

child care health connections

A HEALTH AND SAFETY NEWSLETTER FOR CALIFORNIA CHILD CARE PROFESSIONALS

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CALIFORNIA



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Integrated Pest Management (IPM) of Mosquitoes in Early Childhood Education (ECE) Settings

It's summer, and that means mosquitoes! You may wonder why these pesky insects bite or whether they can make you sick. What can you do to protect yourself and the children in your care?

Why are mosquitoes a problem in ECE settings?

Mosquitoes can transmit diseases such as West Nile virus. These diseases are uncommon but may be serious in children, people with weakened immune systems and the elderly. Mosquito bites can also result in allergic reactions, pain, redness and itching. Children who itch a lot, especially with dirty fingers, may develop secondary bacterial infections.

IPM strategies to manage mosquitoes

Mosquitoes are best managed regionally by the more than 50 mosquito and vector control districts. Call your local district (see resources) to report a potential mosquito breeding source.

Steps you can take to manage mosquitoes:

- Make sure that windows and doors are covered by fine mesh screens that are in good repair.
- Drain, discard, or fill with soil or cement any object that can hold water for more than a few days. Even small containers like flower pot saucers, old tires or crotches of trees can provide breeding sites if they remain filled with water for more than a few days.
- Change water in pet dishes, watering troughs, and bird baths at least weekly.
- Avoid overwatering lawns and gardens, which can lead to standing water.
- Keep litter and garden debris out of street gutters.
- Clean rain gutters to remove debris.
- Wear protective clothing outdoors.
- Use insect repellents if a parent agrees and has provided written permission. Most effective repellents contain DEET. Special formulations for children contain low concentrations of DEET

IPM of Mosquitoes in ECE Settings continued on page 2

health + safety tips

Tips for limiting the spread of respiratory illnesses

To prevent the spread of infection from respiratory illnesses and runny noses, follow routine healthy practices:

- Avoid contact with mucus as much as possible.
- Make sure that all children and staff use good handwashing practices, especially after wiping or blowing noses, after contact with any nose, throat or eye secretions, and before preparing or eating food.
- Clean and sanitize all mouthed toys and frequently used surfaces on a daily basis.
- Wash eating utensils carefully in hot, soapy water, then sanitize and air dry. Use a dishwasher whenever possible. Use disposable cups whenever possible.
- Make sure that the facility is well ventilated and that children are not crowded together, especially during naps on floor mats or cots. Open the windows and play outside as much as possible, even in the winter.
- Teach children to cough and sneeze into their elbow, wipe noses using disposable tissues, throw the tissue into the wastebasket, and wash their hands.

California Child Care

Healthline



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

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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Facial Tics in Children



Several children (ages 3-5 years old) in our child care program have developed facial tics. The parents are concerned and some of them have talked to their health care provider who could not determine the cause. What are facial tics?



Childhood facial tics are common and occur in about 20 percent of school-age children ages 7-9 and can begin as early as age 2 or 3. They are involuntary muscle movements of the face and neck that look like eye-blinking, shoulder shrugging, facial grimacing, nose wrinkling, throat clearing, grunting, sniffing and dry coughs. They often appear after some type of stress and can increase when a child is tense, anxious, tired or bored. Tics occur more frequently in boys and tend to run in families. Most are a mild transient condition, and most often the cause is undetermined. There are three categories of tics. Transient tics last more than two weeks but less than a year. Chronic tics last more than a year and sometime a lifetime. The most severe type of tic disorder is Tourette's syndrome which is characterized by multiple muscle and vocal tics and can involve all parts of the body. This type may need medical management.

Although most tics disappear in a matter of months many adults find tics in children very irritating despite a child's inability to control them. Calling attention to or nagging a child about, tics can often cause stress that may cause tics to last longer. It's best to ignore tics after speaking with a child about what is happening and how to explain it to others. Provide support by helping a child recognize their feeling of worry or stress and the need for rest and relaxation. Seek medical advice for tics that are intense and frequent, affect large muscle groups, are present for more than a year, or interfere with a child's social development.

Resources and References:

American Academy of Pediatrics, Parenting Corner, *What are Tics*.
Online at www.aap.org/publiced/BK5_Tics.htm.

Medline Plus, Medical Encyclopedia.
Online at www.nlm.nih.gov/medlineplus/ency/article/001410.htm.

by Judy Calder, RN, MS

IPM of Mosquitoes in ECE Settings continued on page 2

in an oil-based medium that slowly releases DEET and limits its absorption through the skin.

