

# 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)



## When a Child Hurts Other Children

**W**hen a child physically hurts another child it is upsetting to teachers, parents and other children. This child is more likely to be rejected as a playmate and may have problems getting along with others as he gets older. ECE professionals can help!

### Responding to hurtful behavior

- Understand that toddlers may hit, push and grab to get what they want. Help them learn social and verbal skills.
- Set clear limits. Tell the child, "You are not allowed to hurt another child here, this is a safe place and I can't let you hurt others."
- Respond in a calm, consistent way. Do not react with anger or ignore the behavior.
- Recognize the feeling the child is having. Say, "I know you really wanted that" or "I see that you are angry."
- Problem solve with the child; say, "The next time you want someone's toy, ask first."
- Redirect. Take the child away from the situation. Say, "I see you are not following the rules, let's do something else for now."
- Keep a log of the child's behavior. Note conditions that trigger aggression (for example: hunger, transitions, toileting needs.)
- Help children learn to join a game or get the attention of another child in a friendly way.
- Teach children words to describe their wishes and feelings. Start with simple phrases like, "Can I have a turn?" "Stop." "I'm angry!"



When a Child Hurts Other Children, continued on page 11

vol. 20 no. 2

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inside 

**2**  
Norovirus and  
Stomach Flu in  
Child Care settings

**3**  
Breath-holding Spells

**4**  
Quenching Thirst:  
Healthy Drink Choices  
for Young Children

**5**  
Infant Formula  
and Fluoride

**6**  
Poison Oak

**8**  
What Child Care  
Providers Should  
Know About  
Pinworms

**9**  
New Legislation  
for 2007

California Child Care

## Healthline



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

## health + safety tips

### Swimming Pool and Spa Safety for Single Family Homes

AB 2977 (MULLIN), a new California legislation (effective 1/1/07), states that one of seven drowning prevention measures must be followed before a building permit may be issued for a new pool or spa.

1. Pool enclosure
2. Safety pool cover
3. Exit alarms on doors providing direct access to the pool or spa
4. Self-closing, self-latching doors with direct access to the pool or spa
5. Other means equal or better than the previous items.
6. Removable mesh fencing meeting American Society for Testing and Materials (ASTM) standards (new for 2007)
7. Pool alarms meeting ASTM standards (new for 2007)

Also, any modification to an existing pool or spa must include an upgrade to anti-entrapment suction outlet standards as set for the ASTM.

*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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#### **Subscriptions, Renewals, Inquiries**

Contact CCHP at (800) 333-3212 or [cchp@ucsfchildcarehealth.org](mailto:cchp@ucsfchildcarehealth.org).

#### **CCHP Program Office**

1950 Addison St., Suite 107  
Berkeley, CA 94704  
T (510) 839-1195  
F (510) 839-0339

#### **California Child Care Healthline**

(800) 333-3212  
[healthline@ucsfchildcarehealth.org](mailto:healthline@ucsfchildcarehealth.org)

#### **[www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)**

#### **Newsletter Editors**

A. Rahman Zamani, MD, MPH  
Judy Calder, RN, MS  
Bobbie Rose, RN  
Victoria Leonard, RN, FNP, PHD  
Mara Gendell



## ask the nurse

# Norovirus and Stomach Flu in Child Care settings

**Q** Several children in my program have had diarrhea and vomiting and I wonder if it could be caused by the norovirus that I've been hearing about?

**A** Generally, children who have vomiting and diarrhea accompanied by fever, have what is called "viral gastroenteritis." It is also commonly called "stomach flu," although it's not the flu (flu is a respiratory disease). Children under five get, on average, 1.3–2.3 episodes of acute viral gastroenteritis per year.

It is caused by several different viruses including norovirus and rotavirus and can be serious, especially for young children and frail elderly. It can lead to dehydration serious enough to cause hospitalization. Parents of children with vomiting, diarrhea and fever should be advised to seek advice from their health care provider. Participating in group child care increases the risk of exposure to these viruses for both children and adults. The viruses are very contagious and spread by handling infected stools, vomit, articles, or food



contaminated by the virus. Special attention must be paid to proper hand washing, diapering, toileting and food handling practices. Cleaning and sanitizing the environment is important since the virus can live easily on frequently used surfaces such as doorknobs, eating surfaces and toys. Norovirus and rotavirus are often responsible for large outbreaks since just a few organisms can cause outbreaks.

When gastroenteritis occurs in child care programs, more rigid exclusion guidelines must be in place. That could include excluding children (and staff) until their illness has resolved. The contagious period also begins immediately before the child appears ill and for that reason preventive measures must always be practiced.

