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)

November–December 2003 • Volume 16 • Number 6

Health and Safety Tips

To prevent deaths from soft bedding, the U.S. Consumer Product Safety Commission, the American Academy of Pediatrics and the National Institute of Child Health and Human Development (NICHD) recommend the following:

- Place baby on his/her back on a firm, tight-fitting mattress in a crib that meets current safety standards.
- Remove pillows, quilts, comforters, sheepskins, stuffed toys and other soft products from the crib.
- Consider using a sleeper as an alternative to blankets, with no other covering.
- If using a blanket, put baby with its feet at the foot of the crib. Tuck a thin blanket around the crib mattress, only as far as the baby's chest.
- Make sure your baby's head remains uncovered during sleep.
- Do not place baby on a waterbed, sofa, soft mattress, pillow or other soft surface to sleep. ◆

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

Call the Healthline at (800) 333-3212

Does Time in Child Care Affect Children's Behavior?

by Abbey Alkon, RN, PhD

The National Institute of Child Health and Human Development Early Child Care Research Network recently published findings from an ongoing research study of over 1,000 children who were followed from birth to kindergarten. The study showed that children who were in longer hours of child care from infancy to 4.5 years of age had more behavior problems than children in fewer hours of care. In addition, this study showed that maternal sensitivity, socioeconomic factors and quality of child care were also important factors related to fewer behavior problems for young children.

This comprehensive study included interviews (mother), questionnaires (parent, child care provider, kindergarten teacher), and observations at home and in child care. Families participated in this study six times over the five years, and were from 10 different locations in the U.S. The families were diverse, with 27 percent of mothers having a high school education, 25 percent having incomes no greater than 200 percent of the poverty level, and 20 percent being persons of color.

—continued on page 11

What's Inside

Getting Ready for Flu Season 2
Best Practices for Feeding Young Children in Group Settings 3
Keeping the Kitchen Clean 3
Fire Safety During the Holidays 4
Immunization Handbook 4
Colusa County Gives Kids Something to Smile About 9

Pullout Section

Vaccines: Not Just for Children 5
Gastric Tubes in the Child Care Setting 6
Talking with Parents About Behavior Concerns 8
Childhood Depression 8

Child Care Health Connections©

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

Six issues of *Child Care Health Connections* are published during the year in odd-numbered months at the subscription rate of $25 per year.

Newsletter articles may be reprinted without permission if credit is given to the newsletter and a copy of the issue in which the reprint appears is forwarded to the California Childcare Health Program at the address below.

Subscriptions, renewals, inquiries and reprint inquiries: please contact Maleya Joseph at mjoseph@ucsfchildcarehealth.org or at (510) 281-7938.

CCHP Program Office *(new address!)*
1333 Broadway, Suite 1010
Oakland, CA 94612
Phone: (510) 839-1195 *(same)*
Fax: (510) 839-0339 *(same)*

Healthline: (800) 333-3212
E-mail: healthline@ucsfchildcarehealth.org

Newsletter Editors:
A. Rahman Zamani, MD, MPH
Eva Guralnick
Susan Jensen, RN, MSN, PNP
Mardi Lucich, MEd

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

Visit us on the Web:
www.ucsfchildcarehealth.org

Major support for this publication is provided by the California Department of Education, Child Development Division, Healthy Child Care California and the California Children and Families Commission.

ASK THE NURSE...

Getting Ready for Flu Season

by Susan Jensen, RN, MSN, PNP

Q: I have heard that flu season this year is going to be particularly bad. How can I protect my program?

A: The peak of flu (influenza) season in the U.S. can occur any time from late December through March, and for the last two years it has been relatively mild. Each season is unique and it is difficult to predict how bad it will be. Health experts are urging the public not to be casual about getting vaccinated this year. The best time to get flu shots is October or November. But getting immunized in December and beyond can still protect you against the flu.

The exact types of flu viruses expected to occur every season change slightly every year, as does the vaccine. The vaccine's protection lasts about three months, so it is important to get a flu shot *every year.* This is the single best way to protect yourself from getting the flu.

Between 35 and 50 million Americans get the flu each year, and more than 20,000 people die. Anyone 6 months of age or older may be eligible for the flu shot. Children aged 6 to 23 months are at greatly increased risk for flu-related hospitalizations, so influenza vaccination of all children in this age group is encouraged when possible. Also, the Centers for Disease Control recommends that women beyond the first three months of pregnancy should receive a flu shot. It is safe to receive a flu shot if you are breastfeeding.

