



California Childcare Health Program (CCHP)

E-News for

Child Care Health Consultants

September 2007

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Greetings

Greetings from CCHP. We have been hearing from many of you child care health consultants as you work hard to make school environments safe and healthy places for children starting a new school year. We at CCHP are working hard to keep up with all of your questions and needs. We have a new SIDS risk reduction project starting. We will be doing trainings in Bay Area ECE settings. We are also beginning work on the California Department of Education's Preschool Foundations project. The purpose of California's [Preschool Learning Foundations](#) is to provide the child development field with research-based competencies—knowledge and skills—that we can expect most children to exhibit to support healthy development and successful movement toward school readiness. Here at CCHP, we will be working on developing foundations for the domains of health and physical growth and development. We are excited about being a part of this effort to improve the quality of ECE programs in California. And, as always, we are available to answer your questions on the toll-free Healthline, 800-333-3212. Give us a call if you have a question or concern about a health or safety issue in the ECE settings you work with! We also have magnets with our toll-free number that can make the Healthline more accessible. If you know ECE providers who would like to have a magnet, call us and we will send them out.

News and Resources

Child Care Health Connections Newsletter

The September/October issue of the California Childcare Health Program's newsletter, [Health Connections](#), is complete and available for download from the CCHP website. The following articles are included:

- Lead Article: Naps in Child Care
- Health & Safety Tips: magnet ingestion injuries
- Ask the Nurse: Safe Surrender Babies Law
- Infant/Toddler: Autism: When to Refer a Child for Evaluation
- Staff Health: Rest and Sleep for Caregivers
- Parent Page: Oral Health can affect General Health
- H&S Note: Transitioning of Young Children with Disabilities
- Inclusion Insights: Children with Spina Bifida in child care settings
- Public Health: Diapering Stations
- Behavioral Health: Divorce and young children

Flu Season Coming—Which Children Need an Influenza Shot?

The AAP has a nice algorithm that helps you determine which children should receive flu shots. Note that the new recommendations state that children need two flu vaccinations in the first year they are vaccinated, which means that those children should get their first vaccination in September. The algorithm is available here: www.cdc.gov/mmwr/preview/mmwrhtml/rr5606a1.htm?s_cid=rr5606a1_e#fig.

New National Asthma Guidelines

The National Asthma Education and Prevention Program (NAEPP) has issued comprehensive updates to their clinical guidelines for the diagnosis and management of asthma. The Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma—Full Report, 2007, has been posted online by the National Heart, Lung, and Blood Institute (NHLBI). The revised guidelines highlight the importance of asthma control and introduce novel strategies to monitor asthma symptoms. They also feature an expanded section on childhood asthma. The report is available online here www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm.

Asthma is an important issue for ECE providers. The report notes: “Several studies show that as many as 50–80 percent of children who have asthma develop symptoms before their fifth birthdays. Diagnosis can be difficult in this age group and has important implications. On the one hand, asthma in early childhood is frequently underdiagnosed (receiving such inappropriate labels as chronic bronchitis, wheezy bronchitis, reactive airway disease (RAD), recurrent pneumonia, gastroesophageal reflux, and recurrent upper respiratory tract infections). Therefore, many infants and young children do not receive adequate therapy.”

Also, don't forget that CCHP has an Asthma Information Packet for Early Care and Education Providers that was developed to assist early care and education (ECE) providers to learn more about asthma and how to better care for children with asthma in their programs. The Asthma Information Packet is comprised of three major components: the Asthma Information Handbook which provides basic information about asthma; a DVD that contains the Asthma Care Training film for Child Care Providers that was developed by the California Emergency Medical Services Authority; and posters covering Emergency Management of Asthma in Child Care and How to Reduce Asthma Triggers. The packet can be reviewed online here: www.ucsfchildcarehealth.org/html/pandr/trainingcurrmain.htm#asthma.

Annual Child Care Resource and Referral Network Conference

October 3-5, 2007 is the 30th Annual Child Care Resource and Referral Network Conference at the Asilomar Conference Grounds. For more information www.rnetwork.org/news-and-events/events/index.html or call 415-882-0234.

