CALIFORNIA CHILDCARE HEALTH PROGRAM

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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Health and Safety Tips

Start off the new school season right by making sure that your program follows the best practices for cleaning and disinfecting.

Items which get used daily should be washed and disinfected daily. Heavily soiled areas will need longer contact time with disinfecting solution. After cleaning and disinfecting, air dry items before returning them to the setting.

Paper towels are the cleaning tools with the least risk of spreading infections. Use them only once. Germs grow easily in sponges, wash cloths and handy wipes.

Include children whenever possible in hand washing and the cleaning of table tops and chairs so they become familiar with the routine. Be sure to minimize children's direct exposure to disinfecting solutions, however, as they are toxic.

Wash and disinfect mops and other cleaning materials daily. ◆

CCHP has moved to a new Oakland office. See page 2 for our updated address.

Changing the Way We Look at Lead Poisoning

by Lyn Dailey, PHN

Most people have gotten the message that lead can harm a child's health and development, and that younger children are more at risk than older children and adults. However, as we watch blood lead levels in U.S. children declining, we begin to see a different picture of lead poisoning emerging in some California communities.

Lead was effectively removed from residential paint in 1978, and the phase-out of lead in gasoline began in 1976. Blood lead levels for most children were 15µ/dl in 1976-1980; this figure dropped to 2µ/dl in 1999-2000. Many studies over time have shown that even very low levels of lead can contribute to problems with learning and behavior, such as the ability to pay attention. So while removing the main sources of childhood lead poisoning has been a public health success, we still have an estimated 300,000 children living in homes with lead-based paint hazards.

New research tells us that the most damage to a child's intellectual development occurs at the lower levels (less than 10µ/dl)—levels that did not cause much concern to health care providers in the past. Now, health professionals must examine

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What's Inside

Pullout Section

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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What is Hand-Foot-and-Mouth Disease?

by Susan Jensen RN, MSN, PNP

Q: Several children in my care have had Hand-Foot-and-Mouth Disease. What is this?

A: Hand-Foot-and-Mouth Disease (HFMD), a mild illness caused by a virus (coxsackievirus A 16), commonly affects toddlers and school-age children. It occurs frequently in child care settings and is a different illness than Foot-and-Mouth disease of cattle, sheep and swine. Symptoms generally last for a few days to a week. Adults usually get only mild symptoms if infected. You cannot get this exact same virus again, but there are other viruses which cause similar symptoms, although they occur much less commonly than A16. Peak times for this virus are summer and early fall.

The virus is highly contagious and is spread by direct contact with nasal/oral secretions and stool. The incubation period averages three to five days. The child may then feel poorly for one or two days before the appearance of mouth sores and/or a body rash.

Common symptoms are fever, sore throat, stomachache, and tiny fluid-filled bumps or "vesicles" on the palms, soles, and in the mouth. These appear tiny and grayish with a circular red base. A rash may appear on the upper thighs, arms, and buttocks and may be tender. The fever and vesicles usually go away without crusting or scarring. Children with painful mouth sores may not want to drink or eat. Ask parents to call their health care provider if a child is not taking enough fluids. Treatment is for symptoms only; antibiotics do not help. The child's appetite will return as he or she feels better. The virus is shed through the stool for weeks following the infection.

Most at risk are infants less than 2 to 3 months of age, people with weak immune systems and pregnant women. An exposure notice should always be posted and sent home when the virus occurs in your program, and those at most risk should notify their health care providers.

Children with this virus do not need to stay home as long as they feel well enough to participate. Exclusion may not prevent additional cases since children will have been exposed before the symptoms appear, and *many children will not have any symptoms with the virus*. Reasons to exclude would include if the child feels too unwell to participate, or if the child is unable to take sufficient fluids because of mouth sores.

Limit the spread of the virus by following strict handwashing guidelines. Always wash after bathroom use or diapering, and before eating or handling food. Wash and sanitize all articles and surfaces contaminated with stool or mucus. ◆

References

Enterovirus Infections, Zaoutis, T. M.D. and Klein, J. M.D. Pediatrics in Review, Vol.19, Number 6, June 1998.

Hand-Foot-and-Mouth Disease (Coxsackie A) in the Child Care Setting. California Childcare Health Program, 2003.

What Every Child Needs for Good Social-Emotional Well-Being

by Mardi Lucich, MAEd

Social and emotional development are important parts of school readiness. Here are some strategies for promoting children's emotional health and social competence.

