



# Healthy Child Care NEWSLETTER



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## Professionalism! What Is It and How Do I Get It?

By Rose Munoz, Francis Institute

Workers in the child care field go through many changes just like the children. Quality professionals are constantly working to continue to develop and grow, but each person must focus and tailor their studies and training to meet their own needs.

With that idea in mind, what are the characteristics of a professional early childhood provider? Are they the ones that have instilled a passion for learning, creating something using one’s imagination and discovering new skills? Are they the ones that provide the energy to their students sparking them to want to learn and grow from their investigations? Are these characteristics of someone having professionalism?

Characteristics of child care workers that show professionalism include individuals with patience and creativity, who are risk takers, have passion, flexibility, and authenticity. Professionals love to learn and keep learning. They recognize all children are different, have high energy, a sense of humor, and are reliable, ethical, dedicated. They have great communication skills and show respect. They have goals, knowing expectations, are organized and prepared. These are just a few of the concepts that people have stated that shows professionalism.

Merriam-Webster Dictionary defines Profession as “a calling requiring specialized knowledge and often long academic preparation.” Another author wrote, a professional would be described as one who engages in a profession. They go on to say a childhood professional would then

be considered one who has obtained special knowledge in providing quality care to all children, and continues to pursue educational instruction in childcare related topics.

How do you combine these two aspects? How do you become an Early Childhood Education Professional? You must consider working with others to learn and grow. In doing so, you need to look with an open mind, be objective not subjective, and have discussions to see others viewpoints.

You must develop relationships with other colleagues, professionals, leadership, mentors and coaches. By doing this, you will also learn to grow within yourself. You will learn to reflect, research, problem solve and make the needed changes you are seeking. This will allow you to practice and recognize your personal requirements to build not only yourself, but also others including the families and children you serve.

Participating in professional associations allows you to gain rich knowledge and commitment to improving the quality of care and education for children and their families. You will also need to remember that while actively participating in these organizations you cannot forget to renew your own professional knowledge. This could be done through goals to read professional journals, articles, research or publications once a week to sharpen your skills and knowledge. You could attend trainings; take college courses and online webinars.

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# Celebrate Grandparents



By Sue Kuda, Child Care Aware

Who are the grandparents of today? According to 2010 census results and research from AARP, the average age for becoming a grandparent is 42. About one-third of all adults are grandparents. The average grandparent has six grandchildren. About a third of grandparents have one child who is not related to them who is regarded as a “grandchild” (such as a neighbor’s child). About half of all grandparents are still employed outside the home, and another half of adults over the age of 65 volunteer in their community. About one-third of grandparents have at least one tattoo. About 20% of grandparents own a motorcycle. Grandparents are health conscious, with about 60% on a regular regimen of physical exercise. About 80% of grandparents living in their own homes have a computer and text with others via cell phone. Approximately half of all grandparents have visited a foreign country, and over half have a college education.

American grandparents are estimated to control about one-third of the nation’s assets, notable because grandparents play a vital role in the financial care of grandchildren. Education is the greatest expense for grandparents, as today’s grandparents regard an education as the best investment in a child’s future. Close to half of all grandparents contribute financially to a grandchild’s living expenses. Almost 10% of grandparents have a grandchild living in the family home. Of those grandchildren, about half of them have no parent in the home with them, making the grandparent the primary caregiver. Grandparents spend

\$52 billion annually on gifts to grandchildren. Infant apparel alone accounts for \$3 billion yearly spent by grandparents.

The look of the family structure has changed also. Grandparents report more than half of their grandchildren include children from blended family unions. About 10% of grandchildren are adopted, with about one-third being a different race or ethnicity. Still other family units include same-sex unions with a child involved. About one-half of grandparents live at least 300 miles away from at least one grandchild, making visits less frequent and impacting the familial bond. Sadly, about one-third of grandparents report that they do not have regular contact with at least one grandchild.

Child care facilities are recognizing the valued contributions grandparents make in our society. Intergenerational child care is on the increase. Grandparents are utilized as paid child care workers, as well as volunteering to nurture children.

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**Education is the greatest expense for grandparents, as today’s grandparents regard an education as the best investment in a child’s future.**

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# Preparing for Emergencies

By Mark J. Kilby, Missouri Division of Fire Safety

Natural disasters can occur at any time. Does your family have a plan on how to deal with natural or manmade disasters? Disasters like floods, tornados and earthquakes are a strong possibility in Missouri. Plus there is always the threat of a terrorist act. With that in mind, here are some things you may want to consider. This article will help you decide what your family will need to prepare for the unexpected.

More great information is available at <http://health.mo.gov/emergencies/readyin3/>.

