

child care health connections

A HEALTH AND SAFETY NEWSLETTER FOR CALIFORNIA CHILD CARE PROFESSIONALS

Published by the California Childcare Health Program (CCHP), a program of the University of California, San Francisco School of Nursing (UCSF)



California's Plan to Strengthen Services for Children and Families

The State of California is managing one of 59 projects nationwide that have received a federal grant to conduct a two-year planning process and needs assessment on early childhood systems. The purpose of this initiative, called the State Early Childhood Comprehensive Systems Initiative (SECCS), is to strengthen California's early childhood system of services for young children and their families by developing a comprehensive, integrated approach to the coordination of these services. The process will culminate in a statewide strategic plan, to be followed by a multi-year implementation grant.

The goal is a comprehensive early childhood system that promotes the health and well-being of young children, enabling them to enter school ready and able to learn, by reducing gaps and improving coordination of services.

The five focus areas are:

Access to Medical Homes. The establishment of a medical home for all young children is one of the SECCS Initiative's goals for service-system improvement. The medical home concept means that children will have a regular source of health care from a pediatrician or family physician who is familiar with their developmental and medical history. A medical home can be an individual or a place that provide accessible, family-centered, continuous, comprehensive and coordinated care that is compassionate and culturally effective.

Mental Health and Social-Emotional Development.

The SECCS Initiative encourages collaboration among the
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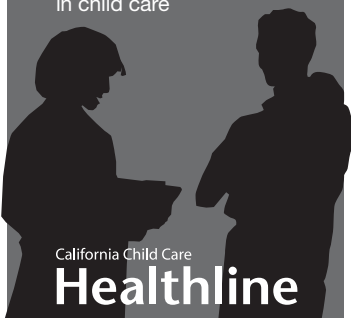
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Call **800.333.3212**
for free consultations
on health and safety
in child care



California Child Care
Healthline

welcome to our new format

The new year is always a great opportunity for new beginnings, so with this January-February issue of *Child Care Health Connections* we inaugurate a new design which we think our readers will find more attractive and friendly than our old design. Don't worry—we've kept all the features our readers look forward to each issue! We hope you'll enjoy the new format. We're also launching a new look for our Web site at www.ucsfchildcarehealth.org. You'll find all the same information, but the new design and organization of material should make the site easier to navigate.

The staff of the California Childcare Health Program hopes that your new year will be full of exciting changes as well. The field of early care and education presents many challenges and opportunities. Please don't hesitate to give us a call when your challenges become a bit too challenging! We're always here at (800) 333-3212 to lend a sympathetic ear and provide useful information.

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. Information provided in *Child Care Health Connections* is intended to supplement, not replace, medical advice.

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Recognizing Serious Allergic Reactions



How do I know if a child in my preschool is having a serious allergic reaction?



Allergic reactions can be life-threatening, so it's important to know the warning signs. Signs of a serious reaction include tightening of the throat (which leads to hoarseness), hacking cough, shortness of breath, wheezing, or shock, which leads to a weak pulse, low blood pressure, fainting, paleness, and turning blue. Other signs include itching or tingling of the mouth or throat, swelling of the mouth or tongue, hives, itchy rash, swelling of face, hands or feet, nausea, vomiting, abdominal cramps or diarrhea. Children may scratch their throat, skin or tongue, put their hands in their mouth, or slur their words. Their voices may also change.

How can I tell if a child is describing an allergic reaction?

Children can't always clearly express that they're having an allergic reaction. Listen for statements such as: "I itchy," "My tongue is hot," "My tongue (or mouth) is burning," "My mouth (or throat) feels like there is hair on it," "My tongue (or lips) feel full (or heavy)," "There's a frog in my throat," "I have a bump in my throat." It's very important to observe for signs of a reaction when you hear these kinds of statements.

What can trigger a serious allergic reaction?

Many things can trigger reactions. The most common is food—most frequently peanuts, tree nuts, milk, eggs, soy, wheat, fish and shellfish. Other possible allergens include insect stings, medications, or skin contact with irritants such as poison oak or latex. Children may be allergic to other substances as well. Allergic responses can lead to life-threatening anaphylaxis, a sudden, severe, potentially fatal, systemic allergic reaction that can involve various areas of the body (such as the skin, respiratory or gastrointestinal tracts, and cardiovascular system). Symptoms occur within minutes to two hours after contact with the allergy-causing substance, or in rare instances up to four hours later.

