

# 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)

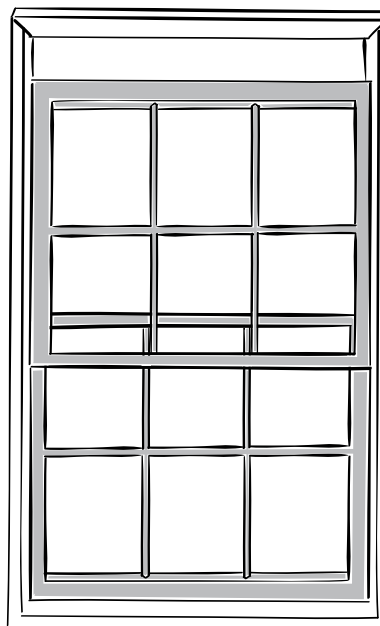


## Window Safety in Child Care Programs

**T**he warm weather of spring and summer brings open window season! Open windows provide fresh air and ventilation. Windows provide light and a view of the outside world. They can also provide an important secondary escape route in case of fire or other emergencies. However, every year thousands of children, mostly toddlers, fall from open windows resulting in serious injury or death.

### Action steps for window safety:

- Open windows that children cannot reach and if possible, open windows from the top, not the bottom.
- Never depend on screens to keep children from falling out of windows. Screens are meant to keep insects out while providing ventilation. They are not strong enough to keep children in.
- Install window guards. Window guards secure into the sides of a window frame and have bars spaced so that children cannot fit through. They are sold in different sizes to fit any window. Window guards must meet certain requirements for spacing and strength. Guards must have a latch to allow for easy escape from the window in case of an emergency.
- Install window stops so that windows can open no more than 3.5 inches.
- Keep furniture away from windows so that children cannot climb near windows.



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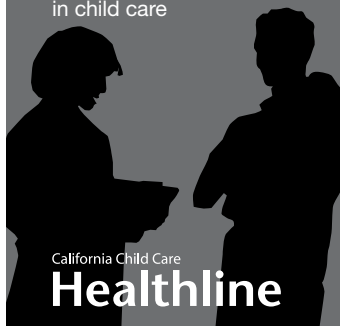
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Call **800.333.3212**  
for free consultations  
on health and safety  
in child care



California Child Care  
**Healthline**

### health + safety tips

#### Integrated Pest Management (IPM) in Schools and Child Care

Integrated Pest Management is an approach to pest management that results in effective control of insects, weeds, rodents and other pests while minimizing risks to human health and the environment. You can make sure that:

- The problem or pest is identified before taking action.
- Vegetation, shrubs and wood mulch are kept at least one foot away from structures.
- Cracks and crevices in walls, floors and pavement are either sealed or eliminated.
- Lockers and desks are emptied and thoroughly cleaned at least twice yearly.
- Food-contaminated dishes, utensils, surfaces are cleaned by the end of each day.
- Garbage cans and dumpsters are cleaned regularly.
- Litter is collected and disposed of properly at least once a week.
- If pesticides are necessary, use baits and gels rather than broadcasting with sprays.

Source: U.S. Environmental Protection Agency



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

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## **School Readiness**



**I would like to let parents in my program know it is time to get their 4 years olds ready for kindergarten. Where can I get more information?**



The best source is your local school district to obtain their schedule of school readiness events, which can include orientation days for new parents, visiting days for children and registration days. In order to register, parents will need: A birth certificate, 2-3 documents proving place of residence, proof of immunizations and a health exam on or before March 2, 2008. During the health exam children should receive important screening exams such as vision and hearing, and a developmental assessment to help determine school readiness. Children are also required to have a dental screening exam. Obtaining these important screening exams early will assure adequate follow-up and planning for children who may have special health care needs.

In order to promote early preventive health care, families may need help in locating doctors, clinics and most importantly health insurance. The local Health Department CHDP unit can provide information on health insurance and low cost or no-cost health care providers. More information on health insurance can be obtained by calling Healthy Families: (800) 880-4636 or California Child Care Healthline (800) 333-3212. Additional materials on school readiness activities can be obtained from your local First 5 Commission.

Child care programs can make sure that children are prepared for Kindergarten by supporting developmental screening (e.g. Ages and Stages Questionnaire), preparing children for health screening through doctor and dental play, reading books about visiting the doctor, dentist and the "new school", and by enlisting parents to prepare their children (and themselves) for the school experience. Preparing a portfolio for parents that includes developmental screening results, immunization and health records, and samples of a child's work will help a new teacher get to know the child. Now is the time to send home notices and dedicate bulletin board and newsletter articles to the topic. Below are some resources you may want to use.



#### **Resources**

Free developmental screening kits including posters from [www.cdc/actearly](http://www.cdc/actearly), (800) CDC-INFO.

