To Sleep, Perchance to Dream

After a good night’s sleep, children typically wake up feeling refreshed and ready for their day. Too little sleep, or poor quality sleep, leaves them tired and less able to learn. Occasionally, all children get less sleep than they need. When they arrive at child care the next morning, they might still be tired. A long nap might be all that is needed for them to catch up on their sleep. When children are sleep deprived night after night, they are at risk for problems with both their health and their behavior.

Sleep provides children, and adults, with a surprising variety of health benefits. High levels of the hormones that promote growth and development are released during deep sleep. Inadequate sleep impairs the release of these hormones. While children sleep their muscles, bones, and skin develop, and heal if they are injured. Without adequate sleep, it takes longer for bones and muscles to heal. Sleep also supports the immune system, which protects children from bacterial and viral infections, as well as conditions such as diabetes. When they have slept well, children have fewer injuries and experience less stress the next day. Getting enough sleep also reduces children’s risk for overweight and obesity.

Young infants’ brains develop rapidly during the sleep phase of the sleep cycle, which is called rapid eye movement or REM sleep. During REM sleep, a structure in the brain sends out nerve impulses that travel throughout the brain, stimulating the parts of the brain that support thought and the ability to reason and solve problems. A newborn baby’s brain is more active and stimulated during REM sleep than when awake. Maybe this is why newborns spend 50% of their sleeping time dreaming!

The direct benefits of sleep on brain development and function can be seen throughout life. Children who are well rested are better able to pay attention, concentrate, and remember what they learn. Children who do not get enough sleep often have symptoms similar to those associated with ADHD (attention deficit hyperactivity disorder). These symptoms may be reduced or go away altogether when a person has had sufficient rest. Mood and behavior improves for children with and without ADHD. On the other hand, the consequences of too little sleep on brain development are profound. “Sleep deprivation can affect the brain (IQ) as much as lead poisoning.” University of Virginia Health System. (March 2007). Sleep Disorders Can Impair Children’s IQs as Much as Lead Exposure.

Sleep is as necessary to children’s health and development as nutritious food and exercise. It is as crucial to learning as a well planned curriculum and a stimulating environment. Child care providers have the opportunity to help children get the sleep they need. They also have the responsibility to make sure the sleep environment is safe and encourages sleep. Basic safe sleep requirements are listed in NC SIDS law G.S. 110-911. NC Child Care Rules 0606 and .1724 define what care programs are required to do to reduce the risk of Sudden Infant Death Syndrome (SIDS) for the infants in their care. With thoughtful planning, child care providers can make sure that, while children are in their care, they get the rest they need to be ready to learn and to play, and to reach their full potential.

References:
Children need their sleep just as much as they need food, fresh air, and exercise. With the help of the adults who care for them, children can learn how to slow down and rest. Comforting and enjoyable routines can make the transition to nap time pleasant for both children and adults.

Children’s Sleep Needs and Patterns
Children need varying amounts of sleep and may need to sleep at unscheduled times during the day. Instead of setting a nap time schedule for infants and young toddlers, child care providers can respect their individual sleep needs and help them settle down for their naps whenever they show signs of being tired. By the end of the first year, most infants take two naps a day, usually one in the morning and one in the afternoon. By 16 months of age, they often shift to just one long afternoon nap lasting 1.5 to 2 hours. Once older toddlers make this switch they are ready for a scheduled group nap, usually taken after lunch.

Around 2 years of age, many children begin to need less sleep. Most give up napping altogether between 4 and 5 years of age. Regardless of their age, children should always have free access to a safe, comfortable place to sleep. Even when children give up their daily nap, they still need to rest. A quiet activity such as reading a book or putting together a puzzle gives children a chance to recharge their batteries.

Managing Naptime in the Child Care Setting
Children need physical exercise every day, and the benefits affect all aspects of health, including sleep. Physical activity expends energy and releases tension. Without exercise, children might feel restless, even when they are sleepy. At least 30 minutes of active physical play outdoors if the weather permits, or indoors if it does not, helps children relax and eases the transition to sleep later in the day.

