



Child Care Health Connections

A health and safety newsletter for California child care professionals

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a program of the University of California, San Francisco School of Nursing (UCSF)*

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Health and Safety Every Day

Unintentional injuries are the leading threat to the lives and health of children in America. These injuries don't happen because of fate, chance or bad luck. Injuries to children are understandable, predictable and preventable. Injury prevention is an essential part of quality child care programs, and a major responsibility of child care providers.

By understanding how injuries happen, planning ahead and taking simple precautions, you can prevent most injuries. The best ways to prevent injuries are to:

- Conduct regular safety checks to identify hazards
- Modify the environment to reduce hazards
- Supervise children
- Set and enforce rules for playground activities
- Educate children, parents and staff members about the importance of injury prevention.

For more information, call the Healthline at (800) 333-3212. ♦

**Need a free
telephone consultation
on health and safety
in child care?**

**Call the Healthline at
(800) 333-3212**

Promoting Complex Learning in the Play Yard

by Jane P. Perry, PhD

The playground is the place where children go to independently make sense of their world. Out in the yard they practice problem-solving and thinking flexibly, taking the perspective of others, negotiating different perspectives, taking turns and sharing. The role of the teacher is to complement children's desire to play and imagine together by watching and supporting how children begin play, how they figure out what to do together, and how they then play together. Supervising the yard from the point of view of the children better insures that the play will be safe because the teacher is working to keep play focused.

Establishing a place for play

Children will use familiar games of pretend or sport to play repeatedly. Teachers can set up activities, including arranging play spaces for groups of two to four children, where reasonable practice in listening and communicating can successfully occur. Play areas are defined and protected from other ongoing activities in the yard. The teacher establishes well-defined places where small groups of children can interact safely. Remembering what and where children played on previous days and setting up play areas with past play history in mind greatly encourages further social play. Create protected small group areas with child-accessible play props like balls, shovels, small cars, blocks, a place where pencils, markers, crayons, stamps,

—continued on page 11



What's Inside

Infants and Milk	2
The Magic of Music in Child Care	3
Staff Immunizations	3
Raccoons in the Child Care Environment	4
San Benito Child Care Health Linkages	4
Safe Kids—Everyone's Business	9



Pullout Section

Over-the-Counter Drugs	5
Building Baby's Intelligence	6
Using the EpiPen® for Food Allergies	8



Child Care Health Connections®

Child Care Health Connections is a bimonthly newsletter published by the California Childcare Health Program (CCHP), a community-based program of the University of California, San Francisco School of Nursing Department of Family Health Care Nursing. The goals of the newsletter are to promote and support a healthy and safe environment for all children in child care reflecting the state's diversity; to recreate linkages and promote collaboration among health and safety and child care professionals; and to be guided by the most up-to-date knowledge of the best practices and concepts of health, wellness and safety.

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

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www.ucsfchildcarehealth.org

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ASK THE NURSE...

Infants and Milk

by Susan Jensen, RN, MSN, PNP



Q: The mother of a 10-month-old in my family child care brings condensed milk for him to drink while he's here. Is this OK?

A: No. Condensed milk is not recommended for infants, because it does not meet their nutritional needs for growth and development. In addition, condensed milk contains a high percentage of sugar, which can cause diarrhea.

Infants under 1 year of age should receive only breast milk or iron-fortified formula as their milk source unless there is documentation from the health care provider that recommends something different.

Most toddlers between 1 and 2 years of age, if not allergic or intolerant, should receive whole, pasteurized cow's milk. This is because brain development at this age requires a certain amount of fat in the diet, part of which is supplied by whole milk. Toddlers are naturally more interested in solid food, which should be their primary source of nutrition. If toddlers drink more than 8 to 16 ounces of whole milk in a 24-hour period they may not have much of an appetite for solid foods. Too much milk at this age may also cause toddlers to become anemic.

There are children who need to stay on formula a few extra months or who need soy or other types of nondairy milk because of allergies. *Soy formulas* are fortified with iron, calcium and vitamin D, which are very important in supporting bone and tooth development in infants and children. Be aware that not all *non-formula* soy milk is vitamin fortified with calcium and vitamin D. A lack of vitamin D and calcium can lead to rickets, a disease of the bones. This is rare but still occurs.

- Raw milk from dairy animals should never be given to any child.
- Honey, imitation milk (such as rice, soy or almond milk), nondairy creamers, and goat's milk are not appropriate for infants under 1 year of age.
- Low-fat and non-fat milk are not recommended for infants or toddlers under 2 years of age.

For more information call the Healthline at (800) 333-3212. ♦

References

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

Fact Sheet: Nutrition Recommendations for Young Children. California Dept. of Education; Nutrition and Training Program.

Child Nutrition Food Program Guide: *Feeding Infants.*

You know, you don't have to look like everybody else to be acceptable and to feel acceptable.

