

# 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)



## Green Cleaning in Child Care Settings

**C**hild care settings require a high level of hygiene because young children readily share their germs with each other. They sneeze, cough, drool, use diapers and are learning to use the toilet. They touch everything and put things in their mouths. In addition, young children have immature immune systems and experience more illnesses than older children or adults, especially when they spend time in child care. Keeping children healthy requires proper cleaning and sanitation in child care environments.

### Why is cleaning important before sanitizing?

Cleaning (physically removing dirt and debris from a surface by scrubbing, washing and rinsing) must always be done before sanitizing because dirt on surfaces inactivates bleach and other sanitizers. Oil and grease may actually prevent sanitizers from coming into physical contact with the surface that needs to be sanitized. In addition, some bacteria secrete a sticky substance that attaches firmly to surfaces, especially surfaces that have cracks, chips, or pits. This substance creates what is called a "biofilm." Effective, regular cleaning helps to prevent the development of biofilms.

### How do I know what products are safe for cleaning?

Many consumers mistakenly believe that if the word "green" appears in the name, then the product is safe for humans and the environment. A Green Seal approval is one way to check if a product is eco-friendly. Green Seal is an independent, non-profit organization dedicated to safeguarding the environment by promoting the use of environmentally responsible products. Recently, Green Seal revised their criteria for green cleaners for institutional cleaning products, and paid particular attention to settings such as schools and child care. For instance, the new criteria do not allow the certification of cleaning products that contain substances that can cause asthma. The GS-37 list of

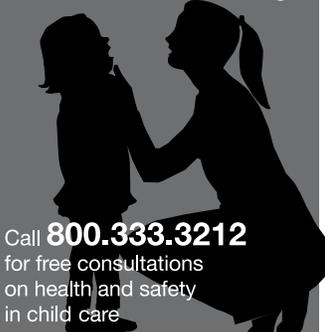
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California Child Care  
**Healthline**  
www.ucsfchildcarehealth.org



## health + safety tips

### Keeping Medication Accessible During an Emergency (Earthquake, Fire, or Flood)

- Children's medications should be kept in an area that is easy to get to in case of an emergency, and out of reach of all children.
- The medication should be properly labeled, in its original container and able to be quickly moved into a watertight container that can be hand carried to safety.
- Keep all children's medication permission forms and logs in an accessible area where they can also be quickly gathered and placed in a watertight container that can be carried to safety.
- Gathering medications for the children in your care is a priority during a disaster. Have ECE staff practice medication-gathering drills.

Source: *California Childcare Health Program, Asthma Information Handbook for Early Care and Education Providers.*  
Online at [ucsfchildcarehealth.org](http://ucsfchildcarehealth.org)



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## How to Store Water Safely



**Our child care center has stored water for emergencies and the expiration date on the bottles has expired. Should we toss it and buy new bottles? How much?**



I would toss it based on new recommendations. The Centers for Disease Control and Prevention (CDC) has issued revised guidelines on emergency water storage and purification as follows:

- The minimum drinking water supply is 1 gallon per person per day. You will also need water for food preparation, bathing, brushing teeth, and dish washing. Store a 3-5 day supply of water.
- Water should be stored in sturdy plastic bottles with tight-fitting lids. Rinsed chlorine bleach bottles work well for water storage. Plastic containers for juice or milk do not work as well because they tend to crack and leak more readily. All containers should be labeled (and dated).
- Water should be changed every 6 months. (The concern is related to chemicals from the container that may leech into the water over time).
- Avoid placing water containers in areas where toxic substances, such as gasoline and pesticides, are present. Vapors may penetrate the plastic over time.
- Do not store water containers in direct sunlight. Select a place with fairly cool temperatures.

If you do not have enough water stored, there are sources in your home (center) that may provide safe, clean water for drinking.

- Water drained from the water heater faucet, if the water heater has not been damaged.
- Water dipped from the toilet tank (not bowl). The water from the bowl can be used for pets. Do not use water that has been chemically treated or "blue" water.
- Melted ice cubes
- Canned fruit, vegetable juice, and liquids from other sources.

*Excerpted from "Emergency Water Storage And Purification", CDC Emergency Preparedness and Response Website, modified January 4, 2008, accessed October 1, 2008. Full recommendations can be accessed at <http://emergency.cdc.gov/disasters/earthquakes/food.asp>*

The white pages of your local phone book also contains great information on water purification after a disaster in the emergency preparedness section in front of the book. And now you have a great way to use those empty bleach bottles!

by Judy Calder, RN, MS

## Safer Toys and Children's Products

**I**n July, lawmakers in the United States passed the Consumer Product Safety Improvement Act of 2008 in response to increased concern over the safety of toys and products used to care for children. On August 14, 2008, President Bush signed the sweeping new consumer legislation to make toys and common consumer products safer, and to support the role of the Consumer Product Safety Commission. The law covers many product safety issues and is the broadest set of reforms to the Consumer Product Safety Commission since it was created in 1972.

