



Child Care Health Connections

A health and safety newsletter for California child care professionals

Published by the California Childcare Health Program (CCHP),
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Health and Safety Tip

Summer is almost here, and the sun is shining all over California. During the summer months children spend more time out of doors, increasing their exposure to the sun, so remember the American Academy of Dermatology's **ABCs** for safe fun in the sun:

Avoid the midday sun, especially from 10 a.m. to 4 p.m. when the sun's rays are the strongest. Keep infants under 6 months of age out of direct sunlight and in the shade at all times.

Block the sun's rays with an SPF of at least 15. Apply at least 20 minutes before sun exposure. Reapply every two hours and after swimming and sweating. Apply sunscreen beginning at 6 months of age. (Parental consent is needed).

Cover up outdoors with a wide-brim hat or sun visor, tightly woven clothing and sunglasses.

Share information on sun protection with family and friends. ♦

**Need a free
telephone consultation
on health and safety
in child care?
Call the Healthline at
(800) 333-3212**

Antibacterial Soaps: Benefit or Bad Idea?

by Eva Guralnick, CCHP Staff Member

Do you use antibacterial soaps in your child care program? You may not have much choice—75 percent of today's liquid soaps contain antibacterial ingredients.

But you might be surprised to find that these soaps aren't demonstrated to reduce the risk of the most common types of illnesses. A recent study published in the *Annals of Internal Medicine* found that there were no significant differences in the rate of viral infections between households that used antibacterial cleaning and hand washing products and those that didn't. The households studied each had to include at least one preschool-aged child; participants didn't know if they were using antibacterial or regular soaps. Rates of runny nose, cough, sore throat, fever, vomiting, diarrhea and conjunctivitis were essentially the same.

It's important to note that these illnesses are caused primarily by viral infections. Antibacterial soaps, just like antibiotics, aren't effective against viruses. But even vomiting and diarrhea, symptoms which may be caused by bacteria, weren't lessened in the homes of people using antibacterial soaps.

If antibacterial soaps don't do much good, will they do any harm? Why not use them just in case? Researchers are concerned that long-term use of antibacterial



—continued on page 9

	What's Inside	
	Post-Vaccination Chicken Pox	2
	Supporting Parents of Toddlers to Create the Right Environment	3
	Children and Hand Washing	3
	Drowning Prevention in Child Care	4
	Clean Toothbrushes	4
	Hearing from Child Care Directors About Challenging Behavior	9
	Lake County Linkages	9
	Pullout Section	
How Can Computers Put Young Children at Risk?	5	
The Use of Insect Repellent by Child Care Programs	6	
Physical Challenges in Child Care: How to Adapt the Environment	8	
Medication Administration	8	

Child Care Health Connections®

Child Care Health Connections is a bimonthly newsletter published by the California Childcare Health Program (CCHP), a community-based program of the University of California, San Francisco School of Nursing Department of Family Health Care Nursing. The goals of the newsletter are to promote and support a healthy and safe environment for all children in child care reflecting the state's diversity; to recreate linkages and promote collaboration among health and safety and child care professionals; and to be guided by the most up-to-date knowledge of the best practices and concepts of health, wellness and safety.

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ASK THE NURSE...

Post-Vaccination Chickenpox



by Judy Calder, RN, MS

Q: Two children in my child care setting have broken out with chickenpox even though they received their vaccinations. Do I need to exclude them and do I need to let the other parents know that they and their children have been exposed?

A: There are several possibilities for a chickenpox (varicella) rash to occur after immunization: either vaccine rash or breakthrough infection. A vaccine rash occurs less than 42 days after vaccination, and can be distributed generally over the body or locally at the injection site. It may not look like the typical chickenpox rash in that it may not have the fluid-filled blisters (vesicles) and therefore is not contagious.

Responding to Breakthrough Infections

Breakthrough infection in a previously vaccinated person occurs more than 42 days after vaccination and is almost always mild with fewer than 50 skin lesions and shorter duration of illness. Children may or may not have the vesicles. If they do, they should be excluded until the vesicles are scabbed over since the fluid in the vesicles can spread chickenpox to susceptible people. However, health care providers may recommend inclusion if there are just a few vesicles which can be covered with bandages or by clothing.

Notification to other parents about post-vaccination chickenpox should be guided by advice from the child's health care provider. Susceptible people include infants under 1 year of age who have not been vaccinated, immunocompromised persons, and children and adults (especially pregnant women) who have not had the disease or vaccination and should be informed of an outbreak. There is no need to contact your local health department unless there are more than 15 cases of breakthrough infections among previously vaccinated individuals.