#### **Resources and References**

California Childcare Health Program (CCHP) has many handouts on preventive measures to help reduce exposure to gastroenteritis available at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org):

1. Managing illness: *General Recommendations Regarding Diarrhea, Excluding Children Due to Illness, Exposure to Communicable Disease*, and posters on *Prevention of Communicable Disease*.
2. Handwashing and gloving posters: *Wash Hands, Gloving*.
3. Environmental hygiene: *Recommendations for Cleaning, Sanitizing and Disinfecting, Standard and Universal Precautions, Food Borne Illness* and posters *Disinfecting Solution, Cleaning and Disinfecting, Important Rules about Diapering*.
4. Illness Sheet on *Rotavirus Infections*

by Judy Calder, RN, MS

## Breath-holding Spells

**B**reath-holding (BH) spells are dramatic and can frighten caregivers, but they are common, occurring in 5% of all children, and are not dangerous. They occur when a child holds her breath when she is suddenly hurt, angry or frightened. They begin between 6 and 24 months and children usually outgrow them by the time they are 4. When a child has a BH spell, she may cry once or twice and then hold her breath during expiration until she becomes blue around the lips and passes out. Her body may stiffen and you may see a muscle jerk. The child will come to, and breathe normally again, in less than a minute. BH spells are often mistaken for a seizure disorder. While children may have a seizure during a spell, they do not have a seizure disorder. Most children have a reflex that causes them to breathe after holding their breath, but about 5% of normal children have an abnormal reflex that allows them to hold their breath long enough to pass out. New research also shows that children who are anemic are more susceptible to developing BH spells; treating the anemia can help resolve spells. It was thought that children had BH spells deliberately, but we now know that this is not usually true. BH spells may occur from 1–2 times a day to 1–2 times a month.

BH spells can't be prevented, but sometimes you can prevent children from passing out by distracting them. When the

child holds his breath, ask the child to come to you for a hug or direct his attention to something interesting. If the child does pass out, lay him flat; this will increase blood flow to the brain and shorten the spell. Place a cold washcloth on the child's forehead until he starts breathing again. The main risk of a BH spell is that the child will hit his head as he falls. If you see the child begin to turn blue, lower him to the floor gently to avoid injury. Do not call 9-1-1 for a BH spell.

However, if a child stops breathing for more than one minute or turns blue after passing out, then you should call 9-1-1 as this is not a breath-holding spell.

After a BH spell has occurred, give the child a quick hug, a reassuring word and continue with what you were doing. When BH spells are accompanied by head banging or high levels of aggression, the child should be referred for evaluation by a health care provider or developmental specialist.

### References and Resources

National Institutes of Health, Breath holding spell [www.nlm.nih.gov/medlineplus/ency/article/000967.htm](http://www.nlm.nih.gov/medlineplus/ency/article/000967.htm).

Kang, P. Breath-holding spells associated with iron-deficiency anemia AAP News 2005 26: 18.

by Vickie Leonard, RN, FNP, PHD

## California Training Institute for Health Care Professionals

The UCSF California Childcare Health Program's California Training Institute (CTI) and the Oregon Child Care Health Consultation Demonstration Program invite health professionals to attend a two-day training on health and safety in early care and education (ECE) programs. Participants will gain up-to-date knowledge and skills to help them work as child care health consultants.

The training will be held in Salem, Oregon March 8 – 9, 2007 at the Best Western Black Bear Inn. Participants may attend one or both days of the training. The topics by day are:

### Day 1

- Field of the Child Care Health Consultation
- Behavioral Health

- Cultural Competency and Health
- Oral Health

### Day 2

- Children with Disabilities and Other Special Needs
- Environmental Health
- California Childcare Health Program Resources
- Emergency Preparedness
- Nutrition and Physical Activity

Please complete the CTI registration by downloading the form at [http://ucsfchildcarehealth.org/pdfs/training\\_etc/cti\\_oregon\\_020707.pdf](http://ucsfchildcarehealth.org/pdfs/training_etc/cti_oregon_020707.pdf). If you have questions, contact Mimi Wolff, at [mwolff@ucsfchildcarehealth.org](mailto:mwolff@ucsfchildcarehealth.org) or 510-839-1195.

# Quenching Thirst: Healthy Drink Choices for Young Children

**C**hoosing healthy drinks is an important consideration for parents and caregivers. Healthy drinks provide nutrition and hydration; unhealthy drinks can lead to childhood obesity, dental decay and anemia.