### What does the law say?

Among other consumer safety issues, the law requires that toys and infant products be tested before they are sold. Toy manufacturers will be required to follow new rules to make toys safer. The law sets new lower levels for lead and phthalates, new safety standards and test procedures, testing and certification for children's products that come from other countries, and new labeling for safety and product registration. An Internet database where consumers can find out information about dangerous products will also be created.

### What kinds of children's products does the law affect?

The new safety measures only apply to the accessible parts of the toy. The following terms define children's products and toys:

- "Children's products" are any consumer products that are designed for children 12 years or younger.
- "Children's toys" include products for use by a child 12 years or younger when the child plays.
- "Child care articles" are products used by children ages 3 and younger to help with sleep, feeding, suckling or teething.

There are also new recall and registration rules for infant and toddler products such as cribs, high chairs, strollers, infant carriers and swings and expanded warnings for children's products sold on the internet or by catalog that may be choking hazards.

### When does the law take effect?

Mandates will be phased in over time with changes starting in late 2008. Consumers will begin to see changes in labeling and third party testing in 2009. Items that do not meet the standards as they are phased in will be considered hazardous and it will be illegal to sell them. Since the reforms are complex and have a large scope, it may be some time before the full impact of the law is seen.

### What does this law mean for child care providers?

It's important for Early Care and Education (ECE) professionals to be cautious about the safety of toys and products used in child care programs. These new reforms should take some of the guesswork out of choosing safe items.

Safety tips for toys and children's products:

- Choose toys that are developmentally appropriate
- Check labels for product testing, certification and warnings
- Use caution with second-hand toys and equipment
- Pay attention to product recalls; the Consumer Product Safety Commission maintains a Toy Hazard Recalls list (see resources):
- Look for toys and products manufactured after the Consumer Product Safety Improvement Act of 2008.

### Resources and References:

US Consumer Product Safety Commission  
[www.cpsc.gov/about/cpsia/cpsia.html](http://www.cpsc.gov/about/cpsia/cpsia.html)

Toy Hazards Recalls List:  
<http://www.cpsc.gov/cpsc/pub/prerel/category/toy.html>

Toy Industry Association Summary of Consumer Product Safety Improvement Act of 2008

[www.toyassociation.org/AM/Template.cfm?Section=Toy\\_Safety&Template=/CM/HTMLDisplay.cfm&ContentID=5916](http://www.toyassociation.org/AM/Template.cfm?Section=Toy_Safety&Template=/CM/HTMLDisplay.cfm&ContentID=5916)

Duane Morris LLP & Affiliates, Consumer Product Safety Improvement Act of 2008  
[www.duanemorris.com/alerts/alert2940.html](http://www.duanemorris.com/alerts/alert2940.html)

by Bobbie Rose RN

# The Importance of Breastfeeding Infants

**T**he evidence for the health benefits of breastfeeding over formula feeding is overwhelming. The American Academy of Pediatrics recommends breastfeeding infants for the first year of life and as long as it is mutually desired thereafter. Breastfeeding is an important preventive health care strategy. It functions as a baby's first and ongoing immunization against infectious diseases because mothers pass their immunity to these diseases to their infants in their breast milk. Research also shows an association between breastfeeding and reduced risk of:

- Baby bottle tooth decay
- Allergies
- Asthma
- Chronic digestive diseases
- Diarrhea
- Lower respiratory disease
- Ear infections
- Sudden Infant Death Syndrome

Research suggests that diabetes and high cholesterol are also reduced in older children and adults who were breastfed, compared with individuals who were not breastfed. And another new study showed that children who are breast-fed seem to cope with stress and anxiety better when they reach school age.

## What about supplements?

According to the American Academy of Pediatrics (AAP) breastfed infants and toddlers require two important supplements:

**Vitamin D:** Breastfed infants require vitamin D supplements soon after birth, even if they spend time outside and are exposed to the sun. Breast milk does not contain an adequate concentration of vitamin D. In a recent study, one third of infants who had a vitamin D deficiency lost minerals from their bones. Vitamin D supplements are needed until a child is weaned and consuming 32 ounces per day of vitamin D-fortified formula or whole milk.