Shingles—Another Rash Related to Chickenpox

The chickenpox virus remains in the nerve roots of all persons who have had chickenpox and can come out years later to cause an illness called shingles, or herpes zoster. Shingles usually occurs in people over the age of 50 and occasionally in children, and causes a severe rash. The shingles rash appears as clusters of vesicles. The fluid in these vesicles cannot cause shingles in another person, but it can cause chickenpox in someone who has never had it or has not been immunized. If these lesions cannot be covered, exclusion is recommended until the lesions are scabbed over.

Remember that if you have a case of traditional chickenpox, it is infectious for 10–21 days following exposure, and for five days after the onset of the rash if varicella develops. For more information, call the Healthline for a chickenpox fact sheet. ♦

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The Chickenpox Vaccine: What Parents Need to Know, AAP handout 1999.

California Department of Health Services Guidelines for the Investigation and Control of Varicella (email correspondence 3/9/04).

Supporting Parents of Toddlers to Create the Right Environment

by Kim Walker, RN, MSN

Parenting young children, while rewarding, is also quite challenging. It is a learning process, and as child care providers we can offer parents education and support.

A key concept for parents is child development. Familiarity with children's developmental abilities can help to make the relationship between parent and child more satisfying and rewarding, especially for the parents of toddlers.

Parents naturally have certain expectations of children. They expect them to listen, follow directions, play nicely, and respond to ideas and plans. But these expectations may not be appropriate for all children, particularly at certain ages. When dealing with a toddler for example, it is wise to adjust expectations and not to try to change the child. Instead, parents can be encouraged to tailor the environment in their home or when visiting others to match the abilities of the child.



Toddlers often have difficulty with multi-step directions, or with abstract concepts such as fairness or safety. However, with a sensitive approach, parents can usually achieve their goals for them. Using our insight into child development, child care providers can help parents create a safe environment for play and learning.

One effective strategy for toddlers is simply to remove potential problems from their physical environment. Fragile or valuable objects should be out of reach. Pets should be kept away from any children who can't interact with them safely, and unsafe appliances should be fenced off securely or stored out of sight. For visits to family and friends, encourage parents to provide advance notice of safety issues and offer to help organize the setting on arrival.

Another good way to adjust the environment is to distract attention from forbidden or unsafe objects by adding enticing new things. For example, suggest that parents offer a stuffed animal to touch and poke instead of the cat. They might also consider changing the décor of the child's room periodically, including the available toys, to prevent boredom and encourage exploration within safe boundaries.

Understanding child development also helps us with limit setting and discipline. Discipline is the art of guiding children so that they want to behave in a positive way. Parents should explain limits, rules and consequences to toddlers in simple terms, and even act out or demonstrate them since these children do not have the ability to follow lengthy verbal instructions.

To learn more about child development in general and the abilities of toddlers in particular, please call the Child Care Healthline at (800) 333-3212. Our staff can direct you to resources, many of which are available for free on the Internet or through local libraries or agencies. ♦

Children and Hand Washing

by Judith Kunitz, MA

Hand washing is the single most effective way to prevent the spread of infection in the child care setting. An effective hand washing curriculum can be integrated into your daily program to help the young children in your care develop lifelong, healthy hand washing habits.

You can adapt and customize the following hand washing resources, activities and children's books to fit your teaching style, objectives, and the ages and needs of your students.

Curriculum Resources

The ABCs of Clean. Includes materials for children (storybook, posters, games, songs on audiocassette, take home story) and for adults (training videotape, teacher guide, parent take-home). Available at www.cleaning101.com.

Glo-Germ Kit. System used to teach effective hand washing and cleaning techniques. Glo Germ Company (800) 842-6622 or www.glogerm.com.

Good Health Is in Your Hands—Classroom Hand Washing Activities. Cassette tape, flannel board cutout figures and activity sheets. Massachusetts Medical Society (800) 843-6356 or www.massmed.org.

Henry the Hand. Hand washing awareness curriculum. Available online at www.henrythehand.com.

An Ounce of Prevention: Keeps the Germs Away. Videos, posters and brochures available on hand washing and infection control at www.cdc.gov/ncidod/op.

—continued on page 10

Drowning Prevention in Child Care

by Sharon Ware, RN, EdDc

Nearly 1,000 children drown every year in the United States' vast number of waterways and backyard pools. Drowning is the leading cause of unintentional injury-related deaths among children ages 1 to 4 (SafeKids, 2004). Near drowning events accounted for the treatment of 2,700 children in emergency rooms in 2002. Children that survive will many times require cardiopulmonary resuscitation (CPR) and are often left with severe brain injuries.

What is most surprising and alarming is that children continue to die from *preventable* drowning situations. Drowning is a tragedy that doesn't have to happen.