Children feel safe and secure when they have their own special cot or mat and place for sleeping. Each child’s cot or mat should be labeled with the child’s name and should not be shared with other children. When child care providers are deciding where in the room each child will sleep, they can consider children’s relationships with each other. Children who are likely to play together or wake each other up can rest separately. Children likely to keep others awake can be in a location that is easy to supervise and is near only one other child.

Predictable routines let children know that nap time is near. When there is some consistency between home and child care sleep routines, children feel safer and find it easier to relax. Child care providers can ask parents what routines they use before bedtime. Though it is not possible to duplicate what happens at home, adding a familiar routine or two can help children transition to nap time. Children learn to welcome the comforting rituals that precede naps. If nap time follows lunch, providers can set a sleepy mood by dimming the lights and playing soft music while children finish their mealtime routines. Cuddling with favorite stuffed animals from home while listening to a story helps children feel calm and relaxed. In a peaceful, secure environment, children can drift off to sleep or play quietly while they rest.

Waking up is the last stage of the nap time routine. Some children wake up happy and energized, while others wake up slowly and feel a bit grumpy. Waking up can be a pleasant, gentle transition. Letting children take their time in waking up allows them to adjust in their own way. Avoid a harsh transition by gradually increasing the light and activity in the room. As children wake up, they can play in an activity center that is far from the sleeping children. Calming, sensory activities like sand and water play, or play dough keep children busy while they wait for their friends to wake up and join them.

Pleasant nap time routines should take place within a safe sleep environment. Sleeping areas should be comfortable, quiet, and free from clutter. Beds, cribs, cots, and mats should be placed away from cords or ropes such as those on Venetian blinds, to prevent strangulation. Child care providers are required to supervise sleeping children [NC Child Care Rules 0714(f and g) and 1718 (10)(b)]. All beds, cribs, cots, mats, and linens must meet the safety and sanitation requirements described on page 3.

"Napping in child care is both a social occasion and a physical happening. The success of naptime depends on the amount of comfort and happiness built into the occasion. Attention needs to be given to the waking up process as much as to falling asleep. Children with different temperaments react to change at different paces. The way they transition from sleep to wakefulness will vary. Their comfort comes in a variety of sensations. Smells, sounds, temperature and flavors produce feelings of comfort or alarm in all of us. The more familiar all those things are, the safer we feel as we understand what is expected of us and how we can control our lives.”

Crib Safety

All children who sleep in cribs are safest when they sleep in cribs that meet the Consumer Product Safety Commission (CPSC) components of a safe crib.

- A firm, tight-fitting mattress
- No loose, missing, or broken hardware or slats
- No more than 2 3/8" between the slats (about the width of a soda can)
- No corner posts over 1/16" high
- No cutout designs in the headboard or footboard

Below is a summary of NC Sanitation of Child Care Centers Rules .2821 and .2822 that define the requirements for beds, cots, mats, and linens. These sanitation rules apply to child care centers only.

- Beds, cribs, cots, and mats should be in good repair and stored to prevent contamination, and cleaned and sanitized between users.
- Beds, cribs, cots, and mats should be easy to clean, with tight fitting waterproof mattresses that are at least 2 inches thick. Mattresses used for overnight care must be at least 4 inches thick. (NC Child Care Rule .0603)
- Beds, cribs, cots, and mats should be placed at least 18 inches apart (36 inches is the national standard 5.143 found in Caring for Our Children) or separated by partitions to prevent contact and the spread of communicable disease.
- Each child should have his own bed, crib, cot, or mat, and his own linen. Sleeping equipment and linens should be labeled with the child’s name.
- Linens should be changed between users, after soiling, and at least once a week. Linens used by children less than 12 months old should be changed when soiled or at least daily.
- NC Child Care Rule .1718 (8) and (11) cover the requirements for family child care homes.
- Preschool children must have an individual bed, crib, playpen, cot, mat, or sleeping bag with their own linens. Infant sleep arrangements must meet the requirements in .1724 (a)(2). See the section on SIDS.
- Linens must be changed weekly or when wet or soiled.
- Bedding and other objects should not cover the child’s face.