What should you do in case of a serious allergic reaction?

Every child in care should have an allergy management and care plan that describes signs and symptoms a particular child may have and what to do when the reaction needs treatment. If you see or hear any of warning signs of a serious allergic reaction, follow the directions on the allergy management and care plan. If a child has a serious allergic reaction and does not have a care plan, follow the procedures for any medical emergency.

Resources

Healthline at (800) 333-3212 has allergy resources and recommendations for including children with severe allergies into early care and education programs.

Food Allergy & Anaphylaxis Network at www.foodallergy.org provides sample allergy management and care plans in English and Spanish plus information and much more information.

by Judy Calder, RN, MS



Toy Safety for Young Children

Quality early care and education programs provide children with a variety of safe, clean toys. Toys offer children an opportunity to develop their imaginations, learn principles of sharing and working together, and improve their motor skills. Despite these benefits, toys also present some risks to children's safety.

What are the dangers?

Staff should inspect the toys available for children in their programs for the following possible dangers to young children. Potentially dangerous toys should be removed.

- **Sharp edges.** Toys should be free of glass or metal parts that could become sharp when chipped or broken.
- **Small parts.** Removable or loose parts small enough to be swallowed pose a choking hazard.
- **Loud noises.** Extremely loud sounds, such as popping or exploding, can cause hearing damage.
- **Cords and strings.** Hanging toys, or toys with cords attached, can cause entanglement and strangulation. Hang mobiles out of reach and remove any toys with long cords or strings.
- **Sharp points.** Broken toys may have sharp protrusions. Check toy supplies frequently and remove anything that is broken or about to break.
- **Propelled objects.** Projectiles and other flying toys can cause serious eye injuries.



What else can we do?

Follow these guidelines when selecting, maintaining, and storing toys.

Buying Toys. Choose carefully. Keep the ages and abilities of the children in mind. Read package labels and abide by any warnings. Buy safe toys that are durable, appealing and interesting, and suitable for the social and mental development of children. Remove and discard plastic wrap immediately when you purchase new toys.

Maintaining Toys. Check your toy inventory frequently for breakage or wear. Throw away anything that cannot be repaired. Sharp edges should be sanded smooth. Examine outdoor toys for rust or corrosion that may weaken them.

Storing Toys. Teach children to put toys away after playing to prevent trips and falls. Check toy boxes for safety—if a toy box has a lid, it should stay raised when open, so it will not fall onto a child. Because children sometimes climb into toy boxes and cannot get out, for extra safety it's a good idea to drill ventilation holes into the sides of toy boxes.

Reference

Adapted from *Think Toy Safety for Kids' Sake*. United States Consumer Product Safety Commission. Retrieved November 30, 2004 at <http://www.cpsc.gov/cpscpub/pubs/281.pdf>.

Resources

- <http://www.cpsc.gov/nsn/nsn.html>
- http://www.toysafety.org/worstToyList_index.html
- http://www.truceteachers.org/TRUCE_Toy_Action_Guide_04-05.pdf

by Eileen Walsh, RN, MPH



Nature's Playdough

- 1 cup flour
- 1/2 cup salt
- 1 cup water
- 2 tablespoons oil
- 2 tablespoons cream of tartar
- beet, spinach and/or carrot juice

Mix flour, salt and oil, and slowly add the water. Cook over medium heat, stirring until dough becomes stiff. Turn out onto wax paper and let cool. Knead the dough with your hands until of proper consistency. Use as is, or divide into balls and add a few drops of the vegetable juices to make green, pink, and orange. Place in plastic bag or airtight container when cooled.

Using Cooking to Encourage Children's Learning

Young children learn by touching, tasting, feeling, smelling and listening, and they love to help prepare food and cook because they can use all of their senses. Children learn best when they are actively engaged and interested in what they are doing. Take advantage of a routine learning opportunity by involving children in making snacks or preparing meals, and plan special cooking activities that they can be involved in that are appropriate for their ages. When children are busy scrubbing, tearing, mixing, stirring, kneading, rolling, spreading, tossing, squeezing and pouring—they are learning!