The Federal Food and Drug Administration recently approved the use of *Flumist* (Influenza Virus Vaccine Live, Intranasal) in healthy children from 5 to 17 years old and healthy adults from ages 18 to 49. It is not currently recommended for use in children under 5 years of age, for people with immune deficiency diseases, asthma, or anyone who has had an allergic reaction to eggs or to a previous dose of the vaccine. The most common side effects have been nasal congestion, runny nose, sore throat and cough.

There are a lot of myths about the flu vaccine. Educate yourself and your families. To learn more call the Healthline at (800) 333-3212 or check the Centers for Disease Control Web site at www.cdc.gov/nip/Flu/gallery.htm. ◆

Resources

First Nasal Mist Flu Vaccine Approved. FDA News, June 17, 2003. www.kidsource.com/kidsource/content3/news3/vaccine.influenza.html.

Influenza Vaccine Information 2003-2004. National Center for Infectious Diseases, July 30, 2003. www.cdc.gov/ncidod/diseases/flu/fluvac.htm.

The greatest aid to adult education is children.

—Charlie T. Jones and Bob Phillips

INFANT/TODDLER CARE

Best Practices for Feeding Young Children in Group Settings

by Mardi Lucich, MAEd

Caregivers play an important role in helping children reach their fullest potential. The nutrition and food you provide, along with loving support, guidance and stimulation, add to the children's ability to learn and grow successfully.

Allow children to participate in preparing food

Help children learn about food by letting them assist in preparing it—it will help them increase their enjoyment of the food, gain a sense of autonomy, and attain healthy control of their relationships with food and eating.

Set up the environment

Young children have difficulty waiting. They are working on their social skills, like taking turns and sharing, as well as their table manners. Delay putting food and drink on the table until you are ready for children to begin serving themselves. Make sure that there are enough bowls of food and pitchers of drinks.

Provide opportunities for practice

Developing fine motor control is a major developmental task for young children. Using eating utensils requires strength, endurance and control. Help children increase skills by giving them plenty of practice with child-sized and age-appropriate spoons, forks, knives and serving utensils. Because variety allows children opportunities to gain new skills, offer foods to spread, cut, tear, spear and spoon. Remember and accept that children have varying degrees of ability.

Feed children often

Young children need to eat about six times per day. Schedule regular meals and snacks. Be flexible with the length of time children may continue to eat.

Provide space

Young children are learning to control their muscles, so they need plenty of space to balance food, drinks and eating utensils while they eat.

Eat with children

Adults help shape a child's eating behavior. Be a role model for using utensils, choosing and eating foods, and behaving in socially acceptable ways. Elaborate and embellish on children's vocabularies during mealtime interactions.

Help children develop their inner controls

Let children eat until full or satisfied, rather than setting limits on how much they eat or forcing them to clean their plates. Eating should be based on letting children's natural body cues tell them they are full. Children waste less when given the opportunity to choose how much they will eat. Encourage *family-style* service, where children learn how to pass without accidents and how to choose portion sizes that match their appetites. Trust that children will eat as much as they need. When forced to eat beyond what their brains tell them is enough, children learn to overeat. ◆

Resource: Ellen Satter, *Child of Mine: Feeding with Love and Good Sense* (1991).

NUTRITION

Keeping the Kitchen Clean!

by Judith Kunitz, MA

One of the most important actions we can take for young children in child care settings is to provide them with a clean and safe environment. Keeping everything clean makes it hard for bacteria to grow. Keeping hands, cooking equipment, dishes, containers and all food surfaces clean and free of germs will help protect you, your fellow staff members and the young children in your care from illness and disease.

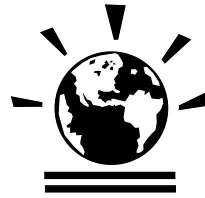
Keep your kitchen equipment and supplies clean and in good working order. Keep the food preparation areas and dishwashing sinks separate from the eating, playing, art, diaper changing and toileting areas. Keep all surfaces clean in the food preparation areas including kitchen tables, countertops, floors, shelves, refrigerators, stovetops and oven spaces. Use food contact surfaces and utensils that are easy to clean, non-toxic, corrosion-resistant, and non-absorbent. Be sure that these surfaces are free of cracks and crevices, that pots and pans are free of pits and dents, and that plates and bowls are free of chips and cracks. Cracks and dents in any surface can hold germs.

