



Healthy Child Care NEWSLETTER



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Sun Safety

By Jessi Kempker, Department of Health and Senior Services

It's always exciting to get outside to enjoy the beautiful outdoors. As much as you enjoy this time of year, it's important to protect children in your care from the dangerous ultraviolet (UV) rays of the sun.

Why is it important to ensure you are mindful of sun safety? It's because children spend the majority of their midday hours in child care; therefore, their child care provider is their first line of defense in ensuring they are protected from the sun.

Why should you protect children from harmful UV rays? The sun's UV rays are known to cause the most common type of cancer, skin cancer, which can be deadly, and is often times preventable. UV rays in the United States are the strongest during late Spring and early Summer. Damage to the skin builds up over time, which means it's especially important to begin sun safety practices at an early age. A child that experiences one bad sunburn increases their risk of skin cancer during adulthood, and it only takes 15 minutes to damage unprotected skin. A child's skin needs to be protected any time they go outside.

What are the risk factors for skin cancer?

1. A lighter natural skin color
2. Frequent exposure to sun
3. Skin that burns, freckles, or reddens easily
4. Family and/or a personal history of skin cancer
5. Blue or green eyes
6. Blonde or red hair
7. Certain types and/or large number of moles

What can you do to help protect the children in your care? There are many things you can do to be proactive. A

combination of the below tips is your best bet to help protect the children in your care.

1. Ensure you have a lot of shade in the outdoor play area(s), especially during the midday hours, when UV rays are at their strongest.
2. Some surfaces reflect the sun's UV rays, so use caution when around water, concrete and sand.
3. Have children wear wide brimmed hats and wraparound sunglasses when playing outdoors to provide protection to their face and eyes.
4. Have children wear t-shirts and longer shorts when possible for added protection since long sleeves and pants aren't always practical.
5. Apply sunscreen with 15 SPF or higher, 15 minutes prior to going outdoors. Be sure to reapply every two hours and after swimming and sweating. A sun burn can even occur on a cloudy day, so use sunscreen every day!

Remember, by using a combination of the tips above you can ensure you are helping to provide sun safety and prevent skin cancer in the children you provide care to on a daily basis. For more information, or for the possibility to schedule a clock hour training on sun safety, contact a Child Care Health Consultant at your local health department.



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BE A MENTOR

Mentoring is a GREAT Way to LEARN

Alleta Fendler, Director, Programs Achieving Quality, United 4 Children

For hundreds of years, humans have used apprenticeship to learn a trade or set of skills. In the early childhood field, we understand that scaffolding and modeling are excellent ways to teach young children. When we earn our teaching degree, we complete practicum and a student teaching experience. Simply put, we learn best by watching someone more experienced and versed than we are.

This is true no matter where you are in your life or career.

Enter mentoring. “Mentors are ‘articulate practitioners’ who not only can demonstrate excellent skills with young children, families, and other adults in the early learning environment, but also talk about their skills and practices meaningfully with others. By bringing their own thinking and practices to light, mentors help protégés to become more articulate practitioners themselves.”(Mentoring Programs, Exchange, July/August 2014.) In essence, the early childhood mentor is able to demonstrate excellent practices and explain the why and how behind them.

In the early childhood classroom, new teachers have a base of knowledge that they must apply to myriad situations every minute of the day. We learn slowly by trial and error—but sometimes the pressure of not making a perfect decision or the consequences of those imperfect decisions help speed along our burnout. We have forgotten how much practice it takes to be a “master” at teaching young children. When new teachers are supported by a mentor, they have a source for more “perfect” decision making. The mentor “not only provides direct experience

and information for her protégé, but she is modeling the cognitive and decision-making process that underlie good teaching and its connection to how children learn.” (Mentoring Programs, Exchange, July/August 2014.) Having this support and assistance can make the difference between a new teacher sticking with it or finding a new career path.

A mentoring program doesn’t need to be formally planned and put into writing (though it certainly can be!); it can be as simple as introducing a new teacher to a much more experienced one upon hire. The keys to mentoring include the following:

The mentoring relationship is based upon mutual trust and respect between the mentor and the mentee. Both must feel valued as they engage in professional dialog and reflection.

