



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)

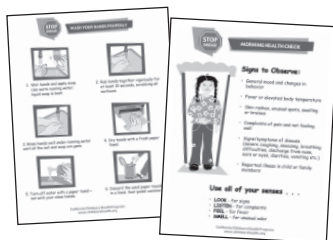
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Survival Tips Mini-Posters

Health and safety should be part of your everyday routine. A great way to make sure that everyone remembers their healthy practices is through posters that can be placed near sinks, diaper changing areas and other high-traffic spots in your child care program.

To help you out, CCHP has a set of eight colorful and friendly laminated health and safety "Survival Tips" mini-posters. The set is available in English or Spanish for only \$10. Topics include morning health checks, hand washing, proper diapering procedures, and lice.

For more details, call the Healthline at (800) 333-3212 or visit our Web site at www.ucsfchildcarehealth.org.



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

Stopping Tooth Decay from the Beginning

by Karen G. Duderstadt, RN, MS, PNP

Oral health problems in young children begin when bacteria from parents or child care providers are passed on to children. That's right! Recent research shows the primary cause of tooth decay is a bacteria called *S. mutans* that is passed to infants through saliva even before the first tooth comes in. This bacteria is common in people with poor oral hygiene and decayed teeth. The bacteria metabolize sugary substances in the mouth to form acids, which break down the tooth's surface and begin the process of early decay.

Good oral hygiene habits from an early age prevent the cycle of dental decay, and children's eagerness to learn about their bodies makes education fun and easy. Here are tips for making sure the children in your care have healthy teeth all their lives.

- **Reduce the number of feedings after baby teeth start to come in.** When baby teeth appear, begin offering breast or bottle feeds at three- to four-hour intervals rather than on demand. Don't prop the bottle or put an infant to sleep with a bottle. Offer breast milk or formula in a cup by 6 to 9 months of age. Make sure juice is 100 percent fruit juice, and offer it from a cup with meals to avoid prolonged contact with the teeth.

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

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ASK THE NURSE...

Varicella and Rashes

by Susan Jensen RN, MSN, PNP



Q: A child with a rash was brought to my family child care. The mother told me that the doctor had diagnosed the rash as *chickenpox* (varicella). The child had received the chickenpox vaccine the year before this happened. I didn't want to admit the child but the mother had a note from the doctor saying that the child could return to child care with the rash because he was not contagious. Is that true?"

A: A child with a rash within two to three weeks of having the chickenpox vaccine may be considered to have a *vaccine-related rash*. It is *extremely rare* for someone to get chickenpox from a person with vaccine-related rash. The rash is usually mild with some red bumps (without fluid in them) and no other symptoms. Attendance at school or child care need not be restricted.

Most people who get the chickenpox vaccine will not get the chickenpox. If a child has been diagnosed with a case of "breakthrough" chickenpox it is usually very mild. He or she usually has less than 50 lesions and possibly a mild fever. **Children should be excluded** until the lesions have crusted over and parents and staff need to be notified that they have had an exposure in the child care setting.

It can be difficult to distinguish a vaccine-related rash from a breakthrough case. It depends on the appearance, location and timing of the rash, and therefore a consultation with a health care provider may be necessary. Laboratory testing is not done routinely.

Even if a parent has a note from a health care provider clearing the child to return to care, remember that the final decision always rests with the child care provider. *But it is not necessary to exclude every child with a rash or require them to see a doctor.* Consider writing a policy regarding this issue and share this information with parents as part of your enrollment procedure to help avoid confusion and frustration.

For further information call the Healthline at (800) 333-3212 or visit our Web site at www.ucsfchildcarehealth.org. ♦

Resources

Centers for Disease Control Immunization Hotline at (800) 232-2522 (English) or (800) 232-0233 (Spanish)
National Immunization Program at www.cdc.gov/nip.

References

Ask the Experts: Measles, Mumps, Rubella & Varicella, by William L. Atkinson, MD, MPH. www.immunize.org.

Children are not things to be molded, but are people to be unfolded.

—Jess Lair

Stimulating Language Development: Helpful Tips for Caregivers

by Mardi Lucich, MEd

An adult's vocabulary is largely determined by the speech that is heard during the first three years of life. As sounds of words are heard, the brain's neural connections are stimulated and the brain grows in such a way that the child can retrieve and repeat these sounds. When their environment is enriched with conversation, stories, songs, and rhymes, children's language mastery soars!



Meet the Match Developmentally

- Know where the child is developmentally and move forward as he does.
- Stretch and expand language, but do not overwhelm.