Outdoor insecticide sprays can provide temporary reduction of adult mosquitoes but have no lasting effect. They can also have harmful health effects.

Resources:

UC Davis IPM website on mosquitoes www.ipm.ucdavis.edu/PMG/PESTNOTES/pn7451.html
Mosquito and Vector Control Association of California <http://mvac.org/>
CCHP's Health & Safety Note, *Integrated Pest Management of Mosquitoes in Early Childhood Education (ECE) Settings*
CCHP Insect Repellent Consent Form, www.ucsfchildcarehealth.org/html/pandr/formsmain.htm#insectconsent

by Vickie Leonard, RN, PhD

Sleep Hygiene for Infants and Toddlers

Many American children are not getting enough sleep and it is becoming a public health problem. As many as a third of children suffer from at least one sleep-related problem. Long-standing sleep-related problems in children may start as early as infancy. Both child care providers and parents need to do more to ensure that children develop healthy sleeping habits.

Why is sleep important for infants and toddlers?

Recent research shows that children who don't get enough sleep, or don't sleep well, have poorer

- socio-emotional adjustment
- cognitive functioning (for example, attention and memory)
- academic achievement

Children who don't get enough sleep or who sleep poorly may also be at risk for health problems later in life. These problems include being overweight and having emotional and behavioral difficulties in adolescence and adulthood. Sleep problems are associated with both internalizing (withdrawn, anxious, and depressed) and externalizing (disruptive, hyperactive, and aggressive) behavior problems.

The most important sleep problems in early childhood are:

- Waking frequently
- Difficulties with getting to sleep

They are caused when

- Parents/caregivers are too involved in helping the infant fall asleep
- Infants don't learn to calm themselves and put themselves to sleep at bedtime and when they awake during the night

What is sleep hygiene?

The practices, habits, and environmental factors that are important for getting sound sleep are called "sleep hygiene." Establishing good sleep hygiene begins in infancy. The things a caregiver does when putting an infant to sleep will shape an infant's sleep habits and these habits will continue into childhood and beyond. Some of the practices that have been found to lead to short sleep time and delays in falling asleep in children include:

- Staying with or holding an infant or toddler until they fall asleep (A child should not need a parent or caregiver to help him fall asleep; the child who falls asleep on his own will be better able to return to sleep)
- Feeding an older infant or toddler when they awaken in order to get them to go back to sleep
- Co-sleeping of infants and toddlers with their parents
- Preventing a child from napping during the day so that she will sleep longer at night (Children who nap well sleep better at night)

Tips for helping infants and toddlers develop good sleep hygiene

- Have a consistent routine for putting infants and toddlers to sleep. Relaxing, non-stimulating activities at bed and nap time make it easier for children to relax and fall asleep.
- Try swaddling young infants above the waist (swaddled infants sleep more hours in a day and have longer naps than unswaddled infants)
- Allow normal household noises to continue during naps so that infants learn to sleep through those sounds
- Encourage infants to use comforting habits, such as sucking a thumb or pacifier to settle at nap time.
- Gently reassure infants and toddlers that an adult is near by periodically stroking a child who is having trouble settling, but don't get them out of their crib.

How much should young children sleep?

Experts recommend that

- Infants should sleep 14-15 hours a day
- Toddlers need 12-14 hours of sleep a day
- Children in pre-school sleep between 11-13 hours a night

References and Resources:

Buckhalt, J; El-Sheikh, M; Keller, P. Children's Sleep and Cognitive Functioning: Race and Socioeconomic Status as Moderators of Effects. *Child Development*, v78 n1 p213-231 Jan-Feb 2007

The National Sleep Foundation: Children and Sleep www.sleepfoundation.org/site/c.huIXKjM0Ix/b.4809577/k.BB1D/Sleep_and_Children.htm

by Vickie Leonard, RN, FNP, PhD



Keeping Your Skin Healthy

Skin is remarkable! It protects the body from germs, provides heat regulation, makes vitamin D and allows for our sense of touch. Early Care and Education (ECE) professionals can take good care of their skin by following these steps:

Protect your skin from infection

- If you get a cut or scratch be sure to clean the wound with soap and water and cover it with a clean bandage or bandaid to promote healing.
- Check your skin regularly. Cover any cracks, cuts or open sores while they are healing to avoid infection.