Sudden Infant Death Syndrome or SIDS

Sudden Infant Death Syndrome, or SIDS, is the sudden and unexpected death of an infant 12 months of age or younger, for whom no cause of death can be found.

- SIDS happens most often during 2-4 months of age.
- SIDS occurs more frequently during the winter months.

SIDS cannot be prevented, but risks can be reduced in child care settings. NC Child Care Rules .0606 and .1724 specify what infant caregivers must do to reduce the risk of SIDS. In their safe sleep policy each program can also include additional steps they will take to further reduce the risk of SIDS in their facility.

Safe Sleep Rules for Caregivers

- Always place babies on their backs to sleep. Written waivers from health care providers or parents are allowed in certain circumstances.
- Do not cover a baby’s head. Make sure it remains uncovered throughout sleep time.
- Visually check the sleeping baby. Document who checked the baby as well as the time and date, and record the baby’s position.
- Create a safe sleep place.
- Keep the room temperature 75°F degrees or lower.
- NO SMOKING around the baby.
- Put AWAKE babies on their tummies and supervise them as they play.
- Develop a written Safe Sleep Policy. See page 6.
- Review the safe sleep policy to staff at orientation.

- Explain the safe sleep policy to parents, provide them with a copy, and have them sign a statement stating they received the explanation and a copy of the policy.
- Take the required ITS-SIDS training.

NC Child Care Regulations

See: http://nrckids.org/STATES/NC/northcarolina.htm

<table>
<thead>
<tr>
<th>NC has three documents that regulate child care:</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 110 General Statutes Child Care Facilities</td>
<td>5/1/2005</td>
</tr>
<tr>
<td>Chapter 9 - Child Care Rules</td>
<td>7/1/2008</td>
</tr>
<tr>
<td>Section 2800 Sanitation of Child Care Centers</td>
<td>8/2/2007</td>
</tr>
</tbody>
</table>
October is Children’s Health Month
Sudden Infant Death Syndrome (SIDS) Awareness Month

November is American Diabetes Month
Epilepsy Awareness Month

December is Safe Toys and Gifts Month

**Bulletin Board**

**October 1st is Child Health Day**

When children arrive each day do a daily health check. It is an effective way to reduce the spread of infectious diseases. Look for: changes in behavior, itching, rashes, unusual odors, signs of fever, fussiness in non-verbal children or complaints of not feeling well, and signs of illness. Ask the parent how the child has been feeling since last at the facility. Ask if there have been any recent illnesses in the family. Send children home if they are too sick to attend child care or they have evidence of a condition that requires exclusion. See NC Child Care Rules .0804 and .1720.

**Environment Friendly, Metered Dose Inhalers**

Metered dose inhalers (MDIs) release a pre-measured spray of asthma medication for the child to inhale through the mouth. For more than 25 years, MDIs have used chlorofluorocarbons (CFCs) as the agent to propel the asthma medication albuterol. CFCs destroy the ozone. The U.S. Food and Drug Administration (FDA) has mandated that all CFC-based quick-release inhalers be taken off the market by January of 2009.

Hydrofluoroalkane (HFA)-based MDIs are FDA-approved, safe to use, and friendly to the environment. HFA quick-relief inhalers have a different taste, a less forceful spray, and specific cleaning instructions. Visit www.transitionnow.org, on the Asthma and Allergy Foundation of America web page for more information.

**November 10th is World Kindness Day**

Encourage the children, families, and staff members to do one kind act every day. Brighten a person’s day with a smile. Offer a hug if someone is sad. Share a book. Sing and dance together.

**Sleep Tips**

Create a relaxing environment and adopt habits that encourage a more restful night.