—Fred Rogers, 1928–2003

The Magic of Music in Child Care

by Mardi Lucich, MAEd



What is so magical about music? Why is it so powerful? Responding to music comes naturally to young children. Infants mimic our speech patterns with babbles and snuggle into our bodies when we sing to them. Toddlers enjoy music as a wonderful outlet for movement, communication, creativity and socialization. Music makes learning about the world around us easier. By incorporating music as part of your everyday program, not only are you providing an enjoyable experience, but you are promoting learning, supporting development, and laying down the foundation for strong, healthy relationships for those in your care.

Music fits into your program everywhere! It's easy to add a song, dance or musical beat to daily activities and routines. And don't worry if the children will not sit still. They can listen as they move and do. To incorporate more music into your day:

- Follow an infant's musical lead by imitating her vocalizations and add to them in a rhythmic way.
- Personalize a chant when changing diapers: *"It's time to change your diaper, Robbie...here...we...go."*
- Use a special welcome song to ease transition from home to the program.
- Make a connection between home and the program by inviting parents to share music from their family and/or culture.
- Calm fussy and overtired children with a soothing melody.

Music is a joy for children of all ages and all levels of ability too. There is a role for everyone, from simply listening to sounds and feeling vibrations to actively participating with dancing, instruments and props. Try to:

- Provide objects and instruments that are best-suited for children's strengths. A kazoo allows for a range of sounds without difficult hand movements, while a drum lets a child in a wheelchair keep the beat with others who are marching.
- Allow children with hearing difficulties to feel the beat and rhythm, explore instruments and imitate the motions of others, such as clapping or stomping. Add movement, expressions, props and books to help convey musical themes.
- For children with visual difficulties, provide verbal directions, allow them to explore and use instruments, or have the entire group close their eyes and open their ears and imaginations to a special musical story.

There is no right or wrong way to use music in your child care program. Feel free to experiment, to discover, to make new sounds. Music is a reflection of the world around us, and the people who are making it, so choose what is fun and meaningful for you and the children. Be creative. Let children see and catch your enjoyment! ♦

Adapted from "Getting in Tune" from ZERO TO THREE, 2002.

**The greatest gift you can give anyone is your honest self.
It's the only unique gift anyone can give.**

—Fred Rogers, 1928–2003

Staff Immunizations

by Judith Kunitz, MA

As an early childhood educator, you are exposed to infectious diseases more frequently than someone who has less daily contact with children. To protect yourself and the children in your care, you need to know which immunizations you received as a child and whether you had certain childhood diseases. If you are not sure, your health care provider can test your blood to determine if you are immune to some of these diseases and vaccinate you against those infectious diseases to which you are not immune. If you are pregnant, or become pregnant, it is important to have immunization protection since some of the vaccine-preventable diseases can harm you and your unborn baby.

Current recommended immunizations for caregivers include the following:

- Measles, Mumps, Rubella (MMR): Caregivers born before 1957 can be considered immune to measles and mumps. Others can be considered immune if they have a history of measles or mumps disease, or have received at least one dose of the rubella vaccine on or after their first birthday.
- Tetanus, Diphtheria (Td): Caregivers should have a record of receiving a series of three doses and a booster given within the past 10 years.
- Polio: Caregivers should have a record of a primary series of three doses, usually given in childhood, and a supplementary dose given at least six months after the third dose in the primary series.
- Chicken Pox/Varicella: Caregivers who know they have had chickenpox can assume they are immune. All others should get vaccinated.

—continued on page 9

Raccoons in the Child Care Environment

by Robin Calo, RN, MS, PNP



While wild raccoons are fun to watch and are a natural part of some urban and rural environments, it is important to know that children and adults can develop a type of intestinal roundworm if raccoon feces are ingested.

How do people get roundworm disease from raccoons?

Roundworms are common in raccoons throughout the United States. For people to get the disease, they must come in contact with infected feces and swallow the eggs. Eggs can reach the human body from soil, water, and other objects and toys that have been contaminated with raccoon feces. Young children are particularly at risk since they frequently put their hands in their mouths.

What happens if a child or adult becomes infected?

After the parasite eggs are ingested, they hatch into larvae which travel through the liver, brain, spinal cord and other organs. Signs and symptoms of infection can develop a week or so after swallowing the eggs and depend on the number of ingested eggs and places where they travel. Symptoms may include nausea, tiredness, enlargement of liver, lack of attention and loss of muscle control.

How can roundworm disease be prevented?

- Don't feed raccoons or leave food outside. Raccoons can be very cute, but aggressive and bold in areas where people offer food to wildlife. Feeding them encourages them to routinely congregate where they are fed. Make sure the lids on trash cans are secure and that food is not left out over night as it can attract hungry animals.
- Know how to identify and avoid raccoon latrines. Raccoon latrines commonly occur at the base of trees, on lawns, on fallen logs, woodpiles, flat rocks, roofs, or in open areas. The feces appear brownish to black in color and are usually found in piles. Teach children to recognize and avoid playing around raccoon latrine sites.
- Both children and child care providers must routinely wash hands immediately after outside play.
- Ensure that all sandboxes are covered completely and securely at the end of the day to avoid them being used as a litter box by raccoons. ♦

Resources

Centers for Disease Control and Prevention: www.cdc.gov.