Tie Words to Actions

- **Self-talk.** Describe your actions as you do them. *"I am mixing the color violet into the playdough."*
- **Parallel talk.** Describe the children's actions as they do them. *"You are squeezing the playdough really hard."*
- Have children describe and label, encouraging them to make connections.

Communicate without Oral Language

- **Charade games.** Act out stories or situations and meanings of words without actually using words. *"Pretend you are carrying the biggest log you ever saw."*

Think In Sequences

- Teach children that things are often done in order. Timing and sequence are important parts of life. *"What happens if we put our shoes on before our socks?"*
- Ask children to do things in order. *"Jonathan, please push in your chair; put your trash in the garbage; wash your hands; and then find a book for storytime."*

Ask Open-Ended Questions

- *"What would happen if...?" "What would you see if you were a bird flying over the play yard?" "What do we need to bake cookies?"*

Activate Listening Skills

- Use incongruity—make "silly" mistakes and play games where mistakes are obvious. *"Airplanes fly under water."*
- Give different instructions than usual to see if the children catch the difference.

Make Connections Between Written and Oral Language

- Help children sign their own work—even if it's only a letter of their name.

Make Up and Retell Stories

- Ask children to tell you a story about what they are doing or have done.
- Have children make up stories; write them down and read them back to them.

Teach Positive Social Skills

- Teach and model courtesy—use "please" and "thank you."
- Read and tell stories about characters that express emotions.

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Understanding Depression

by Jill Boyce, RN, PNP, MPH

As a child care provider with busy and long days caring for energetic little ones, you may find yourself with a growing sense of isolation, tiredness, loss of appetite, disrupted sleep, sadness, irritability, poor concentration, and difficulty making decisions. If this is true for you, you may be suffering from a form of depression.

Each year, almost 10 percent of American adults over 18 experience a depressive illness. Depression may be mild, chronic or part of severe mood swings, and can run in families.

Women have depression twice as often as men. Some factors unique to women, such as hormonal changes after having a baby or with menopause, can lead to depression. Many women also have stresses associated with single parenting, caring for aging parents, financial concerns and managing homes, which may combine and trigger sadness.

It's important to pay attention to depression, both for your own emotional well-being and for the sake of the children you care for. Living with depression can make the days long and compromise your emotional availability and your effectiveness. Depression is real. If you think you might be depressed, seek medical attention to explore your concern further. Help may include counseling, medication or other remedies. You do the important work of caring for our most precious resource—children—and you deserve to feel the best that you can. ♦

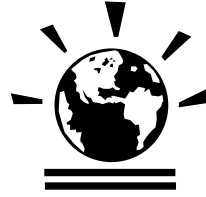
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National Institute of Mental Health at www.nimh.nih.gov.

Care for Caregivers at www.careguide.com.

U.S. Department of Health and Human Services at www.mentalhealth.org.

Helping Your Child Care Health Advocates Succeed



by Sharon Douglass Ware, RN, BSN, MA

In the fall of 2002, CCHP conducted several focus groups throughout California to ascertain the needs of Child Care Health Advocates (CCHAs). The groups were held in Kern, Mendocino, Los Angeles and Sacramento counties. This article highlights the needs identified by the CCHAs and provides some insight into how your agency can assist them in becoming successful in their work to improve the health and safety of children in child care.

CCHAs were asked about which additional tools and knowledge they need in order to do their jobs. They responded that they wish they had a better awareness of agencies, resources and phone numbers to help parents and child care providers. They also wish they had networking opportunities and the ability to call someone locally about health and safety issues. Many felt they were isolated and yearned for the support of local experts to help with problem-solving strategies. CCHAs also desired resources such as health and safety reference books, handouts, supplies, videos, support material on policy writing, pamphlets for parents on various diseases and safety issues, and a cadre of other items to better meet the needs of the child care community.

Many CCHAs commented that they needed more direction in their day-to-day functioning. CCHAs wanted to know what to do in any given situation, and shared that their job descriptions are often unclear and lack concrete tactics for approaching job assignments. "What should we first do when we enter the child care center?" one CCHA asked. "How do we know if we should call our Child Care Health Consultant or our agency on a particular problem?" asked another. Lines of authority were not always clear for CCHAs since they might work for one agency, be housed at another agency, and work with a Child Care Health Consultant (CCHC) that is employed by an entirely different agency. Ideally, CCHAs should have a clear organizational chart available and be given a specific job description at the time of their orientation.