## Developmental skills and drinking

By about 12 months, infants should be drinking from a cup and weaned from a bottle. Infants who continue to breastfeed also need to drink from a cup as the frequency of breastfeeding gradually decreases.

1-year-olds need help to hold a cup and regulate flow. This can be a messy process! Avoid sippy cups since they promote intermittent sipping and can lead to oral health problems.

2-year-olds have the arm muscle strength and coordination to hold a cup and will experience fewer spills.

3-year-olds are developing hand muscles and can manage different sizes and shapes of cups. Introduce self-help skills such as pouring from a small pitcher.

4-year-olds can use finger muscles, have more self help skills and can drink from a drinking fountain. Teach sanitary drinking fountain skills.

## Healthy drink choices

*Drink milk.* Milk is important for bone growth. Children who are 1 to 2 years of age should drink 16 ounces of whole milk per day. At age two, switch to low fat milk. (AAP)

*Can a young child drink too much milk?* Yes! More than 24 ounces of milk per day puts a young child at risk for iron deficiency anemia, which can cause intellectual and behavior problems. Children who drink too much milk may not have an appetite for

the other foods they need for growth and development. Young children need a varied diet that includes sources of iron.

*Drink water.* Active and thirsty children need water. Make sure water is available. Consider installing and maintaining a drinking fountain or provide a cooler of water in outside play areas.

*Drink less sugar.* Limit juice to one 4–6 ounce serving of 100% fruit juice per day (most juice boxes are eight ounces.) Sugary fruit drinks and soda add calories that have no nutritional value. Drinking soda and other sweetened drinks is linked to obesity in children. No juice for infants under 6 months and never put soda or juice in a bottle. (AAP)

## Keep children well hydrated

Fluids help with digestion, thinking and energy. Offer plenty of fluids, especially water, to help children stay well hydrated. This is especially important when the weather is warm, children are getting vigorous exercise or recovering from illness.

## Marketing and children

The marketing of soft drinks is often aimed at children. Many food and drink manufacturers will use favorite movie or cartoon characters to promote their products. Since children can't tell the difference between TV shows and advertisements they are especially vulnerable to advertisement. Be media savvy!

## Resources and References:

AAP, The Use and Misuse of Fruit Juice in Pediatrics, PEDIATRICS, 2001.

AAP, Calcium-Get What You Need at [www.aap.org/patiented/calciumneed.htm](http://www.aap.org/patiented/calciumneed.htm).

Soda and Drink Guidelines at [http://pediatrics.about.com/od/nutrition/a/06\\_drink\\_gdlnes.htm](http://pediatrics.about.com/od/nutrition/a/06_drink_gdlnes.htm).

by Bobbie Rose, RN

## BOX OF FUN

### Let's Drive!

Materials Needed: ball of yarn, duct tape, cardboard boxes, music

In a large indoor or outdoor space, create a "road" by stringing yarn along the floor using duct tape at points to hold it down. Make straight lines, zigzags, curves, right

turns and left turns. Place cardboard boxes along the route to act as parking spaces. Have the children walk along the line while pretending to drive. When a child comes to a box, he should "park" by stepping into the box. Variations include: walking backwards, hopping, marching and "driving" to music (turn on the radio!)

## Infant Formula and Fluoride

**R**esearch has shown that fluoride reduces dental caries (tooth decay) by making the tooth structure stronger and repairing the early stages of caries by promoting mineral replacement.

### Fluoridation of community water: a safe and effective way

The Centers for Disease Control and Prevention cited community water fluoridation as one of 10 great public health achievements of the 20th century. The American Dental Association (ADA) continues to endorse fluoridation of community water supplies as safe and effective method of preventing tooth decay and works with federal, state, and local agencies to increase the number of communities benefiting from water fluoridation.

The Food and Drug Administration's Center for Food Safety and Applied Nutrition also announced that manufacturers now have permission to print claims on their labels that drinking fluoridated water may reduce the risk of dental caries or tooth decay.

### Infants need lesser amounts of fluoride

Fluoride, like any other nutrient, is safe and effective when properly used. Excess exposure to greater than optimal levels of fluoride, especially during infancy, can lead to dental fluorosis or mottling of teeth—a disruption in tooth enamel formation.

The optimal fluoride level in drinking water is 0.7–1.2 parts per million. Fluoride levels in drinking water can vary widely within a county, either naturally from different water sources, or if part of the county is fluoridated and part is not. Besides community water fluoridation, children may get exposed to fluoride from a variety of sources such as commercially available infant food, fruit juices, toothpaste and fluoride supplements.