- Always observe safety precautions. Have adequate adult supervision in the kitchen, and use constant observation when working with electrical appliances, hot stoves, knives and similar items around children.
- Establish cooking/food preparation rules such as washing hands before starting and not putting a spoon back into food after using it to taste.
- Plan activities carefully in advance. Make sure that you have the necessary ingredients and equipment on hand and ready to go. Decide what the children can help with, and what adults must do.
- Give plenty of opportunities to be involved, and match tasks with varying abilities. Children can wash vegetables, scoop and



sift flour, stir batter, roll out dough, grease pans, squeeze lemons, spread jam, mix salsa, press tortillas, cut out biscuits, assemble toppings on pizza, etc.

- Involve all senses—smell the vinegar, taste the soy sauce, feel the kiwis, and listen to the whirl of the beater.
- Observe and talk about changes that take place when food is cooked. For example, bread dough rises in a warm place, cheese melts in the oven, eggs become solid when boiled, sugar dissolves in water, apples turn brown when cut and exposed to air, etc.
- Introduce new and interesting foods such as kumquats and pomegranates. Compare and taste different kinds of one food—fresh peaches, canned peaches, frozen peaches, and dried peaches, for example, or Fuji apples, Granny Smith apples, and Golden Delicious apples.
- Talk about where foods come from—milk from cows, goats or soy beans, eggs from chickens, oranges from trees, flour from wheat, etc. Use stories and pictures from books to help children understand.
 - Teach about composting, recycling, and not wasting food.
 - Encourage good nutrition by modeling healthy food choices.

Resources

Healthy eating recipes and activities for child care programs from the USDA, online at: <http://www.nal.usda.gov/childcare/Recipes>.

by Mardi Lucich, MA

BOX OF FUN

Painted Toast

Add 2-3 drops of food coloring to 1/4 cup milk. With new, clean paint brushes, let the children paint on the bread. Put the bread into the toaster and toast. The painted colors will brighten as the toast heats.

Fun Vegetable Snacks

It's best to start with fresh vegetables, but frozen or canned vegetables without added sodium are also acceptable.

- soft-cooked vegetables—carrots, asparagus, green beans, pea pods, sweet potato strips, broccoli or cauliflower served with a cottage cheese, hummus, or yogurt (dairy or soy) dip
- green pepper slices, tomato wedges or zucchini strips with creamy peanut butter, cream cheese or cottage cheese
- grilled cheese and tomato sandwiches, or cheese and veggie quesadillas.

Be sure to avoid crunchy peanut butter, raw celery and carrots because they are choking hazards.



Good Nutrition Is the Key to Healthy Smiles

Good nutrition is not only necessary for general health, it also plays a key role in the development and protection of good oral health.

You can't be healthy without good oral health

Oral health is essential to general health and means more than healthy teeth and the absence of disease—it means that the teeth, gums and mouth are healthy, comfortable and functional. Oral health facilitates good nutrition as well. We need healthy teeth and gums to effectively chew and swallow our food and absorb nutrients essential for the body's general health. In turn, good nutrition and healthy eating promote good oral health.

The importance of healthy eating

Development of primary teeth starts during the second month of embryonic life, and these teeth begin to calcify before birth. Permanent teeth start to calcify just before birth and by age 8 years the crowns of all permanent teeth, except the third molar, are formed. What we eat and drink not only plays an important role in the development and protection of these teeth and gums—in fact, two of the most common diseases of modern civilization, tooth decay (dental caries or cavities) and gum disease can be prevented by simply improving the diet. Gum disease affects the soft tissues that help support the teeth and is the leading cause of tooth loss in adults.

The following nutrients are important for good oral health:

- **Protein** is important for the formation of teeth. Malnutrition causes significant delay in eruption of primary teeth and studies suggest a relationship between early malnutrition and dental caries (under-developed teeth and under-calcified teeth are vulnerable to cavities).
- **Calcium, vitamin D, and fluoride** are needed to build strong teeth (a process called tooth calcification). Vitamin D deficiency during childhood causes delay in appearance of the baby and permanent teeth, and creates problems in the order in which the teeth come in. Fluoride reduces dental decay by making it harder for the tooth enamel to break down, reducing the ability of bacteria to produce acid, and promoting mineral replacement.
- **Vitamins C and K** play an important role in keeping gums healthy. Vitamin C helps keep gum tissue strong and vitamin

K helps control bleeding. Vitamin C deficiency affects gums and soft tissues that help support the teeth.