**Iron:** Healthy full term infants are born with a supply of iron that lasts for 4 to 6 months. After that, they must get their iron from solid food or iron-fortified formula. If they do not get adequate iron in their diet, infants and toddlers can become iron deficient, which can cause anemia. Untreated anemia can lead to developmental delays and behavior problems.

## ECE programs can support mothers to continue breastfeeding when they go back to work by:

- Encouraging moms to build up even a small stockpile of milk in the freezer before their baby starts child care.
- Encouraging breastfeeding moms to freeze milk in small amounts that thaw more quickly to avoid wasting breast milk.
- Setting up a comfortable sitting area for breastfeeding moms.
- Putting a mom who is having trouble expressing milk, or is getting discouraged, in touch with another mom who has successfully breastfed, or with an organization like La Leche, or a lactation consultant.
- Make sure the baby has access to well child visits with a pediatric health care provider

## Resources and References:

American Academy of Pediatrics

[www.aap.org/healthtopics/breastfeeding.cfm](http://www.aap.org/healthtopics/breastfeeding.cfm)

La Leche League International [www.lalecheleague.org/](http://www.lalecheleague.org/)

ProMOM, Inc. [www.promom.org/](http://www.promom.org/)

National Institutes of Health, Dietary Supplement Fact Sheet: Vitamin D

<http://ods.od.nih.gov/factsheets/vitaminD.asp>

Pumping Moms Information Exchange: <http://www.pumpingmoms.org>

Wagner CL, Greer FR. Prevention of rickets and vitamin D deficiency in infants, children and adolescents. (2008) *Pediatrics*, 122, 4.

by Vickie Leonard, RN, FNP, PhD

## BOX OF FUN

### Laughter is Healthy!

A good sense of humor can be learned and nurtured. When children laugh they connect with others, enjoy better mental and physical health and can cope better with difficult situations.

- Babies laugh at funny faces, physical stimuli like tickling and blowing bubbles, and the unexpected like playing peek-a-boo or putting a diaper on your head.
- Toddlers like physical humor such as clothes that are too big or falling down. As they build their vocabularies they enjoy rhymes, non-sense words, and songs with funny actions.
- Preschoolers find humor when something is strange, like a chicken that says "moo". They are learning to appreciate jokes and a humorous use of words. Preschoolers also start delighting in bathroom humor as they master the developmental milestone of toilet use.

Create an environment in your program that is rich with humor. Choose books, pictures, songs, activities and toys that are funny. So why do birds fly south for the winter? Because it's too far to walk!

For more information on Humor and Young Children: *Kidshealth*: [http://kidshealth.org/parent/growth/learning/child\\_humor.html](http://kidshealth.org/parent/growth/learning/child_humor.html)

# Happiness Leads to Better Health

**H**appiness is an emotion associated with feelings ranging from easiness and satisfaction to bliss and strong joyfulness. Philosophers and religious thinkers have often defined happiness in terms of living a good life, or flourishing, rather than simply as an emotion.

Happiness is good for individuals and society. Happy people are more productive, learn more and are more creative. Happy people are also more successful, have better relationships, are healthier and live longer.

## Research findings

- **Sources of happiness.** Research shows that about half of our happiness is genetic, while the individual controls the rest. Researchers analyzed studies on identical twins and concluded that happiness is 50% genetic, 40% intentional (results of actions you deliberately take to become happier), and 10% is circumstantial (where you live, your health, your work, your marriage, your income, etc.)
- **Happiness comes first, success follows.** If you love what you are doing, you will be successful. Happy people are known to seek out and undertake new goals in life. They are generally successful in relationships and work.
- **Happiness and satisfaction lead to better health.** Studies show that people who are happy and satisfied with their lives are usually healthier than people who are not happy.
- **Sense of humor.** Laughing, good humor and smiling not only lightens your mood but also relieves stress, increases your energy and takes away thoughts of anger, anxiety or distress.
- **Money will not make you happy.** Studies show that money will not buy happiness. Psychological studies do not link wealth with greater feeling of happiness and satisfaction with life.

## What makes us happy?

Dr. Sonja Lyubomirsky of the University of California, Riverside has identified eight behaviors that happy, mentally healthy people do:

1. **Count your blessings.** Remember good things in your life.
2. **Practice acts of kindness.** Kindness really does make you happy.

3. **Thank a mentor.** Say “thank you” to people who help you.

4. **Take time for your friends and family.** Where you live, how much money you make, your job title and even your health have surprisingly small effects on



your satisfaction with life. The biggest factor appears to be strong personal relationships.

5. **Learn to forgive.** Forgive people who hurt you. If you do not, you carry the problem.