### How to reduce the risk of fluorosis?

A recent ADA interim guideline on fluoride intake for infants and young children will help parents, child care providers and health care professionals to make informed choices and have



some simple and effective ways to reduce risk of fluorosis for those infants who consume infant formula.

### Tips for reducing fluoride intake from infant formula

*Breast milk.* Feeding infants with breast milk is widely acknowledged to be the most complete form of nutrition. With few exceptions, breastfeeding is recommended for all infants.

*Ready-to-feed formula.* For infants who get most of their nutrition from formula during the first 12 months, choosing ready-to-feed formula over formula mixed with fluoride water will provide limited fluoride intake.

*Mixing formula with fluoride free water.* If infant formula is the main source of nutrition, it can be mixed with water that is fluoride free or contains low levels of fluoride.

*Fluoride toothpaste.* Parents and caregivers should ensure that young children use an appropriate size toothbrush with only a pea-sized dab of fluoride toothpaste.

*Adult's help.* Young children need to be helped and supervised while brushing and trained to spit out the toothpaste.

*Fluoride mouthrinse* is not recommended for children under 6 years of age, unless suggested by a dental or health care professional.

*Dietary fluoride supplements.* Children should only receive dietary supplemental fluoride tablets or drops as prescribed by their health or dental care provider. Supplements are not recommended for children under 6 months of age.

### References and Resources

American Dental Association at [www.ada.org](http://www.ada.org).

California department of Health services, Chronic Diseases Control Branch, Community Water Fluoridation Program at [www.dhs.ca.gov/cdic/cdcb/Medicine/OralHealth/Fluoride/index.htm](http://www.dhs.ca.gov/cdic/cdcb/Medicine/OralHealth/Fluoride/index.htm).

The Centers for Disease Control and Prevention at [www.cdc.gov/fluoridation/safety/infant\\_formula.htm](http://www.cdc.gov/fluoridation/safety/infant_formula.htm).

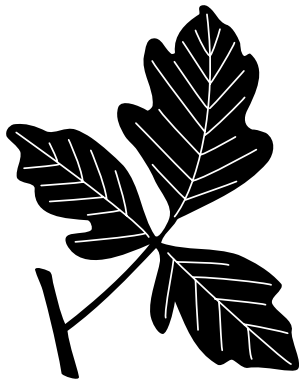
by A. Rahman Zamani, MD, MPH



# Poison Oak



Poison oak is a plant found in parks and open spaces throughout the western United States. It grows in a wide range of habitats from sea level to elevations of 5000 feet. Exposure to the oily sap contained in all parts of the poison oak (roots, stem, leaves, flowers, and the fruit/berries) may cause skin irritation ranging from mild to severe. Because poison oak grows low on the ground and thrives in California, young children who play outdoors are at risk for contact with poison oak.



## How to recognize poison oak?

Poison oak is usually a bushy shrub, though it sometimes becomes a climbing vine several inches in diameter that grows high into oak trees attached by air-roots. Poison oak typically has three leaflets (some-

times five). They are shiny, without prickles, and the middle leaf has a distinct stalk. In some areas, the leaves remain green the entire time, in other areas the leaves are red in the spring. It is harder to identify poison oak in the winter, when it loses its leaves and looks like erect bare sticks coming from the ground.

## What symptoms does poison oak cause?

Some people can touch the leaves of poison oak and experience no reaction because they are not allergic to it. But in allergic persons, contact with poison oak causes a reaction that can be very uncomfortable and sometimes dangerous.

Severity of poison oak skin reaction depends on the degree of patient sensitivity, the amount of exposure and the body parts exposed.

The allergen in the oil of the plant is quickly absorbed in the skin of people who are allergic to it. Within 1 to 6 days, skin irritation develops, which may look like red, raised, itchy bumps but may also develop into watery blisters, which can leak a clear liquid called serum. Some victims experience symptoms after as little as 30 minutes. Contrary to popular belief, the leaking serum does not contain the allergen and does not cause the rash to spread to other parts of the body or to other individuals.

The rash can erupt slowly, over several days, which often leads people to assume that the rash is being spread from one part of the body to another, but the slow eruption is caused by the exposure of different parts of the body to varying amounts of the allergen; areas with greater exposure develop the rash quicker. The dermatitis rarely lasts more than 10 days. Future episodes of poison oak are often worse, so children with a prior history of poison oak should be especially careful about coming into contact with it.