Mentor and mentee must have time to work together, and reflect with each other outside the classroom.

The two must “click”. If the partnership isn’t clicking, then the relationship might do more damage than good. Make a change!

Lots of information is out there to help you with establishing a mentoring program, but don’t overthink it—learning in this manner comes naturally for us. Check out <https://www.kidsmatter.edu.au/early-childhood/blog/mentoring-relationships-sustain-and-inspire> for more information.

Making Afterschool ACTIVE

by Amy Gaffney, MU Adventure Club, Coordinator for Quality Programming & Improvement

You've heard it all before: excessive screen time (time spent looking at the screen of a computer monitor, television, tablet or cell phone) is linked to all sorts of childhood (and adulthood) problems, such as declining social skills, obesity, sleep deprivation, hyperactivity and Text Neck Syndrome. You know that the benefits of physical activity in childhood include good heart health, emotional well-being, academic achievement and the adoption of lifelong healthy habits. But how do you compete with an activity that increases dopamine levels in the brain, increasing the chance that a child will become addicted to the feel-good feeling produced? By introducing an alternate dopamine-producing activity: exercise.

How can we draw kids away from the colorful glow of tablets, televisions and cell phones? To increase the likelihood that kids will choose movement, it is necessary to reduce the opportunity for sedentary, relatively passive play. Place a limit on the amount of time your students can play on tablets. Set a timer for 15 minutes and allow each child no more than one turn per day. Children who are watching another play are using their allotted screen time and do not get another turn. You can also limit screen usage to certain days of the week or times of the afternoon. By limiting the chances to sit at a screen, you will encourage alternative forms of play.

Now what? Before, kids were contentedly sitting and wiling away the afternoon playing video games, and now they have all this extra time. How can I use it to promote movement? This is easily achieved by incorporating physical activity into the daily offerings you are already planning. Use gross motor activities to teach across all areas.

Looking for a fun icebreaker? Stand with kids in a circle and toss a ball or stuffed animal to Maggie, saying, "Here you go, Maggie." She would then toss to Ian, saying, "Here you go, Ian." The ball is passed to everyone, and names are learned in the process. Repeat the same path the ball just traveled, but faster or backwards for an added challenge.

Do your kids love Bingo? Create cards with exercises in the squares. If "G-Five Hops" is called, the child hops five times before covering his or her square with the marker. Reinforce school day learning by walking the grounds and writing nature observations in journals, photographing finds and creating a program book for your library, or drawing what you discover. Encourage your young music lovers to play Freeze Dance, posing like statues when the music stops.

Physical activity can be encouraged through special events, as well as in daily programming. When planning your next family event, consider a fun run on the property. Your kids will love the training period leading up to the event! Plan a dance night for families to share with their students. When coordinating your next visit from a guest speaker, invite a dance team to teach the kids moves or local basketball players to teach that skill set. Tap into your staff's special talents, like Yoga and Zumba.

When looking for ways to incorporate more movement in your program, you will find that your creativity and that of your staff and students will abound. By offering lots of active choices, your students are certain to find an energetic activity they enjoy. Before you know it, your program will be buzzing with busy-ness.



Incorporating physical activity into daily life.

The **JOY** of **GARDENING** with Young Children

by Barbara Keen, Department of Health and Senior Services

As Missouri's weather turns warmer, children and adults are drawn to being outside. The more time we spend outside, the more we notice nature's many wonders. Adults sometimes pay little attention to nature, but young children are in awe of tiny green plants pushing up through the soil, buds on bushes opening into fragrant flowers and wiggly earthworms that appear on the sidewalk after a rain. A child care garden can become the perfect science classroom where children observe, wonder, question and solve problems in the world of nature. This is fun learning as children use all their senses to see, feel, smell, taste and understand.