6. **Take care of your health and your body.** A healthy body gives you a happy mind. Getting plenty of sleep, exercising, smiling and laughing can all enhance your mood.

7. **Notice good things as they happen.** Think about good events every day.

8. **Practice positive thinking.** Learn to work with your problems and your stress.

## References and Resources

Teaching children how to be happy is important.

[www.greatergoodparents.org](http://www.greatergoodparents.org) has practical tips on raising happy children.

What is happiness? Online at [www.happiness.org](http://www.happiness.org)

Wallis, C. (January 17, 2005). The New Science of Happiness. Time.

online at [www.authentic happiness.sas.upenn.edu/images/TimeMagazine/Time-Happiness.pdf](http://www.authentic happiness.sas.upenn.edu/images/TimeMagazine/Time-Happiness.pdf)

Allen, D., Carlson, D., Ham, C. (2007) Well-Being: New Paradigms of Wellness—Inspiring Positive Health Outcomes and Renewing Hope. American Journal of Health Promotion, 21(3), 1-9, iii.

by Rahman Zamani, MD, MPH

# Measles



## What Is It?

Measles is a serious disease caused by a virus. Although rare today because of immunization, there are occasional outbreaks when children have not been fully immunized.

## What Are the Symptoms?

Symptoms begin with fever, red and watery eyes, runny nose, cough and tiredness followed by a red-dish-brown blotchy rash. The rash usually starts on the face, spreads down the body, and lasts three or more days. Most children with measles become quite ill, but recover with no ill effects. Occasionally, however, measles can lead to pneumonia or swelling of the brain and permanent disability or death. Adults and very young children tend to have more severe illness. People with immune disorders can become seriously ill. Measles can cause miscarriage or premature delivery in pregnant women who have never had the disease and become infected.

## Who Gets It and How?

Measles is very contagious. It is spread by contact with respiratory discharges from the nose or mouth and from saliva. It is transmitted by coughing, sneezing, sharing eating utensils and mouthed toys. It is transmitted by hands and other surfaces contaminated by the virus. It is contagious from one to two days before until four days after the start of the rash. Illness begins about one to two weeks after exposure.

## When Should People with this Illness Be Excluded?

A person with measles should stay home until four days after the rash appears and until feeling well enough to participate in regular daily activities again.

## Where Should I Report It?

- Licensing requires that child care providers report cases of measles to their local health department and to Licensing.
- Notify all parents/guardians and program staff of cases of measles. It is important that parents monitor their children for any symptoms. Keep the identity of the infected child(ren) confidential.

## How Can I Limit the Spread of Measles?

Measles is vaccine preventable. Measles vaccine is usually administered as part of the MMR vaccine (measles, mumps, and rubella). Immunization of all children at 12 to 15 months, with a booster at ages four to six years, is required by state immunization law for school and child care.

- Staff who have never had measles or been immunized for it should consult their health care provider. Adults born after 1957 may need a measles booster.
- Keep the ill child away from the child care program and away from pregnant women, infants and from people with immune problems.
- Always use the same precautions to prevent the spread of respiratory disease, including hand washing, cleaning and disinfecting the environment, and not sharing mouthed toys and eating utensils. There should be no kissing on the lips with the infected person.
- Review immunization records to ensure that children are up to date with recommended immunizations.



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# Sarampión



## ¿Qué es?

El sarampión es una enfermedad delicada ocasionada por un virus. A pesar de que hoy son raros los casos de sarampión debido a la vacunación, existen brotes ocasionales cuando los niños no han sido completamente inmunizados.

## ¿Cuáles son los síntomas?

Los síntomas comienzan con fiebre, ojos enrojecidos y llorosos, goteo nasal, tos y cansancio seguido por una erupción con manchas de color rojizo amarillado. En general, la erupción comienza en la cara, se extiende hacia el cuerpo y dura tres o más días. La mayoría de los niños con sarampión se pone muy enfermo, pero se recuperan sin efectos negativos. Sin embargo, en algunas ocasiones, el sarampión puede ocasionar neumonía o inflamación del cerebro y discapacidad permanente o la muerte. Los adultos y los niños muy pequeños suelen tener enfermedades más graves. La gente con trastornos inmunológicos pueden enfermarse gravemente. El sarampión puede ocasionar abortos espontáneos o nacimientos prematuros en mujeres embarazadas que se contagiaron de sarampión y nunca tuvieron la enfermedad antes del embarazo.

