



# Child Care Health Connections

A health and safety newsletter for California child care professionals

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a program of the University of California, San Francisco San Francisco School of Nursing (UCSF)

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## Health and Safety Tip

When a child enrolls in child care, licensed providers must obtain a health history from the parents or guardian. This process allows caregivers to become familiar with any health or developmental issues and meet each child's unique needs. At enrollment time, child care providers should review each child's history for completeness and discuss any questions they may have with the parents.

The National Health and Safety Standards for child care recommend that this health history include:

- contact information for the pediatric primary care clinician;
- developmental issues/disabilities;
- current developmental levels;
- any medications;
- special concerns such as allergies or other chronic conditions;
- any diet restrictions;
- a description of the child's personality as relevant to child care;
- family considerations; and
- dates of communicable diseases. ■

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telephone consultation  
on health and safety  
in child care?  
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(800) 333-3212**

## DEET-Based Repellents Protect Against Insect-Borne Disease

by Eileen Walsh, RN, MPH

DEET (chemical name, N, N-diethyl-metatoluamide) is an ingredient found in many insect repellents. DEET products are lotions or sprays which are applied to skin or clothing to repel insects and prevent bites. DEET repels mosquitoes, ticks, fleas, chiggers and biting flies, but not stinging insects such as bees, hornets or wasps. The use of DEET is recommended under certain circumstances for protection against mosquito-borne diseases, such as West Nile virus or malaria, and tick-borne diseases such as Lyme disease or Rocky Mountain spotted fever.

### How does DEET work?

DEET is not an insecticide. Instead, it repels insects by impairing their ability to locate us, making them blind to our presence. DEET products are available in a variety of concentrations. The lowest recommended concentration is 10 percent and the maximum is 30 percent. A higher concentration of DEET protects against insect bites for a longer period of time. The duration of effectiveness is clearly marked on DEET product labels.

### When to use DEET

DEET is recommended any time there is a danger of being bitten by insects such as mosquitoes or ticks which can transmit disease. This will vary greatly depending on where you live, the time of day and the season, so consider all these factors when deciding whether to go outside and whether to use DEET.

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## 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...

# Sanitizing with Bleach

by Judith Calder, RN, MS



**Q** The staff members at my center have been discussing the best ways to sanitize surfaces in a child care program. I've heard that bleach is best. What do you recommend?

**A** One of the most important steps in reducing the spread of infectious diseases among children and child care providers is cleaning and sanitizing surfaces. There is a difference between cleaning (removing visible soil), sanitizing (reducing the number of germs), and disinfecting (removing all germs). In child care programs the focus is on sanitizing certain areas that have high concentrations of germs. We do recommend bleach as the most effective and economical method of sanitizing, but there are other methods as well. In this column we'll discuss using bleach, and in our next newsletter we'll address other methods of sanitizing.

## Why use bleach?

Household bleach (not industrial) mixed appropriately with cold water is highly recommended as a sanitizer because it kills the widest range of bacteria, fungi and viruses. Diluted bleach also has the shortest required contact time and is economical and safe when used properly. On the negative side, it can corrode metal or metallic surfaces, and may discolor clothing.

## The bleach recipe

At right is a recipe for a bleach solution. It is easy to mix, non-toxic and safe if handled properly, and it kills most germs that cause infectious diseases. It is appropriate for surfaces that have been cleaned and rinsed in bathrooms, diapering areas, for countertops, tables, toys, floors, and surfaces contaminated by body fluids. The recipe should be followed exactly using measuring devices—more is not better!



## How to work with bleach

Guidelines for the safe use of bleach as a sanitizer are described in *Caring for Our Children* (Appendix I) and the schedules for cleaning or sanitizing are in the California Community Care licensing regulations. Here is an overview.

- Solutions of bleach and water lose their strength over time, and are also weakened by heat or sun, so they must be mixed fresh every day.
- Prepare and pour bleach solutions in a room which is separate from the children. Work near an open window for ventilation.
- When preparing the bleach mixture, wear a plastic apron, gloves and glasses to protect against splashes of full strength bleach during mixing.

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## The Power of Movement in the First Three Years of Life

Adapted with permission from ZERO TO THREE's *On the Move* brochure

Movement is very important for helping children grow physically healthy and strong. As children explore and interact with the world through movement, they are developing good thinking and communications skills. Movement also builds self-confidence. Children learn problem-solving skills as they try different actions—climbing up, over, in or through. Movement is also one of the earliest ways children express their thoughts and feelings. Children feel competent, physically and emotionally, when they use their bodies to communicate and solve problems.

