



Child Care Health Connections

A health and safety newsletter for California child care professionals

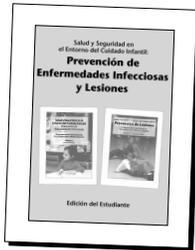
Published by the California Childcare Health Program (CCHP),
a program of the University of California, San Francisco School of Nursing (UCSF)

January–February 2002 • Volume 16 • Number 1

New! Spanish Handbook on CD

CCHP is pleased to announce the publication on CD-ROM of the Spanish edition of our student handbook *Health and Safety in the Child Care Setting—A Curriculum for the Training of Child Care Providers*. The handbook contains two modules: *Prevention of Infectious Disease* and *Prevention of Injuries*.

The curriculum provides information and guidance on controlling communicable and infectious disease and preventing injuries in the child care setting. It reflects current changes in the National Health and Safety Performance Standards for Out-of-Home Child Care Programs and new information on infectious disease. The curriculum covers the content of the Emergency Medical Services Authority's Child Care Preventive Health and Safety Training Course, and is in agreement with current child care licensing regulations in California.



To order the CD-ROM, call or email Maleya Joseph at (510) 281-7938 or mjoseph@ucsfchildcarehealth.org.

Chinese Version Also Available

The student handbook also has been translated into Chinese by Wu Yee Children's Services. To order printed copies, contact Wu Yee directly at (415) 391-1355. ♦

Sanitizing Gels Versus Hand Washing

by Sharon Douglass Ware, RN, BSN, MA

In recent days there have been questions regarding the use of sanitizing gels versus hand washing in child care. There are benefits to the use of each, and what is important is that child care providers use each method when it is most appropriate.



Sanitizing gels

Sanitizing gels are extremely convenient to use and useful when soap and water are *not available*. On occasions such as field trips, sanitizing gels are very helpful in removing common bacteria found on the hands. Sanitizing gels are also useful in the case of a center-wide emergency or disaster event, such as in the case of an earthquake.

However, hand sanitizers bring with them safety issues for child care providers. Ethyl alcohol is the active ingredient in most sanitizing gels. They are usually thickened with a carbopol polymer which causes them to have more than 80 percent alcohol content, more than what is normally found in hard liquors. This means that when attempting to reduce certain infections, such as staphylococcus aureus, sanitizing gels are an excellent choice. But it also means that sanitizing gels have the potential for toxicity in very young children and infants, who explore their world through hand-mouth activities. Because they are constantly placing their

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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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Newsletter articles may be reprinted without permission if credit is given to the newsletter and a copy of the issue in which the reprint appears is forwarded to the California Childcare Health Program at the address below.

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

Visit us on the Web:
www.ucsfchildcarehealth.org

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ASK THE NURSE...

Excluding Children with a Rash



by Susan Jensen, RN, MSN, PNP

Q: When should I exclude a child with a rash?

A: It depends. Sometimes a rash signals that the child is ill and contagious, while with other illnesses it means the contagious period is over. Fever and other symptoms may appear before, during or after the rash. The illnesses associated with rash are spread through respiratory droplets, hands which have been in contact with noses, eyes, mouths or contaminated surfaces, or in some cases direct contact with fluid-filled lesions or scabs. Some rashes are caused by irritants like metal, chemicals or foods and others by viruses, insect bites or infestations such as scabies or lice. Some types of rashes always require exclusion while others do not.

What is a rash?

A rash is any eruption of the skin. Most rashes are red and can appear in different shapes and sizes. They may be flat, bumpy, all over or in just one place on the body. Some rashes last an hour or two while others continue for weeks.

Are any rashes dangerous?

There is a rare but dangerous type of illness associated with a rash which looks like tiny flat pinpoint of reddish purple on the skin. When you press on the skin the red dots do not blanch (lose color). The child may also have a fever and sore throat. A child with this type of rash needs to be seen immediately by a health care provider. In addition, any child who has a rapidly spreading red or purple rash needs to be seen within the hour as this may signify a medical emergency.

How do I decide when to exclude a child?

Exclusion of and evaluation by a health care provider is necessary for any child who has a rash with fever or behavioral change until it is determined that these symptoms do not indicate a communicable disease. Children who appear well, behave normally and have a mild rash which is not spreading may stay in your care unless you have specific concerns or are uncomfortable for any reason. If the child does visit the health care provider ask the parent to obtain a note stating what is causing the rash. The note may say "non-specific rash," which is acceptable. It's okay sometimes not to know what the rash is as long as we know what it isn't!