- Go to bed and get up at about the same time every day, even on the weekends.
- Exercise regularly, but not within three hours of bedtime.
- Make the bedroom cool, dark, quiet, and comfortable.
- Limit daytime sleep to about a half-hour. Nap before mid-afternoon.
- Avoid large amounts of food or drink within 2-3 hours of bedtime.
- Quit smoking to reap sleep and health benefits.
- Avoid caffeine and alcohol in the evening. Alcohol actually disrupts sleep.
- Choose a comfortable mattress and pillow.
- Start a relaxing bedtime routine to ease the transition between wakefulness and sleepiness. Avoid exposure to bright light.

Reference:
It is that time of year again! You should be receiving your annual child care immunization report package in the mail soon. Please submit your forms by December 1, 2008. Mail a copy to the Immunization Branch and your local health department.

The forms now have more space to enter the children's names and information. If you do not receive your forms by November 1, 2008, or if you need additional copies, you can go to www.immunizenc.com.

### By This Age . . .  Children MUST HAVE These Shots

<table>
<thead>
<tr>
<th>Age</th>
<th>DTaP</th>
<th>Polio</th>
<th>Hib</th>
<th>Hep B</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 months</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5 months</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>7 months</td>
<td>3</td>
<td>2</td>
<td>2-3</td>
<td>2</td>
</tr>
<tr>
<td>12-16 months</td>
<td>3</td>
<td>2</td>
<td>3-4</td>
<td>1</td>
</tr>
<tr>
<td>19 months</td>
<td>4</td>
<td>3</td>
<td>3-4</td>
<td>1</td>
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<tr>
<td>4 years or older</td>
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<td>3</td>
<td>3-4</td>
<td>1</td>
</tr>
<tr>
<td>(in child care only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 years or older</td>
<td>5</td>
<td>4</td>
<td>3-4</td>
<td>2</td>
</tr>
<tr>
<td>(and in kindergarten)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* The 5th DTaP, 4th Polio, and 2nd MMR are not required until children enter kindergarten. The last DTaP must be after age 4.
* Children beyond their 5th birthday are not required to receive any Hib vaccine.
* Vaccination required unless documentation of disease history. Acceptable documentation is a letter from the child's parent, legal guardian or physician stating approximate date or age of child's infection.

**Note:** Pneumococcal, Hepatitis A, Rotavirus and Flu vaccines are not required but are recommended by the Center for Disease Control and Prevention's Advisory Committee on Immunization Practices.
Please use the following list of vaccines and brand names to assist you in assessing a child’s immunization status. Vaccines may be listed on a child’s immunization card by vaccine name, abbreviation, or brand name. Please note that some brand names contain more than one vaccine.

Disease and Vaccine Brand Names for Required Vaccines

<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccine/Abbreviations</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
<td>DTaP, DTP</td>
<td>Tripedia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Infanrix</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Daptacel</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Hep B, HBV</td>
<td>Engerix B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recombivax HB</td>
</tr>
<tr>
<td>Haemophilus influenza type b</td>
<td>Hib</td>
<td>PedvaxHIB* (PRP-OMP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HibTITER (HbOC)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ActHIB (PRP – T)</td>
</tr>
<tr>
<td>Polio</td>
<td>IPV, OPV</td>
<td>IPOL</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>MMR</td>
<td>MMR II</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>Varicella, VZ</td>
<td>Varivax</td>
</tr>
</tbody>
</table>

* 3 Pedvax doses are equivalent to 4 Hib doses

Combination Immunization Brand Names

Some health care providers give a child a single combination shot that includes more than one vaccine. On the child’s shot card they can record the brand name of the shot next to one of the vaccines included in the combination shot, or next to each of the vaccines in the combination shot.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP &amp; Hepatitis B &amp; IPV</td>
<td>Pediarix</td>
</tr>
<tr>
<td>DTaP &amp; Hib</td>
<td>TriHIBit</td>
</tr>
<tr>
<td>DTaP &amp; Hib</td>
<td>Tetramune</td>
</tr>
<tr>
<td>DTaP &amp; IPV &amp; Hib</td>
<td>Pentacel</td>
</tr>
<tr>
<td>DTaP &amp; IPV</td>
<td>Kinrix</td>
</tr>
<tr>
<td>Hepatitis B &amp; Hib</td>
<td>Comvax</td>
</tr>
<tr>
<td>MMRV</td>
<td>ProQuad</td>
</tr>
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</table>