Information on how to safely clean a raccoon latrine is available from Santa Barbara County Animal Services, 5473 Overpass Road, Goleta, CA 93111, (805) 681-5283.

San Benito Child Care Health Linkages

by Robert Frank, MEd

San Benito County Child Care Health Consultants (CCHCs) and child care providers are working to make their county's child care programs the safest, healthiest and most developmentally appropriate environments for children they can be. CCHCs are assessing the environments, working closely with teachers to make classroom improvements, and conducting developmental screenings of children.

According to Colleen Conely, RN, Project Director and CCHC, developmental screenings are particularly important. "The best time to help a child with special needs and prevent more serious problems from occurring later is from birth to age 3," she said. Screenings increase the chance that developmental delays will be caught as early as possible. CCHCs are helping families obtain low-cost health insurance, which is key to children receiving high-quality, consistent health care that is also an important part of catching delays.

The San Benito Child Care Health Linkages Project also offers up-to-date training, resources and education to child care providers on topics such as injury prevention, infection control, health insurance programs, child development, and recognizing domestic violence and child abuse. The project collaborates with the Central Asthma Coalition, Go-Kids, Head Start, Local Child Care Planning Council, SAFE KIDS, San Benito Immunization Registry, U.C. Cooperative Extension and the county Dental Outreach Program. The program is funded by FIRST 5 California and FIRST 5 San Benito County, and administered by CCHP and the San Benito County Health & Human Services Agency. ♦

What really matters is whether the alphabet is used for the declaration of war or for the description of a sunrise.

—Fred Rogers, 1928–2003

Over-the-Counter Drugs

by A. Rahman Zamani, MD, MPH

Over-the-counter (OTC) or non-prescription drugs are medications you can buy in your neighborhood pharmacies, grocery stores and convenience stores without a prescription from your health care provider. Like any other drugs, OTC drugs can be very dangerous if misused. Combinations of OTC and prescription drugs, or taking more than one OTC drug at a time, can also be harmful.

Common OTCs used for children are fever reducers or pain relievers (such as acetaminophen and ibuprofen), antihistamines, decongestants, cough syrups, cold remedies, mild cortisone creams, and medications used for common stomach and intestinal problems (such as gas, constipation and diarrhea).

Many studies have shown that OTC cough and cold medications are not only *ineffective* in relieving symptoms in children, but in some cases they may cause serious side effects. Talk to your health care provider before using any OTC medications and be sure you know how to use them correctly.

Always read the label

All labels of OTC medications have information on usage and warning. Labels will help you know what the medicine does, who should or should not take it, how much to use, how often, for how long, and if it is safe for children, as well as the expiration date, how to store it and what to do in case of overdose. If a dose is not given on the bottle or package, or if the medicine has alcohol in it, ask your health care provider if it is okay for your child to take it.

Measure the right dose

Liquid medicines usually come with measuring devices to help you measure

the right dose. They are better than kitchen spoons for measuring because they are more accurate. The most common types of dosing instruments are:

- *Cylindrical dosing spoons*, for children who can drink from a cup but are likely to spill.
- *Dosage cups*, for children who can drink from a cup without spilling.
- *Droppers and syringes*, for children who cannot drink from a cup.

The five “rights”

Remember these five “rights” when you give medicines:

- The right **CHILD**
- The right **MEDICINE**
- The right **DOSE**
- The right **ROUTE** (by mouth, skin, etc.)
- The right **TIME**.

OTCs and child care

Some children may need to take medications during the hours they are in child care. Child care facilities should have written policies for the use of prescription and OTC medications based on licensing regulations and *National Health and Safety Performance Standards*. Medications may be used in the child care setting if:

- the medication is prescribed/recommended by a health care provider for that specific child;
- the dosage can not be adjusted so that it can be taken before and after child care hours;
- the child has a chronic health condition such as asthma or diabetes which may require necessary or urgent administration of medicine during their time in child care; or

- not receiving the medication poses a significant hardship for the child and unnecessary exclusion from child care.

Tips for giving OTC medicines to children

- Keep all medications in their original containers and with the child-protective caps.
- Store all medicines in a safe place, away from food, where children can neither see nor reach them.
- If the label does not clearly describe the dosage, do not guess. Ask your pharmacist or health care provider.
- Never increase the dose because your child seems sicker than last time.
- Read the label before opening the bottle. Follow all directions; make sure you give the proper dosage.
- Do not use any medicine beyond its expiration date.
- Be aware that some OTC products have different strengths, such as Tylenol, which is concentrated if it is given with a dropper so that you do not need to give as much.
- Know the difference between TBSP (tablespoon) and TSP (teaspoon). They are very different doses.
- Before giving your child two different medicines at the same time, talk to your health care provider or pharmacist.
- **Never** call medicine or vitamins “candy.”◆

References

Food and Drug Administration (888) INFO-FDA (888-463-6332), www.fda.gov/default.htm.