Give unconditional love. Confidence grows in an atmosphere full of unrestricted affection, acceptance, nurturance, responsiveness and security. Children need to know that your love does not depend on their accomplishments and successes. Expect and accept mistakes and defeats.

Nurture confidence and self-esteem. Offer praise and encouragement when children try something new. Reassure them by smiling, laughing and talking to them often, and when possible be an active participant in their activities. Set realistic goals that match children's ambitions with their abilities. Reflect a positive, resilient attitude towards setbacks. Avoid sarcastic remarks and criticism, for they are discouraging and frustrating to children who are learning and experimenting.

Make time for play. Play provides unique opportunities to learn crucial skills. There is no substitute for the experience children gain from playing—it helps them to be creative, coordinate their body, test new skills, etc. Play should involve peers, caregivers and parents.

Provide a safe and secure environment. Create opportunities for children to investigate and play in safe settings. Understand that fears are very real to children; be patient and reassuring.

Provide appropriate guidance and positive discipline. Help children learn that some behaviors are appropriate and others are not. Be clear about rules of conduct and the potential consequences of actions. Provide discipline that is fair and consistent and promotes self-control. Be kind, firm and realistic about your expectations. Set a good example. Assist with problem-solving skills; help children consider various solutions and perspectives and to be flexible. Avoid nagging, threats and bribery as they are seldom effective at stopping behavior and can damage self-esteem and confidence. Talk about feelings.

Good social-emotional well-being enables children to think clearly, learn new skills more easily, and develop competence, which encourages them to cultivate self-confidence, self-esteem and a healthy outlook on life. ◆

Resources

Center for Social and Emotional Education. www.csee.net.

Katz, G. Lilian & McClellan, Diane E. (1997). *Fostering Children's Social Competence: The Teacher's Role.* National Association for the Education of Young Children. Washington, D.C.

Lieberman, Alicia F. (1993). *The Emotional Life of the Toddler.* The Free Press. New York.

Child Mental Health Foundations and Agencies Network (2000). *A good beginning: sending America's children to school with the social and emotional competence they need to succeed.* Chapel Hill: University of North Carolina, FGP Child Development Center.

Taking Charge of Your Health

by Judith Kunitz, MA

Your relationship with your health care provider greatly influences your ability to make wise health decisions. Be a partner in making the decisions that concern your health and well-being. Common goals, shared effort and good communication are the basics of a good health care provider-patient partnership. Whenever you visit your health care provider, keep in mind the following:

Be prepared. The better prepared you are, the more value you can get from the medical appointment. On your first visit, bring a summary of your medical history including childhood diseases, immunization records, chronic illnesses, hospitalizations, medications and family health history. Write down the reason for your visit and the questions you want answered.

Ask questions. Be specific and clear about what you want to know. Be an active participant in every medical visit. Your health care provider needs to know what is going on with your health in order to give you the best care. If you need clarification, ask. If desired,

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Preventive Health Care for Children

by Judy Calder, RN, MS

September is a good time for child care programs to alert parents about schedules for well-child checkups. Routine checkups for young children are critical to assure their healthy growth and to identify any abnormal conditions early in development. Good health care providers will counsel parents on typical development and discuss parenting concerns as well as concerns identified by child care providers. They will monitor a child's height, weight, nutrition, hearing, vision and blood pressure, and will observe and ask about a child's general and behavioral development. Lab tests such as blood lead screening, hemoglobin, urinalysis and others will be ordered at certain times. And, most importantly, immunizations are given at routine checkups.

Schedule for Routine Checkups*

Age at Checkup	Immunizations Given
less than 1 month	✔
2 months	✔
4 months	✔
6 months	✔
9 months	
12 months	✔
15 months	✔
18 months	✔
2 years	✔
3 years	
4-5 years	✔
6-8 years	

**Recommended by the state Child Health and Disability Prevention Program (CHDP)*

During a child's period of enrollment, child care providers are required to make sure children's immunizations are current or have a signed waiver from the parent/guardian.

Consider reminding parents of their child's routine checkups using the schedule at right. For example, enter due dates on a calendar at the time of enrollment and cross them off when the immunization and/or exam records are turned in. Knowing when children are due for routine care also provides the opportunity for caregivers to talk to parents about their concerns ahead of the visit and put the concerns in writing if necessary so they can be shared with the health care provider. ◆

Resources

If you would like a copy of the CCHP *Consent for Exchange of Information* form for sharing concerns with health care providers, or need help in finding health care or health insurance for the families you serve, call the Healthline at (800) 333-3212 for assistance and resources.