To help you describe the rash to the parent or health care provider in order to determine if there is a need for exclusion, use this list of questions:

- Is the rash red?
- Is it all over the body or only in certain areas?
- When did it start?
- Is it getting better or worse?
- Is the rash flat or bumpy?

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Child Care Routines and Children's Healthy Development

by Mardi Lucich, MEd

Quality child care that includes meaningful routines promotes healthy development in infants and toddlers. Consistency is very important for young children, and provides them with feelings of control and safety. Regular activities that happen at the same time and in the same way each day, such as meals, naps, reading and outdoor time, help shape early habits of behavior that endure well into adulthood. Through consistency, children are able to anticipate events and learn behavioral and social patterns. The fun and purposeful routines of child care need to be recognized for the vital role they play in setting the foundation of a child's self-esteem, self-control and overall sense of mastery.



Child care routines

1. **Teach emotional regulation and security:** *"I can trust that I will be fed, and I feel secure in knowing who, where and when."* Consistency is comforting and reassuring to children. It allows them to feel safe and learn to trust the world around them. When children feel safe, they are open to exploration and learning.
2. **Teach behavior regulation and the sense of continuity:** *"I can clean up the toys after playing like the other children because I know where the toys go."* Routines organize behavior and thinking, defining and directing behavior that motivates children to fit in successfully with others. Behavior that is repeated daily evolves into a habit, which provides a feeling of consistency and comfort, and reduces stress.
3. **Establish limits that decrease conflicts and anxiety.** *"I know how to take turns and share the toys."* Routines and rules set expectations for behavior so that children learn what is acceptable and what is not, which decreases the instances where children feel out of control and act out. It also guides children in their relationships with others, reducing power struggles and the need for negative interactions.

Ultimately, schedules and routines in the child care setting must also be in sync, as much as possible, with the child's home experience to be of true value. For example, keeping the child's diet, feeding and nap times consistent with the home schedule supports predictability and assists the child's successful adjustment to out-of-home group care. Quality child care that is rich in routines and patterns supports children's cognitive and social development. ♦

Adapted from Child Care Is Rich in Routines by Perry M. Butterfield in ZERO TO THREE (Feb/March 2002).

Cherishing children is the mark of a civilized society.

—Joan Ganz Cooney

Health and Safety for Pregnant Staff

by Judith Kunitz, MA

Because the child care workforce is predominantly female, it's important that we address health and safety issues related to pregnancy. Staying healthy during pregnancy involves frequent and proper hand washing, use of gloves and universal precautions when needed, clear communication with parents and fellow staff concerning possible exposure to infectious diseases, and knowledge of your own health history. Safety issues involve proper body mechanics for prevention of back injuries and rest/break times to prevent fatigue and burnout.

Knowing your health history is especially important if you are pregnant or could become pregnant and are providing child care. Several infectious childhood diseases can harm the unborn child (fetus) of a pregnant woman exposed to them for the first time. These diseases include chickenpox (Varicella virus), Cytomegalovirus (CMV), Fifth Disease (slap cheek), and Rubella (German or three-day measles). Consult with your own health provider to review your immunization and illness history.

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**Need a free
telephone consultation
on health and safety
in child care?**

**Call the Healthline at
(800) 333-3212**

Child Asthma Plan

by Rachel Zerbo, MPH and Katherine Feldman, DVM, MPH
Childhood Asthma Initiative
California Department of Health Services



Over the past two decades, the number of young children with asthma has risen to epidemic proportions. According to the Centers for Disease Control, the prevalence of asthma among children increased by 74 percent between 1980 and 1994. Asthma now affects nearly 5 million children across the country. This will come as no surprise to the child care community, since most providers already care for one or more children with asthma.

Caring for a young child with asthma should not inspire fear or uncertainty. Child care providers are not, and should not, be expected to make decisions about medical treatment. Instead, providers should receive a written asthma management plan from the child's health care provider. This plan will give detailed instructions on administering medications and help providers care for children with greater comfort and confidence.

An individualized asthma management plan and clear direction on what to do in case of an asthma flare-up are essential to keeping a child's asthma under control. The asthma plan provides a guide to the child's medications and when to call the parent or, if necessary, to call 911 if a child's condition changes while in the child care program. Child care providers should also have a signed medical release form which lists all medications being given.