- **Vitamin A** deficiency during tooth formation is reported to interfere with tooth calcification and result in the incomplete development or underdevelopment of the enamel.
- **Riboflavin** deficiency results in inflammation of the tongue, and inflammation and cracking of the lips.



Eating habits that affect oral hygiene

Inappropriate use of a bottle

In many cases, early childhood caries is caused by children using a bottle or sippy cup with juice or other sugary drinks rather than water. This can happen when children are put to bed with a bottle, or when they drink through a bottle or sippy cup frequently during the day.

Food that is high in sugar or starch

While children and adolescents need diets that provide them with lots of energy, this doesn't mean that they should consume soft drinks and high sugar snacks throughout the day. Food that is high in sugar or starch (especially sticky foods), hard candies, soft drinks, fruit juices, cookies, pies, cakes and potato chips are linked to higher levels of cavity-causing bacteria. They can lead to cavities because they react with bacteria on the teeth to produce acids that eat away tooth enamel.

Frequency of eating

Besides good oral hygiene, frequency of eating is the most important factor related to dental caries. The more frequent the food intake, the greater the risk for caries, because a high frequency of eating encourages the growth of bacteria in the mouth that, in turn, leads to increased acidity in the oral cavity.

Reference

Pediatric Nutrition Handbook, Fifth Edition, American Academy of Pediatrics, 2004.

by A. Rahman Zamani, MD, MPH



Field Trip Safety Tips



Taking a day trip with young children can provide wonderful learning opportunities to enrich and extend your curriculum—but day trips are not for the faint of heart! However, with careful planning, adequate staffing and a spirit of adventure, adults and children can safely enjoy outings. Below is important information to consider when planning and making field trips with young children.

Research your destination before you take a trip

Before selecting a field trip site, providers/teachers should consider why they are taking children on this field trip. Is this an activity that can only take place away from the child care program, such as a visit to a children's theater? Or could this experience occur just as well at the program site? For example, if you want children to learn about firefighters, you can visit the local fire station or instead you might ask your local fire department to come to your site with their equipment and a firetruck.

Be sure the destination you have chosen is safe and appropriate for young children. If possible, visit the site in advance of announcing the trip. Look at the site from a safety perspective, such as potential falls, entrapments, choking/poisoning hazards, etc. Remember, destinations such as parks, zoos, or landmarks are usually not "child-proofed." Talk to others who have visited already, preferably those who have gone there with young children.

Find out if there are accessible restrooms and a supply of running water. What are the best times to visit to avoid large crowds? Are there generally many other groups of children at the same time? Are there hazards such as unfenced bodies of water, loose animals, poisonous plants, or stairs without secure railings? Does the trip require a long walk through a parking lot or along a busy street? Gathering this

type of information ahead of time will help you choose an appropriate destination.

Obtain written consent for each participating child

A permission slip specific to the trip should be distributed to families ahead of time, to be completed by the parents or guardians. The permission slip should include details about the trip, the date on which it will occur, the destination and its address, the mode(s) of transportation to be used, and the estimated times of the group's departure and return.

In addition to permission to attend, the permission slip should also include consent for emergency care if required during the trip. Parents must provide contact information so that the parent or a designated contact can be reached immediately to assume responsibility in the event of an emergency. Make sure the information you take with you is current. Only children whose parents have signed and returned a permission slip should participate.

Maintain staffing requirements

During travel and at your destination, maintain the appropriate ratio of staff to children at all times. Parents should be welcome to accompany the group, and having additional adults around will certainly make the logistics of travel easier for all participants. However, parents are not to be counted as substitutes for trained child care staff.

Use child safety restraints

If your trip requires traveling in cars or vans, each participating child under 6 years old must travel in a car safety seat or booster that is appropriate for their age and weight. Preferably, parents will provide a seat that is already set up to fit the child, to minimize the amount of time spent fidgeting and adjusting straps and buckles on the day of the trip.

Older children should buckle the lap belt and shoulder belt. Never double-buckle children in seat belts; each child should have his or her own seat belt to provide the best possible protection.

