

MB&A's

Child-Care Chatter

News and Information for Early Childhood Professionals

Playing It Safe

The recent scare involving unsafe toys from China sent us scrambling to check the contents of our toy boxes and to review some of the basics of toy safety. While we cannot guarantee that a manufacturer or toy vendor will always provide safe products, we can follow some basic guidelines for selecting and maintaining safe toys in our school and home.

The Consumer Product Safety Commission (CPSC), the Toy Industry Association (TIA) and American Academy of Pediatrics recommend the following general guidelines:

Under 3 Years Old

Avoid toys that have a diameter of 1.75 inches or less and toys that have small parts. Children in this age group tend to put

everything in their mouths, so small parts pose a choking hazard.

No playing with uninflated or broken balloons. Better yet, avoid all latex balloons for this age group to prevent possible choking.

Select toys that are well made. Eyes, noses and other parts should be tightly secured.

Avoid toys that have strings or ribbons longer than 6 inches. Children can become entangled in them and choke.

Avoid toys that have sharp edges and points.

Ages 3 through 5

Avoid toys that are made from thin, brittle plastic. These toys may break easily into small pieces or leave jagged edges.

Select art material with the designation "ASTM D-4236." Crayons, markers and paint sets carrying this designation have been reviewed by a toxicologist and, if necessary, are labeled with cautionary information.

Of course, it is equally as important to maintain toys as it is to select the correct ones. Toys should be closely inspected on a regular basis. Either repair or dispose of broken or badly worn toys.

For more information on selecting and maintaining toys, you can go to www.cpsc.gov, www.toyassociation.org and www.aap.org.

It's also a good idea to review your state's regulations.



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Inside this issue:

Playing It Safe	1
What's New at MB&A	1
Possible SIDS Predictor	2
Carole's Corner	2
Jimmie's Journal	3
Treating Little Ones' Colds	3
Dangerous Dollops	4

What's New at MB&A



We are pleased to announce that Release 5.0 of our courseware is now available. Release 5.0 includes three new ages and stages courses on mobile infants, as well as revised and updated versions of existing courses. Starting in November, our CDs

and other material will also have a new look.

Other enhancements to Release 5.0 include 24/7 access to technical support through our 800 number, opportunities for student-to-student discussion, and guidance and instructor Q&A through the moderated discussion page on our website. Our instructors monitor this discussion page on a regular basis to

provide students with feedback, stimulate discussions and answer questions. We have also added a statement to the fact that MB&A Training abides by the student privacy guidelines as set forth by the Family Educational Rights and Privacy Act (FERPA).

In the upcoming months, we plan to continue adding courses and making them

available to you on request. The current schedule of course releases includes the next three ages and stages courses dealing with toddlers, *Temper, Temper: Dealing with Angry Children*, and *Roles and Responsibilities of the Early Childhood Professional*.

Check our website for release announcements.

Possible SIDS Predictor



There has been a good deal of attention recently about the possibility that infant hearing screening results may provide us with an

early predictor of Sudden Infant Death Syndrome (SIDS). This is exciting news for parents, caregivers and physicians, but we need to be cautious in our enthusiasm. The study that produced these results is preliminary and needs to be researched further and replicated before we can feel confident in its conclusions. The original research was based on a limited number of infants (31 total) over a 12 year period (1993 to 2005). These select infants were found to have a different pattern of results on their newborn hearing screenings at birth than a control group of non-SIDS infants.

A July 2007, article in *Early Human Development*** suggested theories about the links between an infant's hearing functions and respiratory control during sleep. The researchers suggest that injury may occur in the cochlea (organ of hearing) as a result of excessive placental pressure during labor, and that cochlear injury could potentially be linked to SIDS. If further research establishes a reliable link between the cochlea and respiratory control in infants / SIDS, protocols for specific hearing screening patterns can potentially be established to identify infants who have experienced cochlear damage and could be at a greater risk of SIDS.

Current hearing screening technology is not designed to evaluate these potential differences. Most newborn hearing screens are designed to deliver a "pass" or

"refer" result. These tests do not provide additional data to determine if any cochlear damage exists. It is important to note that a "refer" result on an infant's newborn hearing screening should not be considered a high risk factor for SIDS. One should also not assume that a pass result indicates the child is no longer at risk for SIDS.

Routine visits to a pediatrician are still one of the best ways to make sure a baby is healthy. For more information about this or any other hearing concern, you should contact a qualified audiologist or pediatrician.

**"Newborn oto-acoustic emission hearing screening tests: Preliminary evidence for a marker of susceptibility to SIDS", Rubens, Vohr, Tucker, O'Neil and Chung, July 2007.

Who Invented the Popsicle ??

Can you guess? Was it...

- A. Ice cream salesman Gerald Franklin
- B. Home economics teacher Mary Alice Siecle
- C. Eleven-year-old Frank Epperson?

You'll find the answer in Jimmie's Journal on the next page.



Carole's Corner

As the new school year is well underway, I hope all of you are enjoying your "new crop" of children as much as I am enjoying mine. It never ceases to amaze and delight me when I observe the uniqueness of each child. As we consider the diverse characteristics of our children, we need to examine our expectations for each of them.