In addition to your local First 5 Commission, school readiness materials and checklists can be obtained from: Get Ready to Read [www.getreadytoread.org](http://www.getreadytoread.org), (888) 575-7353. The kit includes a 4-page kindergarten readiness checklist, parent ed. handouts, and transition ideas, in English and Spanish.

by Judy Calder, RN, MS

# Baby's Hearing Checklist

**F**requent, undetected or untreated ear infections can lead to permanent hearing loss, delayed speech and language development, social and emotional problems, and academic failure. The earlier hearing loss is identified, the sooner effective treatment can begin. Some babies are born with hearing problems. Other children are born with normal hearing and begin to have problems as they grow older. Hearing problems can be temporary or permanent. Hearing loss can be caused by ear infections, injuries or diseases.

All infants should be screened at birth for hearing loss. If your child or a child in your care has a hearing problem, the primary health care provider should be consulted.



**Use this checklist to share with parents or health providers to determine if there is a hearing loss.**

**Yes No Birth to 3 months**

- Reacts to loud sounds
- Is soothed by your voice
- Turns head to you when you speak
- Is awakened by loud voices and sounds
- Seems to know your voice and quiets down if crying
- Smiles when spoken to

**3 to 6 months**

- Looks up or turns toward a new sound
- Imitates his/her own voice
- Responds to "no" and change in tone of voice
- Enjoys toys that make sounds
- Begins to repeat sounds (like ooh and ba-ba)
- Becomes scared by a loud voice

**6 to 10 months**

- Responds to own name, telephone ring, someone's voice, even when not loud
- Knows words for common things (cup, shoe) and sayings ("bye-bye")
- Makes babbling sounds, even when alone
- Starts to respond to requests such as "come here."
- Looks at things or pictures when someone talks about them

**Yes No 10 to 15 months**

- Plays with own voice, enjoying the sound
- Points to or looks at familiar objects or people when asked to do so
- Imitates simple words and sounds; may use a few single words meaningfully
- Enjoys games like peek-a-boo and pat-a-cake

**15 to 18 months**

- Follows simple directions ("give me the ball")
- Often knows 10 to 20 words
- Uses words he/she has learned
- Uses 2-3 word sentences to talk about things

**18 to 24 months**

- Enjoys being read to
- Understands simple "yes-no" questions ("are you hungry?")
- Understands simple phrases ("in the cup")
- Points to pictures when asked

**Yes No 24 to 36 months**

- Understands "not now" and "no more"
- Chooses things by size (big, little)
- Follows simple directions such as "get your shoes," and "drink your milk."
- Understands action words (run, jump)

Source: Ear Infections (Otitis Media) and Hearing Loss in Young Children Health and Safety Note by A. Rahman Zamani & Pamm Shaw



# How to Prevent Back Injury

**L**ifting and carrying children, moving equipment and supplies, sitting on the floor, using child-sized furniture, kneeling, squatting and reaching to a variety of heights are routine activities for Early Care and Education (ECE) professionals. It is not surprising that individuals who work in child care programs are at increased risk for back injuries. Take care of yourself by following these steps to prevent back injury:

## Posture and body mechanics

Good posture means that the ears, shoulders, hips, knees and ankles are in a straight line and that the normal spine curves are maintained. Always use your leg muscles to raise and lower your body rather than bending forward and downward from the waist. To get down to a child's level, bend your knees to squat or kneel. While sitting on the floor, use a wall, furniture or large pillow for back support. Avoid sitting on the floor too long without back support.

## Lifting and carrying techniques

Plan ahead and don't hurry when lifting. Make sure you have enough room to lift safely. Keep the child or object in front of you and close to your body with your feet shoulder width apart. Bend your knees to lift. Don't lift while bending from the waist, don't reach out to lift, and never lift while twisting. If you must turn while carrying something, turn by moving your feet instead of twisting.

## Furniture, fixtures and equipment

Adult sized furniture should be used by staff whenever possible. Changing tables should be at waist level and cribs sides should slide up and down. Use stepping stools to reach high places. Store commonly used items where they can be easily reached from

a standing position and store heavy items at waist height. Use wheeled carts to transport garbage and other objects and divide loads to reduce the size and weight.

## Exercise for strength and flexibility and to maintain proper body weight

ECE professionals who are strong and flexible with a healthy body weight have a lower risk for back injuries. Exercise to strengthen the muscles that support the spine. Incorporate exercise and stretching into your daily activities.

## Proper footwear

Provide stability for your physically demanding day by coming to work in footwear that is comfortable and shock absorbing. Avoid high-heeled shoes and shoes that are slippery or hard soled. Athletic shoes and walking shoes are the best choice.

## Work together

Encourage independence in children whenever possible so that less lifting and carrying is needed. For example, provide steps for children to climb to the changing table. Ask for help from a coworker when lifting something heavy. Rotate jobs on a regular basis.

