

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)



Help with Blue Immunization Cards

Filling out blue immunization cards can be time consuming, confusing and tedious. Making sense of the records from clinics or pediatricians is an added task. On top of that, there are often changes in the recommendations and the laws.

Recently there have also been changes in how the vaccines are given. If a child has been given any of the new combinations, it may not be clear which immunizations have been given. Here are the names of some new combination vaccines and what vaccines are included in each. Knowing these names may help you when filling out blue cards.

ProQuad

Approved in 2005, this combination vaccine combines the Measles, Mumps and Rubella (MMR) with Varivax (chickenpox) in a single shot. You may see this recorded as MMRV.

Pediarix

Pediarix is another combination vaccine that has been available for a few years. It combines immunizations for DPT, which is a combination of Diphtheria, Tetanus, Pertussis (Whooping Cough), with Hepatitis B and Polio. It may be recorded as IHBDPT on the yellow card or physician's report.

The benefit of the combination vaccines is that children will get fewer shots. The side effects are similar, except that children who receive Pediarix commonly have a fever on the day of the shot and the day after. It is important for child care providers to be informed when a child has had any vaccine, so they can watch for side effects and make sure that the vaccinated child feels well enough to attend group care.

Vaccines that are routinely given but do not appear on blue cards

Some vaccines, like Pneumococcal Conjugate Vaccine (PCV-7), are recommended by the CDC but are not yet a part of the California Immunization Law. You may see these vaccines recorded on a child's immunization record but there is no place to put them on the blue card. This information can

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California Child Care

Healthline



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

health + safety tips

Get your flu shot and pertussis booster!

Influenza (flu) is a contagious respiratory illness that can cause mild to severe illness, and can lead to death. The best way to prevent the flu is by getting a flu **vaccination** each fall.

The Centers for Disease Control and Prevention (CDC) recommends flu vaccines for the following people:

- household contacts of all children age 0–59 months
- child care providers
- ALL children age 6–59 months
- ALL persons over 50

Increasing numbers of Americans are being diagnosed with whooping cough (pertussis). Doctors are recommending that anyone between 11 and 64—especially people who regularly interact with newborns—get booster shots of the whooping cough vaccine in combination with their tetanus booster—to prevent transmission of the disease to unimmunized infants.



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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Getting Health Information for a Child



I'm having a hard time getting health information from the doctor regarding a child in my child care program.



This is a common complaint that involves a three-way partnership; the parent, the healthcare provider and the child care program, to resolve. Most communication needs involve seeking proactive information to prevent or manage health conditions. Examples might be immunizations, feeding plans, allergies, asthma management, or a special health care plan. Programs may also need information on health conditions that emerge while a child is enrolled. Examples are exclusion/inclusion for illness, new medication information, or developmental concerns. Here are some suggestions.

Understand confidentiality limits—no personal information on the child or family can be exchanged outside or inside the child care program without parental review and consent. Always keep parental consent forms handy. The Healthline website at <http://ucsfchildcarehealth.org/html/pandr/formsmain.htm> has many samples to download (see *Exchange on Children with Health Concerns and Consent for Exchange of Information*).

Understand the health provider's situation—their time is very limited so know exactly what you want and why. Understand how the particular health care system works. Along with parental consent can you send/return faxes (often more efficient) or mail requests or must a parent hand carry requests? Is there an advice line or a "call in" time, and can you discuss a concern if parental consent is faxed? How do you communicate if there is an emergency situation and the parent can't be reached?

Communicate clearly—try to get the information to and from the health care provider in writing and try to state your concern in one statement. Separate observations from your opinions. List or provide documentation about what you see to support your concern, and why the information you need may benefit the child or program, for example: *Can the child return to care, As a condition of enrollment...*, *In order to care for...*, *Regulations state that...*, *Does the child need to be tested for...* It often helps to give a deadline.

Ask the parent at the time of enrollment to get the information you need before a child enters care and have the forms ready when more information is needed, for example: Special Health Care Plan, Asthma Management Plan, Nutrition Plan, Seizure Management Plan available from the Healthline website.

Learn about child care health resources such as Healthline to provide basic information about health and developmental conditions as it applies in a child care setting. That way your need for information will focus on the needs of a particular family or child.

