

Chapter 2: Healthy Living and Health Promotion

Importance of Healthy Living	p. 25
Environmental Health	p. 25
• Air quality	p. 25
• Art supplies	p. 26
• Cleaning products	p. 26
• E-cigarettes/vapor products	p. 26
• Lead	p. 27
• Mold	p. 28
• Pest prevention and pesticide use	p. 28
• Pet allergies	p. 29
• Plastic	p. 29
• Radon	p. 29
• Recycling and garbage storage	p. 29
• Education and awareness	p. 30
Immunization Information	p. 31
• Compliance with state law	p. 31
• Where to access current immunization schedule	p. 31
• Vaccine-preventable diseases	p. 33
• Importance of adult immunizations	p. 36
• The FLU SHOT	p. 36
Nutrition for Young Children	p. 37
• Breastfeeding & infant nutrition	p. 37
• Child nutrition	p. 41
• Child and Adult Care Food Program (CACFP) information	p. 44
• Family style dining	p. 44
• Healthy menu planning	p. 45
• Menu planning checklist	p. 46
• Nutrition checklist	p. 46
Oral Health	p. 49
• Developmental stages and concerns	p. 49
• Early childhood caries (baby bottle tooth decay)	p. 51
• Eruption chart for primary (baby) teeth	p. 52
• Helpful links	p. 53
• Provide oral health care in early childhood settings	p. 55
• Teething	p. 57

Physical Fitness	p. 59
• <i>Let's Move!</i> – Importance of physical activity	p. 60
• Outside Play	p. 61
• Weather	p. 62
• Safety	p. 62
• Screen Time	p. 63
Physical activity guidelines	p. 65
• Ideas for physical activities inside and outdoors	p. 65
• Importance of outdoor time	p. 66
Social Emotional Health	p. 69
• Healthy Social-Emotional Development in Infants and Toddlers	p. 69
• Promoting Social-Emotional Health in Children	p. 71

Healthy Living and Health Promotion

High-quality early childhood programs focus on improving children’s health and promoting development and learning. As early education and child care providers, you play a key role in ensuring that your programs are of high quality and offer safe, healthy, and nurturing environments for young children.

Environmental Health

Environmental health is the study of how substances or other environmental factors have an impact on human health.

Children live in an environment very different from previous generations. One of these changes is that every day they are exposed to dozens, and sometimes hundreds of chemicals that did not exist 50 or 100 years ago. Unfortunately we don’t know much about the health effects of these chemicals, and especially the effects on children’s developing systems.

Research shows the first years of a child’s life are critical to shaping their future health and development. By reducing toxins and exposure to chemicals you can help prevent illnesses like asthma, lung disease, certain learning disabilities, neurological damage, and even cancer.

Here are some things you can do to improve the environmental health of your program. Many of these recommendations can also be found in *The Eco-Healthy Child Care Checklist* in the Appendix.

Air Quality

Clean air is a necessity for good health. The Environmental Protection Agency (EPA) says that indoor air can be “more seriously polluted than the outdoor air”. www.epa.gov

Here are some steps to improve the air quality:

- Provide as much fresh air as possible in rooms occupied by children. All openings used for ventilation should be screened against insect entry.
- All heating and ventilation equipment, including furnaces and air conditioning units, should be inspected and cleaned before each heating and cooling season.
- Filters in forced-air heating and cooling systems should be checked and cleaned or replaced according to manufacturer’s instructions on a regular basis.
- Vacuum, damp mop, and clean regularly to control dust and other contaminants.
- Carbon monoxide detectors should be installed in child care settings if they use any source of natural gas, coal, wood, charcoal, oil, or kerosene.
- Do not allow motor vehicles to keep their engine running in designated parking areas.
- Do not use scented or unscented candles or manufactured air fresheners.
- Do not permit smoking anywhere on the premises or in sight of children, while children are in care.

(Note: For the healthiest environment for children and staff, smoking should not be allowed on the premises at any time).

Art Supplies

Art areas should be well-ventilated.

- Use only non-toxic art supplies approved by the Art and Creative Materials Institute (ACMI). <http://www.acminet.org/>
- Materials should be labeled in accordance with the chronic hazard labeling standard, ASTM D4236.
- Prohibit use of unlabeled, improperly labeled old, or donated materials with potentially harmful ingredients.
- Caregivers should closely supervise all children using art and craft materials and make sure they are used properly, cleaned up, and stored in original containers that are fully labeled.
- Children should not eat or drink while using art and craft material.
- Materials should be age-appropriate.
- When using play dough or clay:
 - Children should wash hands before and after use,
 - Sanitize the surface and the tools used before and after each use, and
 - Discard any material that is sneezed upon or put in a child's mouth.

Cleaning Products

- Use biodegradable, non-toxic cleaning products and least-toxic disinfecting and sanitizing products. When other products are required, use only for their intended purpose and in strict accordance with all label instructions.
- Use chlorine bleach only when and where it is required or recommended by state and local authorities. Never use more than necessary.
- Do not use aerosol sprays of any kind.
- Use only low-VOC household paints and do not paint when children are present.
- All cleaning products and paint are stored safely and are inaccessible to children.

E-cigarettes/Vapor Products

- Minors should not have access to e-cigarettes/vaping devices.
- Nicotine present in e-cigarettes can negatively affect the developing brain.
- E-cigarettes/vaping devices contain cancer-causing chemicals (carcinogens) and nicotine.
- Nicotine is as addictive as heroin and cocaine and is toxic at certain doses.
- Nicotine affects the nervous system and heart and can be absorbed into the body through inhalation, ingestion and skin contact.
- Refill cartridges for e-cigarettes with high nicotine content are possibly life-threatening, particularly for children.
- Because e-cigarettes/vaping devices are not regulated, their safety may be questioned.
- Among e-cigarette/vaping devices, the concentration of chemical contaminants and nicotine has been shown to vary greatly. This means these unregulated products may provide uncontrolled doses of harmful contaminants.
- Do not permit vaping anywhere on the premises or in sight of children, while children are in care.

Lead

Lead is particularly dangerous to children because their growing bodies absorb more lead than adults do and their brains and nervous systems are more sensitive to the damaging effects of lead.

What is lead poisoning?

- Lead poisoning is a preventable disease caused by exposure to environmental lead found in lead-based paint, dust, soil, and water.
- It can damage a child's neurological, cognitive, and behavioral development, with irreversible effects.
- Irony: *Nearly all of the lead in our environment, we put there!*

What causes childhood lead poisoning?

- Lead poisoning usually occurs when children ingest dust that contains lead. Children also eat paint chips or soil that contains lead.
- Lead-based paint was banned for use on housing in 1978. Therefore, homes built before that date may contain lead-based paint. Lead-based paint that is chipping and peeling can produce lead dust, which is very dangerous to children.

Where is lead found?

- Lead paint may be found on many surfaces, such as walls, doors, doorframes, windows (wells and sills), woodwork, railings, fences, porches, and stairs.
- Soil and dust can become contaminated with lead. Contaminated soil can be tracked indoors. Children should not play in bare-soil areas that may contain lead.
- Food that is grown in contaminated soil or near buildings painted with lead-based paint may contain lead. Food packaged in imported cans with lead solder seams may also contain lead.
- Water may become contaminated by lead in water pipes, plumbing fittings made of brass or bronze, or lead solder used to connect water pipes (banned in 1986).
- Some ethnic and home remedies and imported cosmetics may contain lead.
- Family members who are oil field workers may come in contact with a threading compound, "pipe dope" that can contain large amounts of lead. If they are not provided facilities to shower and change before leaving work they may be contaminating their home without realizing it.

To protect against lead poisoning:

- Avoid possible lead exposure from water lines. Use only water from the cold faucet for drinking, cooking and making baby formula.
- If the facility was built before 1978 (when lead paint was banned) keep the building free of flaking or peeling paint and regularly wash all areas around doors and windows. Use lead safe practices when removing lead-based paint or when renovating the facility. Visit www.epa.gov/lead to learn more.
- Do not use imported, old, or handmade pottery to cook, store, or serve food or beverages.
- To reduce possible exposure to lead-contaminated dirt, supply a rough mat at the entrance of the facility and encourage the wiping of shoes before entering.

- Check toys for lead by searching www.healthytoys.org or by purchasing lead testing kits at a local home improvement store.
- Family members who work with pipe dope should shower, shampoo, and change clothing and shoes before going home.

How does nutrition aid in decreasing lead absorption?

- Lead fools the body into thinking it is iron, calcium, or zinc. This makes the body absorb more lead into the bloodstream.
- Offer children foods high in iron, calcium, and zinc.
- Offer children foods high in vitamin C because it helps the body absorb iron better.
- Offer children fewer high-fat foods. These may increase the absorption of lead.
- Lead is absorbed more quickly on an empty stomach.

Mold

Mold is a fungus that thrives indoors when excess moisture accumulates or remains undiscovered. There are molds that grow on wood, paper, carpet, and foods. Mold needs to be controlled to avoid possible health impacts for infants and children, including allergic reactions, asthma, and other respiratory issues. The key to mold control is moisture control.

- Moist vapor, standing water, and water-damaged materials are a breeding ground for mold, mildew, insects, and bacteria.
- Watch for condensation and wet spots. Fix source of moisture problem as soon as possible.
- Maintain adequate ventilation (suitable fans or open screened windows).
- Repair water leaks and keep humidity within a desirable range (30-50%).

Pest prevention and pesticide use

Diseases that are spread by insects and rodents can be passed to young children. The behaviors that make young children vulnerable to these diseases (crawling and playing on the floor, mouthing toys, etc.) can also expose children to the pesticides that have been applied to control pests. Integrated Pest Management (IPM) is a pest control program that minimizes pesticide exposure and looks for the least toxic alternative. Detailed information can be found about IPM on the California Child Care Health Program website <http://www.ucsfchildcarehealth.org>.

The common sense strategies of IPM require the combined efforts of the staff at the early childhood program, as well as the children and parents. The goal is to make the environment less hospitable to pests.

- Only allow food to be eaten in certain areas. Reduce pests' access to food, water, and shelter.
- Empty trash cans at the end of every day.
- Store food in containers with tight fitting lids.
- Clean dishes, utensils, and surfaces soiled with food as soon as possible after use.
- Caulk cracks and openings, and fill in access holes in walls.
- Seal around electric outlets.
- Keep window and door screens in good repair.
- Keep vegetation, shrubs, and wood mulch at least one foot away from all structures.
- Reduce clutter in which pests can hide.