Bring important health and safety materials with you

Assemble a first aid kit and designate one staff member to carry it in a backpack or fanny pack. Contents should include:

- Disposable nonporous gloves
- Adhesive bandages of assorted shapes/sizes
- Gauze pads/rolls and bandage tape
- Scissors and tweezers
- Thermometer (not made of glass)
- Eye dressing
- Cold pack
- Bottled water
- Sunscreen
- Small splints
- Soap or disposable hand wipes
- Plastic bags for disposal of soiled materials
- A simple first aid guide or chart
- Any emergency medications potentially needed by participants
- List of emergency phone numbers, parent contact information, and poison control numbers
- A functional cell phone or coins for pay phones
- A pen or pencil and a small notepad, for taking down emergency notes or instructions

In addition, carry with you the care plans describing any special health needs of participating children. For example, if a participating child has asthma, the kit should contain the care plan as well as any medications or equipment he or she may need.

Bring a roster sheet of participants

An accurate list of children who have been signed in on the day of the trip is crucial. Use this list to conduct frequent exact head counts. Count the children as you leave the program, once they are in the vehicle(s), as they exit the vehicle(s), and when they get into the designated building or area. The roster should also allow for a parent or designated contact to sign out a child during the trip, if necessary.

Plan for safe and nutritious food

If your trip will include a meal or snack, be sure to prepare food safely. Perishable items are gener-

ally not practical, since they require refrigeration or packing in ice. If the destination doesn't offer drinking fountains, participants will need to carry water to drink to prevent dehydration. The ability of children to carry their own backpacks or lunch sacks will depend on their ages and developmental levels. At the very least, for a short trip, a nutritious snack should be carried by the adults and distributed to the children at an appropriate time.

Maintain basic hygiene during the outing

Practice handwashing prior to eating, even when you are away from your site. It may be necessary to carry hand wipes to accomplish this, if there is no access to clean running water on your trip.

Wear identifying labels or apparel

Identify the children in your group with a special sticker, or even matching tee-shirts. Ready visual identification of the children in your group is especially helpful where there are many groups of young children present.

Field trips with young children can be fun and educational, and with the proper health and safety preparations, unnecessary problems can be avoided.

Additional Resources

Staff training materials on field trip safety: www.childhealthonline.org/field_trip_safety.htm.

For additional resources and for menu ideas, see Food Safety for Field Trips: www.healthychild.net/articles/na5tripfood.html.

References

National Network for Child Care. Safety and field trips. Harbor Springs, MD: Healthy Child Publications.

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, 2nd Edition.

State of California Department of Social Services, Community Care Licensing Division, Title 22 Child Care Center General Licensing Requirements, August 2002.

by Eileen Walsh, RN, MPH (July 2004).



Hepatitis B in the Child Care Setting

Hepatitis B is a liver disease caused by the hepatitis B virus. Infection occurs when the infected blood of a hepatitis B carrier enters the bloodstream of an uninfected person. This can occur through contact with other people's blood through biting, exposure of broken skin or mucous membranes to contaminated blood or bodily fluids, sharing needles used to inject drugs, from an infected mother to her infant during delivery, or sexual contact.

What are the symptoms?

Young children are less likely to show symptoms of illness. Most adults with hepatitis B virus become quite ill. Symptoms include jaundice, fatigue, abdominal pain, and nausea. However, some infected adults and most infected children with no symptoms are carriers and can infect others (CDC, 2004).

Who is at risk?

The risk of transmission of hepatitis B in early care and education settings is rare. If an infected person in the program has behavioral or medical problems such as biting behavior or oozing skin sores, the risk may be higher. In the United States, hepatitis B infection is most common among persons with multiple sexual partners, injectable-drug users, household contacts of chronically infected persons, and immigrants from regions where hepatitis B infection rates are high, such as Southeastern Asia or Sub-Saharan Africa (WHO, 2000). Children born in the United States have a very low risk of acquiring HBV, due to screening of mothers at the time of delivery, and immunization of most infants soon after birth.

When should people with hepatitis B be excluded?

Staff persons ill with hepatitis B should stay home until they feel well, and fever and jaundice are gone. A child or staff person with chronic hepatitis B infection who has open sores that cannot be covered should not attend care until the sores are healed. You do not have to exclude children who are carriers of the hepatitis B virus as long as they do not have uncontrolled biting or oozing skin lesions that cannot be covered.