Protect your skin from exposure to harmful substances

- Limit your exposure to detergents, disinfectants, chemicals or blood borne pathogens by wearing non-permeable gloves. Latex gloves should be used with caution, however, since allergic reactions to latex have increased in recent years. Nitrile gloves are a good alternative.
- Wash and rinse your hands after removing gloves or after direct contact with chemicals or other harsh substances.

Wash your hands carefully

- Use a mild soap.
- Rinse and dry well. Pay attention to areas that can trap water such as under rings and jewelry.
- Use warm or cool water since repeated washing with hot water can damage skin.
- Keep your skin moist by using a lotion or cream after you wash.

Moisturizing lotions and creams work by replacing the skin's natural oils that are lost by washing with soap and water. Choose a moisturizer without fragrance or dyes to avoid irritation. Keep a supply available for staff to use.

Protect your skin from the sun

- Cover up with clothing to protect exposed skin. Loose fitting, long-sleeved shirts and long pants are comfortable and offer sun protection. Consider wearing clothing that is specially designed to block UV rays from the sun.
- Wear a wide brimmed hat that protects your face and neck.
- Wear sunglasses that block UV rays.
- Use a sunscreen that blocks both UVA and UVB rays.
- Seek shade. Trees, umbrellas, awnings and sun sails provide added sun protection in outside spaces.
- Drink lots of fluids, especially water, to keep your skin moist and healthy.

See your health care provider if you have any unexplained rashes, reddened skin that itches or burns, sores that don't heal, a spot that bleeds, changes in the size or color of moles or any new growth on your skin that looks suspicious.

Resources and References:

Centers for Disease Control (CDC) Protect Your Skin During the Summer Months www.cdc.gov/Features/SkinCare/

Medline Plus, Skin Conditions, accessed 3/1/09, www.nlm.nih.gov/medlineplus/skinconditions.html

by Bobbie Rose RN

BOX OF FUN

Shadow Tag

The long days of summer are a great time to teach children the game of Shadow Tag.

Schedule this activity for later in the afternoon when shadows are the longest. Introduce the game by discussing how shadows occur. Encourage children to pay attention to how their shadows change throughout the day and how on a cloudy or foggy day they may not see them at all.

The goal of the game is to step on the shadows of other children thereby "tagging" them. The physical skills of traveling, changing directions and dodging are used. Teachers and caregivers can join in the fun too!

Children love it when adults play along with them and everyone benefits from exercise.



Cerebral Palsy

Cerebral palsy (CP) is a term used for a group of non-contagious and non-progressive disorders affecting a child's ability to move and maintain balance and body position. It is one of the most common childhood disorders that can occur during pregnancy, child birth or after birth. CP is not currently curable. However, training, getting the right therapy, special equipment and, in some cases, surgery can make a big difference.

What causes Cerebral Palsy?

CP is caused by damage to the motor control centers of the developing brain. There are many possible causes of the brain damage, and the causes of most cases are unknown. Some of the known causes include:

- *Maternal infections:* German measles (rubella), chickenpox (varicella), cytomegalovirus, toxoplasmosis and syphilis (a sexually transmitted disease) are linked to CP.
- *Infant illnesses:* *Meningitis* (causing inflammation of the protective membranes covering the brain and spinal cord) and *viral encephalitis* (causing inflammation of the brain itself) are also linked to CP.
- *Congenital abnormalities* can affect how the child's brain develops during the first 6 months of pregnancy. Exposure to toxins and radiation increases the risk of mutations in genes that are responsible for brain development.
- *Other causes* include bleeding in the brain, head injury, lack of oxygen and severe jaundice.
- *Premature birth, very low birth-weight, breech births (feet-first position), multiple babies, using toxic substances during pregnancy and poor health of mothers during pregnancy* are additional factors that may increase the risk of cerebral palsy.

What are the signs and symptoms?

Depending on how much of the brain is affected and which parts of the body are controlled by that section of the brain, the child can have a mild or severe case of CP. While early signs may be present from birth, if signs and symptoms are mild, definite diagnosis might be difficult before the age of 4 or 5 years. Generally, cerebral palsy is diagnosed by the 1st or 2nd year.

Signs and symptoms of CP may include lack of muscle coordination, stiff muscles, irregular walking with one foot or leg dragging, variations in muscle tone (too stiff to too floppy), too much drooling, difficulty in swallowing, sucking or speaking, and tremors.

In addition to varying degrees of physical disabilities, some children with cerebral palsy may also have associated medical problems such as difficulty with vision, hearing and speech, mental problems, mental retardation, seizures, abnormal sensation and urinary incontinence that may require long term care. About 50 percent of people with CP need to use braces, walkers, wheelchairs and other assistive devices.