Model Health and Safety Policies

The Indiana Child Care Health Consultant Program has model health and safety policy templates and forms on their website for adaptation: www.iu.edu/~cchealth/resources/policyTemplates/policies.php.

Data on Key Indicators of Child Well-Being Released

America's Children: Key National Indicators of Well-Being, 2007, summarizes a set of measures on important aspects of children's lives that federal agencies collect regularly, reliably, and rigorously. The 2007 report, representing the 10th anniversary edition published by the Federal Interagency Forum on Child and Family Statistics (FIFCFS), presents the conceptual framework, structure, and changes from previous annual reports, along with information on race and ethnicity data, indicators needed, and highlights. The main body of the report

focuses on seven domains of child well-being, including (1) family and social environment, (2) economic circumstances, (3) health care, (4) physical environment and safety, (5) behavior, (6) education, and (7) health. A list of the FIFCFS agencies is provided. The appendix contains tabulated data for each measure and additional detail not discussed in the main body of the report. Descriptions of the data sources and surveys used to generate the background measures and the indicators are included. The report is available at www.childstats.gov/americaschildren/index.asp.

Legal Settlement for Diabetes Care in California Public Schools

A lawsuit filed by Disability Rights Education and Defense Fund (DREDF) and the law firm of Reed Smith LLP on behalf of the American Diabetes Association and four children with diabetes to improve care in California public schools was recently settled, resulting in new rules on the legal rights of children with diabetes in K–12 schools.

The lawsuit was brought because many California school districts were not providing adequate diabetes care to students. As part of the settlement, the California Department of Education has sent a "Legal Advisory on Rights of Students with Diabetes in California's K–12 Public Schools" to all California school districts that explains how districts must address the health care needs of students with diabetes at school and during school-sponsored activities. Some of the key rights discussed in the Legal Advisory are:

- Schools must evaluate a child for eligibility under federal law Section 504 of the Rehabilitation Act and/or the Individuals with Disabilities Education Act (IDEA) if a parent requests an evaluation, and must provide appropriate services if the child is found eligible;
- A child has the right to receive needed diabetes health care (including such things as insulin and glucagon administration and blood glucose monitoring) from a school nurse or other appropriately trained school personnel when the child cannot do these things him/herself. *Please note that, per Ruth McGregor at child care licensing, it would require an amendment to the Health and Safety Code and the Business and Professions Code (BPC) to allow insulin administration in licensed child care settings. Currently, only family members, medical professionals and individuals capable of administering their own injections are permitted by the BPC to do so.*
- A school cannot refuse to provide medically necessary services for any of the following reasons: because trained personnel are not available, because of a policy restricting the type of care to be provided or the location where it will be provided, or because of the burden of providing the care;
- A child cannot be sent to a different school because the district refuses to provide care at the school he/she would normally attend.

While this ruling applies only to K–12 schools, families of preschool children with diabetes will want to do anticipatory planning before starting kindergarten. There are several important steps parents should take to best ensure that their child receives the care he/she needs. These include:

1. Obtaining medical orders from the child's physician, and then
2. Meeting with the school nurse and other key school personnel before school begins to discuss how the doctor's care plan will be implemented.

Two model documents from the American Diabetes Association website: www.diabetes.org/schooldiscrimination can help with this planning:

- Diabetes Medical Management Plan (DMMP)

- The child's treating physician can use this form to specify the child's treatment regimen.
- Section 504 Plan
 - Parents can use this sample plan as they work with the school to determine how needed services will be provided.

In addition, a great deal of additional information about a child's rights at school is available from The American Diabetes Association, www.diabetes.org/schooldiscrimination.

Children Influenced by Branding

A [study](#) has revealed that pre-school kids prefer foods wrapped in McDonalds packaging over identical snacks wrapped in unmarked packaging. The study also found that children in homes with more televisions were more likely to show a preference for the branded meal, suggesting that fast-food commercials exert a strong influence. These findings confirm the need to limit the marketing of fast foods to youngsters and suggest that powerful branding could help sell more nutritious healthy foods to a generation of increasingly overweight kids.