The greatest gift you can give another is the purity of your attention.

—Richard Moss, MD

Child Passenger Safety Update

by Sharon Douglass Ware, RN, EdDc

A recent study confirmed that belt-positioning booster seats do indeed reduce the risk of injury for children 4 to 7 years of age as compared to seat belts alone. Safety experts are promoting the use of booster seats as a move to increase the safety of children being transported in child care. In addition, many states are mandating booster seats for children over 4 years of age and some states are advocating the use of booster seats for children age 8 or weighing up to 80 pounds.

These moves are necessary if we are going to follow and model best practices in order to transport children safely in child care. Although there are several factors that contribute to the risk of injury, including the seating position of child, crash severity and vehicle type, belt-positioned booster seats can help reduce the risk of injury by 5 percent.

Local health departments and California Highway Patrol offices offer low-cost booster seats. Check your local newspapers and watch for flyers for car seat check/installation events to help you make sure you have the proper child passenger restraint system for the children you transport. ◆

Resources

National Safe Kids Campaign at www.safekids.org or (202) 662-0600.

Healthline at (800) 333-3212.

References

Durbin, Dennis R. MD, et al, *Belt-Positioning Booster Seats and Reduction in Risk of Injury Among Children in Vehicle Crashes.* Journal of the American Medical Assoc., June 4, 2003, 289(21): 2835-2839.

Injury Prevention Program Emergency Medical Services, Alameda County Public Health Program, San Leandro, CA.

You Can Help Prevent Child Abuse and Neglect

by A. Rahman Zamani, MD, MPH

Every year, hundreds of thousands of children throughout the United States experience abuse and neglect. This is a tragedy that can happen anywhere, affects all of us and has severe consequences.

What is child abuse?

Child abuse is usually repeated mistreatment or neglect of a child by parents or other guardians resulting in injury or harm. There are three types:

Physical abuse is harmful acts directed at children, including shaking, beating, burning or any other non-accidental injury. Severe abuse may result in major injury, permanent physical or developmental damage, or even death.

Sexual abuse consists of a range of sexual behavior, including fondling and masturbation. It can also involve children in pornography.

Emotional abuse includes verbal assault, blaming, criticizing, belittling, rejecting a child, or constantly treating siblings unequally. Emotional abuse causes harm to a child's psychological capacity, emotional stability and social competence.

What is child neglect?

Neglect is the failure to meet a child's basic needs. There are four types:

Physical neglect is inadequate and/or unsafe supervision of a child.

Medical neglect is failure to seek needed medical attention for a child and withholding of medically indicated treatment including appropriate nutrition, hydration and medication.

Educational neglect is failure to abide by state laws regarding children's compulsory education.

Emotional neglect is ignoring a child's social-emotional developmental needs.

Why do parents abuse their children?

It is difficult to imagine that any person would intentionally harm a child. Many times physical abuse is a result of inappropriate or excessive physical discipline and lack of awareness of the magnitude of force applied. People who were victims of abuse themselves are also more likely to be abusive too. For them it is simply the way they were raised and the only childrearing practice they are familiar with.

Lack of parenting knowledge, unrealistic expectations of children, frequent family crises, poverty, physical disabilities, stress, lack of community support systems, substance abuse, mental health problems and domestic and other violence in the household are risk factors contributing to child abuse and neglect.

What are the consequences of child abuse and neglect?

Research and evidence show that abuse and neglect are associated with both short and long-term negative consequences for children's physical and mental health, cognitive skills, educational achievement, and social and behavioral development.

Abused children are likely to have more physical injuries and medical problems such as chronic pain, abdominal complaints, asthma, eating disorders, insomnia and neurological symptoms. They may also become depressed or self-destructive and may even attempt suicide. And abused children are also more likely to become abusers and be involved in violent criminal activities later in life.

What does the law say?

Every state has laws mandating the reporting of child abuse and neglect. In California, certain professionals, including child care and health care providers, are required by law to report known or suspected cases of child abuse and/or neglect. Although the primary propose of the reporting law is to protect the child, it may also provide intervention opportunities for other children or adults in the home who are unable to ask for help directly.

How can you help?