## FOOD AND WATER

You should have one (1) gallon of water per person per day for at least three (3) days, for drinking and sanitation. You should also have at least three (3) days of non-perishable food items. Most food items of this type will keep safely for up to six (6) months. Rotate these items out putting the newest to the back while using the oldest from the front. As you rotate your water out don't just discard it. It can be used for cooking, making tea or Kool-Aid and watering plants.

Don't forget your pets. Pet food and additional water may be needed for them

Other items to have on hand might include plastic cups, plates, utensils and a manual can opener.

## COMFORT ITEMS

Cold weather may require blankets and coats to be on hand. Kerosene or propane heaters would be a wise choice in case of a winter power outage, but remember these

must be used in a well ventilated area. A battery powered carbon monoxide detector would be beneficial. Portable space heaters are not allowed during the normal day to day operation of child care facilities.

Toilet paper, moist towelettes, garbage bags and plastic ties for personal sanitation, children's and/or adult diapers.

## SAFETY AND COMMUNICATION

A battery powered or hand crank radio and a National Oceanic Atmospheric Administration weather radio with tone alert and extra batteries will give your family information of weather conditions that may pose additional threats and provide early warnings so preparations can be taken for your safety. Flashlights with extra batteries or glow sticks are extremely important.

Maintain a first aid kit and make certain extra maintenance medications are included. Inverters, solar panels, crank type chargers are all available means to keep your cellular phone charged. A signaling device like a whistle is also recommended.

Keeping a small tool kit will be very useful, especially if you are required to turn off your gas. A few suggestions would be a roll of duct tape, an adjustable wrench, a hammer and a multi tip screwdriver.

These are some of the basic items you probably have around your house already. Add to this list according to your family's needs, and choose a safe spot to store your "cache" such as under a stairway or in the corner of a basement. Storing these items close to where your safe place is in the event of a tornado would be a good choice.

# Field Trip Safety

Taking a field trip can provide wonderful learning opportunities that support and enhance curriculum. With proper planning and staffing, both children and adults can enjoy these excursions.

## Planning for your field trip

- Plan for the day from the time you leave the facility until the time you return.
- Know where you will be able to park so that upon arrival the children can safely exit the vehicle and be accounted for.
- Learn what restroom and hand washing facilities are available and where they are located.
- If there are multiple things to see during the trip, plan the order of events.
- Review the facility's emergency plan so you are prepared if there is a situation while in the vehicle or on the trip.
- Be sure the vehicle(s) have adequate fuel for the trip.
- Notify families in advance of the field trip including where you will go, the times you will be away from the facility, any fees involved, and any other specific information regarding the trip. (e.g. special clothing, specific footwear, if car seats are needed, etc.)
- Secure signed permission from the parent/guardian for each child who will attend the field trip.

## Before your embark on your learning adventure

- Talk to the children about the expectations while on the trip. Let them know what they will see, who will be in charge and how they should conduct themselves.
- If parents will attend the trip, it is important that they understand the rules that are put in place for the field trip.
- If the children will be transported to the field trip, be certain to use proper safety seats and restraints as required by Missouri state law. For a refresher and a free clock hour of training, consider taking the new "Child Care Transportation Safety Awareness Training" located at <http://health.mo.gov/safety/childcare/onlinetraining.php>.
- Have emergency information for each child with you at all times on the field trip.

## During the field trip

- Health and safety of the children should remain your top priority.



- Face-to-name roll counts ensure that every child is with you at all times. At a minimum these should be conducted:
  - o Before walking out of the door at the facility
  - o In the vehicle before leaving the facility
  - o Immediately after unloading the vehicle (always look in and under every seat when exiting a vehicle)
  - o Periodically throughout the trip including after taking children to the restroom.
  - o At the end of the field trip
  - o As soon as every child is safely seated in the vehicle
  - o After unloading the vehicle back at the facility (check in and under every seat again)
  - o Upon returning to the classroom
- Consider a way to make your group easily identifiable such as bright colored matching t-shirts, wrist bands, etc. These will help you notice immediately if one of the children begins to stray from the group.
- Adequate staffing is the key to an enjoyable field trip. Licensing rules require that you maintain staff/child ratio at all times, including in the vehicle transporting the children. To ensure proper supervision, it is recommended you schedule extra staff to attend the field trip. This can be extremely helpful to aid in restroom breaks, assist with any emergency situations as well as overall supervision.
- Be clear which children each staff member on the trip is responsible to supervise.
- Do not forget the importance of hygiene while on the trip and take enough water and snacks as needed.
- With proper planning and execution, everyone will have a wonderful experience and unnecessary problems can be avoided.

