Dates to Remember:

Sep 11-14     NAD ECEC Advisory
Oct 09-10     PUC Center Director’s Workshop (Ontario, CA)
Nov 02-05     NAEYC Annual Conference (Orlando, FL)

In this issue:

Children and Car Safety

KidsAndCars.org Warns Against Leaving Children in Hot Vehicles this Summer

In 2010 a record 49 children died of heat stroke in cars

Leawood, Kan. - June 8, 2011 ... With hot summer days ahead, KidsAndCars.org is warning parents and caregivers to take extra precautions to prevent leaving children alone in cars. Through May 31 this year, eight children have already died of heat stroke in vehicles - close to the record-setting pace of 2010 when forty-nine infants and children died.

"It's a record no one wants to see broken," says Janette Fennell, founder and president of KidsAndCars.org, a national nonprofit child safety organization working to prevent injuries and deaths of children in and around motor vehicles. Since the group began tracking data and working on the issue in 1998, more than five hundred children have died in these preventable tragedies.

A child's body temperature climbs three to five times faster than an adult's, especially in a hot car. In less than thirty minutes, the temperature inside a car can increase thirty-five degrees. An infant can die in as little as fifteen minutes, even on a mild seventy-five-degree day.

- Never leave children alone in or around cars; not even for a minute.
- Put something you'll need like your cell phone, handbag, employee ID or brief case on the floor board in the back seat.
- Get in the habit of always opening the back door of your vehicle every time you reach your destination to make sure no child has been left behind. This will soon become a habit. We call this the “Look Before You Lock” campaign.
- Keep a large stuffed animal in the child's car seat when it's not occupied. When the child is placed in the seat, put the stuffed animal in the front passenger seat. It's a visual reminder that...
Medication Administration

Teacher C looked at the bottle of infant drops. The dosage amount on the bottle said .5 cc but the mother had written a medication request that said 5 cc. The dosages didn’t match and she wasn’t sure what to do. Shaking her head, Teacher C measured out 5 cc and returned to the infant room to administer the medication to her young charge. An hour later, Teacher C called the director. The baby would not wake up – what should we do?

True story.

The inevitable investigation found the teacher at fault for negligence because she had not consulted with the director, lead teacher or parent. Teacher C had assumed that the mother, a nurse, knew what she wanted when she wrote the medication request. The mother, of course, was horrified at her own mistake, but furious that the teacher had not double checked what she thought to be an excessive amount of medication for a young infant.

Early childhood education and care programs are not required to consent to the administration of medications during the hours of operation. The decision process can be quite difficult, though. We operate our centers to provide a service for community members. The question is: Should the administration of medication be part of that service? Consider the research:

When buying over-the-counter medications for their children, parents may expect a quick solution to their child's ailment, but a new study shows that measuring out that medication provides its own challenges.

Researchers looked at 200 of the top-selling non-prescription liquid medications on shelves and found that nearly all had inconsistent directions: The labels on the devices for measuring doses didn't match up with the dosing instructions.

Of the products that came with a dosing device, such as a spoon or a cup, 99 percent had markings and instructions that didn't match, the study found.

About three-quarters of the products came with a measuring device, but even the other products presented dosing problems, the researchers said.

Dr. Darren DeWalt, an assistant professor in the department of medicine and clinical epidemiology at the University of North Carolina, wrote an editorial accompanying the study. He said the problems were troubling because when researchers have looked at people's use of dosing instructions, error rates have been as high as 50 to 60 percent.

In November 2009, the FDA released new voluntary guidelines for labeling children's medications, so the problem may have lessened.

But, DeWalt told MyHealthNewsDaily, "I don't think the current FDA guidance is clear enough, and more work needs to be done to get the error rate lower."

Policy Considerations
If medication is going to be administered to the children of the program’s clientele, be sure to write a policy on the administration of medications that includes the following information. After all, the safety of the children is our top priority.

Original container
All medications must be in their original container with the original label that is clearly readable.

If a medication label is damaged, the parent must provide another label from the issuing pharmacy. Over the counter medications will require a newly purchased medication with the original container and label intact.

All prescription medication labels are to include: name, prescription number, doctor's name, complete dosage instructions, issue date, and expiration date.

Five rights for medication administration
- Right medication
- Right time (if ordered before or after meals, administer accordingly)
- Right manner (external or internal, ear, nose, or eyes; not given in food unless indicated in directions)
- Right amount (medication measuring device, not silverware or kitchen measuring spoons)
- Right child

Check medication label three times
- Before taking from shelf/refrigerator
- Before administering medication
- Before returning to shelf/refrigerator

If there are questions or concerns, the child's parent should be contacted prior to administration of the medication.

