

Caring for Connecticut's Children

A HANDBOOK FOR PARENTS AND CAREGIVERS OF YOUNG CHILDREN



Promoting Health and Safety

2014

Volume 1 - Second Edition



Child Health and
Development Institute
of Connecticut, Inc.

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To download a free copy of this handbook, please visit: www.chdi.org



Dear Connecticut Parents and Caregivers:

I hope you find this second edition of *Caring for Connecticut's Children* as wonderful and helpful as the first. Nearly ten years ago we printed and distributed 50,000 copies of both volumes of the handbooks – Volume One: *Promoting Health and Safety* (2004) and Volume Two: *Promoting Healthy Child Development* (2005) – to parents, formal and informal early care and education providers, home visitors and health care providers throughout the state. The demand was such that the supply was quickly depleted.

This second edition, updated with the most current information, was prompted by a request from the Connecticut Department of Children and Families to provide information on child development to post on their *ctparenting.com* website. Recognizing we had a treasure trove of easily communicated information within the handbooks, we offered to update the content, which was then posted on the website in short segments over the course of a month. Given the demand for the first edition and that we continued to have requests, we decided to build on the work done for the website and prepare a second edition of the handbooks.

With the assistance of a committed team at the UCONN Health Center's Nurturing Families Program, led by Karen Gallucci, Julia González Candela, and Jennifer Vendetti, both volumes have been extensively revised, while preserving the easy-to-read appearance of the original versions. Graduate student interns Denise Miller and Jessica Mayo also contributed to the revision process. Cindy Langer at the Child Health and Development Institute contributed many hours working with the UCONN Health Center team to edit the final document and work with the design and printing contractors. All this work took over a year to complete but we are pleased to now have these beautiful editions available for your use.

These handbooks have been described as the manual for parents that should accompany every newborn in Connecticut. We hope you find the information helpful and that you will return to them as resources as the children in your care move from infancy to toddlerhood and on to being preschoolers.

Thank you for all that you do in caring for the children of Connecticut!

Warmly,



Judith Meyers, PhD.
President and CEO
Child Health and Development Institute of Connecticut

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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

The 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
- how to respond to children's many emotional and physical needs based on best practices
- how to think about children's wellness and safety in the context of the caregiver-child relationship.

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. 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 Resources section of this book.

Note: In this handbook, the authors alternated the use of male and female pronouns.

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 website addresses. If you do not have Internet access at home or in the workplace, check 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.

About the Child Health and Development Institute

The Child Health and Development Institute of Connecticut (CHDI), a subsidiary of the Children's Fund 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 works to ensure that children in Connecticut, particularly those who are disadvantaged, will have access to and make use of a comprehensive, effective, community-based health and mental health care system.





FOUNDATIONS OF
CHILDREN'S WELLNESS

1

FOUNDATIONS OF CHILDREN'S WELLNESS

OVERVIEW

The wellness of young children is the greatest concern of parents, caregivers, and providers. Wellness includes child development, parent-child relationships, access to health care, established routines, and physical, psychological and emotional health. Maintaining wellness takes effort, support and access to services. We hope this Handbook will provide you with important information, guidance and resources to help you keep your young child healthy!

IDENTIFYING A PEDIATRICIAN & ESTABLISHING A MEDICAL HOME

Throughout your child's life, your pediatrician provides a critical role in wellness and development. Well-child visits are routine visits when pediatricians examine babies and children to identify health and developmental concerns, administer vaccinations, and offer recommendations to promote healthy development. Since you visit your child's pediatrician often and rely on their expertise and advice, a positive rapport is very important. Before choosing a pediatrician, call the office to ask for a "meet and greet", a brief visit where you can view the office/clinic environment and ask questions. Go to www.healthychildren.org for guidelines on choosing a pediatrician. If possible, select a practice that uses the medical home model of care.

A medical home is an accessible and family-centered primary care practice that is well coordinated with medical and community services that children need. A medical home should include but is not limited to the following services:

- a. well-child visits according to the American Academy of Pediatrics schedule www.healthychildren.org
- b. all recommended immunizations
- c. screening for developmental delays and linkage to needed services
- d. screening for lead toxicity, iron deficiency, and chronic disease such as asthma and allergies
- e. oral health promotion beginning at age one
- f. needed supports for families of children with special health care needs

The first step in accessing health services for your child is obtaining health insurance. Health care costs can burden families. All children in Connecticut have access to health insurance. If your employer does not offer health insurance or you are not employed, please call 1-877-CT-HUSKY or go to www.Huskyhealth.com for information on how to apply. Health coverage for children begins when mothers are pregnant, so do not wait until baby is born to access needed health insurance.

The Affordable Care Act is a federal law enacted in 2010 to promote preventative health, help families and children access health care and provide protections for health insurance coverage. To learn more go to www.healthcare.gov/law/ or find out about purchasing health insurance through Connecticut's Health Exchange - Access Health CT.

ADOPTING AN INFANT/EARLY CHILDHOOD MENTAL HEALTH PERSPECTIVE

Strong relationships with consistent, responsive caregivers are critical to your child's development. These relationships form the foundation of physical and mental health for infants, toddlers and preschoolers.

All children are born wired to form relationships. Through relationships, children discover who they are and learn to understand others. When young children experience people helping, understanding, and enjoying them, they approach the world with openness and enthusiasm, and they grow to be responsive and caring people. Supportive relationships with parents and caregivers shape their self-image and provide the child with the resilience needed to face new challenges. Adopting an infant/early childhood mental health perspective is developing your awareness of and responding to the myriad needs of children. This perspective is foundational for promoting health and wellness in young children.

Create a **Safe Sleep** Environment for Baby

Did you know that the features of your baby's sleep area can affect his/her risk for **Sudden Infant Death Syndrome (SIDS)** and other sleep-related causes of infant death, such as suffocation?

Reduce the risk of SIDS and other sleep-related causes of infant death by **creating a safe sleep environment** for your baby.

How can you make a **safe sleep environment**?



- ▶ Always place your baby to **sleep on his or her back**, for naps and at night.



- ▶ Have the baby **share your room, not your bed**. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else. Try room sharing—keeping baby's sleep area in the same room where you sleep.



- ▶ Use a **firm sleep surface**, such as a mattress in a safety-approved* crib, covered by a fitted sheet.



- ▶ Keep soft objects, toys, pillows, crib bumpers, and loose bedding **out of your baby's sleep area**.



- ▶ Dress your baby in **no more than one layer of clothing more than an adult would wear** to be comfortable, and leave the blanket out of the crib. A one-piece sleeper or wearable blanket can be used for sleep clothing. Keep the room at a temperature that is comfortable for an adult.



Safety-approved* portable play yards can also provide a safe sleep environment for your baby. When using a portable play yard, always place baby to sleep on his or her back and keep toys, pillows, and blankets out of the play yard. These actions help reduce the risk of SIDS and other sleep-related causes of infant death.

*Visit the U.S. Consumer Product Safety Commission website for more information about safety-approved baby sleep areas: <http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/>



NIH

Eunice Kennedy Shriver National Institute of Child Health and Human Development



Learn more about ways to reduce the risk of SIDS and other sleep-related causes of infant death at:

<http://www.nichd.nih.gov/sids>



UNDERSTANDING CHILDREN'S SLEEP

SLEEP AS A DEVELOPMENTAL PROCESS

Sleep for infants, toddlers and preschoolers is a critical process that develops over time, and is strongly linked with other important developmental capacities such as self-regulation. Infants need more sleep than at any other point in life, often having more sleeping than waking hours, especially during the first days and months following birth. A newborn can sleep up to 16 hours per day. This shifts as they grow; however sleep continues to be an important need along with those for food, love, and protection. It is important for caregivers to recognize that sleep is something that develops throughout a child's early life and to reflect upon potentially unrealistic expectations about what a child can or should be doing at various points. For example, there may be a mistaken notion that children should be "sleeping through the night" well before this is either possible or desirable from the child's standpoint. This can create an unnecessary tension and feelings of failure in the caregiver for not being able to achieve such a milestone. Children develop the ability to sleep more deeply, and for longer periods, after many months and years. Therefore, waking during the night is completely normal and expectable, and not a sign of inadequate sleep. It may be disruptive for the caregiver, but that can be handled in a variety of ways so that the child's natural rhythms can be respected.



SLEEP HABITS OF INFANTS

infant

Taking time to actively engage your baby during daylight hours as they grow older, especially outside, may help them to acclimate to staying awake during the day and sleeping more during the night. From birth to six months, babies may wake up as much as two to three times a night. By six months of age though, many children have learned to distinguish between night and day and are able to sleep for longer periods than when they were newborns. For those who are capable of sleeping through the night (which means about 5-6 hours), night waking is still incredibly common during this time. Babies who awaken during the night, something that most adults also experience, have simply not yet learned how to self-soothe and will need your assistance in falling back to sleep.

HELPFUL HINTS

WHAT TO DO...

Prepare the baby for sleep by singing softly or rocking him, 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 cries at night, don't assume that you aren't doing the right things to get him to sleep through the night.

Respond to the baby's needs quickly and sensitively. If you become exhausted or frustrated, ask for help from another adult.

WHY?