More Toy Recalls

Fischer-Price recalled Nickelodeon and Sesame Street painted toys because of high lead levels. Mattel Inc. recalled toys for violation of lead safety standards and for the hazards of magnets coming loose. To learn about the recalled products, see the [U.S. Consumer Product Safety Commission](#) website.

Green California

Is a new state website that is a gateway for the latest information about how the state of California is working to reduce energy and resource consumption, while lowering greenhouse gas emissions, and creating healthier environments in which to work, live and learn. The [Building Maintenance—Cleaning Products](#) website describes green cleaning products and practices and ways to improve indoor air quality.

The information is relevant to ECE settings. A 2006 study by the National Research Exposure Laboratory of the U.S. EPA*, on pesticide use in child care centers found pesticide residues in every child care center tested. Of 39 pesticides tested, at least 1 showed up in every center in the study. Individual centers reported using anywhere from 1 to 10 pesticide products (mean(SD)=3(1.9))and the frequency of pesticide applications ranged from 1 to 107 times annually.

*Tulve, NS, Jones, PA, Nishioka, MG, et al. (2006). Pesticide measurements from the first national environmental health survey of child care centers using a multi-residue GC/MS analysis method. *Environmental science & technology*, 40(20), 6269-74.

School Integrated Pest Management Calendar

The use of pesticides in early care and education settings is common and concerns about the effects of pesticide residues on young children are growing. Integrated Pest Management is an important strategy for reducing the need for pesticides in ECE. The California Department of Pesticide Regulation (DPR) recently published their 2007–08 school Integrated Pest Management (IPM) recordkeeping calendar which features helpful pest management information from the University of California IPM Program, IPM practitioners, and DPR staff. The instructional images, pest prevention tips, and a recordkeeping section are designed to help school pest managers and others in their work. The calendar highlights twelve California school districts and includes tips from the district IPM coordinator. You can request a free copy of this calendar by sending an e-mail to school-ipm@cdpr.ca.gov. Visit the Division of Pesticide Regulation School IPM Web site at www.schoolipm.info for more tips on pest prevention. Contact Belinda Messenger at DPR, 916-324-

4077, if you have any questions about the calendar or integrated pest management in schools.

A Message From the Coalition to End Childhood Lead Poisoning *Lead In Children's Toys—What Parents Need To Know*

The effects of lead poisoning are irreversible. When in doubt, throw it out! Over the past decade, millions of pieces of children's jewelry and toys have been recalled by the CPSC due to lead content. Already in 2007, over 30 different recalls have been issued. The jewelry is often described as 'costume' jewelry and sold in dollar and discount stores and vending machines nationwide. Toys recalled range in size and type and are sold in multiple types of stores ranging from smaller specialty shops to large, wholesale chains.

It is important to stress that lead can only pass into a child's body through inhalation or ingestion. However, as children often chew on toys and toys undergo considerable wear-and-tear, it is important that parents take measures to ensure their child's safety.

What to do:

1. Check children's toys and identify those with painted surfaces, dull metallic components, white fake pearls, jewelry with plastic cords and especially toys/trinkets with small components that may be swallowed.
2. If there are painted surfaces, check the toy for the country of origin, often located on the toy's bottom.
3. If the toy was manufactured in China or India you may wish to use caution.
4. Check the [Consumer Product Safety Commission](#) website, to see if that particular toy has been recalled—and, **SIGN UP** at CPSC to receive email alerts for future recalls.
5. If you are still concerned, you may wish to use a lead testing kit like those available at home improvement stores and online. However, these tests are not 100% accurate but may be used as a guide.
6. Finally, if you believe children in your care played with lead-tainted toys or jewelry, recommend that parents contact their family physician to request a blood-lead test.