# Where are YOU going?

By Lisa Schlientz, Nutrition Consultant

**“We’re going on a bear hunt! We’re going on a bear hunt!”**

As I peek around the corner of the director’s office, I see a small throng of excited children cheering and picking spots for their activity. They’re already jumping up and down, unable to contain themselves as the music plays.

“We’re going to catch a big one! We’re going to catch a big one!”

Little arms wave back and forth, miming the size of bear they hope to catch. Little heads shake, denying fear. Little faces look to the sun, enjoying the beautiful day.

‘Uh-oh! Long wavy grass. We can’t go over it. We can’t go under it. We’ve got to go through it!’

As I peer around the corner, little eyes peek back. The children are extra enthusiastic today, tramping energetically through the grass for the stranger in their midst. Their eyes say, “See me! Watch me! Look what I can do!” I step back into the office, out of the way, listening to their exuberant singing. Later, I watch them gleefully pass around dishes at the lunch table—hot ham and cheese sliders, fragrant with garlic baked into the whole wheat bun, juicy pineapple, spiced sweet potato fries, and pitchers of ice cold milk. The kids plate their food and get down to business, happily chatting and chewing. After clearing the table, they settle onto cots and drift into blissful sleep.

September is National Childhood Obesity Awareness month. Like many of you, the director of this center knows that child care providers play a crucial role in keeping our children healthy and on the right development track. In 2012, about 61% of children ages 3-6 were enrolled in center-based care<sup>1</sup>, and many spend at least 10 hours per day in care. Children in care eat more meals while in care than they do at home, and often spend most of their waking hours with you! The nutrition and physical activity environment in child care centers and homes can make a huge difference in the health of every child.

In Missouri, 12.9% of children ages 2-5 were classified as obese in 2011<sup>2</sup>, while another 16.2% were overweight.<sup>3</sup> This is a decline from 13.9% obese in 2008, and while that may not seem like a big difference, it’s actually very



significant. It’s the first time that obesity rates have lowered in this age group! Missouri, and the nation, is starting to see benefits from changes in awareness and changes in public policy, such as the new WIC food package. In 2017, the Child and Adult Care Food Program (CACFP) will also be changing to support obesity prevention efforts. You can read more about it at <http://www.fns.usda.gov/cacfp/meals-and-snacks>. Between now and then, there are steps that every provider can take to encourage healthy habits in our kids.

1. As you look at the new CACFP food rules, think about the steps that you can start taking now to meet the new guidelines. Start phasing out less healthy foods, like grain-based desserts, sugary yogurts and breakfast cereals, flavored milk, and juice. Serve more whole grains, lower sugar cereals and yogurt, whole fruits and vegetables, low-fat milk and water.
2. Don’t change everything on the menu at once. Pick one change per week, and gradually ease into the new pattern. Introduce new foods during class time, with food tastings or food experiences like cooking lessons. Talk about where the new foods come from and how they help our bodies to be healthy.

*Continued on page 6*

3. Sign up for nutrition and physical activity trainings for your required clock hours. Missouri Eat Smart and MOve Smart trainings are offered around the state, as are other great trainings like I Am Moving, I Am Learning. Check the Workshop Calendar for trainings near you!
4. Consider working towards recognition as a Missouri MOve Smart, Eat Smart and Breastfeeding Friendly child care. These are Missouri's flagship programs for improving the health environment in child care facilities. You're probably already meeting some of the guidelines! Take a look at those you aren't meeting, and start making changes one at a time. The resources at [www.health.mo.gov/eatsmart](http://www.health.mo.gov/eatsmart) and [www.health.mo.gov/movesmart](http://www.health.mo.gov/movesmart) can help you get started.
5. The Missouri Eat Smart and MOve Smart programs are based on best practices in child care. When you are creating policy for your center, take a look at some that have been designed for you. There's no need to do extra work! Policies help provide clear expectations for staff and parents. They also explain why you are making changes. Find them at [http://health.mo.gov/living/wellness/nutrition/eatsmartguidelines/pdf/Model\\_Policies.pdf](http://health.mo.gov/living/wellness/nutrition/eatsmartguidelines/pdf/Model_Policies.pdf).
6. Take a look at the physical environment in your center. Start making plans for active play both indoor and out. Use sites like Pinterest to get low-cost ideas for activities. Encourage your teachers to lead short structured activities and engage in play with children during unstructured time. Children are more likely to play vigorously when they see their favorite adults play! Aim for at least 30 minutes of structured active play and 60 minutes of unstructured active play per day. Find ways to include all children in activities, regardless of their ability level. Choose activities where most or all of the children are moving, rather than ones where children spend most of the time waiting or taking turns. Check out the Let's Move program for help with policies, activities and resources at <https://healthykidshealthyfuture.org/>.
7. Reduce screen time. It's so easy to let kids veg out in front of a movie, but toddlers and preschoolers are not meant to sit still for so long! Limit screen time to no more than 30 minutes per week for children over age 2.
8. Advertise the changes you are making in your facility. Let potential customers know that you care about kids' health! Use parent handbooks and handouts to let your parents know about changes you make in your center. When you gain recognition as a MOve Smart or Eat Smart child care, you will receive promotional items to help identify your center as one of the best, and you will be listed on the state website! Be sure to let your local paper know about your commitment to health, too!
9. Partner with parents. Discussions about obesity and overweight in children are uncomfortable, but discussions about health and wellness are natural and easy with every parent. Get parents on board with healthy birthday and holiday celebrations. Use non-food items and special games to recognize students! Be sure to let parents know what kind of foods and activities their child is enjoying with you, so that parents can offer them at home.