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

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

Babies need help soothing themselves, especially during the first months of life. Never leave a baby crying alone and make sure to assess his safety as well as emotional state.

Responding to baby's needs conveys the message that he deserves love and care, and that his signals for help will be met with in a sensitive manner.



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 SAFE SLEEP



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 numerous 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 her back unsafe, **ALWAYS** put the infant on 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, go to
• www.sidscenter.org/ or call the National SIDS
• Resource Center at 1-866-866-7437 (toll-free)
• or the Safe to Sleep campaign at
• 1-800-505-CRIB (toll-free)

TIPS FOR REDUCING THE RISK OF SIDS

WHAT TO DO...

Put the baby on her back to sleep.

Remove stuffed animals, pillows or other soft, fluffy and loose bedding from the baby's sleep area. This includes crib bumpers – they are still popular but they too can be a suffocation hazard.

Keep the baby at a comfortable temperature while 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. This will also reduce flat or bald spots on baby's head from the sleep position.

OTHER CRIB SAFETY GUIDELINES

WHAT TO DO...

Be sure crib slats are no more than 2½ 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 6 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 herself.



SLEEP HABITS of TODDLERS



toddler

By the time that babies are between the ages of 12 and 36 months, most have begun to establish and follow a more consistent sleeping pattern. For these children, sleeping 12–14 hours a day, as well as taking two naps is not at all uncommon. These numbers will continue to fluctuate though, as your child continues to develop their skills and abilities, as well as be exposed to increasingly new and complex situations and people. This can mean that your baby will actually require more sleep as they grow older, rather than less. However, like adults, the amount of sleep that one requires is dependent on the individual child and the amount of sleep that they need in order to function at their best.

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.

Toddlers often let you know that they are ready for a move from a crib to a “toddler bed” 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 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 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 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 goodnight 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 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 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.





UNDERSTANDING
INFANT CRYING BEHAVIOR



OVERVIEW

infant

Infant crying is a primary mechanism for communication, for building attachment, for coping with stimuli and stress, and for learning how to become organized as part of normal, healthy infant development. It is one of the only strategies infants have to signal needs to their caregivers. During the first few days with a newborn baby, caregivers might have the experience that baby doesn't cry much or even at all, but within a few short weeks, you begin to notice more frequent crying and perhaps even a pattern of regular crying that may cluster in late afternoon and early evening.

Research has shown that newborn crying behavior begins about two weeks after birth and becomes more intense, peaking at about six weeks before gradually ending by baby's fourth or fifth month. This period of crying behavior has been termed the "Period of PURPLE Crying" by Dr. Ronald Barr, a pediatric researcher who has studied infant crying for over 30 years (see www.purplecrying.org).



PARENTAL FRUSTRATION WITH CRYING

Crying behavior may alarm or overwhelm parents who may interpret crying as an indication they have done something wrong. Knowing about normal crying development can better prepare parents for infant crying, provide them with confidence and curiosity to learn about their unique infant's needs, develop soothing strategies, and learn to accept that crying can be a normal developmental phase similar to teething, locomotion, language acquisition, etc.

Learning the meaning behind babies' cries can be difficult because it is only a part of the larger complex processes of family adjustment and relationship-building, and also because there is an intuitive desire to "fix", "heal" or "help". It may be necessary to change our expectations if our desired outcome is a "quiet" baby – all babies cry!

Infant crying behavior "is a normal mechanism for discharging tension" (Nugent, et al, 2007), for expressing the changes baby feels physically and mentally, and for communication to caregivers. It is important that parents understand that babies cry even when their parents are doing all they can to soothe them – that we aren't doing anything wrong; that holding, rocking and soft talking often help and should be continued even when a baby does not appear to respond to the help. Understanding that crying is normal does not mean parents shouldn't respond to their child's cries. Responding quickly and sensitively to infant crying can have a positive effect on the intensity and duration of the crying session as well as the overall crying phase. Babies can still be helped to feel more comfortable even when they remain in a crying state. Children should never be left to cry by themselves for long periods of time. Some of the strategies that have been recommended for "training" children to sleep through the night, may in fact be harmful to babies' developing brains, and certainly to their developing relationship with caregivers.

INFANT SOOTHING STRATEGIES

Learning to cope with infant crying requires two important skills; staying in control and finding soothing strategies that help baby reduce crying frequency and duration. Staying in control means tuning into your stress level and giving yourself permission to take a time-out from baby. Make sure baby is safe while you regroup so that you can resume comforting baby without losing control or projecting emotional disconnectedness.

Try these strategies for soothing fussy, crying baby:

- Skin to skin contact (Kangaroo Care)
- Frequent holding, cuddling, rocking
- Singing, playing soft music (Babies' brains are organized to respond to high-pitched, soft singing)
- Swaddling
- Nursing
- Walking your baby in a stroller
- Walking your baby in an infant carrier (babywearing)
- Using a baby swing
- Using white noise machines or run a vacuum or hair dryer





FEEDING & NUTRITION



INITIATING BREASTFEEDING

infant

The ideal food for babies during the first year of life is breast milk. Breastfeeding is optimal from both a nutritional and relational perspective. Breast milk is highly beneficial in its balance of nutrients for baby, in promoting healthy brain development, and in providing critical immunity from illness during a very vulnerable period. Mothers may be discouraged from breastfeeding when it does not seem to happen as easily and “naturally” as they might have imagined. It is important to obtain adequate support and guidance from trained professionals knowledgeable about breastfeeding, such as lactation specialists. When breastfeeding 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 not have regular cow’s milk until after their first birthday. It is important with feeding, as with other aspects of infant and child development, to pay attention to your child’s cues and signals regarding emotional and physical needs. Rather than becoming focused on a schedule of feeding, it is more important to feed your child whenever she appears to be hungry.

? MORE INFO

- For more information on breastfeeding, read “A
- Mother’s Guide to Breastfeeding” available through
- the American Academy of Pediatrics at
- www.healthychildren.org. Free phone and group
- support is available through La Leche League
- (www.lllct.org) and Breastfeeding USA
- (www.breastfeedingUSA.org) or Facebook Central CT
- Chapter of Breastfeeding USA).

HELPFUL HINTS

WHAT TO DO...

WHY?

Breastfeeding on demand is recommended.

Your baby is reliant on this nutrition for her early health and development. She may have periods of intense feeding, then alternating with less intense periods.

Respond to your baby, not a clock or calendar.

Infants are unconcerned with our customs for managing time; it is our job as caregivers to respond to children's basic needs such as for love and affection, nutrition, and sleep.

Breastfeeding may be difficult or painful initially. It is important to obtain skillful guidance when beginning to breastfeed.

Many women feel discouraged and give up on breastfeeding because it doesn't seem to "work". Since this is the most desirable choice of nutrition for baby, and has health benefits for mother, it is important to receive proper education and assistance when starting out.

Breastfeed for as long as both baby and mother are comfortable.

The AAP recommends at least one year, and the World Health Organization (WHO) recommends two years (or as long as both mother and child wish to continue). Breastfeeding has nutritional, attachment, immunological, and neurological benefits for your developing infant.

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

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

Do not prop the bottle or put the baby to bed with a bottle.

Propped bottles can cause choking and tooth decay.

NEWS FLASH

• Medications the mother is taking may cross over into breast
• milk and cause harm to the baby. However, this does not
• necessarily mean that she shouldn't breastfeed. As with all
• concerns, speaking with a health care provider and/or reading

safety guidelines for medications is advised. In many cases, there are alternative medications and preparations available that are safe for breastfeeding so that everyone wins. The MotherToBaby Information Service is a free statewide call center for information and resources on breast milk and medication use. Call 1-800-325-5391 (toll-free) or http://humangenetics.uhc.edu/mother_baby/index.html. You will also find helpful information and guidance from the March of Dimes at www.marchofdimes.com/baby/feeding_medications.html.



infant

BEGINNING SOLID FOODS

The infant's body may be 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. 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...

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

Start with no more than two teaspoons of food.

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

Never give babies honey.

Delay introducing peanuts or peanut butter for at least one year.

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

WHY?

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

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

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.

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

Given the potential for dangerous allergic reactions with peanut allergy, it is recommended to wait until your child is older in case she does have this vulnerability.

This can lead to overeating and unhealthy weight gain.



BRIGHT IDEA

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





PREPARING FOODS FOR YOUNG CHILDREN

toddler



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.



BRIGHT IDEA

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

TIPS TO PREVENT CHOKING

- ▶ Prepare foods being served to young children carefully so they are easy to chew and swallow.

For example:

- Cut grapes lengthwise and remove seeds
- Cut hot dogs lengthwise and then into small pieces
- Cook carrots until soft and then cut into sticks

- ▶ 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
- Round hot dog slices

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 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. As part of learning independence, **toddlers often pick and choose the foods they eat rather than simply eating what is placed in front of them.** 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.

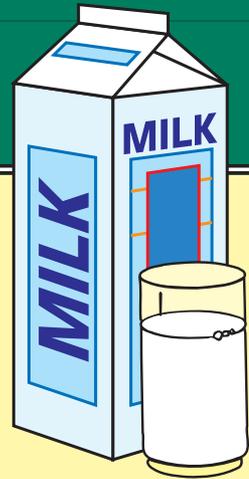


WHAT TO OFFER TODDLERS

- ▶ 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
- ▶ High protein foods that are easy to eat such as yogurt, smoothies, and hummus
- ▶ 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, if children are drinking milk, switch to low-fat. Other milk product sources include coconut milk, soy milk and almond milk which may be healthy alternatives.