Preventing Drownings in Child Care

Children drown in child care due to the presence of open standing water. You may think that if you don't have a pool in your program, you don't have to worry about drownings. But children, especially toddlers, can drown in as little as one inch of water (SafeKids, 2004). Five-gallon buckets pose the greatest risk for young children. Young children are top-heavy, meaning that their heads weigh more than their little bodies. This makes them unable to pull themselves up out of a toilet bowl or other small body of water.

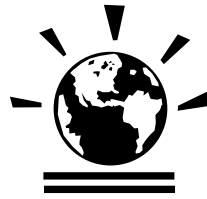
By following these simple guidelines, child care providers can reduce the incidence of drowning in child care.

- All containers of water should be emptied immediately after use.
- Develop a policy in your child care facility which prohibits any form of unattended standing water.
- Every staff member, including support staff, should learn CPR and comply with a bi-annual renewal.
- Emergency phone numbers should be posted by every phone.
- Child-to-staff ratios should always remain low to assure close supervision of every child.

The California Department of Boating and Waterways has developed an excellent curriculum to teach young children about water safety. *The Champion of the Waterways* is a water smart curriculum providing kindergarten through second grade teachers with instructional guidance and resources to reduce the incidence of drowning among young children. Information about this curricula, including downloadable copies of materials, can be found online at www.dbw.ca.gov/AquaSmart/html/index.htm.

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- SafeKids, Injury Facts - Drowning* (2004).
- Health and Safety in the Child Care Setting: Prevention of Injuries. California Childcare Health Program* (2001).



Clean Toothbrushes

by Judy Calder, RN, MS

All child care programs are expected to have an oral health program that includes toothbrushing routines for preschoolers. The development of early routines helps children create lifelong habits to maintain good oral health and prevent tooth decay and gum disease.

It's important to properly store toothbrushes to make sure they dry properly and that children don't use the wrong toothbrush. There are very specific guidelines in *Caring for Our Children*, the national reference for health and safety standards for child care programs. It is recommended that each child have a personally labeled age-appropriate toothbrush that is not shared. After use, toothbrushes should be stored with bristles up to dry in such a way that the bristles cannot touch or drip on one another. Toothbrush racks should be washed and sanitized when visibly dirty and after any contamination with blood or body fluids. Toothbrushes should be replaced every six months, or sooner—every three to four months—if the bristles become splayed.

After each use, children should be taught to rinse their toothbrush properly and place it in the holder. This naturally requires guidance and supervision to make sure that children are learning and following the proper routines and preventing the spread of any germs found in the saliva or blood. In fact, children need some toothbrushing supervision until they are 8 years old. When a toothbrush becomes contaminated through contact with another brush or accidental use by another child, it should be replaced with a new one. Toothbrushes should not be disinfected or put in the dishwasher. Toothbrushes

—continued on page 11

How Can Computers Put Young Children at Risk?

By A. Rahman Zamani, MD, MPH

Like television in the 20th century, computers are quickly becoming the centerpiece of our families. With increased numbers of children using computers in homes, schools and libraries, some child health and development professionals, advocates and parents are worried about the potential physical, emotional, social and intellectual hazards they may pose in young children's lives.

As a parent, you need to consider the potential harm, as well as the promised benefits, of using technology with your young children.

What are the possible hazards?

Computers may cause some of the following health hazards:

Musculoskeletal injuries. Long hours at keyboards and repeating a few fine hand movements may overload children's hands, wrists, arms and necks. This in turn may damage their developing muscles, bones, tendons and nerves.

Vision problems. Frequent computer use may tire and irritate eyes, putting additional strain on children's eyes and developing visual system.

Lack of exercise. Children need plenty of time for active play, and time spent using a computer may replace time spent being physically active.

Social isolation. Children need strong personal bonds with caring adults. Computers can distract children and adults from spending time with each other, causing them to live more isolated lives.

Other long-term hazards. Emphasizing computers in childhood may also cause lack of creativity and stunted imagination, lack of self-discipline and motivation, emotional detachment from community, commercial exploitation, impoverished language and literacy skills, poor concentration, attention deficits, and exposure to online violence, pornography, and other inappropriate materials.

When should children start using computers?

Many researchers do not recommend that children under 3 years of age use computers. During this time, children need strong, positive interactions with other children and adults. They learn through their bodies—their eyes, ears, mouths, hands and legs. Computers are not a good choice for supporting the developmental skills such as crawling, walking and talking these children are learning to master.

Tips for proper use of computers by children

The following tips will help you properly support children's computer learning:

Become involved in making choices. Select software, music, movies and Web sites as carefully as you select other learning materials.