## Resources and References

*Work Smarter, Not Just Harder* is a helpful poster to remind child care staff of how they can protect themselves from back injuries. It can be downloaded from the Cal Osha web site:

[www.dir.ca.gov/dosh/dosh\\_publications/Erg\\_ChildCare.pdf](http://www.dir.ca.gov/dosh/dosh_publications/Erg_ChildCare.pdf)

Curriculum for Child Care Health Consultants, Staff Health in Early Care and Education Programs [www.ucsfchildcarehealth.org/pdfs/Curricula/CCHC/9\\_CCHC\\_Staff\\_Health\\_0606.pdf](http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHC/9_CCHC_Staff_Health_0606.pdf)

National Training Institute Training Module, Caring for the Health and Safety of Staff version 2.2, March 2007

by Bobbie Rose RN



## Reduce, Reuse, Recycle

You can help your program to be earth-friendly by reusing household materials for arts and crafts projects. However, be careful that the materials you reuse are safe for children.

Here are some guidelines:

- Avoid containers that held harmful chemicals, household cleaners or detergents.
- Choking hazards like buttons, corks, and bottle tops should only be used by children ages 3 and up with adult supervision.
- Reuse fabric, magazines and newspapers that are clean and free of mold and dust.
- Do not reuse metal cans or other items that have sharp edges.
- Reuse paper towel tubes and gift-wrap tubes. Do not reuse toilet paper tubes since they can be contaminated with germs from the bathroom.
- Foam egg cartons must be cleaned and sanitized prior to use. Cardboard egg cartons cannot be properly cleaned and sanitized so they should not be reused.
- Plastic and foam produce containers should be washed with soap and water. Do not reuse meat and poultry trays.



## Iron Deficiency in Early Childhood

**C**hildhood iron deficiency is a common nutritional deficiency in America--affecting 2.4 million US children. Iron is a mineral important for healthy blood and brain development. Our bodies need iron to make hemoglobin, a protein that gives color to red blood cells. Hemoglobin functions as a carrier of oxygen in the body.

### What are the consequences?

The most well-known consequence of iron deficiency is anemia. Anemia can cause developmental delays and behavioral disturbances such as decreased motor activity, social interaction and attention to tasks. Several studies show an increased likelihood of mild or moderate mental retardation associated with iron deficiency, even if it has not progressed to the point of anemia.

Childhood lead poisoning is a well-documented cause of neurological and developmental problems such as lower IQ, learning disabilities and behavioral abnormalities. Iron deficiency contributes to the problem through increased absorption of lead.

### Iron Deficiency Anemia (IDA)

There are several types of anemia, all with different causes. IDA is the most common type, happens when people do not have enough iron in their body. When children do not get enough iron, they may have slow weight gain, pale skin, decreased appetite, irritability, tiredness, shortness of breath, rapid heartbeat and feeling of being lightheaded.

### What are the causes?

A child can have a low iron level because of insufficient iron in the diet, poor absorption of iron by the body or ongoing blood loss.

### Who is at risk?

*Premature and low-birth-weight children:* Children need different amounts of iron at different ages and stages. Infants are born with a reserve of iron from their mother's blood, which can meet their needs until 4 to 6 months of age. After that, they need to get iron from food or supplements. Since premature and low-birth-weight children have little iron stored in their bodies, they are at greater risk for iron-deficiency.

*Infants and toddlers:* A fast rate of growth together with inadequate dietary iron puts children less than 24 months of age at the highest risk for iron deficiency. Young children are at risk if:

- their nutrition is poor
- they have lead in their blood
- they drink too much cow's milk or are introduced to whole cow's milk before 1 year of age
- they are breastfed longer than 4 to 6 months without receiving complimentary iron-rich solid foods or iron supplements
- they are fed with low-iron formula
- they are living at or below the poverty line

### Tips for preventions

- Exercise exclusive breast-feeding (without supplementary liquid, formula or food) for the first 4-6 months.
- If breast-feeding is not possible, use only iron-fortified infant formula.
- Add complimentary foods with sources of iron at 4 to 6 months of age.
- Avoid use of regular cow, goat or soy milk before age 12 months.
- Discourage children aged 1-5 years from consuming more than 24 oz of cow's milk.
- Provide foods with Vitamin C as it helps the body absorb iron.
- Offer foods such as red meat, lentils, iron fortified bread, leafy green vegetables and dried fruits since they are rich in iron.
- Provide breakfast cereals that are fortified with iron--check ingredients on the package.