A new written asthma plan, designed specifically for children 0 to 5 years old, is now available. The plan is printed in triplicate, which allows the family, child care provider, and health care provider to each have a copy. Child care providers should consider asking the families of all children they care for with asthma to have the plan completed by their child's health care provider. Available in English, Spanish, Chinese and Vietnamese, copies of the Child Asthma Plan can be ordered by calling the Healthline at (800) 333-3212. The Child Asthma Plan can also be viewed and printed at www.rampasthma.org/actionplan.htm.

In addition to advocating for written asthma management plans for all children with asthma under their care, child care providers can apply simple environmental control measures to make their centers more asthma-friendly. These measures include:

- ensuring their child care setting is 100 percent free of environmental tobacco smoke;
- ensuring their child care setting is free of mold and mildew;
- cleaning the child care setting regularly by vacuuming, and by washing stuffed animals, pillows and linens in hot water to control dust mites; and
- controlling pests such as cockroaches.

Child care facilities with furred and/or feathered pets may consider finding another home for these animals. For a checklist to assess how your child care facility is doing in caring for children with asthma, please use the "How asthma-friendly is your child care setting?" checklist and resource list, which can be viewed and printed at www.nhlbi.nih.gov/health/public/lung/asthma/chc_chk.htm. ♦

Child Care Health Consultants Can Help You

by Robin G. Calo, RN, MS, PNP

As a child care provider, you are faced every day with questions about health and safety that you may not have the time or health background to answer. Fortunately, a member of the child care community is available to answer your questions and to assist you with your needs for health and safety education and training: the child care health consultant.

What are the qualifications of a Child Care Health Consultant (CCHC)?

The CCHC is knowledgeable about pediatric health care, child development, public health and safety issues, and the local resources that are available to you in your community. The CCHC has expertise in health education and cultural awareness.

What can the CCHC do for you?

The CCHC can provide guidance and technical assistance regarding the health and safety of children in the child care setting. Depending upon your needs, consultant activities may range from answering specific questions and providing telephone advice to scheduling regular onsite visits and staff training.

What specific assistance and resources can the CCHC provide?

- Telephone support to answer specific questions about health and illness.
- Onsite assessment of health and safety practices in your child care program.

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Never Shake a Baby!

by Rahman Zamani, MD, MPH

Each year, more than 50,000 American children are forcefully shaken by their caretakers (Ramirez 1996). Powerful or violent acts of shaking may lead to serious brain damage—a condition called “shaken baby syndrome” (SBS). The American Academy of Pediatrics, an organization of 55,000 pediatricians, pediatric medical sub-specialists and pediatric surgical specialists, considers shaken baby syndrome to be a clear and serious form of child abuse. Shaken baby syndrome often involves children younger than 2 years but may be seen in children up to 5 years of age.

What is shaken baby syndrome?

The term “shaken baby syndrome” is used for the internal head injuries a baby or young child sustains from being violently shaken. Babies and young children have very weak neck muscles to control their heavy heads. If shaken, their heads wobble rapidly back and forth, which can result in the brain being bruised from banging against the skull wall.

Generally, shaking happens when someone gets frustrated with a baby or small child. Usually the shaker is fed up with constant crying. However, many adults enjoy tossing children in the air, mistaking the child's excitement and anxious response for pleasure. Tossing children, even gently, may be harmful and can cause major health problems later on in life.

What are the signs and symptoms?

Signs of shaken baby syndrome may vary from mild and nonspecific to se-

vere. Although there may be no obvious external signs of injury following shaking, the child may suffer internal injuries. Shaking can cause brain damage, partial or total blindness, deafness, learning problems, retardation, cerebral palsy, seizures, speech difficulties and even death.

Damage from shaking may not be noticeable for years. It could show up when the child goes to school and is not able to keep up with classmates.

Tips for prevention

Shaken baby syndrome is completely preventable.

- Never shake a baby—not in anger, impatience, play, or for any reason.
- Avoid tossing small children into the air.

Address the causes of crying to reduce stress

Caregivers and parents can become exhausted and angry when a baby cries

incessantly. Some babies cry a lot when they are hungry, wet, tired or just want company. Some infants cry at certain times. Feeding and changing them may help, but sometimes even that does not work.