Reference

NAEYC (2002) *Healthy Young Children—A Manual for Programs*.

by Judy Calder, RN, MS

Introducing Solid Foods to Infants

Experts from the American Academy of Pediatrics recommends that infants should be fed only breast milk or baby formula with iron if breastfeeding is not possible, for the first 6 months of life. Some parents think that early feeding will make an infant sleep better at night or cry less. In fact, research studies have shown that early feeding *doesn't* help with sleeping or crying. There are many good reasons to follow this recommendation to feed infants only breast milk or formula for the first 6 months. Here are some of them:

Before about 6 months of age, infants are not developmentally ready to eat solid foods because the muscles for swallowing are not well-developed. With poor muscle control, infants can either choke on solid food or they just spit it out when they are fed, a reflex that protects them from choking.

Scientists have known for a while that early introduction of solid foods (before 6 months) may also increase an infant's risk of

- bowel infections
- allergic reactions and development of food allergies
- obesity
- choking
- heart disease
- kidney damage
- eczema (a red and very itchy skin rash that can come and go for months or years)
- iron deficiency anemia

But don't wait until later than six months to introduce solid food

Some parents are so concerned that their infant might develop a food allergy or other health problems that they delay starting all solid foods until even later than 6 months. An interesting new research study has found that infants who are not started on cereals until after 6 months are actually *more* likely to develop a wheat allergy than infants who are fed cereals at about 6 months. Eating solids is also important for developing the infant's chewing and swallowing abilities. Breastfed infants also need iron in their diets starting at 6 months to avoid iron deficiency, which can affect their brain development. So, there seems to be an important "window" of time at around 6 months when solid foods should be given to infants, and starting them earlier or later may contribute to the development of food allergies and other health problems. Some foods should not be introduced until much later: eggs at 24 months and peanuts, tree nuts, and fish at 3 years.

References:

Poole, JA, Barriga, K, Leung, D, Hoffman, M, Eisenbarth, G, Rewers, M and Norris, JM 2006 Timing of Initial Exposure to Cereal Grains and the Risk of Wheat Allergy PEDIATRICS, 117, 6, 2175-2182.

Norris JM, Barriga K, Hoffenberg EJ, et al. Risk of celiac disease autoimmunity and timing of gluten introduction in the diet of infants at increased risk of disease. JAMA2005;293:2343-51.

American Academy of Pediatrics (AAP) at www.aap.org.

by Vickie Leonard, RN, FNP, PHD

BOX OF FUN

Throw Hard!

In a large indoor open space such as a gym or a large open outdoor space, ask children to pick up a beanbag and place it in the hand they are going to use to throw (this should be the same hand they write with). "Bend your elbow up and hold the beanbag behind your head, step forward with the opposite foot, and throw the beanbag as hard as you can." If inside, children should be directed to throw hard at the wall. If outside, ask that they throw as far (or hard) as they can

into the open field. Remember to stress the cues "throw hard" and "step with the opposite foot." The throwing skills of young children will vary greatly. Some children may want to get close to the wall while others will need the challenge of being farther away. While this activity seems very simple it is an important first step activity for young children learning how to throw.

Used by permission of PE Central (www.pecentral.org), "the premier Web site for physical education teachers."

Feeding Styles of Parents and Caregivers

Young children are affected by their environment and interactions with adults in their lives. One of the most important tasks of parents and caregivers is helping children learn to eat nutritious foods in amounts that do not lead to obesity. When children are infants and toddlers, their food intake is influenced most by feelings of hunger. As children grow older, they are also guided by outside factors.

What is a feeding style?

Feeding styles are based on traditional parenting styles. Some parenting styles are found to have better outcomes such as more success in school, less drug abuse and less trouble with the law. Based on recent research, certain feeding styles can lead to obesity.

What feeding style most often leads to a healthy weight?