American Academy of Pediatrics.

California Childcare Health Program: Prevention of Infectious Disease Training Curriculum (2001).



Health & Safety Notes California Childcare Health Program

Building Baby's Intelligence: Why Infant Stimulation Is So Important



Recent advances in brain research have proven that an infant's environment has a dramatic affect on brain-building and healthy development. It is this early stage of brain development that results in how, and how well, one thinks and learns—both as children and as adults.

In the first years of a baby's life, the brain is busy building its wiring system. Activity in the brain creates tiny electrical connections called synapses. The amount of stimulation an infant receives directly affects how many synapses are formed. Repetitive and consistent stimulation strengthens these connections and makes them permanent. Those connections that don't get used may be dropped away.

The early years are the "prime time" for a young developing brain. This intense period of brain growth and network building capacity happens only once in a lifetime. As caregivers and parents, we have this brief but unique opportunity to help encourage the formation of brain circuitry in our infants.

Here are some fascinating facts that researchers have discovered:

- Infants have a biological need and desire to learn.
- The foundational networking of the brain's synapses is nearly complete after the rapid brain development of the first three years.
- The more age-appropriate and interesting experiences, both physical and social-emotional, that an infant participates in, the more circuitry is built for enhanced learning in the future.
- Infants have a definite preference for the human face, voice, touch and smell over everything else. Therefore, the infant's best toy is you, as you speak, move, touch and talk with them.
- Interesting stimulation can enhance curiosity, attentiveness, concentration and love of learning in the growing infant and toddler.
- Language stimulation is fundamental to all areas of cognitive development. Infants and children who are

conversed with, read to, and otherwise engaged in lots of verbal interaction show more advanced linguistic skills than children who are not as verbally engaged by their caregivers.

It is not necessary to buy special products or follow planned curriculums to optimize a young child's intellectual growth. Remember that you are stimulating an infant's brain every time you do any of these things:

- **Love.** Love and affection are very real needs. A young infant is incapable of trying to manipulate or control you. She simply has a biological need for your love, including your tender and responsive attention and affection. This unconditional love allows for the creation of strong self-esteem and increased development of brain circuitry.
- **Talk and sing to the infant,** especially with a kind voice, a wide range of vocabulary, and a lot of expression. For example, give a running commentary on what you are doing as you make a meal, fold laundry, or write out a shopping list. Your conversations, stories and songs are building his vocabulary, demonstrating emotions, modeling ways to act, and even teaching problem-solving skills.
- **Respond** to the infant's requests without hesitation. You will not spoil her. You will not only be responding to her immediate needs, but teaching her that she can communicate with others and her needs can be met, giving her a strong sense of trust and emotional stability, as well as teaching her that she is important and worthy of your attention.
- **Touch the infant.** Gently hold, cuddle and rock an infant, watching for what he likes best. Keep in mind that bathing, diapering and feeding are opportunities for nurturing touches and eye contact. Avoid leaving an infant for long periods of time in a swing or infant seat.
- **Encourage imitation.** The infant is constantly analyzing you and figuring out ways to mimic your voice and facial expressions as a means of learning

about the world around her. Respond to her when she imitates others by showing your delight with her squeals, giggles, chortles and gurgles.

- *Let the infant experience* different surroundings by taking him on field trips: to the grocery store, the mall or the park. Put him in a body carrier and visit area museums, aquariums, zoos and farmer's markets. By doing so you are providing an exciting adventure for him as he is experiencing new sights, smells, sounds and sensations. Every outing is enriching!
- *Let the infant explore* different textures and temperatures (not too extreme). Provide a safe environment for exploration, as she needs time to discover things for herself.
- *Read books:* expose the infant early to the world of literacy. Even though he cannot follow the story, he will love the pictures and the sound of your voice - plus it's a great way to connect with each other and strengthen emotional attachment.
- *Play music,* as it heightens and delights the infant's senses. Try singing or playing lullabies and songs that repeat patterns and rhythms. Try dancing to music.

Touch is critical to development! Of all the sensory experiences, touch is how infants first know they are loved. It is the source of comfort. Being held is reassuring in the face of strangeness.

Touch sends signals to the brain telling it to grow (make connections). Without nurturing touch at an early age, infants cannot thrive. Before they are born, babies are "massaged" as a result of the mother's physical mobility and movements. Infants need this continued experience to grow. Touch is a vital nutrient for both the brain and the body.

How important is holding and touching infants?

Infants actively touch and explore objects as a result of being touched themselves. This is one way in which they learn about the world around them. It is also through touch that infants begin to be aware of the boundaries of their body. The infant touches her own cheek, and it feels different than when she touches her caregiver's cheek. Being held in a caregiver's arms tells the infant that she is safe, secure, and loved. It helps build a sense of trust, as it can be soothing and reassuring. Consistent

and responsive touch helps an infant and caregiver feel attached to one another.