As a last resort, the careful use of pesticides may be necessary.

- Notify parents in advance and have a licensed professional apply the least toxic, effective product at a time when children will not be exposed to the application area for at least 12 hours (see manufacturer's instructions to ensure 12 hours is enough time).
- Use bait, traps, or gels in cracks, wall voids, and in spots that are out of reach of children. Avoid sprays, powders and "bomb" applicators.
- Store all pesticides and toxic chemicals in a locked cabinet.
- Thoroughly wash all fruits and vegetables to avoid possible exposure to pesticides, and take the opportunity to educate children about the importance of doing so.

Pet allergies

- Allergies to pets with fur or feathers are common, especially among people who have other allergies and asthma.
- Dogs and cats shed dander (dead skin) and secrete fluids that contain allergens. Pet hair is not an allergen. It can collect dander, though, and also harbor other allergens like dust and pollen.
- The best treatment is to avoid contact with the pets and their dander.
- Animal allergens are sticky so it is best to remove the animal's favorite furniture, remove wall-to-wall carpet and scrub the walls and woodwork. Keep surfaces clean and uncluttered.
- Inform parents in advance of any pets in the program or planned animal visits to the program.

Plastic

- Do not use infant bottles, plastic containers, and toys that contain Polyvinyl chloride (PVC), Bisphenol A (BPA), or phthalates. Instead buy only those labeled "PVC-free".
- When using a microwave, never heat children's food in plastic containers, plastic wrap or plastic bags.
- Never use baby bottles or sippy cups made of hard clear plastic (bottles labeled #7). Instead use bottle made of opaque plastic or glass. Visit Oregon Environmental Council's website: www.oeconline.org and type in "safe plastic guide".

Radon

Radon concentrations inside a home or building used for child care must be less than four picocuries per liter of air. All facilities should be tested for the presence of radon.

- Test your facility for the presence of radon. This can be done by using a radon testing kit available from a local home improvement store.

Recycling and garbage storage

- Remove all garbage from rooms occupied by children and staff daily or more often.
- Recycle paper, cardboard, glass, aluminum, and plastic bottles.
- Keep garbage containers (inside and out), covered with tight fitting lids to avoid attracting pests and to minimize odors.

- Outside garbage containers should be constructed of durable material designed and used so animals and pests do not have access to the contents, and so they do not leak or absorb liquids.
- Outside garbage containers should be stored on an easily cleanable surface, in an area that is inaccessible to children.
- Clean garbage cans and dumpsters regularly.

Education and awareness

- Create opportunities to educate children and families on the importance of environmental health, and what they can do to help reduce toxins and exposure to chemicals.
- Teach children about the importance of recycling materials and let them assist in the recycling activities of your program.

Immunization Information

Child care programs in Oklahoma are required by law to:

- Enroll children only if they have been immunized, are in the process of being immunized according to state law, or have a state filed exemption form.
- Have a record of all children's immunizations.
- Accept only records signed by a "licensed physician or authorized representative of any state or local department of public health".

In order to meet this requirement you will need to:

- Be familiar with the immunization schedule.
- Set up a file or system for monthly review.
- Communicate with parents when overdue immunizations may require a child to be excluded from care.

For the most current immunization schedule see the *Child Care Guide to Immunizations in Oklahoma* provided by the Oklahoma State Department of Health (OSDH) Immunization Service at www.health.ok.gov .

Who is responsible?

- Parents are responsible for having their children immunized.
- Child care directors and staff are responsible for following the law by refusing entry to children who do not have immunizations; refer them to their private provider or the county health department.
- Child care licensing staff and health inspectors are responsible for auditing the immunization records to assure compliance with the law.

Children are not in compliance with State law unless they have a certificate of immunization or exemption on file. New enrollees should present evidence of immunization *before* the child is allowed to attend.

Immunization records are lost or cannot be found

If records are not available the child will need to receive immunizations again.

The child is sick

If a physician or public health agency determines a child cannot receive an immunization on time due to illness, a note from that authority must be kept on file at the child care facility. Children should be immunized as soon as they are medically able.

Parents who are concerned about side effects

Always refer these parents to a medical professional who can give them accurate information. They can call any public health agency that gives immunizations.

When is a child fully immunized?

A child who has received the complete "series" of each immunization is fully immunized. For most immunizations, the final dose of the "series" should last for many years.

What is “acceptable evidence” of immunization?

Any record provided by a licensed physician or public health agency that contains the following:

- Which immunizations the child has received.
- The dates the immunizations were given.
- The signature or stamp of the person or agency giving the vaccination.
- Name and date of birth of the child.

What about children behind on their immunizations?

These children may be allowed to attend as long as they are in the process of receiving the immunizations. The parents are required to present a schedule, note, or letter signed by a physician or public health agency that outlines a medically approved timetable for completion of the remaining immunizations. The schedule must be followed or the child should be excluded from the program.

Immunization of children over two years of age, who are not up to date

Refer to the schedules provided by the OSDH Immunization Service www.health.ok.gov, or you may call the OSDH Immunization Service information at 1-800-234-6196; your local county health department; or your private physician.

What about “drop-ins”?

Drop-ins must also have immunization records before attending an early childhood program.

Vaccine-Preventable Diseases: The Basics:

- **Chickenpox (Varicella)** is an illness caused by a virus. Chickenpox is usually an illness with a mild fever and a rash. In adolescents and adults however, this virus may produce more serious disease with complications such as pneumonia. Pregnant women who become infected with the varicella virus are at even greater risk for serious complications than other adults, especially late in pregnancy. In addition, infection early in gestation can occasionally produce serious birth defects in the fetus.
- **Diphtheria** is a serious bacterial disease and is spread person to person by infected secretions. Diphtheria can cause blockage of the airway, making it impossible to breathe. It can also cause heart problems.
- ***Haemophilus influenzae* type b (Hib)** is a very serious bacterial disease, which causes about 12,000 cases of meningitis (inflammation of the covering of the brain) in the United States each year. For the most part, this disease affects children under the age of five (children between six months of age and one year of age are affected by the most serious Hib disease). One in four children with the disease suffers permanent brain damage and about one in twenty dies. Other problems caused by "Hib" are pneumonia and infections of the blood, joints, bones, soft tissues, throat, and the covering of the heart. Please do not be confused with the name. "Hib" **does not** have anything to do with the flu (influenza).
- **Hepatitis** is a disease characterized by inflammation of the liver. The symptoms of hepatitis are mild fever, loss of appetite, nausea, vomiting, fatigue, stomach pain, dark urine, and sometimes yellow discoloration of the eyes and/or skin. It should be noted that young children (those under five years of age) may not seem sick or may appear to have a mild illness like "stomach flu" but can still spread the illness to adults. Several viruses can cause hepatitis, but the most common are A and B.

Hepatitis A virus is spread from person to person by eating food or drinking water that has been contaminated with human feces. It is estimated that 150,000 people in the United States are infected each year by hepatitis A. The Centers for Disease Control list household or sexual contact, child care attendance or employment, and recent international travel as the major risk factors for Hepatitis A.

Hepatitis B virus can cause a serious form of hepatitis. The infection may occur in two phases. The acute phase occurs just after a person becomes infected, and can last from a few weeks to several months. Some people recover after the acute phase, but others remain infected for the rest of their lives. Over half the people who become infected with hepatitis B never become sick, but some later develop long-term liver disease. Hepatitis B is passed from one person to another in blood or certain body fluids. A baby can get Hepatitis B from its mother during birth.

- **Human papillomavirus (HPV)** is a common family of viruses that causes infection of the skin or mucous membranes and is spread through sexual contact. There are over 100 different types of HPV viruses and different types affect different areas of the body.

Some types of HPV cause warts in the genital area and other types can lead to abnormal cells on the cervix, vulva, penis, mouth and throat, sometimes leading to cancer. HPV is considered the most common sexually transmitted disease in the United States. It is the cause of almost all cervical cancers in women and has been linked to the rise of oral health cancers in young people in the U.S.

- **Influenza (flu)** is a highly contagious viral infection of the nose, throat, and lungs. It is one of the most severe illnesses of the winter season, and spreads easily when an infected person coughs or sneezes. Influenza may lead to hospitalization or even death, especially among the elderly. Typical symptoms include an abrupt onset of high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Because the virus changes, persons can contract influenza each year.
- **Measles** is a highly contagious disease caused by a virus. Symptoms are rash, high fever, cough, runny nose, and watery eyes. Measles can cause serious problems. Nearly one out of ten children with measles will get an ear infection or pneumonia. One child out of 1,000 will develop an inflammation of the brain, which can lead to convulsions, deafness, or mental retardation. One or two children out of 1,000 will die from it. A pregnant woman can experience a miscarriage or give birth too early due to measles.

Immunization for measles has greatly reduced the number of cases occurring in the United States. Ten years prior to the vaccine, an average of 530,000 cases were reported each year in the United States and over 450 people died each year from measles. Today, the number of measles cases is less than five percent of what it was before the vaccine was available.

However, cases continue to occur due to inadequate immunization. Any child who has not been immunized for measles is at risk for getting the disease.

- **Mumps** is another disease caused by a virus. Symptoms of mumps are fever, headache, and inflammation of the salivary glands (this causes swelling of the cheeks at the angle of the jaw). More serious effects from mumps are meningitis (inflammation of the coverings of the brain and spinal cord) which occurs in one out of ten children. Other problems which can occur are encephalitis (inflammation of the brain), deafness, and painful inflammation and swelling of the testicles (one out of every four males).

Before the vaccine, nearly every child got mumps. Because of the vaccine, the number of cases is much lower.

- **Pertussis (Whooping Cough)** is a highly contagious disease. It is caused by bacteria living in the mouth, nose, and throat of the infected person.

Pertussis causes severe spells of coughing which can interfere with eating, drinking, and breathing. Pertussis is most serious in infants less than one year of age, and more than half of the infants reported with pertussis are hospitalized.

Complications are fairly common. One out of every ten children with pertussis will develop pneumonia. Convulsions (seizures) occur in 20 out of 1,000 children. An average of nine deaths a year has been caused by pertussis.

- **Pneumococcal disease** is the leading cause of meningitis, pneumonia, ear infections, and sinus infections. Pneumonia symptoms include high fever, cough with chest pain and mucus, shaking, chills, breathlessness, and chest pain that increases with breathing. Older adults often experience changes in level of consciousness or confusion.
- **Polio** is a very dangerous disease caused by a virus which lives in the throat and intestines of the individual infected with it. Many people can spread the infection to others even though they may not have symptoms of the illness.

