

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)



Avian Flu and Child Care

The Avian Flu (Bird Flu) infects wild birds and poultry, including chickens, ducks and turkeys. It can spread to people who have contact with infected birds. It has spread to humans in Asia and parts of Europe. There have been no human cases in the United States.

How does the Avian Flu spread?

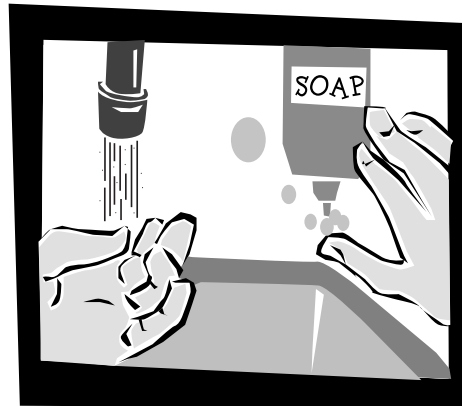
Migratory birds and poultry that are infected can spread the Avian Flu to other birds. Humans can become infected through contact with infected birds, their feces or infected secretions on surfaces. Avian flu in Asia might have spread from person to person. Experts are concerned, however, that the virus may change into a new form that could spread more efficiently between people and cause a global outbreak (a pandemic).

What is being done to avoid a global outbreak?

Increased surveillance and precautions are taking place worldwide, nationally and locally. Major efforts are underway to produce a vaccine and antiviral drugs.

How can child care settings prepare for the Avian Flu?

- Practice good handwashing for *staff and children*.
- Cover coughs and sneezes. Sanitize surfaces, toys and food prep areas.
- Monitor the health of any birds or poultry that staff or children may contact. Limit contact, if possible.
- Any individuals who have contact with birds and develop flu-like symptoms should seek medical attention.



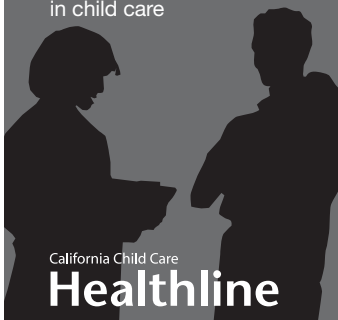
Avian Flu, continued on page 9

vol. 19 no. 1
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inside

- 2** When to Clean Heating Ducts
- 3** Father's Involvement in the Child Care Setting
- 4** When is a Caregiver Too Sick to Work?
- 5** Is Your Child at Risk for Dental Caries?
- 6** Supporting Families Experiencing Domestic Violence
- 8** Nutritional Needs of Children with Developmental Disabilities
- 9** Bicycle Helmets

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



California Child Care

Healthline

Happy New Year!
**Our best wishes for a
happy, safe and healthy
new year for you and
all the children in your care.**

Child Care Health Connections is published six times per year, providing up-to-date health and safety information for the child care community. PDF versions of past issues may be downloaded from our website at www.ucsfchildcarehealth.org

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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ask the nurse

When to Clean Heating Ducts

Q

How often should I have the heating ducts in my center cleaned?

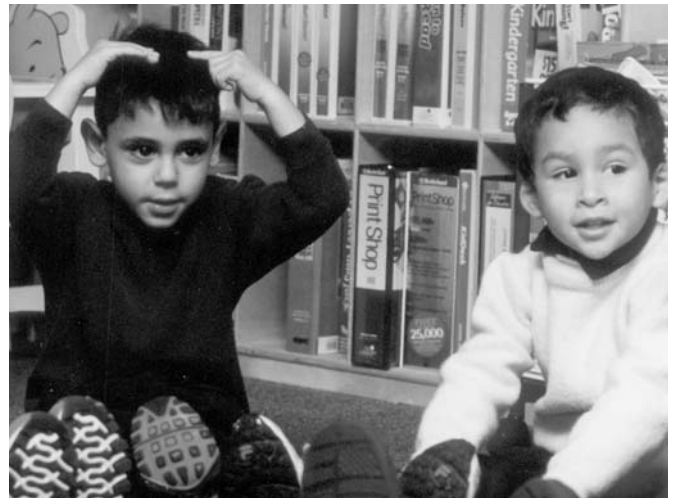
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Currently there are no specific recommendations. The Environmental Protection Agency (EPA) does not recommend that air ducts be cleaned routinely except on an as needed basis. These recommendations are made because there is no evidence that duct cleaning reduces illness. EPA recom-

mends that air ducts be cleaned if:

- There is substantial visible mold growth inside hard surfaces (e.g. sheet metal), ducts or on other components of the heating or cooling systems;
- Ducts are infested with vermin, e.g. rodents or insects; or if
- Ducts are clogged with excessive amounts of dust and debris and/or particles are actually released into the environment from your supply registers.