It is so important that we realize that we cannot have the same expectations for each of our children. We need to be certain that we are

providing appropriate and challenging activities for each child, based on the developmental level of that child. Children who are behind their peers in developmental skills will feel frustrated if we expect them to perform tasks for which they are not yet ready.

Children who have advanced developmental skills will feel bored if they are not provided with activities that are more difficult than those of their less advanced peers.

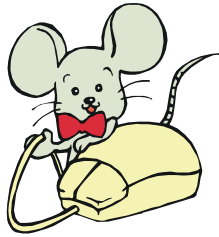
Many of the behavioral problems in our classrooms stem from inappropriate expectations for the developmental level of our children. We need to help both our children and ourselves by addressing this issue in our classrooms.

Good luck to everyone for a successful school year!



Jimmie's Journal

Eleven-year-old Frank Epperson left a sugary drink with a stirring stick in it on his back porch during the winter of 1905 and accidentally invented the popsicle. Other young inventors include 15-year-old Chester Greenwood who came up with the idea of earmuffs while skating in 1873 and Tom Sims who built the first snowboard in his shop class in 1963. Children are often fascinated by stories about inventors, particularly young inventors, and can be inspired to be more creative and inventive themselves by these stories.



The Internet provides us with a wealth of sites on inventors and inventions, as well as information, games and contests that can inspire children to be more creative. Here are a few sites you may find helpful.

Enchanted Learning: www.enchantedlearning.com/inventors for U.S. and Canadian inventors and their inventions, including such items as adhesive tape and the zipper.

Invent.org: www.invent.org is the web site for the National Inventors Hall of Fame. You can explore the biographies of almost 400 innovators dating back to the 1700s.

The National Gallery for America's Young Inventors. www.nmoe.org/gallery, where comic strips describe how each inventor came up with their ideas.

Invention at Play: www.inventionatplay.org is the web site for The Smithsonian Institution's Lemelson Center for the study of Invention and Innovation: Here you will learn how fooling around leads to new discoveries and invention. The site emphasizes the impor-

tance of play in the process of creativity and innovation. And, the list goes on. Try Googling a combination of words including *children, invention, creativity, innovation* for these and other sites.

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Treating Little Ones' Colds

On October 11, 2007, makers of such products as Dimetapp, Pedia-care, Robitussin, Triaminic, and other cold medications aimed at children under the age of 6 took their products off the shelf. The over-the-counter drug manufacturers took this rather drastic action just one week before government advisers were scheduled to debate the future of their products.

Pediatricians and child welfare advocates have warned for years that these products are not only ineffective, but actually pose a health risk to children, primarily from accidental overdose. The Food and Drug Administration and other health groups report recent deaths from medicines aimed at children under 2 years of age.



So, what are parents and caregivers to do? First of all, don't panic, say pediatricians. Simply treat children under the age of 2 with old-fashioned methods like these:

- Suction infants' noses or use salt-water nose drops.
- Use clean humidifiers and salt-water solutions to reduce congestion.
- Keep the child hydrated with lots of fluids.
- Gently squirt saline solution into nostrils and suction out excess mucous before feeding.

For more information, go to www.fda.gov/cder/drug/advisory/cough-cold.htm.

SOURCES: *The Commercial Appeal*, October 12, 2007, A9 and *USA Today*, October 12, 2007, 6B.

Dangerous Dollops

A recent visit to a fast-food restaurant brought to mind an e-mail that was forwarded to us a few weeks ago. A young family settled into a booth with their trays of food, but before they started eating Mom dug a small bottle from her purse and squirted a dollop of liquid into the hands of each of the children. The two older children dutifully rubbed the hand sanitizer on their hands and started eating. The youngest one, who looked to be around three years old, sniffed her dollop and started to lick it. Fortunately, Mom grabbed her hand and explained that the sanitizer was for cleaning her hands and not for eating.

The e-mail we received recounted the stories of two young children who wound up in emergency rooms because they consumed hand sanitizers. We decided to investigate these reports and turned to one of our favorite web sites—Urban Legends—where we found the stories



and substantiating evidence that hand sanitizers can, in fact, pose a serious health risk to children who consume it. (If you want to read the original stories, go to <http://www.snopes.com/medical/toxins/sanitizer.asp>.)

The primary ingredient in all hand sanitizers is alcohol, either ethyl or isopropanol (the kind found in rubbing alcohol), at levels as high as 62%. That's even higher than the level of alcohol in vodka. According to a health educator at the Central New York Poison Control Center, "Ingesting as little as an ounce or two of this product could be fatal to a toddler."

Some jurisdictions prohibit the use of hand sanitizers in schools and childcare facilities, but most do not.

These products have proven to be effective in reducing the occurrence of infectious diseases, but they must be kept out of the reach of children—preferably locked in a cabinet with other potentially dangerous products. And, we must closely monitor the use of these products with children in our care.

A child who ingests a dangerous amount of hand sanitizer will likely appear to be drunk. They may also complain of headaches, dizziness, nausea and abdominal pains. If you suspect that a child has consumed even a small amount of hand sanitizer, get medical attention immediately. Call 911, and then call your poison control center.

Additional source: "The Importance of Keeping Hand Sanitizer Away from Children," www.associatedcontent.com/article/303499.