Be aware of ratings for computer games. Use the Entertainment Software Rating Board's (ESRB) ratings systems. They have two parts: *rating symbols* suggesting what age group the game is best suited for, and *content descriptors* including brief descriptions of the content and parental advisories.

Set time limits. Limit your child's total screen time to no more than one or two hours per day. This includes TV, movies, video and computer games, and surfing the Internet. The younger the child, the shorter the time limit.

Arrange computers and furniture correctly to ensure good ergonomics; train and encourage children to use good posture.

Anticipate problems. Provide young children with adequate knowledge and teach them what they really need to know.

Computer time should not draw children away from developmentally important activities such as reading, hobbies or creative play.

When used in age-appropriate ways, computers can be a positive influence as well as a valuable educational tool. When used incorrectly, computers may do more harm than good. ♦

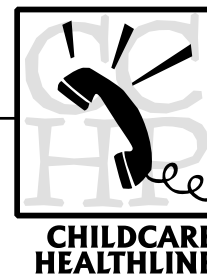
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The Use of Insect Repellent by Child Care Programs

Insect repellants help reduce the exposure of children to insect bites, which can cause local allergic reactions and some diseases. Of particular concern are bites from mosquitoes and ticks. Mosquitoes can carry viruses and parasites that cause West Nile virus or other illnesses. Ticks can cause Lyme disease and other illnesses. These diseases can be serious but they are also rare. West Nile virus infection, which usually does not make children very sick, and Lyme disease have not reached epidemic proportions in California. However, taking care to prevent exposure to the insects that carry these diseases is a good idea, and preparation is better than panic should there be an outbreak.

Avoiding Insect Bites

Reducing the numbers of insects or exposure to them is an important way to reduce bites.

Mosquitoes

- The best way to protect children from mosquitoes is to remove standing water where they can breed.
- Prevent mosquitoes from entering indoors by fixing or installing window or door screens.
- Whenever possible, wear protective clothing such as socks, long sleeves and long pants while outdoors.
- Consider staying indoors between dusk and dawn, which is peak mosquito time (peak season is late summer to early fall).
- Avoid areas where mosquitoes are plentiful, such as standing creeks and thick wet grass.

Ticks

- Ticks like cool moist environments such as shaded grasses, shrubs and leaf litter. To reduce exposure to ticks, avoid areas where ticks are known to occur, and stay on trails if you go to these areas.
- Wear long-sleeved and long-legged light-colored clothes so ticks can be seen more easily.

- Tuck shirts into pants and pants into shoes/socks and boots.
- Examine children frequently and remove any ticks promptly.

Bees and Wasps

- Avoid dressing children in bright flowery prints.
- Avoid scented soaps, perfumes or hair sprays.

Using Insect Repellants

There are insect repellants especially for use on children, although they should be used sparingly on infants and young children. The most effective insecticide includes DEET (chemical name, N, N-diethyl- meta-toluamide). Repellants used on children should include no more than 10 to 15 percent DEET. It's important to read the label to verify concentration and directions. Repellants are effective in preventing bites from mosquitoes, ticks, fleas, chiggers and biting flies, but have no effect on stinging insects such as bees, hornets and wasps. Do not apply to hands, areas around mouth, eyes, or on skin that is irritated or has open sores.

None of the presently marketed non-DEET products offer the duration of protection of those containing DEET. Until more products become licensed by the EPA, wearing protective clothing and using DEET on clothing and exposed areas of skin may offer the best protection.

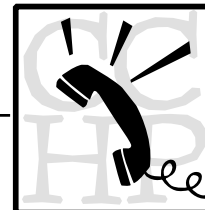
Because repellants can cause a skin reaction, get written parental consent to apply insect repellants. If there is a reaction, wash the affected skin and call the parent to seek medical advice.

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by Judy Calder, RN, MS (07/03) (rev. 03/04)



Uso de Repelente contra Insectos en los Centros de Cuidado Infantil

Los repelentes contra insectos ayudan a disminuir la exposición de los niños a picaduras de insectos, las cuales pueden causar reacciones alérgicas locales y algunas enfermedades. Especialmente son preocupantes las picaduras de mosquitos y garrapatas. Los mosquitos pueden ser portadores de virus y parásitos que pueden causar el virus del Nilo Occidental y otras enfermedades. Las garrapatas pueden causar la enfermedad de Lyme y otras enfermedades. Estas enfermedades pueden ser graves pero también son raras. La infección por el virus del Nilo Occidental, que normalmente no afecta gravemente a niños, y la enfermedad de Lyme no han alcanzado proporciones epidémicas en California. Sin embargo, es una buena idea tomar medidas para evitar la exposición a insectos portadores de estas enfermedades y es mejor prepararse que ser presa del pánico si hubiese un brote de estas enfermedades.