Most importantly, children develop a close bond with caregivers through movement. In fact, children's desire to be close to and connect with caregivers is what motivates them to move. There are many fun ways to encourage infants and toddlers to move:

- **Follow their movements.** Young children love when you imitate them. Use your hands, head and voice to follow their movements. It makes them feel important!
- **Allow infants to spend time on their stomachs.** This helps them develop coordination between upper and lower body, and supports muscle and motor development.
- **Dance together.** Play different types of music and move to the beat with an infant in your arms. Encourage toddlers to move to music on their own. Do not expect children at this age to match their movements to the music—they respond to their own internal rhythms.
- **Describe children's actions as they dance to music.** "Look how you clap your hands together as you dance." "I like the way you stomp your feet to the beat." This helps them learn new words, and also instills a sense of pride that their actions are noticed.
- **Create an obstacle course.** Assemble a course that's safe and encourages toddlers to use a variety of skills. Set up empty cardboard boxes to crawl through, pillows to climb on, and blocks to run around. Doing the course over and over helps young children learn to organize their actions to reach goals.
- **Engage in finger play.** Songs like *Itsy Bitsy Spider* and *The Wheels on the Bus* can help children practice using their fingers and hands (fine motor skills).
- **Act out stories using movement and dance.** Select music that fits the theme and have the children create their own dances.

When you make physical activity part of the everyday routine with infants and toddlers, you are helping them take pleasure in and learn through movement. Whether you take a daily walk in the neighborhood or dance to music on the radio, your caring and nurturing responses share with young children that you understand them and enjoy being with them. ■

Published by ZERO TO THREE: National Center for Infants, Toddlers and Families. (2004). Writers: Suzi Tortora, Claire Lerner and Lynette Ciervo.

The original brochure and additional materials on the topic are available online at [www.zerotothree.org/motion](http://www.zerotothree.org/motion) (brochure is also available in Spanish).

## To Glove or Not to Glove

by Judith Kunitz, MA

The Centers for Disease Control, the Occupational Safety and Health Administration and *Caring for our Children: National Health and Safety Performance Standards* recommend that child care staff wear disposable nonporous gloves when in contact with blood, or body fluids containing blood.

Child care staff should wear gloves in the following situations:

- When in contact with blood or blood-containing bodily fluids (such as providing first aid for a cut or bloody nose, or changing a diaper with bloody diarrhea).
- When cleaning and sanitizing surfaces or handling clothes and supplies that have been contaminated with blood or other bodily fluids such as urine, stool or vomit.
- When caring for oozing skin rashes or lesions.
- When a caregiver has cuts, scratches or rashes that cause breaks in the skin on the hands.
- When providing any special procedures, such as special medical care, where gloving is a required part of the procedure.
- Multi-use utility gloves should be worn whenever using disinfectants, whether for spills or for routine daily cleaning of surfaces.

After each use, remove gloves correctly and discard properly. Be careful not to contaminate your hands when removing them, or to cross-contaminate other objects or people with dirty gloves. Wash your hands and put on a fresh pair of gloves between diaper changes when they are needed. Use disposable latex gloves (for those not allergic) and never reuse gloves.

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## Pedestrian Safety for Young Children

by Eileen Walsh, RN, MPH

Children and adults benefit from increased walking and decreased dependence on cars. Children of all ages can reap the benefits; even toddlers can enjoy short treks in their neighborhoods with families or caregivers. However, there are important safety guidelines to keep in mind when we accompany young children on walks. Special efforts are required to ensure their safety as pedestrians.

### Children are at increased risk for pedestrian injuries

Children often have a limited understanding of the dangers posed by moving cars. Additionally, young children have not yet developed the ability to assess situations and take appropriate precautions. Below are some of the specific characteristics of children which make them vulnerable to traffic injury:

- Children's visual fields are about one-third narrower than those of adults, so they may not see fast-approaching vehicles coming from the side.
- Children typically can concentrate on only one topic at a time. When distracted by their surroundings, they may be completely unaware of traffic.
- Children often cannot tell which direction a sound is coming from, including the sound of an approaching car.
- Smaller children may not be visible to drivers, especially drivers of cars with high suspensions and poor rear visibility. Over 50 percent of pedestrian injuries to toddlers occur when they are struck by cars backing up. These injuries are usually fatal.<sup>1</sup> Injuries to preschoolers (ages 3-4 years) occur most often due to children darting out from between parked cars into a street or parking lot.<sup>2</sup>

### How can we encourage walking and protect children?

When caregivers and parents take appropriate precautions, children can enjoy walking safely. The National Safe Kids Campaign recommends these strategies:

- Be a role model for safety when you take children for a walk. Describe to the children with you what you are doing and why.
- Teach young children how to understand and follow traffic signals and signs.
- Teach children to cross streets only within designated crosswalks.
- Instruct children to look left, then right, and then left again, before crossing. Teach them to be sure that approaching drivers see them before crossing, even when the signal says that they may safely cross.
- Children under age 10 should be supervised by an adult or a responsible older child when crossing streets.
- Children who walk in low visibility conditions should be dressed in light-colored or reflective clothing, so that drivers can more easily see them.
- Never let children play around parked cars. ■

#### Resources

National Safe Kids Campaign poster of traffic safety rules for children, free at [www.safekids.org/content\\_documents/Check-Ped.pdf](http://www.safekids.org/content_documents/Check-Ped.pdf).