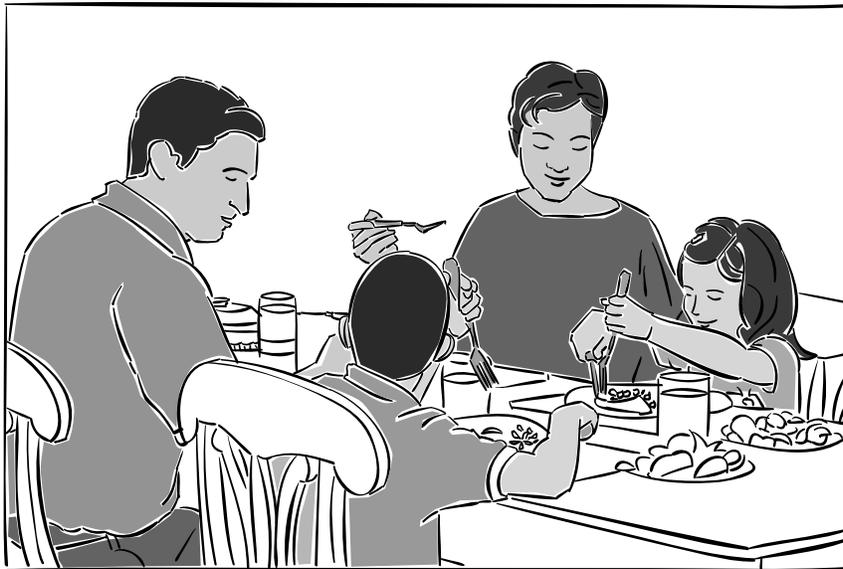
Children who are allowed to pay attention to cues of hunger and feelings of being full in an atmosphere that is not overly controlling are less likely to become obese. This feeding style is called “authoritative” or “child centered.” It means that the caregiver is knowledgeable about food but sensitive to children’s feelings and reactions. Recent studies have shown that children raised with an authoritative feeding style consume more dairy, fruits and vegetables. This style helps children learn about food, respects that they have preferences, teaches self-control and understands that children should not keep eating once they feel full.

What feeding styles have worse outcomes?

An “authoritarian” feeding style is overly controlling and insensitive to the child’s point of view. This style is linked to obesity in children. Authoritarian caregivers maintain strict discipline and

do not encourage self-control. Messages like “You must clean your plate or you won’t get dessert” are used. This style also uses food as a bribe to control behavior such as “Pick up your toys and you can have ice-cream.”

On the other hand, a “permissive” feeding style does not set limits. Children are offered junk food and fast food in any quantity. This is also linked to obesity.



Preference and familiarity

Children naturally have preferences for foods they have tried before and know they like. Often children are slow to try new foods. A child may need to be offered a food as many as 10 times before he or she feels it is safe to try. Be patient with this process and continue to offer children a variety of foods.

Create an environment for healthy eating in your setting

Provide a relaxed atmosphere for meals. Offer a variety of nutritious foods and encourage conversation about the foods being offered. Arrange food to make it interesting and attractive. Enjoy mealtime with children and you will help them learn healthful eating patterns that could last a lifetime!

References and Resources:

Rhee, K.E, et. al, Parenting Styles and Overweight Status in First Grade, Pediatrics, June 2006.

Hughs, Sheryl, et. al, The Benefits of Authoritative Feeding Style: Caregiver Feeding Styles and Children’s Food Consumption Patterns, Appetite, 2005.

Katezen, Mollie, Salad People and More Real Recipes, 2005.

by Bobbie Rose, RN



Bad Breath: An Embarrassing Problem

Bad breath, also called halitosis or malodor, is breath that has an unpleasant or offensive smell. It can be an embarrassing problem with social consequences for children and parents. Children are usually unaware of the problem unless told by others.

Who gets it?

Everybody has bad breath from time to time, especially first thing in the morning (morning mouth). While this type of bad breath is considered to be somewhat normal, other types may be related to health problems. Children as young as 2 years can have bad breath. Incidence increases with age.

What causes bad breath?

Many things can cause bad breath. It can originate either from oral or non-oral sources. Some reports indicate that about 87% can originate from an oral source and 13% from non-oral sources.

The following are the major causes of bad breath from the oral source:

- *Poor oral hygiene.* Lack of proper hygiene and toothbrushing can leave food particles inside the mouth. Bacteria in the mouth degrade protein materials, produce amino acids and offensive gases.
- *Mouth and throat problems.* Throat and mouth infections such as strep throat, thrush or yeast infections, tonsillitis, dental caries and gum disease can cause bad breath.
- *Problems with the nose.* Sinus infections, nasal polyps or foreign objects placed in the nose by children can also cause bad breath.
- *Decrease in saliva and dry mouth.* Saliva is very important for its cleaning role that helps reduce or get rid of bacteria and bad breath. Dry mouth or a decrease in saliva may be due to mouth breathing, dehydration, sleeping, salivary gland disease and taking certain medicines.