### References and Resources

CCHP Health and Safety Note: Anemia, Lead Poisoning and Child Care at [www.ucsfchildcarehealth.org/pdfs/healthandsafety/anemiaen081803.pdf](http://www.ucsfchildcarehealth.org/pdfs/healthandsafety/anemiaen081803.pdf)

Centers for Disease Control and Prevention (CDC), Recommendations to Prevent and Control Iron Deficiency in the United States

American Academy of Pediatrics (AAP) at [www.aap.org](http://www.aap.org)

by A. Rahman Zamani, MD, MPH



# Seizure Disorders in the ECE Setting

Witnessing a seizure in a child can be a frightening experience for a child care provider. Seizure disorders, also known as epilepsy, affect as many as one in a hundred children. More than half of patients with epilepsy have their first seizure by one year of age.

## What is a seizure disorder and what are the causes?

It is a neurological condition usually diagnosed after a person has had at least two seizures that were not caused by some known medical condition. Seizure disorders can be caused by an infection, injury or abnormality of the brain, but the cause of a seizure disorder is usually not known. Children with seizures usually have normal intelligence, though for some it is associated with brain injuries that may cause difficulties in thinking or remembering. Some children may also have difficulties with behavioral and emotional problems; for instance, difficulties with concentration, temper control, hyperactivity, and impulsiveness.

Brain cells communicate by using electricity. A seizure is a sudden surge of too much electrical activity in the brain that is usually associated with a change in behavior. Excitement, anxiety, fatigue and stress are all possible triggers of seizures. Parents and health care professionals should provide information to the ECE provider, to be incorporated into the child's *Seizure Care Plan*, describing the particular pattern of an individual child's seizure disorder.

## What does a seizure look like?

Some seizures are difficult to notice while others are very dramatic. Seizures can be:

**Generalized**, which affect all of the brain and cause the child to lose consciousness, and his or her body to stiffen and the limbs to shake.

**Partial**, which affect just part of the brain, can take many different forms, and may partly affect consciousness.

## First Aid for a Generalized Seizure

- Stay calm!
- Do not restrain a child unless she is in immediate danger.
- Keep the child from getting hurt during the seizure; put something flat and soft under her head, remove glasses and any nearby harmful objects.
- Loosen clothing around the child's head and neck.
- Turn the child on her side to prevent choking.
- Talk softly and reassure the child.
- Explain to the other children what is happening.
- Keep track of when the seizure started and how long it has gone on (a seizure usually lasts about two minutes).
- As the jerking slows down, make sure the child is breathing normally.
- Stay with the child as she comes out of the seizure to reassure her.

## When to Call for Emergency Help:

If the child has never had a seizure before or if the seizure lasts longer than 5 minutes in a child with a known seizure disorder or the child has more than one seizure without fully regaining consciousness, call 911. Instructions for when to call 911 may also be included in the child's *Seizure Care Plan*.\*

## What Not to do During a Seizure:

- Put anything in the child's mouth
- Try and restrain his movements
- Give him anything to eat or drink until he's fully awake

## Seizure Medication

A child who is having a seizure that doesn't stop may urgently require medication. A seizure that continues for longer than 30 minutes, or a series of seizures dur-

ing which the child does not regain consciousness, is called status epilepticus and can be life-threatening. The emergency drugs Diastat and Ativan, in rectal suppository form are designed to be given by non-medical caregivers and parents to stop a seizure and may be prescribed for children with a history of prolonged seizures. A new emergency anticonvulsant that is dripped into the nose may also be prescribed. The California Child Care Licensing regulations allow for an ECE provider to administer Diastat or Ativan rectally to a child having a life-threatening seizure, but licensees who choose to administer these medications as a life-saving intervention to a child diagnosed with a seizure disorder must include plans to provide this care in a *Seizure Care Plan* (see the *Seizure Care Plan* under "Forms" on the CCHP website).

When a seizure ends, the brain begins to recover and the child returns to awareness. She may be confused and frightened, and may not remember the seizure. For some children this period of recovery lasts only minutes; for others it can last for hours. Some children may lose bowel or bladder control. If this happens, cover the child with a blanket to avoid embarrassing her; reassure her that you know she couldn't help it and help her to get cleaned up.

## How to Prepare Your Program

- Train staff on how to identify and respond to a child having a seizure.
- Develop a *Seizure Care Plan with the child's parents*
- The parent must fill out the *Medication Administration Form*.\*\*
- Provide written documentation including who is responsible to care for the child, how they have been trained, and how to store and administer any prescribed medication.
- List resources and consultants in the community to be utilized for the child's care in the *Seizure Care Plan*.
- Keep a copy of the child's *Seizure Care Plan* and medication log of any medication given, in the child's file.
- The child's physician may prescribe that 911 always be called for monitoring and stabilizing a child after Diastat/Ativan administration in a child care setting, depending on the available staff, their skill and comfort level.

- Parents should always be called if Diastat/Ativan is administered as the child will be sleepy and not able to participate in care.
- The child's privacy must be respected when administering a drug rectally.
- When transporting a child with a seizure disorder, their emergency care plan, supplies and medication should always be carried by a trained staff member who accompanies the child.