Healthline at (800) 333-3212.

#### References

<sup>1</sup>National Safe Kids Campaign: *Injury Facts*. Accessible online at [www.safekids.org](http://www.safekids.org).

<sup>2</sup>National Highway Traffic Safety Administration, U.S. Department of Transportation: *Child Transportation Safety Tips*. Accessible online at [www.nhtsa.dot.gov/CPS/newtips/tip10.html](http://www.nhtsa.dot.gov/CPS/newtips/tip10.html).

## Pesticide Use in Child Care

by Kim Walker, RN, MSN, CPNP

The use of pesticides in child care is a tricky business. There is concern about the harmful effects of pesticide exposure on people, and children in particular. Children's exposure may cause greater risk because of their size and continuing development. Insects and pests are annoying and bothersome, but a pesticide should only be used for pests that pose a threat to children's health, such as fire ants and yellow jackets. Otherwise, using a healthy alternative like integrated pest management (IPM) is recommended.

According to *Caring for Our Children: National Health and Safety Performance Standards*, natural pesticides that are non-toxic to humans should always be considered first. IPM is a long-term and environmentally sound pest control process. It uses multiple strategies including reducing the food, water and living space of pests.

If pesticides prove necessary, choose the least hazardous product and application. According to *Healthy Child Care* (June-July 2004), choose products such as insect baits and growth regulators over sprays. Consider using products labeled "Caution" rather than "Warning" or "Danger." Do not store pesticides at a child care site. If pesticides *must* be kept on site, store them in their original containers under lock and key out of children's reach.

Furthermore, use of pesticides is restricted to those approved by the Environmental Protection Agency and the facility will need to consult a Material Safety Data Sheet for all toxic chemicals used, and be in compliance with the directions provided.

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# Tooth Decay: One of the Most Common Childhood Diseases

by A. Rahman Zamani, MD, MPH

**D**ental caries (cavities or holes in teeth caused by decay) is the most common chronic childhood disease and occurs five times more often than the next most widespread disease, asthma (CDC, 2000). Early Childhood Caries, also called baby bottle tooth decay, is the term used for dental disease in infants, toddlers and preschool children, and may happen in children as young as 6 to 12 months. In California, untreated decay in children is twice as common as in the rest of the United States and children of color are even more at risk (DHF, 2002).

## What causes tooth decay?

Dental caries are contagious. They are caused by *Streptococcus mutans* and *Lactobacillus* species that are able to produce lactic acid. Children are not born with these bacteria, but are infected some time in their early life. Usually the bacteria is passed from the mother or caregiver to the child via saliva through shared toothbrushes, utensils, cups, or pacifiers that have been "cleaned" with saliva.

## How do dental caries develop?

Four factors play roles in the development of caries: a vulnerable tooth; acid-producing bacteria; fermentable carbohydrates (sweet liquids, juice, milk, formula); and time (how long or how often teeth are exposed to sugar).

Together these factors create an environment for the bacteria to multiply rapidly, and produce acids that slowly melt the calcium in teeth, causing tooth decay. Young children are especially at risk because they depend on adults to provide adequate oral care.

## How can you recognize dental caries?

The appearance depends on how advanced the dental caries are.

- A dull white band along the gumline is the first sign of demineralization (reduced calcium in the tooth.)
- A yellow, brown or black collar around the neck of the teeth indicates that the demineralization has progressed to cavities.
- Teeth that look like brownish black stumps indicate that the child has advanced cavities.

## Why be concerned about baby teeth?

Healthy baby teeth are important for guiding permanent teeth into place. For many children, tooth decay can be severe and painful. It can interfere with eating, sleeping, speaking, learning and playing, and may cause low self-esteem. Treatment can be expensive and require general anesthesia.

## How can tooth decay be prevented?

As a bacterial infection caused by specific bacteria, caries are preventable. You and your child care provider can play an important role in reducing the risk of early childhood caries, protecting your child's smile and health.

