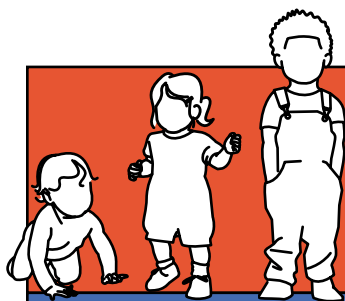
- Call the Connecticut QuitLine at 1-866-363-4224 (toll-free) or visit their web site at: www.ctquitline.org/, or

- Visit www.smokefree.gov, a national resource for information and assistance for people who want to quit smoking.

tips for protecting children from secondhand smoke

- ▶ If you or other members of your household smoke and can't stop, don't smoke in the house. Go outside.
- ▶ Do not let anyone smoke in the car when young children are there.
- ▶ Do not let other people smoke around young children. This includes cigars and pipes, as well as cigarettes.
- ▶ Whenever you can, use non-smoking restaurants, stores and other places.
- ▶ Teach children the importance of being in a smoke-free environment. Visit the EPA web site on the opposite page (or call the toll-free phone number) for lots of fun ideas for doing this.





GENERAL TOPICS: VOMITING AND DIARRHEA

infant, toddler & preschool

Vomiting (throwing up) and diarrhea (frequent watery loose bowel movements) are common problems for young children. They can be caused by viruses, bacteria, parasites, food sensitivities, or as a result of taking some medications such as antibiotics. They can occur together or separately. Children with vomiting or diarrhea may also have a fever or stomach pain. If a child has one or more of these symptoms, he/she should be seen by a health care provider.

A child should also visit a health care provider if he/she shows any of the signs of dehydration listed. **Dehydration can occur from vomiting or diarrhea if too much fluid is lost from the body.** To help prevent dehydration, make sure children drink a lot of clear fluids, like water, diluted cranberry juice ($\frac{1}{2}$ juice and $\frac{1}{2}$ water), or oral rehydration solutions like Pedialyte® or Infalyte® which can be purchased without a prescription.



signs of dehydration

▶ Decreased urination

▶ Irritability or crankiness

▶ Dry mouth or thirst

▶ Lack of energy

▶ No tears when crying

▶ Poor appetite, weight loss

▶ Sunken eyes

▶ Dizziness

tips for preventing the spread of vomiting and diarrhea

- ▶ Wash hands frequently. This applies to child care providers and family members.
- ▶ Disinfect toys, bathrooms, and food preparation surfaces daily. (See page 72 for preparing disinfecting solution.)
- ▶ Use disposable paper towels for hand drying.
- ▶ Notify the child's health care provider if he/she begins vomiting or having diarrhea.
- ▶ In child care, notify the parents of any children that have been in direct contact with a child having vomiting or diarrhea so they can watch their children at home for any signs of sickness.
- ▶ Tell parents with sick children to keep them home from child care until the symptoms go away. The child's health care provider will tell you when it is safe for the child to return to child care.



SPECIAL TOPICS BY AGE GROUP COLIC

infant

Colic is a pattern of constant and prolonged crying for no apparent reason that goes on for 3 hours or longer, for 3 or more days a week. Although this crying can occur at any time, it usually worsens in the evening. While crying, the baby draws his legs to his abdomen and clenches his hands. Colic is not a serious condition. Studies show that **babies with colic continue to eat and gain weight normally, despite the hours of crying.**

Why colic starts and stops is unknown. It begins in the first few weeks of life and "magically" disappears at about 4 months of age. The baby's health care provider must make sure nothing else is causing the baby's crying. Somewhere between one in ten and one in four healthy infants have colic. Colic cannot be cured, but using one or more of the "calming techniques" described can help ease its symptoms.



if a baby develops a colic

WHAT TO DO...

Make sure the baby's basic needs are being met.

Avoid using herbal remedies (like chamomile tea) for colic without discussing it with your health care provider.

While there is no one technique that always calms an infant, use one calming technique for at least 5 minutes before trying another one.

Make sure you have help in caring for a baby with colic. You need to take breaks away from the crying infant.