Evitar Picaduras de Insectos

Una buena manera de reducir el número de picaduras es disminuir el número de insectos o de ocasiones en las que nos exponemos.

Mosquitos

- La mejor manera de proteger a los niños de los mosquitos es eliminando superficies de agua donde los mosquitos pueden reproducirse.
- Evite que los mosquitos entren en el interior arreglando o instalando ventanas o puertas mosquiteras.
- Cuando esté al aire libre y siempre que sea posible, póngase ropa que cubra su piel como calcetines, mangas largas y pantalones largos.
- Considere la posibilidad de no salir al exterior desde el anochecer hasta el amanecer pues son las horas del día con mayor abundancia de mosquitos (la época del año con más abundancia es desde finales del verano hasta principios del otoño).
- Evite los lugares donde hay muchos mosquitos, como arroyos y hierba densa mojada.

Garrapatas

- A las garrapatas les gustan los ambientes frescos y húmedos como zonas de hierba en sombra, arbustos y zonas con muchas hojas caídas. Para reducir las ocasiones de exposición a las garrapatas, evite las zonas donde les gusta vivir, y si decide ir a esas zonas, manténgase en los senderos.

- Póngase mangas y pantalones largos y use ropa de color claro que permita ver mejor a las garrapatas.
- Métase la camisa dentro de los pantalones y los pantalones dentro de los zapatos / calcetines y botas.
- Examine frecuentemente a los niños y, si tienen garrapatas, quíteselas inmediatamente.

Abejas y Avispas

- Evite que los niños lleven ropa con estampados florales vivos.
- Evite el uso de jabones, perfumes y aerosoles de cabello con fragancia.

Uso de Repelentes de Insectos

Existen repelentes de insectos para uso infantil, pero su uso en bebés y niños pequeños debería ser moderado. El insecticida más eficaz contiene DEET (su nombre químico: N, N-dietil-metaltoluamida). Los repelentes que se usan con los niños no deben contener más de entre un 10% y un 15% de DEET. Es muy importante leer la etiqueta para ver la concentración y la forma de uso. Los repelentes evitan eficazmente las picaduras de mosquitos, garrapatas, pulgas, niguas y moscas mordedoras, pero no tienen ningún efecto en los insectos con aguijón como las abejas, avispones y avispas. No administre repelente en las manos, en las zonas alrededor de la boca y ojos o en piel irritada o con llagas abiertas.

Ninguno de los repelentes sin DEET actualmente en el mercado ofrecen la misma duración de protección que los que contienen DEET. Hasta que la EPA no otorgue permisos a más productos, la mejor protección es cubrirse la mayor parte del cuerpo posible y proteger las partes descubiertas y la vestimenta con DEET.

Debido a que los repelentes pueden causar irritación en la piel, es necesario solicitar permiso paterno por escrito antes de ponérselos a los niños. Si se produjese una reacción, lave la zona de la piel afectada y llame a los padres para que soliciten consejo médico.

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Physical Challenges in Child Care: How to Adapt the Environment

by Mardi Lucich, MA

In today's early care and education settings, the question is not whether we facilitate learning, but rather how best to do that. Child care facilities operate most effectively when their primary goal is to meet the developmental needs of all children, thereby enhancing each child's quality of life, and this includes making "reasonable accommodations" for children with special needs. Even if a child with a disability has yet to apply to your program, consider what you might do to adapt your environment so that you can send a welcoming message to each child and family.

We all understand the need for ramps, handrails, walkers, wheelchairs, hearing aids and eyeglasses. What we often do not think or hear about is how even simpler adaptations might reduce very real barriers as well as making a child feel truly included. For example, a standard wheelchair's seat height is convenient for the adult who sits in a regular adult chair to "help" the child. But, problems arise when that height excludes the child in the wheelchair from interacting with other children who are in chairs at child-sized, developmentally appropriate tables.

Finding workable alternatives requires that you assess each situation and determine how to adapt the environment to best meet the child's needs in as unobtrusive a way as possible. In this case, the combination of sitting on an adult lap, using standard, adapted children's chairs or a lowered-seat wheelchair can be effective in allowing a child access to engage with both peers and table-top activities.

Remember, children with challenges use the same learning materials and participate in the same learning activities that other children do. Here are a few examples:

- Allow for access to sand and water activities and garden boxes at multiple levels.
- Provide a variety of swings that include straps (bucket seats, hammock, airplane, and limited-rotation horizontal tire).
- Install a playground surface that provides cushioning against falls while allowing for easy walking and wheelchair mobility.
- Provide tactile markers to and from equipment for children with visual impairments.
- Provide step stools for access to toilets and sinks independently.
- Provide learning materials and toys at a variety of levels.
- Use visual symbols or signs for children with communication disabilities.