Frequent and prolonged seizures may injure the brain, so good medical care and effective control are important goals for children with seizures. Most children with seizures take medication to control their seizures. Some medications may cause changes in the child's behavior or learning. If you notice a change, discuss it with the child's parents. Seizure medicines can also occasionally cause side effects. If a child gets a rash, bruises too easily, gets too many nosebleeds, has stomach pain, develops poor balance, or is very sleepy, the dose or type of medication may need to be changed. ECE providers caring for children with seizures should be on the lookout for these kinds of side effects, and report them to parents. Some children with seizures who do not respond well to medication may be placed on a special high-protein, high-fat, low-carbohydrate ("ketogenic") diet that can be very successful in helping to manage seizures.

The good news is that half of the children who develop a seizure disorder in childhood will outgrow it.

by Vickie Leonard, RN, FNP, PhD

### Resources

\*CCHP's *Seizure Care Plan & Seizure Activity Log*  
<http://ucsfchildcarehealth.org/pdfs/forms/SeizureCarePlanLog.pdf>

\*\*CCHP's *Medication Administration Form*  
<http://ucsfchildcarehealth.org/pdfs/forms/MedicationAdmForm.pdf>

*Lee, the Rabbit With Epilepsy*, by Deborah Mos, is a tale for 3-6 year olds in which Lee is diagnosed as having epilepsy, but medicine to control her seizures reduces her worries and she learns she can still lead a normal life.

*Seizure First Aid*, The Center for Children with Special Needs, Children's Hospital & Regional Medical Center, Seattle, Washington [www.cshcn.org/forms/SeizureFirst.pdf](http://www.cshcn.org/forms/SeizureFirst.pdf)

*Safety Tips for Children with Seizures*, The Center for Children with Special Needs, Children's Hospital & Regional Medical Center, Seattle, Washington [www.cshcn.org/Forms/SeizureTips.pdf](http://www.cshcn.org/Forms/SeizureTips.pdf)

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# Mental Retardation (MR) or Intellectual and Developmental Disabilities (IDD)

**F**or about five decades, the term “Mental Retardation” and its diagnosis have been a controversial discussion. In February 2007, the author Steven J Taylor, Journal of Special Education in Washington DC, changed the term to “Intellectual and Developmental Disabilities” (IDD), in an attempt to minimize the stigma and to provide for a socially acceptable name for this disability.

## What is MR/IDD?

Children with MR/IDD have certain limitations in intellectual functioning and skills such as taking care of their basic needs, communicating, and social skills. These children have significantly below average intellectual functioning that limits their ability to cope with two or more activities of normal daily living.

## What causes MR/IDD?

Researchers and doctors have found many medical and environmental conditions that can cause MR/IDD, including:

- **Genetic conditions** - Abnormal genes inherited from parents, or genetics errors during chromosomal division and replication
- **Problems during pregnancy** - Mother's severe malnutrition, exposure to Rubella, HIV or other infectious diseases, or consumption of alcohol/drugs
- **Problems at birth** - Insufficient oxygen levels during and after birth, or very premature birth
- **After birth issues** - Diseases like measles, extreme malnutrition, lack of appropriate medical care, or being exposed to poisons/toxins, like lead or mercury. Additionally, severe emotional neglect or abuse, brain infections or tumors, abnormal brain development, severe head injuries, and sometimes multiple births can cause MR/IDD.

## What are the signs of MR/IDD?

Children with MR/IDD usually experience delays in reaching their developmental milestones. Sometimes they have difficulty remembering things and understanding social rules. They may also have trouble seeing the consequences of their actions, have difficulty with logical thinking, and have trouble solving problems.

## How is MR/IDD diagnosed and how is it treated?

Two common tests used to identify the level of MR/IDD are Intellectual Functioning (IQ) and Developmental Quotient (DQ).

Since MR/IDD is not a specific medical disorder or a mental health disorder so there is no cure for this disability. Learning may take more time and effort than for typically developed children; however, most children with MR/IDD can learn and develop many skills with the appropriate intervention and educational support.

## Tips for Caregivers:

- Educate yourself on MR/IDD.
- Know the child's strengths/interests and emphasize them; create opportunities for success.
- Utilize the child's Individual Education Plan (IEP), listing his/her educational goals, the services, and accommodations for services.
- Combine verbal directions with more hands-on materials and activities.
- Break down new tasks into small steps. Demonstrate them and have the children do the steps themselves, one-at-a-time to master it.
- Reward and feedback the child immediately.
- Help them learn about life skills of daily living such as self-care and social skills. Involve them in circle-time activities and pair them with other children as much as possible.
- Build a working relationship with the child's parents and personnel at Regional Centers and School Districts to create special plans. Share information on their progress at school and home regularly.