More than anything, know that Missouri is winning! Obesity rates in our preschool kids are declining! Today's rates are still above the historical rate of 5%, so it's important for us to continue working towards healthy environmental changes. Given the chance, children love to play active games and eat fresh, healthy foods. You can provide that chance! Every child deserves an environment where they can grow, learn, and play to their best ability. So...where are you going?



#### Works Cited

<sup>1</sup>Federal Interagency Forum on Child and Family Statistics. (2015) America's Children: Key National Indicators of Well-Being, 2015. Accessed on 7/8/16 at <http://www.childstats.gov/americaschildren/tables/fam3b.asp>.

<sup>2</sup>Robert Wood Johnson Foundation. (June 2016) Declining Childhood Obesity Rates: Where are we seeing signs of progress? Accessed 7/8/16 at <http://www.rwjf.org/en/library/research/2016/06/declining-childhood-obesity-rates.html>.

<sup>3</sup>National Center for Chronic Disease Prevention and Health Promotion, CDC. (September 2012) Missouri: State nutrition, physical activity and obesity profile. Accessed on 7/8/16 at <http://www.cdc.gov/obesity/stateprograms/fundedstates/pdf/Missouri-State-Profile.pdf>.

# To Build Character – Build Relationships

By Lisa Eberle-Mayse United 4 Children

“Character Education” has become a major theme in many of our public schools, with a variety of programs focusing on developing character traits that will build strong, successful individuals and communities—things like respect, responsibility, honesty, caring, perseverance, self-discipline and courage. But what does “Character Education” look like in an early childhood setting?

Building character is not something we accomplish by putting some posters on the wall, or by planning a few special activities. Positive character traits come out of positive relationships, and here early childhood educators can have tremendous, life-long impact.

- Respond consistently, warmly and empathetically to a child’s needs and cries . . . to build the foundation for trust, honesty and kindness.
- Encourage children to ask questions, to take risks in their learning, and help them see failure as a step on the way to success . . . to build perseverance and courage.
- Teach children to be emotionally literate—to recognize, understand and appropriately express their emotions . . . to build their capacity to recognize, value and empathize with the feelings of others.

- Show genuine care and empathy towards a young child’s hurts, struggles, accomplishments and joys . . . to build their internal capacity to show genuine care towards another person.
- Truly listen to, value and respect the thoughts, concerns, ideas and feelings of the children we care for . . . to teach them to listen to and respect others.
- Encourage children’s “good choices” by helping them think about why they were “good,” not just because it made us happy or kept them out of trouble . . . to build self-discipline.
- Let children make real choices in their environment and their learning . . . to build initiative and self-confidence.
- Actively support children when they have conflicts with other children . . . to build independent problem-solving skills.

Early childhood educators know how important our impact is on young children’s learning. We also have a powerful, positive role to play in fostering the developmental of character traits that will serve these children well—now and in the future.