## Reduce bacterial transmission to children

- Minimize the bacteria in your mouth by brushing and flossing your teeth and visiting your dentist regularly, especially when pregnant.
- Avoid saliva-to-saliva contact with your child by not sharing spoons, chewing food for your baby, or putting pacifiers in your mouth.

## Start cleaning teeth early

- As soon as your infant's first tooth erupts, wipe it daily with a clean damp cloth. Switch to a small soft toothbrush as more teeth come in.
- Brush children's teeth twice a day until they have the skill to handle the toothbrush alone (usually around age 4 or 5). Then closely supervise to ensure proper brushing and use of only a small amount of toothpaste.
- Encourage swishing the mouth with water after meals to dislodge food particles from teeth.

## Use care if bottle feeding

- Breastfeed your baby—it is the healthiest option and breastfed babies have a reduced risk of dental caries. If bottle feeding is necessary, take the bottle away when the child has had enough.
- Never allow the child to fall asleep with a bottle of milk, formula, fruit juice, or sweetened liquids.
- Introduce a feeding cup between age 6 to 8 months. The bottle usually can be discarded by the first birthday.
- Encourage children to drink water rather than fruit juices or sweet drinks when thirsty.

The American Academy of Pediatrics and the American Academy of Pediatric Dentistry recommend that infants have a dental exam by the age of 1 year or as the first teeth emerge. ■

## References and Resources

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*Early Childhood Caries*, California Dental Association. [www.cda.org/articles/baby-bottle.htm](http://www.cda.org/articles/baby-bottle.htm).



# West Nile Virus: What You Should Know

## What is the West Nile Virus?

The West Nile Virus is a *flavivirus* commonly found in Africa, West Asia, and the Middle East. It is closely related to the St. Louis encephalitis virus found in the United States. In the last four years, the West Nile virus has been reported in all but four states. The development of the disease in states seems to follow a pattern. There is an increased number of people infected with the disease when the virus lands in a new area. In subsequent years it does not go away, but the number of cases in the following years is lower. It believed that once infected, people have long-lasting immunity.

If someone is infected with West Nile virus (WNV) they will have one of three outcomes:

- no symptoms (most likely);
- West Nile Fever (in about 20 percent of infected people); or
- severe West Nile disease such as meningitis or encephalitis (in less than 1 percent of cases).

The most significant risk factor for developing severe disease is advanced age. If you develop a high fever with severe headache consult your health care provider.

## How is it spread?

The virus is spread by mosquito bites to people and animals. It is not known to be spread from animal to person. There is at least one documented case of a pregnant woman passing the infection to her unborn baby. The possibility of passing the infection through breast milk is currently being investigated. In temperate areas (northern states), the virus is spread primarily in the late summer or early fall. Where temperatures are milder (southern climates), West Nile Virus can be transmitted year round. One

of the species of mosquitoes found to carry West Nile virus is the *Culex* species, which survives through the winter, or “overwinters,” in the adult stage. This means that the virus can survive along with the mosquitoes. This species was responsible for the widespread transmission of West Nile virus in the United States during the summer of 2000.

## Do animals get West Nile virus?

The virus can infect humans, birds, horses and some other mammals. Some wild birds are particularly susceptible to infection with West Nile virus. Mosquitoes feed on the infected birds and then spread the infection to another bird, person, or animal that the mosquito bites. An increase in the number of dead birds may indicate that mosquitoes in the area are carrying the virus. Persons who find a dead bird (especially a crow, raven, magpie, jay or hawk) are encouraged to report it to the Department of Health Services through the West Nile Virus Dead Bird Hotline (877-WNV-BIRD).

## What are the symptoms?

Symptoms generally occur three to 15 days after exposure. The infection may be asymptomatic or mildly symptomatic with flu-like symptoms such as fever, headache and body aches which last a few days. There do not appear to be long-term health issues associated with the virus. Rarely, the virus can cause encephalitis (inflammation of the brain) and death. The risk of contracting the virus or becoming seriously ill from it is very low in humans.

## How is West Nile virus treated?

There is no specific treatment for West Nile virus. The rare person who develops West Nile encephalitis requires hospitalization and supportive therapy.

## Who is most likely to get seriously ill?

Immunocompromised adults (people with weak immune systems) and people over 50 are the most at risk to develop serious illness. Infants and children rarely become ill. According to the Center for Disease Control, "Pregnant women should take precautions to reduce their risk for West Nile virus by avoiding mosquitoes and by using protective clothing and repellents containing N, N-diethyl-m-toluamide (DEET) per manufacturers' directions."