It is recommended that any children who chew on their toys or suck on their thumb be prevented from playing with any questionable toys or jewelry. The effects of lead poisoning are irreversible. When in doubt, throw it out! Please contact the Coalition, 1-800-370-5323 (LEAD) for help with questions on lead poisoning.

For more information:

Consumer Product Safety Commission provides listings of all recalls in children's jewelry and toys, www.cpsc.gov.

Center for Environmental Health provides images of products that tested positive for lead content, www.cehca.org/leadpics/index.html.

Celebrate National Fruits & Veggies Month in September

The Fruits and Veggies More Matters site, www.fruitsandveggiesmorematters.org/ has great resources to help you plan activities.

Legislative News

Legislature Finally Passes Budget: How Did Child Care and Development Fare?

The Child Development Policy Institute (CDPI), reports that the budget continues the \$50 million investment in preschool expansion created with the passage of AB 172 last year, which allows 12,000 more children to attend pre-

kindergarten and continues \$5 million in funding to provide full-day care. The budget also includes a 4.5 percent increase in per-child funding for all child development programs, including state pre-kindergarten.

COLA and Growth—Provides 4.53% COLA at a cost of \$69.5 million and a .97% growth adjustment at a cost of \$15.32 million (LPCs and R&Rs are not covered).

CalWORKs—The Budget fully funds the caseload projections for the CalWORKs stages (BBL was added for stages 2 and 3). It adopts the Governor's January 10th proposal to increase the share of child care that is paid for in Stage 2 with Proposition 98 funds by \$269 million. Uses \$25.7 million of one-time, Proposition 98 reversion account funds for CalWORKs child care.

Community Care Licensing—Funds licensing positions to allow inspections at an increased rate as requested by the Administration. Authorizes CDSS to spend up to \$1,675,000 of its licensing appropriation to implement its Licensing Reform Automation proposal, subject to the condition that its websites display licensing information on problematic or terminated licensees. Included are funds for CCL follow-up of TSOs and revocations, and for oversight of implementation of the AB 633 Parent Notification.

Income Eligibility—Rejects the Administration's proposal to freeze the State Median Income (SMI), the eligibility standard for state child care programs, at the current level, providing \$6.8 million in Proposition 98 funds to keep it at 75% of the SMI for the new fiscal year.

Facilities Fund Use—Approves the Governor's proposal to transfer \$5 million from the Child Care Facilities Revolving Fund program to the Facilities Renovation and Repair program to ensure more timely use of State resources in the strengthening of child care infrastructure.

Wrap Around Care—Allows for \$5 million of the \$50 million appropriation for the Pre-Kindergarten Family Literacy preschool programs to be available for wrap around care in order to provide direct child care for children for the portion of day not otherwise covered by services provided as part of the state preschool program. (The Governor's \$50 million expansion of PKFL was rejected and was the Assembly's use of \$20 million in one-time Prop 98 dollars for LEA preschool infrastructure.)

After-School—Approves a transfer of \$341,000 to fund program-related activities for the 12 positions approved in 2006 to support the ASES program. Approves an increase of \$57.2 million for the 21st Century Community Learning Centers program, available from one-time carryover funds from unspent, prior year funds. Approves \$1.5 million to be re-appropriated from unexpended funds to be used in combination with federal funds to provide technical assistance for the ASES and 21st Century programs. Approves an ASES evaluation contract.

Child Care State Plan—Includes language relative to public hearings and input for the development of the federal CCDF state plan.

Improper and fraudulent payments—Includes language requiring the CDE to study and make recommendations regarding fiscal integrity and fraud. (See end of [CDPI Bulletin](#)).

Finally, Governor Schwarzenegger has hinted that he will use the line item veto to cut the FY 2007–08 expenditures \$700 million further but will spare education.

Next year, two major pre-k bills will continue to be considered by the legislature. AB 1236, authored by Assemblymember Gene Mullin, would establish a voluntary kindergarten readiness program for California's children one year before kindergarten. AB 571, authored by Assemblymember Dave Jones, would provide voluntary, effective pre-k to all low-income 3 and 4 year olds by 2011–12.

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