Milder forms of polio usually come on suddenly and last only a few days. Although some individuals do not have any symptoms; others may experience fever, sore throat, nausea, headache, stomach ache, pain and stiffness (neck, back, and legs).

"Paralytic Polio" is the serious form of polio and can cause paralysis (inability to move parts of the body). The symptoms are the same as in the milder form; however, they are usually accompanied by severe muscle pain. If paralysis occurs, it does so within the first week. The person may not be able to move his/her arms or legs, and may have difficulty breathing without the help of a respirator, or assisted breathing. There is not a specific treatment for polio and the amount of recovery varies with the individual.

In 1952, the number of cases of paralytic polio in the United States was more than 20,000. Polio has been eradicated from the Western Hemisphere.

- **Rubella (German Measles)** Rubella is usually considered a mild disease of childhood. It is caused by a virus which is spread through coughing, sneezing, or talking.

The usual symptoms are mild discomfort, a slight fever for about 24 hours, and a rash on the face and neck that lasts for two or three days. Young adults may experience swollen glands in the back of the neck and temporary pain, swelling, or stiffness of body joints. Recovery is usually quick and complete.

The biggest concern about rubella is its effect on unborn children; they are in the greatest amount of danger from rubella if their mothers get the disease early in the pregnancy. The chances of such babies being born with birth defects may be as high as 80%. The most common birth defects are blindness, deafness, heart and major artery damage, abnormally small brains and developmental delays.

Immunization for rubella not only protects the immunized child but also protects those not able to be immunized.

- **Tetanus (Lockjaw)** is caused by a toxin (poison) produced by a bacteria that enters the body through a cut or wound. Tetanus causes serious, painful spasms of all muscles and can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow, or breathe. Three of ten people who get tetanus die from the disease. Everyone should receive a "Td" vaccine (Tetanus and Diphtheria) every ten years after their last childhood DTP/DTaP or TD.

Adult Immunizations

Can adults get sick with "childhood illnesses"?

Yes. Adults who work with children should evaluate their own immunizations with their physician or through a public health agency.

Everyone should receive one dose of Tetanus, Diphtheria, and Pertussis (Tdap) vaccine and a Tetanus and Diphtheria (Td) vaccine every ten years. Some adults may need a Varicella, and Measles, Mumps and Rubella immunization (MMR). **An annual flu immunization is recommended for everyone six months of age and older**, and especially for people who have contact with infants.

Why should people get vaccinated against the flu?

Influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others. During a regular flu season, about 90 percent of deaths occur in people 65 years and older. The "seasonal flu season" in the United States can begin as early as October and last as late as May.

During this time, flu viruses are circulating in the population. An annual seasonal flu vaccine (either the flu shot or the nasal-spray flu vaccine) is the best way to reduce the chances that you will get seasonal flu and spread it to others. When more people get vaccinated against the flu, less flu can spread through that community.

How do flu vaccines work?

Flu vaccines cause antibodies to develop in the body about two weeks after vaccination. These antibodies provide protection against infection with the viruses that are in the vaccine. The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season. Traditional flu vaccines (called trivalent vaccines) are made to protect against three flu viruses; an influenza A (H1N1) virus, an influenza A (H3N2) virus, and an influenza B virus. In addition, some seasons there are flu vaccines made to protect against four flu viruses (called "quadrivalent" vaccines). These vaccines protect against the same viruses as the trivalent vaccine as well as an additional B virus.

Nutrition for Young Children

Childhood obesity

According to the Centers for Disease Control and Prevention (CDC) childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years. Childhood obesity has immediate and long-term effects on health and well-being.

Immediate health effects:

- High cholesterol and/or high blood pressure – both risk factors for heart disease
- Prediabetes – blood glucose levels indicate a high risk for developing diabetes
- Bone and joint problems
- Sleep apnea
- Social and psychological problems

Long-term health effects:

- Heart disease
- Type 2 diabetes
- Stroke
- Osteoarthritis
- Increased risk for many types of cancer

It is important to create an environment and routine that respects children's need for good food and healthy activity from the very beginning. Fighting childhood obesity and raising healthy children requires:

- Healthy nutrition
- Daily active play and movement opportunities
- Reduced screen time

Breastfeeding and infant nutrition

Breast milk provides perfect infant nutrition. Human breast milk is the best food for infants and contains ingredients that formula cannot duplicate. The American Academy of Pediatrics (AAP) strongly recommends breastfeeding as the preferred feeding for all infants through at least the first year of life. It is important to support and encourage breastfeeding in early childhood programs whenever possible.

Many mothers who are breastfeeding want to continue after they return to work or school. Some are fortunate to have child care onsite or nearby so they can continue to breastfeed their baby when needed. For those women who are not able to leave work to breastfeed, breast pumps are a great way to express and save milk for baby to drink when Mom is away.

Many women continue to successfully breastfeed and provide breast milk for bottle-feeding in child care, and they feel good knowing their milk helps keep their babies healthy. The success of this choice depends on the mother and child care provider communicating well and supporting one another. Being separated from “Mommy” can be a difficult adjustment for any infant or child. By being supportive you can help breastfeeding mothers and their babies make this transition.

Breastfed babies:

- Receive just the right amount of nutrients needed for a healthy start.
- Have increased bonding time with Mom – breastfeeding satisfies baby’s emotional needs.
- Have better immunity to all types of illnesses.
- Have a reduced risk for allergies and respiratory diseases.
- Have a reduced risk of gastrointestinal illnesses.
- Have a reduced risk of Sudden Infant Death Syndrome (SIDS).
- Are better at eating until their hunger is satisfied, leading to healthier eating patterns.
- Have a reduced risk of obesity, diabetes, and other serious health problems later in life.
- Have also been shown to have higher IQ later in life.

Some breastfed babies do not like using a bottle. Be sure to introduce baby to a bottle before beginning child care. It may be best to have someone other than Mom introduce the bottle, and sometimes it takes a few tries with different nipples and bottles to find what works best.

Mothers who breastfeed:

- Have increased bonding time with their babies.
- Have less risk of postpartum depression.
- Have a decreased risk of heart disease.
- Have a decreased risk of breast and ovarian cancer.
- Lose their pregnancy weight faster.
- Are less likely to develop Type 2 Diabetes.
- Save time and money – in the middle of the night breast milk is always ready.

Mothers who breastfeed can prepare for returning to work by:

- Practicing expressing breast milk a few weeks before going back to work.
- Collecting breast milk in containers in the amount baby will take at one feeding.
- Labeling each container with baby’s name and the date the milk was expressed.
- Showing the child care provider how baby likes to be held during feedings.
- Tracking baby’s eating schedule to share with the child care provider.
- Introducing a bottle a few weeks before going back to work.

Child care providers who support breastfeeding:

- Are caring for infants who are sick less often and therefore they are contagious less often.
- Are caring for infants who spit up less, and their diapers don’t smell as strong.
- Are building a good working relationship with the family from the beginning.

Steps to a Breastfeeding Friendly Child Care Program

1. Make a commitment to the importance of breastfeeding.
2. Train all staff in the skills to support breastfeeding, and to properly store, handle, and serve breast milk to infants in care.
3. Provide a breastfeeding friendly environment.
4. Provide a space with a comfortable chair for moms to breastfeed (private if possible).
5. Inform women and families about the importance of breastfeeding.

6. Support breastfeeding employees. Consider applying for the OSDH Breastfeeding Friendly recognition. The recognition period is for three years initially, with the option to renew by checklist confirmation. The *Breastfeeding Friendly Worksite Application for Recognition* can be accessed at <http://bis.health.ok.gov>.

What does human milk look like?

Human milk looks different from formula or whole milk. It is thinner and sometimes has a slightly bluish tint. The fatty part of the milk separates and rises to the top. To blend together again, simply **gently rotate the bottle back and forth**. Babies who are breastfed usually have soft and/or runny stools. This is normal.

Handling human milk

Discuss your program's policy for storing breast milk with the mother, as the guidelines you follow may not be the same as what she is following at home. If the mother has questions about storing and handling breast milk at home, refer her to her health care provider for guidance.

Always wash your hands before handling human milk!

Breast milk should be:

- Stored in small containers;
- Labeled with the baby's name;
- Dated when milk was collected; and
- Dated when milk was thawed.

Storing and serving breast milk

- **Always** store breast milk in the refrigerator or freezer.
- Store breast milk in the back of the main body of the refrigerator at **39 degrees or less**.
- Dispose of human milk that has been in the refrigerator for more than 5 days.
- Store frozen breast milk in the back of the freezer at **0 degrees or less**, for 3 – 6 months.
- Use the **first in first out method** when serving breast milk.
- Thaw breast milk in the refrigerator or under running water. Warm breast milk under warm running water or in a pan or warm (not hot) water.
- Bottles of breast milk may also be warmed with a bottle warmer.
- Thawed breast milk may be kept in the refrigerator for up to 24 hours and should **not** be refrozen.
- **Never microwave breast milk or heat it directly on the stove!** Microwaving destroys antibodies in breast milk and can create hot spots that could scald the baby's mouth.
- **Never shake breast milk** as this breaks down antibodies. Since human milk is not homogenized, it will naturally separate when stored in the refrigerator or when defrosting. Our tendency is to shake vigorously, but think carefully about what you are shaking. There are actually live cells and fat molecules in the breast milk that you want to preserve. They are very beneficial for the baby. So rather than shaking, just swirl. Swirling involves gently rolling the container in your palms or holding the container upright and moving it in a circular motion so the milk remixes gently.

Feeding the breastfed baby

- Breast milk is digested more easily than formula, so breastfed infants get hungry about every 1 ½ to 3 hours.
- Do not warm more breast milk than is used for that feeding.
- Start by feeding the baby a small amount of breast milk and add more as needed.
- Hold the baby close and be patient during the feeding. Take breaks for burping, and pay attention to cues.
- Dispose of any unused breast milk left in the bottle within one hour after the feeding.