Clean all food service and eating areas with clean dishcloths and hot soapy water before and after each use. Then disinfect these areas using a bleach solution of 1/4 cup of liquid bleach mixed in 1 gallon of tap water (or for a smaller quantity, use 1 tablespoon of bleach in 1 quart of water). Make this solution fresh daily. Never spray the bleach solution around children as it is toxic to inhale. Allow kitchen and eating areas to air dry after disinfecting.

After every use, clean mixers, cutting boards, and other cooking equipment

—continued on page 9

Fire Safety During the Holidays



by Sharon D. Ware, RN, EdDc

Burns are one of the most painful injuries a person can live through and survive. Burns can be caused by a variety of agents, from hot scalding water to electrical currents. Burns caused by contact with fire are more common among older children. Younger children tend to receive fire and burn injuries caused by cooking, cigarettes, or playing with matches or lighters. During the holiday season, matches and lighters are particularly dangerous because adults are busy lighting candles and making fires in the fireplace, and these activities are very tempting to young children. They want to imitate adult behavior and can easily become burned or set something on fire as a result.

Although the Consumer Product Safety Commission has set a mandatory safety standard that requires 95 percent of the 600 million lighters purchased each year to be child-resistant, there are a few lighters (and of course, matches) that are not child-resistant and can cause severe burns to young children. "Fires do not discriminate. Children, especially those ages 4 and under, are at greatest risk…" according to the National SAFE KIDS Campaign. Child care providers can play an important role in teaching children to avoid burns and not play with fire.

Starting early with your fire safety educational program is very important. Two recommended curricula for teaching fire safety to young children are Children's Television Workshop's *Sesame Street First Safety Station*, and *Fire Safety Education Program* of the Learn Not to Burn Foundation for Preschool Children. Child care providers can also encourage parents to keep their homes safe during the holidays by following a few basic tips below.

Fire Safety Tips

- Keep matches, gasoline and lighters locked away and out of reach of children.
- Install smoke alarms and check the batteries regularly.
- Decorate your tree using only UL (Underwriter's Lab, Inc.) approved lights and cords.
- Keep burning candles out of the reach of children.
- Teach young children not to touch or play with burning candles or fire.
- Never place candles near draperies or near any material that could catch fire.
- Always use a fireplace screen and do not leave young children in the room alone while a fire is burning.

Lastly, it is important for children to be familiar with fire safety and fire drills. Child care providers should regularly practice fire drills with children and encourage parents to continue this practice at home. Child care providers are a key link to fire safety among young children. ◆

References
Alameda Alliance for Health at www.alamedaalliance.com.
National Safe Kids Campaign at www.safekids.org.

Immunization Handbook

The 2003 California Immunization Handbooks are here! These handbooks are specially designed for use in child care programs and schools and contain everything a child care provider needs to know to comply with child care regulations. The California School Immunization Law requires that both centers and family child care providers enforce immunization requirements, maintain immunization records of all children enrolled and submit reports to their local Health Department when requested. This can be a special challenge for infant-toddler caregivers because of the frequency of required immunizations.

The handbook outlines the steps you must take.

1. Obtain the child's immunization history.
2. Complete the California School Immunization Record ("blue card").
3. Compare the immunization dates on the "blue card" to the immunization schedule to determine if requirements are met (use the pink windows to guide you).
4. Ensure parents complete the documentation box on the "blue card."
5. Determine if a child can be admitted into your program, and when the next doses are due.
6. Refer children who need immunizations to a health care provider.

The handbook gives advice on completing the annual assessment report, the diseases that must be reported to your local Health Department and instructions on setting up a tracking system. It also includes letters and brochures for parents and posters that you can photocopy in both English and Spanish. You may obtain a copy of this handbook, along with "blue

—continued on page 10

Vaccines: Not Just for Children

by A. Rahman Zamani, MD, MPH

While parents are making efforts to immunize their children, few of them are thinking about themselves. Adults may think that vaccines or shots are just for infants and children, but illnesses have no age limits and adults also need protection. There are many vaccines for adults as well and some of them are even more important for adults than for children.