Child abuse is a vicious cycle and a symptom of parental problems. It does not simply go away if ignored, and cannot be treated by punishing the parents. By learning the facts about child abuse, helping or seeking support for troubled families and reporting child abuse when you see it, you can help to protect children and assist families in learning how to live together and cope with crises more appropriately. ◆

References and Resources

For information, visit CCHP's Web site at www.ucsfchildcarehealth.org or call the Healthline at (800) 333-3212.

The California Child Abuse and Neglect Reporting Law: Issues and Answers for Mandated Reporters. California Department of Social Services, Office of Child Abuse Prevention.

Child Trends Research Brief, The multiple dimensions of child abuse and neglect: New insights into an old problem. May 2002.

American Medical Association's Health Insight: Child Abuse and Neglect.

Child Trauma Academy, a nonprofit committed to helping improve the lives of traumatized and maltreated children and their families, at www.childtrauma.org.

Health & Safety Notes
California Childcare Health Program

Maintaining Child Health Records in Child Care Settings

Why is it important to maintain child health records? Maintaining accurate records is essential to providing quality care and protecting the health and safety of children in child care settings. Children's health records can help child care providers identify preventive health needs such as immunizations or dental care, prepare a special care plan for children with chronic health conditions or special health needs such as asthma, and determine whether to include or exclude children from care because of their illness.

Requiring accurate health information encourages families to have a primary health care provider for each child and facilitates communication between parents, health care providers and child care providers. If families do not have a regular health care provider, child care providers can connect them with local resources to help them find one (call the Healthline at 800-333-3212 if you need assistance finding resources).

Content of Health Records

California Licensing Requirements states that in child care centers, the contents of a child's health record can include, but are not limited to:

- Name, address and phone number of medical, dental or mental health care providers.
- Documentation of current immunizations ("blue card") or signed waiver by parent releasing child from immunizations.
- Medical assessment, including dietary allergies and restrictions.
- Emergency instructions, and signed consent for emergency medical treatment.
- Record of illness or injury requiring treatment by a health care provider or dentist, and for which the center provided assistance.
- Record of current medications, including the name of prescribing health care provider and instructions.
- Signed and dated authorization for activity away from the center.

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs recommends maintaining a file for each child in one central location within the facility. In addition to the licensing requirements, the National Health and Safety Standards recommends that each file include the following information:

- Health history completed by the parent at admission, preferably with staff involvement
- Child's health insurance
- A duplicate of emergency information for field trips
- Authorization to release child to anyone other than custodial parent (if appropriate)

This additional information gives the provider a more comprehensive picture of the child's health status. Complete and thorough information is necessary for providing appropriate care during an emergency. Children's health records and forms should be updated at least every year or sooner if changes occur, such as adjustments in medication or changes in emergency contact information.

Confidentiality and Access to Records

Each child care program will need to find a balance between keeping information confidential to protect the privacy of children and families and making information available to caregivers in a way that provides the best quality of care.

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs explains that while health information needs to be available to caregivers, the information should be carefully handled and made

available *only* when needed to protect the health and safety of those involved. It states that "prior, informed written consent of the parent/guardian is required for the release of records/information (verbal and written) to other service providers." Child care programs should be the central point for this agreement of information exchange, keeping track of consent forms that give permission for information to be shared. *Caring for Our Children* also recommends that child care programs establish and follow a written policy on confidentiality of the records of children and staff that ensures that the facility will not disclose materials in the records without the written consent of parents or legal guardian (see our sample *Information Exchange Form* and consent forms, available on the CCHP Web site).

The Record-Keeping Team

Up-to-date records can be extraordinarily useful for providing the best care for children in child care. Therefore, it is essential that parents, child care providers and health care providers come together to make sure that the children's health records are as accurate as possible. This is an opportunity to establish and maintain clear lines of communication between these critical caregivers in a young child's life.

Parents are responsible for filling out preadmission forms completely and correctly. Parents should make sure that they inform the child care provider of any changes to the information in the record as soon as possible. Parents also are responsible for telling the child care provider about any specific health needs or any circumstances in the child care setting that may influence the child's health.

Child care providers are a crucial link for children's health because they are in a position to observe and monitor health and behavior. Child care providers are responsible for maintaining children's records, which requires them to communicate with parents and health care providers. Child care providers are also responsible for using the information in the children's records appropriately while maintaining confidentiality.

Health care providers are responsible for performing a well-child physical examination and filling out the appropriate form for the child care provider. Health care providers should make sure that they are informed about the child care environment, and should have the name and phone number of the child care provider readily available to be able to communicate with them about any important health information after obtaining parental consent to do so.