Recommended (but not Required) Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>Fluzone, Fluvirin, Fluarix or FluMist</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Havrix or Vaqta</td>
</tr>
<tr>
<td>Pneumococcal 7-valent</td>
<td>Prevnar</td>
</tr>
<tr>
<td>Pneumococcal (PPV-23)</td>
<td>Pneumovax</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>RotaTeq</td>
</tr>
</tbody>
</table>

§ Childhood Pneumonia Vaccine, PCV-7
A good night's sleep is vital to the body's well-being. During sleep the body rests, repairs, and regenerates. Deep sleep triggers the hormones that:

- fuel growth in children
- build muscle mass
- repair cells and tissues
- strengthen the body's ability to fight infections
- determine how the body uses energy. Studies find that the less people sleep, the more likely they are to be overweight or obese and to develop diabetes.

Adequate sleep is essential for learning. It supports the ability to think clearly, react quickly, and create memories. Sleep also influences mood. Too little sleep can cause irritability and unwanted behavior, especially in children.

**Sleep Recommendations**

**Set up a safe sleep environment for infants** to reduce the risk of Sudden Infant Death Syndrome (SIDS).

- Place baby on back to sleep.
- Keep toys, stuffed animals, and fluffy blankets out of the crib.
- Tuck blanket in along 3 sides of mattress.
- Maintain room temperature at 68-75°F.
- Keep baby from overheating.
- Do not allow smoking near baby.

**Newborns** (0-2 months) usually sleep 10.5-18 hours a day. Sleep patterns are irregular. They smile, suck, and move around in their sleep.

- Observe newborn's sleep patterns.
- Identify and respond to signs of sleepiness.

**Infants** (2-12 months) usually sleep 14-15 hours a day, including naps of 2.5-5 hours. Nighttime sleep increases. Infants move from 3-4 naps to 1-2 naps by the end of the first year.

- Develop a regular bedtime schedule.
- Create a consistent, enjoyable bedtime routine.

**Toddlers** (1-3 years) usually sleep 12-14 hours a day, including afternoon naps of 1.5-3.5 hours. By 18 months, most sleep through the night.

- Maintain a daily sleep schedule.
- Move from infant into toddler bedtime routine.
- Set limits, such as read 2 books and sing 1 song before leaving child to fall asleep independently.
- Offer a security object.
- Keep a consistent, quiet, and darkened bedroom environment.
- Transition child from crib to bed.

**Preschoolers** (3-5 years) usually sleep 11-13 hours a day. Naps are rare by age 5.

- Maintain a bedtime routine and consistent sleep schedule.
- Keep sleeping environment cool, quiet, and dark. Avoid TV in the room.
- Help children cope with nighttime terrors, if they occur.

**Child Care and Sleep ~ What You Can Do**

- **Communicate consistently** with child care providers so they can better support children getting the sleep they need. A child may be irritable or lack energy due to a difficult night. Knowing that information, an easy remedy might be for the provider to add in extra nap time.

- **Support facilities’ sleep policies.** Every child care facility that cares for infants must have a sleep policy to reduce the risk of Sudden Infant Death Syndrome (SIDS) in child care. Their policy must follow the NC Child Care Rules .0606 for centers or .1724 for family child care homes. The rules require that families be given the policy before the child is enrolled. Infant caregivers must place babies on their backs to sleep. Placing babies on their backs to sleep at home will reduce the babies’ risk of SIDS at home and will help the infants learn to go to sleep on their backs in either environment.