If you think duct cleaning is needed, it's most important to talk to a professional. That might be a company that currently services your heating or air-conditioning system. Be sure to ask the duct cleaning service provider if they are licensed and comply with the National Air Duct Cleaners Association standards. It's important that it be done



properly so that there are no problems with indoor air quality. Learn more about the topic and other air quality issues by viewing or downloading the handbook "Should You Have the Air Ducts in Your Home Cleaned?" at the website www.epa.gov/iaq/pubs.

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs provides general guidelines affecting heating systems. It's more important to have annual inspection and maintenance of your heating/cooling equipment by a heating/air-conditioning contractor before each season. They should verify in writing that the equipment is properly installed, cleaned, and maintained. Any air filters should be checked and changed according to the manufacturer's instructions and all vents should be open.

You are right to be concerned about air quality. The healthy operation of your heating system and having a routine maintenance of your heating equipment is a good beginning.

by Judy Calder, RN, MS



Father's Involvement in the Child Care Setting

Traditionally, within child care programs and education systems, mothers are viewed as the primary parents who are involved in every aspect of their child's life, and fathers are often viewed as optional. However, a study conducted by Head Start in the 1990's, proved that a father's involvement is significantly beneficial to a child's life during their early childhood years.

Why does society overlook the role of fathers in early childhood programs?

- Child care providers primarily are women
- The culture of staff and family promotes the idea of women as primary caregivers
- Some staff members and mothers may have terrible feelings about fathers based on their own bad experiences
- Child care providers simply do not know how to get fathers to be involved in their programs

What are some barriers to father involvement?

Level of fathers' education. Fathers' education level is one of the factors in their involvement in their children's education. The lower the level of the father's education, the less likely he is to be involved. If he is highly involved with his children at home, he is more likely to be involved at school.

Lack of time. The high cost of living is forcing fathers to work more hours with less pay, and thus fathers have less time to become involved.

Not knowing what to do. Parents generally, and fathers specifically, may not know how to assist their children with their

education. Parents can be intimidated by staff's knowledge.

Separation/divorce process. Divorce severely impacts a father's ability to be involved with his children. This in turn contributes to academic, social, mental and physical difficulties for children.

How can you promote fathers' involvement in your child care setting?

Create a father-friendly environment. Display pictures of fathers and children together around the child care, school, home and in a child's room. Title the boards with eye-catching statements.

Give fathers a warm greeting. Nothing breaks the ice like a "warm welcome". Greet fathers by name when they attend school events, and tell them how glad you are to see them.

Recognize children's progress, and inform parents positively. Whether fathers are visiting the center for regularly scheduled meetings, parent conferences, or because their child is having some particular problem, always begin your conversation with something positive about their children.

Reinforce fathers' contributions. All parents want to know that they are contributing to their children's education.

Parent-teacher meetings. When fathers attend parent-teacher meetings, make sure to include them in the discussion. Too often dads feel as if they are the invisible figure.

Find out what fathers want. One of the most effective but least used way is to ask fathers what they would like to see in the their child's program.

Father's Involvement, continued on page 10

BOX OF FUN

Play the "Can You?" Game

Teach the children in your care to pay attention and follow instructions by playing this simple game:

- Can you reach high to the sky? Can you touch your nose? Can you touch your toes? Can you sit down? Can you clap your hands? Can you rub your tummy? Can you stand up and turn around? Can you wiggle

all over? Can you hide your eyes? Can you cover your ears? Can you melt into a tiny puddle and be very, very quiet?

This sequence can be calming and be a good transition to a quiet activity or story time.

Adapted from Follow Me Too, 1993, by Marianne Torbert and Lynne Schneider.



When is a Caregiver Too Sick to Work?

The health of teachers and caregivers in child care settings is very important in maintaining a healthy environment for young children. Most adults with mild illnesses can safely care for children. However, there are times when a caregiver may need to stay home because of illness or injury.

Why are caregivers and teachers at increased risk for infectious illness?