If a young child in your care cries a lot, try the following:

- Make sure all of the baby's basic needs are met.
- Feed the baby slowly and burp the baby often.
- Offer the baby a pacifier, if supplied by parents.
- Hold the baby against your chest and walk or rock him/her.
- Sing to the baby or play soft music.
- Take the baby for a ride in a stroller or car.
- Be patient. If you find you cannot calmly care for the baby or have trouble controlling your anger, take a break. Ask someone else to take care of the baby or put him/her in a safe place to cry it out.
- If the crying continues, the child should be seen by a health care provider.

No matter how impatient or angry you feel, never shake a baby! ♦

References

American Academy of Pediatrics, Committee on Child Abuse and Neglect (1993).

American Academy of Pediatrics, Policy Statement: Pediatrics Volume 108, Number 1, July 2001, pp. 206-210.

California Childcare Health Program, Health and Safety in the Child Care Setting: Prevention of Injuries.





Health & Safety Notes California Childcare Health Program



Recommendations for Cleaning, Sanitizing and Disinfecting

Illnesses may be spread in various ways, such as by coughing, sneezing, direct skin-to-skin contact, and by touching an object or surface with germs on it. Germs causing infection may be present in human waste (urine, stool) and body fluids (saliva, nasal discharge, drainage from lesions or injuries, eye discharge, vomit and blood).

Infected persons may carry communicable diseases without having symptoms, and they may be contagious before they experience symptoms. Child care staff need to protect themselves and the children by routinely cleaning and disinfecting exposed areas. Gloves should be worn when cleaning up spills of body fluids, especially blood, and hands should be washed any time body fluids are touched. Since children will touch any surface they can reach, all surfaces may be contaminated. Therefore, all surfaces must be properly cleaned and sanitized.

Cleaning

Prior to using a bleach solution to sanitize, remove dirt and debris such as blood, urine, vomit, stool, food, dust or fingerprints by scrubbing and washing with detergent and rinsing well with water.

Routine cleaning with an all-purpose liquid detergent or abrasive cleanser gets rid of the dirt you can see. Scrubbing physically reduces the number of germs on surfaces (as when we wash our hands). Use a disposable cloth or one that

can be washed after each use, so that you don't move germs from one place to another. Sponges are not recommended as they harbor bacteria and are difficult to clean. Some items and surfaces should receive an additional step, *disinfection*, to kill germs **after** cleaning with detergent and rinsing with clear water.

Carpeting should be vacuumed daily (when children are not present) and shampooed at least every three months. Carpets should be cleaned monthly in infant areas. Carpet cleaning must be done when children are not present to avoid fumes and allow the carpet to dry. Use a cleaning method ap-

proved by the local health authority.

Sanitizing or disinfecting

After cleaning, you can eliminate virtually all germs left on surfaces through the use of a chemical, such as a germicide or chlorine, or a physical agent such as heat.

In the child care setting, a solution of 1/4 cup household liquid chlorine bleach added to 1 gallon of cool tap water (or 1 tablespoon bleach to 1 quart of water) prepared fresh daily is an effective disinfectant. Disinfecting with bleach is **NEVER** effective unless the surface has been thoroughly cleaned first.

Apply disinfectant solution by spraying from a spray bottle, wiping with a cloth rinsed in dis-

Do not mix household bleach with other household chemicals such as toilet cleaners, rust removers, acids or products containing ammonia. Mixing these chemicals with bleach will produce harmful gases.

Area	Clean	Sanitize	Frequency
Countertops/tabletops, floors, doors and cabinet handles	X	X	Daily and when soiled
Food preparation and service surfaces	X	X	Before and after food activity; between prep of raw/cooked foods
Cribs and crib mattresses	X	X	Weekly, before use by a different child and when soiled or wet
Utensils, surfaces and toys that go into the mouth or have been in contact with saliva or other body fluids	X	X	After each child's use, or use disposable, one-time utensils or toys
Toilet bowls, seats and handles, door knobs, floors	X	X	Daily or immediately if soiled
Hand washing sinks, faucets, surrounding counters, soap dispensers, door knobs	X	X	Daily and when soiled
Changing tables, potty chairs (use of potty chairs in child care is discouraged because of high risk of contamination)	X	X	After each child's use

infectant solution, or by dipping the object into the solution. Allow object or surface to air dry for at least two minutes before wiping it and/or using it again.