By making physical changes in the environment, you can accommodate a wide variety of play experiences, and promote access to activities and materials for all children. Through your environment and by providing appropriate guidance and support, you will open the doors to rewarding opportunities for all children, and reach your goal of ensuring that every child feels welcome. ♦

Resources

The Child Ready Checklist: Making Child Care Programs Accessible for Young Children. Assessment tool providing a list of essential items needed in making an environment accessible to individual children. Available from Child Care Plus, online at www.ccplus.org.

Medication Administration

Here's a quick overview of child care providers' legal responsibility for administering medications as described in the California child care regulations.

All prescription and non-prescription medications should be stored in a central place, inaccessible to children. Each medicine container should have an unaltered label, as well as a label with the child's name and dates of use. Medications requiring refrigeration must be stored in a refrigerator. The child care program should record the administration of all medications and inform the child's authorized representative daily when medications have been given.

For prescription medications:

- The licensee must have written approval and instructions from the child's authorized representative for administration of each prescription medication.
- This document should be kept in the child's record.
- The instructions from the child's representative may not conflict with the administration directions prescribed by the physician and must be in accordance with label directions.

For nonprescription medications:

- There must be written approval or instructions from both the child's physician and authorized representative for the administration of each nonprescription medication.
- This document should be kept in the child's record.
- The instructions from the child's authorized representative may not conflict with the label directions on the container. ♦

Hearing from Child Care Directors About Challenging Behavior

by Joanna Farrer

The Child Care Health Linkages Evaluation Project's recent research has found that child care providers face many challenges when working with children who display difficult behaviors. One challenge is defining the difference between a child with "challenging behavior" versus a child with a real behavioral health need. As one provider commented: "I'm not a trained person to handle children who have severe behavior issues." Another suggested: "I would love to see some type of program where a psychologist could be called to come in and observe children."

These expressions clearly indicate that child care providers need support and guidance from the health care community when dealing with children with challenging behavior problems. These behaviors include:

- Aggressive behavior and poor social skills (biting, bullying, hitting, yelling, spitting, rough play, temper tantrums, inappropriate language, teasing, invading another's personal space or taking toys)
- Disobedient/defiant behavior (selective listening, non-compliance)
- Internalizing behavior (licking lips until raw, thumb sucking, nail biting, withdrawal and general lack of interest in activities, sleep problems)
- Clinical disorders (ADHD/ADD, autism, sensory integration, attachment disorder)

These results were drawn from research conducted in five California counties, during which staff interviewed child care center directors for 30-60 minutes about health and safety. Child care providers need support from the health care community to manage and understand challenging behavior because they are the link between children, parents and health care professionals. These results suggest that the child care health consultation model offers one possible way to help the child, family, child care provider and child care community. ♦

—Antibacterial Soaps: Benefit or Bad Idea? continued from page 1

products might increase resistance to antibiotics that we definitely need to work when taken for bacterial infections such as strep throat. It would certainly be counterproductive if our national obsession for antibacterial soaps left us seriously at risk for bacteria-caused diseases which should be easily treatable.

Your child care program will have to make its own decision about what type of soap to use. But keep in mind that the absolute best defense against germs isn't the type of soap, but the quality of the hand washing. Frequent hand washing, practiced before meals and after any chance of contamination, is the best method to reduce infection. It's simple—and it works. ♦

Reference

Larson, E.L. et al. (2004). *Effect of Antibacterial Home Cleaning and Handwashing Products on Infectious Disease Symptoms. Annals of Internal Medicine 140:321-329.*

Lake County Linkages

by Mary Borjon, RN and Robert Frank, MSED

Lake County Child Care Health Consultants Bonnie Bonnett and Mary Borjon have developed a new all-day workshop that should be of great value to child care providers. Called *How Differences in Sensory Processing Affect a Child's Behavior*, the workshop provides information about the sensory system, and how children who experience sensory processing challenges respond to everyday sights, sounds and activities in child care settings.

Child care providers often receive training on the importance of providing sensory-based activities to children in their care because they enhance brain development. However, children with sensory systems that function differently than a typical child often display behaviors that are misunderstood by their parents and caregivers. The workshop explains the sensory systems, the indicators for children with sensory difficulties, and what types of activities, accommodations and resources can assist children to function more easily and appropriately in the child care setting.