Frequent contact with nasal and oral secretions and diaper changing activities can spread germs even before a child has signs of illness. Adults who work with young children are at increased risk of becoming ill with infectious diseases and can spread these diseases to others in the setting. During the first year of working with children, many teachers report repeated illnesses. Over time, the frequency of illness becomes less as the adults develop greater immunity.

Why is a staff sick leave policy important?

Many individuals may not want to stay home when they are ill because of loss of pay or difficulties in arranging for a substitute. Having a sick leave policy, keeping a substitute list, and encouraging staff to use sick days can minimize the spread of harmful communicable diseases. Providing for paid sick leave also promotes clear and open communication about illness and helps identify health risks that may affect the whole group. In addition, staff members who are able to fully recover from illnesses may have improved resistance to the next exposure, better job performance and better job satisfaction.

When should a caregiver use sick leave?

In general, caregivers should follow guidelines similar to those

for children in the program. Staff members should stay home:

- If not well enough to perform the duties required to care for children in the program.
- If the following symptoms persist or until a health care provider determines the caregiver is well enough to work and is not contagious: fever (over 101 with behavioral changes or other signs or symptoms of illness), diarrhea, vomiting, rash (with fever and behavioral changes), oozing open wounds that cannot be covered, difficulty breathing and uncontrollable cough.
- If a health care provider makes any of the following diagnoses and until treated and/or no longer contagious: infectious conjunctivitis, scabies, head lice, or other infestation, impetigo, strep throat, scarlet fever, meningococcal infection, pertussis, tuberculosis, chicken pox, mumps, measles, rubella, hepatitis A and shingles (if lesions cannot be covered.)
- If diagnosed with other diseases reportable to the Public Health Department. It's also recommended that a staff member have a health care provider's release to work after a prolonged or serious illness and before returning from a job-related injury.
- For more information call the Healthline at 800-333-3212.



Resources and References:

- AAP, 2005, Managing Infectious Diseases in Child Care and School
- AAP, 2002, Model Child Care Health Policies
- Caring for Our Children, Health and Safety Standards-Second Edition
- Center for Health Training, 1995, Keeping Kids Healthy

by Bobbie Rose, RN

health + safety tips

Promoting Oral Health. February is the National Dental Health month. The following activities will assist you in promoting oral health of children and families you serve:

- Offer eye-catching posters for children and parents.
- Provide handouts, resources and other educational materials.
- Invite dental care providers in the community to participate in

your program as a guest speaker.

- Create a healthy smile bulletin board with smile photos.
 - Use hands-on activities to convey your oral health messages.
- For information and copies of educational materials, visit www.ucsfchildcarehealth.org or call the child care Healthline at (800) 333-3212.



Is Your Child at Risk for Dental Caries?

Dental caries (tooth decay) remains one of the most common diseases of childhood. It is an infectious disease, caused by bacteria (germs), but a large number of different factors are involved in the process. Knowing the interactions of these factors will help you recognize your child's risk for developing dental caries.

How is tooth decay formed?

Tooth decay is a spot on a tooth where its minerals have been melted away and a hole has formed. This process, called demineralization, is caused by acids that are created by certain types of bacteria living in our mouths. Bacteria eat foods which contain sugars (such as soda, candy, milk) and within minutes the waste products (acids) are produced.

Factors that can increase or reduce your child's risk for developing tooth decay

Family history of caries

- *History of previous caries, cavities or fillings* in children under the age of 5 places a child at very high risk for future decay.
- *Areas of demineralization, bleeding gums or visible plaque on teeth* means bacteria that can cause cavities or infection of the gums are not being removed regularly.
- *Mother and family members with cavities* means that dietary practices or preventive habits need to be improved.

Weaning and other dietary habits

- *Feeding bottles containing something other than milk or water* (e.g., soda, juices) increase your child's risk for tooth decay, especially if they are put to sleep with these bottles.
- *High frequency of sugar containing foods* (candy, sugary foods, beverages with sugar), especially between meals, can increase acid production and contribute to mineral loss and tooth decay.

Oral hygiene and adequate fluoride

- *Poor oral hygiene* helps build up of acid producing bacteria as plaque in your child's mouth. Children need to brush their teeth to remove plaque at least twice a day.
- *Helping your child to brush* their own teeth will ensure proper removal of plaque and development of healthy habits. Parents or caretakers also need to make sure that children only use small pea-sized dab of fluoride toothpaste and spit it out rather than swallowing it.