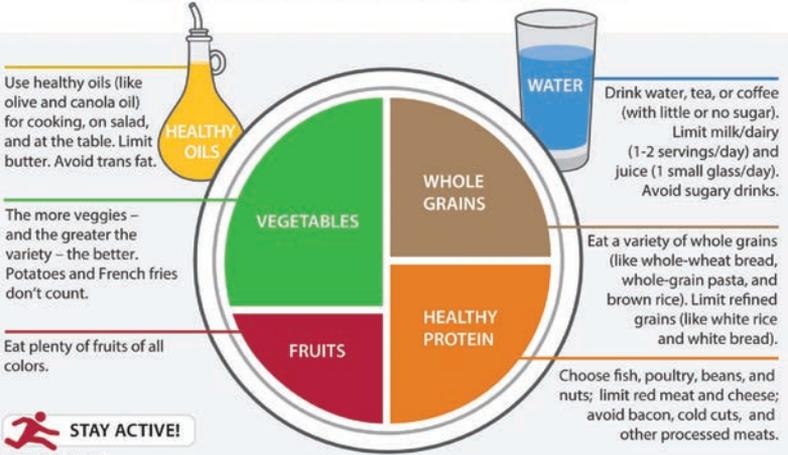
DEVELOPING HEALTHY EATING HABITS



toddler & preschool

To help ensure a healthy, balanced diet, the **Healthy Eating Plate** developed by Harvard University is a guide for yourself and your children. Although toddlers need the same variety of foods as preschoolers, they do not need as many calories. The amount of food you offer to two and three year old children should be about two-thirds the amount you serve to older children.

HEALTHY EATING PLATE



STAY ACTIVE!
© Harvard University

Harvard School of Public Health
The Nutrition Source
www.hsph.harvard.edu/nutritionsource

Harvard Medical School
Harvard Health Publications
www.health.harvard.edu

Copyright © 2011 Harvard University. For more information about The Healthy Eating Plate, please see The Nutrition Source, Department of Nutrition, Harvard School of Public Health, www.thenutritionsource.org and Harvard Health Publications, health.harvard.edu. The American Academy of Pediatrics has published the 2nd edition of Nutrition: What Every Parent Needs to Know available at www.healthychildren.org. This resource will provide guidance on serving sizes as well as information about celiac disease, allergies, and picky eaters.

HELPFUL HINTS

WHAT TO DO...

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

Make sure to offer children water throughout the day.

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

Make meal times happy times.

Let children see you eating healthy foods.

WHY?

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

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

This can lead to overeating and unhealthy weight gain.

Food digests better when stress is low.

Young children learn by imitating.





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**

Caregivers can visit:

www.sde.ct.gov/sde/cwp/view.asp?

[a=2626&Q=320670](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&Q=320670)

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. Helping with cooking and baking by pouring ingredients and spices into a large bowl, pouring or stirring. They may like to “experiment” by making a mixture of their own creation (that may not be suitable for consumption!)



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 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**

Visit the UCONN Department of Nutritional Sciences at <http://foodsafety.uconn.edu/> or call 860-486-3633.

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.
- ▶ Pay particular attention to preparation of uncooked meats such as chicken. Wash hands right away and encourage hand washing for children before and after eating.
- ▶ 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 eggs to make sure that they are not broken or cracked or have blood spots.
- ▶ Look for canned goods without any dents or bulging lids (could indicate spoilage or botulism).
- ▶ Avoid any foods in packaging that has been ripped open or shows other signs of damage.
- ▶ Check the "sell by" or expiration date on all foods to make sure that they are still fresh.
- ▶ If you buy foods that need to remain cold, go straight home after shopping and put them in the refrigerator or freezer, or use a special container or bag that is designed to keep items cold. Do not leave food in a hot car.



A large, white, outline-style number '5' is centered on a solid yellow background. A dark green horizontal bar is superimposed over the middle of the number, containing the text 'CHILDREN'S PHYSICAL HEALTH' in white, uppercase, sans-serif font.

CHILDREN'S
PHYSICAL HEALTH



ORAL HEALTH

infant, toddler & preschool

Tooth decay is the number one dental problem among preschoolers, but it can be prevented. Starting children with good dental habits from infancy will help them grow up with healthy smiles. The following is important information about how to care for your child's teeth from birth to 24 months of age and beyond.

HOW TO CARE FOR YOUR CHILD'S TEETH

▶ Birth to 12 months

- Good dental habits should begin before the first tooth appears. After feedings, gently brush your baby's gums using water on a baby toothbrush that has soft bristles. Or wipe them with a clean washcloth.
- Ask about fluoride. After the first tooth appears, ask your child's health care provider if your baby is getting enough fluoride. Many experts recommend using a fluoride-free toothpaste before the age of two, but check with your child's health care provider or dentist first.
- Schedule your baby's well-child visits. During these visits your child's health care provider will check your baby's mouth.

▶ 12 to 24 months

- Brush! Brush your child's teeth two times a day using water on a baby toothbrush that has soft bristles. The best times are after breakfast and before bed.
- Limit juice. Make sure your child doesn't drink more than one small cup of juice each day and only at mealtimes.
- Consult with your child's dentist or health care provider about sucking habits. Sucking too strongly on a pacifier, a thumb, or fingers can affect the shape of the mouth and how the top and bottom teeth line up. This is called your child's "bite." Ask your child's dentist or health care provider to help you look for changes in your child's bite and how to help your child ease out of her sucking habit.
- Schedule a dental checkup. Take your child for a dental checkup if she has not had one.

▶ 24 months

- Brush! Help your child brush her teeth two times a day with a child-sized toothbrush that has soft bristles.
- Use fluoride toothpaste. You can start using fluoride toothpaste, which helps prevent cavities. Teach your child not to swallow it. Use a pea-sized amount or less and smear the paste into the bristles.
- Floss. You can begin flossing your child's teeth as soon as two teeth touch each other.
- Schedule a dental checkup. Take your child for a dental checkup at least once a year.



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.



HELPFUL HINTS

WHAT TO DO...

WHY?

Do not prop the infant's bottle in his mouth or leave the bottle in bed with the baby unless it contains only plain water. Thumb-sucking or a pacifier can safely provide any extra sucking that the baby may need.

This increases the time teeth are exposed to lactose (milk sugar) and increases the risk of tooth decay.

When the first teeth appear, start cleaning them with a cloth or soft toothbrush.

This removes food particles that can cause decay.

Talk to the baby's health care provider about the possible need for fluoride supplements.

Fluoride helps build strong teeth. Some drinking water already has fluoride in it.

Try cool teething rings and firm biscuits for teething.

Chewing on these things feels good, cold reduces inflammation.

Watch for white spots inside the baby's mouth that won't wash away. If you notice any spots, call the child's health care provider.

This could be an infection called thrush.



• The bacteria that causes tooth decay can be passed from the mother/caregiver to the baby, so it is very important for the mother/caregiver to have regular dental check-ups and take care of any dental problems.



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 build the pathway 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 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 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.



• Tooth decay is the most
• common chronic infectious
• 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.



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.

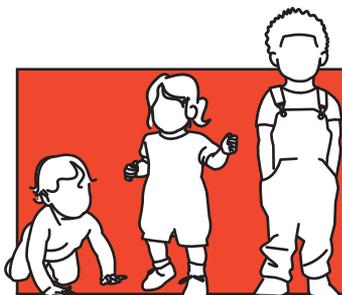
WHY?

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

Keeping the amount of time tooth enamel is exposed to sugar to a minimum helps stop tooth decay.

Preschoolers love to please adults.





IMMUNIZATIONS & HEALTH SCREENINGS

infant, toddler & preschool



Starting in infancy, it is important to protect children against serious illnesses by vaccinating them. Vaccines contain either purified parts of a virus or bacteria. The federal Food and Drug Administration (FDA) approves all vaccines. When given to a child, vaccines teach his immune system to fight off life threatening diseases such as whooping cough (pertussis), tetanus (lockjaw) and some forms of meningitis. Each year, these diseases kill thousands of children in the United States.

The immunization schedule recommended by the American Academy of Pediatrics coordinates with the well-child check-up schedule (see next 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 sickle cell disease, 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 Tylenol® if the immunizations cause mild discomfort.

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

- ▶ 1-2 weeks, 1-2, 4, 6, 9, 12, 15 and 18 months
- ▶ 2, 3, 4, and 5 years



Call the child's health care provider if 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.



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



VISION/HEARING

preschool

It is very important to test a child's hearing and vision because if they are not developing properly, it can interfere with learning. All infants born in Connecticut are screened for hearing loss at birth, unless the parent refuses due to religious tenets or beliefs. The hearing screen should be done in the hospital before the baby goes home.