EXAMPLES OF CALMING TECHNIQUES

- Softly talk or sing to the baby.
- Hold the baby over your shoulder or across your knees and rhythmically pat or rub the baby's back.
- Rock with the baby in a rocking chair.
- Try "white noise." White noise is rhythmic and consistent noise that seems to calm babies. For example, turn on the vacuum cleaner, fan or music.
- Place the infant in a baby swing.
- Go for a walk using a stroller.
- Take a ride in the car with the baby in a car seat.

WHY?

Not all crying is because of colic. Babies may cry because they are hungry, need a diaper change or just want someone to hold them.

Some herbal remedies, including some herbal teas, are dangerous for babies.

Using many calming techniques at once seems to make colic worse.

Hearing a baby cry is often very stressful. Not being able to calm the baby may make you feel worse. If the child's health care provider has determined that the baby has colic, then the crying will not hurt the baby. However, the person caring for the baby can get so frustrated that they lose control and this is dangerous. Get help!



REMINDER

.....
If you feel you are losing control and have no one to help you, call Infoline at 2-1-1 (toll-free) or the Wheeler Clinic HelpLine at 860-747-3434 or 860-524-1182.



SPECIAL TOPICS BY AGE GROUP: DIAPER RASH

infant

Diaper rash is any skin irritation such as redness, soreness, swelling or tenderness in the diaper area.

Known causes for diaper rash include skin wetness, infrequent diaper changing, urine and bowel movements.

Excess skin cleansing with soaps, and taking certain antibiotics, can also cause irritation in the diaper area.



!ALERT

..... Baby powder containers are not toys!
..... If you give babies these containers to
..... play with, they can breathe in the
..... powder and get pneumonia.

tips for preventing diaper rash

- ▶ Change diapers immediately after urine and bowel movements and when necessary to keep skin dry.
- ▶ To clean babies' skin during a diaper change, first try using a squeeze bottle filled with water. It may be all that is needed to clean the diaper area.
- ▶ If wipes are needed to clean the diaper area, use alcohol-free and fragrance-free wipes.
- ▶ Pat the skin dry with a soft cloth after every change.
- ▶ Use soaps gentle enough for babies' sensitive skin and avoid rubbing the babies' skin too much while cleaning the diaper area. This can irritate babies' bottoms.
- ▶ Use protective creams and ointments instead of powders or cornstarch.
- ▶ Make sure diaper fits snugly on the child, but that it's not too tight.

if a child gets diaper rash

WHAT TO DO...

Use medicated ointments and/or over-the-counter diaper creams only when directed by your health care provider.

To decrease skin irritation, use a gentle stream of running water to clean the diaper area instead of pre-moistened wipes.

WHY?

The health care provider will know if your baby's diaper rash needs a prescription medication.

Running water washes away stool and urine without irritating the baby's sore bottom.



SPECIAL TOPICS BY AGE GROUP: BITING

toddler

Biting is common among small children, particularly toddlers. Children bite for a variety of reasons. (See below)

Understanding and identifying the reason for biting will help you in handling the behavior and preventing future biting episodes.

REASONS CHILDREN MAY BITE:

- ▶ Teething – biting may soothe their sore gums.
- ▶ Illness – sickness may make the child irritable.
- ▶ Cause and effect – at about 12 months of age, children become interested in finding out what happens when they do something. (Like biting another child.)
- ▶ Attention – toddlers may bite to get attention.
- ▶ Imitation – toddlers frequently repeat learned behaviors.
- ▶ Independence – learning to do things without assistance can be frustrating. "Me do it" and "Mine" are frequently used phrases. Biting may be a way of controlling others.
- ▶ Stress/Frustration – events in a child's life such as death of a loved one, divorce, moving, or birth of a sibling may be stressful.
- ▶ Lack of language skills – toddlers do not yet have the language skills to express what they want.
- ▶ Lack of social skills – although they are learning social skills, toddlers are not yet good at using them all the time.
- ▶ Poor problem-solvers – toddlers may not be able to think of another way to get what they want besides biting.

tips for preventing biting

WHAT TO DO...

Provide plenty of toys and activities that are appropriate for the child's age.

Read stories to children and discuss how the storybook characters may be feeling.

Watch children carefully during play time.

Use teething rings if the child is looking to bite other children.