In addition to direct contact with the plant, transmission of the allergen can occur from a number of other sources including smoke particles, when poison oak is burned, the oils can be transported on the smoke particles. Breathing this smoke can cause severe respiratory irritation.

## When to seek emergency Care?

Poison oak can also cause a severe reaction that is not confined to the skin. This extreme reaction

is rare but can be life threatening. Symptoms of extreme allergic reaction include itching all over the body, swelling of the tongue, throat or lips, and difficulty in breathing or swallowing, weakness, dizziness, bluish lips and mouth, and unconsciousness. This situation is a medical emergency. If a child in your care is showing signs of a severe allergic reaction, call 9-1-1, then call the parent.

## Can a child with poison oak rash attend child care?

A child with poison oak rash can attend a child care program, provided that the rash is not infected and the child feels well enough to participate in program activities.

## How to help a child with poison oak?

Because the rash is extremely itchy, children with poison oak tend to scratch frequently, even while asleep. Constant scratching can result in skin trauma and children can develop a secondary skin infection that may require treatment with antibiotics. Other possible problems such as irritability from itching and pain and difficulty sleeping can result in the child feeling tired.

- Trim fingernails to avoid trauma to the skin from scratching.
- Cover rash, if possible, to keep the child from scratching.
- Offer soothing treatments, such as lotions, for the itching. Remember, ECE staff must have permission and instructions in writing from parents regarding the use of any over-the-counter or prescription treatments, according to Community Care Licensing Regulations.

## Is poison oak rash contagious?

Though poison oak *looks* contagious, especially when it is oozing clear fluid, a person with poison oak cannot give it to another person. However, the rash can be contracted by touching the oily residue on a pet or on the clothes of a person, who has recently been in contact with

the plant. It is important to wash all clothing and equipment that may have come in contact with the poison oak.

## Tips for preventing poison oak

- Children who do not react to poison oak should be warned that with increased contact with the plant, they may *develop* an allergy to it, so they should avoid contact even if they are not allergic.
- The best way to prevent children and staff from getting poison oak rash is to prevent contact with the plant. Educate staff, families and children about the appearance and presence of poison oak in the community and environment. When visiting parks or other open spaces, be sure to stay in the open, on groomed trails and meadows, and away from dense bushes where poison oak may be growing.
- After coming in contact with the oil, the best way to prevent skin irritation is to rinse the skin with plenty of cold water and soap. Warm water enhances penetration of the oil. Even if it is too late to prevent the rash, wash the skin with lots of cold water and soap to remove plant oil and keep the rash from spreading.
- Avoid using a small amount of water or disposable hand wipes since this will more likely spread the oil than remove it.

For more information call the Child Care Healthline at (800) 333-3212 or visit our Web site at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org). You may also find the following topics useful: *Beware of Poisonous Houseplants* (Fact Sheet for Families); *Allergies* (Health & Safety Note); *Summer Safety* (Health & Safety Note.)

### References and Resources:

Poison Oak, University of California Statewide IPM Program, 2001, @ <http://www.ipm.ucdavis.edu/PMG/PESTNOTES/pn7431.html>

*Eileen Walsh, RN, MPH*

9/06

California Childcare Health Program • 1950 Addison St., Suite 107 • Berkeley, CA 94704-1182  
Telephone 510-839-1195 • Fax 510-839-0339 • Healthline 1-800-333-3212 • [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

# What Child Care Providers Should Know About Pinworms

## What are they?

Pinworms are tiny worms that commonly infect children and live in the lower intestine. The female worms (resembling short, white threads less than half an inch long) come out through the anus at night and lay their microscopic eggs around the opening.

## What are the symptoms?

In some people this causes intense itching; in others, nothing. Symptoms include anal itching, sleeplessness, irritability and anal irritation due to scratching. Pinworms are common in school-aged children. Pinworms do not cause teeth grinding or bedwetting and are not dangerous, just irritating.

## Who gets them and how?

It is estimated that five to 15 percent of people in the United States have pinworms at any one time (the rate is higher in other countries). Preschool and school-aged children frequently have pinworms, and members of an infected child's household can become infected and re-infect a treated child. Pinworms are spread when an uninfected person touches the anal area of an infected person (e.g., during diaper changing), or sheets or other articles contaminated with pinworm eggs, then touches the mouth, transferring the eggs, and swallows the eggs. An infected person can spread pinworms by scratching the anal area, then contaminating food or other objects which are then eaten or touched by uninfected persons. Pinworms can be spread as long as either worms or eggs are present. Eggs can survive up to two weeks away from a human host. People can also

keep re-infecting themselves by swallowing eggs that are on their own hands.