## What do providers and parents need to know?

Mosquitoes primarily transmit the virus, so prevention of mosquito bites and cleaning up mosquito breeding areas will help. Guidelines for prevention include:

- Since mosquitoes lay their eggs in standing water, empty out or remove any standing water including wading pools, birdbaths, old tires, fountains, plastic covers, toys, potted plant trays and rain gutters at least every four to seven days. Use drip spouts instead of containers of water for watering pets and make sure sandboxes drain thoroughly.
- Keep swimming pools treated and circulating.
- Avoid being outside at dawn and dusk during mosquito season (April to October) when mosquitoes are most active. Take care to wear protective clothing and use repellent if you are outside during these times.
- Make sure window and door screens are "bug tight."
- Replace your outdoor lights with yellow "bug" lights.
- Seek mosquito control advice from your local Health Department, Vector Control or Mosquito Abatement Program, if you are surrounded by standing water such as irrigation ditches or creeks.

## What is the most effective insect repellent?

The most effective repellents contain the chemical DEET (chemical name N, N-diethyl-metatoluamide). DEET does not kill insects—it makes it harder for them to locate humans. 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, offers the best protection.

Use the concentration of DEET that is appropriate for the amount of time you will be exposed, and follow the directions on the label exactly. DEET is not recommended for infants under 2 months old, and should be used with caution on children 2 months to 12 years of age.

For more information, see CCHP's related Health and Safety Notes *Summer Safety* and *The Use of Insect Repellent by Child Care Programs*. For copies, visit [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org) or call the Healthline at (800) 333-3212.

## Resources

For more information, call the Healthline at 1-800-333-3212.

*The Use of Insect Repellent by Child Care Programs*. California Childcare Health Program, 2004. Available online at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

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by Susan Jensen RN, MSN, PNP (5/03) revised 8/4/04.

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## Meeting the Needs of Children with Autistic Spectrum Disorder

by Mardi Lucich, MA and Eileen Walsh, RN, MPH

Autistic Spectrum Disorder (ASD) is a general term for a broad range of developmental disabilities. The most common characteristics are impaired ability to communicate, difficulties in social interactions, and limited, compulsive interests and behaviors. ASD can range in severity from mild to severe. Children with mild ASD may have average or above average intelligence, but those more severely affected usually have some accompanying cognitive impairment. Symptoms usually appear in the toddler years and persist throughout life. Although ASD is incurable, there are many therapeutic techniques which can help children with ASD compensate for their limitations and reach their fullest potential.

### How common is ASD?

The National Institute of Mental Health estimates that ASD occurs in two to six out of every 1,000 people (NIMH, 2004). The exact prevalence is difficult to calculate, but recent data suggest that more cases of full-spectrum autism, the most severe type, are being diagnosed than ever before (Croen, 2002). ASD occurs four times more often in males than females, and while the exact cause is not known there is strong evidence of an inherited genetic predisposition to ASD (NIMH, 2004). Researchers are seeking to establish a more precise estimate of the prevalence as well as identify possible causes.

### How do we help children with ASD?

Children with ASD are taught skills that help compensate for their individual weaknesses. The best results are usually seen with children who begin treatment when they are very young. Early intervention is crucial to appropriately address all of the child's needs, and to work toward the goal of age-appropriate skills for daily activities. Every child with ASD has a unique profile, so special education programs must be tailored. These programs focus on improving communication, social, academic, behavioral and daily living skills. Treatment might also include therapies such as speech, physical, music, occupational, play/recreation, and hearing or vision therapies, as well as nutritional counseling and medication.

Child care routines should be consistent and predictable; successful strategies should be practiced at home and in care. Children with ASD learn better when information is presented visually as well as verbally. Interaction with nondisabled peers provides models of appropriate language, social and behavior skills. To overcome frequent difficulties in generalizing learned skills, it is vital to have open and ongoing communication between parents and child care providers. ■

### Resources

Centers for Disease Control and Prevention's Autism Information Center: [www.cdc.gov](http://www.cdc.gov).

Autism Society of America: [www.autism-society.org](http://www.autism-society.org).

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## Working Together on Challenging Behavior

by Joanna Farrer

During the last three years, Child Care Health Consultants in California have received numerous requests from child care providers for support, information, and intervention related to challenging behavior. In response, Child Care Health Consultants have provided workshops for providers and families, individual assessments of children, individual consultations for child care providers and parents, and referrals for providers and parents to appropriate agencies. This support has improved the process of identification and referral of children in child care to the behavioral health services they need.