(www.ct.gov/dph). Newborn hearing screening can detect possible hearing loss in the first days of a baby's life. All babies should have their eyes checked for infections, defects, cataracts, or glaucoma before leaving the hospital. As part of each well-child visit, eye health, vision development, and alignment of the eyes should be checked. If any problems are found during routine eye exams, your child's health care provider may have your child see a specialist. (www.healthychildren.org)



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:

- Has trouble seeing
- Appears cross-eyed

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

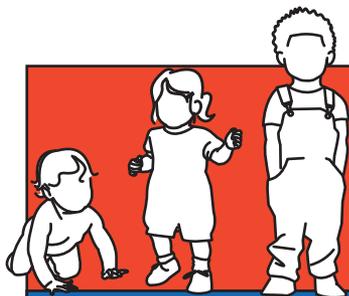
This can mean either a hearing or a vision problem.

- 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, part of the ear can become sticky. This 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.



Common health topics: 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. However, illness is inconvenient and unpleasant to say the least. **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

How to Make 10% Bleach Solution for Cleaning Toys and Equipment

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.

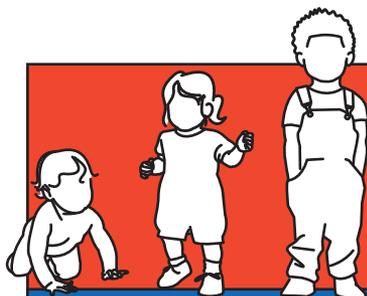
This solution is recommended by the American Academy of Pediatrics in their day care guidelines. Make sure to label the container with the solution in it and mix a fresh solution each day.

TIPS TO PREVENT 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 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 informs 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.**



Common Health Topics: **COLDS**

infant, toddler & preschool

Colds are viral infections of the nose and throat. Colds cause nasal discharge, nasal congestion, sinus congestion, sore throat, hoarse voice, cough, croup, and red, watery eyes. **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 can spread from person to person. Covering your nose and mouth 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 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 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 fever.

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

FOR BABIES WITH COLDS, YOU SHOULD ALSO:

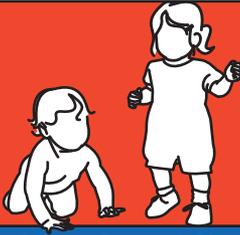
Keep the nose passages free of mucus using a bulb syringe.

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 could stop breathing.





Common health topics: EAR INFECTIONS

infant & toddler

Ear infections most commonly affect children between the ages of six months to two 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. This prevents the eardrum from moving normally and transmitting sound properly.



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, contact your child's health care provider. Cleanse the inside of the earlobe with cotton and water. Don't pack or place anything into the ear opening. Follow the health care provider's instructions.

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:

▶ More crying than usual when lying down and using words related to pain in the ear

▶ Difficulty sleeping

▶ Fever or headache

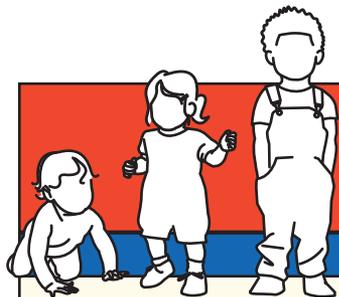
▶ Trouble hearing

▶ Pulling at the ears

▶ Drainage from the ear canal



..... If not treated properly, ear infections can interfere with a child's speech and language development.



Common health topics: FEVERS

infant, toddler & preschool

A fever is usually caused by infections from viruses (such as cold or the flu) or bacteria (such as strep throat or some ear infections). The fever itself is not the disease, only a sign that the body's defenses are trying to fight an illness or an infection. A fever is a body temperature that is higher than normal. While the average normal body temperature is 98.6°F (37°C), a normal temperature range is between 97.5°F (36.4°C) and 99.5°F (37.5°C). Most health care providers consider a temperature above 100.4°F (38°C) as a sign of a fever.

If your child has a fever, he may feel warm, appear flushed, or sweat more than usual. He may also be more thirsty than usual. Always use a digital thermometer to check your child's temperature. The American Academy of Pediatrics (AAP) encourages parents to remove mercury thermometers from their homes to prevent accidental exposure and poisoning.

For guidelines on what type of thermometer to use by age, ask your health care provider or go to:
www.healthychildren.org/English/health-issues/conditions/fever/pages/How-to-Take-a-Childs-Temperature.aspx



IF A CHILD HAS A FEVER

WHAT TO DO...

Call the child's 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.

Offer extra fluids to drink such as water or diluted juice or store bought solutions (like Pedialyte®)

Give fever medication according to the health care provider's directions. The health care provider will usually suggest acetaminophen (like Tylenol®) 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.

Call the health care provider if the child lacks energy, is dehydrated, or cries when you attempt to pick up or hold her. (For signs of dehydration, see page 71)

WHY?

They may want to examine the child because she may be sicker than she seems.

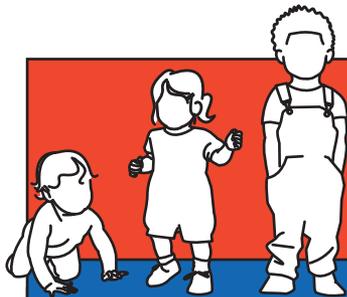
Fevers use up more body fluid than normal and this loss can be replaced by drinking more fluids.

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



Over dressing can make the fever go higher.

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



Common health topics: RASHES

infant, toddler & preschool

A rash is a reaction of the skin. Viruses, bacteria, allergic reactions to medication, and skin irritants (such as harsh soaps, scratchy fabrics or poison ivy) 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.



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

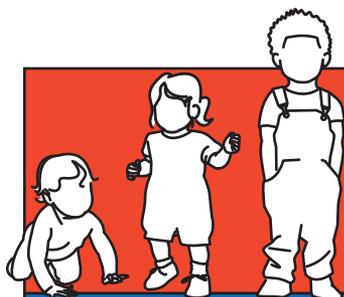
- ▶ Wash your hands after caring for a child with a rash.
- ▶ Take the child to their health care provider.
- ▶ In child care:
 - Isolate children with rashes immediately.
 - Alert all parents when any child develops a rash.
 - Send children with rashes home until the child's health care provider says 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**.



Common Health 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, visit the Environmental Protection Agency website at:

www.epa.gov/smokefree/

? MORE INFO

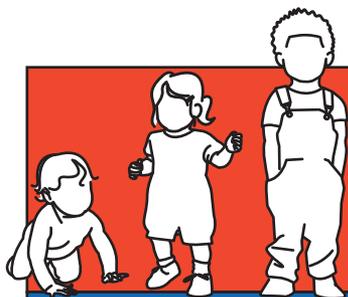
FOR INFORMATION ON QUITTING SMOKING:

Talk to your health care provider, or call the Connecticut QuitLine at 1-866-363-4224 (toll-free) or visit their website 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, avoid areas where people are smoking.**
- ▶ **Teach children the importance of being in a smoke-free environment. Visit the EPA website on the opposite page for lots of ideas for doing this.**





Common Health 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. It is important to call the child's health care provider to determine what is causing the vomit and/or diarrhea and get appropriate treatment.

A child should also visit a health care provider if she shows any of the signs of dehydration listed (see next page). **Dehydration can occur from vomiting or diarrhea if too much fluid is lost from the body.** To help prevent dehydration, keep your child off solid foods and encourage her to suck or drink small amounts of electrolyte solution (like Pedialyte[®]), clear fluids such as water, sugar water (1/2 teaspoon sugar in 4 ounces of water) or popsicles. Continuing nursing is recommended. Liquids not only help to prevent dehydration but also are less likely than solid foods to stimulate further vomiting.



SIGNS OF DEHYDRATION

- ▶ Irritability or crankiness
 - ▶ Poor appetite, weight loss
 - ▶ Decreased urination (for infants, fewer than six wet diapers per day)
 - ▶ Lack of energy
 - ▶ Dry mouth or thirst
 - ▶ Fewer or no tears when crying
- ▶ Sunken eyes
 - ▶ Dizziness
 - ▶ Stools will be loose if dehydration is caused by diarrhea; if dehydration is due to other fluid loss (such as vomiting or not taking in enough fluids), there will be decreased bowel movements.

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.
- ▶ Use disposable paper towels for hand drying.
- ▶ Notify the child's health care provider if he 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.
- ▶ Tell parents with sick children to keep them home from child care until the symptoms go away and the child's health care provider says it is safe for the child to return to child care.



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, antibiotics, yeast and bacteria can also cause irritation.



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.



BRIGHT IDEA

..... To clean babies' skin during a diaper
 change, first try using a squeeze
 bottle filled with water. It may be all
 that is needed!

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 diaper change.**
- ▶ **Use soaps gentle enough for babies' sensitive skin and avoid rubbing the child's skin too much while cleaning the diaper area. This can irritate babies' bottoms.**
- ▶ **Instead of powders or cornstarch, use protective creams and ointments after each diaper change to protect the skin from moisture.**
- ▶ **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 the child's health care provider.

To decrease skin irritation, use a gentle stream of running water 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.



Common health topics: BITING

toddler

Biting is common among small children, particularly toddlers. It happens for a variety of reasons. **Understanding and identifying the reason for biting will help you in handling the behavior and preventing future biting episodes.** Below are some reasons why 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 DOES BITE

WHAT TO DO...

Stay calm!

State clearly "no biting" and remove the child from others.

Allow the biter to help soothe the victim.