## References

National Dissemination Center for Children with Disabilities  
[www.nichcy.org/pubs/factshe/fs8txt.htm](http://www.nichcy.org/pubs/factshe/fs8txt.htm)

Kids Health [www.kidshealth.org/kid/health\\_problems/birth\\_defect\\_mental\\_retardation.html](http://www.kidshealth.org/kid/health_problems/birth_defect_mental_retardation.html)

Center for Disease Control & Prevention  
[www.cdc.gov/ncbddd/dd/ddmr.htm](http://www.cdc.gov/ncbddd/dd/ddmr.htm)

by Tahereh Garakani





## The Healthy Schools Act and Child Care Settings

**I**n the 2007 California Law AB 2865, the Healthy Schools Act was extended to child care programs. This law ensures that parents and staff in schools and child care centers are notified of pesticide use and promotes safer pest prevention practices. In the coming months we will offer advice and resources on how to practice safer Integrated Pest Management (IPM) in your program with a focus on pests that are common to child care settings.

The Healthy Schools Act will help parents and ECE staff be better informed about what pesticides are being used in their ECE programs and help ECE providers prevent pest infestations and use safer ways to control pests when they do become a problem. This law only applies to child care centers, not family child care homes.

### What does the law require?

- **Notification.** Every year, each ECE program must provide to staff and parents written information on what pesticides it expects to apply in the coming year.



- **Registry.** Each ECE program must allow parents and staff to sign up to be notified ahead of time each time a pesticide is used in the program.
- **Warning Signs.** Every ECE program must put up warning signs around each area where pesticides will be applied. These signs should be in place 24 hours before and stay in place 72 hours after pesticides are used. These signs should be large enough that they prevent any adult from accidentally entering areas where pesticides have been used.
- **Record Keeping.** Every ECE program must keep records of what pesticides have been used at the facility for the past four years and the records must be available to anyone who asks to see them.
- **Pesticide Prohibition.** Some pesticides are never allowed to be used in ECE settings. For a list of these pesticides, go to [www.schoolipm.info](http://www.schoolipm.info) and, click on “AB 405 List of Prohibited Pesticides.”
- **Property Owners.** If the owner of a property where a child care program is located uses pesticides, they must provide written notice to the child care facility at least 120 hours before they apply a pesticide.
- **Information.** The California Department of Pesticide Regulation (DPR) must provide information to child care programs on the least harmful methods for getting rid of pests in ECE programs

For samples of the required signs, letters to parents and notifications for use by child care centers, see the DPR School IPM website: [www.schoolipm.info](http://www.schoolipm.info)

### Resources and References

CCHP Health and Safety Note: Keeping Children Safe from Pests and Pesticides available at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

UC Davis Statewide Integrated Pest Management Program:  
[www.ipm.ucdavis.edu/](http://www.ipm.ucdavis.edu/)

Head Start Performance Standard 1304.53 (a)(10)(viii)

Title 22 California Child Care Licensing, regulations 101238 and 101239.

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out of Home Child Care Programs, Second Edition, standard 5070

by Vickie Leonard, RN, FNP, PhD

# Teaching Young Children about Sun Safety

**E**very facility, home, or program that looks after young children has a duty to protect them from harm and danger. Even at an early age, children can begin to understand and learn how to protect themselves from a variety of health hazards including solar rays.

Child care sites should incorporate sun-safety (especially skin cancer prevention) measures into their standard operation. That is because a child's skin is especially vulnerable to the sun's harmful ultraviolet (UV) rays, the chief cause of skin cancer.

Skin cancer is increasing rapidly throughout California and across the entire nation. Childhood overexposure to sunlight and the sunburns that result, greatly increase a young person's risk for getting skin cancer as an adolescent or adult. Fortunately, child care programs can take positive steps to safeguard and instruct little ones to stay sun safe.

To support such efforts, the California Department of Public Health – through its Skin Cancer Prevention Program (SCPP) – offers a no-cost sun-protection education package to child care and preschool sites that serve children three to five years of age. The package includes a curriculum, DVD, poster, and policy template designed to teach and encourage both staff and children to adopt sun-safe lifestyles. These materials describe the power and hazards of excessive contact with sunlight and utilize fun activities to teach young ones about recommended protective behaviors:

- 1) Wearing long clothing, sunglasses, and hats with a wide brim or neck flaps.
- 2) Staying under shade, when possible.
- 3) Use of sunscreen on exposed skin (obtain written parental consent).

Child care staff may request this package by completing the order form found on SCPP's Web site: [www.AvoidSkinCancer.com](http://www.AvoidSkinCancer.com). (See the link in red text near the top of the Web site's main page.) Interested persons may also contact SCPP by E-mail at [andrew.manthe@cdph.ca.gov](mailto:andrew.manthe@cdph.ca.gov) to request an order form.