The information on sensory processing is coupled with an introduction to positive behavioral supports that will help the child care provider observe, identify and address behaviors that seem out of sync with the rest of the children. The workshop offers clinically specific information while addressing the practical needs of child care providers, parents and others who work with young children.

For more information on this topic, contact Mary Borjon at Easter Seals of Northern California in Lakeport at (707) 263-3949. ♦

EVENTS

May

May 1

Worthy Wage Day.

A day to increase awareness of the need for adequate wages for child care providers to ensure quality care for children. Center for the Child Care Workforce, (202) 737-7700; www.ccw.org/about_WWpacket.html.

May 3-6

105th California Parent and Teacher Association Annual Convention.

Long Beach, CA. California State PTA, (213) 620-1411; www.capta.org.

May 5

2004 Parent Voices

Stand for Children Day.

An opportunity for parents to protest the proposed cuts and changes to the child care system. Sacramento. Parent Voices, Alli Harper, (415) 882-0234; www.parentvoices.org.

May 11-12:

Roots of Health Coverage for California's Children.

Sacramento. Community Health Councils, (323) 295-9372 x32; www.chc-inc.org.

May 14-15

Early Intervention for School Success Preschool Conference.

Sacramento, CA. EISS, (559) 438-9429; www.eissonline.com.

May 26

10th Annual Rural Minority and Multicultural Health Conference.

San Diego. National Rural Health Association. www.nrharural.org.

June

June 1

Stand for Children

A day to advocate on issues affecting children. Stand for Children, (800) 663-4032; www.stand.org.

June 26-28

108th National Parent Teacher Association Convention.

Anaheim, CA. National PTA, (800) 307-4782; www.pta.org.

PRODUCT WATCH

Recalls and Product Alerts

Below is a summary of items recalled voluntarily and preventively. As always, take the recalled item out of circulation and contact the appropriate company to find out about replacements, parts, refunds or other instructions.

Recalled Item	Defect	Contact Information
Chaca Chaca (a chili-based candy from Mexico)	May contain excessively high levels of lead that could cause serious health problems	Call your local childhood lead poisoning prevention program or contact your health care provider.
Snail Push Toys	The screw securing the toy handle to the push toy could detach, posing a choking hazard.	Babies R Us (800) 804-5419 www.toysrusinc.com/productrecall
My Easter Basket Book	A "touch-and-feel" sponge inside the book can detach or small pieces can be torn away, posing a choking hazard.	Kingfisher Publications PLC (800) 289-4371 trade_customer_service@hmco.com
Legacy Cribs	The slats on the drop side rail can loosen and detach. When this happens, the space created by the gaps can allow a baby to become entangled, strangle or fall.	Child Craft (888) 844-2674 www.childcraftindustries.com

—Children and Hand Washing, continued from page 3

Scrubby Bear. Hand washing program from the American Red Cross. Information at www.oc-redcross.org.

Children's Books

Germs! Germs! Germs! by Bobbi Katz (1996). Scholastic Inc.

Germs Make Me Sick! by Melvin Berger (1985). HarperCollins Publishers.

Germs on their Fingers/Germens en tus Manos! by Wendy Wakefield Ferrin (2002). In English/Spanish from The Wakefield Connection.

Those Mean Nasty Dirty Downright Disgusting but...Invisible Germs by Judith Rice (1989). In English/Spanish from Redleaf Press.

Wash, Scrub, Brush! by Mick Manning (2001). Albert Whitman & Co.

Wash Your Hands! by Tony Ross (1998). Kane/Miller Book Publishers.

Why Is Soap So Slippery? by Catherine Ripley (1995). Maple Tree Press. ♦

2004 Proposed Legislation

by Mardi Lucich, MA



AB 56 (Steinberg): Universal Preschool

This bill would state the intent of the Legislature to develop a strategy to ensure that all children have access to quality preschool programs. For more information about California's Universal Preschool (UPK)/Preschool for All (PFA) efforts, visit: www.earlyeducation.org and www.preschoolcalifornia.org.

AB 379 (Mullin): Family Child Care Education Networks

This bill would define family child care home education networks, requiring them to support educational objectives for children in home-based child care programs that serve families eligible for subsidized child care. It would outline the roles and responsibilities of family child care home education network contracts.

SB 1343 (Escutia): Infant and Toddler Child Care Master Plan

This bill would require the Department of Education to convene a task force made up of representatives from state agencies, child care organizations, and advocacy groups and develop a master plan for child care and development services for infants and toddlers by January 1, 2006. The bill would require that the infant and toddler master plan to be updated every five years.