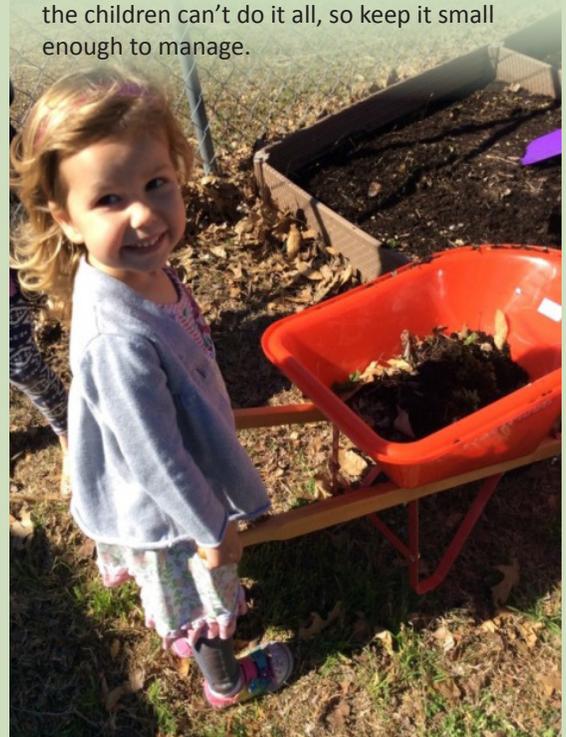
Basic garden learning concepts include:

- Plants are living things
- Living things need light, water, air and space to survive
- Insects are living things that sometimes eat plants
- We eat different parts of plants – leaves, stems, roots, flowers, seeds, fruit
- Different plants can be recognized based on shape, size, color and the way they grow

Gardening is good for a child's physical, social and emotional development. Working in a garden is physical activity and children need to move more. They practice both gross and fine-motor skills as they dig holes, place seeds in the ground, pull weeds and spread mulch that they loaded and carried in a wheelbarrow. There are many opportunities for social interaction as children and adults work together on the many garden tasks. Children learn patience as they watch and wait for seeds to sprout and grow into plants that eventually provide food they can eat. Picking the fruits and vegetables that they grew and cared for builds confidence. They also learn that it's ok when something goes wrong and a plant dies. In fact, a garden failure can be a great learning experience. Even being exposed to the soil may have health benefits as it builds stronger immune systems. Digging in the dirt can also be calming and relaxing. Children who are involved in growing and preparing fruits and vegetables become more familiar with these foods and are more likely to eat them. Research has shown that people who had gardening experiences as children eat more fruits and vegetables when they are young adults, so the benefits are long lasting.

Tips for starting a child care garden project:

- Be enthusiastic! Even if you don't know much about gardening, with a positive attitude you can learn as you go.
- Find a champion! Who in your child care has gardening experience and wants to make this happen? Put that person in charge.
- Ask for help from families. There may be a grandfather who would love to build a raised garden bed for the children.
- Choose plants that are easy to grow. Herbs and lettuce are great for beginners. Kale is a newly popular vegetable that is almost indestructible and it's a pretty plant!
- Remember the basics. Plants need sunlight, water and fertile soil to grow well.
- Make it fun! Growing a garden should be an adventure, not a set of chores.
- Gardens do require some work however, and the children can't do it all, so keep it small enough to manage.



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FIRST AID and CPR Certification



There are a few important things to know about First Aid and CPR training. Please reference the licensing rules for the type of program that you work in. 19 CSR 30.62.102 (1) (O) and 19 CSR 30.61.105 (1)(N) state the specific rules regarding who must have First Aid and CPR certification from a nationally recognized organization that has been approved by the department. The certification received must cover the ages that are on the license for the program you work in. The following national models are accepted by the Section for Child Care Regulation for First Aid and CPR certification:

- American Academy of Pediatrics PedFACTs
- American Red Cross
- American Heart Association
- American Safety and Health Institute
- Emergency Care and Safety Institute
- EMS Safety
- National Safety Council
- ProTrainings

Training must be conducted fully in person or as a blended training that includes on-line learning with an in person skills assessment with an instructor. Please note that online only First Aid and CPR is not accepted by SCCR.

For Group Child Care Homes and Child Care Centers, SCCR require that you have a minimum of one staff member for every 20 children in your licensed capacity with age appropriate First Aid and CPR certification. In addition, one person with certification must be present at all times that children are in care. In a Family Child Care Home the provider must have age appropriate First Aid and CPR certification and one person with certification must be present at all times that children are in care.

Documentation of certification must be on file at the facility so you may either have documentation from the trainer or a current Toolbox training report from OPEN showing the certification of your staff. Before signing up or paying for the training make sure that you will be receiving training that will be accepted by SCCR.

First Aid and CPR does not automatically count for clock hour credit. To be counted for clock hour credit, the trainer must have an approved training application through the Missouri Workshop Calendar and enter the completion information including the certification information into the training system.

*Your feedback
is important
to us!*

We Want to Hear from **You!**

The Section for Child Care Regulation (SCCR) will be conducting a survey of licensed and regulated child care providers in Missouri. A link to the survey will be sent to the email address on file with SCCR. Please ensure that your Child Care Facility Specialist has your current email address. Your feedback is important to us so please take a moment to respond to the survey. Thank you in advance for your participation and feedback.

Emergency Preparedness

by Greg Dickens, Division of Fire Safety, Deputy Chief of Inspections

Welcome to Spring/Summer. This time of year everyone should already be thinking about emergency preparedness. Most of us think about emergency preparedness as Fire and Tornado drills. While those are VERY important, I would like to make you think in a different direction. Let's think about your emergency action plan and what all it covers. Things to think about: Does your action plan cover water outage or shortage? How about a bomb threat? Everyone should cover aggravated person in the building. Here is one to think about that happens occasionally, a vehicle crashing into your building. Does your action plan cover an electrical outage? The most popular topic right now is active shooter. As you can tell the list is getting longer. There are many items that you could include in your emergency preparedness plan. I'm not going to talk about any one of them directly but try to look at them as general safety.

A lot of these could possibly share one idea or thought. The occupants in the building should be relocated to the most secure and sturdiest built portion of the building. This could be an interior wall or under a staircase. Another issue is how to contact - do you contact parents or caregivers? If you leave your building, do parents or caregivers know where and how to pick up the children? Consider how well you and your staff check the ID of the person who is picking up the children. Is this person supposed to be picking up this child?

What about shelter for the children before the pick-up occurs? If you have to wait outside, what if the temperature is hot? What if the temperature is cold? Think about all the different weather conditions that could occur.

As you can tell there are many things to think about when you start developing your emergency action plan. What about other people helping you develop your emergency action plan? You could ask your local Police and Fire Departments for assistance. You can also check on assistance from a county level. Some counties have emergency managers. It will be difficult to locate one person who will be able to help you write emergency plans to cover every emergency. This could take several people and several days or weeks to get everything down on paper. Sometimes these same people can also assist you in training your staff for some of these emergencies. And remember just having an action plan isn't all that is involved, you must also practice that plan. You won't know if it works if you don't practice.

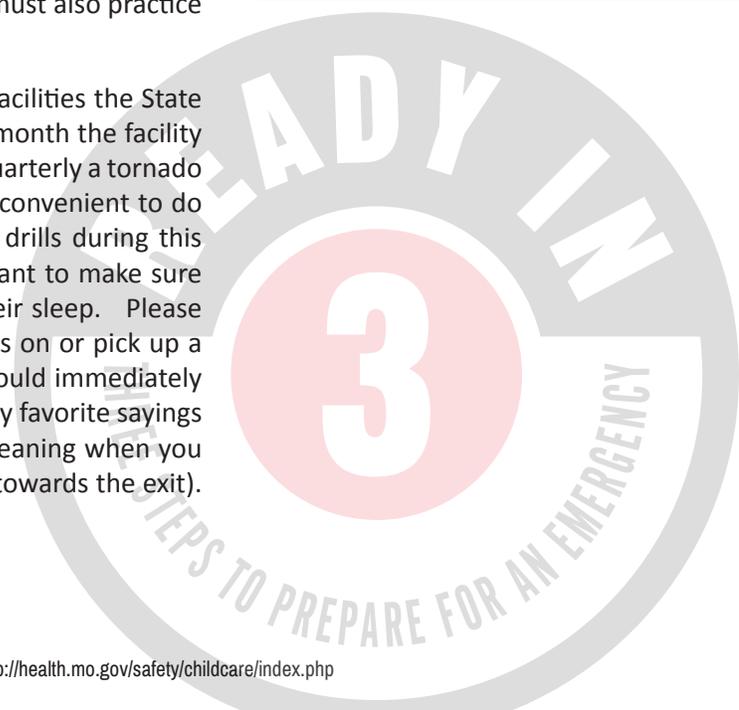
Speaking of practicing your drills. In licensed daycares and most facilities the State Fire Marshal's office inspects the requirement is the same. Every month the facility is required to conduct and document a monthly fire drill. At least quarterly a tornado drill shall be completed and documented. I realize it may not be convenient to do a drill during nap time, but you should occasionally practice fire drills during this time. People will react differently when they are sleeping. You want to make sure the smoke alarm or fire alarm system wakes the children from their sleep. Please remember do not allow children to slow down and get their shoes on or pick up a toy. When the smoke alarm or fire alarm sounds, the children should immediately stop what they are doing and make their way to the exit. One of my favorite sayings dealing with fire safety is "Hear the sound, Pound the ground," meaning when you hear the alarm your feet should be pounding the ground (moving towards the exit). This saying can be used for many different types of emergencies.



1. Create a Plan
2. Prepare a Kit
3. Listen for Information

Learn more at

<http://health.mo.gov/emergencies/readyn3/>



Autism Awareness

by Lisa Eberle-Mayse, Director of Inclusion, United 4 Children

“ If you’ve met one individual with autism...
you’ve met one individual with autism. ”

--Stephen M Shore

The Centers for Disease Control currently estimates that one in 68 children in the United States is being diagnosed with Autism Spectrum Disorder (ASD). So if you haven’t met a child with autism in your child care program—you probably will! And it’s important to remember that even though children with autism have some characteristics in common, each child will always be unique—will always need and deserve to be known and loved for the things that make him or her special!

So, what is autism?

Autism is a neurological, developmental disability that affects a person’s development in three main areas:

- Communication: both verbal and non-verbal
- Forming relationships with others
- Responding appropriately to the environment

What can it look like?

Social Interactions

Young children may respond infrequently to their name—in fact some parents have said that they thought their child was deaf. Children may show more interest in objects than people, and may interact with those objects in ways that are “unusual.” For example, playing with cars or trains by turning them upside down and spinning the wheels over and over instead of running them on the floor and saying “vroom, vroom!” Children may not show much interest in peers, or may not seem to know how to enter play with them. They generally don’t understand the “nuances” of social situations—the “unwritten rules” of play, and the social cues of facial expressions and body language. Children with autism absolutely DO have emotions, but they may have a hard time expressing them in ways that others can understand.

Communication

Concerns about communication are usually present even before you could expect children to have spoken language. One of these differences is the absence of something called “Joint Attention.” Joint Attention is the foundation of communication, connection and learning, and involves two

individuals sharing enjoyment or interaction with the same object or activity. Children with autism often do not look to a familiar adult to share an object or an activity; they also may not look where you point, and do not point to “show” you something. In some children, language develops late, or not at all. For some children, language starts developing typically, but then slows down or stops. Some children use words, but may sound “odd,” or speak by repeating statements or the ends of questions, or reciting parts of television shows or commercials.

Responding to the Environment

Children with ASD usually have a difficult time with change—routines are VERY important! Some children may have repetitive motor behaviors like hand-flapping or rocking that seem to be soothing or comforting for them, especially in stressful or exciting situations. Many children have objects or topics that are major favorites—trains, wheels, machines, strings—and may be obsessed with playing with them.

Most children with autism have some kind of sensory challenges. Some children are overly sensitive to sensory input—they may be bothered by loud noises, bright lights or large crowds. Or they may seek out certain sensory input—like swinging or jumping. When these children are over-stimulated, they may have “melt-downs” that look like tantrums when their bodies simply can’t handle all the sensory information coming in.

So, what can we do?

First and Foremost—We need to remind ourselves about a few things:

- This child is a child first...and a child with autism second.
- This child did not choose to have autism. He or she is not choosing to be stubborn or defiant.
- Autism is a part of who this child is...but it does not define him or her.
- As with all children, our main job is to find a way to connect and meet them where they are!

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Child and Adult Care Food Program

BEST PRACTICES

by Marcia Wilson, CACFP Program Coordinator



Effective October 1, 2017 the Child and Adult Care Food Program (CACFP) implemented a New Meal Pattern. The updated CACFP meal patterns lay the foundation for a healthy eating pattern for children and adults in care. The United States Department of Agriculture (USDA) developed optional best practices that build on the meal pattern and highlight areas where centers and day care homes may take additional steps to further improve the nutritional quality of the meals they serve. The best practices reflect recommendations from the Dietary Guidelines for Americans and the National Academy of Medicine to further help increase participants' consumption of vegetables, fruits and whole grains, and reduce the consumption of added sugars and saturated fats.

USDA highly encourages centers and day care homes to implement these best practices in order to ensure children and adults are getting the optimal benefit from the meals they receive while in care.

Infants: Support mothers who choose to breastfeed their infants by encouraging mothers to supply breast milk for their infants while in day care and offer a quiet, private area that is comfortable and sanitary for mothers who come to the center or day care home to breastfeed.

Vegetables and Fruit: Make at least one of the two required components of a snack a vegetable or a fruit. Serve a variety of fruits and whole fruits (fresh, canned, dried or frozen) more often than juice. Provide at least one serving each of dark green vegetables, red and orange vegetables, beans and peas (legumes), starchy vegetables, and other vegetables once per week.

Grains: Provide at least two servings of whole grain-rich grains per day.

Meat and Meat Alternates: Serve only lean meats, nuts and legumes. Limit serving processed meats to no more than one serving per week. Serve only natural cheeses and choose low-fat or reduced fat cheeses.

Milk: Serve only unflavored milk to all participants. If flavored milk is served to children six years or older use the Nutrition Facts Label to select and serve flavored milk that contains no more than 22 grams of sugar per eight fluid ounces, or the flavored milk with the lowest amount of sugar if flavored milk within this sugar limit is not available.



References: www.fns.usda.gov/cacfp/child-and-adult-care-food-program

<http://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/index.php>

Autism continued from page 7

Then:

- Talk to the child's family. They know their child best and can give you a head start on the child's interests, likes, dislikes and sensory issues.
- Talk to any specialists that are working with the child. They can assist you with strategies to help the child feel comfortable and successful in your environment.
- Be prepared to make changes to your routine and environment:
 - o Give children warnings before transitions
 - o Use visual cues
 - o Keep routines as consistent as you can
 - o Be aware of "sensory overload" in your environment
- Don't "force" eye contact or communication, especially during exciting or stressful moments.
- Allow children time and space to "get away" in a safe manner when they need to.

Don't forget that you can always reach out to your local Inclusion Specialist! Go to <http://health.mo.gov/safety/childcare/pdf/inclusionservicesmap.pdf> to find out who to call!

New Federal Standard to Improve Safety of Infant Slings Takes Effect

Release date: February 1, 2018
Release number: 18-092



WASHINGTON, D.C. – If you, or anyone you know, uses an infant sling carrier, a new federal standard aimed at making sling carriers safer is now in effect. The U.S. Consumer Product Safety Commission (CPSC) approved the standard to prevent deaths and injuries to young children. The new standard applies to any infant sling carrier manufactured or imported after January 30, 2018.

What are the new rules?

Among other things, all infant slings must have permanently attached warning labels and come with instructions, like illustrated diagrams, to show the proper position of a child in the sling. Warning labels must include statements about:

- The suffocation hazards posed by slings and prevention measures.
- The hazards of children falling out of slings.
- A reminder for caregivers to check the buckles, snaps, rings and other hardware to make sure no parts are broken.

The mandatory standard also requires sling carriers to:

- Be able to carry up to three times the manufacturer's maximum recommended weight.
- Be more durable to avoid seam separations, fabric tears, breakage, etc.
- Be able to keep the child being carried from falling out of the sling during normal use.

What the Data Show

Between January 2003 and September 2016, 159 incidents were reported to CPSC involving sling carriers, including 17 deaths and 67 injuries to infants during use of the product.

CPSC Safety Tips for Using Infant Sling Carriers

- Make sure you know how to prevent deaths and injuries when using sling carrier.

- Make sure the infant's face is not covered and is visible at all times to the sling's wearer.
- If nursing the baby in a sling, change the baby's position after feeding so the baby's head is facing up and is clear of the sling and the mother's body.
- It is so important to frequently check the baby in a sling, always making sure nothing is blocking baby's nose and mouth and baby's chin is away from its chest.

The CSP is charged with protecting the public from unreasonable risks of injury or death associated with the use of thousands of types of consumer products under the agency's jurisdiction. Deaths, injuries and property damage from consumer product incidents cost the nation more than \$1 trillion annually. CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical or mechanical hazard. CPSC's work to help ensure the safety of consumer products - such as toys, cribs, power tools, cigarette lighters and household chemicals - contributed to a decline in the rate of deaths and injuries associated with consumer products over the past 40 years.

Federal law bars any person from selling products subject to a publicly-announced voluntary recall by a manufacturer or a mandatory recall ordered by the Commission.

To report a dangerous product or a product-related injury go online to www.SaferProducts.gov or call CPSC's Hotline at 800-638-2772 or teletypewriter at 301-595-7054 for the hearing impaired. Consumers can obtain news release and recall information at www.cpsc.gov, on Twitter @USCPSC or by subscribing to CPSC's free e-mail newsletters.

Recalls

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.

This quarter we are highlighting products that have recently been recalled and are commonly found in child care facilities.

Cameron Company Recalls Children's Tents Due to Laceration Hazard; Sold Exclusively at Home Depot

Recall date: March 14, 2018

Recall #: 18-123

Recall Summary



Name of product:

Playtime Pals Pop-Up Hideaway Hut children's tents

Hazard:

The fiberglass rod that supports the tent can break, splinter and become sharp, posing a laceration hazard to consumers.

Remedy:

Refund/repair

Consumers should immediately stop using the recalled tents and return them to Home Depot for a full refund or store credit.

Description:

There are four animal themes: hippo, dog, shark and tiger. All have a fiberglass rod that springs to deploy the tent to shape and provides the support for the nylon shell.

Radio Flyer Recalls Electric Wagons Due to Injury

Recall date: March 14, 2018

Recall number: 18-122

Recall Summary

Name of product:

Children's eWagons

Hazard:

Improper wiring can activate the wagon's motor unintentionally, posing an injury hazard.

Remedy:

Refund

Incidents/Injuries:

The firm has received two reports of the wagon's motor activating unintentionally. No injuries have been reported.



Gardening continued from page 4

Container gardening may be a good start for those who don't want to commit to a more permanent garden. A container could be a clean and sanitized five gallon bucket. Before filling it with potting soil, make holes in the bottom so water can drain. Container gardens do dry out quickly so they may need to be watered every day. A patio variety tomato plant is one good choice for a container garden.

The Missouri Department of Health and Senior Services supports child care gardening through a farm to preschool project, Growing with MO-Harvest of the Season. In 2017, over 70 child care centers, homes and Head Start sites participated in a variety of activities designed to connect young children with where their food comes from and introduce them to the goodness of fresh, local and in season fruits and vegetables. Gardening was by far the most popular activity! Here are quotes from a couple of the participants.

"This garden got families that didn't eat veggies to eat them and it really created community within the families. Some parents played with their children in the play garden. Hooked on gardening!"

"We are so super excited for this opportunity. Our children grew some of their veggies from seed and were AMAZED as those seeds sprouted and the seedlings grew. When our tomato plants started getting small tomatoes, the children went WILD!!"

Learn more and download resources at www.health.mo.gov/growingwithmo.

There are many places to learn about gardening in general. Check with your county Extension Office to see if there are master gardeners in your area. Some good books to help with child care gardening are:

- Gardening with Young Children by Sara Starbuck, Marla Olthof and Karen Midden (2014)
- Early Sprouts by Karrie Kalich, Dottie Bauer and Deirdre McPartlin (2009)
- Roots Shoots Buckets & Boots by Sharon Lovejoy (1999)
- Got Dirt? is a youth gardening toolkit from the Wisconsin Division of Public Health. Available online at <https://www.dhs.wisconsin.gov/library/p-40112.htm>



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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 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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