Child care facilities are encouraged to adopt a skin cancer prevention policy to direct and reinforce their commitment to:

- 1) Teach children sun-safety practices.
- 2) Encourage parents to help their children remain sun safe.
- 3) Increase outdoor shade cover.
- 4) Ensure that staff model skin cancer prevention behaviors.

Here's an important motto for staff and children alike: “**Protect the skin you're in.**”

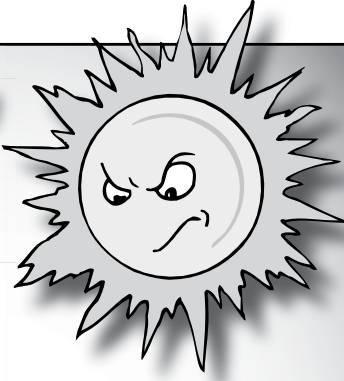
## Resources and References

Sun Protection Mini Poster: [www.ucsfchildcarehealth.org/pdfs/posters/sunprotection\\_en2c.pdf](http://www.ucsfchildcarehealth.org/pdfs/posters/sunprotection_en2c.pdf)

Smart Fun in the Sun: [www.ucsfchildcarehealth.org/pdfs/healthandsafety/smartfununen060604.pdf](http://www.ucsfchildcarehealth.org/pdfs/healthandsafety/smartfununen060604.pdf)

[www.ucsfchildcarehealth.org/pdfs/forms/Sunscr\\_SunSm.pdf](http://www.ucsfchildcarehealth.org/pdfs/forms/Sunscr_SunSm.pdf)

by Andrew Manthe, MPH, CHES, Chief of the Skin Cancer Prevention Program within the California Department of Public Health.  
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## Preschool & Child Care Directors

### Protect Young Children from Too Much Sun!


Order a **FREE** skin cancer prevention education module.

Obtain order form at:  
[www.AvoidSkinCancer.com](http://www.AvoidSkinCancer.com)


- **Module includes activities, video, poster, and policy.**
- **Designed for use with children ages 3 – 5.**




**Wear a hat!**




**Cover up!**



**Wear UV-protective sunglasses!**



**Seek shade!**



**Put on sunscreen!**

**Questions? Contact [amanthe@dhs.ca.gov](mailto:amanthe@dhs.ca.gov)**

(Module offered by the California Dept. of Health Services.)  
Paid for by funding from the Centers for Disease Control and Prevention through a program of the Public Health Institute

- Tie curtain and blind pulls out of reach of children. Install safety tassels or cut the loops to prevent accidental strangling.
- Provide proper supervision. No safety device can take the place of active adult supervision. Always watch children around open windows.

**Windows and lead poisoning:**

- Test windows painted before 1978 for lead. Lead in the dust created by opening and closing these windows contributes to childhood lead poisoning.

**References and Resources:**

National Safety Council, Window Safety, [www.nsc.org/aware/window/WindowGuardGuidelines](http://www.nsc.org/aware/window/WindowGuardGuidelines) at [www.windowguard.org](http://www.windowguard.org)

Consumer Product Safety Commission, Preventing Window Falls at [www.cpsc.gov/cpscpub/pubs/5124.html](http://www.cpsc.gov/cpscpub/pubs/5124.html)

National SAFE KIDS Campaign (NSKC). Childhood Injury Fact Sheet. Washington (DC): NSKC, 2004. [www.usa.safekids.org](http://www.usa.safekids.org)