Another issue that came to the forefront, regardless of county, was the need for resources in the area of handling of children with behavioral issues such as biting, fighting and aggression. Also needed were information on how to conduct morning health checks and determining if children should be excluded from care due to illness. One recommendation was that each CCHA work with someone who is working in a similar line of work, much like a mentor. The CCHC is also another viable resource for CCHAs, as they are available to provide support, consultation, expertise and additional resources.

As more and more agencies consider hiring CCHAs, the above should be considered. For more information about Child Care Health Advocates and Child Care Health Consultants, please contact the Healthline at (800) 333-3212. ♦

What's done to children, they will do to society.

—Dr. Karl Menninger

Environmental Asthma Triggers

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

Asthma is the most common chronic disease of childhood—in a classroom of 30 children, at least two are likely to have asthma. With over 850,000 California children spending some of the day in licensed child care, child care providers play a significant role for children with asthma. While no one knows exactly why people develop asthma, it is well known that "triggers" in the environment can cause a person with asthma to have an asthma attack.

Not everyone with asthma has the same triggers. Triggers for asthma may include:

- tobacco smoke
- dust
- pollen
- pets with fur or feathers
- mold and mildew
- strong-smelling cleaners and paints
- cockroaches
- wild mice.

In 2002, the California Department of Health Services, Environmental Health Investigations Branch asked site directors at 284 licensed child care centers about asthma and potential asthma triggers in their centers. Over half of the directors reported treating a child for asthma with medication in the previous year. Potential triggers for asthma in child care centers were common. The most surprising result was that 7 percent of directors reported tobacco smoke in their center. Dust was the most commonly reported trigger (occurring in 84 percent of centers), and at least one-fourth of centers had pets.

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Communicating with Your Child Care Provider

by A. Rahman Zamani, MD, MPH

Child care has become a necessary part of life in our society. More and more working parents depend on child care programs to provide a safe place for their children while they are at work or attending school.

Quality child care is more than baby sitting

Child care can make a major difference in children's development. A quality child care program can provide a warm, caring, age-appropriate, stimulating and safe environment, and help children to learn social skills and get the early childhood education they need to be ready for kindergarten and school.

The National Association for the Education of Young Children (NAEYC) suggests that a "high quality early childhood program provides a safe, nurturing environment that promotes the physical, social, emotional, and cognitive development of young children while responding to the needs of families."

Good communication is a key component

A positive relationship between you and your child care provider and the provider and your child is essential to providing quality care.

Just as child care providers have an obligation to report when children in their care are exposed to a contagious disease, you as a parent have the same obligation to report diseases to the child care program, even if you keep your child at home. That way, the child care provider can alert other parents in care to watch for signs of that illness in their child and seek medical advice when necessary. Several childhood diseases

such as chickenpox, cytomegalovirus (CMV) and Fifth Disease can also harm an unborn child, if a pregnant woman is exposed to these diseases for the first time.

Your child care provider is your partner

Your child is continuously learning new skills both at home and child care. And your child care provider is your partner in your child's happy and healthy development. Personal contact on a daily basis is essential to ensure the transfer of information required to meet the child's needs. Talk with your provider about your child's development and behavior, and any concerns either of you have.



Some of the areas you may discuss with your provider

- When enrolling your child, ask about the physical structure, policies and procedures of the child care facility, and discuss your expectations and what they can expect from you.
- Review your child's current health records and health history with the

child care provider to ensure correct information. This will help meet your child's health and social-emotional needs and assist him or her in progressing in the child care setting. The health history ensures that all information needed to care for the child is available.

- When your child has a contagious illness, you may need to take special measures so that the sickness does not spread to others. Some diseases or conditions must be reported to the local health department, child care licensing and others. Other parents also need to be informed that their child was exposed. Ask which conditions may cause your child to be excluded from child care.
- Talk about taking care of sick children and medication administration during child care hours.
- Share any behavior changes you notice and any concerns or questions you have. Keep providers informed about unusual things in your child's life such as sleep problems or family illness.
- If you need community resources, ask your child care program if they can provide information on topics such as low-cost health insurance for children.

You and your child care provider need to be aware and respectful of each other's beliefs, values and knowledge about how to deal with children. You both want what is best for your child. If you are in disagreement about what's best, take a step back and evaluate what it's really about. Call the Child Care Healthline at (800) 333-3212 for information. ♦



General Recommendations Regarding Diarrhea

What is it?

Diarrhea occurs commonly in young children. Occasionally the complications of diarrhea can be serious and life threatening. Diarrhea causes a loss of water and minerals (electrolytes, like potassium) and can cause dehydration. Children, and particularly infants can become dehydrated much more quickly than adults, so it is important that the fluid be replaced.