Two success stories from Child Care Health Consultants heard during focus groups highlight this work. In one case, a student was exhibiting developmentally delayed behavior, but staff members were unsure whether this might be due to a language barrier. The center's Child Care Health Consultant made a referral to a local agency that performed an assessment on-site. In another case, a child came to a center after being asked to leave five previous child care programs because of behavioral problems. This preschool-age child was unable to control his anger and would scream, swear, and hit children and staff. After a referral to a local agency, the family began receiving counseling with very successful results. ■



# Overcoming Barriers to Oral Health Care

by Robert Frank, MEd

According to the Dental Health Foundation, almost one-third of California preschoolers have experienced tooth decay, and 30 percent of parents of preschoolers use feeding practices such as night-time bottles that contribute to tooth decay. The good news is that child care providers, as role models who work with families and children every day, are in a key position to make a difference. Family Action of Sonoma County, an advocacy group, describes the following five barriers to oral health care for children which you can address in your program.

## Parents do not understand the importance of oral care

Many parents do not understand the importance of oral hygiene, regular dental visits, and dental cleanings. Studies show that parents with limited education are less likely to take their children to the dentist regularly or follow prevention regimens such as regular brushing, fluoride supplements, flossing, etc. Child care programs are in a key position to emphasize the importance of good oral health.

## Problems with insurance affect many families

Families may not be aware that they are eligible for Denti-Cal services.<sup>1</sup> Providing brochures about Denti-Cal and posting a list of Denti-Cal providers are sensitive ways to educate parents. Even families who have private dental insurance often face problems such as long waits for preventive care, large co-pays, limited coverage, and difficulty finding approved providers in small towns and rural areas.

## Many dental health providers fail to accommodate the underserved population

Some children may not receive care because few dentists see patients in the evenings or on weekends and parents cannot miss work to go to weekday appointments. Develop a directory to identify dental professionals who serve families during alternative times.

## Culture can affect a family's decisions about oral health

Not all ethnic groups or cultures accept "mainstream" beliefs about oral health. Symptoms of disease may be viewed as normal and some families perceive preventive dentistry as unnecessary. Consider offering parent trainings in these topic areas to help families understand the importance of good oral health.

## Publicly funded dental services are underfunded

In the United States, 30 percent of all children's health expenditures are devoted to children's dental care, but only 2.4 percent of Medicaid children's health care costs are spent on oral health services. Child care programs can educate health professionals by serving on health advisories and community boards. ■

### References

*The Oral Health of California's Children: Halting a Neglected Epidemic*, The Dental Health Foundation, 2002.

Family Action of Sonoma County. <http://fasc.org>.

<sup>1</sup>Your local California Health and Disability Prevention Program (CHDP) may be able to provide a list of Denti-Cal providers in your local area. [www.dhs.ca.gov/pcfh/cms/chdp/directory.htm](http://www.dhs.ca.gov/pcfh/cms/chdp/directory.htm).

-DEET, continued from page 1

## Is DEET safe for children?

DEET-based insect repellents have existed for over 40 years, and there is a wealth of evidence that they are not toxic when used properly. The Centers for Disease Control and Prevention state that "No serious illness has been linked to the use of DEET in children when used according to the product recommendations" (CDC, 2004).

However, the American Academy of Pediatrics (AAP) and the CDC both recommend that DEET not be used on infants younger than 2 months because it may be absorbed through the skin (AAP, 2003; CDC, 2004). When using DEET, it is important to read the label and follow the directions carefully. Use the lowest concentration effective for the amount of time you will be exposed.

## How to apply DEET to a child

- Do not apply DEET near a child's eyes or mouth. DEET can be irritating to these sensitive areas.
- Do not apply DEET to children's hands, as they may then rub their eyes or mouth, causing irritation.
- Apply DEET to your own hands, and then lightly rub it on the child's exposed skin. Wash your hands when you have finished.
- Do not apply DEET to skin under clothing. Instead, lightly coat the clothing with DEET. After returning indoors, wash the treated clothing to remove the DEET.
- Do not let children apply DEET. An adult should do this. Keep DEET out of children's reach.

More information is available through the Healthline at (800) 333-3212. ■

### References

1. Centers for Disease Control and Prevention (2004). *Insect repellent use and safety*. Accessed on 7/29/04 at [www.cdc.gov/ncidod/dvbid/westnile/qa/insect\\_repellent.htm](http://www.cdc.gov/ncidod/dvbid/westnile/qa/insect_repellent.htm).

2. American Academy of Pediatrics Committee on Environmental Health (2003). *Follow safety precautions when using DEET on children*. Accessed on 7/29/04 at [www.aap.org/family/wmv-jun03.htm](http://www.aap.org/family/wmv-jun03.htm).

## EVENTS

### September

**September 22-24**

**National Conference on Inclusion.**  
Kids Included Together. San Diego.  
(858) 794-8154.

**September 24-26**

**Professional Association for  
Childhood Education's  
35th Annual Conference.**  
Santa Clara, CA. (800) 924-2460;  
www.pacenet.org.