Education for Children with CP

Children with CP can live healthy lives and have the right to public education. They usually can go to school, make friends and do things they enjoy. However, they may need to do these things a little differently or with some help. In schools they will probably need individualized help. Fortunately, many programs are available to help them and states are responsible for meeting their educational needs. For children up to age three, services are provided through an early intervention system, and for school-aged children, including preschoolers, special education and related services are provided through the school system. For more information on inclusion visit California Childcare Health Program at www.ucsfchildcarehealth.org or call our Child Care Healthline (800) 333-3212.

Tips for coping with CP

- Join a cerebral palsy support group. A circle of support can make a big difference in helping you to cope with cerebral palsy.
- Encourage the child's independence and actively work on developing the child's skills.
- Be an advocate for your child and become an important part of your child's special care team.
- Gather information and learn more about your child's condition.

References and Resources

National Institute of Neurological Disorders and Stroke. Online at www.ninds.nih.gov/disorders/cerebral_palsy/cerebral_palsy.htm

CDC's "Learn the Signs, Act Early" online at www.cdc.gov/ncbddd/autism/ActEarly/cerebral_palsy.html

Medline Plus at www.nlm.nih.gov/medlineplus/cerebralpalsy.html

by A. Rahman Zamani, MD, MPH



What do you need to know about SART?

SART stands for Screening, Assessment, Referral and Treatment. It is a comprehensive, multi-disciplinary collaborative early intervention system for children 0-5 years old. SART Programs have two major components: a prenatal program for pregnant women and a program for children 0 – 5 years old. The purpose of this system is to increase early identification of children with developmental and/or social-emotional problems and to provide needed services to support optimal development.

Why is SART important?

Standardized screening for early identification of developmental concerns is recommended by many state and federal organizations. Current research supports these recommendations and the need for early identification and intervention services.

Studies show that the current health care systems are not able to provide assessments for all children at risk of developmental and/or social emotional delay; the services are fragmented, complicated and confusing even for the most skilled providers. Therefore, a system which will allow families to access services with many points of entry is very important.

SART System for pregnant women

Research shows that there is a direct effect between mothers using drugs and alcohol during pregnancy and the negative impact on newborn infants, including prematurity, low birth weight, increased risk of Sudden Infant Death Syndrome (SIDS), stroke, mental retardation, and developmental and/or behavioral delays. Additionally, prenatal exposure to alcohol or drugs, poor maternal nutrition, family violence, substance abuse in the family, or maternal depression can interfere with the child’s brain development before and after birth. The Prenatal SART system is designed to assist women who use alcohol and illegal drugs during pregnancy. The Key Components of the SART system for pregnant women include:

- Screening every pregnant woman for risk of substance use
- Assessment of actual substance use
- Referral to appropriate treatment in a sensitive, non-judgmental manner
- Treatment of women in quality gender-specific programs

SART system for children

The Children’s SART system is designed to address and meet the

needs of children from 0-5 years of age, who were born to mothers who abused drugs and/or alcohol during pregnancy. Implementation of this component begins with referring children with biomedical or environmental risks or social-emotional/developmental problems identified by standardized screen, surveillance or observation by a skilled professional. Referrals are made to a Children’s Assessment Center (Regional Center) or school districts for further evaluation and to determine if a child qualifies for services. Then an appropriate treatment plan will be offered.

The Key Components of Children’s SART include:

- 1 Early identification of children through enhanced screening efforts
- 2 A coordinated system of triage and referral
- 3 Appropriate and timely assessment services for all children
- 4 Increased capacity for community supports and treatment services

Target Population

Ideally the SART system will eventually meet the needs of all children; however, most county initiatives will start with children 0-5 years that are at highest risk: children who are in the child welfare system and receiving their primary medical care from CHDP medical providers, children enrolled in state subsidized preschool, Early Head Start and Head Start, and those exposed to alcohol and drugs prenatally.

Which counties have implemented the SART system?

Currently, there are only four counties in California that have implemented the system: San Luis Obispo, Alameda, San Francisco, and San Bernardino. These counties may or may not use the term “SART” (i.e.: the program in San Francisco County is under the name, “Special Needs Project”), but they have implemented the basic foundations of SART throughout their counties.