Praise a child who has bitten in the past for any good behaviors.

Chart when biting occurs (before lunch? before naptime?)

WHY?

Enough age appropriate play activities decrease the child's frustration.

This helps children learn the words for feelings so they can talk about emotions.

You may be able to stop a bite before it actually happens.

A child may bite another child to ease teething discomfort.

This encourages more good behavior.

Changing the daily schedule may decrease biting.

if a child bites

- ▶ Stay calm!
- ▶ State clearly "no biting" and remove the child from others.
- ▶ Help the biter calm down by offering him/her comfort.
- ▶ Allow the biter to help soothe the victim. This helps the child learn compassion.
- ▶ If the skin has been opened from the teeth of a biting child, a health care provider should evaluate the wound. Human bites can cause serious infection.
- ▶ Child care providers should be sure parents are told about the biting.



SPECIAL TOPICS BY AGE GROUP: ASTHMA

preschool

Asthma is a disease in which the breathing tubes or airways become narrowed and swell. It is a very common childhood condition. The number of children with asthma is increasing every day. Most asthma starts after the age of two years. Some children outgrow asthma around 4 to 6 years of age.

When a child has an asthma attack, it is hard for them to breathe air out and take oxygen in. Wheezing, coughing and shortness of breath are common during attacks. It is important to work closely with the child's health care provider to manage the child's asthma. Treatment includes both using medication and avoiding triggers (like dust or tree pollen) that set off an asthma attack.



tips for managing a child's asthma

WHAT TO DO...

Work with the child's health care provider to learn the child's specific triggers and to help the child avoid them.

Keep children with asthma away from cigarette smoke. Don't let anyone smoke in your house or car.

Learn how to manage asthma medication properly. Asthma medicine usually is given two ways; first, on a regular schedule to keep the asthma controlled (maintenance); and second, to stop an attack once it starts (rescue).

Learn how to use the special equipment (usually a spacer or nebulizer) that helps small children inhale their asthma medication.

Always call the child's health care provider if the rescue medicine is not stopping an asthma attack.

Discuss the need for annual influenza vaccines for the child and others with a health care provider.

WHY?

Avoiding triggers helps decrease asthma flare ups and lung lining damage.

Smoke damages the lining of the airways and makes asthma worse.

Maintenance medicine helps reduce the need for rescue medicine and helps decrease permanent damage to the lining of the lungs. (Note: Do not stop giving maintenance medicine unless instructed by the health care provider. If refills are needed, call the provider.)

Young children do not have the necessary breath control to use regular inhaler equipment.

This can quickly become an emergency situation if the child is not getting enough oxygen.

Influenza is a respiratory infection that can trigger an asthma attack.



SPECIAL TOPICS BY AGE GROUP: OBESITY

preschool

Childhood obesity (extreme unhealthy weight gain among children that is 20% or more above normal) has increased a lot in recent years. As many as one in three children under age 18 are obese in the United States. Some common causes of obesity are eating too much food or liquids, eating fattening foods (potato chips, ice cream, french fries) and getting little or no exercise.

Obesity is related to health problems - even in children - including diabetes, high blood pressure, difficulty breathing, low self-esteem and depression. **Overweight children are much more likely to become overweight adults unless they learn to exercise and eat healthy now!**



helpful hints

WHAT TO DO...

If you believe the child is already overweight, discuss this with his/her health care provider.

Let children see you exercising and eating the kinds of foods that are healthy and nutritious.

Serve fresh fruits and vegetables as much as possible.

When a child is thirsty, give him/her water not juice or soda.

After age 2, give children low fat milk. (Note: From age 1 to 2, children still need whole milk.)

Increase the child's physical activity – go for walks, throw the ball, play on the swings. Have fun while keeping the body moving!

Plan healthy meals and offer serving sizes appropriate for the child's age. See pages 30-31 for guidance.

WHY?

If a child is overweight, the health care provider can help you develop a plan to improve the child's health.

Young children learn by imitation.

Fruits and vegetables have lots of fiber as well as vitamins. Fiber helps us feel full longer after a meal.

Juice has a lot of calories. Soda has no nutritional value and increases the risk of tooth decay.