**September 27-29**

**18th Annual California Conference  
on Childhood Injury Control.**  
Center for Injury Prevention Policy  
and Practice. San Francisco.  
(619) 594-3691; www.cipp.org.

**September 29-30**

**Connecting the Pieces: Family  
Violence, Substance Abuse,  
Children At Risk.**  
Children's Network. Ontario, CA.  
(909) 387-8966; www.co.san-  
bernardino.ca.us/childnet.

### October

**October 6**

**Walk to School Day.**  
Partnership for a Walkable America.  
www.walktoschool-usa.org.

**October 7-8**

**24th Annual SIDS Conference.**  
California SIDS Program.  
Glendale, CA. (916) 266-7445;  
www.californiasids.com.

**October 15-17**

**2004 California Association for  
Family Child Care Semi-Annual  
Conference.** Los Angeles.  
(415) 333-9169; www.cafcc.org.

**October 24-26**

**California Child Care Resource  
and Referral Network Agency  
Annual Conference.**  
Monterey, CA. (415) 882-0234;  
http://www.rrnetwork.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.

Wondering if an item you purchased second-hand may have been recalled? Find out by checking for it on the U.S. Consumer Product Safety commission Web site at [www.cpsc.gov](http://www.cpsc.gov), or call (800) 638-2772. Check to see if items have been recalled before you donate them to thrift stores or pass them on to families as well.

Recalled Item	Recalled Item	Contact Information
Plush Frog Stuffed Animal	The seams in the toy can tear open and expose small plastic pellets, posing a choking or aspiration hazard to young children who mouth the pellets.	Determined Productions (877) 925-0660 Normamail@dpisf.com www.kohls.com
Summerville™ Toy Trucks Sets	Components on the trucks could detach, posing a choking and sharp point hazard to young children.	Target (800) 440-0680 www.target.com
Pokémon plush dolls, beanbags, and key chains	Tips of sewing needles have been found in the stuffing, posing a puncture hazard.	TOMY Company (800) 691-8055
Peek-a-Boo Ball	The wooden rings on the holes may crack, allowing the wooden heads to fall out and pose a choking hazard to young children.	HearthSong (888) 623-6557
Arch Swing and Arch Swing Add-A-Bay	The weld between the side arch support and the top rail can fail, causing children on the swings to fall and be injured by the falling top rail.	Playworld Systems (800) 233-8404

#### -Pesticides, continued from page 4

This means following the directions to the letter, including all precautions and restrictions. Restricted-use pesticides must be applied by a certified licensed commercial pest-control expert. Banned pesticides are not to be used at all. Never use pesticides as a preventative practice. According to IPM, "if you do not have a pest, you do not need a pesticide."

Parents and staff should be notified in advance of any application. Children with asthma or allergies may react to chemical usage. A staff member should be present to observe the application. If it is applied to surfaces, make sure it does not constitute a hazard to children or staff. No pesticide application should occur with children present. ■

#### Resources

[www.epa.gov/pesticides](http://www.epa.gov/pesticides)  
[www.healthyschools.org](http://www.healthyschools.org)  
Healthline at (800) 333-3212.

## Proposed Legislation, Opportunities and Resources

by Mardi Lucich, MA



### AB 1569 (Firebaugh)

#### Secondhand Smoke in Vehicles

Existing law makes it an infraction for a person to smoke a cigarette, cigar or other tobacco-related product within 25 feet of a playground or tot lot sandbox area. This bill would make it an infraction punishable by a fine not exceeding \$25 for a person to smoke a pipe, cigar or cigarette in a motor vehicle, whether in motion or at rest, in which there is a child passenger who is required to be secured in a child passenger restraint system (under age 6 and under 60 pounds).

This bill would require all fines collected to be deposited into the Secondhand Smoke Education Fund to be available, upon appropriation by the Legislature, for a public education program regarding the dangers of secondhand smoke in confined places to be conducted by the State Department of Health Services.

### AB 1393 (Kehoe)

#### Six to Six Program

This bill would extend the operation of the Six to Six Before and After School Programs from January 1, 2005, to January 1, 2009, without requiring them to be licensed.

### Policy and Advocacy Fellowship Opportunity

#### Emerging Leaders in Child Care and Early Education

The Children's Defense Fund's Emerging Leaders Project is a unique opportunity for child care and early education activists. The Emerging Leaders Project incorporates training, networking and technical assistance activities to provide emerging leaders across the country with the information, support and resources they need to be successful agents of change. The project seeks to expand and enhance the leadership capacity of advocates and foster the development of new strategies for improving child care, early education and school-age care policies.