## ¿Quién lo contrae y cómo?

El sarampión es muy contagioso. Se propaga por el contacto con la secreción respiratoria de la nariz, boca y secreción de saliva. Se transmite al toser, estornudar, compartir cubiertos y juguetes que se ponen en la boca. Se transmite por las manos y otras sustancias contaminadas por el virus. Es contagioso de cinco días antes del comienzo de la erupción y hasta cuatro días después de la misma. La enfermedad comienza de una a dos semanas después de la exposición.

## ¿Cuándo se debe excluir a la gente con esta enfermedad?

La persona con sarampión debe permanecer en la casa hasta seis días después de que aparezca la erupción y hasta que se sienta lo suficientemente bien como para participar nuevamente de las actividades diarias regulares.

## ¿Dónde debo informar sobre esto?

- Las reglas de licencia exigen que los proveedores de cuidado de niños informen sobre casos de sarampión a su departamento de salud local y a la Oficina de Licencias.
- Notifique a todos los padres o tutores y personal del programa si hay casos de sarampión. Es importante que los padres observen a sus hijos para ver si tienen síntomas. Mantenga la identidad del niño(s) infectado(s) en carácter confidencial.

## ¿Cómo puedo limitar la propagación del sarampión?

El sarampión se puede prevenir con vacunas. La vacuna antisarampionosa normalmente se da como parte de la vacuna triple (MMR, por su sigla en inglés, en contra de sarampión, paperas y rubéola). La ley estatal exige vacunación para todos los niños que asisten a la escuela y a establecimientos de cuidado de niños para los menores de 12 a 15 meses de edad y un refuerzo para los de 4 a 6 años de edad.

- Los miembros del personal que nunca hayan tenido sarampión o que nunca hayan sido vacunados deben consultar al profesional de salud. Los adultos nacidos después de 1957 pueden necesitar un refuerzo de vacuna antisarampionosa.
- Mantenga al niño enfermo alejado del programa de servicios de cuidado de niños, mujeres embarazadas, bebés y personas con problemas inmunológicos.
- Siempre utilice las mismas precauciones para prevenir el contagio de enfermedades respiratorias, incluyendo el lavado de manos, la limpieza y desinfección del ambiente, y el no compartir cubiertos o juguetes que se ponen en la boca. No se debe besar en los labios a la persona infectada.
- Revise los historiales de vacunación para asegurarse de que los niños estén al día con las vacunas recomendadas.



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# Autism Screening in Child Care

**A**utism Spectrum Disorders (ASD) are a group of related brain-based disorders that affect a child's behavior, social and communication skills. According to the Centers for Disease Control and Prevention (CDC), 1 in 150 children in the United States are diagnosed with ASD. This number is so high that CDC is now referring to ASD as a major public health issue.

## Early Identification and Intervention is Important

Research shows that the early identification and intervention for children with ASD can play an important role in helping them improve the associated language and social deficiencies and improve their future development. The first few years of life are crucial for brain development and the signs of ASD can be detected at 18-24 months. Since the early screening, detection and intervention of developmental disorders, including ASD, are very important for the wellbeing of children and their families, we need to promote early identification for ensuring early interventions. Early education and childcare provider can play a very important role in both screening and providing assistance to children and their parents. Providers can also work with parents to help the child and support the child's interaction with his/her environment.

## AAP is Recommending Early Autism Screening for All Children

The American Academy of Pediatrics (AAP) recommends that primary care providers screen all children for ASD twice, before age 2, (once at age 18 month and once at 24 months), as part of well baby visits. Furthermore, AAP recommends that treatment for ASD be started as soon as ASD is suspected rather than waiting for the formal diagnosis.

## What are the early warning signs?

Diagnosis of autism is based on behavioral symptoms:

Children with autism have difficulties with social interaction, verbal or nonverbal communication and may show repetitive behaviors or obsessive interests on objects. If a child in your care shows two or more of the following signs, please ask for an evaluation by pediatric healthcare provider:

**Social Interaction.** Lack of appropriate eye gaze; lack of warm, joyful expressions or smile; lack of sharing interest or enjoyment; and lack of response to name

**Communication.** Lack of showing gestures; lack of nonverbal communication (for example, pointing to things he/she wants); and unusual prosody (little variation in pitch, odd intonation, irregular rhythm, unusual voice quality)

**Repetitive Behaviors & Restricted Interests.** Repetitive movements with objects; and repetitive movements or posturing of body, arms, hands, or fingers

## Screening tools for identification of ASD

Selecting and using a validated screening tool is very important in proper detection of children at risk of developmental delays. There are several developmental screening tools for health care professionals and parents.