Hand-washed dishes must **always** be cleaned and disinfected after each use using bleach water only. *Pacifiers and manipulatives* can go in the dishwasher in a mesh bag on the upper level and heat dried to be disinfected. Items that can go through the dishwasher or washing machine cycle are disinfected if the water is hot enough to kill the germs (160° F). *Washable cloth toys* and other items can be machine-washed and machine heat-dried.

Household bleach with water is recommended because it is effective, economical, convenient and readily available. However, to avoid fumes, corrosion and color loss on some surfaces, you may look for a commercial product which is a "quaternary ammonium" and dilute according to the label instructions. Some of the newer products have a detergent in them and can be used to clean and disinfect in one step if there

is no gross contamination with food particles, meat juices, blood or dirt. If these are present, cleaning first is still required.

Good ventilation is always important, especially in enclosed areas (such as bathrooms) and where chemicals are stored. Chemical air fresheners may cause nausea or allergic responses in some children and should never be used.

Note: We urge our readers to obtain more comprehensive information on cleaning and disinfection from "Caring for Our Children" and from the CCHP *Prevention of Infectious Disease Curriculum*.

References

American Public Health Association and American Academy of Pediatrics, *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Washington, D.C., 2002.

by Gail D. Gonzalez, R.N., *Child Care Health Consultant, August, 1999 (Revised 11/02 slj)*

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Autism Studies

by Robert Frank, MS

Two new studies on autism shed some light on reported increases in numbers of children with autism, as well as examining a possible connection between autism and vaccines.

In 1999, the California Department of Developmental Services reported an increase of 273 percent in cases of autism in California between 1987 and 1998. *The Epidemiology of Autism in California*, a new study released by the M.I.N.D. Institute, University of California, Davis, investigates the causes of the increase. It concludes that it is not caused by a loosening of the criteria for the diagnosis of autism, or by a migration of children with autism into the state. The researchers also considered whether vaccination with the measles-mumps-rubella (MMR) vaccine could be associated with the increase in rates of autism, but concluded that a larger study would be needed.

However, a new study published in the *New England Journal of Medicine* which followed all children born in Denmark from 1991 to 1998 (more than 537,000 children) found no evidence that the MMR vaccine causes autism. This is in contrast to a 1998 study of 12 children published in the *British Medical Journal* that suggested the vaccine may cause gastrointestinal problems that can lead to autism.

While research continues, child care providers can help parents by providing materials on the subject and discussing risk factors that affect unimmunized children in out-of-home care. ♦

Resources

UCB Parents Health & Medical Advice, <http://parents.berkeley.edu/advice/health/vaccination.html>.

Autism Research at The National Institute of Mental Health. www.nimh.nih.gov/

When a Seizure Occurs

by Lisa Frost, MS, RN, PNP

Seizures can be frightening for children, parents and child care providers. In order to provide the proper assistance to a child who is having a seizure, you need to understand what seizures are and what you can do to help. A seizure is a brief period of unconsciousness or altered consciousness. Seizures can be caused by fever or epilepsy, or can indicate another medical problem. Seizures occur when the brain's electrical signals misfire and a person's consciousness or actions are altered for a short period of time. When the electrical signals return to normal, usually within a few seconds or a few minutes, the seizure stops.

Seizures can be frightening to both the child affected and to the observers. If a seizure occurs in your presence you have two main jobs – help the child with the seizure and keep the observers calm.

Help the child with the seizure.

1. Keep the child from harming him/herself. Move any dangerous objects away from the child, and pad or support the head. Loosen any tight clothing. There is no need to restrain the child.
2. Make sure the child continues to breathe, and turn the head to the side if there appears to be any trouble breathing.
3. Call 911.
4. Start mouth-to-mouth breathing if the child turns blue or is not breathing.
5. Talk quietly to the child and reassure him or her.

Keep any observers calm. Tell the other children and adults what is happening. Tell the children to play in another area.

If this is the child's first seizure he or she should be taken for medical evaluation immediately after the seizure. Either call the parent who will take the child to a health care provider, or if the parent consents or is too far away to respond quickly, call the paramedics to transport the child to the local hospital.

If the child has had seizures, develop a care plan with the parent that includes the advice of the child's health care provider. The plan should include any triggers (what precipitates the seizure?), early warning signs (signs that the child may have prior to a seizure), steps for giving medications (if they have been prescribed) and contact information for the parent and the child's health care provider. ♦

publicat/autismresfact.cfm.