SB 1657 (Scott): Child Care and Development: Fraud

This bill would require the Department of Education and the Department of Social Services to consult with county welfare departments, alternative payment programs, child care providers and other interested parties to develop regulations to define misappropriation and fraud, prevent fraud and establish standards for referral of serious violations to law enforcement agencies. It would require the recipient, child care provider or child care contractor to be given notice of any adverse action and the right to a hearing and appeal.

For more information on Assembly bills, visit www.assembly.ca.gov. For more information on Senate bills, visit www.sen.ca.gov. The 2004 California Legislative and Congressional Roster is available online from On the Capitol Doorstep at www.otcdkids.com/2004LegislativeRoster.pdf. ♦

–Clean Toothbrushes, continued from page 4

can be purchased in bulk by the program to reduce cost. Alternatively, parents can be asked to bring in replacements every three months, or to bring in brushes at the beginning of each year. ♦

Resources

National Resources Center for Health and Safety in Child Care at <http://nrc.uchsc.edu/RESOURCES/list.htm>.

CDC National Center for Chronic Disease Prevention and Health Promotion Oral Health Resources at www.cdc.gov/OralHealth.

Dental Health Foundation at www.dentalhealthfoundation.org.

Welcome to Our New Staff

CCHP is pleased to announce that we have added two new staff members to our team. Both will be working on the Healthline. Welcome Kim and Eileen!

Kim Walker, RN, MSN, CPNP has worked with families and children in a variety of settings for many years. Most recently she worked for Children's Hospital Oakland on their pediatric advice line, and is currently with the San Francisco Unified School District working with pregnant and parenting teens providing parent education, referral and consultation. Kim has great respect for the difficult task of parenting and caring for children. She is delighted to join CCHP, and looks forward to working with child care providers and parents to create healthy environments for their children.

Eileen Walsh, RN, MPH has professional experience in both clinical care and research. As a staff nurse, she worked in perinatal care, including neonatal intensive care and mother-baby care in the postpartum period. Her public health training emphasized perinatal epidemiology, and she has worked for several research institutions including the California Birth Defects Monitoring Program, Kaiser Permanente Division of Research, and Stanford University. Eileen is very pleased to have joined the Healthline team, where she will have the opportunity to link families and child care providers with the information and resources they need to ensure healthy child care environments for their children.

If you have questions about health and safety issues in your child care program, don't forget that you can call the Healthline at (800) 333-3212 for a free telephone consultation. ♦

Health and Safety Resources

Early Education, from Kidango, provides information on universal preschool, including information on the CTA/Reiner universal preschool initiative and the cost of universal preschool. Also compiles links to universal preschool advocacy materials; information on early education funding, research, and workforce issues; and other statewide universal preschool initiatives. Online at www.earlyeducation.org.

Health and Safety Topics for Early Childhood Educators. The March 2004 edition of *Young Children* from NAEYC includes an array of resources related to young children's health and safety, including links to a number of useful Web sites. <http://naeyc.org/resources/journal/default.asp>.

Coming Together for Children with Disabilities, from the Center for Law and Social Policy, finds that low-income families of children with disabilities have difficulty finding high-quality child care. Includes policy recommendations for change. Online at <http://weeklydigest.c.tep1.com/maabLdhaa2TSvbce1Yhb>.

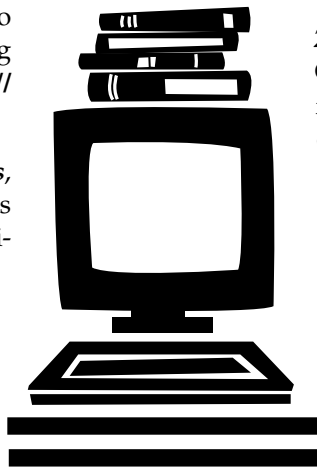
Children's Mental Health Resource Kit, from the Children's Defense Fund, provides

information on how children can be screened and assessed for mental health issues through free and low-cost state health insurance programs. Includes fact sheets and action guides for use of these tools. Online at www.childrensdefense.org.

Role of Media in Childhood Obesity, from the Kaiser Family Foundation, reviews studies on the role of television, video games and computers in childhood obesity. Suggests an array of policy changes. Online at www.kff.org/entmedia/entmedia022404pkg.cfm.

2003 Children's Legislative Report Card, from the Children's Advocacy Institute, analyzes how California legislators voted on 23 bills that focused on poverty, nutrition, health, safety, special needs, child care, education and child protection. www.cachildlaw.org/Publications.htm.

Childhood Obesity: What the Research Tells Us, from the Center for Health and Health Care in Schools, is a fact sheet summarizing key findings from studies on childhood obesity, including information on the health consequences of obesity. Online at www.healthinschools.org/sh/obesityfs.asp.♦



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