Help the biter calm down by offering her comfort.

If the skin has been opened from the teeth of a biting child, a health care provider should evaluate the wound. Child care providers should be sure parents are told about the biting.

WHY?

Staying calm helps you stay in control.

This gives the child easy to understand instructions and protects other children.

This teaches the child compassion.

This can help prevent the child from biting again.

Human bites can cause serious infection.



Common Health Topics: ASTHMA

infant, toddler & preschool

Asthma is a disease that affects the lungs. It is one of the most common long-term diseases of children, but adults have asthma, too. One of every ten children has asthma (10%) (cdc.gov). The number of children with asthma is increasing every day. Between 80% and 90% of children with asthma develop symptoms by age four or five years. (healthychildren.org)

Discuss with your child's health care provider the possibility that your child has asthma if she has these conditions: recurrent bronchitis, recurrent pneumonia, chronic cough, or lower respiratory infections. Also call the health care provider for an appointment if your child wheezes, coughs regularly, especially at night or with exertion, has a tight feeling in the chest, or is often short of breath.

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 also 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: 1) on a regular schedule to keep the asthma controlled (maintenance), 2) 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.

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.

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.



Common Health Topics: **ALLERGIES**

preschool

The most common chronic health condition affecting young children is allergies. Types of allergies include food, seasonal, dust, pet and chemical. Allergies arise when the child's immune system thinks a substance (such as a food or pollutant) is attacking the body. Allergies can cause skin, circulation, breathing and stomach problems. The immune system is trying to do its job, but creates an overreaction and that can result in uncomfortable symptoms such as eczema, hives, wheezing, anaphylaxis, bouts of unexplained diarrhea, and many others. Children with a family history of allergies are most at risk. The most common allergies in young children are food allergies.



There is a relationship between asthma and allergies. According to healthychildren.org, "Not everybody with allergies has asthma, but most people with asthma have allergies".



Talk to your child's health care provider about any symptoms you notice in your child and visit www.healthychildren.org for a list of symptoms related to allergies.



Common Health Topics: **REFLUX**

infant, toddler & preschool

Gastroesophageal Reflux (GER) is acid from the stomach that moves upward into the esophagus and can cause heartburn, spit up, burping, and/or fussiness after feedings in infants and very young children. This can happen in infants because the esophageal sphincter may not be fully developed and closes rather than relaxes at times when the milk/food needs to move into the stomach. Gastroesophageal Reflux Disease (GERD) is the name of reflux that occurs frequently and/or has more distressing symptoms. For more information, go to www.kidshealth.com

WHAT TO DO...

Position infants more upright, ideally at a 45 degree angle, when breast and bottle feeding.

Burp your baby during and after feedings.

If breastfeeding, talk with your health care provider or lactation specialist about whether to remove dairy and/or acidic foods from mother's diet.

Stay optimistic!

WHY?

Feeding infants when they are in a lying position can keep milk pooled in the esophagus. Gravity will help milk flow downward. Feeding infants in a completely upright position could add too much pressure on the stomach.

This helps keep milk moving downward, prevents the build up of excess air from the digestive tract and reduces acids from rising from the stomach.

Sometimes reflux can be caused by food allergies or sensitivities and the primary foods include dairy and acidic foods such as soda, tomatoes, fatty and processed foods.

Reflux is frustrating for you and your baby or young children because it makes feedings stressful (and often messy!). Gastroesophageal Reflux (GER) is common in newborn and early infants but is not long-lasting. Babies between six and twelve months are often much improved.



Common Health Topics: **OVERWEIGHT & OBESITY**

preschool

Overweight is defined as having excess body weight for a particular height from fat, muscle, bone, water, or a combination of these factors. Obesity is defined as having excess body fat. Overweight and obesity are the result of “caloric imbalance”. A caloric imbalance means that the amount of calories consumed (food and drinks) is higher than the amount of calories used (physical activity). Obesity is affected by various genetic, behavioral, and environmental factors.

Childhood obesity has more than tripled in the past 30 years. As many as one in three children under age 18 are obese in the United States. Childhood obesity has both short and long term effects on health and well-being, including diabetes, high blood pressure and high cholesterol, difficulty breathing, low self-esteem and depression. Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. 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 her health care provider.

Let children see you eating the kinds of food that are good for them.

Serve fresh fruit and veggies as much as possible.

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

After age two, give children low fat milk.

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

Plan healthy meals.

WHY?

A child's height and weight can be used to calculate the Body Mass Index (BMI), a tool for identifying weight problems. 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.

These foods have lots of fiber as well as vitamins. Fiber helps us feel full longer after a meal.

Juice has a lot of calories and eating fresh fruit is a better way to get the same vitamins because of the fiber in fruit. The American Academy of Pediatrics recommends that children have no more than four ounces (1/2 cup) of juice a day. 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. Remember: from age one to age two, serve whole milk only because the brain needs the extra fat to develop properly.

Exercise helps children develop physical skills, learn to play, share and take turns and have 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.



BRIGHT IDEA

Many American families eat a lot of fast food. Unfortunately, most fast foods are very fattening. For a healthier lifestyle, limit the number of trips to fast food restaurants and

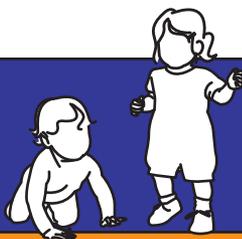
choose healthier items from the menu, such as: yogurt instead of ice cream, grilled chicken instead of breaded or fried chicken, water instead of soda, salad instead of french fries, mustard or ketchup instead of mayonnaise.





CHILDREN'S SAFETY

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** or for dates and locations for car seat fittings and installation checks, visit www.ctsafekids.org.

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 passenger 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 caregiver.

!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. They are big enough to use regular seat belts. However, when some children 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.

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...

Have children wear approved helmets when riding bicycles and tricycles.

WHY?

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



Teach young children to always hold on to an adult's hand when crossing a street or walking in a parking lot.

Preschoolers often act impulsively and can quickly dart into traffic.

Help preschool children learn to look both ways when crossing the street even though they are holding an adult's hand.



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

Teach preschoolers not to get in cars with strangers.

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.



Common threats to children's safety: **BURNS**

infant

Every year all over the country, babies come into emergency rooms with burns, often from hot liquids. A burn only takes an instant to happen! **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 throughout your home, at least one on every level and outside bedrooms. Check them monthly to be sure they are working. It is best to use smoke detectors with long-life batteries, but if these are not available, change the batteries annually on a date you will remember. Develop a fire escape plan and practice it so you'll be prepared if an emergency does occur. For more information, go to: www.healthychildren.org

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

- Plan and practice escape routes in case of a fire. Choose an outside meeting place and make sure everyone knows where it is.
- Teach children to crawl low to the ground if they notice smoke or a fire.
- Teach children what "HOT" means.
- Keep matches, lighters and other fire sources 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.
- Place appliances towards the back of the counter.
- When using microwaves, use caution in heating time.
- Apply sunscreen (at least SPF 30) before children go outside.

IF A CHILD IS BURNED

WHAT TO DO...

Stop the burning, remove the source.

Cool minor burns quickly with cool tap water.

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

Keep the child from breaking any burn blisters.

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.



This 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 hospital professionals.



CHOKING

infant

Babies explore their environments by placing objects in their mouths. This should come as no surprise. Everything goes in the mouth. Your job is to make sure all dangerous items are out of reach. Once the baby is crawling, this means checking the baby's complete surroundings, especially those items on the floor level.



**? MORE
INFO**

FOR MORE INFORMATION ON **CPR TRAINING**
AND THE **HEIMLICH MANEUVER:**

AMERICAN RED CROSS
1-877-287-3327 (toll-free)

2-1-1
(toll-free)

CPR classes are offered in English and Spanish

TIPS TO PREVENT CHOKING

WHAT TO DO...

WHY?

Make sure all toys given to the baby are 1½ inches in size or greater.



This size is too big to cause choking.

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



They could come off and cause choking.

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



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

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



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

Learn infant/child CPR.



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

IF A CHILD IS CHOKING...

- ▶ For an infant or very young child, follow CPR guidelines which involve holding the child so head is down and legs are higher than head to promote release of the object.
- ▶ For older children, perform the Heimlich maneuver to remove the item that is choking the child.
- ▶ If you are unable to remove the item or feel the child needs further medical attention, call 911.



DROWNING

infant & toddler

Many babies enjoy playing in and exploring water! Splashing in water is exciting and a bath is often very soothing.

However, you must guard babies against drowning which can happen with even a few-inch depth (like a dog's water bowl). Before babies are a year old, most can turn on bathtub faucets and walk into swimming pools or in the ocean.

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 – and 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**. Swallowing ocean water can be very serious, causing dehydration that may develop over a period of hours. Therefore, it is important to monitor a child's experience in the ocean and be sure they do not swallow too much water.



- 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 American Red Cross toll-free at 1-877-287-3327 or 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 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 a baby can easily drown in a few minutes if he falls over in just a few inches of water.