Centers for Disease Control. www.cdc.gov/nip/vacsafe/concerns/autism/autism-mmr.htm.

Autism Research Institute, www.autism.com/ari/contents.html.

References

A Population-Based Study of Measles, Mumps,

and Rubella Vaccination and Autism, The New England Journal of Medicine 2002;347:1477-1482, Madsen K. M., et al. <http://content.nejm.org>.

Report to the Legislature on the Principal Findings from The Epidemiology of Autism in California, M.I.N.D. Institute, University of California, Davis. http://mindinstitute.ucdmc.ucdavis.edu/news/study_final.pdf.

Correct Food Storage Is Important

This chart from *Caring for Our Children: National Health and Safety Performance Standards*, Second Edition, 2002 provides guidelines for keeping refrigerated and frozen foods safely. It does not include foods that can be safely stored in the cupboard or on the shelves.

Food	In Refrigerator	In Freezer
Eggs		
Fresh, in shell	3 weeks	don't freeze
Hardcooked	1 week	don't freeze
Liquid pasteurized eggs or egg substitutes, opened	3 days	don't freeze
Mayonnaise Commercial, refrigerate after opening	2 months	Don't freeze
TV Dinners, Frozen Casseroles		
Keep frozen until ready to heat and serve		3-4 months
Deli and Vacuum-Packed Products		
Egg, chicken, tuna, ham, macaroni salads	3-4 days	don't freeze
Pre-stuffed pork and lamb chops, stuffed chicken breasts	1 day	don't freeze
Store-cooked convenience meals	1-2 days	don't freeze
Commercial brand vacuum-packed dinners/USDA seal	2 weeks, unopened	don't freeze
Hamburger, Ground, and Stew Meats (Raw)		
Hamburger and stew meats	1-2 days	3-4 months
Ground turkey, chicken, veal pork, lamb, or mixtures	1-2 days	3-4 months
Hotdogs and Lunch Meats*		
Hotdogs, opened package	1 week	
Unopened package	2 weeks	In freezer wrap, 1-2 months
Lunch meats, opened	3-5 days	
Unopened	2 weeks	In freezer wrap, 1-2 months
Deli sliced ham, turkey, lunch meats	2-3 days	1-2 months
Bacon and Sausage		
Bacon	1 week	1 month
Sausage, raw from pork, beef, turkey	1-2 days	1-2 months
Smoked breakfast links or patties	1 week	1-2 months
Hard sausage—pepperoni, jerky sticks	2-3 weeks	1-2 months
Ham		
Canned, unopened, label says keep refrigerated	6-9 months	don't freeze
Fully cooked slices	3-4 days	1-2 months
Fresh Meat		
Beef steaks or beef roasts	3-5 days	6-12 months
Pork chops and pork or veal roasts	3-5 days	4-6 months
Fresh Poultry		
Chicken or turkey, whole	1-2 days	1 year
Chicken or turkey pieces	1-2 days	9 months
Commercially Frozen Seafood such as fish sticks	2 days	6-12 months

*Uncooked salami is not recommended because recent studies have found that the processing does not always kill the E. coli bacteria. Look for the label to say "Fully Cooked."

Reference

Graves, D.E., Suitor, C.W., & Holt, K.A. eds. *Making Food Healthy and Safe for Children: How to Meet the National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs*. Arlington, VA: National Center for Education in Maternal and Child Health; 1997.

Welcome Lisa Frost!

CCHP welcomes our new Inclusion Specialist—Lisa Frost, MS, RN, PNP. For the last six years, Lisa has been a member of a multidisciplinary team in a large school district assessing and working with families with infants and preschool children with special needs. In her extensive nursing career she has provided both clinical care and instruction. We look forward to working with her! ♦

—Child Care Health Consultants Can Help You, continued from page 4

- Staff training on particular health and safety issues such as earthquake preparedness, nutrition, behavioral issues, playground safety, oral health, and caring for the child with asthma, to mention just a few.
- Coordinating health, dental or vision screening for the children in your care.
- Health education programs for children, parents and staff.
- Assisting in the development of policies and procedures.
- Assisting in the maintenance of health records.
- Providing linkages and referrals to community services for you and the children you care for.
- Acting as your advocate in the child care community.

How can you locate a CCHC in your community?