Can holding, cuddling, and eye contact help infants grow and develop?

Infants need gentle touching, holding and eye contact just as they need food to grow and develop. Research has demonstrated that nurturing touch actually helps infants gain weight and develop healthy relationships with caregivers, as holding and stroking an infant stimulates the brain to release important hormones necessary for growth.

What you can do

- Hold the infant when the infant needs to be held. Simple cues include crying, fussing, reaching for you, or gazing toward you.
- You can hold an infant while you tend to the verbal needs of another child.
- Provide other "touch" experiences for the infant, even at a very early age. Put the infant on various surfaces using fabrics and materials, such as towels, soft blankets, straw mats, etc.
- Allow the infant to touch a variety of surfaces: sticky, smooth, wet, bumpy and cold.
- Watch for signs of what kinds of touch the infant likes and dislikes. Does he smile and seem to enjoy the experience or does he fuss and pull away? Stop any touch experiences the infant seems to dislike.
- Infants sense things (touch) through many parts of their body, so rub noses, and touch elbows and knees.

Resources

BrainWonders. ©2002 ZERO TO THREE, Erikson Institute, and Boston University School of Medicine. Adapted from www.zerotothree.org with permission of ZERO TO THREE.

Starting Smart: How Early Experiences Affect Brain Development. T. Hawley, An Ounce of Prevention Fund and ZERO TO THREE Paper (1998).

From Neurons to Neighborhoods: The Science of Early Childhood Development. J. Shonkoff & D. Phillips (Eds.), National Research Council-Institute of Medicine, National Academy Press (2000).

Rethinking the Brain: New Insights into Early Brain Development. Rima Shore, Families & Work Institute (1997).

by Mardi Lucich, MAEd (11/02)

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Using the EpiPen® for Food Allergies

Lisa Frost, MS, RN, PNP

Child care providers must be able to recognize and respond quickly to severe allergic reactions, known as *anaphylaxis*, including severe food allergies. Four to six percent of infants and young children in the United States develop a food allergy before age 2. The most common severe allergic reactions to food occur from eating peanuts, tree nuts such as walnuts, cashews, etc., shellfish, fish, milk and eggs.

Children may develop an allergy to a food after the first time the food is eaten. The next time they eat the food, they may experience the symptoms of an allergy to that food. The symptoms usually appear within minutes up to two to four hours after the food has been eaten, and can be:

- tingling sensation in the mouth, swelling of the tongue and the throat
- difficulty breathing
- vomiting, abdominal cramps, diarrhea
- hives
- drop in blood pressure, loss of consciousness, and death.

If a child seems to be having a severe allergic reaction, immediately call 9-1-1 for emergency assistance. If there is a known history of severe allergy then a special health care plan should be in the child’s file and also posted in a confidential but easily accessible place. This plan needs to include instructions for giving Epinephrine in a quickly injectable form (EpiPen® and EpiPen Jr.® for children). EpiPen® is usually prescribed for and carried at all times by persons with known severe food allergies. Because of the Americans with Disabilities Act (ADA), Community Care Licensing states that the use of an EpiPen Jr.® for allergic emergencies can “definitely be provided to children in licensed child care facilities.”

The caregiver must take responsibility for the EpiPen®. Whenever the child leaves the facility on field trips, etc. someone must be carrying the EpiPen® near the child **at all times**. Instructions for using the EpiPen® are included in the prescription package. Ask the parent, Child Care Health Consultant or health care provider to show you how to use it. ♦

Resources

Healthline at (800) 333-3212.

Food Allergy Network at www.foodallergy.org.

Reference

Community Care Licensing Evaluator Manual of Policies and Procedures—Health Related Services and G-Tubes (101226). Update to Child Care Center Regulations (11/1/98).



**INCLUSIVE
CHILDCARE
SERVICES
PROJECT**

EpiPen® Resources

If you have a child in your care with a history of serious allergic reaction, invite your local public health nurse or Child Care Health Consultant to conduct a training on food allergies and the use of an EpiPen®. Invite parents as well.

There are good videos, publications, and an emergency health care plan specific to food allergies available from www.foodallergy.org.