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 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

- ▶ Don't put a baby to sleep or leave the baby alone on a couch or bed, even when she is very little.
- ▶ Never leave children alone on a changing table - even for a moment – to get something close by.
- ▶ Keep screens in windows and/or guard windows with rails.
- ▶ Always use approved gates at both the top and bottom of stairs.
- ▶ Use childproof doorknob covers at entrances to stairs, high porches, and laundry chutes, etc.
- ▶ Remove unsecured rugs from child care areas.
- ▶ Keep crib rails fully raised and mattresses at the lowest level.
- ▶ Use secured area rugs or wall-to-wall carpeting in child care areas.
- ▶ Keep large toys and bumper pads out of cribs and playpens (these can be used as stairs of escape).
- ▶ When children are able to climb out of cribs, consider having them nap in youth beds or close to the ground.
- ▶ Avoid walkers.
- ▶ Dress children in properly fitting clothing and shoes (pant legs should not touch the floor).
- ▶ Supervise children in playground areas.
- ▶ Supervise children in highchairs, car seats, or strollers/carriages.

 **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 she is severely injured and cannot get up by 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 her use of the arms and legs and look for limping or absence of movement.
- ▶ Take 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

The threat of gun violence is ever increasing in the United States. **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**

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

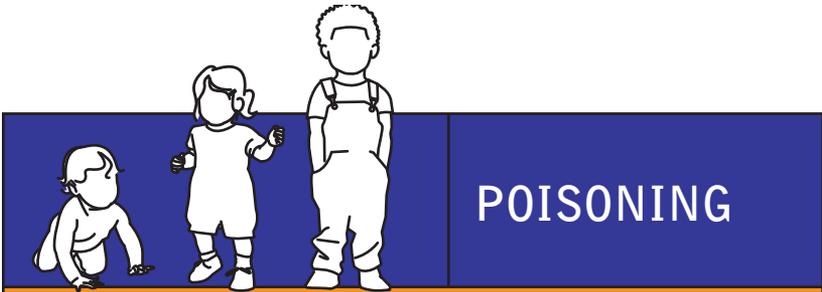
WHY?

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.





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 ten 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, continue to place interesting things in their mouths, and are increasingly able to get into unexplored territory such as cabinets, drawers, closets, 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, paints, pain relievers and plants.



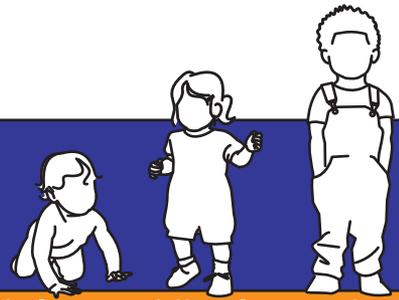
? MORE INFO : UCONN Health Center operates Connecticut's Poison Control Center. The Center provides free, confidential and 24-hour emergency telephone service. To access the Connecticut Poison Control Center, please call 1-800-222-1222 (toll-free). More information can be found at <http://poisoncontrol.uhc.edu>

TIPS FOR PREVENTING POISONING

- Remove from bottom cupboards (or keep securely locked with a special childproof device) 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 window sills of older homes.
- Label all containers.
- Do not mix chemicals.
- Call the Connecticut Poison Control Center to see if plants in child care areas are dangerous.
- Consider installing a carbon monoxide detector.
- Place Poison Control Center contact information in easily accessible places such as wallet, car, and home. Free refrigerator magnets and other display items are available through the Connecticut Poison Control Center (see opposite page.)



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, window sills, 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 Education Line 860-679-3531
- National Lead Information Center 1-800-424-5323 (toll-free) or www.epa.gov/lead
- In an emergency, call the Connecticut Poison Control Center at 1-800-222-1222 (toll-free)

IF YOU THINK A CHILD HAS BEEN POISONED

WHAT TO DO...

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

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.

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

For poisons in the eye: rinse the eye with lukewarm water for 15 minutes.

WHY?

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

Some poisons cause more damage if vomited.

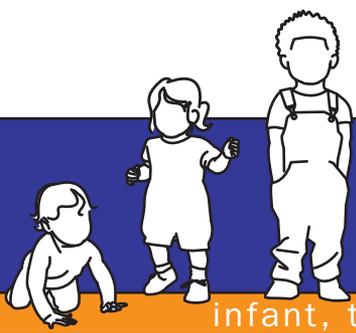
This will help stop further absorption of the poison and skin damage.

This helps wash away some of the poison.



BRIGHT IDEA

- Syrup of Ipecac causes vomiting and is good
- to have on hand for poison emergencies.
- Talk with your health care provider about
- how and when to use it.



CHILD ABUSE

infant, toddler & preschool

Child maltreatment which includes abuse and neglect happens every day in this country and hundreds of children die each year of abuse by parents, relatives and caretakers. Very young children are at a greater risk of death than older children and ongoing efforts for prevention, early identification and education regarding risk factors of child maltreatment.

Child maltreatment is against the law. Anyone can report suspected child abuse and many individuals are considered mandated reporters, which means they are required by law to report suspicions of child abuse (including physical, sexual, and emotional abuse) and neglect, or risk for child maltreatment. Reports can be made anonymously.



**? MORE
INFO**

..... For more information about child abuse and neglect, call the Connecticut Department of Children and Families' Child Abuse and Neglect Careline at 1-800-842-2288 (toll-free) 24/7.
.....

HELPFUL HINTS

WHAT TO DO...

Report suspected child abuse by calling the Child Abuse and Neglect Careline toll-free at 1-800-842-2288.

If you are having trouble handling the children in your care, seek help. Don't feel as though you must handle the stress or the feeling of being overwhelmed on your own. Some numbers to call are:

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

WHY?

You are not required to have evidence or certainty that abuse has occurred, only the suspicion that it has or is likely to occur in the near future.

Many times family or other stresses can lead to unintentional abuse or neglect. It is better to get help than hurt a child. Monitor your own stress levels and seek counseling or assistance if you feel you may be at risk of harming a child.

COMMON FORMS OF ABUSE ARE:

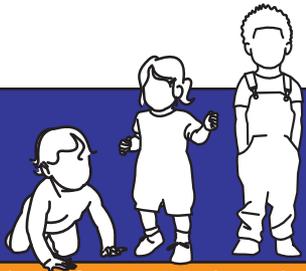
- ▶ **Physical abuse from such things as kicking, burning and punching and using objects to discipline or hit a child, hitting a child in the head.**
- ▶ **Physical neglect such as withholding food, medical attention or the right kind of clothing.**
- ▶ **Emotional abuse and neglect such as ignoring the child for long periods of time, locking the child up for punishment or yelling, threatening, or telling the child negative things about themselves (such as calling them mean names) sexual abuse that includes any sexual contact or behavior with a child, inappropriate boundaries, exposing children to graphic or pornographic content.**





CHILDREN'S MENTAL
HEALTH

WHAT IS INFANT/EARLY CHILDHOOD MENTAL HEALTH?



infant, toddler & preschool

Infant/early childhood mental health is the healthy social and emotional development of a children from birth to three years, and is a growing field of research and practice devoted to: 1) promoting healthy socio-emotional development, 2) prevention of mental health problems, and 3) treatment of mental health problems of very young children along with their families.

Children develop and learn within family, peer and social relationships. Early relationships with primary caregivers help children discover who they are and how to manage emotions including stress reactions.

Here are some ideas for nurturing relationship-building skills with your child:

- Allow for some unstructured, uninterrupted time with your child each day
- Let your child know you are interested in her activities
- Respect and recognize your child's feelings
- Play games that explore feelings
- Provide opportunities for your child to develop relationships with peers
- Limit TV and other "screen time"

Even young children can experience significant mental health problems including depression, anxiety, attention deficit/hyperactivity disorder and post traumatic stress disorder. When a child has lots of negative experiences during infancy, toddlerhood, and preschool years, structural and functional changes can occur in the brain. This creates immediate and long term difficulties for children and adults to understand and manage children's thoughts, feelings, and behaviors. Children's mental health is also related to how well a child learns and relates to others. Helping children to work through difficult parts of life and difficult feelings is a key responsibility of caregivers.

WHEN TO SEEK HELP

Generally speaking, clinical experts advise seeking professional help when children show multiple symptoms that are problematic in a child's daily life.

Problems could include:

- Persistent irritability
- Changes in eating (increased or decreased)
- Sleeping problems, including increased sleeping, difficulty falling asleep, or nightmares
- Changes in patterns of engaging with others, including less smiling, less eye contact, or avoidance of social interactions
- Obsessive play, including repetitively acting out stressful or traumatic events



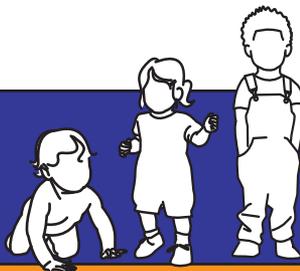
.....
An Infant Mental Health Specialist is a professional with specialized training and an endorsement from an accrediting organization such as the Connecticut Association for Infant Mental Health (www.ct-aimh.org).





CHILDREN WITH SPECIAL
HEALTH CARE NEEDS

OVERVIEW



infant, toddler & preschool

Approximately 15 percent of children in the United States have special health care needs. This statistic is based on the description used by the Maternal and Child Health Bureau (MCHB). According to the MCHB, children with special health care needs are “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”. This broad definition covers children with a wide range of diagnoses and highlights the need for special services.