- *Fluoride toothpaste* can help prevent tooth decay by reducing the loss of minerals and reversing the demineralization process at the early stages of decay.
- *Drinking water that contains proper amount of fluoride* is an easy, safe and effective way to reduce tooth decay. If you are living in an area where the drinking water does not contain adequate amounts of fluoride, your child may need to use fluoride drops or supplements. Talk to your child's dental or health care provider.

Special health care needs

- *Special health care needs or disabilities and medical conditions* may make it difficult for some children and their caretakers to clean their child's teeth.
- *Medicines that produce a "dry mouth" or contain high levels of sugar* put these children at higher risk for tooth decay.
- *Braces, retainers or other orthodontic appliances* often trap plaque and make it difficult to remove acid-producing bacteria.

Dental home and access to dental/health care

- *Regular dental check-ups* can help find decay in its early stages when preventive measures are most effective.
- *Fluoride treatments* by health professionals can provide protection against cavities and help repair of damaged teeth.
- *Dental sealants* are usually placed in the pits and grooves on the biting surfaces of the "back teeth" to keep plaque out and help prevent decay.
- *Caries removal/treatment* can help keep oral health in best possible condition.
- *Poverty, social deprivation and low education of parents* are examples of circumstances that may indicate barriers to accessing dental care and increased caries risk.

It is important to make sure your child's teeth stay healthy. Your actions to improve a balance between these risk and protective factors will help reduce the risk of oral health problems. For more information on oral health, visit www.ucsfchildcarehealth.org or call the Healthline at (800) 333-3212.

References and Resources:

American Academy of Pediatrics Policy statement, Oral Health Risk Assessment Timing and Establishment of the Dental Home. PEDIATRICS Vol. 111 No. 5 May 2003, pp. 1113-1116. Online at <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;111/5/1113.pdf>

California First Smile online at <http://first5oralhealth.org>

by A. Rahman Zamani, MD, MPH



Supporting Families Experiencing Domestic Violence



What is domestic violence?

Domestic violence is an abusive behavior that occurs within an intimate relationship. It includes different types of abuse including physical assault, psychological abuse, emotional abuse and economic abuse. These behaviors are used to intimidate, humiliate or frighten victims as a way of maintaining power and control over them. It occurs in all age, racial, socioeconomic, educational, occupational and religious groups. It is a criminal offense when actual or threatened physical or sexual force is used.

Impacts of domestic violence on children

Exposure to domestic violence can have a profound impact on the development of young children. Children who live with violence face numerous developmental risks such as behavioral, social and emotional problems, as well as attitudinal and cognitive difficulties. These problems may persist into adulthood. Children living with domestic violence are also at increased risk of experiencing physical injury or child abuse. Children learn the attitudes modeled in the family where the abuse occurs. If a child thinks that violence is normal, the cycle of violence continues.

When a child makes a disclosure

If a child tells you “Daddy hit Mommy last night,” gathering more information is essential. Allow the child to tell the story. Reassure the child. Do not pressure the child to talk. Gently ask if the child is ever hurt when Mommy gets hurt. Children often have confused feelings, so do not criticize or speak negatively about the abusive parent. Follow the child’s lead and permit the child to say as much or as little as needed. After hearing the child’s story, consult with a supervisor or trusted co-worker.

Meeting with the parent

Once a child has made a disclosure of being exposed to domestic violence you will need to talk to the parent. Find a safe and private place. Show that you are concerned for the well-being of the child. Share what the child has told you. Listen respectfully and without judgment to gain trust. Remind the parent that you are a mandated child abuse reporter but more importantly, that you want to help her and her child. It takes time to make changes that could end a pattern of domestic violence. Offer support over time.

Referral and consultation

The victim of domestic violence may need your help locating community resources. Keep a list of important contact numbers. This list should include:

- National Domestic Violence Hotline: 1-800-799-7233
- shelters for women and children
- family counseling services
- legal aid and advocacy agencies
- Child Protective Services (CPS)
- The local police department

For immediate assistance in a crisis call 9-1-1.

Signs that a child may be living with domestic violence

You might observe behavior changes in a child who is exposed to domestic violence; however, be aware that a young child may show these problems for many other reasons.

- sleep disturbances
- intensified startle reactions
- constant worry about danger
- mixed feelings toward the violent parent; affection with feelings of fear and disappointment
- separation anxiety
- physical complaints like headaches and stomach aches

- aggressive behavior
- withdrawal
- difficulty choosing or completing a task

If a pattern of any of these behaviors appears, monitor the child closely. Share your observations with the child's parents in a safe and supportive way.

