

# Healthy Start Newsletter

MARCH 2010

## DO YOU KNOW THE DIFFERENCE BETWEEN “CLEANING” AND “SANITIZING”?

### DEFINITIONS:

- **Cleaning** - Removing dirt and soil with water and soap.
- **Sanitizing** - Removing dirt and soil AND certain bacteria so that the number of germs are reduced to such a level that the spread of disease is unlikely. This procedure applies to many routine housekeeping procedures involving, for example, bedding, bathrooms, kitchen countertops, floors, and walls.
- **Disinfecting** - Removing dirt and soil AND bacteria AND virtually all germs. *Note: Sanitizing and Disinfecting are often used to describe the same type of "cleaning" -- to remove germs to a level that the spread of diseases from one person to another is unlikely.*

### Sanitizing Solution and Process

The most common method of sanitizing in a child care program is the use of a Bleach Solution.

- Recommended Bleach Solution:
- Made fresh daily (the solution loses strength once it is mixed).
- ¼ cup household (not industrial strength) bleach + 1 gallon of cool water OR 1 tablespoon bleach + 1 quart of cool water.

Sanitizer solutions can be applied in various ways to surfaces that have been cleaned with soap/water mixture and rinsed.

- Spray bottles for diaper changing surfaces, toilets, door knobs, cabinet handles, phone receivers, countertops, and tables.
- *Example* of process:
  1. Clean surface with soap and water.
  2. Spray surface with bleach solution.
  3. Allow to air dry or wipe dry AFTER 10 seconds.
- Dipping objects, such as small toys, into a container filled with the sanitizing solution.

*Note: Spray bottles and other containers should ALWAYS be labeled with the name and strength of the solution they contain and kept out of reach of children. Also, fresh air should be moving about when sanitizing (a large fan or window open).*

*Note: Some caregivers and other parents may be concerned about using bleach daily. Concerns vary from the smell to possible bleach spots on clothing. If other sanitizing materials are used, the important factors to keep in mind are:*

- *the product must be hospital grade*
- *the product must be registered by the Environmental Protection Agency as a safe and effective household sanitizer (see EPA's website - [http://www.epa.gov/oppad001/ad\\_info.htm](http://www.epa.gov/oppad001/ad_info.htm));*
- *approved for use on the particular surfaces or items planned for use*
- *the user follows the manufacturer's instructions carefully*

### Storage and Labeling of Cleaning Supplies

- Are cleaning supplies stored in their original labeled container? If the cleaner is a mixed solution, is the container properly dated and labeled with the ingredients?
- Are all cleaning supplies locked and unreachable by children?
- Are cleaning supplies stored separate from foods and medicine?
- Is the poison control center number (1-800-222-1222) posted at every phone in the unfortunate chance that a cleaning supply is swallowed by a child?

### How to help your caregiver with this topic

- Supply your caregiver with a box of disposable gloves for cleaning and sanitizing.
- A gift of hand lotion for dry hands or a colorful smock/apron to protect from bleach will be appreciated.
- Teach your children to clean up after themselves: picking up toys, throwing paper towels in the trash can, etc. This will free up your caregiver for more deep cleaning, sanitizing and disinfecting.

If you or your caregiver are concerned about using bleach, contact the Environmental Protection Agency's Antimicrobial Hotline, phone 703-308-0127; fax: 703-308-6467; e-mail: [info\\_antimicrobial@epa.gov](mailto:info_antimicrobial@epa.gov), for alternative solutions.

## TV Viewing in Preschool Child Care: More Than We Knew

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Although it's tempting to allow young children to watch TV, pediatric experts discourage all TV viewing in the first two years of life, and for older children, they recommend a daily limit of 1-2 hours of **quality** programming. However, a number of studies have shown that US preschool-aged children watch 1-3 hours of TV each day, and some studies have linked TV viewing before age 3 as a possible cause of cognitive delays, attention problems and sleep disorders. Of note, all studies that have estimated TV exposure in the pediatric population have relied on parents' reports of viewing in the home. However, since the majority of preschool children are cared for by someone other than a parent, researchers studied the amount of TV viewing (including DVDs and videotapes) in a representative group of licensed child care settings.