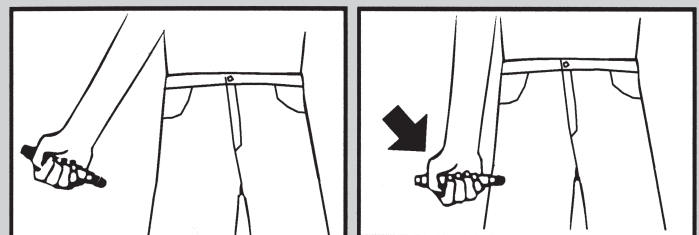
For a free information kit containing brochures about the causes, symptoms and treatment of anaphylaxis, the use of EpiPen® and more, you can visit www.allergic-reactions.com. ♦

Using an EpiPen®



1. Pull off gray safety cap.
2. Place black tip on outer thigh (always apply to thigh).
3. Using a quick motion, press hard into thigh until the Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® should then be removed. Massage the injection area for 10 seconds.
4. After using an EpiPen®, throw away the gray cap. Place a penny in the bottom of the plastic tube, slip the EpiPen® into the tube, and close it. Give the used EpiPen® to a health care provider for proper disposal.
5. Call 9-1-1 and then call the parent. The effect of the EpiPen® wears off in 15 to 20 minutes. Make sure the child is under professional observation by then. Closely observe and document the child’s symptoms and response to the medication to share with the parent and health care provider.

www.foodallergy.org/anaphylaxis.html



Safe Kids—Everyone's Business

by Sharon Douglass Ware, RN, BSN, EdDc

Our agency's mission is to enhance the quality of child care for California's children by initiating and strengthening the linkages among health, safety and child care communities and the families they serve. In keeping with this mission, we want to bring to the forefront the activities of another agency that is doing much of what we embody.

National SAFEKIDS Campaign

The National SAFEKIDS Campaign is the first and only national nonprofit organization dedicated solely to the prevention of unintentional childhood injury, which is the number one killer of children ages 14 and under. SAFEKIDS has formed more than 300 state and local SAFEKIDS Campaign coalitions in all 50 states, the District of Columbia and Puerto Rico.

SAFEKIDS and Child Care

Because more children ages 0 to 5 spend time in child care than ever before, SAFEKIDS is focusing on bringing the safety message to out-of-home child care facilities. Parents of children in all types of child care settings should ensure that their child care provider has appropriate knowledge about safety, especially in the areas of transporting children, playground safety and providing a safe indoor space.

Summer Safety

By this fall, thousands of children will have suffered injuries as a result of summer play. A goal of SAFEKIDS, as well as CCHP, is to make summer a safer time for children to enjoy. During National SAFEKIDS Week, May 4-10, 2003, there will be several events throughout the state promoting safety for children. Some coalitions will have safety fairs at local shopping malls, others will have bicycle rodeos, while others might have car seat safety checks. Now is the time for all who are interested in promoting safety for children to become involved. Contact SAFEKIDS at www.safekids.org or (916) 734-9782, or call the Healthline at (800) 333-3212 for information on your local SAFEKIDS coalition. ♦

—Staff Immunizations, continued from page 3

- Hepatitis B: Caregivers who may have contact with blood or blood-contaminated fluids (such as bloody noses or cuts) should be vaccinated with a series of three doses of the vaccine.
- Hepatitis A: This vaccine is not routinely recommended for caregivers but may be indicated if your local public health department determines that the risk of Hepatitis A is high in your community.
- Influenza/Flu: Caregivers, and especially those with chronic health conditions, or those who are over 65 years of age, should be vaccinated annually against influenza.

In addition to immunizations, caregivers new to the field are required to have a tuberculosis (TB) skin test. Anyone who tests positive from the skin test should be evaluated by his or her health care provider. ♦

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

Healthy Child Care California Update

by Abbey Alkon, RN, PhD

Healthy Child Care California (HCCC) sponsored a dinner and roundtable discussion for Pediatric Practitioners and Child Care Providers in the Sacramento area on February 27, 2003. This event was a collaborative effort with the American Association of Pediatrics (AAP) Chapter I, Child Action – Sacramento's Resource and Referral Agency, FIRST 5 Sacramento, California's Maternal Child Health Bureau, and CCHP. Danette Glassy, MD, pediatrician from Washington, was the keynote speaker on *Who's Caring for the Children? The Pediatric Care Provider's Role in Promoting Health & Safety in Child Care*. This successful event included 75 participants and the roundtable discussions covered topics on primary care and nutrition, safety and injury prevention, behavior and developmental concerns, preventing and managing infectious diseases, and children with special needs.

In March 2003, HCCC targeted the AAP members in four counties—Lake, Mendocino, Sacramento and Kern—to receive pertinent information on the importance of including child care issues as a part of primary care visits. These pediatricians received brochures about Child Care Health Consultants in their counties, how parents can identify quality child care, and the AAP poster on child care. HCCC is reaching out to local pediatric practitioners to provide a place for parents to discuss child care concerns and issues. ♦

Visit our Web site at

www.ucsfchildcarehealth.org

EVENTS

May

May 1

Worthy Wage Day.

A day to increase awareness of the need for adequate wages for child care providers to ensure quality care for children. Center for the Child Care Workforce, (202) 662-8005; www.ccw.org/transition/wwhistory.html

May 1-4

California Parent and Teacher Association Convention.

Sacramento. CAPTA, (213) 620-1100; <http://capta.org/Calendar>

May 7

Stand for Children.