Ways to support the child

- Provide predictable routines so that the child knows what to expect.
- Allow for natural expression of anxiety through talk and play.
- Give simple explanations for things that worry him.
- Teach healthy ways of relating such as non-violent problem-solving and encourage healthy relationships based on equality and fairness.
- Establish policies for pick up. Make sure that you have clear written policies for who can pick up the child and who cannot. Have a plan in place in case an abusive parent arrives to pick up the child without permission.

Guidelines for reporting domestic violence to CPS

Early education teachers and childcare providers are mandated child abuse reporters. Under California law, a mandated reporter needs to consider whether the circumstances of domestic violence pose a risk of physical or emotional harm to the child. The fact that a child's parent has been the victim of domestic violence by itself is not a reason for reporting suspected child abuse or neglect; other evidence should exist before assuming that a child's emotional or physical health is endangered. Each situation must be evaluated to determine whether factors exist that must be reported.

Mandated reporters must report incidents that:

- Cause physical injury; or
- Create a serious risk of physical injury to the child.
- Cause serious emotional damage; or
- Create a serious risk of emotional damage to the child.

A report to CPS does not mean that the child will be removed from the domestic violence victim's home. Also, the CPS screener can advise you whether or not there is reasonable cause to make a report.

Violence prevention

Teaching children how to deal with anger, frustration, and disappointment in non-violent ways can give them the skills they need to stop the cycle of violence. Lessons learned at an early age can have life-long consequences for children in your care.

- teach negotiation skills and conflict resolution
- foster good relationships
- model non-violent behavior
- discourage name-calling
- use praise for positive behavior
- help children develop a sense of responsibility for one another in the group

Caring for the caregivers

It can be upsetting to hear about the abuse of a mother of a child in your care. Feelings of sadness and anger are normal. The responsibility to protect the child as well as the desire to help the family may seem overwhelming to the child care provider. Talk to a supervisor or a trusted coworker to air feelings and concerns in a professional and confidential manner. Practice healthy strategies for coping with the stress; for example, exercise, take regular breaks, eat meals that provide good nutrition and enjoy hobbies.

References and Resources

¹Baker, L.L., Jaffe, P.G., Ashbourne, L., Carter, J. (2002). *Children Exposed to Domestic Violence, An Early Childhood Educator's Handbook to Increase Understanding and Improve Community Responses*, London, Ontario, Canada.

²Baker, L. & Cunningham, A. (2005). *Learning to Listen, Learning to Help, Understanding Women Abuse and its Affect on Children*, Ontario, Canada.

³Finch, S. (2000). *Towards a Non-Violent Society, Checkpoints for Early Years*, National Children's Bureau Enterprises, London at www.ncb.org.uk.

⁴Clark, L. M. (2003). *When to Contact in Domestic Violence Cases: A Guide for Mandated Reporters*. Santa Clara County, California.

⁵Edleson, J. L. (1999). *Problems Associated with Children's Witnessing of Domestic Violence*, University of Minnesota, School of Social Work at www.vaw.umn.edu.

⁶National Clearing House on Child Abuse and Neglect Information (DHHS). (2004). *Children and Domestic Violence: A Bulletin for Professionals*, Washington DC at nccanch.acf.hhs.gov/pubs/fact-sheets/domesticviolence.cfm.

by Bobbie Rose, RN
(September 2005)



Meeting the Nutritional Needs of Children with Developmental Disabilities

Young children with developmental disabilities (DD) usually do not grow as well as their typically developing peers, although they may have the potential to do so. Proper nutrition is critical for these children during early stages of growth, especially during the periods of rapid brain growth and development.

What are Developmental Disabilities?

DD are a diverse group of severe chronic conditions that are due to mental and/or physical impairments. People with developmental disabilities have problems with major life activities such as language, mobility, learning, self-help and independent living. DD can begin anytime during development up to 22 years of age and usually last throughout a person's lifetime. A majority of these children have disabilities that prevent them from eating meals prepared for the general school population.

What laws protect children with DD?

Children with Developmental Disabilities are protected under:

- The Rehabilitation Act
- Education of Handicapped, which now is IDEA (Individuals with Disabilities Education Act) that requires a Free and Appropriate Public Education
- American with Disabilities Act (ADA)

How is growth measured?