The pre-screening and parent-administered tests that can be used before referring a child to a professional for a diagnostic test are:

1. **The Modified Checklist for Autism in Toddlers (M-CHAT)**
2. **Childhood Autism Rating Scale (CARS).**

The M-CHAT is 23 questions completed by parents of children 16 to 48 months of age. For example, "Does your child ever use his/her index finger to point?" The CARS is a behavior checklist completed by a trained interviewer or observer for children over two years of age.

## Resource and References:

The First Signs Web site ([www.firstsigns.org](http://www.firstsigns.org)). For more information, see the health and safety resources section of this newsletter.

Modified Checklist for Autism in Toddlers (M-CHAT) Form. Available at [www.dbpeds.org/media/mchat.pdf](http://www.dbpeds.org/media/mchat.pdf).

Learn the Signs, Act Early. The Centers for Disease Control and Prevention (CDC). Online at [www.cdc.gov/ncbddd/autism/actearly/](http://www.cdc.gov/ncbddd/autism/actearly/)

by Tahereh Garakani, MA Ed



# Sanitizing in Child Care Environments

**S**anitizing is the second step, after cleaning, in preventing the spread of infectious diseases in child care. Sanitizing is the reduction of bacteria, viruses, fungi, and mold to a safe level which can be achieved by using an EPA registered sanitizer. Sanitizing decreases the risk of illness for children and staff. For example, to sanitize using bleach, a solution of bleach and water is applied to a cleaned surface and left a minimum of 2 minutes before wiping it dry or allowing to air dry. Caring for Our Children defines what areas should be sanitized, and how often, in order to prevent the spread of infectious disease. It also recommends that all directors and caregivers receive training on cleaning and sanitizing every 3 years.

## What is an appropriate sanitizer?

Only products with EPA registration numbers on the label can be used in child care settings as sanitizers or disinfectants. EPA registration means that the product has been tested and approved for safety and effectiveness as a sanitizer (though the long term effects of most of these products haven't been studied). It is important to use a product for sanitizing that is effective. If products are not effective, germs removed from one contaminated surface can be transferred to another surface by the sponge or cloth, resulting in the contamination of more surfaces.

## Using bleach to sanitize

Because of its effectiveness and low cost, bleach is widely used as a sanitizer in child care, and has become a standard to which other sanitizers are compared. Caring for Our Children, and California Child Care Licensing regulations recommend the use of bleach to sanitize in child care settings. Bleach reliably sanitizes and disinfects surfaces for common and harmful bacteria and viruses, has a short killing time and does not need to be rinsed since it breaks down quickly into harmless components.

Bleach can expose children to fumes that can irritate their lungs, but when it is used appropriately the risk of respiratory irritation is minimized. There is no substitute for bleach currently available that is economical, requires only a two minute contact time, and doesn't need to be rinsed.

## Alternatives to bleach

All EPA registered disinfectants can be used in child care, but the instructions on the label must be followed carefully. New alternatives to bleach are being investigated. For more information on the appropriate use of bleach for sanitizing and disinfecting, and on alternative products for sanitizing, see the CCHP Health and Safety Note, *Sanitize Safely and Effectively*.

### Recommended Bleach Dilutions for Sanitizing

For food contact surface sanitizing (refrigerators, freezers, plastic cutting boards, stainless cutlery, dishes, glassware, countertops, pots and pans, stainless utensils, toys that have been mouthed, high chair trays):

**1 Tablespoon of bleach to a gallon of water.**

**Let stand for 2 minutes or air dry.**

Hard, nonporous surface sanitizing and disinfecting

**1/4 cup of bleach to one gallon of water or 1 tablespoon per quart.**

**Let stand for 2 minutes or air dry.**

## Resources:

American Academy of Pediatrics & the American Public Health Association (2002). Caring for our children; Health and Safety performance standards for out-of-home child care programs, 2nd edition. Available free for download at: <http://nrckids.org/CFOC/index.html>

Caring for Our Children, APPENDIX I: SELECTING AN APPROPRIATE SANITIZER  
[http://nrc.uchsc.edu/CFOC/HTMLVersion/Appendix\\_I.html](http://nrc.uchsc.edu/CFOC/HTMLVersion/Appendix_I.html)

by Vickie Leonard, RN, PhD

## Play and Children with Disabilities

**P**lay is an important element in the lives of children. Through play, children develop social skills, improve their physical fitness, build new skills, and improve their language skills. Play also helps children set goals, work toward the goal, and learn about problem solving. It promotes sharing, teaches concepts of rules and responsibilities, and leads to friendship. Play is the child's work and all children need to play regardless of their abilities and disabilities.