The authors surveyed home-based and center-based child care programs from four states in different regions of the US (Florida, Massachusetts, Michigan and Washington), and owners or directors of 168 centers completed the survey. The data showed that children in center-based programs watched little TV per day—0 hours for infants, 6 minutes for toddlers, and 24 minutes for preschool age children. On the other hand, children in home-based programs watched considerably more TV per day—12 minutes for infants, 1.6 hours for toddlers, and 2.4 hours for preschool age children. A major factor that affected how much TV children watched in home-based programs was the level of staff education—having a 2 or 4 year college degree was linked with almost 1.5 fewer hours of TV watching per day.

The authors concluded that “for any children, previous estimates of screen time significantly underestimated actual amounts”, and that in addition to limiting TV watching at home, parents should be mindful about how much TV their children may be watching in home-based child care setting. (*Christakis DA and Garrison MM: Pediatrics, December, 2009, pp. 1627-1632*)

## Impact of TV Viewing On Aggressive Behavior in 3 Year Olds

Early childhood aggressive behavior can be a problem for parent's, teachers and childhood peers, and some studies suggest that such behavior may predict more serious behavior problems as the children age. A number of recent studies have found links between exposure to TV and aggressive behavior in older children, but there is little study of what effects TV might have on preschool-aged children.

Researchers therefore considered this question in an ongoing study called the *Fragile Families and Child Wellbeing Study*, which collects data on an initial group of almost 5,000 parents and their children born between 1998 and 2000 in 20 large US cities. The authors were able to consider data on about 3,000 three year old children, for whom they had detailed information on a wide range of family behaviors.

Among the factors that were linked to aggressive behavior were spanking in the past month, living in a disorderly neighborhood and having a mother reporting depression and parenting stress. In addition, however, both children's direct watching of TV and household family TV use was also linked to childhood aggression, and this link was apparent even when the authors took into account the other factors noted above. (*Manganello JA and Taylor CA: Archives of Pediatric and Adolescent Medicine, November, 2009, pp. 1037-1045*)

**COMMENT:** Both studies add to concerns that TV viewing is not good for children of any age. We need to be careful not to over-interpret many of these studies, however—after all, if a family is going through stress of various kinds, it wouldn't be surprising to find more TV viewing in those households. What is difficult to know is which is the cause and which is the effect—does TV viewing more common, for various reasons, among children who are already aggressive or have aggressive tendencies?

Still, most child development experts believe that the evidence strongly suggests that excessive TV viewing is not good for children, including preschool-aged children. **When the amount of TV viewing at home is added to the amount in home-based child care setting, there would appear to be good reason to make serious efforts to follow experts' suggestions to limit TV viewing among children, wherever that might take place.**

# CHILD DEVELOPMENT.....LEARN THE SIGNS!

A child's development can be followed by how she or he plays, learns, speaks, and acts. Parents and caregivers play a critical role in their child's development. Providing a safe and loving home and spending time together - playing, singing, reading, and even just talking - can make a big difference!

The early years of a child's life are crucial for cognitive, social and emotional development. Therefore, it is important that we take every step necessary to ensure that children grow up in environments where their social, emotional and educational needs are met.

Cost to society of less than optimal development are enormous and far-reaching. Children who grow up in environments where their developmental needs are not met are at an increased risk for compromised health and safety, learning and developmental delays. Failure to invest time and resources during children's early years may have long term effects on the foster care, health care, and education systems. Therefore, it is in the public's interest to ensure that children develop in safe, loving, and secure environments.

## **Overview of Child Development:**

### **What is Child Development?**

Children grow, develop, and learn throughout their lives from birth and infancy to adulthood. A child's development can be measured through social, physical, and cognitive developmental milestones. If children fail to develop properly they may be unable to reach their full potential. However, healthcare professionals, caregivers and parents can work together as partners to help children grow up healthy and strong.

### **Why be concerned if a baby shows signs of developmental delay? Won't she just grow out of it?**

Developmental delays can have future negative effects on your child, which may lead to speech and language difficulties, behavioral problems, and learning problems.