The California Childcare Healthline provides statewide resources for child care providers. For information about how to contact CCHCs in your community, call (800) 333-3212. You may also visit our Web site at www.ucsfchildcarehealth.org. ♦

EVENTS

January

Jan 6-8

California Childhood Obesity Conference.

San Diego. California Department of Health Services, (800) 858-7743; www.rce.csus.edu/cts/childo

Jan 17

21st Annual California Kindergarten Conference.

Santa Clara, CA. California Kindergarten Association, (916) 780-5331; www.ckanet.org

Jan 22-24

Head Start Works: Ask Me How!

Sacramento. California Head Start Association, (916) 263-3916; www.ca-headstart.org/call.pdf

Jan 24-26

Northern California: California Teachers Association Good Teaching Conference.

Burlingame, CA. CTA, (650) 552-5402; www.cta.org

February

Feb 18-20

California Parent and Teacher Association Legislative Conference.

Sacramento. CAPTA, (213) 620-1100; <http://capta.org/Advocacy/convention.html>

Feb 28-Mar 2

California Association for the Education of Young Children Conference and Public Policy Symposium.

Sacramento. CAEYC (916) 486-7750; www.caeyc.org/gbtest/index.htm

PRODUCT WATCH

Recalls and Product Alerts

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

Recalled Item	Defect	Contact Information
Damo Plus "10 pcs Set Pencil Case & Pencil Holder"	The sets contain razor knives, which pose a laceration hazard to children.	Damo Plus Corp. call collect at (323) 583-8484
Disney "Sulley with Boo" plush dolls	The Boo doll's hair has pony-tail holders that could detach, posing a choking hazard for young children.	The Disney Store, Inc. (800) 566-3161 www.disneystore.com
Energizer "Kidz Club Flashlights"	The flashlights can overheat and cause the batteries to leak, posing a risk of burns.	Eveready Battery Co. Inc. (800) 669-6394 www.energizerflashlights.com

—Sanitizing Gels Versus Hand Washing, continued from page 1

hands in their mouths and sucking on fingers, they could be poisoned through the ingestion of even small amounts of hand sanitizers. According to the Central New York Poison Control Center, ingestion of as little as an ounce or two by a small child could be fatal, so hand sanitizers must be kept out of reach of children and applied carefully.

Hand washing

The goal of hand washing in child care is not only to reduce the transmission of communicable diseases, but also to teach important lifelong health skills. The National Association for the Education of Young Children recommends beginning the practice of hand washing as soon as children are developmentally able to rub their hands together. They also encourage the wiping of infants' hands after diaper changes and before meals.

Another benefit of hand washing is the cost effectiveness of soap and water. Commercially prepared sanitizing gels tend to cost much more than soap and water. Sanitizing gels are not intended to remove dirt, food or other debris commonly found on young children's hands. Hand washing with soap and water for at least 20 seconds can remove most surface dirt and much bacteria.

According to Dr. Julie Gerberding, Director of the Centers for Disease Control and Prevention, the addition of alcohol preps is an expansion of hygiene, not a substitute for practices that we've known for a long time are important. Good old hand washing with soap and water is still the best and most cost-effective method for child care. ♦

This Year Will Be Much Harder Than Last

by Mardi Lucich, MEd



California's revenue has been plunging for two years due to the stagnant economy, and the expected bounce back has not materialized. 2002-03 started in January with projections of a \$12 billion deficit, which quickly escalated to an even more serious and challenging \$23.6 billion shortfall in May. The current budget, enacted in September, faced a substantial multi-billion dollar problem. Lawmakers closed the almost \$24 billion shortfall with a budget that largely protected schools, senior programs, public safety, children's health care, and child development using a combination of cuts, borrowing, and fund transfers that will not be available next year.

The projected revenues remain well below expenditures, indicating that operating deficits are expected to persist over the next several years, keeping us in the red. The current budget guarantees a continuing deficit of nearly \$21 billion in fiscal year 2002-04, including a minimum \$10 billion deficit each year for another six years. This means that the magnitude of the problem is intense and many of the onetime solutions relied upon will not be able to be used again for the upcoming year.

The financial crisis the state faces is the worst since World War II. To give some perspective, even if all the CSU and UC campuses in the state were closed, it would only save about \$6 billion, a far cry from the true deficits facing us. California will not be able to grow out of this fiscal predicament; instead, lawmakers will need to take actions to look at key budget-balancing strategies and tools in order to get expenditure and revenue lines into balance. Ultimately, everything will be on the table—all programs as well as all income sources for the 2003-04 budget, from cuts in government services to higher taxes to tuition increases.