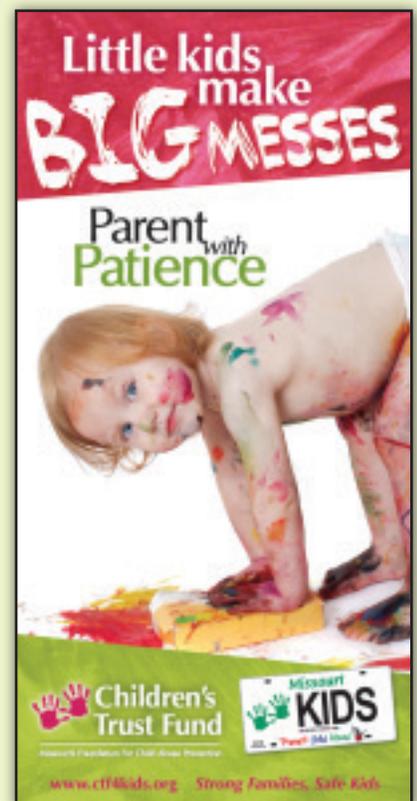
## Missouri Children’s Trust Fund

By Paula Cunningham, Children’s Trust Fund

The Missouri Children’s Trust Fund (CTF) works to strengthen families & prevent child abuse & neglect through grant distribution, education, awareness & partnerships. Most folks recognize CTF by the official Missouri vehicle license plates with the green handprints, but CTF also promotes various prevention campaigns including:

- Strengthening Families Framework
- Not Even for a Minute (NEFAM) – never leave children in or around a vehicle
- Safe Sleep
- Never Shake – Shaken Baby Syndrome (SBS) Prevention
- Sexual Abuse Prevention
- Positive Parenting

At no cost to Missouri residents & organizations, CTF offers accompanying prevention literature, such as rack cards, posters, magnets & a Never Shake/Safe Sleep DVD, which contains ~6-7 minute videos related to each topic in English & Spanish. Please visit CTF’s online order form to submit a request. Thank you for your work & for helping to keep Missouri’s kids safe!



# Signs of Progress on Childhood Obesity in Missouri

Karla Voss, Missouri Department of Health and Senior Services

Rates of people being overweight or obese are frequently studied and discussed as being a major societal health problem. Recently, we may be seeing improvement in rates of obesity in children.

The Centers for Disease Control and Prevention (CDC) released a report in August 2013 showing that Missouri and many other states had a decline in obesity rates among 2- to 4-year-olds. The study which followed low income families was conducted from 2008 through 2011. Missouri's obesity rate fell from 13.9% to 12.9%, which is a significant decrease according to the CDC. [Read more about the report.](#)

There are several factors that may have contributed to the decline:

- Updates to SNAP and WIC food packages, encouraging healthy foods and beverages, such as whole grains, fruits, vegetables and low-fat milk
- New standards for child care programs in nutrition and physical activity
- Increased support for breastfeeding mothers
- Multiple entities/agencies working on community-based health programs

Obesity is an important indicator of our state's overall health. Overweight/obesity is linked to many long term health problems, including heart disease, stroke, diabetes, and some cancers. Nationally, one in three children is either obese or overweight. Obesity rates have more than doubled for children and quadrupled for adolescents in the past 30 years.

The Missouri Council for Activity and Nutrition suggests these guidelines to decrease childhood obesity:

- Be active daily
- Decrease screen time (2 hours max. each day)
- Choose appropriate portion sizes
- Drink water, not drinks with "empty calories"
- Enjoy fruits, veggies and other healthy foods

The Missouri Department of Health and Senior Services (DHSS) encourages child care facilities to enhance physical activity, nutrition and breastfeeding policies to help children get off to the best possible start. Providers can apply for recognition for each of the programs below. Successful applicants receive a certificate, window cling and recognition on the DHSS website.

- Missouri Eat Smart Child Care Initiative
- Missouri MOve Smart Child Care
- Missouri Breastfeeding Friendly Child Care



## Preventing

# O B E S I T Y

For additional information about these three programs go to <http://health.mo.gov/living/healthcondiseases/obesity/childcareinitiatives.php>.

# Eat SMART



## *Kerri's Kidsville/Babyville LLC* Springfield



Kerri Newton and Corrinne Williamson, Kerri's Kidsville/Babyville LLC, Springfield, were recognized as an Intermediate Missouri Eat Smart Child Care.

Kerri's Kidsville/Babyville LLC in Springfield, MO was recognized as an Intermediate Missouri Eat Smart Child Care in May 2016. Kerri's Kidsville/Babyville is the 148th child care facility in Missouri to be recognized as Missouri Eat Smart. On May 27, 2016, Lisa Schlientz, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) recognized Kerri Newton and Kerri's Kidsville/Babyville LLC for achieving the intermediate level of the Missouri Eat Smart Guidelines. Kerri reported that one thing that helped the center achieve Eat Smart recognition was learning to shop weekly for low-cost fresh fruits and vegetables at Aldi's. Kerri's center is also a recognized MOve Smart Center and a Breastfeeding Friendly Child Care!