The following are other causes of bad or changed breath:

- *Eating food with a strong odor.* What you eat can also affect the air you breathe out. For example garlic and onion can be absorbed into the bloodstream, transferred to the lungs where they affect the air you breathe out through your mouth and nose.
- *Illnesses and medical problems.* Bad breath can also be caused by liver and digestive system problems, lung disease, diabetes and medications.



When to call the health care provider?

If your child has bad breath with swollen and painful gums, loose teeth, sore throat, fever, postnasal drip; or the bad breath continues even with proper dental hygiene and nutrition, seek help from your healthcare provider.

How is bad breath treated?

The treatment of bad breath depends on its cause. Regular dental checkups will help to detect problems that can lead to bad breath.

The following tips will help to improve bad breath:

- Promote oral hygiene and dental care. Children, like adults, should brush their teeth with fluoride toothpaste twice a day: after breakfast and before bedtime at night.
- Children need an adult's help in brushing their teeth until they are 8 years old.
- Children should see a dentist by their first birthday.
- Pay attention to your child's diet. Provide a low-fat diet rich in fruit and vegetables.
- Provide enough liquids to keep the mouth moist and well hydrated.
- Treat underlying medical conditions

For additional information please, call the toll free Child Care Healthline at (800) 333-3212 or visit our Web site at www.ucsfchildcarehealth.org.

by A. Rahman Zamani, MD, MPH



Exposure to Communicable Disease

As a child care provider, you join hands with parents in your efforts to create a healthy environment for children in your care. You and the parents will benefit from the communication of your health and safety policies, health and safety messages and new knowledge gained on health and safety issues. You are also required to inform parents when children in your care are exposed to a communicable disease.

This health and safety note will help you prepare a written notice to parents about exposure of their children to a communicable disease. The notice will alert them to watch for signs of that illness and seek medical advice when necessary.

Confidentiality

Please keep in mind that when notifying parents about exposure, the confidentiality of the ill person should be maintained. You should not report the name of the child, other family member, or staff member who is ill to other parents. Let the parents of an ill child know ahead of time that you will be sending exposure notices to other parents but will not mention any names.

Reporting Communicable Diseases to Outside Agencies

All licensed child care programs are required to report outbreaks of some communicable diseases to both Community Care Licensing and the local public health department. A list of those diseases which are reportable in California is included on the final page of this note. An outbreak is defined as two or more known or suspected cases of a disease. However, the American Academy of Pediatrics strongly recommends that child care providers report even if there is only a single case, to ensure that the local Public Health Department is aware that this serious illness is present in a child care setting.

When you report to licensing and your local health department, the parents of the children must be informed that you are required to report the disease. The children's health care providers are also required to report communicable disease to the health department. We encourage you to work closely with the local health department to reassure and inform parents and staff.

The requirement to report communicable diseases to the local health department applies to any licensed facility, whether it is a center or family child care home. However, we strongly encourage unlicensed providers to report communicable diseases as well and work closely with their local health department.

Parental Responsibilities

Just as child care providers have an obligation to report when children in care are exposed to a communicable disease, parents have the same obligation to report diseases to the child care program within 24 hours of a diagnosis, *even if they keep their child at home*. That way, the child care provider can alert other parents to watch for signs of that illness in their children and seek medical advice when necessary.

Exclusion Policies

Distribute and explain your exclusion policies to parents and staff before illness arises. Have a clear, up-to-date exclusion policy for illness and provide parents with a copy when they enroll their child in your program. Ask your health consultant or a health professional to review it periodically. Writing a sound policy and enforcing it consistently will help reduce conflicts. Make sure all staff understand the policies and how to enforce them.

Please call the Healthline at (800) 333-3212 for more information.