What are vaccines and how can they protect you?

When you are exposed to germs, your body makes proteins called antibodies to fight them like soldiers. The antibodies continue to protect you against germs in the future. Vaccines are made from germs that cause illnesses, but they are either weaker, dead forms or just pieces of germs which cannot cause illness but can still stimulate your body to produce antibodies to prevent future infection with similar germs.

Which vaccines are routinely recommended?

It is estimated that more than 40,000 adults die each year from three major vaccine-preventable diseases: influenza (flu), pneumococcal infections and hepatitis B. Additionally, measles, mumps, rubella, chickenpox, tetanus, diphtheria and hepatitis A cause a considerable number of illnesses and some deaths among adults. Many adults need to receive vaccines against these illnesses.

Are vaccines safe?

Vaccines are among the most effective and safest medicines. Even so, like other medicines, vaccines may cause side effects such as temporary pain at the injection site or low fever. Side effects are rarely serious.

Where are these shots given?

Immunizations are given in doctors' offices, managed care organizations (HMOs), public health clinics, nursing homes, assisted care facilities, pharmacies and other sites such as health fairs and senior centers.

How can you learn more about vaccines?

Your health care provider can give you the vaccine package insert or suggest other sources of information. You may also call the CDC Immunization Hotline at (800) 232-2522 (English), (800) 232-0233 (Español) or visit the National Immunization Program's Web site at www.cdc.gov/nip. ◆

Recommended Adult Immunization Schedule

Vaccine	Age Group (in years)		
	19–49	50–64	≥65
Tetanus, diphtheria (Td)	1 dose booster every 10 years		
Influenza	1 dose annually for persons with medical or occupational indications or household contacts of persons with indicators	1 annual dose	
Pneumococcal (polysaccharide)	1 dose for persons with medical or other indications (1 dose revacinnation for immunosuppressive conditions)		1 dose for unvaccinated persons 1 dose revaccination
Hepatitis B	3 doses (0, 1–2, 4–6 months) for persons with medical, behavioral, occupational, or other indications		
Hepatitis A	2 doses (0, 6–12 months) for persons with medical, behavioral, occupational, or other indications		
Measles, mumps, rubella (MMR)	1 dose if MMR vaccination history is unreliable; 2 doses for persons with occupational, geographic or other indications		
Varicella	2 doses (0, 4–8 weeks) for persons who are susceptible		
Meningococcal (polysaccharide)	1 dose for persons with medical or other indications		

For all persons in this age group (white) · For persons with medical/exposure indicators (gray) · Catch-up on childhood vaccinations (black)

Health & Safety Notes
California Childcare Health Program

Gastric Tubes in the Child Care Setting

What are gastric tubes?

Gastric tubes—also called gastrostomy tubes or G-tubes—are feeding tubes for the purpose of administering liquid nutrients, medications, or both. Unlike nasogastric tubes (plastic tubes that stretch from the nose down the back of the throat to the stomach) gastric tubes are surgically inserted directly into the stomach.

There are many types of gastric tubes. The most common, called button tubes, are level with the skin. A tube or syringe is attached to the button opening in order to deliver the formula or liquid nutrients and/or medication. Some children with gastric tubes may receive a slow, continuous infusion with the help of a small pump device.

How are gastric tubes inserted?

They are inserted into the stomach through a surgical opening in the abdomen. A gastric tube is kept in place by either sutures (stitches) or an inflated balloon, just inside of the stomach. One end of the tube is in the stomach and the other end is outside of the body. Once the incision is healed the child usually does not experience any discomfort at the tube site.

Who will need a gastric tube?

Infants or children who are not able to eat normally because of problems with their mouth, throat, stomach or intestines may require a gastric tube in order to take in enough nutrients to grow normally and stay healthy. Infants or children with sucking or swallowing difficulties could require a gastric tube as well.

Can gastric tubes come out accidentally?

Yes, they can be dislodged if pulled on and should be kept protected from hazards that could cause snagging. Most gastric tubes have an anchoring device, but extreme care should always be taken to prevent trauma or accidental injury to the site. Gastric tubes should be kept away from the hands of young children and infants—including the child with the gastric tube—to avoid them accidentally pulling out the tube. It is recommended that the child wear a one-piece shirt with the gastric tube tucked inside. If the G-tube comes out accidently, don't panic. Cover the site with a clean piece of gauze or a washcloth, and call the parent. The child care provider should not attempt to reinsert the G-tube.