A health care provider can make the diagnosis by asking the parent to apply the sticky side of transparent tape around the anal area so any eggs on the skin will stick to it. This is best done first thing in the morning before the child gets out of bed. The tape is then placed sticky side down on a slide and examined under a microscope to see if there are any eggs.

Several medicines are available for treatment of this infection. Often the health care provider will treat the whole family if one person in the home is infected, and will repeat treatment two weeks later.

## When should people with this illness be excluded?

Children and adults should be excluded **ONLY** until treatment has begun (initial dose).

## Where should I report it?

Notify parents and staff so that they may watch for symptoms in themselves and their children.

## How can I limit the spread of pinworms?

- In addition to following hand washing and cleanliness procedures, child care facilities should be sure each child uses only bedding and clothing that has that child's name on it.
- Each child's clothing should be stored separately in plastic bags and sent home for laundering.
- Clean and disinfect bathroom surfaces.

# We've moved!

**Our new address:**  
California Childcare Health Program  
1950 Addison Street, Suite 107  
Berkeley, CA 94704

The following contact information remains the same:



*p* (510) 839-1195

*f* (510) 839-0339

*Healthline* (800) 333-3212

cchp@ucsfchildcarehealth.org

www.ucsfchildcarehealth.org





## New Legislation for 2007

The following bills that affect Child Care facilities were passed by the Legislature and approved by the Governor in 2006. New legislation went into effect on January 1, 2007:

*AB 633 (BENOIT), Child Care Facilities: Parent Notification Requirements:*

This bill amends Health and Safety Code (HSC) sections 1596.859, 1596.8595, 1596.8895, and 1597.05 to improve the transparency of licensing records and to ensure that parents/guardians using a licensed child care facility (Center or family child care home) are aware of situations that present the greatest danger to children. These situations include:

- Serious health and safety violations resulting in Type A citations;
- Non-compliance conferences; or
- Efforts by the Department to revoke a facility's license.

*AB 2196 (SPITZER), Information Regarding Registered Sex Offenders:*

This bill amends Health and Safety Code (HSC) section 1596.857 to require a notice stating that the registered sex offender database is available to the public at [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov) maintained by the California Department of Justice (DOJ). This information is to be included on the Notification of Parents' Rights Posters and the Notification of Parents' Rights Forms for both family child care homes (FCCH) and child care centers (CCC). Licensees are not required to provide any additional information regarding the proximity of registered sex offenders who reside in the community where the child care facility is located.

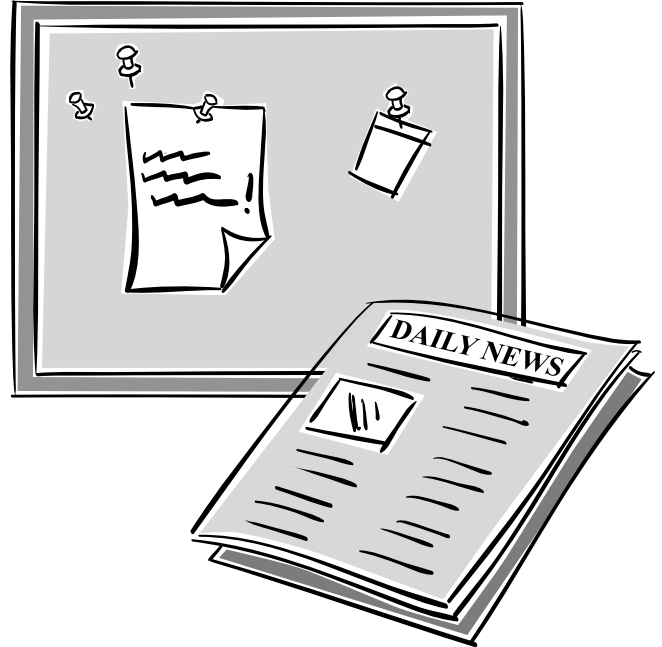
*AB 2865 (TORRICO), Healthy Schools Act Pesticide Use Requirements:*

This bill amends Sections 17609, 17610, 17610.1, and 17612 of the Education Code; amends Sections 13181, 13183, 13185, and 13186 of the Food and Agricultural Code; amends Section 1596.845 of the Health and Safety Code and adds Section 1596.794 to the Health Safety Code. The Education Code is amended to expand the definition of "school site" to include licensed child care facilities (as defined this includes child care centers, employer-sponsored child care centers, and family child care homes) for purposes of the Healthy School Act (HSA) of 2000. For child care facilities, the CDSS shall serve as liaison to these facilities, as needed.