Feeding the formula-fed infant

- Formula is digested more slowly than breast milk, so formula-fed infants get hungry about every 4 hours or sooner.
- Bottles of formula prepared from powder or concentrate or ready-to-feed formula should be labeled with the child's full name and date of preparation.
- Hold the baby close and be patient during the feeding. Take breaks for burping, and pay attention to cues.
- Dispose of any unused formula left in the bottle within one hour after the feeding.
- Prepared formula that has not been given to an infant may be stored in the refrigerator for 24 hours to prevent bacterial contamination.
- Bottles of formula can be served cold. If you choose to warm them, bottles should be warmed under running warm tap water, or by placing in a container of water no warmer than 120 degrees. **Never microwave bottles of formula!**

Pay attention to the cues

- Infants will give you clues to let you know when they are hungry and when they are full.
- When hungry they will begin rooting and sucking – on hands, fingers, anything they can get to their mouths, and of course they will also cry if food doesn't come soon enough.
- Infants will let you know when they've had enough by turning their heads away.
- Pay attention to these cues and don't try to continue feeding an infant who is sending the message that he is done.

First foods

At about six months (or when the infant's health care provider gives the ok), it is recommended that infants start on solid food, usually iron-fortified cereal. The following are some guidelines from the AAP book ***Nutrition: What Every Parent Needs to Know***. Remember that each child's readiness depends on his own rate of development.

Can he hold his head up? Baby should be able to sit in a high chair, feeding seat, or infant seat with good head control.

Does she open her mouth when food comes her way? Babies may be ready if they watch you eating, reach for your food, and seem eager to be fed.

Can he move food from a spoon into his throat? If you offer a spoon of rice cereal and he pushes it out of his mouth and it dribbles onto his chin, he may not have the ability to move it to the back of his mouth to swallow it. This is normal. Remember, he's never had anything thicker than breast milk or formula before, and it may take some getting used to. Try diluting it the first few times, then gradually thicken the texture, or wait a week or two and try again.

Is she big enough? Generally, when infants double their birth weight (at about 4 – 6 months) and weigh about 13 pounds or more, they may be ready for solid foods.

NOTE: the AAP recommends breastfeeding as the sole source of nutrition for baby for about six months, and continuation of breastfeeding until at least 12 months.

Don't be surprised if most of the food winds up on baby's face, hands, and bib during the first few feedings. Start with just a teaspoon or two and increase the amount gradually as baby learns to swallow solids.

REMEMBER:

1. If the baby cries or turns away, do not make him eat.
2. Never put baby cereal in a bottle.

NEVER feed honey to an infant. Honey is a sweetener that must never be given to, or used in foods for children under one year of age, as it may contain botulinum spores which can cause deadly botulism. It is also recommended that corn syrup and maple syrup not be given to or used in foods for infants, since studies regarding their safety for this age group are still inconclusive.

Finger foods

Once an infant can sit up and bring hands or other objects to the mouth, you can offer some finger foods. To avoid **choking**, make sure anything you give baby is soft, easy to swallow, and cut into small pieces. Some examples include:

- Small pieces of banana
- Wafer-type cookies or crackers
- Scrambled eggs
- Well-cooked pasta
- Well-cooked chicken finely chopped
- Well-cooked and cut up yellow squash, peas, and potatoes

It is important for babies to get used to the process of eating – sitting up, taking food from a spoon, resting between bites, and stopping when full. These early experiences will help them develop good eating habits throughout life.

Child Nutrition

One year olds

Toddlers need fat in their diets to ensure proper growth and brain development. Dietary fat also provides energy, promotes wound healing, and helps young children absorb certain vitamins. Children between 12 and 24 months of age should be served whole pasteurized milk or breast milk in a cup if the mom continues to supply breast milk.

By a child's first birthday, he should be able to handle most of the foods served to the rest of the family – but with a few precautions.

1. Be sure the food is cool enough so it won't burn.
2. Avoid heavily spiced, salted, buttered, and sweetened food.

3. To avoid choking – make sure every food is mashed, or cut into small, easily chewable pieces, and teach young children to finish a mouthful of food before speaking or taking another bite of food.

Two year olds

At age two a child can use a spoon and fork, eat a wide variety of finger foods, and drink from a cup with just one hand. Because two year olds may gulp their food when they're in a hurry to get on with playtime, the risk of choking is high. Maintain the “stay seated when eating” rule and avoid the following foods which could be swallowed whole and block the windpipe:

- Hot dogs (unless sliced lengthwise, then across)
- Whole raw carrots
- Cherry tomatoes (unless cut in quarters)
- Raw celery
- Spoonful of peanut butter
- Nuts (especially peanuts)
- Raw cherries with pits
- Round, hard candies or gum
- Whole grapes
- Marshmallows

Feeding preschool-age children

Preschoolers grow in spurts, so their appetites also come and go. There is no cause for concern. A growing, energetic child will not starve. Remember to offer healthy food frequently. Attitudes formed about food and eating during the preschool years will be carried into adulthood so be sure to:

- Promote healthy eating practices.
- Enforce rules about acceptable eating behavior (preschoolers like rules even though they may resist them at times).
- Let preschool-age children help with food preparation when possible.
- Preschool-age children are more aware of the appearance of food, so remember to serve meals with a variety of colors, shapes, and textures.

Healthy eating habits

1. Follow a meal and snack schedule

- Plan for 3 meals and 1 or 2 snacks each day (24 hours). When serving meals to children in child care – for the Child and Adult Care Food Program (CACFP) serve two meals and one snack, or one meal and two snacks for each full day of care.
- Some child care providers will provide an extra snack that is not reimbursable because they know the children need it, or they may serve an unplanned healthy snack to a child that says he is hungry (we want them to recognize when they are hungry or full).
- Make sure the foods offered at each meal and snack help meet the children's nutritional needs. (No cookies, chips, or other empty calories served in between meals and snacks.) Refer to the *Healthy Eating and Daily Food Plan* in the Appendix.
- Set reasonable limits for the start and end times of meals.

2. Serve and eat all meals and snacks at the table

- Some meals and snacks may be served at a favorite outdoor table or sitting on a blanket, but develop the healthy habit from the time children are infants of sitting down together when eating and drinking. No roving grazers!
- No carrying the “sippy cup” everywhere – hanging from the child’s mouth!

3. Offer a variety of foods

- Offering a variety of foods helps children get the nutrients they need from every food group, and helps you meet the CACFP requirements.
- Vary the types of cereals, breads, and pastas you serve with your approved meals.
- Add different ingredients to your typical salads and sandwiches.
- The food you prepare and serve can provide many learning opportunities.

4. Start with small portions

- Invest in child-sized bowls, plates, and utensils that are easy for the children to handle.
- Serve small portions. Large portions on large plates overwhelm children to the point where they may not even take a bite.
- For babies and toddlers who can’t serve themselves, serve only a small amount of new foods so they’re not overwhelmed.
- As children are able, starting around 2 ½ years, they can begin learning to serve themselves. (Family Style Dining!)
- Teach them to take small amounts at first. Tell them they can get more if they are still hungry.
- Don’t insist children eat all the food on their plate. When we were younger, cleaning the plate was a must for many of us, but making kids eat every last bite actually does more harm than good.
- Let them know it is ok to eat as much as he or she feels like at the time.

5. Help them try new foods

- Children are often hesitant to try new foods. Offer only one new food at a time. Serve it with familiar foods the children like.
- Serve small portions of the new food and urge the children to take a test taste or a “*no thank you*” bite.
- Offer a new food many times. Studies show it can take between 10 and 15 tastes of one type of food before a child accepts or likes it.
- Be a good role model by trying the new food. Describe its taste, texture, and smell.

6. Teach children to know when they’ve had enough

- Infants will let you know when they’ve had enough by turning their heads away. Pay attention to these cues and don’t try to continue feeding an infant who is sending the message that he is done.
- Help children learn to keep listening to their bodies as they grow. Kids who listen to their bodies stop eating when they’re full and are less likely to become overweight.
- Let children learn by serving themselves.

- Avoid praising a clean plate. A child should stop eating when he or she is full, rather than when the plate is clean.
- Never use food as a reward or a punishment!

7. Set a good example

- Eat with the children and let them see you choosing and enjoying a variety of nutritious foods.
- Be willing to try new foods.
- Include children in food preparation and cooking activities.
- Keep things positive.

8. Make mealtime fun

- Create a positive, calm eating environment.
- Focus on the meal and each other. No TV! No Phone!
- Help children develop the art of conversation. Talk about what you've done so far that day, talk about plans for the rest of the day and week. Ask questions and allow time for each child to answer:

What made you laugh today?

What is your favorite bedtime or naptime book?

If you could be an animal for one day – what would you be?

What's your favorite vegetable? Why?

Child and Adult Care Food Program (CACFP)

Many licensed child care programs participate in the CACFP. The CACFP reimburses programs at free or reduced-price rates for eligible meals and snacks served to enrolled children, targeting benefits to those children most in need. The programs must serve meals that meet the meal pattern requirements. The meal patterns give guidance on the number of components and amount of food which must be served to receive reimbursement. Visit the U.S. Department of Agriculture website, www.fns.usda.gov and search for Child and Adult Care Food Program for a good source of child nutrition information. Also see *Child Care Meal Pattern* in the Appendix.

Family Style Dining

In family style dining, all food is placed on the table in child size serving bowls, with child size serving utensils. Children are encouraged to serve themselves, with help from their teacher if needed. Milk can be served in small pitchers or cartons so children can learn to pour their own.

Family style dining helps children learn and practice many different skills. They learn social skills, such as sharing, taking turns, and manners – saying please and thank you. Family style dining also gives children the opportunity to develop their gross and fine motor skills by helping to set the table, pouring their own milk, and learning how to serve themselves without touching the food in the serving bowls.

Family style dining allows children to feel in control of their eating. They know that they can decide what to eat and how much to serve themselves. Children may take a small serving, or they can pass on certain foods, but change their minds later in the meal. With family style

dining, child care providers act as role models during mealtime. They sit and eat with the children and demonstrate healthy eating habits and appropriate table manners.

Indirectly, family style dining encourages children to try new foods. While children may need to be offered a new food 10-15 times before they will try it, they often follow what they see others doing. They are more likely to try new foods if other children or the adult sitting with them are eating these foods.

Steps to plan and prepare for Family Style Dining:

1. Begin by setting a start date. During this time research family style dining and create a plan for implementing it in your program.
2. Buy supplies for meal service. Purchase serving bowls, spoons, utensils, and pitchers that children can easily use.
3. Train employees. It is important that all staff members receive training and have a willingness to carry out family style dining.
4. Educate parents and children. Explain the benefits to parents, providing printed materials with information for them. Display a table with family style supplies for parents to view. Then begin introducing family style dining to children.
5. Begin a pre-meal routine and have a responsibility for everyone.