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



**health + safety calendar**

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| <p><b>May 6 - May 8, 2008</b><br/> <b>2008 California WIC Association (CWA) Annual Conference</b><br/> <i>Town and Country Resort &amp; Convention Center<br/>                 San Diego, CA 92108</i><br/>                 For additional information, please call: (800) 772-8527</p>  | <p><b>May 1-31, 2008</b><br/> <b>Asthma and Allergy Awareness Month</b><br/>                 For information and materials call the California Childcare Healthline at (800) 333-3212 or visit California Childcare Health Programs Web site at <a href="http://www.ucsfchildcarehealth.org">www.ucsfchildcarehealth.org</a>.<br/>                 There is Still Time to Plan Your Activities! Download EPA's updated Asthma Awareness Month Event Planning Kit featuring new ideas for outreach and awareness activities, tips for working with the media, success stories, and much more to get started. <a href="http://www.epa.gov/asthma/awm/">www.epa.gov/asthma/awm/</a></p> |
| <p><b>May 6th to 29th</b><br/> <b>Head Start Spring Education Trainings -</b><br/>                 CHSA will offer two trainings by the National Head Start Family Literacy Center and the Committee for Children.<br/> <a href="http://www.caheadstart.org/conference">www.caheadstart.org/conference</a></p>   | <p><b>May 1-31, 2008</b><br/> <b>Melanoma/Skin Cancer Detection and Prevention Month</b><br/>                 For information and materials call the California Childcare Healthline at (800) 333-3212 or visit California Childcare Health Programs Web site at <a href="http://www.ucsfchildcarehealth.org">www.ucsfchildcarehealth.org</a>.<br/>                 Additional information and materials are available from the American Academy of Dermatology. (888) 462-DERM (462-3376), <a href="mailto:mediarelations@aad.org">mediarelations@aad.org</a>, <a href="http://www.aad.org">www.aad.org</a><br/>                 Contact: Jennifer Allyn</p>                        |
| <p><b>May 21-22, 2008</b><br/> <b>Child Development Policy Institute (CDPI) 2008 Spring Institute: The May Revision</b><br/>                 Representatives from the Administration, Legislature and illustrious speakers will discuss what is in the May Revision as well as other issues affecting the early care and education field.<br/> <i>Sheraton Grand, Sacramento, CA</i><br/>                 Website <a href="http://www.cdpi.net">www.cdpi.net</a> Phone: (866) 662-9597</p> | <p><b>June 16, 2008</b><br/> <b>Quality Rating &amp; Improvement System Educational Summit</b><br/>                 Orange County United Way Success By 6, CAEYC and Los Angeles Steps To Excellence are collaborating to offer an opportunity to discuss Quality Rating and Improvement Systems - benefits, best practices, evaluation - and the similarities among the QRIS operating in California.<br/> <i>Sisters of St. Joseph Conference Center in Orange County</i><br/>                 Call Laura Long, 949-263-6150. <a href="mailto:laural@unitedwayoc.org">laural@unitedwayoc.org</a></p>   |



### **Federal Poverty Line**

This notice provides an update of the HHS poverty guidelines to account for last calendar year's increase in prices as measured by the Consumer Price Index. This new poverty line should apply to Head Start eligibility.

More information at <http://a257.g.akamaitech.net/7/257/2422/01jan20081800/edocket.access.gpo.gov/2008/08-256.htm>

### **New Policy Analysis, Research and Technical Assistance web site resource.**

Center for Law and Social Policy (CLASP) is a national non-profit that works to improve the lives of low-income people. CLASP's mission is to improve the economic security, educational and workforce prospects, and family stability of low-income parents, children, and youth and to secure equal justice for all. Latest publications are available at online at <http://childcareandearlyed.clasp.org>

### **Racial-Ethnic Inequality in Child Well-Being**

Since 1985, racial/ethnic differences among Black, Hispanic, and White children have been narrowing overall. This report is the first to analyze how child and youth well-

being has changed among Black, Hispanic, and White children from 1985-2004. Using the FCD Child Well-Being Index (CWI) and its domains and indicators, the report presents a new and surprising picture of change. Online from Foundation for Child Development at <http://www.fcd-us.org>

### **Annual Update on Alameda County Resource Guide**

The "Alameda County Resource Pocket Guide" is published by Alameda County Public Health Department and is a valuable resource for Alameda County residents, clients and businesses. The Guide has a comprehensive list of social and public service/governmental agencies that include the agency's name and telephone number. To view it online or to download go to [www.acphd.org](http://www.acphd.org). The link to the Guide is [www.acphd.org/AXBYCZ/Admin/Publications/ResourceGuide\\_2007-08\\_pocket.pdf](http://www.acphd.org/AXBYCZ/Admin/Publications/ResourceGuide_2007-08_pocket.pdf)

### **National Infant Immunization Week**

April 19-26, 2008, National Infant Immunization week is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases and celebrate the achievements of immunization programs and their partners

in promoting healthy communities. More information at: [www.cdc.gov/vaccines/events/niiw/default.htm](http://www.cdc.gov/vaccines/events/niiw/default.htm)

### **CORRECTIONS TO MARCH/APRIL Health and Safety Resources**

The "Health and Safety Resources" section of the March/April issue referred incorrectly to a study "**Parenting lessons don't stop toddler tantrums**". You can read the study "Universal parenting programme to prevent early childhood behavioural problems: cluster randomised trial" online at [www.ucsfchildcarehealth.org/pdfs/newsletters/2008/Parenting\\_lessons.pdf](http://www.ucsfchildcarehealth.org/pdfs/newsletters/2008/Parenting_lessons.pdf) <[www.ucsfchildcarehealth.org/pdfs/newsletters/2008/Parenting\\_lessons.pdf](http://www.ucsfchildcarehealth.org/pdfs/newsletters/2008/Parenting_lessons.pdf)> .

### **Scans Show Culture Fundamentally Alters the Brain**

You can also find more information about "**Culture influences brain function, brain imaging shows**" online at [http://web.mit.edu/mcgovern/html/News\\_and\\_Publications/2008\\_cultural\\_differences.shtml](http://web.mit.edu/mcgovern/html/News_and_Publications/2008_cultural_differences.shtml)

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CHANGE SERVICE REQUESTED