Child Care Health Consultants (CCHCs) can help child care providers develop policies that suit the needs of their program and the children and families they serve. CCHCs can also review children's health records (with permission from parents), help child care programs assess the health needs of the children in their care, and facilitate communication between child care providers and parents about health and safety topics.

Useful Resources

California Childcare Health Program (CCHP). CCHP provides the California Childcare Healthline at (800) 333-3212 and an informative Web site at www.ucsfchildcarehealth.org.

Child Care Health Consultants—Some counties have CCHCs who can assist child care providers with health and safety concerns.

Model Child Care Health Policies developed by the Pennsylvania Chapter of American Academy of Pediatrics.

Healthy Young Children: A Manual for Programs (4th Ed) developed by the National Association for the Education of Young Children.

References

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, AAP, APHA, MCHB 2002.

Model Child Care Health Policies, Pennsylvania American Academy of Pediatrics, 4th Edition, September 2002.

California Department of Social Services, Community Care Licensing Manuals, Online California Code Regulations, Title 22.

by Joanna Farrer and Rahman Zamani (May 2003)

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Caring for the Child with Diabetes

by Susan Jensen RN, MSN, PNP

Type 1 diabetes (juvenile onset) is one of the most common chronic illnesses of childhood, occurring in about one child in every 400. It is a serious illness in which the body, due to lack of insulin production of the pancreas, is unable to change sugar digested from food into much-needed energy. Children usually require injected insulin daily to correct this problem. Children with diabetes can live long and healthy lives with good care and control of their condition. Diabetes can run in families and is not contagious. Researchers are still studying how and why it happens. It is believed that viruses and genetic factors are involved.

What problems does diabetes cause?

Changes in the amount of sugar in the blood can be affected by many factors, such as diet, exercise, emotional stress, illness and medicine. There are two kinds of problems that occur. **Hyperglycemia, or high level of sugar in the blood,** occurs when the body has sugar but not enough insulin to use it, and causes frequent urination, excessive thirst, extreme hunger, weight loss, irritability, weakness, nausea and vomiting. **Hypoglycemia, or low level of sugar in the blood,** causes shakiness, pale skin, headache and changes in mood or behavior (irritability, crying, poor coordination). The symptoms occur suddenly and can lead to shock if not treated. Treatment involves providing a sugary food or drink to increase the blood sugar level.

Caring for a child with diabetes

Children may be diagnosed with diabetes as early as the first 12 months of age. Infants and toddlers with diabetes often need more frequent blood glucose tests because they cannot yet independently identify the symptoms of low blood sugar and do not know to eat regularly and modify their activity or insulin intake. It's important to communicate with parents and be aware of the child's typical patterns and responses to help recognize when a child is not well.

If you are caring for a child with diabetes, your basic care plan needs to include:

- timing of meals/snacks and vigorous exercise;
- knowing what the child can eat and what needs to be limited/avoided;
- knowing the signs of high and low blood sugar and how to respond;
- planning for field trips and parties;
- blood glucose monitoring information, training and guidelines;
- when to call parents and when to call 9-1-1; and
- identifying the trained individuals in the care setting who can give special care.

Effective January 1, 1998, California child care providers are allowed to perform a blood-glucose test (finger-stick) on a child in their care under direction from the parent and health provider. ◆

References and Resources

Diabetes in the Child Care Setting, California Childcare Health Program (1998).

Children with Diabetes: Information for Teachers and Child Care Providers. American Diabetes Association (2001). www.diabetes.org/main/community/advocacy/type1.jsp.

Care of Children with Diabetes in Child Care and School Settings Video. Learner Managed Designs Inc., P.O. Box 747, Lawrence, KS 66044. (800) 467-1644 (or check your local R&R).

Call the Healthline at (800) 333-3212 or visit www.ucsfchildcarehealth.org.

Air Quality in Child Care

by Eva Guralnick

We hear a lot about air pollution outdoors, but what about the quality of air inside child care programs? The health and well-being of both children and providers can be affected by indoor air quality. Good ventilation of indoor spaces and lots of chances to play outside are key to staying well.

Adequate ventilation, humidity and temperature control increase our resistance to illness and our ability to get well after being sick. Because the air we breathe inside a building is contaminated with organisms shared among the occupants. High humidity can promote growth of mold, mildew and other organisms that can cause eye, nose and throat irritation and may trigger asthma. Air that is too hot and dry takes moisture from the skin and mucous membranes, while hot and humid air can cause children to overheat.