Healthy menu planning

Develop a cycle menu to follow. A cycle menu is a series of daily menus for a set length of time, such as three weeks. Each menu in the series is different. After the series has been served, it is repeated, beginning the cycle again.

How to get started:

- Decide on the number of weeks for the cycle (If you're enrolled in the CACFP get a copy of the Meal Pattern requirements).
- Choose the main dish for each day of the cycle.
- Try to plan a different main dish for each day of the cycle, alternating between types of meat or protein.
- Add the vegetables, fruits, and grains.

Tips

- Include foods that are in season. The cycle menu can be adjusted for seasonal produce.
- Balance, over a week, higher-cost foods with lower-cost foods.
- Vary the shapes, colors, temperatures, textures, and flavor of foods in the meals.
- Include raw and cooked vegetables.
- Include a variety of foods so children get a wide range of nutrients.
- Try some new recipes along with the standard ones.
- Cycle menus can also be adjusted to allow for holidays and unexpected leftovers.
- Consider when fresh foods will arrive and how long they will last.
- Consider delivery times and storage capacities of freezers and refrigerators.

Menu planning checklist:

- Does the menu meet the CACFP requirements of the day for all children?
- Is a good source of vitamin C included?
- Is a good source of iron included?
- Is a good source of vitamin A included?
- Does each meal include foods with different textures?
- Does each meal include foods with different colors?
- Is a new food included along with some favorite foods?
- Are some foods that represent the culture of the children included?
- Are food safety standards followed for the ages of the children?
- Are you serving a variety of fruits and vegetables?

Nutrition Checklist

Infant feeding

- Infants are fed only human milk or formula, never cow's milk.
- Infants are fed when hungry and allowed to stop feeding when showing signs of fullness.
- Caregivers and teachers hold infants for bottle-feeding.
- Mothers are encouraged to breastfeed on-site, and breastfeeding families are welcomed.
- Infants are not fed solid foods in a bottle or infant feeder.
- Infants are offered solid foods around six months of age, or a little sooner if recommended by the infant's health care provider.
- Infants are not served fruit juice or water.
- Infants are never fed HONEY.

Feeding young children

- If serving fruit juice, children are at least 12 months of age and are served 100% full strength fruit juice in small amounts, with a limit of 4 – 6 ounces per day.
- Children are not served concentrated sweetened foods or drinks (e.g., candy, fruit punch, lemonade, or soft drinks).
- Menus provide age-appropriate whole grains, vegetables, fruits, chicken, fish, and beans, and avoid salty and fried foods.
- From the age of two, children are served skim or 1% pasteurized milk.
- Clean and sanitary drinking water is readily available throughout the day and the children are encouraged to drink it.

Nutrition plan

- Written menus and food guidelines are in place.
- Children are served age appropriate portions that meet national requirements (Child and Adult Care Food Program).
- Toddlers and older infants are encouraged to feed themselves. Caregivers sit with them and supervise their use of child-sized cups, spoons, forks, and fingers.

Behavior and socialization

- Mealtime is relaxed and enjoyable – a time when adults and children talk together and share conversation and learning opportunities.
- Older children are involved in serving food as well as setting and cleaning tables.
- Children are not forced or bribed to eat (food is not used as a reward or punishment) and eat only when seated.

Checklist adapted from the Family Checklist for Nutrition in Early Care and Education developed by the National Resource Center for Health and Safety in Child Care.

Oral Health

Developmental Stages and Concerns

Did you know...

- Dental cavities are the most common childhood disease?
- Dental cavities are largely preventable through proper nutrition, feeding practices, oral hygiene and fluoride?
- Dental diseases can interfere with speaking, eating, sleeping and learning?
- Germs that cause cavities can pass from adult to child?
- Caregivers should lift the lip of children to check for dental problems?
- **Oral health is essential to overall health?**

Infants 0-6 months

- Infants need a proper diet for the development of healthy teeth and gums, and for general good health.
- Breast milk is the most complete and preferred form of nutrition.
- Ready to feed formula or formula concentrate mixed with water are other choices. It is fine to use fluoridated tap water or nursery water when mixing formula.
- Clean babies' gums daily with a soft, clean, damp cloth or a gauze.
- Hold babies while feeding them – never put them down to sleep with a propped bottle or with the baby holding a bottle.
- Use only clean pacifiers, rinse with water.

Babies 6-12 months

- Teeth begin to erupt (come into the mouth) at about 6 months.
- As teeth erupt, a cool teething ring or cold cloth may soothe sore gums.
- As with the younger infant, never put a baby to sleep with a bottle or sippy cup. Liquids such as milk and juice pool around the teeth when a baby is lying down. The beverages bathe the teeth with constant contact and may cause early childhood caries also known as baby bottle tooth decay.
- Clean these first teeth gently with a damp cloth. Fluoride varnish can be applied to baby teeth by a physician or dentist to help prevent decay.

Toddlers 1 and 2 year olds

- By age 1, take children off the bottle and introduce a cup without a lid.
- Limit juice – only 4 ounces per day.
- If a sippy cup is used it should only contain water. Fluoridated tap water helps protect teeth from decay.
- Lifting the lip will allow the caretaker to check teeth for white spots or discoloration, which are signs of early decay.
- At this age, introduce a very soft children's toothbrush. Use a small smear of fluoridated toothpaste once the child can spit.
- Toddlers want to brush on their own and should be encouraged to do so, however – it's essential that a caregiver gently brushes the teeth for them also.

- Brushing before going to bed is the most important time to prevent dental diseases.
- Fluoride varnish can be applied to the teeth to protect against dental decay. The first dental visit may occur at this age.

Preschool 3, 4 and 5 years olds

- By age 2½ to 3, all 20 baby (primary) teeth have erupted in the mouths of most children.
- It is normal and desirable to have spaces between baby teeth to allow room for larger adult (permanent) teeth.
- The first adult teeth usually erupt around age 6.
- Practice brushing with preschoolers, making sure to gently brush all teeth surfaces and around the gum line. Continue to assist and monitor a child's brushing until they are capable of brushing properly on their own (6 – 8 years old).
- Use a small amount of fluoridated toothpaste.
- Teeth should be brushed gently at least twice daily, in the morning and at night before going to bed.
- A healthy diet is very important in preventing dental decay: limit juice and sugary snacks, provide wholesome foods, and encourage drinking water.
- Preschool children should visit a dentist.
- Children learn oral habits early – so be a good example and a patient teacher.

Early Childhood Caries (Baby Bottle Tooth Decay)



Healthy gums and teeth. Spacing is desirable!



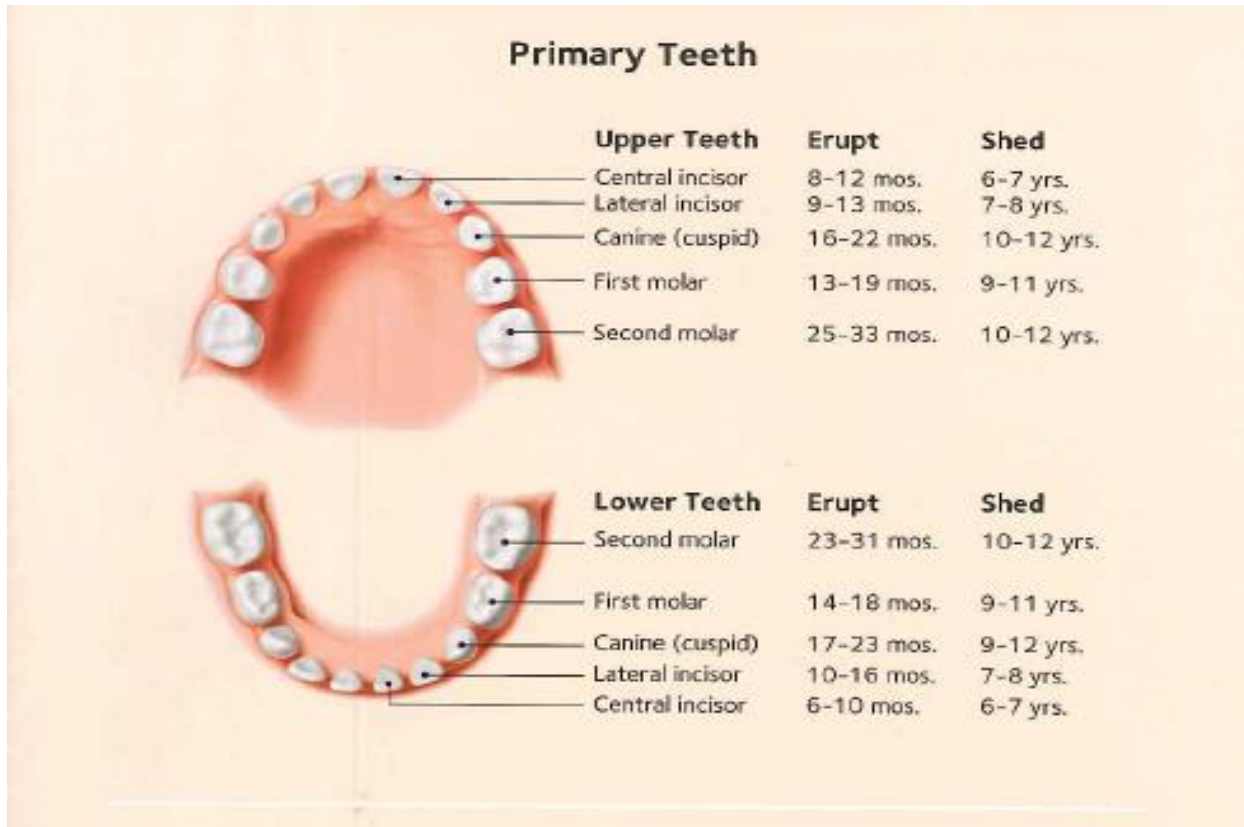
Brown Spots – needs dental care referral.



Severe Decay – risk for infection; often requires general anesthesia in the operating room.