Preventing transmission

Most infants born in the United States are now vaccinated

against hepatitis B virus shortly after birth. Further, by following standard precautions in the early care and education setting, transmission of hepatitis B or any other bloodborne disease (such as HIV or hepatitis C) can be prevented. Standard precautions expand upon the universal precautions used in clinics and hospitals. These precautions include the following:

Hand washing. Hands must be washed after administering personal care, such as wiping a runny nose, feeding an infant, or changing a diaper.

Sanitizing. Diaper changing areas must be sanitized between each use. Toys, tabletops, floors or other surfaces which have been soiled with saliva, mucus, vomit, urine, etc., must be sanitized before they are used again.

Barriers. Latex or other nonporous gloves must be worn whenever there is potential contact with blood. This includes administering first aid, changing bandages, and cleaning up vomit, stool or nasal secretions where there is visible blood. Gloves are not needed for routine diaper changes of healthy babies, nor for handling breast milk.

Disposal of potentially contaminated items. Items such as used bandages or soiled diapers must be disposed of in plastic bags that are sealed and tied securely. Devices used for medical procedures must be placed in appropriate containers and discarded in accordance with the instructions of the health care provider.

Occupational Health and Safety Administration (OSHA) requires that any new staff members hired to work in a licensed program must be trained in these precautions during orientation and annually thereafter. Under OSHA, new staff must be offered vaccination against hepatitis B within 10 days of hire.

For more information on bloodborne diseases, standard precautions, or OSHA regulations applicable to early care and education settings, call the Healthline at (800) 333-3212.

References

Centers for Disease Control (2004). *Viral Hepatitis B*. Available at www.cdc.gov (accessed November 8, 2004).

World Health Organization (2000); *Fact Sheet 204: Hepatitis B*. Available at www.cdc.gov (accessed November 8, 2004).

by Eileen Walsh, RN, MPH

Meeting the Needs of Children Born to Teenage Parents

Working with teen parents in early care and education settings can be quite an experience. The rewards are great because the majority of these young people want to do a good job parenting their children. The frustrations can be great because these parents, responsible for an infant or child, are still developmentally in adolescence. Research shows that the adolescent brain is still developing, and this may explain some behaviors they are known for. With patience and effort, providers can make a positive difference in the lives of teen parents and their babies.

Adolescence can be divided into the stages of early, middle and late. It is important to remember that an early adolescent's ability to cope and have healthy relationships is different from that of older teens. A young adolescent girl who is parenting without the father of the baby and living at her parents' home will need different support than an older teen living

with a boyfriend. Therefore, when working with teen parents in an early care and education setting it helps to first determine the stage of development of the young parent, and what her or his support system is. You may find yourself working with three generations: grandparent, teen parent, and child.

First, staff can build relationships with teens by being accepting, nonjudgmental, honest and calm. The teen will look to see your reactions. Assign a consistent caregiver who is willing or even excited to work with a teen. Encourage daily informal conversations about his or her life with a baby, and life in general, like school or goals. Have a more formal monthly meeting to discuss

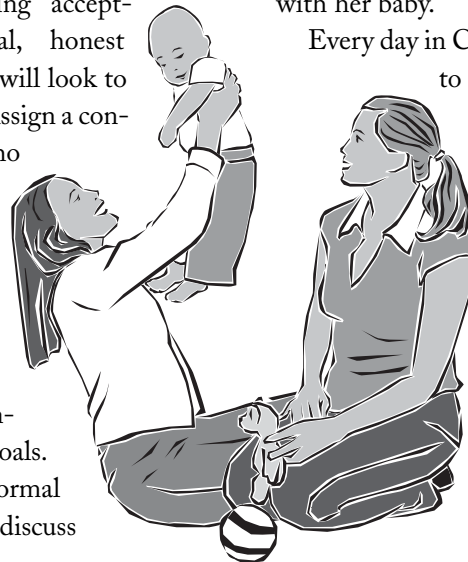
issues that come up. If the other parent is involved, find ways to include him or her.

Invite and encourage participation in the early care and education program. During these visits, acknowledge the teen mother's expertise in knowing her baby. Praise what she does well. Look for ways to model and teach. For example, show her how to handle a fussy baby and play with her baby.

Every day in California babies are born to teen mothers. These young families need access to quality early care and education programs to finish their education and pursue employment outside of the home.

If you have questions about working with teen parents, call the Healthline at (800) 333-3212.

by Kim Walker, CPNP



Services, continued from page 1

many agencies and programs that provide mental health services for young children and their families. Agencies can also increase access to counseling and social services at locations such as WIC sites, child care centers, and schools. The initiative can improve the availability and provision of mental health assessment and interventions at common sites of early childhood service delivery.