Rev. 02/05

California Childcare Health Program • 1333 Broadway, Suite 1010 • Oakland, CA 94612-1926

Telephone 510-839-1195 • Fax 510-839-0339 • Healthline 1-800-333-3212 • www.ucsfchildcarehealth.org

Suspected Illness or Communicable Disease Exclusion Form

NAME OF CHILD _____

FACILITY _____ DATE _____

Dear Parent or Legal Guardian:

Today at our child care facility, your child was observed to have one or more of the following signs or symptoms:

- | | |
|--|--|
| <input type="checkbox"/> Diarrhea (more than one abnormally loose stool) | <input type="checkbox"/> Child gets red or blue in the face |
| <input type="checkbox"/> Difficult or rapid breathing | <input type="checkbox"/> Child makes a high-pitched croupy or whooping sound after s/he coughs |
| <input type="checkbox"/> Earache | <input type="checkbox"/> Severe itching of body/ scalp |
| <input type="checkbox"/> Fever (101° F or above orally) | <input type="checkbox"/> Sore throat or trouble swallowing |
| <input type="checkbox"/> Gray or white stool | <input type="checkbox"/> Unusual behavior |
| <input type="checkbox"/> Headache and stiff neck | <input type="checkbox"/> Child cries more than usual |
| <input type="checkbox"/> Infected skin patches | <input type="checkbox"/> Child feels general discomfort |
| <input type="checkbox"/> Crusty, bright yellow, dry or gummy areas of skin | <input type="checkbox"/> Cranky or less active |
| <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Just seems unwell |
| <input type="checkbox"/> Pink eye | <input type="checkbox"/> Unusual spots or rashes |
| <input type="checkbox"/> Tears, redness of eyelid lining | <input type="checkbox"/> Unusually dark, tea-colored urine |
| <input type="checkbox"/> Irritation | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Swelling and/or discharge of pus | <input type="checkbox"/> Yellow skin or eyes |
| <input type="checkbox"/> Severe coughing | <input type="checkbox"/> Head lice or nits |

Contact your health care provider if there is:

- | | |
|--|--|
| <input type="checkbox"/> Persistent fever (over 100° F) without other symptoms | <input type="checkbox"/> Yellow skin and/or eyes |
| <input type="checkbox"/> Breathing so hard he cannot play, talk, cry or drink | <input type="checkbox"/> Unusual confusion |
| <input type="checkbox"/> Severe coughing | <input type="checkbox"/> Rash, hives or welts that appear quickly |
| <input type="checkbox"/> Earache | <input type="checkbox"/> Severe stomach ache that causes the child to double up and scream |
| <input type="checkbox"/> Sore throat with fever | <input type="checkbox"/> No urination over an 8 hour period; the mouth and tongue look dry |
| <input type="checkbox"/> Thick nasal drainage | <input type="checkbox"/> Black stool or blood mixed with the stool |
| <input type="checkbox"/> Rash accompanied by fever | <input type="checkbox"/> Any child who looks or acts very ill or seems to be getting worse quickly |
| <input type="checkbox"/> Persistent diarrhea | |
| <input type="checkbox"/> Severe headache and stiff neck with fever | |

We are excluding your child from attendance at our program until (possible options):

- The signs or symptoms are gone
- The child can comfortably participate in the program
- We can provide the level of care your child needs
- Other: _____



Transitioning Children with Special Needs in Educational Systems

Every year thousands of young children with special needs transition from infant/toddler to preschool programs, and from preschools to kindergarten settings. It is difficult to move from one known and comfortable location to another new and unfamiliar place, especially when transitioning a child with special needs. A remedy for this stressful experience is to have a well-developed plan.

Since transitioning is such a stressful event, there is a law in place to support and protect children with disabilities and their families during this time.

The law and transition:

Under the Reauthorized Individuals with Disabilities Education Act (IDEA) all states must develop a transition policy and procedure to ensure a smooth transition from one program to another for children with special needs. The law also mandates that all children with special needs from birth to 3 years of age have an Individualized Family Services Plan (IFSP), and children 3 to 6 years olds have an Individual Educational Program (IEP). The child's transition plan should be included in these documents. In addition, the law requires that early intervention agencies have a specific staff member to:

1. Discuss all aspects of the transition and intervention with the parents.
2. Prepare the child for the transition.
3. Communicate with the receiving school.

At what age must children have a Transition Plan?

The first important transition occurs when a child with a disability is between 30 to 33 months of age (2.6 to 2.9 years old) and the child is about to transition to a preschool program.