Will bring parents together for skill-building and advocacy, to meet with legislators, attend hearings, and speak out about child care. Sacramento. Parent Voices, (415) 882-0234; www.parentvoices.org

May 8-11

Alternatives for Special Kids 2003 Conference.

Irvine, California. (401) 377-6044; www.4healthykids.org

May 9

Provider Appreciation Day.

A day to recognize child care providers, teachers and educators of young children. For information or materials, contact Providers First, (888) 3-FIRST-1; www.providersfirst.com

June

June 1

Stand for Children.

A day to advocate on issues affecting children. For information or materials, contact (800) 663-4032; www.stand.org

June 26-27

Role of Multicultural Arts and Music in Child Abuse Prevention.

Sacramento. AfricaMix, (916) 362-3124, www.africamix.com/conference.html

PRODUCT WATCH

Recalls and Product Alerts

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

Item	Defect	Contact Information
Random House children's board book sets	The book sets were sold in cardboard boxes with plastic snaps. The plastic snaps can detach, posing a choking hazard to young children.	Random House, Inc. (800) 805-8534 www.randomhouse.com
The First Years® Inc. "2-in-1 Fold-Away Tub and Step Stools"	When the toy is used as a tub, babies' body parts can be pinched if the product's foot-rest is not fully extended so that it clicks into place firmly. The tub should not be used until consumers receive revised instructions on the use of the tub to prevent the pinching hazard.	The First Years® Inc. (800) 533-6708 www.thefirstyears.com
"Busy Bug" plush toys	The toy has two springy antennae with round fabric ends which can be chewed or pulled off, posing a choking hazard to young children.	The Betesh Group (866) 473-0118
"Founding Bear" stuffed bears	The nose of the stuffed bear can be pulled off or twisted off, posing a choking hazard to a young child.	Build-A-Bear Workshop (866) 236-5683 www.buildabear.com

We live in a world in which we need to share responsibility. It's easy to say "It's not my child, not my community, not my world, not my problem." Then there are those who see the need and respond. I consider those people my heroes.

—Fred Rogers, 1928–2003

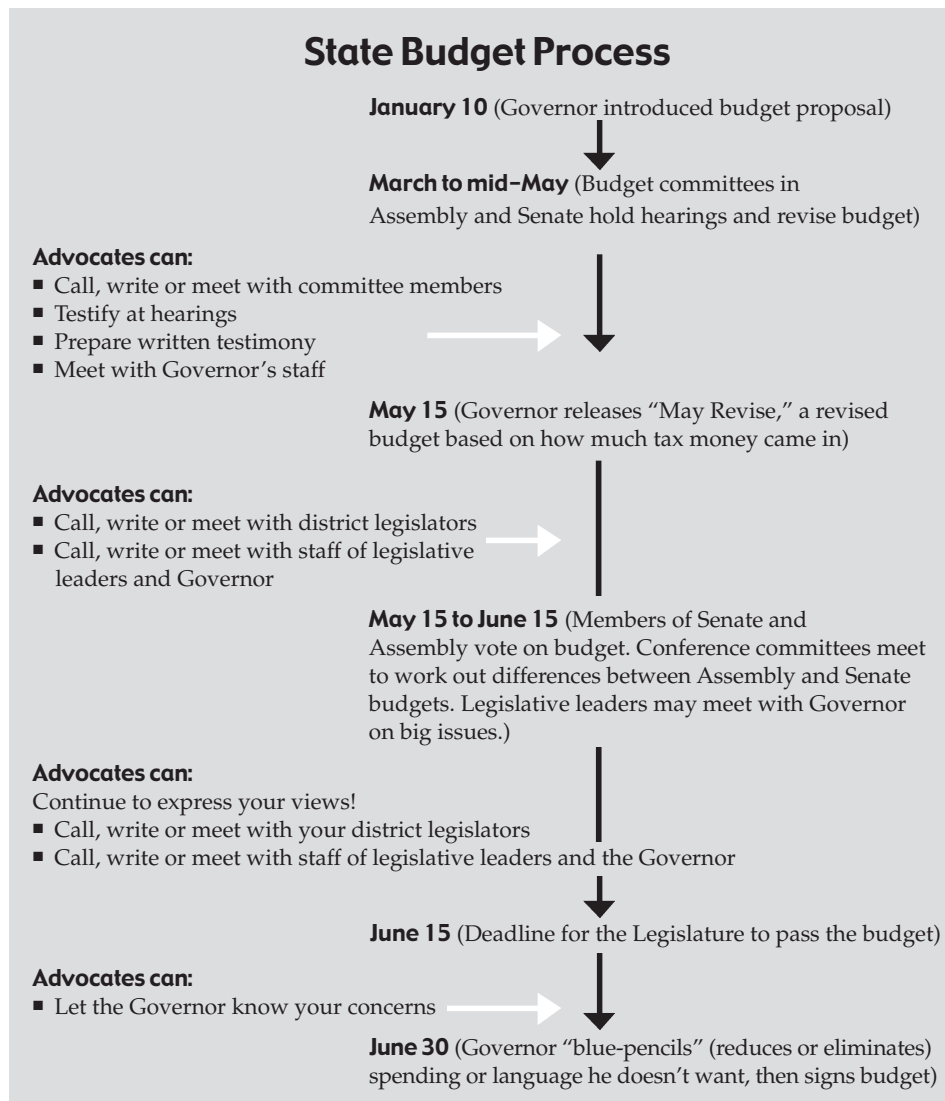
The California Budget Process and Advocacy