TYPES OF SPECIAL HEALTH CARE CONDITIONS

- Autism Spectrum Disorders (ASD)
- Down’s Syndrome
- Cerebral Palsy
- Muscular Dystrophy
- Allergies
- Asthma
- Sickle Cell Anemia
- Diabetes
- Heart Conditions
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Anxiety/Depression



ALERT

When looking for information online, you may find that there are numerous

approaches to treatment for any given health condition. Some of these treatments may be based on research which has shown the treatment to be safe and effective, while others may not. Be sure to consult with your health care provider before starting any treatment regimen.

TIPS FOR PARENTS OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS

WHAT TO DO...

Get information on your child's diagnosis and options for treatment. You can request this information from your health care provider and/or research online.

Secure your child's primary health care through a practice qualified as a medical home through which your child's health care can be planned, coordinated, and delivered in a family-centered manner.

Find support and resources by getting connected with other families of children with special health care needs.

Become your child's best advocate.

Plan early for transitions such as starting school.

WHY?

Having an understanding about the diagnosis and options for treatment will help you make informed decisions about your child's care.

A medical home, the model for 21st century primary care, helps empower families to manage their health care and helps improve the efficiency and quality of service delivery.

Sometimes the best comfort and advice can come from families who share your experience of having children with special health care needs. These relationships can be also be helpful in locating and navigating resources.

As your child's primary caregiver, you have a unique knowledge and expertise that is important in developing and implementing any plan for care that best suits your child's needs and recognizes his strengths and progress. Follow this link for 5 Steps to Becoming your Child's Best Advocate: www.cpacinc.org/materials-publications/communication/five-steps-to-becoming-your-childs-best-advocate/

Although transitions can be difficult for any family, families with children with special health care needs may face additional challenges. Taking time to prepare your family and your child for the change in advance may help the transition go more smoothly.

? MORE INFO

For more information on parent support networks in Connecticut visit: www.cpacinc.org/helpful-resources/parent-support-groups/finding-a-parent-support-group/.

Additional information on parent advocacy can be found at: www.cpacinc.org/projects-programs/parent-training-information/

TIPS FOR PARENTS OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS (continued)

WHAT TO DO...

Create a notebook of information on your child's care including contacts for health care providers and useful resources. You can even include a log of treatments, medications, and medical appointments.

WHY?

Maintaining a notebook of your child's health care will help you stay organized and improve your ability to share information with others when necessary. You will also be able to keep better track of your child's progress. For more information on creating a care notebook visit: www.cshcn.org/planning-record-keeping/care-notebook



BRIGHT IDEA

With today's technology, there are a number of devices available that can improve children's abilities to perform specific skills and/or participate in activities that are otherwise very difficult. Follow

this link for a guide on assistive technology for families in Connecticut:
<http://www.cpacinc.org/wp-content/uploads/2012/07/Family-Guide-to-AT-in-CT.pdf>

ACCESSING SPECIAL SERVICES

Children with Special Health Care Needs require more services than other children their age. These can include health, education, and even community services. Connecticut's Child Development Infoline, a program of the United Way, serves as a central service coordination system for children with special health care needs in CT. The purpose of this system is to connect families with appropriate services when there are concerns about development, behaviors, and/or health related issues. The Infoline can be accessed by dialing 2-1-1 on your telephone. You can also find more information about the Infoline online at: www.ctunitedway.org/cdi.html

The Child Development Infoline can also serve as an entry point to early childhood special education services by organizing an evaluation to determine your child's eligibility. According to the federal Individuals with Disabilities Education Improvement Act (IDEA 2004), children must meet specific criteria to be eligible for special education services. IDEA is a federal law ensuring special services to children who need them throughout the United States. In general, to be eligible for services children must:

- Be between 3 and 21 years of age
- Have one or more disabilities or impairments that negatively affects their performance at school
- Require a specialized program to meet their educational needs

For more information, visit these websites:
www.ct.gov/dph/cwp/view.asp?a=3138&q=387702
www.ctunitedway.org/CDI/KidsWithSpecHealth.html



RESOURCES / REFERENCES

RESOURCES

Following are several key resources for parents and caregivers of young children.

Child Development INFOLINE

A single source of entry for preschool Special Education services, Birth to Three, Children with Special Health Care Needs Medical Home Initiative, Home visiting services for families with infants and young children, Help Me Grow services and the Ages and Stages Questionnaire.

Call 1-800-505-7000* www.ctunitedway.org/cdi.html

Connecticut United Way 2-1-1

2-1-1 is a single source for statewide information about community services, referrals to human services, Emergency Mobile Psychiatric Services, and crisis intervention. It operates 24 hours a day, 365 days a year. Multilingual caseworkers and TDD access is available. You can access 2-1-1 toll-free from anywhere in Connecticut. Dial 2-1-1*. www.211ct.org

Connecticut Libraries

Your local library is also an excellent source for information. In addition to books and other materials, most public libraries also offer children's programming including play groups, storytime and other activities. Libraries also provide free computer use with internet access. To find a local public library, visit: www.publiclibraries.com/connecticut.htm

Emergency

For an emergency, call 9-1-1

State Agencies Serving Families and Children

Connecticut Commission on Children

Brings together the various levels of government, the private sector, non-profit agencies, and philanthropy to promote public policies in the best interest of children. 860-240-0290 www.cga.ct.gov/coc

Connecticut Office of Early Childhood

Establishes a comprehensive system to develop, administer, and support programs and services for children prenatally to age 5 in the areas of child development and early intervention, health and nutrition, early learning, early childhood mental health and family support. This includes: school readiness programs, child care programs, and the Children's Trust Fund programs. 860-713-6410 www.ct.gov/oc

* 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.

DCF Central Office 860-550-6300; Careline:1-800-842-2288* www.ct.gov/def

Department of Consumer Protection

Safe steps in handling, cooking, and storing food are essential to prevent food borne illness. 1-800-842-2649* www.ct.gov/dcp

Department of Developmental Services

Provides supports and services to those with developmental disabilities and special health care needs, including special education and day programs and clinical services. 860-418-6000 www.ct.gov/dds

Department of Education

Child nutrition programs; professional development; family resource centers, call 860-807-2050. For teacher certification, call 860-713-6969 or visit www.sde.ct.gov

Department of Public Health

Programs to prevent diseases and promote wellness; immunization services; nutrition programs; prenatal care services; child care licensing. 860-509-8000 www.ct.gov/dph

Department of Social Services

Programs to assist with family basic needs such as food assistance; financial assistance; parent support centers; child support enforcement; child care services; Husky health insurance; family services. 1-800-842-1508* www.ct.gov/dss

Fatherhood Initiative of Connecticut

A broad-based, multi-agency, statewide program led by the Department of Social Services that is focused on changing the systems that can improve fathers' ability to be fully and positively involved in the lives of their children. 1-866-6-CTDADS* www.ct.gov/fatherhood

Children with Special Needs

Child Development INFOLINE

A single source of entry for preschool Special Education services, Birth to Three, Children with Special Health Care Needs Medical Home Initiative, Home visiting services for families with infants and young children, Help Me Grow services and the Ages and Stages Questionnaire.

Call 1-800-505-7000* www.ctunitedway.org/cdi.html

RESOURCES

Connecticut Birth to Three System

Provides supports 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* www.birth23.org

Connecticut Family Support Network

Information, support and family networks for parents of children with developmental disabilities and special health care needs. 1-877-FSN-2DAY* www.ctfsn.org

Connecticut Parent Advocacy Center, Inc. (CPAC)

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

State 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 www.ctserc.org

Early Care and Education

Care 4 Kids

Provides financial assistance for child care to eligible low-income working families. 1-888-214-KIDS* www.ctcare4kids.com

Child Care INFOLINE

Provides links to all Department of Public Health licensed family day cares and center-based care. Parents can have a "live chat" with childcare resource specialists for guidance and information.

Dial 2-1-1* www.211childcare.org

Connecticut Alliance of Regional Educational Service Centers (RESC)

Each Service Center provides a variety of special programs and services that address the educational needs of their cooperating towns.

www.rescalliance.org (see website for local RESC District contacts)

Connecticut Association for Human Services

Policy center for early care and education in Connecticut.

<http://cahs.org/advocacy-ece.asp>

Connecticut Community Colleges

Offer courses in early childhood and child development. www.ct.edu

Even Start

Provides families access to training and support for creating a home environment that fosters reading and education for infants and young children. 860-713-6783

Head Start and Early Head Start

Head Start and Early Head Start services are available to pregnant women and children ages birth to five and their families through federal funding. Comprehensive services include health, nutrition, social, and educational and are offered through centers and in families' homes. Call 1-866-763-6481* to find a program or visit www.ct.gov/oec for a link to the program locator website.