Keep the indoor temperature from 68–82˚ if possible, and open the windows every day to let in fresh air, especially in air-conditioned buildings. Humidity should be from 35–50 percent. If air is too dry, use a cool air humidifier or vaporizer. Smoking should never be allowed in or around the building.

During winter months, make sure children continue to go outside every day for fresh air except in cases of extreme weather or air pollution. This will help decrease the spread of infection. ◆

Adapted from *Health and Safety in the Child Care Setting: Prevention of Infectious Disease,* California Childcare Health Program, 2001.

Nutritional Guidelines for Young Children

by Mardi Lucich, MAEd

A healthy diet is necessary for both physical and cognitive development. The USDA Center for Nutrition Policy and Promotion and Department of Health and Human Resources has adapted the Food Guide Pyramid for Young Children ages 2 to 6 years. The requirements differ from those of adults because of children's body size, growth needs and physical activity level. Eating in moderation according to the recommended serving sizes for a child's age is a key. The Food Guide Pyramid is a practical tool that guides the planning of meals and snacks for children. The following tips can help parents and caregivers support children in forming sound healthy eating habits that will last a lifetime.

Offer a variety of foods. Serving a variety of foods prepared in various ways makes meals more interesting for children and makes good nutritional sense.

Offer foods low in fat. High-fat diets are linked to obesity, certain types of cancer and heart disease. The goal is 30 percent of total calories from fat and less than 10 percent of calories from saturated fat for anyone over 2 years of age. These goals for fats apply to the diet over several days, *not* to a single meal or food. Lowering the fat content lowers the calories of the meal as well, so for additional calories add grains, vegetables and fruits, and expect that young children will probably have to eat smaller, more frequent meals than older children or adults.

Serve plenty of vegetables, fruits and grain products. These are generally low in fat, and are also good sources of complex carbohydrates, dietary fiber and several vitamins and nutrients linked to good health.

Offer and use sugars only in moderation. Sugars and many foods that contain them in large amounts supply calories, but may be limited in vitamins and minerals (nutrients). Sugary snack foods such as cakes, chips, crackers, pastries, candies and dried fruits can also lead to tooth decay.

Offer and use salt and processed foods in moderation. Salt (sodium) is added during the manufacturing of food products such as processed meats and cheeses, canned soups, salad dressings, microwave popcorn, prepared frozen meals, etc. Since there is no way to predict who will develop high blood pressure, limit serving processed foods and omit adding salt during food preparation.

Emphasize the importance of physical activity. Regular physical activity is essential to maintaining good health. It burns calories, helps with weight control and can play a role in preventing some chronic diseases. Experts recommend that children engage in a *minimum* of 30-45 minutes of physical activity each day. ◆

Resources

Center for Nutrition Policy and Promotion (CNPP) at www.usda.gov/cnpp/index.html for the *Food Guide Pyramid for Young Children*.

USDA Child Nutrition Program at www.fns.usda.gov/cnd.

The Child Care Nutrition Resource System provides recipes, resources and information on preparing nutritious meals and food safety. www.nal.usda.gov/childcare.

Child Care Health Advocates Make Their Debut

by Robert Frank, MSEd

On June 27 and 28, 2003, 39 Child Care Health Advocates (CCHA) from 19 California counties came together in Oakland for a very intense California Training Institute (CTI). Exhibitors included Alameda County Dental Health, 100% Campaign of the Children's Defense Fund (Health Insurance for California Children & Families), Contra Costa Child Care Council's Nutrition Program and Merck Vaccine Division. Resource binders were provided by the San Benito Child Care Health Linkages Program in Hollister. All participants received crates filled with a wealth of health and safety resources, a conference bag with videos, books, brochures, health and safety notes and their own edition of *Caring for Our Children: National Health & Safety Standards, Guidelines for Out-of-Home Child Care Programs*.

The training focused on the Linkages research study, using the Advocate Daily Encounter Forms, a roundtable on behavioral health, accessing program specialists for ongoing technical assistance, child abuse prevention and immunization record reviews.