The next important transition for young children with special needs happens when they are about to transition to either a mainstream kindergarten setting or to a special education program through the elementary schools.

There are four stages in implementing a Transition Plan:

1. Stage one: The initial plan occurs when the family and the service provider get together and discuss the transition plan.
2. Stage two: The child will be re-assessed to figure out his /her progress according to the goals in child's IFSP or IEP.
3. Stage three: The child's family and the child care provider from the current (sending) program get familiar with the new (receiving) program. Open communication between the family and new program's administrator and teacher begins.
4. Stage four: The transition plan is evaluated for its efficiency.



What are the components of a smooth transition?

- Parents are involved at every level of the decision-making and planning process
 - The transition plan is developed in a timely manner with input from the parents.
 - Responsibilities are well defined for every member including the parents.
 - Team members are well informed and knowledgeable about the child's needs.
 - The team is well informed about the new program.
- An agreement between the agencies has been developed and signed by appropriate administrators.
 - The transition plan was developed with respect to the family's culture and their home language
 - A visit to the new setting is included in the plan.
 - Transportation issues are explained clearly in the plan.

Resource:

National Dissemination Center for Children with Disabilities
www.nichcy.org.

K. Eileen Allen and Glynnis E. Cowdery, *The Exceptional Child Inclusion in Early Childhood Education*, 5th Edition, pages 386-399.

by Tahereh Garakanai, MA ED

Immunization: What Family Child Care Providers Need to Do

Get each child's immunization record.

- Talk with parents about immunizations before admission. Explain that immunizations are important to protect children against serious diseases. Also explain that California law requires complete immunization records for admission to child care.
- Ask parents to bring you an official health record with the month/day/year of each immunization, for example: "Yellow Card" (Immunization Record), or Physician's Report. (Note: Parents have the right to refuse immunizations for personal or religious reasons.)

Complete a "Blue Card" (California School Immunization Record) for each child.

- Copy each child's immunization record onto an individual Blue Card. (Note: Families that refuse immunizations must sign the "Personal Beliefs Affidavit" on the Blue Card.)
- Complete the "Documentation" section.

Check each records to determine if the immunization requirements are met.

- Use immunization assessment tools (for example: Pink 'Windows for

Immunizations', or 'Immunization Requirements for Child Care') to check each child's record—Circle missing immunizations.

- If the child is up-to-date (has all currently required immunizations), you may admit the child to care. File the Blue Card and keep a copy of the "Yellow Card" or Physicians record in the child's file.
- If the child is missing immunizations, work with the family to ensure that the child gets the needed immunizations for admission to child care.
- Complete the "Status of Requirements" section on the Blue Card.
- Follow up on children who are no longer up-to-date.

Tell Parents which immunizations their child needs.

- Give parents written notice of the immunizations currently needed (See "Notice of Immunizations Needed" in the California Immunization Handbook). Discuss the importance of staying on schedule with immunizations.
- Ask them to take the child to their regular health care provider or local clinic to get the immunization(s) needed. Ask them to bring you the updated immunization record.

Maintain and update you immunization records.

- Keep the Blue Cards in organized files.
- Check your immunization records each month to see if immunizations are due.
- Notify parents a month before immunizations are due. Ask them to bring you the updated record.
- Update your records when children get more immunizations.
- Be prepared to show your immunization records at your Department of Social Services licensing visit.
- Complete and return annual immunization reporting forms to the California Department of Health Services.

Get your immunization supplies.

California Immunization Handbook, blue cards and pink windows are available from the Immunization Coordinator in your local health department, your local Resource and Referral service or from Healthline.

The Immunization Handbook contains a reference sheet listing all of the abbreviations that may appear on an immunization card. The Immunization Coordinator can also help you figure out what the abbreviations might mean and whether the immunizations are current.

Help with Blue Immunization Cards, continued from page 1

be recorded on blank areas of the blue card but it is not required. It is a good idea to keep a copy of the yellow card or physician's record in each child's file.

Child care providers are to be commended for the outstanding work they do to increase the number of children in California who are immunized. Every time you send a child back to their primary care provider or immunization clinic for a vaccination, you are helping to decrease the risk of serious illnesses for

children in your care. It is through your efforts that our immunization laws are put into action!