by Mardi Lucich, MAEd

The Governor's 2003-04 Proposed Budget includes extensive changes to California's child care and development system. The child care and development realignment will have negative consequences for the 281,000 families and 443,000 children currently receiving services. It will compromise quality child care and development and threaten school readiness; undermine accountability; create unstable resources and funding for child care; and increase administrative complexities.

Since children cannot represent themselves, we must protect their interests. The following chart will help you understand the state budget process and become an effective advocate. Child advocacy means speaking out or taking action on behalf of children. Your commitment of time and energy can make a difference!



Adapted from materials from *On The Capitol Doorstep* (www.otcdkids.com), *Child Development Policy Institute* (www.cdpi.net/budget.htm), and *California Voices 4 Children* (www.4children.org/budget03.htm).

—Promoting Complex Learning
in the Play Yard, continued from page 1

paper and scissors can be used appropriately, a place where sand and water can be experimented with, and tables for two for where duplos and play-dough can be explored.

Keeping play safe

Play that looks and feels like someone may get hurt physically or emotionally, or play that is disrupting the focus of others, means that children need your assistance in slowing down so that what they are trying to do can become clear. Chasing or breaking into the play of others can mean a desire to play. Taunting and bullying can occur from disagreements, or with a new playmate or different ideas. The teacher supports by offering ingenuity and the possibility of flexibility by acknowledging the perspective of all sides. ♦

References

Pellegrini, A. & P. Blatchford. 2002. *The Development and Educational Significance of Recess in Schools. Early Report, Vol 29(1)*. Minneapolis, MN: Center for Early Education and Development, University of Minnesota. <http://education.umn.edu/ceed/publications/earlyreport/spring02.pdf>.

Perry, J.P. 2001. *Outdoor Play: Teaching Strategies with Young Children*. New York: Teachers College Press.

Resources

Rivkin, M.S. (2000). *Outdoor Experiences for Young Children*. www.ael.org/page.htm?&pv=x&pd=1&index=237.

Young Children: Let's Go Outside! NAEYC, Vol 57(3). May 2002.

CCHP offers cheerful posters

**on common health and
safety issues.**

**For more information,
see our Survival Tips posters at
www.ucsfchildcarehealth.org.**

Online Resources

Advocacy Resource for the 2003 State Budget includes descriptions of the budget process; hearing dates for budget committees, and links to contact information for committee members, legislators, and the governor; what advocates can do at each stage of the budget process; links to information, resources and events for advocates. www.4children.org.

Child Care Realignment Kit is an outreach and media kit for parents, community members and local government officials on the local impacts of realignment, including a fact sheet and an impact report. www.cdpi.net/budget.htm.

California SIDS Program has launched a new Web site for parents, parent support organizations and health providers with information on SIDS risk reduction, grief and bereavement, and SIDS facts. The site is designed to serve individuals affected by a SIDS death, and to educate the public about SIDS. <http://californiasids.com>.

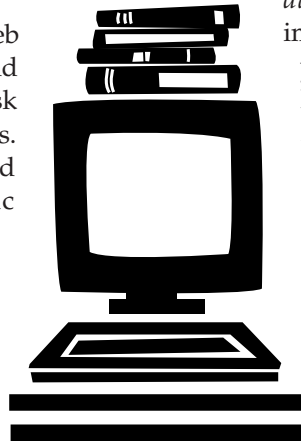
National Report on Human Exposure to Environmental Chemicals, from the Centers for Disease Control, finds that, since 1990, fewer children have high levels of lead in their blood and children's exposure to environmental tobacco

smoke has decreased by 58 percent, but is still more than twice as high as adults. Also reports findings for other chemicals, including metals and pesticides. www.cdc.gov/exposurereport.

Safety Lit, from San Diego State University, provides resources about injury prevention, including a database of abstracts of injury prevention articles from over 100 journals. www.safetylit.org/index.htm.

Toward the ABCs: Building a Healthy Social and Emotional Foundation for Learning and Living discusses the importance of social and emotional development in young children, behaviors that may indicate problems, and what types of supports help children and families. Includes policy recommendations. (312) 922-3863; www.ounceofprevention.org/publications/pdf/Towards%20the%20ABCs.pdf.

The Beaumont Foundation of America will grant \$350 million in Toshiba computer equipment over five years to community organizations, schools and individuals around the United States. For information call (866) 505-2667 or visit their Web site at www.bmtfoundation.com/grants.



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