CCHAs learned the various ways their jobs are structured with different agencies. Some work for public health departments while others are based in Resource & Referral Agencies (R&Rs) with a few in a community-based organizations. Some CCHAs work full time, others half time and still others only a designated few hours per week or month. Participants learned the best ways to access needed resources from

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EVENTS

September 2003

Sep 16-20
Working Together to End Abuse. San Diego. Family Violence and Sexual Assault Institute; (858) 623-2777 x 427; www.fvsai.org

Sep 22-24
Childhood Injury Control Conference. Los Angeles. Center for Injury Prevention; (619) 594-3691; http://cippp.org

October 2003

Oct 3-5
Professional Association for Childhood Education Conference. Anaheim. PACE; contact Sahra Bautista at (415) 749-6851 x111; www.pacenet.org/conference.html

Oct 4
Twenty-Third Annual Conference: Our Children, Our Vision, Our World. Union City. Kidango; (800) 262-4252 x 23; www.kidango.org

Oct 9
Lights On Afterschool. A celebration of afterschool care; publicizes the need for additional programs. Afterschool Alliance; (202) 296-9378; www.afterschoolalliance.org

Oct 17-18
Parents Leading the Way . . . Toward Stronger Communities for Children. Oakland. Action Alliance for Children; (510) 444-7136; www.4children.org

PRODUCT WATCH

Recalls and Product Alerts

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

Recalled Item	Defect	Contact Information
Lamaze Flower Stroller Wrap; Lamaze Soft Bead Buddies	Paint on the metal wires of these toys contains excess levels of lead.	Learning Curve Int'l., Inc. (800) 704-8697 www.learningcurve.com
Cosco Arriva and Turnabout infant car seats/carriers	When the seat is used as a carrier, the plastic handle locks can unexpectedly break or release from the carrying position, causing the seat to unlatch or flip forward.	Dorel Juvenile Group, Inc. (800) 880-9435 www.djgusa.com
Children's Board Book Sets	The book sets were sold in cardboard boxes with plastic snaps. The snaps can detach, posing a choking hazard.	Random House, Inc. (800) 805-8534 www.randomhouse.com
"Fiddlesticks" Instruments	Some of the sticks have caps that can become loose, allowing ball bearings to spill from the inside of the sticks. Both the caps and the ball bearings pose a choking hazard.	Kindermusik International (800) 628-5687 www.kindermusik.com

—Taking Charge of Your Health, continued from page 3

take a friend or relative along to help you. If you are not comfortable communicating to your health care provider in English, bring along another adult who can interpret for you, or request an interpreter.

Take notes. Write down the diagnosis, treatments, follow-up plan, and what you need to do at home. Read your notes back to your health care provider to make sure you understand.

Follow instructions. Do not skip medications, diets or treatments without discussing the problem with your health care provider. If a treatment plan does not seem to be working, or if you are feeling worse, contact your health care provider immediately. ◆

References
Adapted from *Kaiser Permanente Healthwise Handbook* (2000) and *What You Should Know–Health and Safety Information for Child Care Providers,* Napa County Child Care Health Linkages Project (2003).

Public Policy and Legislative Update

by Mardi Lucich, MAEd

On September 23, 2002, Governor Davis signed a bill establishing paid family leave in California. California is the first state in the nation to provide six weeks of paid leave to workers who take time off to care for a new child (birth, adoption or foster care) or seriously ill child, spouse, parent or domestic partner.

SB 1661 creates the Family Temporary Disability Insurance program that will be funded by employees through the State Disability Insurance (SDI) system. Key provisions of the bill include:

- It is 100 percent employee-funded—workers who already pay into the existing SDI system will be eligible. For example, a minimum-wage earner will pay an additional $11.23 a year into SDI, while the estimated average cost is $27 per worker per year in 2004. The maximum benefit will increase automatically each year in accordance with increases in the state's average weekly wage.
- Payments can be over a 12-month period and at 55 percent of wages, up to an annually adjusted maximum of $728 a week. (Note: Current state and federal laws guarantee 12 weeks of unpaid leave for those working for larger employers; this new law guarantees that six of those weeks would be paid.)
- Employers can require a worker to use a maximum of two weeks of vacation time first before receiving paid family leave.
- Businesses with fewer than 50 employees are not required to hold a job for a worker who goes on paid family leave. Collective bargaining agreements may offer different protections for these workers.
- New mothers eligible for pregnancy-related SDI are also eligible for paid family leave.
- Employees will began paying into the fund January 1, 2004, and can began taking leave July 1, 2004.

The federal Family and Medical Leave Act and the California Family Rights Act entitle covered workers to only unpaid leave, a right many workers cannot afford to exercise. This new law provides vital monetary benefits to California workers so that they do not have to choose between bonding with a new baby or caring for an ill family member and a paycheck.