Diarrhea is considered the passage of bowel movements or stools that are more frequent, looser and more watery than usual. Stools may also appear a different color, such as green or yellow, have mucus, and in the case of a more severe illness have blood present. Diarrhea may be accompanied by complaints of stomachache, headache, fever or vomiting and is often referred to as gastroenteritis or "stomach flu." It may last just a couple of days, although most episodes of non-acute diarrhea last from three to six days.

What causes diarrhea?

Diarrhea may result from a number of causes, including infection by a virus (such as enterovirus or rotavirus), bacteria (*E. coli*, *Shigella*, *Salmonella*, *Campylobacter*) or parasites (*Giardia*, amebas); some medications (such as antibiotics); food allergies; and food poisoning. Some children have very sensitive stomachs resulting in nervousness that can lead to diarrhea, and some foods such as cherries or grapes may lead to diarrhea in some children.

The most common cause of severe diarrhea is a result of contracting the rotavirus, an infection of the digestive tract. It affects four out of five children in the United States by age 5. The occurrence of rotavirus increases from November through April, and it is particularly common in child care settings.

How does it spread?

Infectious diarrhea spreads in several ways. It can spread from person to person when a child or adult comes into direct contact with virus or bacteria from the stool of an infected individual and then passes the virus to the mouth. This is called fecal-oral transmission. A person also can touch a surface that has been contaminated and then touch his or her mouth. In child care settings, the germs can be on a caregiver or child's hand, toy, play surface, food and even in the water play table.

A recent study of child care centers showed that the most common form of fecal contamination was by the hands of children and staff. Children in diapers and caregivers who change their

diapers have an increased risk of getting diarrhea. Remembering to clean and sanitize the changing area and following good hand washing guidelines are key to preventing the spread. Gloves do not guarantee protection.

When is it contagious?

The contagious period can vary depending upon the cause of the diarrhea. Most infectious diarrhea caused by a virus is contagious one to two days before the start of symptoms and may continue to be contagious for a few days after the diarrhea has ended. After exposure, another person may develop diarrhea from one day to weeks later, depending upon the specific infection.

How is it treated?

When a child care provider notices a child has diarrhea, the parent should be notified. If the child has other signs of illness, such as fever or vomiting, or if the diarrhea is frequent and the child is less than 2 years old, the child's health care provider should be contacted for specific recommendations.

Because diarrhea causes frequent watery stools leading to loss of water and salts from the body, the most important treatment for a young child with diarrhea is to replace fluids. In the more common and milder form, there are no laboratory tests of the stools or antibiotics involved. **If the onset is abrupt and the diarrhea is severe with evidence of blood or high fever, an immediate visit to the child's health care provider is necessary.** Children under 3 years of age with severe diarrhea are even more at risk for becoming dehydrated due to loss of fluids in proportion to their small body size. Hospitalization for oral or intravenous rehydration is the cause of 10 percent of hospitalizations of children in the United States annually.

Child care providers and parents are now being advised to rehydrate children who show early signs of diarrhea in order to avoid potentially serious complications from dehydration. With the first signs of diarrhea, the child should be encouraged to drink small amounts of clear fluids frequently. The American Academy of Pediatrics recommends that an oral electrolyte solution (OES) such as Pedialyte, Infalyte, or other generic brands be on hand for possible use in the center. If diarrhea in a child is more than mild and the child is younger than 3 years of age, the use of an OES should be considered if signs of dehydration are present and after contacting the child's health care provider for approval.

Whenever possible, an oral electrolyte solution should be given

rather than juices, sport drinks, Kool-Aid or tea, which are high in sugar and may make the diarrhea worse. Chicken broth should be avoided because of its high salt content. It is best to give small frequent amounts of the oral electrolyte solution when a child has diarrhea. Anti-diarrhea medicines should NEVER be given to children unless prescribed by a physician. If the child has an appetite it is advisable to offer a normal diet but provide extra fluids.

Signs of dehydration

1. Inability/refusal to take fluids.
2. Decreased tears when crying, or decreased urination, which may mean a decreased number of wet diapers.
3. Dry, sticky mouth, increased thirst or sunken eyes.
4. Unusual drowsiness or listlessness.

When exclusion is appropriate

Caring for Our Children: National Health and Safety Performance Standards defines diarrhea as more watery stools, a decreased form of stool that is not associated with changes of diet, or an increased frequency of passing stool that is not contained by the child's ability to use the toilet.