Early Care and Education Services. In addition to providing the quality care that is so important for young children, early care and education providers can help families of young children connect with a larger service system. For example, medical, mental health, dental, vision and other services can be provided at early education sites.

Parent Education. Parenting education encompasses a

broad range of programs and services that can increase parent knowledge about appropriate child-rearing and help them provide children with all that they need to thrive.

Family Support Services. There are many services available to support families under stress, including those that support economic self-sufficiency, address substance abuse issues, educate about domestic violence, and offer case management and home visiting.

This project is identifying best practices of integrated services. If you are aware of examples of programs that successfully collaborate on behalf of children and families or would like information about SECCS, please contact Wendy Wayne, NP, EdD, Project Coordinator, at (916) 552-8742, (661) 204-8840 (cell), or wewayne@kern.org.

by Wendy Wayne, NP, EdD

Effective Dental Care Starts in Infancy

Recent data have shown that tooth decay (also known as dental caries) is epidemic among young children in California. About one-third of preschool-aged children in our state have some degree of tooth decay (Dental Health Foundation, 2002). Tooth decay is the most common chronic disease of childhood, and it is largely preventable.

The best prevention starts early

Did you know that tooth decay can start in infancy? A tooth can become decayed within a month or two after its arrival. Experts recommend that preventive screening of children start with the emergence of the first tooth, or by the first birthday.

Why screen so early?

The benefits of early screening and preventive care far outweigh the costs of neglecting early teeth. Early screening will identify risk factors for decay, and the visit provides an opportunity for parents to learn the basic principles of preventive oral care. By screening soon after the arrival of the first tooth, any decay that may have started can be treated while in an early stage.



What are the risks of delaying?

When families delay dental screening, many children will experience tooth decay. This can be painful, and the treatment required for extensive decay is traumatic to children and costly to families. Many young children cannot sit still for the lengthy procedures of filling or restoring decayed teeth, so general anesthesia is sometimes required for children's dental work, despite its cost and risks.

What else can we do?

Parents and caregivers of infants can establish habits known to decrease the risk of tooth decay. These include:

- Clean the mouth daily, starting with a clean damp cloth and progressing to a soft toothbrush as more teeth emerge.
- Offer children water to drink, rather than juices or sweetened beverages.
- Never give infants bottles of juice, milk, or formula at bedtime or naptime.

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Dental Health Foundation (2002). *The Oral Health of California's Children: Halting a Neglected Epidemic*. Accessed November 2, 2004 at www.dentalhealthfoundation.org/topics/children/assessment/.

by Eileen Walsh, RN, MPH

cchp briefs

We are pleased to welcome Cathy Miller as the new CCHP Associate Director starting November 30, 2004. Cathy comes to CCHP with a master's degree in Public Health in Community Health Education and years of experience as a trainer and administrator at University of California, San Francisco and University of California, Berkeley in the areas of tuberculosis and general public health.

CCHP received an 18-month subcontract to conduct a program evaluation of the Safe Passages Early Learning Opportunity

Act grant. The Alameda Child Care Planning Council, along with Safe Passages and other collaborators in Alameda County, will build on current efforts to coordinate inter-related strategies that promote school readiness for young children prior to entering kindergarten. CCHP will evaluate early care and education programs for social-emotional development, early literacy and parent and teacher training.





health + safety calendar

january 27 – 28

California Training Institute: Health Care Professionals

january 29

California Training Institute: Early Care and Education Professionals

San Leandro

Session 1. Sponsored by California Childcare Health Program.

(510) 281-7920; www.ucsfchildcarehealth.org

january 9 – 12

California Childhood Obesity Conference

San Diego

California Department of Health Services. For info, contact the College of Continuing Education, California State University, Sacramento.