Does the ADA cover gastric tubes in child care?

The Americans with Disabilities Act (ADA) gives children with special health care needs the right to participate fully in child care programs. The law mandates that child care programs make reasonable modifications in order to accommodate children with special health care needs so that they are fully included in the child care setting.

What should I do if I have a child with a gastric tube in my care?

Understand the reasoning for the gastric tube. Children that have a gastric tube usually have had some other medical problem requiring it. Respond to the whole child so that your focus is not only on this one area.

Develop a written daily plan for the special care of the child with a gastric tube. Involve the parents and all staff members who care for the child in the creation of this plan (a Special Health Care Plan form example is available on the CCHP Web site). If available, involve your Child Care Health Consultant or public health nurse for guidance, resources and continued consultation.

Daily assess the child as he or she enters into care to make sure the gastric tube is not dislodged, infected or causing local irritation of the skin.

Communicate with the child's family about the gastric tube care on a regular basis. Your open and positive attitude will let them know that their child's needs are being meet and that their child is being cared for responsibly and lovingly. Let the family show you how to hold the child during feedings. Ask if they provide any sucking, texture or taste stimulation in the mouth during feeding that you might do as well.

Provide opportunities for the other children in care to be part of the planning for the participation of the child who uses a gastric tube. Children are naturally curious about a child who is different than themselves. Encourage them to share their anxieties and fears, explore their questions and interests, and discuss the issue with each other and in play. Answer their questions with simple and factual answers, using examples that they will understand. Share children's books, songs and other materials that promote the acceptance of individual differences.

Does Community Care Licensing allow feeding by gastric tube in child care?

There is nothing in Community Care Licensing (CCL) in California to prohibit child care personnel from administering routine gastric tube feedings, or administering routine *liquid* medication through a gastric tube to a child in care, as it is not considered a medical procedure. However, child care personnel are prohibited from administering *crushed* medication (pills) to a child through a gastric tube.

Licensed facilities *must* notify CCL in writing of their intent and provide a plan of operation to provide gastric tube care. This must include information on how staff are to be trained in gastric tube care. The facility must obtain approval from CCL to provide gastric tube care for a child [Section 101173(c)].

Written permission from the child's parent/guardian *must* be obtained to provide gastric tube care. It must include parental consent to be able to contact the child's health care provider. Licensing form LIC 701B, "Gastrostomy-Tube Care Consent / Verification (Child Care Facilities)" is to be used to document this permission and must be kept on file at the facility [Section 101226(e)(3)(B)].

A qualified health care professional must properly instruct staff personnel who provide gastric tube care about the procedure for the child. This designated person may be the child's parent/guardian if the physician approves. Licensed facilities must ensure that personnel who give gastric tube feedings are competent to do so and that there is written verification that the personnel completed the necessary training/instruction in gastric tube care. Form LIC 701A, "Gastrostomy-Tube Care: Physician's Checklist (Child Care Facilities)," is to be used for this purpose and must be kept on file at the facility. A separate form must be used for each person who provides gastric tube care. It is important to ensure that there is trained back-up staff available to assist if necessary [Section 101216(a)].

Personnel who provide gastric tube care must follow specific written instructions from the child's health care provider The instructions including what to do, who to notify if complications occur, and how to receive training should be attached to the child's LIC 701A form and keep on file at the facility. These instructions must include the exact steps needed to provide gastric tube feeding or liquid medication to the child and provide related necessary care. This includes, but may not be limited to: limitation or modifications to normal activity, frequency of feeding and amount/type of formula or liquid medication, hydration with water or other liquids, method of administering nutrients or medications, positioning of the child, potential side effects, how and when to flush the gastric tube and what to do if becomes clogged, proper sanitation/cleaning procedures, proper storage of equipment and emergency procedures and contact information. These instructions must be updated by the child's health care provider annually, or whenever the child's needs change, by the child's physician or health care provider working with the physician [Section 101226(e)(3)].

Call the Healthline at (800) 333-3212 if you need additional information or materials.

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

Talking with Parents About Behavior Concerns

by Mardi Lucich, MAEd

When you have concerns about a child's behavior, discuss them with parents as soon as possible. It may not be easy to approach parents on this subject. All parents want their children to be successful, healthy and happy, so hearing that you have concerns about their child's behavior can be difficult. Remember that the goal of your communication about a child's behavior is to keep parents informed, involved and included in the problem-solving process.