*Congratulations, Kerri and staff!*

## *La Petite Academy* Springfield

La Petite Academy in Springfield, MO was recognized as an Intermediate Missouri Eat Smart Child Care in April 2016. La Petite Academy is the 147th child care facility in Missouri to be recognized as Missouri Eat Smart. On April 22, 2016, Lisa Schlientz, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) recognized Lisa Allen, director, and La Petite Academy for achieving the intermediate level of the Missouri Eat Smart Guidelines. The children here regularly engage in nutrition education and physical activity, and the proof is all over the walls! The teachers post pictures of the students participating in various activities, along with what the children said about the activity and examples of artwork. This is a great way to keep those lessons going! Lisa's center is also recognized as a MOve Smart Center and a Breastfeeding Friendly Child Care!

*Congratulations, Lisa and staff!*



Lisa Allen and Lisa Schlientz, La Petite Academy, Springfield, were recognized as an Intermediate Missouri Eat Smart Child Care.

# Breastfeeding:

## The Key to Reducing Obesity and Other Health Risks

Kathy Metzluft  
Missouri Department of Health and Senior Services

Over the years the rates of overweight and obese children have significantly increased. Research suggests that when a child is overweight they have a greater risk of developing obesity as an adult. Several genetic and behavioral factors contribute to a child's risk of being overweight; however, recent research suggests that breastfeeding has a significant impact on reducing obesity from infancy to adulthood. This is important to note as September is National Childhood Obesity Awareness Month.

Research has demonstrated that the longer an infant is breastfed the lower the risk of a child becoming obese as they get older. At one year of age, infants that were breastfed have less fat compared to those who were formula fed. One of the reasons for this is that breastfed babies learn to control the amount of breast milk they consume better than those who were bottle fed. Many times a bottle fed infant is forced to continue feeding and finish a bottle after they are satisfied. Also, infant formula can trigger more insulin and growth factor to be secreted than breast milk does, which leads to increased rates of body fat for formula fed babies.

In addition to reducing obesity, breastfeeding is one of the most important decisions a family can take to protect the health of infants and their mothers. Research shows that breastfeeding reduces the risk of infections, diarrhea, allergy, asthma, SIDS and are less likely as children to develop diabetes and childhood cancers. Mothers who breastfeed have reduced risks of osteoporosis, diabetes, and some cancers.

The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the first six months after birth and the continuation of breastfeeding through the first year of life and beyond. In Missouri, although most mothers hope to breastfeed, and 74% of babies start out being breastfed, only 17% of infants are breastfed at 6 months (CDC 2015 National Immunization Survey). Lack of support to help mothers learn to breastfeed, and work through challenges is a key reason many women stop breastfeeding.

Returning to work is one of the biggest barriers a woman may face in trying to meet her breastfeeding goals. The Missouri Department of Health and Senior Services promotes, supports and protects breastfeeding by implementing initiatives such as the "Breastfeeding Friendly Worksite Program". The purpose of this program is to educate employers on the value of providing lactation support in the workplace and recognize businesses that support their breastfeeding employees. Another initiative, the "Breastfeeding Friendly Child Care Program" assists child care facilities to successfully support breastfeeding families.

Given the importance of breastfeeding for families, it is critical that we take action to support breastfeeding. For more information on Missouri's breastfeeding initiatives go to <http://health.mo.gov/living/families/wic/breastfeeding/index.php>.



# Recall

#1

## Unsafe Products, and How to Obtain Recall Information

The U.S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. The CPSC issues approximately 300 product recalls each year, including many products found in child care settings. Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be lent or given to a charity, relatives or neighbors or sold at garage sales or secondhand stores. You can help by not accepting, buying, lending or selling recalled products. You can contact the CPSC to find out whether products have been recalled and, if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC for product information. It is the responsibility of child care providers to ensure that recalled products are not in use in their facilities.

The CPSC's toll-free hotline is available at 800.638.2772. The hearing impaired can call 800.638.8270. Information also is available on the CPSC website at: [www.cpsc.gov](http://www.cpsc.gov).

This quarter we are highlighting a product that has recently been recalled and is commonly found in child care facilities.

### Three Types of Liquid Plumer Clog Removers

The recalled bottles are not child-resistant and children can remove the top.

Recall date: July 14, 2016

Recall number: 16-225

[Click here for photos](#)

#### Name of product:

Liquid Plumer® Pro-Strength Foaming Clog Fighter®, Liquid Plumer® Industrial Strength Urgent Clear® and Liquid Plumer® Pro-Strength Urgent Clear® clog removers

#### Hazard:

The recalled bottles are not child-resistant and children can remove the top, posing a risk of chemical burns and irritation to the skin and eyes. These products contain sodium hydroxide which is required by the Poison Prevention Packaging Act to be sealed with child-resistant packaging.