The purpose of the HSA is to facilitate the adoption of effective least toxic pest management practices at school sites in order to reduce children's exposure to toxic pesticides. This also includes the voluntary adoption of integrated pest management (IPM).

*AB 1433 (Emmerson/Laird), Kindergarten Oral Health Check-up:*

This landmark legislation requires that children have a dental check-up by May 31 of their first year in public school, at kindergarten or first grade. Dental evaluations that have happened within the 12 months prior to school entry also meet



this requirement. If a dental check-up cannot be obtained, parents may get an excuse from this requirement by filling out the form provided by the child's school. Copies of the required form can be obtained in early January 2007 at the child's school or at [www.cde.ca.gov](http://www.cde.ca.gov).

The ultimate goal of this program is to establish a regular source of dental care for every child. The program will also identify children who need further examination and dental treatment, and will identify barriers to receiving care.

### References and Resources

A complete summary and implementation plan for each of these bills is available on the California Department of Social Services' (CDSS) Community Care Licensing Division (CCLD) website at: <http://ccl.dss.cahwnet.gov/res/pdf/06apx21.pdf>.

by A. Rahman Zamani, MD, MPH

## Seizure Disorders in the ECE Setting

**W**itnessing a seizure in a child can be a frightening experience for any child care provider. A seizure disorder is a neurological condition usually diagnosed after a person has had at least two seizures that were not caused by some known medical problem. A seizure is a sudden surge of too much electrical activity in the brain that is usually associated with a change in behavior. There are many different kinds of seizures, but seizures can be divided roughly into those that affect either all of the brain (generalized seizures) or just part of the brain (partial seizures). Parents and health care professionals should provide information to the ECE provider, to be incorporated into the child's Seizure Care Plan\*, describing the particular pattern of an individual child's seizure disorder, what is a medical emergency for their child, and what to do in such an emergency.

### **First Aid for a generalized seizure (in which the child loses consciousness) includes the following:**

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

### **Don't:**

- Put anything in the child's mouth.
- Give him anything to eat or drink until he's fully awake.

If the child has never had a seizure before or if the seizure lasts longer than five minutes in a child with a known seizure disorder, or the child has more than one seizure without fully regaining consciousness, call 9-1-1. Instructions for calling 9-1-1 may also be included in the child's Seizure Care Plan.



A child who is having a seizure that doesn't stop may urgently require medication. A seizure that continues for longer than 10–15 minutes, or a series of seizures during which the child does not regain consciousness, is called status epilepticus and can be life-threatening. For instructions, and licensing requirements, on giving emergency anticonvulsants in the ECE setting, see the CCHP Health & Safety Note, *Seizures in the ECE Setting*.

### **Resources**

CCHP's Health & Safety Note, *Seizures in the ECE Setting*.

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

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

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

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

by Vickie Leonard, RN, FNP, PHD

## Creating an environment where it's less likely for physical aggression to occur

- Make sure you have enough toys, space and stimulating activities.
- Provide outside space for children to be physically active.
- Provide a quiet space for children to practice self-calming behaviors.
- Have more than one of a popular toy or use a timer to help children take turns.

## Communicating with parents

Share your observations with the parents. Ask them about the child's behavior at home. Agree on a behavior plan to provide consistency between home and child care.

## When to get professional help

While an occasional aggressive act does not signal a problem, hurtful actions should not be the child's typical response to conflict or negative emotions. A preschooler who loses control quickly, frequently, and does not use other ways to solve problems over a period of months, may need help from their pediatrician or a mental health professional.

## Resources and References

Rady Children's Hospital, San Diego, Aggressive Behavior, [www.chsd.org/1420.cfm](http://www.chsd.org/1420.cfm).

Hewitt, Deborah, *So This is Normal Too?* Redleaf Press 1995.

Steffan Saifer, *Practical Solutions to Practically Every Problem*, Redleaf Press 2003.

by Bobbie Rose, RN



## health + safety calendar

### March 1-3

#### Computer Using Educators Conference 2007

Convention Center, Palm Springs, California  
Mike Lawrence, [cueinc@cue.org](mailto:cueinc@cue.org), 510-814-6630  
[www.cue.org](http://www.cue.org)

### March 8-10

#### CAEYC Annual Conference & Expo 2007

Over 200 workshops are currently being developed!  
Leadership Day, Thursday, March 8, 2007 (Fairmont San Jose)  
Conference & Expo, Friday, March 9 and Saturday, March 10, 2007  
*San Jose McEnery Convention Center, California*  
[www.caeyc.org/conference.asp](http://www.caeyc.org/conference.asp)