Three physical measurements; weight, length and head circumference are used by pediatricians to monitor the child's growth. These are marked on standardized growth charts and used to determine nutritional adequacy.

What are some reasons for poor nutrition in children with DD?

Children with DD have many limitations, including physical limitations, where they may be unable to swallow easily or unable to hold a spoon to feed themselves. Difficulty brushing their teeth can cause toothaches and infection that prevent them from eating. These children commonly take many prescription drugs, which can cause dry mouth, reduced saliva flow, difficulty in chewing and changes in the taste of food. This condition also causes these children to refuse food.



What are some signs and symptoms of poor nutrition?

- Decreased social interaction, mental functioning and curiosity
- Changes in the ability to concentrate and perform daily tasks
- Changes in behavior

Do special education plans include the nutrition needs of a child with DD?

Adaptation to meals such as blending, adding liquid and chopping must be written into the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). The child's physician must order a special diet and any diet changes. Communication between caregivers, parents and primary health care providers is essential to provide an appropriate nutritional action plan.

The plan should include information on adaptive feeding equipment. If the program serves food to children, it is also responsible for purchasing food needed for children with DD.

How can caregivers/teachers get help with feeding instructions?

Parents, and service providers, registered dietitians, therapists (multidisciplinary team members) are appropriate people to train child care providers about feeding instructions. The child's physician is the most knowledgeable individual to consult.

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

Reference and Resources:

Nutrition and Feeding Care Plan, CCHP form at www.ucsfchildcarehealth.org

Promoting Children's Oral Health Curriculum, UCSF California Child-care Health Programs, www.ucsfchildcarehealth.org

Food and Nutrition Services at www.fns.usda.gov

by Tahereh Garakani, MA Ed

Bicycle Helmets in Child Care

Bicycles are a symbol of childhood. Preschool children are encouraged to ride bicycles and other wheeled toys to support the development of gross motor skills and encourage healthy, physical activity.

Sadly, bicycle injuries represent a leading cause of death and injury in children. Without proper protection, a fall of as little as two feet can result in a skull fracture or traumatic brain injury.

Bicycle helmets have been shown to reduce the risk of head injury by as much as 85 percent. Nineteen states have enacted some form of bicycle helmet legislation. And, at least six states now require children to wear a helmet while participating in other wheeled sports (e.g., scooters, inline skates, skateboards). California Law VC21212—Youth Helmets—prohibits persons under 18-years-old from riding or being a passenger on a bicycle without wearing helmets meeting specific standards. Unfortunately, there are no laws or licensing regulations that require children to wear helmets while in child care.

Child Care Health Consultants, through education and policy development, have been working to improve the health and safety of children in the Early Care and

Education (ECE) setting. This can include procedures and training for bicycle helmet use in out-of-home care. Safety practices in child care can carry over to behavior at home choices as the child gets older, and for the community who sees these safety behaviors modeled.

Although a bicycle helmet program makes good sense, common concerns of ECE staff include proper cleaning, sizing, potential spread of infections and funding.

The following guidelines are from a bicycle helmet procedure that has been implemented in ECE programs in the Long Beach area. It addresses these concerns:

- 1. Minimum number of helmets:** At least one helmet per number of wheeled toys at center
- 2. Sizing:**
 - a. Helmets are pre-fitted to various sizes
 - b. They are then labeled (e.g., colored stickers) so children can easily identify the helmet that fits them best (this minimizes the amount of adjusting needed)
 - c. Staff training on how to adjust and check for a proper fit

3. Cleaning:

- a. Helmets should be made of material that will withstand cleaning
- b. The outer shell should be cleaned with gentle soap and water once per week (similar to a toy cleaning procedure)
- c. The inside should be cleaned as above, followed by spraying with a disinfecting solution and allowed to air dry
- d. Helmets can be cleaned more often if necessary (e.g., if visibly dirty or because of a known exposure at school, such as head lice)

How can a program with a fixed and often inadequate budget purchase bicycle helmets? Ideas that have worked for ECE programs include:

- Grants from local bike shops or service clubs
- Community partnerships
- Funding from safety programs and initiatives in your area

Resources:

Injury Facts, Bike Injury. www.usa.safekids.org

A Simple How to Guide to Providing Lots of Low-Cost Helmets to Children in Schools. California Bicycle Helmet Campaign, California Department of Health Services.