Resources and References:

Ianelli, V. M. D., About Pediatrics, 2006, New Vaccines Mean Fewer Shots for Kids at http://pediatrics.about.com/cs/immunizations/a/combo_vaccines.htm.

California Immunization Handbook for Schools and Child Care Programs at www.dhs.ca.gov/dcdc/izgroup/pdf/HandbookText.pdf.

by Bobbie Rose, RN

Choosing Safe and Appropriate Toys

The holidays are a time when many of us purchase toys for the children in our lives. It is important to consider whether the toys that we buy are safe. In 2002, more than 212,000 children in the United States were treated in emergency departments for toy-related injuries. Guidelines published by the Consumer Product Safety Commission and other organizations can help you determine which types of toys are appropriate for your child (see resources below).

It is also important to consider what kinds of activities we are promoting for our children by the toys that we buy. Violent toys promote violent behavior. There is an epidemic of obesity occurring in young children and perhaps this holiday season we should focus our toy buying on toys that encourage physical activity and cooperation in our children.

Things to consider when buying any toy for infants, toddlers, and preschoolers:

- Is it an appropriate toy for the child's age?
- Is it sturdy and well made? Make sure that eyes, noses, and buttons are securely fastened and there are no sharp edges
- Toy testers designed by the Consumer Product Safety Commission are devices shaped like a windpipe that allow you to test the safety of small toys and toy parts that could be choking hazards
- Avoid toys with cords or long strings. They are a choking hazard.

- Avoid walkers. They are a main source of serious head injuries from falls down stairs.
- How loud is the toy? Some toys are capable of causing hearing damage in children.
- Does the toy foster imaginative play? Often, the simplest toys that don't "do" anything are the ones that your child will play with the longest.
- Many people now shop for toys over the internet, but be aware that internet toy retailers are not required to include information about choking hazards or age-appropriateness in their product descriptions and some may be foreign manufacturers whose products aren't even required to meet strict U.S. safety regulations.

Resources:

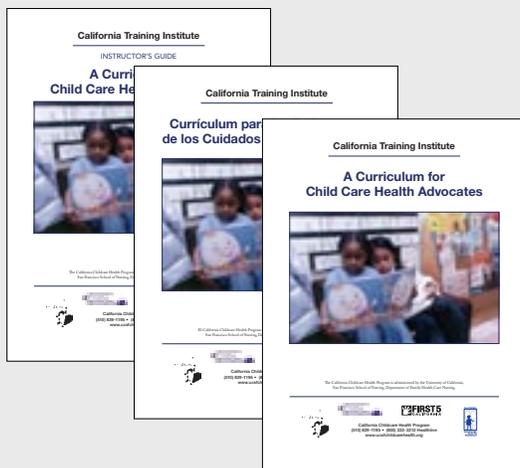
Which Toy for Which Child? A Consumer's Guide for Selecting Safe Toys—Ages Birth to Five. US Consumer Product Safety Commission at <http://cpsc.gov/cpscpub/pubs/285.pdf>.

Kids Health: Choosing Safe Toys at http://www.kidshealth.org/parent/growth/learning/safe_toys.html.

CCHP Toy Safety Checklist at <http://www.ucsfchildcarehealth.org/pdfs/forms/ToySafetyChecklist.pdf>.

Choke Testers are available at some juvenile product stores and through catalogues or contact the toll free Child Care Healthline at (800) 333-3212 for more information.

by Vickie Leonard, RN, FNP, PHD



New curriculum available!

California Training Institute (CTI): A Curriculum for Child Care Health Advocates

This curriculum is designed to train early care and education professionals to become Child Care Health Advocates.

To order curriculum please call:
(800) 333-3212

To download curriculum,
visit our website at:
ucsfchildcarehealth.org

Join Our E-Mail List and Database for Child Care Health Consultants

All Child Care Health Consultants (CCHCs) in California are invited to participate in two resources: a CCHC e-mail list and a CCHC database.

CCHC E-MAIL LIST: The CCHC e-mail list will give you the opportunity to discuss ideas and share resources with your colleagues in the field of child care health consultation. As a list member, you will receive a monthly e-mail with the latest health and safety information, resource links and announcements. In addition to these monthly e-mails, you will be able to participate in e-mail discussions with other list members on an ongoing basis. All e-mails posted to the list will be archived on a Web site accessible to list members.