### March 14-17

#### California Association for Bilingual Education

32nd Annual Conference — Educating Every Student:  
Investing in Tomorrow-Today  
*Long Beach Convention Center, Long Beach, California*  
Delma Chwilinski, [info@bilingualeducation.org](mailto:info@bilingualeducation.org), 626-814-4441  
<http://bilingualeducation.org>

### March 22-24

#### Infant Development Association of California 13th Biennial Conference

*Fairmont Hotel, San Jose, California*  
916-453-8801  
[www.idaofcal.org/conference.html](http://www.idaofcal.org/conference.html)

### March 25-28

#### The Community College Foundation

12th Annual Technology in Education  
International Conference & Tech Exposition  
*Ontario Convention Center, Ontario, California*  
Matson Breakey  
[mbreakey@techedevents.org](mailto:mbreakey@techedevents.org), 916-418-5134  
[www.communitycollege.org](http://www.communitycollege.org)

### March 28-30

#### California Child Development Administrators Association (CCDAA) 64th Annual Conference

*Napa Valley, California*  
800-835-3083  
[www.ccdaa.org](http://www.ccdaa.org)

### April 21

#### 2007 Yolo County Child Development Conference

Workshop Topics Include:  
Infant/Toddler, Preschool, Special Needs,  
Child Development, Science, Multiculturalism  
and more! (Some workshops available  
in Russian & Spanish)  
*Veterans' Memorial Center, Davis, California*  
[www.cityofdavis.org](http://www.cityofdavis.org)



**EITC Outreach Toolkit for Child Care and After School Providers.** The Earned Income Tax Credit (EITC) and other tax benefits go a long way to lifting working families out of poverty. The National Women's Law Center is collaborating with state child care advocates to inform millions of families about the tax credits they're eligible for. Online at [www.nwlc.org/pdf/TCOCToolkitTY06web.pdf](http://www.nwlc.org/pdf/TCOCToolkitTY06web.pdf).

**Research Connections.** Offers a comprehensive and easily searchable collection of more than 10,000 resources from the many disciplines related to child care and early education. Research Connections offers guidance on understanding research and assessing research quality, as well as comparative state data tools and policy links on child care and early education. Online at [www.childcareresearch.org](http://www.childcareresearch.org).

**CICK Resource Guide: Designing Early Childhood Facilities.** Local Initiatives Support Corporation's national child care program CICK has developed a series of "how-to" guides to assist organizations that are planning to renovate, construct or improve their early childhood facilities. *Designing Early Childhood Facilities (Volume 2)* highlights the important connection between well-designed space and quality child care programming and helps providers, their development partners, and their architects create an effective space for young children. The guide includes an overview of design principles, a tour through each functional area of the center, and information on materials, lighting, security, urban settings and accessibility. Online at [www.lisc.org/content/publications/detail/3520](http://www.lisc.org/content/publications/detail/3520).

**Caring For Our Children: Child Care Work Group Report 2007.** The Child Care Law Center (CCLC), a national nonprofit legal services organization that uses legal tools to make high quality, affordable child care available to every child, every family, and every community, released two reports:

- *The Child Care Work Group Report* includes a collective vision of the system we want to build, 2007 budget and legislative priorities and priorities for selected substantive areas.
- The Recommendations for the CA Working Families Policy Summit is drawn from the Work Group consensus as well as our work with our many partners throughout the state. Both documents are available online at [www.childcarelaw.org](http://www.childcarelaw.org).

**Low Salaries for Staff, High Costs to Children: State-by-State Wage Data for the Early Childhood Education Workforce.** A recent Center for the Child Care Workforce/AFTEF report finds that while pre-K teachers have seen a slight increase in pay over the past five years, early child care workers are actually earning less than before. Online at <http://ccw.cleverspin.com/pubs/2005Compendium.pdf>.

**Free Feeding and Nutrition Booklet.** *Healthy from the Start*, in both English and Spanish, is a 7-page resource to assist parents to work with young children. Available online:

English: [www.zerotothree.org/healthy\\_from\\_start\\_eng.pdf](http://www.zerotothree.org/healthy_from_start_eng.pdf)

Spanish: [www.zerotothree.org/healthy\\_from\\_start\\_sp.pdf](http://www.zerotothree.org/healthy_from_start_sp.pdf)

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University of California, San Francisco  
Child Care Health Connections  
School of Nursing  
Department of Family Health Care Nursing  
San Francisco, CA 94143-0606

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