Caring for Our Children, Standards 5.092, 5.242

by Jenifer Lindley Lipman, RN, CPNP
Child Care Health Consultant

Avian Flu, continued from page 1

- Exclude children and staff members if they are diagnosed with the Avian Flu. A health care provider must present clearance before they return to the facility. Prepare an Avian Flu exclusion policy with the help of the local health department.
- Check with state and local health departments, and the Centers for Disease Control (CDC) for updated information regarding the Avian Flu. Assign a staff member to post updates.
- Encourage influenza vaccination according to current recommendations.

References and Resources:

Centers for Disease Control, (CDC) at www.cdc.gov/flu

World Health Organization, (WHO) at www.who.int/csr/disease/avian_influenza/en/

Emerging Infectious Diseases, 2005, pages1664-1672

Avian Flu Fact Sheet, 2005, Kaiser Permanente

by Bobbie Rose RN and Donna Nevraumont PHN

Oral Thrush and Yeast Infections

Oral thrush, also called candidiasis or yeast infection is a condition caused by the fungus *Candida*. This fungus is normally found inside the mouth and on skin of healthy people. However, overgrowth of this fungus leads to problems such as oral thrush, diaper rash and vaginal yeast.

What are the symptoms?

Oral Thrush is seen in the mouths of infected children as white patches which look like milk curds or cottage cheese but cannot be wiped off. The lesions can be painful and may bleed slightly when rubbed or scraped.

Diaper Rash looks different and starts as very red, raised, round spots. Often there will be a larger spot with surrounding smaller ones. Sometimes the spots all run together, and what you see are large areas of beefy red, raised skin which are very sore and may even bleed.

Vaginal Yeast causes itching and burning. There may be pain and burning with urination.

Who gets it and how?

Although yeast infections can affect anyone, it occurs most often in infants and toddlers, older adults, and people whose immune systems have been compromised by illness or medications. While this infection can be spread from one person to another, people usually catch it from themselves. Usually the organisms are already on the body waiting for the right conditions. Yeast infections can also occur after treatment with antibiotics for other conditions.

In most persons, these infections run their course and then heal. However, in newborns or persons with weak immune systems, this yeast can cause more serious or chronic infections.

When should people with this illness be excluded?

Since most persons are already infected with *Candida*, children with thrush and *Candida* diaper rash need not be excluded from child care as long they are able to participate comfortably. If children have diaper rashes which last more than one to two days, ask the parents to see their health care provider for diagnosis and treatment. The child's health care provider will prescribe medication (drops for mouth, cream for the diaper area). High absorbency disposable diapers may help keep the skin dry. Plastic pants that do not allow air to circulate over the diaper area should not be used, although the diapering system should be able to hold urine or liquid feces.

How can I limit the spread of these infections?

Child care providers should follow good hygiene. This includes careful hand washing and disposal of nasal and oral discharges of children with thrush in order to avoid spread of infection to children who are not already infected.

For additional information please visit California Child Care Health Program Web site at www.ucsfchildcarehealth.org or call the Child Care Healthline at (800) 333-3212.

by A. Rahman Zamani, MD, MPH

Father's Involvement, continued from page 3

Offer activities for both parents.

Schedule meetings and activities for after work hours on weekdays or on weekends.

Collaborate with community organizations, child care programs, schools and churches, as they may offer training on the role of fatherhood and fathers' involvement with their children.

Community-based fatherhood programs have spread dramatically in the last few years. Many states are also developing responsible fatherhood programs promoting public awareness about the importance of fathers in children's lives.

References and Resources:

Department of Education at www.ed.gov/parents

National Fatherhood Initiative at www.fatherhood.org

by Tahereh Garakani, MA Ed



health + safety calendar

**january 27 & 31
february 2-3**

**On the Capitol Doorstep 2006
Child Care and Development State
Budget Policy Workshops**

Sacramento, Oakland, Diego and Los Angeles
<http://otcdkids.com/Budget.html>
otcd@otcdkids.com

january 13-15

**California Kindergarten Association
24th Annual Conference**

Santa Clara
(916) 780-5331
cka@ckanet.org; www.ckanet.org

january 17-20

**California Head Start Parent
Conference and 8th Annual
Education Conference**

Sacramento
www.caheadstart.org

february 3-4, 2006

**California TASH: Equity, Opportunity
& Inclusion of Persons with
Disabilities**

CALTASH 24th Annual Statewide Conference
San Francisco Airport Marriott, Burlingame
www.tash.org/chapters/caltash/index.htm
cal-tash@sbceo.org; 510-885-3087

february 5-7, 2006

**New Teacher Center at
UC Santa Cruz, 8th National
Symposium on Teacher Induction**

www.newteachercenter.org/annual_symposium.php

february 26-28, 2006

**California Department of Education
18th Annual California Partnership
Academies Conference**

San Francisco
www.cde.ca.gov/ci/gs/hs/cpaconference.asp
mamartin@cde.ca.gov
916-319-0473



health + safety resources

Asthma Information Packet, developed to assist Early Care and Education (ECE) providers to learn about asthma and how to better care for children with asthma, is comprised of three major components:

1. Information Handbook—basic information about asthma.
2. DVD containing the Asthma Care Training film for child care providers (in English and Spanish).
3. Posters covering emergency management of asthma in child care and how to reduce asthma triggers.

Online from the California Childcare Health Program's Web site at www.ucsfchildcarehealth.org or call Healthline (800) 333-3212.

Promoting Children's Oral Health, a curriculum for health care professionals and child care providers, provides up to-date information and strategies about oral health in the early care and education setting. It also provides practical lesson plans for child care providers and families. Online at <http://ucsfchildcarehealth.org/html/pandr/trainingcurrmain.htm> or call Healthline at (800) 333-3212.

CCHP Health and Safety Checklist—Revised, was developed to assess the health and safety status in early care and education (ECE) programs; assess compliance with key national health and safety performance standard; and assist users to develop interventions to address the health and safety needs identified on the CCHP H & S Checklist. Available online at <http://ucsf>

childcarehealth.org/html/research/researchmain.htm or from the Healthline at (800) 333-3212.

New Website for Early Childhood Australia is an extensive online resource for the early childhood field. It includes access to free quality-assured information, such as the Supporting Best Practice section which contains links to 100s of fact sheets, articles and papers. www.earlychildhoodaustralia.org.au.

Promoting Social and Emotional Health in Young Children & Families, *A Community Guide*, provides information about resources and strategies that families, child care providers, teachers, and others can use to help young children develop the social and emotional skills they need to succeed in school. Both an Executive Summary and the full report are available at http://nccp.org/pub_rps05.html.

2006-07 Head Start Fellowships, for individuals who are working in the field of child development and family services. The brochure that describes the leadership development program and application form are available at www.headstartinfo.org/partnership/fellows.htm. Applications are due *February 1, 2006*.

Resources on Food and Hunger, from the Food Research and Action Center (FRAC) has resources on hunger, food issues and programs like Food Stamps, Child Nutrition and school meals. Online at www.frac.org.



Universal Preschool

The Universal Preschool bill (AB172) was introduced in January 2005. It is a plan to make quality preschool available to all 4-year-olds in California, regardless of ability to pay.

What is the Preschool for All Act?

The Preschool for All (PFA) Act is a ballot initiative that is slated for the June 2006 election. If the initiative wins voter approval, it would establish and fund free, part-day, voluntary preschool for California children in the year prior to kindergarten. The PFA Act would ensure that high quality preschool is available for every child in California, including children with special needs and disabilities.

What are the advantages of PFA?

The educational and social gains made from attending a quality preschool build a foundation for success in school and in life. Studies show that the most rapid brain growth occurs before kindergarten. According to a recent Rand Corporation study, children who attend preschool are more likely to graduate from high school and go to college, less likely to be arrested or jailed, and more likely to support themselves as adults. They are less likely to be placed in special education or held back. This survey also shows that every dollar spent will return \$2.62 to society.

Universal preschool could be an important first step in closing the achievement gap that persists in California schools.

How would PFA be paid for?

An additional tax for individuals who earn more than \$400,000 per year, and for couples who earn more than \$800,000 per year, would fund this program.

What would happen to Head Starts, State Preschools and private preschools?

A Universal Preschool system would be built into the existing preschool and Early Care and Education system. Federal and state funded programs that meet the standards for PFA must be incorporated into the program. This includes Head Starts, State Preschools, Family Day Care Home Education Networks, and Campus Programs.

Resources and References:

Analysis of the Preschool for All Act of 2006 Initiative, Kidango, Inc, 2005 at www.4c.org/providers/PDF/kidangoAnalysis.pdf

Preschool-for-All Legislation, AB 172 Introduced in California Legislature, 2005, First Five California at www.firstfivecc.org/pdfs/projects/AB172.pdf

Preschool California www.preschoolcalifornia.org

by Bobbie Rose, RN

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