### **How can I prevent developmental delay in my baby?**

There isn't one "right way" to prevent developmental delay. Consult a pediatrician for specific

activities for your child. Some activities such as singing and reading to your child help to stimulate cognition and recognition of a mother's voice by her child.

### **What is early childhood intervention?**

The intent of early child intervention is to lay a foundation, in conjunction with the family, to support infants as they grow and mature into healthy individuals. Healthy means the best possible outcome for physical, mental, and social functioning and well-being of an individual.

### **I have concerns that a child could have a developmental delay. Whom do I contact to get a child a developmental assessment?**

If you have concerns about a child's development, advise the parent to consult with the child's pediatrician. An additional resource, the National Early Childhood Technical Assistance Center lists early intervention programs by state (go to <http://www.nectac.org/default.asp>). Our local intervention agency in the Green River Area is "First Steps"...for specific questions about children birth to three years call 1-888-686-1414.

As a child care provider, it is important to remember that there is a range of what is considered normal development. Some babies may accomplish certain tasks or reach a specific developmental milestone sooner or later than others. You spend your day working with, playing with, and watching children, and you are already familiar with many milestones – such as pointing at objects, smiling, and playing with others – that mark a child's development. All children are unique, but sooner or later, you will see a child who is not developing as they should.

You are a valuable resource to parents! They look to you for information on their child, and they trust you. Therefore, in the upcoming issues of the Healthy Start Newsletter, I will be focusing on the developmental milestones of children. Next month I will focus on Infants (0 to 1 year), then Toddlers (1 to 2 years old) and so on. If you would like more information on the development of a specific age, please contact me at 270-852-5555 or [amy.brown@ky.gov](mailto:amy.brown@ky.gov).

# Green River District

## HEALTH DEPARTMENT

Healthy Start in Child Care  
Kentucky Children's Health Insurance Program (KCHIP)  
Green River District Health Department  
P.O. Box 309, 1501 Breckenridge Street  
Owensboro, KY 42302-0309



Kentucky Children's Health  
Insurance Program

[www.kidshealth.gov](http://www.kidshealth.gov)

877-KCHIP-18

**For information on the STARS for KIDS  
Now Program go to....**

<http://kentuckypartnership.org/qei>

## RSV AND CHILD CARE

Even though winter is almost over, many infectious diseases will still be circulating including respiratory syncytial virus (RSV). RSV often generates concern in the general public and in child care settings because it is easily transmitted and can have severe effects in a small group of children, especially those who are very young, premature, or suffer from pre-existing heart or lung problems.

### **Please keep the following facts in mind:**

- In most children and adults RSV usually causes nothing more than general "cold-like" symptoms (runny nose, fever, coughing). Most children with this mild type of RSV illness recover in 8-15 days with only treatment of symptoms (for example, using non-aspirin pain reliever for fever or fussiness).
- Since RSV infection is caused by a virus, it can not be cured with antibiotics.
- Currently there is no vaccine to prevent RSV.
- Children with heart or lung problems, very young children, or former premature infants can have greater difficulty when ill with this infection. They can sometimes develop wheezing, difficulty breathing, or other serious symptoms. Children with more severe symptoms should see their health care provider.
- RSV infection is very common. Almost all children are infected at least once by the age of two years. For those in child care settings, many are infected in the first winter.
- Children who have RSV do not need to be excluded from child care unless they have a fever or are seriously ill. Because children are already contagious a day or so before they have symptoms, excluding children with known RSV infection probably does not reduce transmission of the virus.
- The best way to control the spread of RSV and many other "cold-like" illnesses in child care facilities is for caregivers and children to practice frequent, good hand washing. Since the virus is easily inactivated by soap and water and common disinfectants, mouthed toys should also be cleaned **at least** once a day.
- Do not share items such as cups, glasses, and eating utensils with anyone.
- High risk infants and children should never be exposed to tobacco smoke.

**Center for Disease Control (CDC) recommends that all children 6 months to 59 months of age should get a yearly flu shot and this is especially true for high risk infants and their contacts.**

For more information on RSV visit: [www.cdc.gov/ncidod/dvrd/revb/respiratory/rsvfeat.htm](http://www.cdc.gov/ncidod/dvrd/revb/respiratory/rsvfeat.htm)