Children should drink up to 4 glasses of milk a day. Choosing low fat milk is one way to cut fat calories and maintain good nutrition.

Exercise helps children burn calories while developing physical skills, learning to play, share and take turns and having fun. Plus, it improves self-esteem.

If you have a meal planned, you are less likely to eat fast food or other quick, fattening foods. Using the right serving sizes will help prevent overeating.



SPECIAL TOPICS BY AGE GROUP: VISION/HEARING

preschool

At 3 years old, most children can hear and see just as well as adults. **It is very important to test a child's hearing and vision because if they are not developing properly, it can interfere with learning and prevent the child from being ready to start school.** These screening tests should be included in the child's regular annual check up. By 3 years of age, a child should be old enough to cooperate with testing.

Here are a few common problems that require medical attention to prevent permanent hearing and vision damage.



STRABISMUS (CROSS-EYED)

Strabismus is a vision condition where one or both eyes may turn up, down, in or out. This can make a child look cross-eyed. Some children may squint or tilt their head to try to adjust their vision. If not treated at an early age, Strabismus can lead to permanent sight loss in one eye. (Note: Up until 3 or 4 months of age, it is normal for infants to appear slightly cross-eyed.)

tips for monitoring vision and hearing

WHAT TO DO...

WHY?

Always seek medical care when the child:

- Appears cross-eyed (after 4 months of age)
- Shows signs of sight problems, like squinting, headaches, or blurry vision

These things may mean that there is a problem with how the child's eye muscles are working.

- Has ear pain
- Has ear drainage

Pain and ear drainage can be caused by an ear infection that needs medical treatment.

- Needs to sit closer to the TV than the other children
- Is extremely fearful of falling when going down steps

This can mean either a hearing or a vision problem.

- Seems slow in learning to talk
- Is 3 years or older and is hard to understand

Poor speech development can be caused by a hearing problem.

EAR INFECTIONS

Ear infections are common during the first years of life. When a child has frequent ear infections or allergies, fluid inside the ear prevents the eardrum from moving normally and transmitting sound properly. This decreases hearing ability. In children under age 5, if this condition is not corrected, it can delay language development. To restore proper hearing, health care providers will often put a small tube in the child's eardrum which allows the eardrum to move normally.





RESOURCES / REFERENCES

resources

Following are several key resources for parents and caregivers of young children. Although this is not a comprehensive list, it should give users a sense of the types of programs and services available in Connecticut. If you have trouble with any of the contact information provided below or would like to learn about additional resources, contact INFOLINE by dialing 2-1-1.*

Your local library is also a good source for information. To locate the library closest to you call INFOLINE. In addition to books and other written materials, most public libraries have computers with Internet access available to visitors.

Emergency

For an emergency, call 9-1-1

General Information

2-1-1 INFOLINE is a single source for information about community services, referrals to human services, and crisis intervention. It operates 24 hours a day, 365 days a year. Multilingual caseworkers and TDD access is available. You can access INFOLINE toll-free from anywhere in Connecticut. Dial 2-1-1* <http://www.infoline.org>

greatkidsCT is a web site devoted to information on parenting, education, health and safety. It also includes a Training Calendar that lists available workshops across the state for parents and caregivers. <http://www.greatkidsCT.org>

National Resource Center for Health & Safety in Child Care

Provides many resources for parents, child care providers, health consultants and others on improving the health and safety of children in out-of-home care. 1-800-598-5437* <http://nrc.uchsc.edu>

State Agencies

Children's Trust Fund

A state agency created to help prevent child abuse and neglect. The Children's Trust Fund supports local efforts that help families and communities be responsive to children, ensuring healthy growth and development. 860-550-6439

* toll-free phone number

Department of Children and Families

Protection from and prevention of abuse, neglect, abandonment and exploitation; foster care and adoption services; programs addressing mental health, substance abuse, and juvenile justice.

860-550-6305 <http://www.state.ct.us/dcf/>

Department of Education

Child nutrition programs; professional development and teacher certification; School Readiness programs; family literacy initiative; family resource centers. 860-713-6548 <http://www.state.ct.us/sde/>

Department of Mental Retardation

Provides support and services to those with mental retardation, including but not limited to special education and day programs and clinical services.