#### Consumer Contact:

The Clorox Company's Liquid Plumer call center toll-free at 855-490-0705 from 9 a.m. to 5 p.m. ET Monday through Friday, or online at [www.liquidplumer.com](http://www.liquidplumer.com) and click on "Important Safety Recall Notice" for more information.

#### Description

This recall involves three Liquid Plumer clog removing products, sold in 17 ounce bottles that are about 9 inches tall. The bottles have the Liquid Plumer logo and the name of the product on the front. Liquid Plumer products included in the recall are:

#### Name of Product/UPC Code/Description

- Liquid Plumer Pro-Strength Foaming Clog Fighter, formerly sold as Slow Flow Fighter/UPC Code 44600-00214/Orange bottle with a red cap
- Liquid Plumer Pro-Strength Urgent Clear/UPC Code 44600-30548/Blue bottle with a red cap
- Liquid Plumer Industrial Strength Urgent Clear/UPC Code 44600-31484/Black bottle with a red cap

*The UPC code is printed in the lower left corner on the back of the bottle. Only bottles manufactured before March 22, 2016 are included in this recall.*

#### Remedy

Consumers should keep this recalled product away from children and immediately contact The Clorox Company's Liquid Plumer call center for disposal and refund instructions.

#### Sold at

Dollar General, Family Dollar, HEB, Home Depot, Kroger, Lowe's, Meijer, Publix, Rite-Aid, Target, Walgreens, Walmart and other dollar, grocery, hardware and mass merchandise stores nationwide and online at [Amazon.com](http://Amazon.com), [Drugstore.com](http://Drugstore.com) and [Quidsi.com](http://Quidsi.com) from January 2012 through May 2016 for between \$3 and \$5.

## IKEA Recalls Safety Gates and Safety Gate Extensions Due to Fall Hazard

The locking mechanism on PATRULL-line safety gates and safety gate extensions can open unexpectedly.

Recall date: July 14, 2016

Recall number: 16-226

### Name of product:

Safety gates and safety gate extensions

### Hazard:

The locking mechanism can open unexpectedly, posing a fall hazard to children and other consumers.

### Remedy:

View Details, Refund

### Consumer Contact:

IKEA toll-free at 888-966-4532 anytime or online at [www.ikea-usa.com](http://www.ikea-usa.com) and click on the recall link on the top or bottom of the page for more information.

### Description

This recall involves IKEA PATRULL, PATRULL FAST and PATRULL KLÄMMA safety gates and safety gate extensions. The gates and gate extensions are white, made of beech wood or steel and plastic. The pressure-mounted gates open both inward and outward. They measure about 28 ¾ inches high with an adjustable width from about 28 ¾ inches to 34 ¼ inches. The gate extensions measure about 28 ¾ inches high with an adjustable width from about 2 ½ inches to 5 inches.

A permanent label is attached to the metal bar at the bottom of the safety gate containing “IKEA” and the article number. Gates with the following article numbers are included in this recall:

### Model/Article Number(s)

- PATRULL safety gate/702.390.98
- PATRULL safety gate extension /602.651.44
- PATRULL FAST safety gate (white) /700.377.26, 702.265.19
- PATRULL FAST safety gate (beech wood)/300.375.68, 700.989.51, 701.135.98 and 901.919.53
- PATRULL KLÄMMA safety gate /302.265.21
- PATRULL KLÄMMA safety gate extension/302.651.45, 902.265.23

### Remedy

Consumers should immediately stop using the safety gates and safety gate extensions and return them to any IKEA store for a full refund.

### Sold at

IKEA stores nationwide and online at [www.ikea-usa.com](http://www.ikea-usa.com) from August 1995

*Click here for additional details.*



## Pacific Cycle Recalls Swivel Wheel Jogging Strollers Due to Crash and Fall Hazards

The front wheel can become loose and detach, posing crash and fall hazards.

Recall date: July 07, 2016

Recall number: 16-219

### Name of product:

Instep and Schwinn swivel wheel jogging strollers

### Hazard:

The front wheel can become loose and detach, posing crash and fall hazards.

### Consumer Contact:

Pacific Cycle toll-free at 877-564-2261 from 8 a.m. to 5 p.m. CT Monday through Friday, online at [www.pacific-cycle.com](http://www.pacific-cycle.com), [www.instep.net](http://www.instep.net) or [www.schwinnbikes.com](http://www.schwinnbikes.com) and click on "Safety Notices & Recalls" or email [customerservice@pacific-cycle.com](mailto:customerservice@pacific-cycle.com) for more information.