Any children who meet these definitions should be isolated and their legal guardian notified. The child should be excluded from the child care facility until the diarrhea has been resolved, to reduce the spread to other children and staff. If the onset is abrupt and severe with fever and/or persists, the child should be taken to his or her health care provider for further examination and testing. The child may participate in child care as long as the health care provider certifies that the diarrhea is not contagious or clearly indicates that an infection is resolved. In addition, any staff with diarrhea should also be excluded until symptoms are gone. See *Caring for Our Children: National Health and Safety Performance Standards* for specific guidelines on readmitting children who have had diarrhea caused by various infections.

How you can help limit the spread of diarrhea

1. Hand washing is the most important line of defense for both caregivers and children in preventing the spread of diarrhea. The use of gloves does not replace the need to wash hands.
2. Staff and children should always wash their hands after using the toilet, after helping a child use the bathroom (assist toddlers and young children in washing their hands), and after diapering a child.
3. Staff and children should always wash hands before and after preparing, serving or eating food.
4. Children should always wash their hands upon arrival to the child care facility and after returning from playing outdoors throughout the day.
5. Disinfect toys, bathrooms and food preparation surfaces daily.
6. Use disposable paper towels for hand washing.

7. Use disposable table liners on changing tables and disinfect tables after each use.
8. Notify parents of children who have been in direct contact with a child who has diarrhea. Parents should contact their child's health care provider if their child develops diarrhea.
9. If possible, children in diapers should have different caregivers and be in a separate room from those children who are toilet trained.
10. Children should always wear clothes over their diapers.
11. Always use diapers with waterproof outer covers that can contain liquid stool or urine, or plastic pants.
12. All knives, cutting boards and counters used for raw meat, chicken and fish should be washed thoroughly with hot, soapy water after each use and before using with any other food.
13. Never purchase spoiled food. Check dates on labels and store all perishables in refrigerator and serve immediately after preparation.
14. Do not allow children to drink from standing water sources such as wading pools.
15. Children should wash their hands before and after use of a communal water table and no child should drink from the table. Water should be changed daily.

IMPORTANT Notify the local health department if two or more children in one child care facility have diarrhea within a 48-hour period. Also, notify the local health department if you learn that a child in your care has diarrhea due to *Shigella*, *Campylobacter*, *Salmonella*, *Giardia*, *Cryptosporidium* or *E. coli*. Any child with prolonged or severe diarrhea or diarrhea with a fever, or a known exposure to someone with infectious diarrhea, should be seen by a health care provider.

Reintroducing foods after a case of diarrhea

Children who have mild diarrhea and are not dehydrated should continue to be fed age-appropriate diets. Most children with mild diarrhea should be able to tolerate formula or dairy products and breastfeeding should continue. If the child seems bloated or gassy after drinking dairy products or formula, then the health care provider should be notified to discuss a temporary change in diet. Fatty foods, or foods high in sugar, such as soft drinks and juices, should be avoided until stools have returned to normal.

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The American Academy of Pediatrics, *Practice Parameter: The Management of Acute Gastroenteritis in Young Children*, 10/21/02

www.aap.org/policy/gastro.htm

www.cdc.gov/ncidod/hip/abc/facts10.htm

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

by Jill Chamberlain Boyce, RN, PNP, MPH, 01/03

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Hearing Screening for Children

by Lisa Frost, MS, RN, PNP



**INCLUSIVE
CHILDCARE
SERVICES
PROJECT**

"I'm not sure if my baby can hear me." Parents and child care providers can address their concerns about children's hearing with a hearing evaluation by a trained professional.

To get a hearing assessment, parents or guardians should contact their health care provider, who can recommend the best type of hearing test. Children of any age may be able to have their hearing tested by the local school district if the district has a school nurse or audiologist. If a child is participating in a State Preschool or Head Start (federal) program, hearing screenings should be a part of the program of services offered

to children and families—check with the agency's director. If there are concerns about a child's development (physical, hearing, language, speech or social), a referral to the Regional Center or School District may be made by a parent or guardian.

Hearing Screening Resources

Newborn Screening

In California, a law passed in 1998 requires most hospitals to offer a hearing screening test to all infants born there. Parents of children diagnosed with a hearing loss receive information about community resources and referrals to services. The screening does not pick up every hearing loss; therefore, if there are ongoing concerns it is important to follow up with repeat testing or with a different type of test.

Infant/Toddler Screening Programs

Children from birth to 3 years of age who are at risk for developmental problems or delays or are identified with developmental disabilities under the Early Start program in California (IDEA, Part C) must have an evaluation of hearing.