860-418-6000 <http://www.dmr.state.ct.us/>

Department of Public Health

Programs to prevent diseases and promote wellness; immunization services; nutrition programs; prenatal care services; child care licensing.

860-509-8000 <http://www.dph.state.ct.us>

Department of Social Services

Food assistance; parent support centers; child support enforcement; child care services; health insurance; family services; services to persons with disabilities.

1-800-385-4052* or 1-800-842-1508* <http://www.dss.state.ct.us>

Children with Special Needs

Child Development INFOLINE

Provides information about early intervention services, developmental and behavior concerns, preschool special education, and parent education/support. 1-800-505-7000*

Connecticut Parent Advocacy Center, Inc. (CPAC)

Provides information and support to parents or other caregivers of children with disabilities or chronic illness; offers telephone consultations and workshops. 1-800-445-2722* <http://www.cpacinc.org>

resources

CT Birth to Three System

Provides support and services to strengthen families' ability to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities.

1-800-505-7000* <http://www.birth23.org>

Family Support Council

Information, support and family networks for parents of children with special needs. 1-866-623-1315* <http://www.familysupport-ct.org>

Special Education Resource Center (SERC)

Resource for professionals, families, and community members regarding education and early intervention/prevention for children, youth and their families, particularly children with special needs, at-risk learners, and diverse learners. 860-632-1485 <http://www.ctserc.org>

Early Care and Education

Bureau of Early Childhood, Family and Student Services (through Dept. of Education)

School Readiness program; child nutrition; preschool special education. 860-807-2065 <http://www.state.ct.us/sde/deps/readiness> (School Readiness web site)

Child Care Assistance Program

Provides financial assistance for child care to eligible low-income working families and Temporary Family Assistance (TFA) recipients.

1-888-214-5437* <http://www.dss.state.ct.us/ccare/ccare.htm>

Child Care INFOLINE

Provides information about child care options and availability.

Dial 2-1-1* <http://www.childcareinfo.org>

CT Literacy Initiative (through Wheeler Clinic)

Helps support child literacy by developing children's skills and strengthening communities and families.

1-800-259-9038* extension 4216

CT Parents Plus

Provides parents with information and resources to support them in their role. Dial 2-1-1* <http://www.ctparentsplus.org/>

* toll-free phone number

Even Start

Provides families access to training and support for creating a literate home environment. 860-807-2121 <http://www.evenstart.org/>

Head Start and Early Head Start

Comprehensive child development programs that serve low-income children from birth to age 5, pregnant women, and their families. 860-424-5066 <http://www2.acf.dhhs.gov/programs/hsb/>

Healthy Child Care Connecticut

Links and develops resources for early care and education providers, health care professionals and families to improve the health and safety of children in child care. 1-888-608-7830*

Regional Education Service Centers (RESC)

Each Service Center works to provide a variety of special programs and services that address the educational needs of their cooperating towns. 860-807-2065

Special Education Resource Center (SERC)

Resource for professionals, families, and community members regarding education and early intervention/prevention for children, youth and their families, particularly children with special needs, at-risk learners, and diverse learners. 860-632-1485 <http://www.ctserc.org>

Health

American Academy of Allergy, Asthma, and Immunology

Asthma and allergy information. 1-800-822-2762* <http://www.aaaai.org/>

Child Development INFOLINE

Information on identifying and addressing children's behavioral or developmental needs. 1-800-505-7000* <http://www.infoline.org/programs/bt3.asp>

Community Health Centers

Provide health care to insured and uninsured. 1-888-294-2722*

Connecticut Parents as Teachers (ConnPAT)

Early childhood parent education and family support program; provide home visitations to families with children ages prenatal to five. 860-571-7504 <http://www.ctparentsplus.org/connpat.asp>

resources

Environmental Protection Agency

Information on secondhand smoke.

1-800-438-4318* <http://www.epa.gov/smokefree/>

HUSKY INFOLINE

Information on and enrollment assistance for HUSKY, the state's free or low-cost health insurance program for children and youth up to age 19; helps enrolled families access services.