When communicating with parents

- Set up a time to talk in a quiet, private place where you will not be overheard or interrupted, and when both parents, if possible, can participate.
- Think about what you want to say and how you will present it beforehand. Think about the message you will convey and how to be non-judgmental.
- Be specific and objective about what the issues are: give concrete examples of things you have observed and documented. Include positive qualities and strengths of the child, and highlight your common goal of helping the child develop to his/her potential and to have a positive and healthy experience.
- Elicit parents' feedback and involve them in fact finding. Ask for their insights, listen to their values, observations, concerns and explanations. Parents are experts on their own child.
- Team with parents; they should actively contribute and participate in determining the problem-solving strategies, and setting the goals and methods for changing the child's behaviors. Develop a plan of action together.
- Regular communication helps everyone feel included and successful.
- Any issues you discuss with parents must be held in confidence.
- Refrain from describing a child as "special needs," "abnormal" or "emotionally disturbed." Describe the behavior, rather than labeling the child.

What if parents don't agree that there's a problem?

Sharing concerns with parents can evoke an array of responses, including sadness, fear, denial, anger or hostility. Sometimes parents are not receptive to hearing that their child's behavior is challenging. Be as sensitive, supportive and understanding as possible. Try inviting the parents to observe their child in the care setting. Share with them the objective documentation describing the child's behavior. Keep checking in with them. They may need more information and time to be open and accept the situation.

When should you seek help for behavior concerns?

Seek help when a child's behavior becomes too severe, disruptive or long lasting to be managed within the child care program. If behaviors are persistent or unresponsive to intervention techniques, caregivers in partnership with families should inquire about additional resources for assistance. ◆

Reference
Child Care Behavior Handbook: Promoting Positive Behavior Among Young Children in Child Care Settings and in Early Childhood Programs, Seattle-King County Department of Public Health (1994).

Childhood Depression

by Joan B. Murray, RN, MA

Children are wonderfully resilient, creative and joyful. They work out many problems through play, imagination and talking with trusted adults. Even so, one in every 33 children and one in eight adolescents may have significant depression.

Depression most likely is a result of an imbalance in the mood-regulating chemicals in the brain and can be caused by many things. Symptoms can seem to appear suddenly; parents and caregivers may mistake early symptoms as a passing phase in a child's development. The birth of a sibling, moving to a new home or school, or traumatic events such as death or divorce may trigger depression symptoms and provide warning signs.

Like some other illnesses, depression may run in families. Children with chronic illness, those who have learning disorders or those who may have been abused or neglected are at increased risk for depression.

Depending on age, warning signs can include sad or angry moods; less interest in things that were enjoyable; problems concentrating; changes in sleep, appetite and energy level; not wanting to be with other children as much as usual; low self-esteem; increased aches and pains; and thinking a lot about death.

Brief periods of sadness or irritability are normal and usually settle quickly in a supportive environment. If symptoms persist for more than two weeks, suggest the family consult their health care provider. ◆

Resources
www.mentalhealth.org/cmhs.
www.nimh.nih.gov/publicat/depression.cfm.
www.zerotothree.org.

Colusa County Gives Kids Something to Smile About

by Bonnie Davies, PHN, Child Care Health Consultant

"Whereas, the future of Colusa County is dependent on the overall well-being of its children..."

Thus began the proclamation adopted by the Colusa County Board of Supervisors in support of the first annual ***Give Kids a Smile Day*** campaign held on February 21, 2003. The Give Kids a Smile Day campaign is a movement by the American Dental Association to establish a national children's dental access day during National Children's Dental Health Month. The goal of the day is to highlight the oral health needs of our nation's children and the lack of access to care that many of these children face.

In Colusa County, the local Head Start oral health screening process generally finds that approximately 60 percent of children need dental care immediately. Unfortunately, many of these children never receive this much-needed care because of access issues; few if any receive preventative care. The majority of these children are uninsured, have health insurance with no dental coverage, or their families are unable to find a provider willing to accept their insurance. Although a large percentage of children are from low-income families, children of middle-income earners are also impacted by insurance issues and often lack access to oral health education.