Public School Screening Programs

California law requires that public school students have a hearing screening test in kindergarten or first grade and in second, fifth, eighth, tenth or eleventh grades. Students new to a California public school are also tested. Children in special education programs receive a test before they are enrolled in a special education program, and at least every three years. ♦

Fire Safety in the Child Care Setting

by Judith Kunitz, MA

Young children are very vulnerable to fires and burns due to their curiosity and lack of awareness to the dangers of fire. Children ages 5 and younger are especially susceptible to burns and have one of the highest fire death rates. To protect children from fire danger, child care providers need to learn fire safety tips and how to prepare the environment for a fire emergency.

- Provide fire safety education for the young children in your care.
- Check your child care setting for fire hazards.
- Check that smoke detectors are present and in good working condition. When did you last replace the batteries? Batteries should be changed regularly.
- Keep a fire extinguisher on hand and know how to use it properly. Fire extinguishers need to be serviced or recharged annually.
- Set the temperature of the water heater to 120° F or lower to prevent hot water burns.
- Plan emergency fire escape routes in advance. Practice regularly with fire drills.
- Teach young children how to properly respond to fire. Do they know the sound of the smoke alarm? Are there two exits out of every room? Do the children know how to stop, drop and roll if their clothes catch on fire?
- Model preventive behaviors that will reinforce fire and burn prevention. Do not drink or carry anything hot near a young child!
- Share fire safety activities with parents so they can support your efforts at home.
- Invite a member of your local fire department to your child care site for a program on fire safety. A firefighter and fire truck visit is a truly memorable experience! ♦

San Luis Obispo County in Crisis

by Carol C. Jones, RN, Child Care Health Consultant

San Luis Obispo County is a unique and desirable place to live along the central coast, but it is experiencing a health care system that has been turned upside down and there is no end in sight. San Luis Obispo is truly in crisis. The following is a list of the challenges being faced:

- The major health care provider, Mission Medical, which served 55,000 patients, went bankrupt last year. The county clinic system is in transition due to the closure of the county hospital.
- The median price of a home is one of the highest in the state (over \$360,000), making it difficult to attract new health care providers.
- With the loss of Lifeguard, Cigna and Health Net, and no insurance plans similar to Kaiser, there are very few insurance choices. Blue Shield HMO and Blue Cross PPO are now the major providers. At this point, it is unclear if there will be a "safety net" for Healthy Families.
- San Luis Obispo County has a "rural status" leading to the lowest reimbursement rate.
- Many of the established providers have left the county or moved out of California. The county is currently short 80 physicians.
- There are only 19 full-time pediatricians in practice to serve 57,830 children (0 to 18 years). Of these children, 12,358 are under age 5.
- The county clinics discontinued contracts with all of their pediatricians, including the only California Children Services (CCS) paneled doctor. Thankfully, a CCS paneled physician has come out of retirement to help part-time, only beginning to fill the huge gap in health care for children who need it most. Other physicians have been contracted for between two weeks to two months to see children in the county clinics, making it impossible to have continuity of care.
- More Medicare patients are receiving their care in emergency rooms than ever before, as providers are beginning to refuse to take new patients at the Medicare reimbursement rates.
- Dental care is very difficult to obtain. Few dentists will take MediCal or Healthy Families.

Currently, San Luis Obispo is working to obtain the status of "Health Professional Shortage Area." This designation would increase reimbursement rates, forgive medical school loans, and provide other monies helpful to the situation as incentives to attract more physicians to the area. Many facets of the community have joined together to look at the crisis from different vantage points. The Linkages Child Care Health Consultant (CCHC) is surveying child care providers, children's records, physicians and parents to find out what is needed and where the barriers exist. The CCHC's participation in community groups along with creative planning with the Public Health Department is providing new and inventive ways to administer health care for children. This includes advocating for child health and safety to the local Children and Families Commission and being actively involved with the planning of the School Readiness programs working to keep children's health issues in the forefront. ♦

Welcome Stacey Kita!

CCHP welcomes our new Office Manager, Stacey Kita. Stacey has over 20 years of administrative, managerial and leadership experience at the University of California. Stacey has expertise in project management, information technology and human resources. She is also attending John F. Kennedy University for her master's degree. We are very happy to welcome Stacey to our team!

Child Care Health Linkages Project

First Five California (formerly California Children and Families Commission) approved our full three-year contract for \$9.7 million (project period 9/1/2001 to 6/30/2004). Our carry-forward from year one to year two was granted, along with our year two and year three budget. We look forward to working with our 20 counties for the year three sub-contracts with UCSF School of Nursing. We are very pleased to be working with the Commission and thank them for their support of the Linkages Project. ♦

—Stimulating Language Development,
continued from page 3

- Encourage discussions about feelings and help children understand the emotions they feel.