1-877-CT-HUSKY* <http://www.huskyhealth.com>

Immunization Services

860-509-7929

Maternal and Child Health INFOLINE

Information and referrals to health services in Connecticut, particularly for low-income, uninsured pregnant women and children with special needs. Dial 2-1-1*

National Lead Information Center

1-800-424-5323* <http://www.epa.gov/lead>

National Network for Immunization Information

1-877-341-6644* <http://www.immunizationinfo.org/>

Nurturing Families Network

Helps new parents learn how to care for their babies and adjust to the demands of becoming a parent; offers home visiting and parent support groups. 860-550-6439

Mental Health

Child Guidance Clinics

Provide outpatient services to children and their families, regardless of ability to pay; offer evaluation, individual, family, and group counseling, psychiatric services, parent guidance, parent education, and parent support services. Dial 2-1-1*

Consultation Center

Prevention and health promotion services for children and families; mental health consultation to child care centers; training for early childhood, social services and mental health providers. 203-789-7645
<http://theconsultationcenter.org>

* toll-free phone number

Early Childhood Consultation Partnership

Assists early childhood educators in identifying young children's social emotional needs and linking them to appropriate services and referrals.
1-800-505-7000*

Family Service Agencies

Provide crisis and mental health counseling for troubled parents, youth and others; help people locate child care, health care or other needed services near them. Dial 2-1-1*

Families United

A Connecticut support and advocacy group, run by and for families of children and youth with emotional, behavioral or mental health needs.
1-866-439-0788* <http://ctfamiliesunited.homestead.com/index.html>

Help Me Grow

Helps families who have children at risk for developmental and behavioral delays to connect to resources and services in the community.
1-800-505-7000* <http://www.infoline.org/programs/helpmegrow.asp>

Mental Health Association of Connecticut

Information about children's emotional or behavioral health.
1-800-842-1501* <http://www.mhact.org/>

Mental Health Centers

Provide diagnostic and crisis counseling services and other mental health treatment services to children and parents. Dial 2-1-1*

Wheeler Clinic HelpLine

Referral to and information about area mental health or addiction treatment services; crisis intervention; supportive listening.
860-747-3434 or 860-524-1182

resources

Nutrition

Child & Adult Care Food Program

Provides reimbursement to eligible day care programs for meals and snacks served to children/adults in their care. 860-807-2070

CT Association for Human Services' Community Outreach Program

860-951-2212, ext. 236

End Hunger CT! Community Partners for Food

860-296-1127

Both programs provide food stamp information; assistance with food stamp applications.

Food Stamp Hotline

1-800-842-1058*

La Leche League

Breastfeeding information and assistance. 1-800-525-3243*

Extended Food and Nutrition Education Program

Operated through the University of Connecticut Cooperative Extension System; a nutrition and food safety outreach program for low-income families. <http://www.canr.uconn.edu/nusci/outrch/EFNEP.html>

Women, Infants and Children (WIC)

Provides healthy food and nutrition information to eligible mothers and children under age 5. 1-800-741-2142*

Safety

Back to Sleep Campaign

SIDS information and resources.

1-800-370-2943* <http://www.nichd.nih.gov/sids/>

Child Abuse and Neglect Hotline

Report suspected child abuse; access crisis intervention services.

1-800-842-2288*

Connecticut Coalition Against Domestic Violence, Inc.

Domestic violence hotline; safety planning; information; referrals; counseling; support groups; emergency shelter.

1-888-774-2900* <http://www.ctcadv.org>

* toll-free phone number

Connecticut Poison Control Center

For poison emergencies. 1-800-222-1222*
For general information. 860-679-3531
or visit their web site: <http://poisoncontrol.uhc.edu>

Connecticut Red Cross

CPR and other first aid training. 1-877-287-3327*

Connecticut Safe Kids

Injury prevention information; car seat installation guidance.
860-545-9988 <http://www.ctsafekids.org>

National SIDS (Sudden Infant Death Syndrome) Resource Center

1-866-866-7437*

Poison Center Health Education Line

1-800-582-3387*

Prevent Child Abuse CT (a Wheeler Clinic program)

1-800-793-3588*

Training and Professional Development

Community Colleges

Offer courses in early childhood and child development.
<http://www.comnet.edu/>

Connecticut Association for the Education of Young Children (CAEYC)

The state affiliate of the National Association for the Education of Young Children (see below). Works to enhance the care, education and development of Connecticut's young children; supports early care and education professionals through training and advocacy.
203-397-4034 <http://www.ctaeyc.org>

Connecticut Charts-A-Course (CCAC)

A statewide professional development system for early care and education providers; supports career development and program improvement through trainings and assistance for centers and homes seeking accreditation. 1-800-832-7784* <http://www.ctcharts-a-course.org/>

resources

Council for Professional Recognition

Issues the Child Development Associate (CDA) credential.