List members include CCHCs who completed the California Training Institute program and other health care professionals working as CCHCs in California.

The CCHC list will be moderated by the California Childcare Health Program (CCHP)—that is, all e-mails posted to the list will be sent to CCHP first to ensure that they are applicable to the list before they are posted.

CCHC DATABASE: CCHCs who join the database will be listed as experts in California who are available to conduct workshops, provide on-site consultations and respond to other requests for CCHC services received by CCHP.

For additional information call the toll-free Child Care Health-line at (800) 333-3211.



health + safety calendar

November 1–30

National Epilepsy Awareness Month

Materials available from Epilepsy Foundation
 Contact: Mary Ann Maurey (800) 332-1000; (800) 213-5821 Publications
 postmaster@efa.org
 www.epilepsyfoundation.org

November 1–30

National Healthy Skin Month

Materials available from American Academy of Dermatology
 Contact: Lisa Doty at (888) 462-DERM (3376)
 www.aad.org

November 1–30

American Diabetes Month

Materials available from American Diabetes Association (800) DIABETES (342-2383)
 askada@diabetes.org
 www.diabetes.org

December 1–31

Safe Toys and Gifts Month

Materials available from Prevent Blindness America
 Contact: PBA Consumer and Patient Hotline; (800) 331-2020
 info@preventblindness.org
 www.preventblindness.org

December 3–9

National Handwashing Awareness Week

Materials available from Henry the Hand Foundation
 Contact: Dr. Will Sawyer; (513) 769-3660
 dr.will@henrythehand.com
 www.henrythehand.com



Pandemic Influenza Checklists. Pandemic Influenza Checklists are now posted on the California Department of Education (CDE) Web site. These checklists will provide assistance to local educational agencies, childcare agencies and preschools in preparing for pandemic influenza. To access the checklists, go to: www.cde.ca.gov/ls/he/hn/fluinfo.asp

Positive Solutions for Families. This 4-page brochure from the Center for Evidence-Based Practice: Young Children with Challenging Behavior (CEBP) provides parents with eight practical tips they can use when their young children exhibit challenging behavior. Each tip includes a brief explanation and an example to show parents how they might use the specific approach with their own family in everyday life. To view and download please visit: <http://challengingbehavior.fmhi.usf.edu/resources.html>

NEW INFANT FEEDING RESOURCES. Based on new recommendations of “when, what, and how” to introduce solid foods to babies, the CA WIC Branch has developed new pamphlets in English and Spanish to teach WIC families about infant feeding. Staff training and teaching materials, and resources for health care providers are also available. For more information, please contact Poppy Strode at mstrode@dhs.ca.gov

UPDATED 5 A DAY WEBSITE. The updated site contains valuable information for the consumer and health professional, and features a tool for consumers to determine how many fruits and vegetables they need daily based on their age, sex and activity level. The recipe database contains over 600 healthy recipes. Check out the new site at www.5aday.gov

DENTI-CAL WEBSITE. GREAT RESOURCE WITH A NEW ADDRESS. The Denti-Cal website address has been changed as of August 2006 to www.denti-cal.ca.gov. This site is designed to provide a wealth of information to provider offices. Check here for resources such as: provider publications, Electronic Data enrollment info, provider referral lists, FAQ's, billing criteria and managed care. Questions: (800) 423-0507.

Child Health and Human Development—new web site. Need information on reading disability? Want to know how much calcium is in a serving of broccoli? Check out www.nichd.nih.gov.

REFERENCE TOOL FOR MEDI-CAL PROGRAMS. This easy-to-use reference tool is designed to improve understanding of Medi-Cal eligibility and programs and features an orientation to basic eligibility for the Medi-Cal program that includes information on disability, the application process, and services covered, as well as an Aid Code Quick Reference Guide. www.chcf.org/topics/medi-cal/index.cfm?itemID=20387

Challenges and Opportunities in Children's Mental Health: A View from Families and Youth. This is the first publication in National Center for Children Poverty's new Unclaimed Children Revisited Series. This working paper documents how families and youth can and should be involved in research and policy as well as advocacy to better help children and youth facing mental health challenges. To see more visit http://nccp.org/media/ucr06a_text.pdf.

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