Read to Children

- Read *every* day, and create a comfortable book corner with a variety of reading materials.

Use Music

- Make up songs, include rhymes, and sing them repeatedly.
- Encourage children to move their bodies to music.

Listen to Children

- Be attentive to all communication attempts. ♦

Adapted from Honig, A.S. (1989) Talk, read, joke, make friends: Language powers for children. Day Care and Early Education, 16(4), 14-17.

EVENTS

March

Mar 10-12

National Conference on Abuse of Children with Disabilities.

Riverside, CA. Arc Riverside, (888) 818-6298; <http://disability-abuse.com/cando/conf>.

Mar 20-22

Making Connections.

San Jose, CA. Infant Development Association of California, (916) 453-8801; www.idaofcal.org.

April

Apr 6-12

Week of the Young Child 2003.

For information or materials, contact the National Association for the Education of Young Children, (800) 424-2460; www.naeyc.org/woyc/resources.htm.

Apr 10-12

21st Annual Statewide School-Age Care & Recreation Training Conference: Blazing the Trail to Success.

Sacramento, California School-Age Consortium, (415) 957-9775; www.calsac.org.

Apr 25-27

California Association for Family Child Care Conference.

Los Angeles. CAFCC, contact Elda Fontenot, (510) 536-9273; Michele Lundy, Spanish (415) 333-9169; Angela Siharath, Cantonese and Mandarin (415) 467-5856.

Apr 31

Día de los Niños is a day to celebrate children of all cultures. National Latino Children's Institute, (210) 228-9997; www.nlci.org.

May

Worthy Wage Day. Increase awareness of the need for adequate wages for child care providers to ensure quality care for children. Center for the Child Care Workforce, (202) 737-7700; www.ccw.org/transition/wwhistory.html.

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
"Soap Making for Kids"	The soap may get too hot when heated in the microwave oven and leak from the tray mold, posing a burn hazard to children.	Pace Products, Inc. (800) 541-7670 www.paceplace.com
Kmart wooden red wagons, trucks and trains packaged with candy	The wheels on the wooden toys may break off into small parts, which may pose a choking hazard to young children.	Kmart Corp. (800) 63KMART
Dollar Tree animal toy sponges	The eyes on the toys can detach, posing a choking hazard to young children.	Dollar Tree Stores (800) 876-8077 www.dollartree.com

—Environmental Asthma Triggers, continued from page 4

Pests, such as cockroaches and wild mice, were reported in 9 to 13 percent of centers.

To make centers more asthma-friendly, child care providers can:

- ensure their centers are 100 percent free of tobacco smoke;
- control dust mites by cleaning regularly (when children are not present) by damp dusting, vacuuming, and washing stuffed animals, pillows and linens in hot water;
- ensure there is no mold and mildew;
- have an effective pest control program (this does not mean using more pesticides!); and
- find a new home for furry or feathered pets.

The Environmental Health Investigations Branch of the California Department of Health is developing fact sheets and other materials to teach providers how to reduce triggers. These will be available through the Child Care Healthline soon. Please contact Katherine Feldman at (510) 622-4468 for more information. ♦

Children are the living messages we send to a time we will not see.

—John W. Whitehead

Budget News

by Mardi Lucich, MEd

The Governor released his budget proposal for Fiscal Year 2003-2004 to the Legislature in January. In the biggest change to child care and development in over 20 years, the Administration proposes to send all programs, except State Preschool and After School Education and Safety, to the local level, removing them from the Proposition 98 funding guarantee. Transferred to the counties in a block-grant approach would be General Child Care, Alternative Payment Programs, CalWORKS Stage 2 (and Stage 3, if it exists after June 30th), Resource & Referral, Quality Plan, Migrant, Latchkey, Campus Centers and Handicap Programs. Presumably, most of the Education Code relative to child development would be repealed and eligibility, fees and provider payments would vary by county. The Governor reasons that this shift to the local level would enable counties to determine what programs and priorities they wish to fund and at what level. And this realignment strategy includes funding for the counties from a 1-cent sales tax increase, an income tax hike on the wealthiest Californians, and a \$1.10-per-pack levy on cigarettes.