References:

Health policies are developed by child care programs to communicate to parents and staff how the program will comply with child care regulations. G.S. 110-91(15) requires child care facilities to have a written safe sleep policy. NC Child Care Rules .0606 and .1724 specify what to include in the safe sleep policy. The program may decide to meet the higher national standards for health and safety found in Caring for Our Children.

A Safe Sleep Policy:
- reduces the risk of Sudden Infant Death Syndrome (SIDS), potentially saving babies' lives.
- tells parents the center is concerned for their baby's safety.
- informs staff, including substitutes and volunteers, how to reduce the risk of SIDS.
- reduces liability, when procedures are clearly stated and followed by staff.
- keeps programs in compliance with NC child care regulations.

What to include in the Safe Sleep Policy:

Best practice recommendations are in italics.

1. Anyone working with children 12 months of age or younger will place those children on their backs to sleep. Exceptions require a written waiver stating the alternate sleep position and signed by:
   - a health care provider for a child 6 months of age or younger.
   - a health care provider, parent, or legal guardian for a child older than 6 months of age.

2. The director, owner, or designated person will discuss the safe sleep policy with the child's parent or legal guardian before the child is enrolled. The parent must sign a statement that they received the safe sleep policy and it was explained to them.

3. How and when staff who care for children 12 months of age or younger will receive training on safe sleep practices.

4. When sleeping infants will be checked, what will be looked for, and how the visual check will be documented. Documentation will be kept for at least 1 month. Recommended: check sleeping infants every 15-20 minutes.

5. What steps the facility will take to keep babies from getting too warm. Children will not be covered with excess clothing or bedding. Room temperature will be kept below 75°F. Recommended: temperature range of 68-75°F. Place a thermometer in the infant's sleep area to check room temperature.

6. Infants' heads will not be covered with bedding or blankets.

7. What type and amount of bedding and toys will be allowed in the crib with a sleeping infant. Recommended: no loose bedding, bumpers, positioning devices, or toys be allowed.

8. Infants will have supervised tummy time when awake.

9. No smoking in the infant's environment, including vehicles.

10. Optional safe sleep measures can be included in the policy:
   - CPSC approved crib and tight fitting mattress (centers) or crib, bassinette or playpen with firm padded surface (homes)
   - One infant per crib, except during emergency evacuation
   - Cribs spaced at least 18" apart (Recommended: 36") or have a barrier between cribs
   - Pacifiers offered if infants use them. Pacifiers should not be used for the first 4-6 weeks of breastfeeding. Pacifiers will not be attached to the child with a string or attached to the child's clothing.
   - Time infants spend in infant seats such as swings or bouncy seats will be limited.
   - Actions facility will take when infants roll from back to side or stomach by themselves. Post a notice at the child's crib when the child may remain on side or stomach after rolling over independently.
   - If blankets are used, baby is placed at the foot of crib with blanket placed under infant's arms and tucked in on three sides. Sleep sacks may be used.
   - Practice Responding to an Unresponsive Infant.

11. A safe sleep poster or a copy of this policy will be posted in the infant room(s).

12. How parents and staff will be notified of changes to the policy 14 days before the policy goes into effect.

References:
Celebrating Children’s Health Month – My Healthy Body!

Child care providers can encourage children to develop values and habits that will support their health and well-being throughout their lives. Celebrate Children’s Health Month during October! Use the web design to help plan or “brainstorm” ideas surrounding the central theme, My Healthy Body. Use children’s responses to guide additional webbing.

Don’t Sneeze on Me!

Tape 6-10 pieces of dark colored paper together in a long row. Tape them to a concrete area outside. Hand a child a spray bottle filled with water. Have the child stand at the end and spray water on the row of paper. How far did the water go? Explain that sneezes and coughs spray germs the same way. “Germs can make you sick. What would you do if the germs fall on your hands or the table where you eat?” Encourage personal hygiene habits such as sneezing and coughing into tissues or elbows, washing hands, and washing table tops.

Yummy Squash!