State 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 www.ctserc.org

Early Care and Education Professional Development

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. 203-821-7216 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* www.ct.gov/oec

Connecticut Department of Public Health

Child day care licensing program offers information about the process of licensure and child care standards. 1-800-282-6063* www.ct.gov/dph

RESOURCES

Council for Professional Recognition

Issues the Child Development Associate (CDA) credential.
1-800-424-4310* 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* www.naeyc.org

Children's Health

Action for Healthy Kids

Fights childhood obesity, undernourishment and physical inactivity by helping schools become healthier places so kids can live healthier lives. www.actionforhealthykids.org/

American Academy of Allergy, Asthma, and Immunology

Expert resources on allergies, asthma, and immune deficiency disorders. www.aaaai.org/

The Asthma Center at Connecticut Children's Medical Center

Focuses on advancing pediatric asthma care through community-based asthma management programs. 860-545-9442
www.connecticutchildrens.org/

Brush Up On Healthy Teeth Campaign

This is a health education campaign from Centers for Disease Control Division of Oral Health, including a Brush Up Quiz for Parents.
www.cdc.gov/oralhealth/pdfs/BrushUpTips.pdf

Child Development INFOLINE

Information and care coordination to help parents identify and address children's behavioral or developmental needs. The coordinating center for the Help Me Grow program and Ages and Stages Questionnaire.
1-800-505-7000* www.ct.unitedway.org/cdi.html

Children's Vision

What parents need to know about supporting their children's vision needs. A guide to children's vision problems; eye exams for children; infants vision development. www.childrensvision.com

Community Health Center Association of Connecticut

Community Health Centers provide high quality health care to underserved and uninsured children and families. www.chcact.org

Connecticut Immunization Program

The Connecticut Department of Public Health provides useful information and guidance on understanding the importance of vaccinations and keeping children and families healthy through immunizations. www.ct.gov/dph

Connecticut Lead Poisoning and Control Program

Working to prevent childhood lead poisoning through education and program activities. 860-509-7299 www.ct.gov/dph

Connecticut Oral Health Initiative

Dedicated to improving oral health care for infants, toddlers and preschoolers. www.ctoralhealth.org/

Connecticut Parents As Teachers (ConnPAT)

Family development programs statewide such as Family Resource Centers, Nurturing Families home visiting programs, Early Head Start and Healthy Start programs use the PAT model to provide families with developmental and relational guidance. PAT is a nationally recognized, evidence-based parent learning and child development program. Visit www.connpat.org.

Family Sleep Institute

A Connecticut based resource for solutions and support for difficulties with children's sleep. In-depth information covering: the most common sleeping challenges in newborns to school aged children, sleep tools, books and the latest children's sleep news. www.familysleep.com

Help Me Grow

Help Me Grow is a program of The Children's Trust Fund. Accessed through Child Development Infoline, children and families can be linked to a variety of community-based services. Unlike Birth to Three and other early intervention services for young children, Help Me Grow is available to all children and families in Connecticut. For more information, call 1-800-505-7000*.

www.ctunitedway.org/CDI/HelpMeGrow.html

* toll-free phone number

RESOURCES

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* www.huskyhealth.com

MotherToBabyCT

A state-funded program, the MotherToBaby CT (formerly called Connecticut Pregnancy Exposure Information Service) provides free, confidential, up-to-date information on all types of exposures during pregnancy for Connecticut residents or women who have Connecticut health care providers. 1-800-325-5391*

http://humangenetics.uchc.edu/mother_baby/index.html

National Network for Immunization Information

www.immunizationinfo.org/

United States Environmental Protection Agency

Resources and information about children's environmental risks and how to prevent exposures.

<http://yosemite.epa.gov/ochp/ochpweb.nsf/content/homepage.htm>

Children's 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 service and mental health providers.

203-789-7645 <http://theconsultationcenter.org>

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*

* toll-free phone number

Kids Mental Health Info

The Child Health and Development Institute is committed to the mental health and well-being of children in Connecticut. A website from the Center for Effective Practice to improve mental health care for children. www.kidsmentalhealthinfo.com

Mental Health Association of Connecticut

Information about children's emotional or behavioral health.
1-800-842-1501* 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 www.wheelerclinic.org

Children's Feeding & Nutrition

Breastfeeding USA

Provides evidence-based information and support, and promotes breastfeeding as the biological and cultural norm. We accomplish this through a network of accredited breastfeeding counselors and comprehensive resources for the benefit of mothers and babies, families, and communities. www.breastfeedingusa.org

Child & Adult Care Food Program

The Child and Adult Care Food Program (CACFP) is a federal program through the U.S. Department of Agriculture (USDA). The CACFP provides nutritious meals and snacks to infants and children in child care centers, family day care homes and emergency shelters, and snacks and suppers to children participating in eligible at-risk afterschool care programs. The program also provides meals and snacks to adults who receive care in nonresidential adult day care centers.
860-807-2050 or visit www.sde.ct.gov (search CACFP)

Connecticut Association for Human Services

Provides education, advocacy and programming to serve Connecticut families in the areas of basic needs, early care education, housing, and employment. www.cahts.org

RESOURCES

End Hunger CT

End Hunger Connecticut! is a statewide anti-hunger and food security organization that can assist families in locating food resources in Connecticut. 860-560-2100 www.endhungerct.org/

Expanded 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. www.extension.uconn.edu

Infant Formula and Fluorosis

This page from Centers for Disease Control Division of Oral Health answers frequently asked questions (FAQ's) about mixing infant formula with fluoridated water.

www.cdc.gov/fluoridation/safety/infant_formula.htm

La Leche League of Connecticut

An international, nonprofit, nonsectarian organization dedicated to providing support, encouragement, information, and education to women who want to breastfeed. All women interested in breastfeeding are encouraged to attend group meetings or to call a Leader for breastfeeding help. 860-563-6624 www.lllct.org/

Supplemental Nutrition Assistance Program (SNAP)

Formerly known as federal Food Stamps. www.ct.gov/dss
Client Information and Benefits Line: 855-626-6632*

United States Department of Agriculture Nutrition Program

Providing easy, online access to government information on food and human nutrition for consumers. www.nutrition.gov

Women, Infants and Children (WIC)

Provides healthy food and nutrition information to eligible mothers and children under age 5. 1-800-741-2142* www.ct.gov/dph/wic

* toll-free phone number

Children's Safety

American Red Cross - Connecticut Chapter

CPR and other first aid training. 1-877-287-3327* www.redcross.org/ct

Child Abuse and Neglect Careline - Connecticut Department of Children and Families

Available 24 hours per day to assist in crisis intervention services for infants and children who may be harmed emotionally, physically and sexually. 1-800-842-2288* www.ct.gov/DCF

Connecticut Coalition Against Domestic Violence, Inc.

Domestic violence hotline; safety planning; information; referrals; counseling; support groups; emergency shelter.
1-888-774-2900* www.ctcadv.org

Connecticut Department of Energy and Environmental Protection

Swimming safety information and resources
www.ct.gov/deep/cwp/view.asp?A=2716&Q=325304

Connecticut Poison Control Center Hotline

The Connecticut Poison Control Center (CPCC) provides emergency poison information to members of the public whose loved ones are exposed to toxic substances, and to the health care professionals who care for them. Available to all citizens of Connecticut 24 hours a day, 365 days a year.
1-800-222-1222* <http://poisoncontrol.uchc.edu>

Consumer Corner: Drowning Prevention

Tips on drowning prevention and facts on drowning occurrences from the CT Department of Social Services.
www.ct.gov/consumercorner/cwp/view.asp?a=3912&q=471528

First Candle

Gateway for up-to-date information on Stillbirth, SIDS or other Sudden Unexpected Infant Deaths (SUID) for caregivers who have experienced the death of a baby or are a professional working with families.
www.firstcandle.org

RESOURCES

Infant Swimming Resource CT

Drowning prevention tips as well as information on survival swimming lessons offered in Connecticut. www.infantswimct.com/

Kids and Cars

KidsAndCars.org is a national nonprofit child safety organization dedicated to preventing injuries and death to children in or around motor vehicles. www.kidsandcars.org

National SIDS (Sudden Infant Death Syndrome) Resource Center

Provides resources to states, communities, providers and families on preventing SIDS. 1-866-866-7437* www.sidscenter.org

Parent's Guide to Gun Safety

It is critical for your child to know what to do if she encounters a firearm anywhere; talking with your child about gun safety; real guns vs. toy guns. www.ct-permit.com/parent.php

Pool Safely

Children will enjoy CPSC's educational videos and interactive activities while learning about pool safety and family fun in the water. www.poolsafely.gov/parents-families/for-kids/

Prevent Child Abuse CT (a Wheeler Clinic program)

Statewide program dedicated to the prevention of all forms of child abuse by supporting families and engaging communities. 1-800-244-5373* (1-800-CHILDREN) www.preventchildabuse.org

Safe Kids Connecticut

Injury prevention information; car seat installation guidance www.ctsafekids.org

Safe Kids Worldwide

Free information on helping your child stay safe at home and at play; choking prevention. www.safekids.org

* toll-free phone number

Safe to Sleep Campaign

SIDS information and resources

1-800-370-2943* www.nichd.nih.gov/sids/

Sun Safety for Kids

Sun Safety for Kids is dedicated to reducing the incidence of skin cancer through teaching and promoting sun protection to children. Resources on sun protective hats, sunscreen products, shade trees, shade structures.

www.sunsafetyforkids.org

US Consumer Product Safety Commission - Child Safety Publications

Site for protecting the public from unreasonable risks of injury or death from thousands of types of consumer products under the agency's jurisdiction. The CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard or can injure children. www.cpsc.gov

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. To learn more about CPR, see pg. 94.

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.

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 92.

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 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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