American Academy of Pediatrics (2010), A Pediatric Guide to Children's Oral Health

Eruption Chart for Primary (Baby) Teeth



American Dental Association (2012), Your Child's Teeth

Helpful Links

American Dental Association site for babies and kids

<http://www.mouthhealthy.org/en/babies-and-kids/>

American Academy of Pediatrics site for children’s oral health

<http://www.mychildrensteeth.org/>

Crest: Education, curriculum, games and videos for children

<http://dentaeducation.crest.com/>

Colgate: Games and videos for children, information for caregivers

<http://www.colgate.com/app/BrightSmilesBrightFutures/US/EN/HomePage.cvsp>

Sesame Street: Healthy Teeth, Healthy Me: Brushy Brush PSA video

<https://www.youtube.com/watch?v=wxMrtK-kYnE>

If You’re a Kid Dental Health Remix dance video

<https://www.youtube.com/watch?v=mYRlcTyoelw>

Maternal and Child Health resources

<http://www.mchoralhealth.org/>

Guide to Free and Low-Cost Dental Care in Oklahoma

https://sites.deltadentalok.org/site_docs/DDOK_FND_ResourceGuide_LR.pdf

Provide Oral Health Care in Early Childhood Settings

Brushing teeth should be a part of every child's daily routine from an early age. This can be done after breakfast and lunch, or just once a day if that works best for your program. Make this time fun and reinforce with learning activities.

Supplies needed:

- Individual, permanently marked, soft bristle toothbrush for each child.
- An area to store toothbrushes that allows space for them to air dry without touching and with minimal exposure to contaminants. **See Appendix for *Toothbrush Storage* ideas.**
- Toothpaste with fluoride for children two years and older.
- Individual paper cups for rinsing.

Directions:

1. Children wash hands and get their individual toothbrush.
2. Provide a tiny smear of toothpaste for each child – either on a square of waxed paper or on the edge of their paper cup.
3. Children begin brushing on their own, then provide assistance where needed.
4. Children rinse and spit, clean up, and return their toothbrush to storage.

Encourage and promote good oral health through **reading children's books** about caring for teeth, losing a tooth, and going to visit the dentist:

- *Doctor De Soto* by William Steig
- *ABC Dentist: Healthy Teeth from A to Z* by Harriet Ziefert
- *Open Wide: Tooth School Inside* by Laurie Keller
- *Dear Tooth Fairy* by Pamela Duncan Edwards
- *Food for Healthy Teeth* by Helen Frost
- *Brush Well: A Look at Dental Care* by Katie S. Bagley
- *Loose Tooth* by Lola M. Schaefer

Also try these fun tooth brushing songs:

To the tune of *Twinkle, Twinkle, Little Star*

*Got my toothpaste, got my brush
I won't hurry, I won't rush.
Making sure my teeth are clean
Front and back and in between.
When I brush for quite a while
I will have a happy smile!*

To the tune of *Wheels on the Bus*

*This is the way we brush our teeth, brush our teeth, brush our teeth,
This is the way we brush our teeth, after every meal.*

To the tune of *I've Been Working on the Railroad*

*I've been brushing with my toothbrush,
Brushing every day
I've been brushing with my toothbrush,
It's how I fight decay.
All my teeth are gonna sparkle,
How proud I will be.
Every time I want to smile,
My teeth will shine for me!
Always brush your teeth,
Every single day.
Keep those cavities away!
Use your brush and paste,
Just the way you should,
Keep your smile a-lookin' good!*

Flossing activity:

Make a flossing puppet out of a plastic milk jug: Cut a hole for the mouth and make slits to create teeth. The children then use real floss to practice flossing the puppet's teeth. Add silly yarn hair and big funny eyes so the children really like the puppet itself and are eager to help him learn to "take care of his teeth!"



Brush EVERY DAY to
keep your teeth healthy!

Coloring Pages Courtesy of
J. JOHNSON'S SUGARSTICKS™ 781 66 696,
www.giggletime.com • 800-423-5198

Teething

The teething process can begin as early as 3 months and continue until a child's third birthday. Typically between the ages of 4 and 7 months, a child's first tooth will push through the gum line. The first teeth to appear are usually the two bottom front teeth, also known as the central incisors. These are usually followed 4 to 8 weeks later by the four front upper teeth (central and lateral incisors). About 1 month later, the lower lateral incisors (the two teeth flanking the bottom front teeth) will appear. Next to break through the gum line are the first molars (the back teeth used for grinding food), then finally the eyeteeth (the pointy teeth in the upper jaw). Most children have all 20 primary teeth by their third birthday. In some rare cases, children are born with one to two teeth or have a tooth emerge within the first few weeks of life. Unless the teeth interfere with feeding or are loose enough to pose a choking risk, this is usually not a cause for concern.

Easing teething

Whenever a child begins teething, he or she may seem to drool more, and want to chew on things. For some babies, teething is painless. Others may experience brief periods of irritability, and some may seem cranky for weeks, experiencing crying episodes and disrupted sleeping and eating patterns. Although tender and swollen gums could cause a baby's temperature to be a little higher than normal, teething as a rule, does not cause high fever or diarrhea.

Tips to keep in mind when baby is teething:

- Teething may cause increased drooling, a desire to chew, and/or mild gum discomfort. Give baby something to chew on. Make sure it's big enough so that he or she can't swallow it, there are no sharp areas and that it can't break into small pieces. A wet washcloth placed in the freezer for 30 minutes makes a handy teething aid. Be sure to launder after each use. Rubber teething rings are also good, but it is recommended to avoid those with liquid inside because they may break. Take teething rings out of the freezer before they harden too much – this can bruise already swollen gums.
- Wipe baby's face often with a cloth to remove the drool and prevent rashes from developing.
- Rub baby's gums with a clean, gloved finger.
- Never tie a teething ring around a baby's neck due to strangling danger.
- Give pain relief medications with written parental permission only.

Usually there is no need for special medications, such as numbing gels or pain relievers. If a child is acting ill or has a temperature above 100.4 degrees, notify the parents. The child may need medical evaluation.

Physical Fitness

Let's Move!

First Lady Michelle Obama coordinated the creation of *Let's Move!* – a national campaign that tackles the challenges of childhood obesity. It's no secret that today's youth eat more, and a lot of the food they are consuming is unhealthy. Children are also less active than ever before.

"In total, we are now eating 31 percent more calories than we were forty years ago—including 56 percent more fats and oils and 14 percent more sugars and sweeteners. The average American now eats fifteen more pounds of sugar a year than in 1970." (*Let's Move!* www.letsmove.gov)

Children are also given less opportunities to play, or be active in everyday life. Electronics like television and smart phones can keep children from getting out and moving – something their bodies desperately need. Healthy living is more than exercise or a diet; it is a complete lifestyle change that takes work to adopt. If we start early with our children, we can ensure that future generations will grow healthier and therefore happier in whatever they choose to do.

Find out how well you already incorporate healthy living habits by completing the *Let's Move! Child Care Checklist* in the Appendix.

Ways to incorporate healthy living into your curriculum:

- Play and dance both inside and outside.
- Serve nutritionally appropriate meals and snacks.
- Have discussions about healthy living with the children (of all ages).

Providers can begin teaching healthy living habits with even the youngest children. Providing an infant or toddler with a whole-wheat cracker or a safe piece of fruit instead of a fatty snack is the right direction to move in. Educating parents on what their children are eating both while in care and at home can help parents learn about living a healthier lifestyle with their children.

Younger children need time to be active. Moving around with even your youngest babies is a great way to introduce physical activity. Infants should be provided time for exploring when awake, both indoors and outdoors, with very limited time spent confined in a swing, infant seat, or stationary activity center.

The *Let's Move! Child Care* lists goals for amount of active play by age groups:

- Preschoolers need two or more hours of active play time each day.
- Toddlers should have at least an hour of active play time each day.
- Babies should have short periods of "tummy time" every day if they aren't able to roll over yet, and time to play and move on the floor unrestricted for the majority of their waking hours.

Children mirror what they see every day, so if their own teachers aren't practicing these concepts the children will not follow. The entire *Let's Move!* Campaign is set up for the participation of both children and adults.

More simple steps to participate in *Let's Move!*

- Run around the playground with the children.
- Set up obstacle courses indoors and out for you and the children to practice body movement and control.
- Play different types of music and dance. This is a great opportunity for children to begin hearing the differences in music and learning about rhythm and beat, as well as learning to control the motion of their bodies. Music and dance can lead to many creative movement experiences as well as open-ended questions. "What do you hear when I play this song?" "How is it different from the last one?" How does it make you feel?"
- Make healthy decisions about the food and drink you consume.
- Include children in a gardening project and food preparation when possible.

Learn more about healthy lifestyle changes by visiting the following websites:

www.letsmove.gov

<http://www.choosemyplate.gov/>

<http://www.youarewhatyoudrink.org/>

Outside play

Outside play is vital to a child's development. Playing outside can improve physical, mental, and emotional health. Outdoor play helps kids maintain a healthy weight, boosts their immunity and bone health and lowers stress. When children spend less time outside they are more likely to become obese, or dislike and even fear the outdoors. They may have behavioral problems that require medication. Children do more than exercise their physical bodies when they play outside. They learn about science, music and movement, and language while improving observation skills and visual-spatial skills, just to name a few.

Children enjoy playing outside. They have energy stored up making this the perfect opportunity for them to run, jump, yell, throw safe toys, and burn off that energy. When children are doing all of those "outside only" activities they are pumping their arms and legs, working their vocal chords, sweating, and truly giving their bodies much needed exercise. As with any type of physical activity providers should encourage children to drink water while playing. Safe drinking water should be available and accessible during outside play.

Outside play can be a directed activity or free play. Both are equally important. When providers play outside with children they can encourage them to use their gross motor skills by teaching them to skip, jump, run and walk backwards and do these activities with them. Providers can help strengthen children's imaginations by having them act out animals, trees, or vehicles like trains or airplanes. Providers can also allow children to discover what they can do on their own through free play which allows children to make their own choices. Free play outside also allows children to learn about the world around them by exploring nature. Providers should always stay close by to supervise, discuss with the children what they are doing, and answer questions the children may have.

Outside play tips:

- Children are always learning so point out trees, grass, and flowers, saying the words for each object several times. Even babies and young children who cannot speak are absorbing everything they hear and see.
- Float like butterflies, hop like bunnies, flap your arms like birds, jump like frogs & slither like snakes to encourage imagination and physical activity.
- Think outside the box when playing outside, read to the children, paint, blow bubbles, or sing and dance on the playground.

Weather

It is important that children get outside every day that weather permits, even if it's just for a few minutes during warmer or colder temperatures. Children need the opportunity to exercise their muscles and stretch their limbs; this is a vital part of their development. Infants and toddlers can go outside right away as long as there are no health issues the child's health care provider has discussed with the adults in the family. Babies are soothed by white noise; this is especially true with young infants. White noise is similar to what babies hear in the womb. The outdoors has natural white noise – like the wind in the trees, the birds singing, or a babbling brook.