In addition, the Governor's proposal includes a doubling of fees for licensed child care. Specifically, small family child care fees will increase from \$25 to \$50 annually and large family child care will increase from \$50 to \$100. Fees for center-based programs would double as well, and aggregate fees for programs with multiple centers would be eliminated. Licensing will visit only 10 percent of the facilities randomly. Facilities on probation and with serious violations will receive annual visits. Pre-licensing inspections, visits within statutory timeframe requirements and facility-related complaint visits will continue.

For more information on the proposed budget, check out these resources:

California Budget Project • www.cbp.org • Analyzes the Governor's budget each year and prepares briefing papers and other publications.

Child Development Policy Advisory Committee • www.cdpc.ca.gov • Provides public policy recommendations to the Governor, the Legislature and relevant State Departments on child care and development issues.

Child Development Policy Institute • www.cdpi.net • Information on legislation and budgetary issues concerning the child care and development field, background on the Governor's proposed reforms to the subsidized child care system.

Children's Advocacy Institute • www.caichildlaw.org • Legal and budget research on children's issues; produces annual Children's Budget, legislative report card, analyses of legislative and budget issues.

On The Capitol Doorstep • www.otcdkids.com • Publishes a monthly newsletter on legislation affecting children. Conducts annual state budget policy workshops.

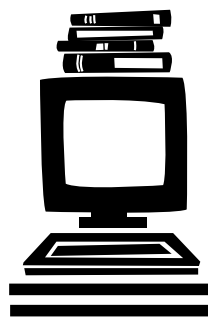
Department of Finance • www.dof.ca.gov • Prepares Governor's budget. Includes access to Governor's budget (January), May Revise, enacted budget, and change book. Information on budget process, definitions of terms, historical perspectives.

Legislative Analyst's Office • www.lao.ca.gov • Publishes analyses of the Governor's budget, annual fiscal perspectives and issues, and long-term forecasts. ♦



Online Resources

Caring for Our Young: Child Care in Europe and the United States, a study in the Fall/Winter 2002 issue of *Contexts*, finds that funding for child care in the U.S. is fragmentary, while in France child care is publicly funded as early education for all children. Summary at www.asanet.org/media/childcare.html.



Demonstrating Effective Child Care Quality Improvement describes strategies and activities used by 12 highly successful Smart Start partnerships in North Carolina to significantly improve the number of high-quality child care programs. \$5. Frank Porter Graham Child Development Institute, (919) 966-4295; online at www.fpg.unc.edu.

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. Online at <http://archpedi.ama-assn.org/issues/v156n9/abs/poa20061.html>.

An Epidemic: Overweight and Unfit Children in California, from the California Center for Public Health Advocacy, finds that over 25 percent of California children are overweight and nearly 40 percent are unfit. Includes policy recommendations. Site also provides statistics and fact sheets on childhood obesity for each California Assembly District. Available online at www.publichealthadvocacy.org. ♦

- **Encourage parents to consider fluoride supplements when their child reaches 6 months of age if the water in your area is not fluoridated.**
- **Care for teeth as soon as they appear.** Each day clean an infant's teeth with moist gauze or a washcloth.
- **Encourage children to clean their teeth after every meal.** Children can use a smear-sized amount of fluoride toothpaste at 2 years old and a pea-sized amount after 3 years old. Children should spit out toothpaste, not swallow it.
- **Store toothbrushes properly and replace when they appear worn.** Hang or store toothbrushes separately (labeled with children's names) so they don't touch, and don't allow children to share toothbrushes. Throw out contaminated toothbrushes. Clean brushes with running water and allow to air dry between use (do not wash in the dishwasher).
- **If brushing is not possible in your setting, encourage good oral health habits by regularly offering carrots, apples and celery,** which naturally clean sugars from the teeth. For infants, foods should be cut in small pieces no larger than quarter-inch cubes; for toddlers, pieces no larger than half-inch cubes. Avoid sticky or sugary snacks such as jams, raisins, sweetened beverages and sodas.
- **Encourage parents to take their children for dental checkups** beginning at 12 months of age.
- **Consider hosting an oral health fair at your child care site** and in-

vite local dental professionals to participate.

- **Maintain your own good dental health.** Brush and floss teeth daily and use an antiseptic mouth rinse. Avoid sharing eating utensils with children.

Stop dental problems before they begin and make good oral health a priority for you and the children you care for every day! ♦

Resources

American Academy of Pediatric Dentistry at www.aapd.org.

References

Nowak, A. J., & Warren, J. J. (2000). *Infant oral health and oral habits*. *Pediatric Clinics of North America*, 47, 1043-1066.

Ramos-Gomez, F., Jue, B., & Bonta, C. Y. (2002). *CDA Journal*, 30(10), 752-761.

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