Colusa County's campaign was truly a collaborative effort among those community members with an interest in improving the oral health of all children living in the county. Colusa County Office of Education's Children's Services division coordinated the efforts of local dental health professionals, child care providers, school nurses, local media and community volunteers. Thousands of children and their parents received oral health education, dental offices opened their doors to preschool classes for tours, dental clinics donated their time, expertise and supplies to provide preventative and restorative care for children, and child care providers learned about the importance of promoting good oral health to children in their care. Thanks to a donation from Crest Healthy Smiles 2010, every preschool, elementary and middle school child within the county received a toothbrush and tube of toothpaste.

So how did we measure our success? People started talking about the importance of children's oral health, volunteers approached us about becoming involved in next year's campaign, and we heard from children across the county who said "I can't wait to get home to brush my teeth!" That was by far our greatest indicator of success.

The next Give Kids a Smile Day is scheduled for February 6, 2004. Please visit the American Dental Association's Web site at www.ada.org to learn more about Give Kids a Smile Day and access some of their support materials. ◆

He who helps early helps twice.

—Tadeusz Mazowiecki

CCHP UPDATES

The California Childcare Health Program welcomes two new staff members. Jeremy Elman is our new research assistant and Joan Murray is the new Healthline nurse. Jeremy recently graduated from U.C. Santa Cruz with a bachelor's degree in psychology with a particular emphasis in developmental psychology. Joan is a nurse who comes with many years of community health nursing and research experience.

CCHP collaborated with the California Maternal Child Health Department and received a new two-year federal grant, the State Early Childhood Comprehensive Systems grant. This $100,000 planning grant provides support to state MCH departments to assist with the transition of the Healthy Child Care America Campaign and to develop a statewide needs assessment to integrate health into early childhood services. This planning grant will be followed by a five-year implementation grant for each state. ◆

—Keeping the Kitchen Clean! continued from page 3

with hot soapy water, rinse and allow equipment to air dry. Store all food equipment and supplies in a clean and covered area. Remember to have two cutting boards available: one for raw meat, poultry and seafood, and another for cooked foods and raw fruits and vegetables.

All these measures will help to ensure a clean and healthy cooking and eating environment for all! ◆

References

Making Food Healthy and Safe for Children—How to meet the National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (HRSA).

Health and Safety in the Child Care Setting: Prevention of Infectious Disease (CCHP).

EVENTS

November

Nov 5-8
National Association for the Education of Young Children Annual Conference.
Chicago. (800) 424-2460; www.naeyc.org/conferences.

Nov 7-8
California Head Start Association 2nd Annual Parent Conference.
Emeryville, CA. (916) 444-7760; www.ca-headstart.org.

Nov 19-20:
Cultural Competence and Mental Health Summit—Partnering to Promote Healthy Communities.
San Jose. California Institute for Mental Health. Contact Maria Fuentes, (408) 885-5775; www.cimh.org.

December

Dec 4-7
Birth, Brain, and Bonding.
San Francisco. Association for Prenatal and Perinatal Psychology and Health, (707) 887-2838; http://birthpsychology.com/congress/congress03.html.

January

Jan 22-24
California Head Start Association Conference.
San Francisco. (916) 444-7760; www.ca-headstart.org/conference_2003.html.

—Immunization Handbook, continued from page 4

cards" and pink windows sheets, from the Immunization Coordinator at your Health Department or your local child care resource & referral agency. You can also obtain these materials, and the phone number of your local Immunization Coordinator, from the Healthline at (800) 333-3212. Your coordinator can provide you with assistance and information on local immunization clinics, educational materials and workshops especially for child care providers. ◆