Outdoor play should be part of the daily schedule throughout the year.

Children are happier, healthier, and stronger when they play outside regularly. According to an article in the July 2010 Harvard Health Letter, sunlight lifts spirits, reduces stress, and boosts vitamin D, which is important in immune function. The journal *Pediatrics* reports that 70% of American kids are not getting enough vitamin D, which can lead to a host of health issues.

According to research (Fjortoft 2004; Burdette & Whitaker 2005) children who play outdoors regularly:

- Become fitter and leaner.
- Develop stronger immune systems.
- Have more active imaginations.
- Have lower stress levels.
- Play more creatively.
- Have greater respect for themselves and others.

Time spent outdoors is also shown to reduce myopia (near sightedness) in children (*Optometry and Vision Science, 2008*).

Outdoor play – it's not just FUN, it's good for you!

In the cold weather if children are dressed properly they can still enjoy the outside for a short while; during hot temperatures wear protective clothing as well. It's a good idea to keep some spare clothing at the child care facility in case children do not come to school dressed appropriately for outdoor play. Keeping a few coats, sweaters, hats, sets of gloves, as well as shorts, and T-shirts will help keep children playing comfortably outside.

Providers should be aware of terms like “wind chill” and “heat index” as well as the different types of weather watches and warnings when children are playing outside. More information about weather definitions can be found on the National Weather Service Website (<http://www.weather.gov>).

Heat index: how hot it *feels* outside in comparison to the actual temperature.

Wind chill: the measure of wind speeds which factor how cold it can *feel* outside.

Weather watch: the risk of hazardous weather is possible in your area.

Weather warning: the risk of hazardous weather taking place in your area is very high.

Weather tips:

- Limit time spent outdoors when the temperature/wind chill drops below freezing (32°) or the temperature/heat index is above 90°.
- When the weather is cold it is best to wear layers of loose-fitting lightweight clothing. Jackets and coats should be water repellent when rain or snow is present.
- In addition to their layered clothing, children should wear a hat, coat, and mittens or gloves snug at the wrist when going out on a cold day.
- When the weather is hot and sunny children should be protected from the sun by using shade, sun-protective clothing, and sunscreen.
- Take advantage of shaded areas during the hottest part of the day (10AM-4PM) as much as possible, and use a sunscreen with UVB-ray & UVA-ray protection of SPF 15 or higher specially formulated for children, with parental permission.

The National Weather Service (NWS) provides convenient color-coded guides for caregivers/teachers to use to determine which weather conditions are comfortable for outdoor play, which require caution, and which are dangerous. These guides are available on the NWS Website at <http://www.nws.noaa.gov/om/windchill/index.shtml> for wind chill, and <http://www.nws.noaa.gov/om/heat/index.shtml> for heat index.

Safety

Always provide proper supervision when children play outdoors. Carefully maintain all equipment, and make sure swings are made of soft materials such as rubber, plastic, or canvas. Keep play areas free from debris and animal waste. Walk through the play space before the children go outside to ensure there is no garbage, scattered debris, or broken toys or equipment.

Children will fall, this is inevitable; be sure there is some sort of cushion under playground equipment, especially any equipment children climb on. Grass, concrete, asphalt, and dirt are not acceptable surfaces underneath playground equipment. A one foot fall onto concrete can cause a concussion. Loose materials such as sand, pea gravel, wood chips, or rubber chips provide a safe surface for falls, but should not be used on playgrounds intended for toddlers.

When supervising children outside, teach them how to be safe on the equipment provided. Provide helmets and enforce the “must wear a helmet to ride” rule for all children riding tricycles, bicycles, skateboards, and scooters. Make sure enough teachers are outside in case an emergency takes place. Keep in mind the ages of the children, the adult to child ratios, and the types of toys and equipment they are using. All equipment should be in good condition and age appropriate.

Safety Tips:

- Darker surfaces can become hot under intense sunlight, so consider using lighter colored materials or providing shade to prevent burns to exposed skin.
- Periodically seal, stain, or paint wooden equipment to prevent deterioration.
- There should be no gaps between 3½”–9” wide on play equipment where a child’s head or other body parts could get trapped.

(Source: Southern Early Childhood Association, “Giving Children a Safe Place to Play”)

Screen time

Free play and discretionary time has declined more than 9 hours a week over the last 25 years. A new Nielson Company Report indicates that children ages two-five years old now spend more than 32 hours a week on average in front of a TV screen. Screen technologies can be the television, cell phone, tablet, video games, and even electronic learning devices like LeapPads.

Monitoring the amount of time children spend with screen technologies is as important as monitoring the amount of sugars and fatty foods they eat. Screen time can take children away from very important creative play. It’s virtually impossible for children to experience hands-on play when they are engaged in too much screen time. Children also lose interactions with caring adults when watching screens. Even when adults are watching and using the same screen technology with children less time is spent talking and engaging with the children.

While there are major benefits to screen technologies they should always be used in moderation. Set times for when screen technologies can be used with clear time limits like a schedule, egg timers, or stop watch to help children keep track of time. Screen time is also used differently depending on the age of the child.

The American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education recommend the following guidelines for screen time in early care and early education settings:

- Children younger than two years – no screen time.
- Children two years and older – limited to not more than 30 minutes once a week, and for educational or physical activity use only.
- During meal or snack time – TV, video, or DVD viewing is not allowed.
- Computer use limited to no more than 15-minute increments except for homework and for children who require and consistently use assistive and adaptive computer technology.
- Parents will be informed if screen media are used in the program.
- Any screen media used should be free of advertising and brand placement.

Find out how well you are doing with screen time in your program when you complete the *Let's Move Activity Checklist* in the Appendix.

Help children who may be dependent on screen technologies to engage in hands-on activities and promote creative play. Hands on activities can include playing outside, reading a book, singing, creating art, dancing, or cooking.

Without judging, providers can also encourage families to use less screen time at home. Screen Free Week is a national celebration where everyone can partake in getting away from using screen technologies. More information can be learned at <http://www.screenfree.org/>. Screen Free Week is not the only time to promote limited screen time; providers can create newsletters or spread the word daily about limiting screen time.

Ideas for families to learn to enjoy each other without screen technologies:

- Family game night
- Take a walk together
- Make a meal together
- Have a dance off
- Spend time at the park
- Look through a family album (or put together a family album)
- Play with the children in their rooms (build blocks, play pretend, work puzzles, etc.)
- Read books together.

Physical Activity Guidelines

Infants should have access to a safe environment that promotes large muscle activities.

Motor skill development and a love for moving and active play starts in infancy. Caregivers can nurture initiative and curiosity in infants in a variety of ways.

1. Provide a safe, natural space for children to explore.
2. Allow wide open areas for gross motor movement, and avoid confining spaces such as play-pens, cribs, car seats, swings, and stationary activity centers.
3. Provide a variety of materials and experiences that encourage exploration, movement and hands on discovery (mirrors, rattles, bells, activity boxes, and open containers to fill and empty).
4. Toys and materials should be in a variety of shapes, sizes, textures and weights.

Getting down on the floor to move helps infants:

- Explore the environment
- Develop motor skills
- Build strength and coordination
- Increase body awareness
- Learn to roll over, sit, crawl, stand, and walk
- Learn valuable social skills with their peers

Did you know infants crawl in a variety of ways? Some coordinate their arms first, and then move their legs. Other infants move the limbs on one side of the body and then the other side. Many infants move both arms and legs, coordinating movement of an arm on one side with the leg on the other. Over 25 crawling patterns have been identified. Some infants skip crawling altogether and go from seated scooting to cruising and walking.

Toddlers learn best through activity, especially activity that is based on their interests and experiences. Toddlers are also highly motivated by their caregiver's enthusiastic participation, positive feedback, and modeling.

1. Pay attention to toddlers' verbal and nonverbal communication, and be sensitive to the emotions they convey.
2. Toddlers are developing the skills of following directions and learning limitations.
3. Caregivers should frequently provide encouragement, including facial, verbal, and or nonverbal expressions, to motivate toddlers' physical participation.
4. Caregivers may provide physical guidance and support occasionally.
5. Toddlers need 30 minutes of structured physical activity and 60 minutes or more of unstructured physical activity daily.
6. Toddlers should develop movement skills that are building blocks for more complex movement tasks. They need access to safe indoor and outdoor areas that promote gross motor activities.

Toddlers learn by playing and will enjoy playing simple group games with adult assistance. Group games offer children a chance to be social, but expect a little chaos at first. When toddlers play a game they're full of energy, they may not focus for long, and they won't always follow the "rules". Simple circle games, such as "*Hokey-Pokey*", "*Ring Around the Rosie*", and "*Walking, Walking*" work well for toddlers.

Preschoolers are steady on their feet and learning to hop, skip, jump, and even somersault. They can follow three part instructions, have the ability to kick and throw a ball, and move forward and backward with ease. They are developing movement skills that are building blocks for more complex movement tasks.

1. Preschoolers are developing balance and coordination skills and often like the challenge of walking on a low balance beam.
2. Preschoolers can climb well and run easily. They enjoy obstacle courses that you create for them and they are learning to skip.
3. Preschoolers need access to safe indoor and outdoor areas that promote gross motor activities.
4. Preschoolers need 60 minutes of structured and 60 minutes or more of unstructured physical activity every day. They should not be sedentary for more than 60 minutes at a time except when sleeping.

Preschoolers have a lot of energy, which they use in a more organized way than when they were toddlers. They are also discovering what it means to play with a friend, and gain important social skills, such as sharing and taking turns. They will sometimes play a game of "catch" or "kick the ball" with a friend, and preschoolers are ready for games with simple rules such as "*Duck, Duck, Goose*" and the "*Freeze Game*" to music.

Physical activity helps children:

- Stay at a healthy weight
- Reduce their risk of feeling stressed or depressed
- Build their strength, flexibility, and endurance
- Enhance their motor skills, social skills, and brain development
- Develop and maintain strong bones
- Sleep better
- Feel confident about themselves and their bodies as they grow

Importance of outdoor time

Children have a need to connect with nature. Research shows that as children become disconnected from nature, they have a higher risk of:

- Obesity
- Dislike – and even fear – of the outdoors
- Behavioral problems requiring medication

When children play outside, they have limitless opportunities to learn about:

- Science
- Observation skills
- Language and literacy

- Social skills
- Math
- Visual-spatial skills
- Music and movement
- The arts

Children should play outdoors when the conditions do not pose a safety risk, individual child health risk, or significant health risk of frostbite or of heat related illness.