References and Resources

- California Department of Developmental Services
www.dds.ca.gov/statutes/GOVSectionView.cfm?Section=95014.htm
- Children’s Network
www.sbcounty.gov/childnet/SART.htm
www.beginningsofslo.org/CAC.asp
- Screen, Assessment, Referral and Treatment (SART) in Alameda County
<http://ackids.org/sart/sart.html>

by Tahereh Garakani, MA Ed

Scabies

What is it?

Scabies is a skin infection caused by a tiny (microscopic) bug called a mite. The mite burrows into the skin, causing a rash.

What are the symptoms?

The skin rash caused by scabies is without accompanying illness. The rash begins as an itchy, raised and usually red rash. Although it is most commonly found around fingers, wrists and belt line, the rash can occur anywhere on the body below the face. In infants and young toddlers, the rash may look different, and can also occur on the face or scalp.

Who gets it and how?

Only humans carry the mites causing scabies. It can be carried by people from all socioeconomic levels without regard to age, sex or standards of personal hygiene. Because mites can survive only briefly if not on the human body, you can only get scabies from direct contact with another person or by sharing an infected person's clothes. A person may not develop the rash until four to six weeks after exposure.

Young children suspected of having scabies should see a health care provider, as should persons with extensive skin disease.

When should people with this illness be excluded?

If a child is suspected of having scabies, the child should be separated from skin contact with other children for that day. Adult contacts should wash their hands. The child should not return

to the group until diagnosed and treated for 24 hours prior to re-entry. Household members should be checked and treated at the same time if necessary.

Where should I report it?

Notify any other adults or the parents of children who may have had direct contact with the infected person. Other providers and children and their families may have been infected, and may need treatment.

How can I limit the spread of Scabies?

- Look for the signs of scabies in the morning check, and refer suspected cases for evaluation and treatment.
- Do not share hats and jackets.
- Keep personal clothes and bedding separate.
- Launder clothes, towels and bedding in a machine, and dry in a hot dryer or press with a hot iron.
- For non-washable items, dry clean or seal in a plastic bag for four to seven days.
- Vacuum carpets, upholstered furniture and car seats.

child care health **connections**

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health + safety resources

The “Learn the Signs. Act Early.” Child Care Provider Resource Kit

The Centers for Disease Control and Prevention (CDC) is launching a new phase of the “Learn the Signs. Act Early” public awareness campaign. This childhood development campaign is designed to help increase awareness about the importance of tracking a child’s social and emotional development, including the potential early warning signs of autism and other developmental disabilities.

Available in both English and Spanish, the resource kit includes a CD-ROM containing fact sheets on age-specific developmental milestones and on developmental disabilities such as autism, a growth chart that allows parents to track specific developmental milestones along with the height and weight of the child, and educational posters. You can view, download, or order the various materials for the “Learn the Signs. Act Early.” campaign designed for child care providers at www.cdc.gov/ncbddd/autism/ActEarly/ccp/downloadmaterials.html

Healthy Child Care America website

A new and improved site www.healthychildcare.org is easy to navigate and provides early education and child care information to health care professionals, child care professionals and families. The new site contains a “Resource Library,” a database with a wealth of resources related to early education and child care. The new website can be accessed at www.healthychildcare.org/

New resources on the federal stimulus package funding for children and families from the Center for Law and Social Policy (CLASP)

CLASP is launching a series of publications and a new website page focusing on the economic recovery law and implementation. The CLASP “Reinvesting in Child Care” web page includes general information on the economic recovery act, including implementation guidance from the Office of Management and Budget, state by state breakdowns of CCDBG economic recovery funds, and a recording of CLASP’s audio conference on the act as it relates to early childhood. <http://childcareandearlyed.clasp.org/reinvestinginchildcare.html>

Strengthening Families and Communities: 2009 Resource Guide

Developed for service providers, the free guide highlights strategies to strengthen families by promoting key protective factors that prevent child abuse and neglect. It also includes tip sheets in both English and Spanish to share with parents.

The guide, by the U.S. Department of Health and Human Services’ Children’s Bureau, Office on Child Abuse and Neglect can be downloaded or ordered at www.childwelfare.gov/preventing/res_guide_2009. You may also contact Child Welfare Information Gateway at 1.800.394.3366 or info@childwelfare.gov

Parent training modules on how to promote children’s social and emotional skills

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) has created Parent Training Modules which provide information for families on promoting children’s social and emotional skills, understanding their problem behaviors, and using positive approaches to help them learn appropriate behaviors. The modules are available online at www.vanderbilt.edu/csefel/parent.html

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