### What are the benefits of inclusive play?

All children benefit from inclusive play because they develop a better understanding of one another, of their similarities and differences, and likes and dislikes. They learn to develop a sense of value for each other as they grow the skills and attitudes needed to live in a culturally diverse, enriched community. Inclusive play facilitates a non-threatening environment that enables a child to develop, grow and learn from another child at an individual pace. All children deserve the chance to participate regardless of their abilities.

### What is an "inclusive" playground?

The American Disability Act (ADA) is designed to ensure that equal services are available to all citizens, regardless of abilities or disabilities. Playgrounds are required to meet ADA standards, however, these standards fall short of providing an inclusive environment in many child care settings.

All recreational facilities including play areas, are required to comply with the ADA. In order to meet the accessibility guidelines, the ADA has created an "Access Board" which they call "Architectural and Transportation Barriers Compliance Board". This board has developed guidelines for newly constructed and altered play areas.

### An inclusive playground will have:

- Ramp access and wide step access onto the play structures and to play areas
- Resilient rubber safety surface that allows children using wheelchairs, strollers, and wagons
- Body form swings that are chair-like in their design and provide more support than standard swings
- Walking supports (handrails) to access the play structure from different directions
- Ground level play stations with ramps
- Fencing which provides safety and security for children with behavioral disabilities such as autism and ADHD.

### Your responsibilities as child care provider under ADA

As a child care provider, it's important for you to read and understand your legal responsibilities under the ADA. The ADA requires your playground and indoor play areas to be accessible for children with disabilities. When child care centers are planning to build new playgrounds or change their playgrounds, they are required to make the play areas accessible to all children.

### Resources and References

Assistive Technology Partners, [www.uchsc.edu/atp](http://www.uchsc.edu/atp)

Landscape Structures, Inc. [www.playlsi.com](http://www.playlsi.com)

U.S. National Program for Playground Safety. [www.playgroundsafety.org/](http://www.playgroundsafety.org/)

Evergreen [www.evergreen.ca/en/index.html](http://www.evergreen.ca/en/index.html)

by Tahereh Garakani

## CCHP Updates

### CCHP Welcomes New Staff Member

The California Childcare Health Program would like to welcome our new Office Manager and Fiscal Assistant, Yolanda Abrea. We are delighted to have her onboard! Yolanda Abrea monitors operating expenses and maintains current budget information for the CCHP projects. She has over 16 years of experience working at UCSF in the School of Dentistry. She has developed many systems and protocols that are currently being used at the school today. During her UC experience she was a manager in the Pediatric Dental Center; where she worked closely with special programs such as CCS, Healthy Families and Healthy Kids. She also worked with residents, faculty and researchers on Early Childhood Caries Prevention.

If you need CCHP program information or have publications questions, Yolanda can be reached at 510-204-0933 or at [yabrea@ucsfchildcarehealth.org](mailto:yabrea@ucsfchildcarehealth.org).

### New Publications: Spanish Version of Promoting Children's Oral Health

This oral health curriculum is now available in Spanish. It is written for anyone working in the field of early care and education with an interest in promoting oral health and preventing Early Childhood Caries, including Child Care Health Consultants, Child Care Health Advocates, School Nurses, Public Health Nurses and others in training/leadership positions. This curriculum provides up-to-date information and strategies about oral health that are specific to infants and young children. It also provides effective and practical lesson plans for child care providers, parents and children. To get your copy for \$15 call (510) 204-0930.



cleaners does not include cleaners for household use or products making claims to be disinfectants or sanitizers.

**Other tools for keeping the environment clean:**

Using the right equipment can also reduce the chemicals required for cleaning and sanitizing.

- HEPA filtration vacuum cleaners can trap mold spores, dust, dust mites, pet dander and other irritating allergens from the air, improving indoor air quality.
- Microfiber mops and cloths are made from a strong, lint-free synthetic fiber that is very absorbent. Dust and dirt particles are attracted to the microfiber, and held tightly and not redistributed around the room. Microfiber mop heads and cleaning cloths hold sufficient water for cleaning, yet don't drip.
- Place 12 to 15 foot long floor mats at building entryways, and teach children to clean their feet when entering the building. This may capture 80% of soil

entering indoor areas and reduces the soil load that must be cleaned.

- Have children remove their shoes when they come indoors.
- Choose floor maintenance products that have been certified by Green Seal or Design for the Environment. Floor-care products used to maintain floor finishes are some of the most toxic products used in building maintenance.