Governor Davis begins his second term January 6th and will propose a balanced budget to the Legislature by January 10th. If the legislature cannot agree to a solution, a special election might have to be called to put some measures to voters. ♦

—Excluding Children with a Rash, continued from page 2

- Are the spots big or little? (such as pinpoint, dime size or various sizes)
- Are the borders round or irregular and blotchy?
- Are there blisters?
- Is the rash itchy? (in an infant this may be observed as irritability)
- Has there been a fever or other symptoms?
- Has anyone else at home had similar symptoms recently?

Check our Web site at www.ucsfchildcarehealth.org or call the Healthline at (800) 333-3212 for an *Information Exchange Form* and Health & Safety notes and fact sheets on specific diseases to share with your families and their health care providers. ♦

Reference: Those Irritating Rashes, Don Palmer, MD, FAAP. Healthy Child Care Magazine/June-July, 2002.

—Health and Safety for Pregnant Staff, continued from page 3

Day-to-day activities and body mechanics within the child care setting also deserve special attention during pregnancy. Awareness of ergonomics is essential. Suggestions for pregnant women include:

- use an adult-size chair for comfortable sitting rather than sitting on the floor with the children
- take scheduled and extra breaks and while doing so attempt to rest on your left side or with your feet elevated to prevent fatigue
- try to keep each workday to no more than 8 hours
- use proper lifting, reaching and carrying techniques
- to avoid constant bending, have children climb up to your lap, if developmentally appropriate.

Health and safety during pregnancy is an important topic for staff discussions and in-house trainings. Guidelines and recommendations for staying healthy while working in child care during pregnancy should be included in established staff health policies and procedures. ♦

References

California Child Care Health Program, Health and Safety in the Child Care Setting: Prevention of Infectious Disease.

Health Considerations for Pregnant Child Care Staff, Gratz & Boulton, Journal of Pediatric Health Care, Volume 8, No.1, 1994.



Happy New Year!

Our best wishes for a safe

and healthy 2003.

The Staff of CCHP

Resources

Child Health USA 2002 is the 13th annual report from the Maternal and Child Health Bureau (MCHB) on the health status and service needs of America's children. The report is intended to provide public health professionals and other individuals in the private and public sectors with current child health data. The report is available for review at www.mchb.hrsa.gov/chusa02/index.htm.

California Report Card finds that California does not meet families' needs for affordable, quality child care or ensure the availability of work that pays a liveable wage. California has also not done enough to end racial disparities in education and health outcomes. Free. Children Now, (510) 763-2444; online at www.childrennow.org/california/rc-2002/reportcard02.htm.

Evaluating Television Viewing in Primary School Children, a study in the September 2002 Archives of Pediatric and Adolescent Medicine, finds that watching television is associated with increased behavior problems in young children, including delinquent and aggressive behavior. Available online at <http://archpedi.ama-assn.org/issues/v156n9/abs/poa20061.html>.

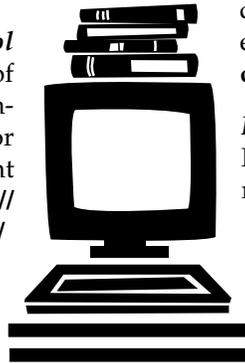
ABCs of Healthy Schools discusses toxics found

in schools and building materials, tips for designing healthier schools, ways to get communities involved, and steps parents can take to address environmental health problems in schools. Includes examples of activism around the U.S. Online at www.childproofing.org/ABC.pdf.

A Morning Boost for Every Child, from the National Education Association, reports on studies that find that serving subsidized school breakfasts to every child, regardless of family income, has led to drops in tardiness, absenteeism, and behavioral problems, as well as rising test scores in some schools. Online at www.nea.org/neatoday/0209/health.html.

Community Tool Box, from the University of Kansas, provides "how-to tools" on community health and development as well as resources on funding, health, education, and community issues. Online at <http://ctb.ku.edu>.

Epidemiology of Autism in California, from the MIND Institute, finds that the 273 percent increase in California children diagnosed with autism over the past 15 years cannot be explained by better data, better diagnosis or more children with autism moving to the state. Online at <http://mindinstitute.ucdmc.ucdavis.edu/news/report.htm>. ♦



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