Each year, new Emerging Leaders Project fellows are selected through a competitive process based on their ability to demonstrate the commitment, energy, determination and creativity necessary to serve as part of a growing cadre of new leadership in child care and early education. Recognizing that learning and change are long-term commitments, the Emerging Leaders Project is intended to be an open-ended experience for fellows. Once accepted to the fellowship network, fellows are invited to stay active and involved throughout their careers. For more information, including an application and instructions, go to: [www.childrensdefense.org/earlychildhood/emergingleaders/default.asp](http://www.childrensdefense.org/earlychildhood/emergingleaders/default.asp).

### Advocacy Resources

- *Early Care and Education Health and Safety and Public Policy: Informing Stakeholders, Educating Policymakers, and Encouraging Action*, has been revised. [www.ucsfchildcarehealth.org/webpages/pdf/text/publicpolicy/public\\_policy\\_060904.pdf](http://www.ucsfchildcarehealth.org/webpages/pdf/text/publicpolicy/public_policy_060904.pdf).
- Do's and Don'ts in an Election Year, as well as an Advocacy Toolkit, are available from the National Association for the Education of Young Children (NAEYC) at: [www.naeyc.org/childrens\\_champions/advocacy.asp](http://www.naeyc.org/childrens_champions/advocacy.asp). ■

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### -Gloving, continued from page 3

According to the national standards, gloves are not necessary for routine diaper changing. *Gloving should never be used as a substitute for proper handwashing!* However, some child care settings recommend that caregivers use gloves for all diaper changes or for all diaper changes with stool. Gloves provide an additional barrier, but offer little protection beyond that achieved by good handwashing (CFOC, 2002). The best practice is to maintain healthy, unbroken skin and to wash hands thoroughly between each contact with children in care. Make sure to follow the policies and procedures of your particular child care program.

Disposable gloves should be available wherever they may be needed. For more information on the use of gloves and latex allergy visit [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org) or call the Healthline at (800) 333-3212. ■

### References

*Health and Safety in the Child Care Setting: Prevention of Infectious Disease*. California Childcare Health Program. Module 1, Second Edition. 2001.

*Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. Second Edition. 2002.

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### -Bleach, continued from page 2

- Do not mix household bleach with any other chemicals that could produce hazardous gases.
- Clearly label the spray bottles with the words "bleach sanitizer" and keep them out of the reach of children at all times.
- After you spray the bleach solution on an item or surface, do not wipe off the surface. The solution needs about two minutes of contact time, and is most effective if the total surface is lightly covered and allowed to air dry.
- Do not spray the bleach solution when children are present.

More information is available through the Healthline at (800) 333-3212. ■

## HEALTH and SAFETY RESOURCES

**The National Resource Center for Health and Safety in Child Care** has released a new compilation of the standards-based tool; contains the 45 standards in *Caring for Our Children* related to emergency preparedness. Online at <http://nrc.uchsc.edu/SPINOFF/EMERGENCY/Emergency.htm>.

**2004 KIDS COUNT Data Book** ranks California 15th in the U.S. on 10 indicators of child well-being, including low birth-weight babies, infant and child mortality, and children in poverty. Annie E. Casey Foundation; (410) 547-6600; online at [www.aecf.org/kidscount/databook](http://www.aecf.org/kidscount/databook).

**Effects of Recent Fiscal Policies on Today's Children and Future Generations**, from the Urban Institute, finds that recent federal policies will hurt the economic prospects for today's and tomorrow's children and youth. [www.urban.org](http://www.urban.org).

**Geographic Information System Mapping**, from California First Five, provides county-by-county locations of and data on community resources, risk factors and characteristics. Topics include inadequate prenatal care and children under 5. <http://63.192.169.198/index.asp>



**Marketing Manual**, from the Healthy Start Field Office, is a hands-on guide for developing marketing tools for after-school programs, Healthy Starts, family resource centers, and other community agencies. <http://hsfo.ucdavis.edu/download.html>.

**Afterschool Program Clearinghouse**, from the National Mentoring Partnership, provides tools and resources for developing, running and improving afterschool mentoring projects. Includes resources and sample materials. Online at [www.mentoring.org/afterschool/index.adp](http://www.mentoring.org/afterschool/index.adp).

**Asthma-Friendly Schools Toolkit**, available from the American Lung Association, provides information for school staff on assessing asthma treatment options in the community, maximizing school health services, and providing a healthy school environment. [www.lungusa.org](http://www.lungusa.org).

**Children's Health Study**, from the California Air Resources Board, finds that air pollution reduces children's lung growth and function, impacts respiratory health in asthmatic children, and contributes to increased school absences. [www.arb.ca.gov/research/chs/chs.htm](http://www.arb.ca.gov/research/chs/chs.htm). ■

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