**Resources:**

A full listing of products certified by Green Seal as cleaners (both household and institutional) can be found online at: <http://www.greenseal.org/findaproduct/cleaners.cfm>

Design for the Environment <http://www.epa.gov/dfe/>

CCHP's Health & Safety Note, Sanitize Safely and Effectively

by Vickie Leonard, RN, FNP, PhD



**health + safety calendar**

**Seasonal Flu**

The Centers for Disease Control and Prevention (CDC) recommends a yearly flu vaccine as the first and most important step in protecting against this serious disease.

CDC has announced the week of December 8-14, 2008, as National Influenza Vaccination Week. This event is designed to highlight the importance of continuing influenza (flu) vaccination, as well as foster greater use of flu vaccine through the months of November, December and beyond.

**Health and Safety Notes for Providers**

- Influenza and You – What You Need to Know
- Preparing for Pandemic Flu in Child Care Programs
- Active Outdoor Play
- The Common Cold
- Croup in the Child Care Setting
- Excluding Children Due to Illness
- Exposure to Communicable Disease
- Indoor Air Quality
- Runny Nose in the Child Care Setting (The Snuffly Child or Green Gooky Nose)

- Safe and Active Winter Play
- Standard and Universal Precautions in the Child Care Setting
- Unimmunized Children in the Child Care Setting

**Fact Sheets for Families**

- Bronchitis and Pneumonia (Fact Sheet for Families)
- Indoor Air Quality in Your Home
- Over-the-Counter Drugs
- Vaccines Aren't Just for Children
- Vaccine Safety



**The First Signs Website at [www.firstsigns.org](http://www.firstsigns.org).** First Signs is dedicated to the early identification and intervention of children with developmental delays and disorders. First Signs wants to educate parents, healthcare providers, early childhood educators, and other professionals in order to ensure the best developmental outcome for every child. Their goals are to improve screening and referral practices and to lower the age at which young children are identified with autism and other developmental disorders. The First Signs Web site provides a wealth of vital resources, covering a range of issues: from healthy development, to concerns about a child; from the screening and referral process, to treatments for autism spectrum disorders.

**The ASD Video Glossary,** a revolutionary new Web-based video glossary to help parents and professionals learn more about the early signs and features of autism spectrum disorders (ASD). For more information visit [www.firstsigns.org/asd\\_video\\_glossary/asdvg\\_about.htm](http://www.firstsigns.org/asd_video_glossary/asdvg_about.htm)

**Learn the Signs. Act Early.** The Centers for Disease Control and Prevention (CDC) has

developed a program which emphasizes the importance of early identification of developmental conditions such as autism to improve developmental outcomes for young children. Materials are available in English and Spanish for downloading and reproduction: [www.cdc.gov/ncbddd/autism/actearly](http://www.cdc.gov/ncbddd/autism/actearly)

**Children Not a Budget Priority.** Urban Institute: Kids' Share 2008, a report published by the Urban Institute, looks comprehensively at trends in federal spending and tax expenditures on children. Key findings suggest that children have not been a budget priority, and the trend has been continuing as children's spending has not kept pace with GDP growth. Online at [www.urban.org/publications/411699.html](http://www.urban.org/publications/411699.html)

**Untreated Tooth Decay Rampant in Kids.** A Government Accountability Office report just released states that as many as 6.5 million child enrolled in Medicaid have untreated tooth decay. Compared to children who had private insurance, children in Medicaid were more than four times as likely to be in urgent need of dental care. Online at [www.gao.gov/new.items/d081121.pdf](http://www.gao.gov/new.items/d081121.pdf)

**Whole Grain Resource.** A useful article on whole grain breads from the Center for Science in the Public Interest. Online at [www.cspinet.org/nah/09\\_08/bread.pdf](http://www.cspinet.org/nah/09_08/bread.pdf)

**Prepared to Learn: The Nature and Quality of Early Care and Education for Preschool-Age Children in California.**

In California, there has been only limited information about the nature and quality of the early care and education (ECE) arrangements of preschool-age children who are one or two years away from kindergarten entry. In this study researchers examine what percentage of children participate in ECE programs at ages three and four, the quality of the programs in which they participate, and how access and quality vary for children of different racial, ethnic, or economic backgrounds. Online at [www.rand.org/pubs/technical\\_reports/TR539/](http://www.rand.org/pubs/technical_reports/TR539/)

**Talking to Kids About Politics.** Media coverage of the 2008 presidential campaign is heating up and so are opinions. Parents can help kids of all ages understand the issues in a fair way. Online at [www.aboutourkids.org/articles/talking\\_kids\\_about\\_politics\\_elephants\\_donkeys\\_media\\_oh\\_my](http://www.aboutourkids.org/articles/talking_kids_about_politics_elephants_donkeys_media_oh_my)

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CHANGE SERVICE REQUESTED