**Mental Health**

**Tutorials about Mental Health Consultation in Early Care and Education**

Developed by the Center for Early Childhood Mental Health Consultation (CECMHC), these materials were designed to enhance skills and knowledge about how to implement effective mental health consultation in Head Start and Early Head Start (HS/EHS) programs. Topics include: the definition of trauma and types of trauma; the impact of trauma on infants, toddlers, and young children from a development perspective; trauma signs and symptoms; and the role of the consultant in addressing trauma in the early care and education programs.

[www.ecmhc.org/tutorial/index.html](http://www.ecmhc.org/tutorial/index.html)

**Infectious Disease**

**Infectious Diseases Curriculum Designed for ECEC Professionals**

American Academy of Pediatrics (AAP) infectious disease curriculum designed for early education and child care professionals is now available online. The curriculum includes video clips, activities, forms, and pre- and post-tests and provides a wealth of information for the instructor and the learner. The curriculum can be adapted to meet learning needs and time constraints.

[www.healthychildcare.org/HealthyFutures.html](http://www.healthychildcare.org/HealthyFutures.html)

**ECEC Guidelines**

**New Paper and Toolkit on Early Learning Guidelines for Infants and Toddlers from the ZERO TO THREE Policy Center**

Putting Standards into Practice: States' Use of Early Learning Guidelines for Infants and Toddlers and Toolkit provide guidelines from different states, resources and suggestions for disseminating and embedding these guidelines into professional development programs and quality improvement systems.


**Employment Opps**

**Pacific Union College** is looking for an Assistant/Associate Professor of Early Childhood Education and Degree Completion Program Coordinator. Contact Human Resources, Pacific Union College 707-965-6231 or e-mail.

**LaPorte Preschool** is looking for a staff member. Contact Lori Thordarson 219-362-5930 or e-mail.

**Wee Care Child Center** in Sylmar, California, is looking for a director. Contact Dr. Mario Negrete, Education Associate, Southern California Conference 818-546-8400 or e-mail.

**Gold Seal Accredited Early Childhood Center** in Sanford, Florida, is looking for birth through five director. If interested, please call 321-279-8012 for more information.

**The Purposes of ACCN:**

1. To affirm, encourage and empower all engaged in the weekday ministry to children.
2. To provide opportunities for professional and spiritual growth.
3. To provide networking opportunities for Seventh-day Adventist Child Development Centers.
4. To set certification standards for child care providers.
5. To foster unity between all areas of child development within the Seventh-day Adventist Church.
6. To encourage the incorporation of Early Childhood Education in the nurture and outreach programs of the Seventh-day Adventist Church.
7. To foster working relationships with the world church, unions, conferences, local churches, and schools.
8. To encourage surveys and research in the area of Child Development and Early Childhood Education in cooperation with the North American Division.
9. To counsel with the North American Division and General Conference in the development and review of programs and strategies for Child Development.
10. To provide guidance and resources to training organizations, colleges, and universities.
11. To advocate the hiring of Early Childhood specialists at all organizational levels of the Seventh-day Adventist Church.
12. To develop working relationships with other Early Childhood Education organizations.
13. To encourage child care centers to obtain national accreditation.
Children and Car Safety (continued)

anytime the stuffed animal is up front you know the child is in the back seat in a child safety seat.

- Make arrangements with your child’s day care center or babysitter that you will always call if your child will not be there on a particular day as scheduled.

This is common courtesy and sets a good example that everyone who is involved in the care of your child is informed of their whereabouts on a daily basis. Ask them to phone you if your child doesn't show up when expected. Many children’s lives could have been saved with a telephone call from a concerned child care provider. Give child care providers all your telephone numbers, including that of an extra family member or friend, so they can always confirm the whereabouts of your child.

- Keep vehicles locked at all times; even in the garage or driveway and always set your parking brake.

- Keys and/or remote openers should never be left within reach of children.

- Make sure all child passengers have left the vehicle after it is parked.

- When a child is missing, check vehicles and car trunks immediately.

- If you see a child alone in a vehicle, get involved. If they are hot or seem sick, get them out as quickly as possible. Call 911 or your local emergency number immediately.

- Be especially careful about keeping children safe in and around cars during busy times, schedule changes and periods of crisis or holidays.

- Use drive-thru services when available. (restaurants, banks, pharmacies, dry cleaners, etc.)

- Use your debit or credit card to pay for gas at the pump.

For additional information about ways to keep children safe in and around vehicles, visit www.KidsAndCars.org.

Another great way to remember that your child is in the car is to engage in conversation, sing, tell stories. Don’t let this opportunity slip by to spend quality time with them. They are a captive audience. Take advantage of it and enjoy their company.

You will not regret it!