Resources

The California Paid Family Leave Coalition at http://ist-socrates.berkeley.edu/~iir/workfam/familyleave/index.html.

National Campaign for Family Leave Benefits (led by the National Partnership for Women and Families) www.nationalpartnership.org.

—Child Care Health Advocates Make Their Debut, continued from page 9

their employing agencies and maintaining a strong partnership with their Child Care Health Consultants, so together they are able promote health and safety, develop staff and parent trainings, monitor their child care program's environment for safety risks and coordinate special events in their counties to validate the connection between child care and health linkages. ◆

—Changing the Way We Look at Lead Poisoning, continued from page 1

more closely the potential sources of lead in a child's environment in order to reduce exposure. How does this change the way we look at lead poisoning in California?

Cultural Factors. African-American and Mexican-American children under age 6 have historically higher rates of lead poisoning than other children. Children from parts of Asia, Central America, Mexico, Eastern Europe, the Middle East and other areas benefit from lead testing due to their lead exposure from cultural practices, non-traditional medicines, and the use of lead in gasoline and pottery.

Lead in Paint. In some parts of California over 90 percent of the housing was built before 1978, when lead was still in house paint. As homes are renovated and demolished, lead is released into the environment, soil and water. Lead-based paint is still the most common source of lead poisoning in California.

Consumer Products. Lead is found in batteries, electrical cords, vinyl miniblinds, computer monitors, televisions, car radiators, stained glass, crystal, pesticides, medications, brass, pewter, imported pottery, and occasionally in children's toys and clothing. While not significant sources, these items can add to children's exposure and raise their lead levels.

Age. Children under age 6 are still the most at risk for lead poisoning because they are still developing and they frequently put things in their mouth that might have lead dust on them. However older children may still need testing. Pregnant women are also at risk of passing lead to their unborn child. ◆

Resources

For a local lead poisoning prevention program, call the California Department of Health Services, Childhood Lead Poisoning Prevention Branch at (510) 622-5000 or visit www.dhs.ca.gov/childlead.

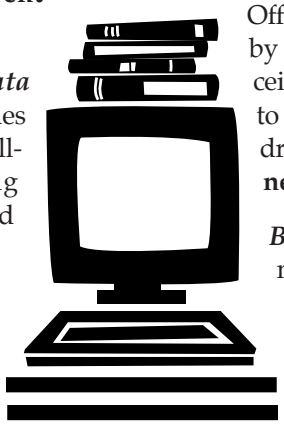
Resources

Express Lane Eligibility (ELE). California is one of the first states in the nation to launch a comprehensive Express Lane Eligibility (ELE) initiative that links its children's health insurance programs (Medi-Cal and Healthy Families) with school lunch and food stamps. **www.childrenspartnership.org.**

Health Insurance for California's Children and Families: What Child Care Providers Should Know provides information on free and low-cost state health insurance programs, including eligibility, cost, and application. Free. 100% Campaign, (510) 763-2444. **www.100percentcampaign.org/assets/pdf/parent-brochure-eng-03-03.pdf**; in Spanish at **www.100percentcampaign.org/assets/pdf/parent-brochure-spn-03-03.pdf.**

High Costs of Being Poor: 2003 Kids Count Data Book, from the Annie E. Casey Foundation, provides statistics and customizable reports on child well-being across the United States, including demographics, education, family income and child health. **www.aecf.org/kidscount/databook.**

Research on Quality in Infant-Toddler Programs, from the ERIC Clearinghouse on Elementary and Early Education, discusses the components of quality infant-toddler care and its outcomes for children, including improved long-term social and academic skills. **http://ericeece.org/pubs/digests/2002/honig02.html.**



Stress and Young Children, from the ERIC Clearinghouse on Elementary and Early Education, discusses how children experience stress. Provides tips to help children cope. **http://ericeece.org/pubs/digests/2002/jewett02.html**. In Spanish at **http://ericeece.org/pubs/digests/2003/jewett03s.html.**

Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services, from the U.S. General Accounting Office, estimates 12,700 children in 19 states were placed by parents in the child welfare system in 2001 to receive mental health services. Discusses state practices to expand affordable mental health services for children and recommendations for change. **www.gao.gov/new.items/d03397.pdf.**

Building a Bridge from Birth to School, from the Commonwealth Fund, recommends ways to strengthen developmental health services for young children through improved assessment, education, intervention and coordination of care. **www.cmwf.org/programs/child/halfon_bridge_564.pdf.** ◆

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