Caregivers must protect children from harm caused by adverse weather, ensuring that children wear appropriate clothing, and appropriate shelter is provided for the weather conditions.

Outdoor play for infants may include riding in a stroller; however, infants should be offered opportunities for gross motor play outdoors, as well.

Weather that poses a significant health risk should include wind chill factor at or below minus 15°F and heat index at or above 90°F, as identified by the National Weather Service (NWS).

Outdoor play requires continuous adult supervision.

Research shows that regular time in nature:

- Facilitates better social and physical development.
- Improves fitness, motor-skills, and well-being.
- Supports creativity and imaginative play.
- Inspires collaboration and reduces violence and bullying.
- Reduces stress.
- Creates feelings of empathy for nature – the first step toward developing the next generation of environmental stewards.

(See the Nature Explore website: www.natureexplore.org)

Social Emotional Health

Fostering Healthy Social-Emotional Development in Infants and Toddlers (Adapted from the Center for Early Childhood Mental Health Consultation, Georgetown University Center for Child and Human Development)

The quality of each infant and toddler’s relationships with familiar adults, especially their parents, sets the foundations for social and emotional health. Social and emotional health is a child’s growing ability to:

- Express and manage a variety of feelings
- Develop close relationships with others
- Explore his/her surroundings and learn

5 Simple Tips for 5 Everyday Activities

Dressing Infants

1. **Talk about what you are doing.** “Mila, Ms. Pima is going to put your shirt on now.”
2. **Practice patience.** “David, this shirt is hard for me to get over your head; I am going to try a different way.”
3. **Leave extra time.** “It will be time to go home soon, let’s get ready Sasha.”
4. **Offer positive words.** “Ellen you wiggled your foot into your sock. Way to go!”
5. **Have fun.** “We got your shirt on Dedrea, let’s clap your hands!”

Dressing Toddlers

1. **Let toddlers help.** “Mika, hold your arms up high, while I pull your shirt over your head!”
2. **Offer choices.** “Josef, do you want to put on the blue or red socks?”
3. **Practice patience.** “Anna, these shoes are tough to get on! Let’s take a few deep breaths and try again.”
4. **Leave extra time.** “William, we are going outside soon, let’s get your jacket and hat.”
5. **Offer positive words.** “Nice going, Elena! You got your leg in your pants!”

Meal Time with Infants

1. **Hold infants while bottle-feeding.** “I am going to feed you now Brayden. I am going to find a comfortable spot for us.”
2. **Look into infant’s eyes and connect.** “I see you looking at me Gabe, I love looking at you too.”
3. **Talk and sing to infants while feeding.** “You like the orange carrots Calvin, I see that smile!”
4. **Support breastfeeding.** “Mrs. Likins, you can have the rocking chair if you’d like to feed Marketa, or we have an empty office next door.”
5. **Notice signs from infants that say, “I am done” or “I need more.”** “Kara you are turning your head away, I think you are all done eating.”

Meal Time with Toddlers

1. **Let them help.** “Hey Talia, I bet you could hold your spoon!”
2. **Offer choices.** “Derek, do you want the red cup or the blue cup?”
3. **Eat together.** “I like the carrots; do you like the carrots Jayden?”
4. **Know when a child is hungry.** “Maria, I see you frowning and you are getting frustrated, let’s have a snack that is good for your body.”
5. **Be a role model for healthy eating.** “Dana and Patrick, let’s share this banana.”

Play Time with Infants

1. **Follow infants’ interests.** Lily, I see you bouncing to the music, let’s dance together!”
2. **Talk about what you see.** “Sal, look at the red and blue balls! Do you want to hold one?”
3. **Sing and read.** “Sri and Nathan, snuggle in and let’s look at this story together.”
4. **Offer encouragement.** “Helena, you almost rolled over, come on big girl, let’s try again!”
5. **Have fun and laugh together.** “I love your giggles, Tasha!”

Play Time with Toddlers

1. **Join in the play!** “Ashton, I will run with you, let’s go!”
2. **Stay close by.** “Michael, I am right here, I see you playing with trucks.”
3. **Talk about what you see.** “Mia, you are jumping up and down with a big smile! You are excited.”
4. **Show toddlers how to do new things.** “Nicole, you can hold the bowl with this hand and then stir!”
5. **Have fun and laugh together.** “Brady, that’s so silly, you make me laugh!”

Rest Time with Infants

1. **Create a routine.** “Aden, first we will read stories, and then we’ll get ready for naptime.”
2. **Use routines across care and home settings.** “Your grandmother told us you like it when she sings your favorite song before napping Mya, let’s try that today.”
3. **Leave time for transitioning.** “Mommy’s here to pick you up Hanna, let’s share some of the things you did today.”
4. **Take care of the basics.** “Justin, let’s change your diaper before you rest.”
5. **Take time to refuel.** “Nina, I am going to rock in this chair and do my notes to get ready for playtime later.”

Rest Time with Toddlers

1. **Create a routine.** “Abia and Fay, in ten minutes we’re going to read two stories and then it’s time for napping.”
2. **Offer toddlers choices.** “Kate, do you want me to rub your back or sing you a song?”
3. **Take care of the basics.** “Jacob, let’s change your diaper before you rest.”
4. **Encourage comfort items.** “Angelique, here is your bear for rest time.”
5. **Learn tips from families.** “Can you tell me more about how you get Harris ready for bed time at home?”

Diapering Infants

1. **Create a routine.** “Hi Derry, you had a good nap! Let’s check your diaper.”
2. **Know the signs.** “Eli, I see you pulling on your diaper, do you need to be changed?”
3. **Take time to connect.** “Look at that big smile Henry! You make me smile too!”
4. **Offer choices.** “Kia do you want the red ball or the bear to hold while I change you?”
5. **Practice patience.** “I know you don’t like to be changed Jordan, but we need to take good care of you. I am almost done.”

Diapering and Toileting with Toddlers

1. **Create a routine.** “Li, let’s sit on the potty and then we can wash our hands.”
2. **Know the signs.** “Tamesha, I see you pulling on your diaper, do you need to be changed?”
3. **Offer choices.** “Grace, do you want to talk with Ms. Lena while you are on the potty or be by yourself?”
4. **Follow a child’s lead.** “Marcelo, you are upset right now, let’s try again later.”
5. **Prepare for toileting.** “Angela and Marisa, do you want to read *Once Upon a Potty?*”

Promoting Social Emotional Health in Children

Healthy development from birth focuses on making sure the promotion of mental health is considered when children are young. As adults, one of the greatest things we can do for our children is to make them feel good about themselves and to equip them with a wide repertoire of positive coping strategies. They learn these strategies best when they see them modeled by the important adults in their lives.

What parents of young children can do:

- **Catch your child being good!** Praise your child often for even small accomplishments like playing nicely with brothers or sisters, helping to pick up toys, waiting her turn, or being a good sport.
- **Find ways to play with your child that you both enjoy** every day. Talk with your child, tell stories, sing, and make rhymes together. It is especially important to try and reconnect for a few minutes after separations. Include some type of regular physical activity such as a walk or bike ride around the neighborhood.
- **Seek ways for your child to play with other children** of the same age. Make sure they are watched by a trusted adult.
- **Read with your child every day** as part of a special family routine. Turn off the television before the evening meal, have conversations with your children during the meal, take baths or showers after the meal, and read books with your children in preparation for bedtime. This will help children to settle down and sleep well at the end of the day.

- **Limit screen time** to no more than two hours daily for children 2 and older. The AAP does not recommend any screen time for children younger than 2 years of age. Never put a TV in a child's bedroom. Parents should watch along with older children and try to put the right spin on what their children are seeing. Young children should not be exposed to violence on TV, including on the news. TV should not become a babysitter.
- **Make time for a routine that includes regular family meals** when parents and children can sit and talk about their day together. Play the "high-low" game by taking turns sharing the best and not-so-good parts of the day.
- **Provide regular bedtime routines** to promote healthy sleep. This time of day can become an oasis of calm and togetherness in the day for parents and children.
- **Model behaviors that you want to see in your child.** Parents are their child's first and most important teachers, and what they do can be more important than what they say. Be especially careful of criticizing teachers or other trusted adults in front of the child.
- **Set limits for your child** around safety, regard for others, and household rules and routines that are important to you. Ask others to use these with your child.
- **Be consistent with limits** for your child and encourage all caretaking adults to use the same rules. If you must enforce a rule, do this with supportive understanding. Do not hold a grudge for past mistakes. Encourage learning from mistakes so that they do not happen again.
- **Teach your child to ask for help** and identify who can help her when she needs it. Find opportunities to show her how to ask for help.
- Everyone experiences anger and stress! **Help your child to find acceptable ways of working through feelings of anger and frustration.** It is okay to be mad but never okay to hit or destroy property.
- **Listen to and respect your child.** Remind your child that he or she can always come to you to discuss concerns, fears, and thoughts. Calmly discuss the issues and talk to your child's pediatrician with any concerns you might have as a result.
- **Give choices** when your child is oppositional (eg, Would you like me to carry you upstairs to bed or would you like to walk?) Help your child think of the consequences of her choices when she is demonstrating oppositional behavior.

What early education and child care providers can do:

- **Greet each child warmly.** Smile, make eye contact, and use a positive tone of voice that says you are happy to see the child.
- **Be friendly and affectionate with each child.** Warmth and affection can be shown through your expression, laughter, voice, and words.
- **Look for each child's strengths.** Make sure that your words and interactions with children are more positive than negative.
- **Show children how to talk to other children and build friendships.** Teach children how to handle problems with others and to ask for help when they need it.
- **Teach children how to follow directions,** including listening, asking questions, and finishing tasks.

- **Reinforce desirable behaviors** by ignoring things that are trivial, providing frequent praise when you see positive behaviors start to emerge, and modeling respectful communication.
- **Provide children with opportunities to make choices** when possible and help them to learn to understand the consequences of their actions.
- **Communicate regularly with parents** and talk to a child's parents early on if you observe behaviors that concern you.
- **Provide mental health services or referrals** when needed for the children, parents, and families. Some child care facilities and schools provide mental health services on site; others can help families connect with community resources and providers of these services.
- **Promote positive morale among staff.** This can help minimize staff turnover and create a more positive mental health environment for all.
- To the extent possible, **keep children with the same caregivers.**

Resources from the American Academy of Pediatrics: National Children's Mental Health Day