(916) 278-4827;

www.cce.csus.edu/cts/co/index.htm

january 21 – 23

54th Annual Northern Good Teaching Conference

Burlingame

California Teachers Association

(951) 372-2505; www.cta.org/InsideCTA/TrainingIPD/GoodTeaching.htm

february 2 – 5

Unity in Diversity: Health is the Connection

Hollywood

California School Nurses Organization

(888) 268-CSNO; www.csno.org

february 10 – 12

Head Start: Stepping Stones to the Future

Pasadena

California Head Start Association

(916) 444-7760; http://ca-headstart.org/CHSA_conference_training.html

february 23 – 26

30th Annual California Association for Bilingual Education Conference

Los Angeles

CABE

(626) 814-4441; www.bilingualeducation.org

february 24 – 26

National After School Association Conference

San Antonio

National School-Age Care Alliance

(617) 298-5012; www.nsaca.org

february 25 – 27

Urban Issues Conference

San Diego/Mission Valley

California Teachers Association

(650) 552-5395; <http://www.cta.org/InsideCTA/Business/Events/UrbanConference.htm>



health + safety resources

Asthma Among California's Children and Adults, from the UCLA Center for Health Policy Research, examines data on asthma symptoms by legislative and congressional districts. www.healthpolicy.ucla.edu/pubs/publication.asp?pubID=100

Facts on Children's Mental Health, from the Bazelon Center for Mental Health Law, provides statistics on children's mental health, including the unmet need for mental health care, barriers to receiving care, and effective services. www.bazelon.org/issues/children/factsheets/index.htm

Prevalence and Characteristics of Children with Special Health Care Needs, a study in the September 2004 issue of the Archives of Pediatric and Adolescent Medicine, finds that 12 percent of U.S. children had special health care needs in 2001, particularly boys, school-age children, and children in lower-income families. Summary available online. <http://archpedi.ama-assn.org/cgi/content/abstract/158/9/884>

Understanding Nutrition, from the California Center for Research on Women and Families, offers statistics on Californians' weight,

diet and physical activity, descriptions of nutrition and community food security programs, and related laws and policy issues. www.ccrwf.org/publications/index.html

Nourish Their Bodies, Feed Their Minds, from the Food Research and Action Center, discusses the benefits of nutrition programs at afterschool sites and how to find funding for these programs. Includes a list of nutrition education resources. www.frac.org/html/publications/pubs.html

Top Question Providers Ask About Inclusive Child Care, from the Alameda County Child Care Planning Council, defines inclusive child care, describes the benefits of it and what the law requires, offers tips for getting started and talking with parents, and includes resources for providers and parents. www.acgov.org/childcare/index.shtml

America's Children 2004, from Federal Interagency Forum on Child and Family Statistics, provides statistics on children, families, economic security, health, behavior, social environment and education. <http://childstats.gov/ac2004/intro.asp>



Medical and Dental Homes for Children

There's a lot of talk these days about medical or dental homes—but what are they? Medical and dental homes are an evolving concept which has been created to reinforce the importance of comprehensive health care for children. A medical or dental home is not a place, but rather an approach to providing high-quality, cost-effective health services. It means that children receive their medical or dental care from a regular source of primary care with attention to the comprehensive needs of the child and family, and with referrals to other appropriate services and resources as needed.

Many agencies and programs are now emphasizing the importance of medical and dental homes. The American Academy of Pediatrics (AAP) promotes the idea that all children should have access to a medical and dental home. As described by the AAP, the care provided by these entities is family-centered, comprehensive, compassionate and culturally sensitive, accessible, continuous and coordinated. Services should be provided by consistent health care professionals who can become known and trusted by the children and families they serve. This type of approach to health care promotes quality in a way that crisis-oriented visits to hospital emergency rooms cannot.

One of the high priorities of First 5 California's school read-

iness plan is to ensure that children have health insurance and a medical and dental home. First 5 defines the health and social services element of school readiness as including services such as prenatal care, services for children with disabilities and other special health care needs, nutrition, oral health, behavioral health, drug and alcohol counseling, child abuse prevention, and case management. California school readiness programs will assist families to obtain local community medical and dental homes.

The California Childcare Health Program's upcoming series of trainings for health and early care and education professionals includes training in educating families and providers on the benefits of medical and dental homes. The trainings, known as the California Training Institute (CTI), focus on a variety of health and safety issues related to young children in early care and education programs, including how to help early care and education professionals become well-versed in assisting families to obtain these services.

For more information on the trainings, visit the CCHP Web site at www.ucsfchildcarehealth.org or the First 5 California Association Web site at www.f5ac.org. These sites include schedules and descriptions of the trainings that will be conducted between January and December 2005.

by Robert Frank, MSEd & Mimi Wolff, MSW

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