Have children explore a butternut squash using their 5 senses. Investigate the outside thoroughly. Find out what is inside. Ask them: “What do you see? How does it feel? What does it smell like?” Talk about the deep orange color that means it contains beta-carotene. Beta-carotene keeps children’s eyes and skin healthy. What other vegetables have a deep orange color? Serve squash for lunch – yummy!

Expressing Feelings!


Good Night, Sleep Tight!

Plan a nap time pajama party. Children can wear pajamas and bring favorite stuffed animals, pillows, or blankets. Read a book about sleep while they cuddle their nap time favorites. Play the CD Quiet Moments with Greg and Steve. Its tranquil sounds help children wind down and relax into sleep. How do you feel when you wake up?

Get Movin’

Place an infant on her stomach on a blanket on the floor or grass. Encourage active movements by placing a favorite toy just out of reach. “Reach for it – you can get it!” Dance with infants and toddlers. Hold infants and dip, sway, and twirl to music. Add props. Young children can shake rattles, bang drums and xylophones, and clap their hands against the base of the tooth line. Scarves can become the wings of a flying hawk for young toddlers. Stuffed animals can inspire children to run like a dog, swim like a fish, wiggle like a worm….

A Moose Brushing His Teeth …..What?

Include tooth brushing in the daily schedule. Label each child’s toothbrush, toothpaste, toothbrush cover, and toothbrush storage spot. Read Have You Ever Seen a Moose Brushing His Teeth? by Jamie McClaine, 2003. On a large model of teeth and gums, show children how to hold the brush at an angle against the base of the tooth line. Stuffed animals can inspire children to run like a dog, swim like a fish, wiggle like a worm….

Learning Theme:

My Healthy Body!

Children’s Books on The Body


Germs Are Not for Sharing (Board Book) by Elizabeth Verdick 2006

My Amazing Body: A First Look at Health and Fitness by Pat Thomas 2001

Sleep Is for Everyone by Paul Showers 1997

Why Should I Eat Well? by Claire Llewellyn 2005

Web Resources for Teachers

How the Body Works!
http://kidshealth.org/kid/htbw/htbw_main_page.html

Teacher QuickSource®
www.teacherquicksourse.com
Q: We have 3 children with asthma in our facility. We are using the Asthma-Friendly Checklist from the August/September 2008 Bulletin to reduce the number of asthma triggers in our center. Can you give us more information about Integrated Pest Management (IPM)?

A: Integrated Pest Management (IPM) is cost-effective, common sense pest management that does not rely on hazardous pesticides. It is the preferred system for pest control in child care and other sensitive environments because it uses little or no pesticides.

Why use IPM? Children and pesticides do not mix. Pesticides are poisonous chemicals used to kill pests such as cockroaches, ants, fleas, and rodents. Even when used correctly, they can trigger asthma attacks and increase the risk of serious health conditions in childhood or later in life. Children are more sensitive than adults to health damage from pesticides because their bodies are smaller and developing so quickly.

IPM Tips for controlling pests

- Do not feed the pests: Clean up spills and crumbs, empty the trash daily, and do not leave dirty dishes out.
- Do not water the pests: Fix leaky pipes and plumbing, and clean your gutters often to make sure water drains away from the building.
- Do not let pests inside: Put screens on your windows and doors, and always fix any holes. Seal up cracks and holes with caulk, weather stripping, or steel wool.
- Use least-toxic alternatives to pesticides: Use borax, vinegar, or even dish soap.
- Try baits and traps instead of sprays. They work as well or better than other pesticides, and when they are stored and used well out of the reach of children and pets, they are much safer.
- If you must use sprays, do so only when children are not present. Always notify parents and staff of what, when, and where pesticides are being sprayed.
- Contract with a company that offers IPM for the least-toxic pest control.

Toxic Free NC has more information about IPM. They also have fact sheets on Protecting Children from Pesticides: A Guide for North Carolina Childcare Providers and on How to Contract for Safer Pest Control in Childcare. Their website is www.toxicfreenc.org. If you have questions, call their toll-free number 1-877-NO-SPRAY. Good luck!

References: