

NORTH CAROLINA CHILD CARE HEALTH AND SAFETY BULLETIN

NORTH CAROLINA CHILD CARE HEALTH AND SAFETY RESOURCE CENTER

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The NC Child Care Health and Safety Resource Center promotes safe and healthy environments for children in child care settings. Project Director: Dr. Jonathan Kotch, MD, MPH, FAAP.

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Healthy Teeth and More

Oral health is much more than healthy teeth. Oral health includes the health of the gums, teeth, soft palate, throat, lips, tongue and salivary glands. It addresses the health of the chewing muscles and the upper and lower jaws. It covers the nerves, muscles and tissues that allow people to speak, smile, kiss, smell, taste, chew, swallow, and show emotions.

Children with healthy mouths can chew, swallow and drink warm or cold liquids without feeling pain or discomfort. Eating nutritious foods support children's physical growth and development. Healthy mouths contribute to children's ability to make sounds and speak clearly, which helps them communicate. This ability to communicate increases children's language skills and supports their social and emotional development. A confident smile invites social acceptance. Oral health is a significant component of a child's overall health.

Tooth decay, or dental caries, is one of the most common chronic diseases among children in the United States. It affects five times more children than asthma. It affects four times more children than obesity, and twenty times more children than diabetes. A child can have tooth decay as soon as teeth come in, usually beginning around six months of age. Twenty-eight percent of children aged two to five years have already had decay in their baby teeth. Children from families with lower incomes have two times the amount of untreated tooth decay as children from families with higher incomes.

When tooth decay is not treated it can cause pain, result in loss of teeth, and affect a child's ability to eat, speak, and socialize. These symptoms in turn affect



the child's growth and development. The American Academy of Pediatrics recommends that children see a dentist by one year of age. Visits to the dentist can help prevent tooth decay and other oral health diseases. At these visits parents learn to care for their children's teeth.

Meeting the oral health needs of children with developmental delays or special health care needs can improve the quality of their lives. Sometimes these children have problems with the development of teeth and gums. They may grind their teeth (bruxism), suffer more frequently from oral trauma, or become ill from oral infections. Some take medications that may cause an increase in the size of their gums. Other oral health issues include the common birth defects cleft lip and cleft palate. Cleft lip and cleft palate alter appearance, and affect eating and speech.

How can early educators promote children's oral health? They can ensure that all children receive basic oral hygiene at least once a day by including toothbrushing after lunch. Oral hygiene is part of self-care. It helps prevent dental cavities, gum diseases, and bad breath. By adding oral health activities into the curriculum, early educators teach children how to care for their teeth and mouth. They introduce children to the foods that keep their teeth and jaws strong. Healthy mouths mean children can chew foods, express themselves verbally, show emotions, and smile!

Smiling, Eating, Talking —



Juan's parents enrolled him at ABC Early Learning Center when he was 16 months old. Juan has eight teeth and has had one cavity. His parents asked the director if teachers brush children's teeth after lunch.

Like Juan's parents, many adults focus on toothbrushing to promote dental health. The director of an early care and education (ECE) program has a number of ways to promote both dental and oral health. If toothbrushing is a part of the program's daily routines, she can reassure the parents that Juan's teachers will brush his teeth. If not, the director or operator can consider adding toothbrushing. Programs can encourage parents to brush children's teeth after meals at home.

The director can tell Juan's parents about the foods they serve to support the development of strong teeth and jaws, and healthy gums. She can explain how the curriculum covers oral health.

Child care centers and family child care homes can have a written Oral Health Policy to share with families. The policy should explain the daily oral hygiene routines, such as toothbrushing or rinsing the child's mouth with water after eating. It might include the use of sippy cups and bottles only at mealtimes. It might state that the program will serve nutrient rich foods and not sweetened foods. The policy can detail the oral health curriculum and activities. Standard 9.2.3.14 in *Caring for Our Children*, 3rd edition outlines what to include in an *Oral Health Policy*.

Nutritious Diet and Healthy Food Choices

A healthy diet supports development of strong teeth, jaws and gums. Teeth, jaws and gums are essential to chewing and swallowing — the first steps in the digestion process. Almost all foods people eat have some sugar. Too much sugar causes tooth decay. Follow these suggestions for a low sugar, nutritious diet.

- Make fruits and vegetables about half of what children and adults eat every day.
- Choose whole grains, such as oatmeal, whole wheat bread and brown rice for at least half of the grain servings.
- Make low-fat or fat-free dairy foods choices.
- Encourage lean protein choices, such as skinless poultry, lean beef, and fish. Try to vary protein choices to also include eggs, beans, peas and legumes.

Infants begin eating with pureed or mashed foods. They are ready for solid foods around eight months of age. Foods that require chewing and sucking help younger children develop the muscles in their mouths. These are the same muscles children use to form words, talk and make friends.

Children under four will need foods that are easy for them to pick up and eat on their own. Avoid serving foods that often cause choking for young children. Firm fruits, carrots, celery, cherries, grapes, hard candy, nuts, hot dogs, peanut butter, popcorn, and dried fruits are examples of foods that can cause choking. Early educators can cut food into small, bite sized pieces and parboil firm fruits and vegetables to soften them.

Oral Hygiene

At any age, good oral hygiene will prevent tooth decay and gingivitis. Gingivitis is a disease of the gum that causes irritation, redness and swelling. Keeping gums and baby teeth healthy prevents problems in permanent teeth. Once a child has a tooth, the body begins to make the acid-producing bacteria that leave plaque on the teeth. Toothbrushing removes the plaque and reduces tooth decay.



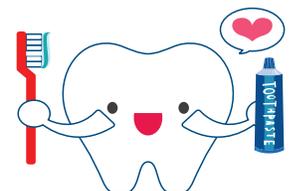
Toothbrushing after eating gets rid of excess food, lowering the production of plaque. Brushing teeth is a skill children learn through practice. As they age, their fine motor skills improve. By seven or eight years of age most children can brush independently.

Children's oral hygiene habits begin early in life with the support of the adults in their lives.

- **Infants:** Wipe infants' gums and teeth with a clean cloth after eating. It prevents the build-up of plaque and eases young children into routine toothbrushing.
- **Toddlers and Twos:** Use a child-size toothbrush with soft bristles. Brush toddlers' teeth with plain water or a small smear of toothpaste.
- **Preschoolers:** Allow children to brush with a pea-size amount of toothpaste. Supervise children and follow-up by taking a turn brushing each child's teeth.
- **School-age children:** Provide supervision until children brush independently.

More about Tooth Decay

Tooth decay weakens tooth enamel, the hard, outer layer of the tooth. Plaque is a sticky film of bacteria that continuously forms on the teeth. When people eat and drink foods containing sugars and starches, those bacteria produce acid. The acid causes loss of minerals in the enamel. An early sign of tooth decay is a white spot on a tooth. At this point, the enamel takes minerals from saliva and fluoride from toothpaste or water to heal. If the exposure to the acid continues over time, cavities form.



the Joys of a Healthy Mouth

The most effective way to prevent tooth decay is with fluoride. The Centers for Disease Control and Prevention (CDC) named water fluoridation one of the ten great public health achievements of the 20th century. It played a major role in lowering tooth decay. Many towns can add fluoride to their water. Most toothpastes contain fluoride. Primary health care professionals and dentists often apply fluoride varnish to children's teeth every three to six months. Fluoride varnish reduces tooth decay and the need for expensive dental care. The Campaign for Dental Health's website has information about fluoridation and reducing tooth decay. English: <http://ilikemyteeth.org/>. Spanish: <http://spanish.ilikemyteeth.org/>.

Tips for Early Educators

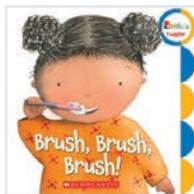
- ❑ After eating, rinsing with water helps remove food particles from teeth.
- ❑ Children should have their own toothbrush with their name on it.
- ❑ Children can brush their teeth without a sink. Give each child a cup half full of water. The child dips the brush in the water, brushes teeth, and then spits excess toothpaste into the cup. Children dispose of the cup and put toothbrushes away.
- ❑ Store toothbrushes with the bristles up in a cabinet so they can air dry, not touch each other, and are protected from other contaminants.
- ❑ Replace toothbrushes when contaminated, when worn or frayed, and at least every three to four months.

Books about Dental Health

Brush, Brush, Brush! (Rookie Toddler)
by Alicia Padron and Children's Press
2010

Dentist (First Time)
by Jess Stockham 2011

Hello Reader: Make Your Way for Tooth Decay
by Bobbi Katz 2002



Oral Health Activities for Children

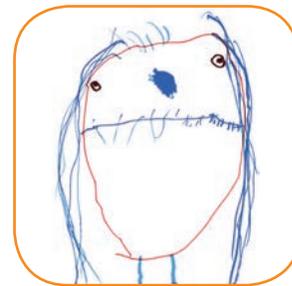
For infants and toddlers: Sit with young children in front of a mirror. Point to each other's mouths, teeth, and tongues. Smile. Open wide. Shut. Mouths are amazing!



For older toddlers and preschoolers: Add a prop box with toothbrushes, small mirrors, plastic dental tools, small paper cups, a lab coat and a tray in dramatic play. Children can be dentists and

dental hygienists as they examine the doll's teeth. They can brush their doll's teeth.

For preschoolers: Put out flashlights, paper and crayons. Have children use the flashlight to inspect each other's mouths. "How many teeth are on top? On the bottom?" "Which teeth help you bite? Chew?" Have children record what they see.



Oral Health Resources

Mouth Healthy Kids offers many different resources for families and educators.

English: www.mouthhealthykids.org/en/
Spanish: www.mouthhealthykids.org/es-MX/

A Healthy Mouth for Your Baby provides simple steps for families to follow to care for their baby's mouths.

English: www.nidcr.nih.gov/OralHealth/Topics/ToothDecay/AHealthyMouthforYourBaby.htm
Spanish: www.nidcr.nih.gov/Espanol/SaludOral/Saludoralenlos/UnaBocaSaludableParaSuBebe.htm

Cavity Free Kids is a collection of oral health education resources that early educators and families can use with children. Head Start and Early Head Start, child care, preschool, home visitors, and families will find many useful resources. <http://cavityfreekids.org/>

References for pages 1–3:

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition.* Retrieved March 10, 2016 from <http://cfoc.nrckids.org>.

Early Childhood Caries. American Academy of Pediatric Dentistry. Retrieved February 22, 2016 from www.mychildrenteeth.org/assets/2/7/ECStats.pdf.

The Surgeon General's Report on Oral Health. March 7, 2014. National Institute of Dental and Craniofacial Research. Retrieved February 24, 2016 from www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/chap1.html

Child Maltreatment Prevention



An estimated one in four children experience some form of child maltreatment in their lifetimes. Very young children are the most vulnerable. About twenty-seven percent of the

victims reported are under the age of three. Being a parent of young children can be overwhelming. Abuse can happen in any family, at any time. A parent may not understand that they are being abusive or neglectful. Early educators can offer families support and provide information and referrals.

Any adult in a caregiving role might abuse or neglect a child under age eighteen in their care. Caregivers maltreat a child when they act in a way that causes harm to a child and when they do not provide for a child's physical or emotional needs.

Every person, including an early educator, who suspects child maltreatment, has a legal responsibility to report it to:

- the local Department of Social Services (DSS). Find contact information at: www2.ncdhhs.gov/DSS/local/index.htm

OR

- the Division of Child Development and Early Education (DCDEE), if the maltreatment occurs in child care: 800-859-0829.

The person reporting shares information about the child: child's name, age, address, parent or caregiver's name, and the reason for suspecting maltreatment. She does not need to provide her own contact information, unless she wants DSS or DCDEE to tell her if they will investigate the case. The goal of investigating is to ensure children are safe and well cared for.

For more information go to www.cdc.gov/VIOLENCEPREVENTION/childmaltreatment/ and www.preventchildabusenc.org.

April is

Stress Awareness Month

National Humor Month



May is

Employee Health & Fitness Month

National Bike Month



Better Sleep Month

8-14: Be Kind to Animals Week

27: Heat Safety Awareness Day



June is

National Safety Month

National Great Outdoors Month

12: National Children's Day

13-19: National Men's Health Week



July is

National Juvenile Arthritis Awareness Month

 National Blueberries Month

Social Wellness Month

10: Teddy Bears' Picnic Day



Bulletin Board

May 8-14 is Women's Health Week



Women are spouses, mothers, caregivers, friends, and co-workers. They often tend to the needs of others. May 8-14 is the week to prioritize **women's health**. Check out *Steps for Better Health by Age* at: <http://womenshealth.gov/nwhw/by-age/>.

Changes in Investigations of Child Maltreatment in Child Care



Before January 1, 2016, DCDEE worked with the DSS to investigate cases of maltreatment in child care. Now DCDEE investigates these cases on its own. The term child maltreatment covers anything a caregiver does or does not do that results in harm, potential for harm, or threat of harm to a child. Harmful actions can result in physical, sexual, and psychological abuse. Harmful neglect is the failure to provide for the child's physical, emotional, or medical well-being and failure to properly supervise children, which results in exposure to potentially harmful environments.

When DCDEE substantiates maltreatment, it posts the names of the people responsible on the *Child Maltreatment Registry*. People on the *Registry* will no longer be able to work in child care. An early educator has the opportunity to appeal.

For more information about changes in investigations of child maltreatment, see Frequently Asked Questions at: http://ncchildcare.nc.gov/PDF_forms/MaltreatmentFAQ_12-18-15.pdf.

Oral Hygiene Begins at Home



Bright, smiling faces...the sounds and words of young children learning to communicate...cheeks and jaws sucking and chewing...These are the signs of healthy oral development. Oral hygiene and a nutritious diet are basic to healthy teeth, mouths, and gums. People use the same bones and muscles of the face and throat for

sucking, chewing, and making sounds and forming words. The food choices families make for their children can strengthen facial muscles and bones and promote overall health and development.

Families help children develop oral hygiene habits. As soon as an infant has teeth, parents should wipe the teeth at least once a day with a clean, soft cloth or a baby's toothbrush. It is best to clean the teeth and mouth right before bedtime to reduce the growth of bacteria during the night. Brushing right before bedtime can become part of an evening ritual.

Young children cannot get their teeth clean by themselves. At age two, or sooner if a dentist or doctor suggests it, parents can have children help brush their teeth. The parent brushes the teeth first and then the children have a turn. Parents should help with toothbrushing until children are seven or eight years old.



Steps of Toothbrushing

- ☞ Soften the bristles in warm water.
- ☞ Put fluoride toothpaste on the child's toothbrush. For very young children use a thin smear of toothpaste or a dot the size of a grain of rice. After age three use a pea-sized drop of toothpaste.
- ☞ Brush teeth for two minutes. Sing a song to help the time go by. Try "This is the way we brush our teeth" to the tune of "Here we go round the Mulberry Bush."
- ☞ Concentrate on the back molars. Cavities often develop first in the molars.
- ☞ Replace toothbrushes every three or four months or sooner if they show signs of wear. To avoid spreading germs no one should share their toothbrush with another person.

Baby bottle tooth decay is the term for dental caries, or cavities, in young children. Long periods of exposure to sugary liquids are often the cause for dental caries in young children. Some parents put a young child to bed with a bottle or give the child a bottle to calm fussiness. These habits can lead to tooth decay. Finishing bottles before bedtime and naps reduces the risk of cavities. Use bottles for breastmilk, milk or formula only. By their first birthday, most children can drink from a cup instead of a bottle. Put water or milk in cups at mealtimes so children can practice this skill.

Many parents are surprised to learn that the American Academy of Pediatric Dentists (AAPD) recommends that a child visit a dentist by the child's first birthday. A part of oral health, visits to the dentists are like well child check-ups for the teeth and mouth.

The Nutrition Connection



A nutritious diet is essential to building strong teeth and preventing decay. Milk, cheese, yogurt, and dark green leafy vegetables such as spinach and collards are rich in calcium, the mineral that strengthens teeth and bones. Cheese also stimulates the production of saliva, which begins the digestion process and clears the mouth of leftover foods and sugars. A slice of cheese with an apple is a tooth-healthy snack.

Sugary and sticky foods such as candy and cookies encourage the growth of the bacteria that can lead to cavities. Offer water to quench children's thirst and to wash down food particles left in the mouth after eating.

When early education programs are focusing on oral health and nutrition with children, parents can reinforce these messages at home. Family discussions at meal time, enjoying healthy food together and making toothbrushing a pleasant experience can all promote oral health.

References:

American Academy of Pediatrics. (2016) *Brushing Up on Oral Care: Never too Early to Start*. Retrieved January 7, 2016 from www.healthychildren.org/English/healthy-living/oral-health/Pages/Brushing-Up-on-Oral-Health-Never-Too-Early-to-Start.aspx

Mouth Healthy (2016) *Babies and Kids*. Retrieved March 9, 2016 from www.mouthhealthy.org/en/babies-and-kids/



Welcome to the CCHC Corner!

Guilford County: CCHCs and the NC Health and Safety Assessment Tool



Guilford County is home to 325 child care centers and 132 family child care homes. The Guilford County Health Department has a long history of supporting child care health consultation. In 1976 they hired Christine Murdock to address

the health needs in child care. She responded to outbreaks and calls about skin rashes, the flu, and pink eye. She quickly realized that health needs in child care were many and varied. Guilford County needed more than one nurse to meet those needs. As the first child care nurse in North Carolina, Christine pioneered the role of the child care health consultant.

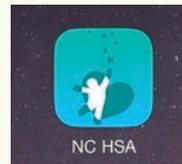
Today five child care health consultants (CCHCs) work for the Guilford County Health Department. They offer health and safety trainings for early educators. The CCHCs often pair up to offer evening trainings. This gives more early educators the opportunity to attend and allows them to network while they gain knowledge.

Guilford County CCHCs continue to respond to outbreaks and other immediate concerns. Now they also help child care programs prevent the spread of diseases. Like other CCHCs across the state, they assess the programs' health practices and the safety of indoor and outdoor environments. They enter their observations into the new electronic North Carolina Health and Safety Assessment (NC HSA) app on an iPad or computer. The app automatically compiles the results.

Using the new app the five CCHCs have conducted more than twenty-two health and safety assessments for programs that asked for help. A program may have violated a child care rule and need help to comply with the rule. It might have a communicable disease outbreak or a specific concern and need a baseline assessment of their health practices. Some programs request the NC HSA to identify how they can improve the quality of their care. The CCHCs schedule assessments in advance and allow two to six hours to complete the assessment. They work alone or in pairs if it is a larger program or if there are a number of health and safety areas to assess.

Following the assessment, the CCHC reviews the results with the director or teacher. She shares what the program does well. They discuss what the program must do to comply with NC Child Care Rules as well as what they can do to achieve higher quality health practices. Together they make a Quality Improvement Plan. They decide what to work on, what to do, and how much time they need to make the changes. The CCHC coaches the program, offering suggestions to help them achieve their goals. After a follow-up assessment the CCHC and the director or teacher review what worked and how they can keep up their good work.

NC Health and Safety Assessment Tool



The NC HSA has two parts: The Health and Safety Checklist and the Quality Improvement Plan template. The Checklist has seventeen sections, such as Handwashing and Emergency Preparedness. The indicators in each section align

with the NC Child Care Regulations, Caring for Our Children National Health and Safety Performance Standards, and the Environment Rating Scales. The NC HSA puts items that can need improvement on the Quality Improvement Plan (QI Plan) to be reviewed by program staff and CCHCs.

How does the child care program benefit from the NC HSA?

- It demonstrates the program's commitment to improving their quality of child care.
- It highlights the strengths of the program.
- It gives the program an objective view of their current health practices.
- It serves as a starting point for developing a collaborative QI Plan.
- During the QI process, the program receives coaching from the CCHC.
- The follow-up HSA shows the progress the program makes.

Guilford County Child Care Health Consultants



Sandi Brooks, Misty Knott, Jill Ballance, Majena Groomes, Holly Showfety (not pictured)

Love Those Leafy Greens



Tune: Old MacDonald Had a Farm

There's a color we all know,
G-R-E-E-N.
It's the color that means "Go!"
G-R-E-E-N.
Oh, grass is green and lettuce is green,
Leaves and spinach and peas are green,
There's a color we all know,
G-R-E-E-N!

Elizabeth Scofield

Leafy green vegetables are brimming with fiber. They have vitamins, minerals, and plant-based substances that may help protect against heart disease and diabetes.

Shades of Green....

Display pictures of different green leafy vegetables such as kale, spinach, mustard greens, Swiss chard, and collards. At the art easel put out yellow and blue paint. Have children mix the two colors together to make a new one — green. Children can add more yellow, more blue, or a little white to make different shades of green. Use a sheet of paper large enough for a group of children to use to design their *Inspiration Garden*. When warmer weather comes, the children can use their design and grow their own greens.



Green Smoothie: Nutritious and Delicious!



Ingredients makes 1 quart:

- 2 cups of greens: kale, spinach, romaine lettuce, etc.
- 1 cup of liquid such as water, milk, fruit or vegetable juice
- 3 cups of ripe fruit: bananas, strawberries, apples, oranges, etc.

Materials: two plastic knives, 3 1-cup measuring cups, 2 bowls, a blender

Preparation:

1. Have six children wash their hands.
2. 2 children put on plastic gloves and then tear the greens into small pieces. They will need to fill 2 cups worth. Two other children get a measuring cup and measure out 1 cup of liquid. The other two children put on gloves and cut ripe fruit into small pieces until they have about 3 cups worth.
3. The children put the greens and the liquid in the blender and then put the top on the blender. The adult turns on the blender.
4. The children add the fruit to the smoothie and put on the top. The adult turns on the blender.
5. Give each child a sample serving. What do they taste?



Extend the activity: Let children decide on which ingredients they want to try in their smoothie. Children can graph which smoothies they like.

References:

Music and Rhyme Station. Green Songs. Retrieved December 17, 2015 from www.preschoolexpress.com/music_station06/music_station_aug06.shtml

Leafy Greens — Ranked and Rated. Retrieved March 4, 2015 from www.webmd.com/diet/healthy-kitchen-11/leafy-greens-rated

The Nutritional Benefits of Greens

| | |
|------------------------|--|
| Kale | A nutritional powerhouse! Excellent source: vitamins A, C, K Contains calcium, folate and potassium. |
| Turnip Greens | Very good source: vitamins A, C, K and calcium |
| Swiss Chard | Good Source: vitamins A and C 15 calories in one-half cup |
| Spinach | Excellent source: vitamins A and C, and folate. Heat spinach to free up dietary calcium. |
| Romaine Lettuce | High in vitamin A and has some folate. |

Did You Know?

- Green leafy veggies absorb their mineral calcium from soil and water. Eating green leafy vegetables strengthens bones and teeth.
- Vitamins and minerals boost the immune system, support normal growth and development, and help cells and organs do their jobs.
- People ate leafy greens in prehistoric times. In the 1600's when the first Africans arrived in North America they grew dark leafy vegetables. Since then cooked greens have become a traditional African American food. Now they are essential in Southern regional diets and are enjoyed nationwide.
- Gram for gram kale has more vitamin C than an orange.

Children's Books on Leafy Greens

Eating the Alphabet
by Lois Ehlert 1996



Green
by Laura Vaccaro Seege 2012



Sylvia's Spinach
by Katherine Pryor 2014



To Market, to Market
by Nikki McClure 2011



Infant/Toddler



Preschool–School-age



Healthy
Child Care
North Carolina

POSTMASTER: Please deliver as soon as possible — time dated material enclosed

Ask the Resource Center

Q. *I have three children in my program with asthma. While reviewing the Asthma-Friendly Environment Check List, I noticed that one item asks “Does the ventilating (heating and cooling) system provide good air flow in all rooms and halls?” How do I know if we have good air flow? With summer coming I want to be sure the air conditioning works well.*

A. There are things you can do to make sure your Heating, Ventilation and Air Conditioning (HVAC) system is working well. This reduces triggers for children with asthma.

1. Schedule professional HVAC maintenance at least annually. A general rule is to have an HVAC professional check your system in the spring and again in the fall. The HVAC professional will:
 - Flush the drain pipe to remove anything in it. The HVAC pulls humidity from the air and this pipe drains the water. A clogged drain has to work harder and is not as efficient.
 - Clean the fan blades in the outdoor unit.
 - Remove dust and other buildup from the indoor evaporator coil.
2. Check your filters monthly. Replace dirty disposable air filters or wash reusable filters. Caring for Our Children, 3rd edition Standard 5.2.1.8 recommends changing disposable filters at least every three months.
3. Keep plants, bushes, and debris at least two feet from your outdoor unit as they interfere with air flow into the unit.
4. Use a programmable thermostat. Set the thermostat to 78°F during wake time and to 75°F during sleep time. This will keep the humidity level healthy and the temperature comfortable.
5. Maintain heating and cooling ducts and seals on windows and doors. In the summer you want the cool air to stay inside and the hot air to stay outside.
6. When the air temperature is comfortable and the air quality is good, turn off the HVAC system and open the windows to allow fresh air in and reduce energy consumption.



References:

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition.* Retrieved March 3, 2016 from www.nrckids.org
Health Link Online. *HVAC Summer Maintenance.* ECELS, Healthy Child Care Pennsylvania. Retrieved March 3, 2016 from www.ecels-healthychildcarepa.org/publications/health-link-online/item/628-hvac-summer-maintenance
NC Child Care Health and Safety Resource Center, *Breathing Easy with Asthma, August 2009.* Retrieved March 3, 2016 from www.healthychildcarenc.org

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EDITORS:

Jeannie Reardon, Angela Swanson

CONTRIBUTORS:

Mary Cleary, Jackie Quirk

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