1-800-424-4310* <http://www.cdacouncil.org/>

National Association for the Education of Young Children (NAEYC)

An organization of early childhood educators and others dedicated to improving the quality of programs for young children; creates professional development opportunities/resources; develops and promotes professional standards; advocates for support and funding of high quality programs.

1-800-424-2460* <http://www.naeyc.org>

United Way Training Center

Connects parents, providers and other members of the community to trainings on various topics, including early childhood.

860-571-6054 <http://www.unitedway.org/Training>

* toll-free phone number

glossary

antibiotics - Medicines that help treat bacterial infections, such as strep throat or pneumonia. Antibiotics have no impact on viral infections like colds.

asthma - A disease in which the breathing tubes or airways become narrowed and swell

baby bottle tooth decay - Tooth decay that is caused by babies sleeping with bottles containing anything other than water. If the baby falls asleep while drinking milk or juice, the liquid will surround the teeth and can cause decay.

clear liquids - Fluids to drink that can be seen through. These include water, non-caffeinated beverages such as cranberry juice, and oral rehydration solutions such as Pedialyte®.

CPR - Cardiopulmonary resuscitation. CPR is an emergency technique used when someone stops breathing and has no heartbeat.

dehydration - Unhealthy loss of water or body fluids.

diarrhea - Frequent, loose, watery bowel movements.

fever - A rise in body temperature to a level above normal. A fever is a sign of illness.

fluoride - A mineral found in water that can help prevent and treat tooth decay. Because the amount of fluoride in water can vary, it is important to discuss with a dentist whether additional fluoride is necessary for strong, healthy teeth.

flushed - Temporary redness of the face and neck.

fructose - The natural sugar contained in fruit.

health care provider - This would include a doctor, nurse practitioner or physician assistant.

Heimlich maneuver - An emergency technique used to help a person who is choking on food or another foreign object. To learn more about the maneuver, see page 27.

immunization - The process by which a person becomes protected from a disease. Also known as vaccination.

glossary

immunize - To teach a person's immune system to fight off life-threatening diseases by giving him/her vaccines.

lactose - The natural sugar contained in milk.

lead poisoning - An unhealthy amount of lead (a heavy metal) is absorbed into the body. It usually affects young children and is most commonly caused by a child inhaling lead-tainted dust or swallowing lead-based paint chips. Lead poisoning can lead to severe health and developmental problems for children.

obesity - A condition characterized by body weight that is 20% or more above normal for the child's height according to growth charts.

oral health - Care of the teeth, gums and all other parts of the mouth. Good oral health is important to overall health.

poisoning - Swallowing, inhaling or coming in contact with a substance that can cause bodily harm.

rash - A reaction of the skin.

secondhand smoke - A mixture of the smoke given off by the burning end of a cigarette, pipe or cigar and the smoke exhaled from the lungs of smokers.

SIDS - Sudden Infant Death Syndrome. Also known as "crib death." It refers to sudden, unexplained death before the age of one year.

thrush - A fungus infection in the mouth. Thrush can cause white spots to appear inside the child's mouth.

tooth decay - Also known as cavities. The destruction of the natural protective covering on teeth (tooth enamel) caused by acids left behind on the teeth from certain foods.

tooth enamel - The natural protective covering on teeth.

vaccine - A product that causes the body to produce antibodies in the blood. These antibodies protect the body from disease.

vomiting - Also known as "throwing up." It refers to a bodily reaction whereby the contents of the stomach are thrown out through the mouth.

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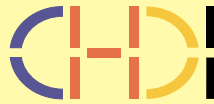
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