### Description

This recall involves single and double occupant swivel wheel jogging strollers that have a quick release mechanism for removing and re-attaching the front wheel. Instep Safari, Instep Grand Safari, Instep Flight, Schwinn Turismo and Schwinn Discover Single and Double Occupant Swivel jogging strollers with the following model numbers are affected. These models come in a variety of colors. The model number is located on the inside of the metal frame above the rear right wheel.

### Incidents/Injuries

The firm has received 132 reports of the front wheel becoming loose or unstable, resulting in 215 injuries, including head injuries, sprains, lacerations, bumps, bruises, and abrasions.

### Remedy

Consumers should immediately stop using the recalled jogging strollers and contact Pacific Cycle to obtain a repair kit to secure the front wheel. The repair kit includes a replacement mechanism for securing the front wheel that uses a traditional screw on/off method of attachment instead of the quick release lever method of attachment shipped with the product, as well as new warning labels. Consumers should not return the jogging strollers to retailers where purchased. A repair video is available at [www.pacific-cycle.com/safety-notice-recalls/](http://www.pacific-cycle.com/safety-notice-recalls/).

### Sold at

Small retailers nationwide and online at Amazon.com, Target.com, Toys-R-Us.com, Walmart.com and other online retailers from January 2010 through June 2016 for between \$130 and \$350.

*[Click here for additional details.](#)*





# October is Health Education Month

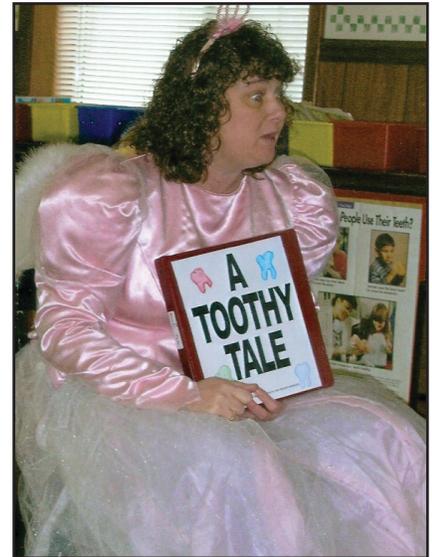
By Nola Martz, Missouri Department of Health and Senior Services

The Child Care Health Consultation Program (CCHC), funded with federal block grant dollars to reimburse local public health agency contractors, is a source for child care owners and their workers to receive training, consultation, and health education on a variety of health and safety topics. Health education can benefit child care providers and the children in their care in a number of ways.

Training is one service offered to providers through the CCHC program, and it is approved through the Missouri Workshop Calendar to assist them in meeting annual licensure requirements for continuing education. Many approved courses, ranging from 1-3 hours, are available on a wide variety of nutrition, physical activity, and safety topics. Some of these classes are intended to encourage workers toward healthier lifestyles that not only benefit them, but create child care environments in which workers model these habits to the children. Three specific courses taught by CCHCs that can help providers interested in receiving designations of distinction, include the Eat Smart, Move Smart, and Breastfeeding Friendly Childcare certificate programs.

Local public health agency CCHC staff may also offer specialized (face to face) and technical (by telephone) consultations to providers needing assistance with many health or safety topics that they are seeking guidance on, such as menu planning, poisoning prevention, safe sleep, or ideas for increasing physical activity in daily child care

routines. But one of the services offered under the program has the potential to form healthier habits in children from a very early age that will benefit them over the course of their lives—children’s health promotions. The local public health agency consultants have a number of short but engaging and creative presentations for the children on a variety of important subjects such as oral health, good hygiene, healthy eating, and avoiding too much screen time.



CCHC uses the Tooth Fairy to educate children on the importance of oral health; (center) children practice physical activity to improve learning; (right) children learn good handwashing to prevent spread of contagious diseases.

If you would like more information about services offered through this program, contact your local public health department to see if they are contracted to provide services. Of the 115 agencies in Missouri, 104 are covered by this contract currently, and a number serve neighboring counties who may not be under the contract. A new fiscal year for the program begins October 1, 2017.

## DHSS EDITORIAL STAFF

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Lori Buchanan, Publication Information Coordinator, Office of Public Information

This publication provides topical information regarding young children who are cared for in child care settings. We encourage child care providers to make this publication available to parents of children in care or to provide them with the web address: [health.mo.gov/safety/childcare/newsletters.php](http://health.mo.gov/safety/childcare/newsletters.php) so they can print their own copy.

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Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services, Section for Child Care Regulation, P.O. Box 570, Jefferson City, MO, 65102, 573.751.2450. Hearing- and speech-impaired citizens can dial 711. EEO/AAP services provided on a nondiscriminatory basis.

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