PRODUCT WATCH

Recalls and Product Alerts

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

Recalled Item	Defect	Contact Information
Sonato Wooden Toy Car	The wheels on the toy car can come off, posing a choking hazard to young children. The toy car was sold individually and as a part of the "Wooden Baby Toys Set of 5."	Magic Cabin (888) 623-3655 www.magiccabin.com.
Pet Me Platypus™	Any of the four plastic button covers on this musical plush toy can detach, posing a small parts choking hazard to young children.	Neurosmith (800) 220-3669 ext. 1066
"Comforts" Pacifiers	These pacifiers fail federal safety tests, come apart, and can pose a choking hazard to infants and small children.	The Kroger Company (800) 632-6900
Dora the Explorer Children's Board Book	A plastic replica of a balloon attached to the book can detach, posing a choking hazard to young children.	Simon & Schuster (800) 223-2336 www.simonsayskids.com
"Sandy Claws" Swim Trainers	The nylon body strap on the swim trainer can detach or tear from the flotation device and release a child into the water, posing a serious drowning hazard to young children.	Swimways (800) 889-7946 www.swimways.com
Puzzibilities Recycling Truck Puzzle	One of the puzzle pieces (a stack of newspapers) poses a small parts choking hazard to young children.	Small World (800) 421-4153 www.smallworldtoys.com.
Happyvillagers Toy Sets	The head can detach from the body of the villagers, posing a choking hazard to young children.	HearthSong (888) 623-6557

Legislative Update: Kaitlyn's Law

by Mardi Lucich, MAEd

In 2002, the *Unattended Child in Motor Vehicle Act*, also known as "Kaitlyn's Law" (SB 255-Speier) came into effect in California. The law states that a parent/guardian or other person responsible for a child who is 6 years of age or younger may not leave that child inside a motor vehicle without the supervision of a person who is 12 years of age or older, under either of the following circumstances:

1. Where there are conditions that present a significant risk to the child's health or safety.

2. When the vehicle's engine is running or the vehicle's keys are in the ignition.

A violation of this law is punishable by a fine of $100. The person who committed the infraction may also be required to attend an education program on the dangers of leaving young children unattended in motor vehicles.

What can child care providers do?

- Promote a policy that does not allow parents to leave children unattended in a vehicle at any time, especially when they are dropping off or picking up, even if the child is asleep or it will only take a few minutes. Make sure your parking arrangement promotes safe drop-offs and departures.
- Include information about the dangers of leaving children unattended in or around vehicles in your program's handbook and be sure to discuss your policy and its importance with newly enrolling parents.
- Include articles about the dangers of leaving children unattended in or around vehicles in your program's newsletter. Send home educational materials on the topic and post informational flyers/posters on bulletin boards for parents to see upon entering the program.
- Leave a *"Not Even for a Minute"* flyer (available in English and Spanish from www.kidsincars.org) on the windshield of a vehicle where children have been left unattended. Stay with the children if you can. If you fear the children are in imminent danger, or if the caregiver does not return within 5 minutes, call 9-1-1.
- Collaborate with your local police department to establish a community awareness campaign to educate the public on the dangers of leaving children unattended in cars.
- Encourage parents to never leave their vehicle unlocked or let their children play in or around any vehicle.
- Encourage parents to keep their car keys out of the reach of children.
- Arm children with facts. Teach children about the dangers of a car—it is *not* a toy. ◆

Resources
Kids in Cars is a nonprofit organization dedicated to the prevention of injuries and deaths due to children being left unattended in or around motor vehicles. Check their Web site at www.kidsincars.org for posters, handouts and further information, or call the Healthline at (800) 333-3212 for more information.

—Does Time in Child Care Affect Behavior? continued from page 1

Past studies showed that children in infant care for over 30 hours per week had more problems than other children. This finding was debated in the field and other factors were considered more important than hours of care, such as attachment, maternal sensitivity, child's temperament and quality of care. This new study found that children consistently in long hours of child care had more behavior problems than children in care for fewer hours, even after considering family and child factors. Also, there was not a specific amount of care hours (for example, 30-40 hours versus 10-20 hours) that predicted behavior problems. In this study, the children were in child care for an average of 27 hours per week from birth to kindergarten.

The behavior problems were characterized as adult-child conflict, aggression, assertiveness and disobedience, but children with high levels of behavior problems were not at risk for nor did they require psychiatric care. Behavior problems were rated by mothers, child care providers and kindergarten teachers. In this study, consistent maternal sensitivity was the strongest predictor of children's social competence, fewer behavior problems, and lower caregiver-child or teacher-child conflict. Mother's education, family income and high quality of child care were more moderate predictors of social competence and fewer behavior problems.

Although these findings show that the amount of time children spend in child care affects children's socioemotional adjustment in child care and kindergarten, families and quality of care also matter. ◆

Reference
National Institute of Child Health and Human Development Early Child Care Research Network. (2003). Does amount of time spent in child care predict socioemotional adjustment during the transition to kindergarten? Child Development, July/August, 74(4): 976-1005.

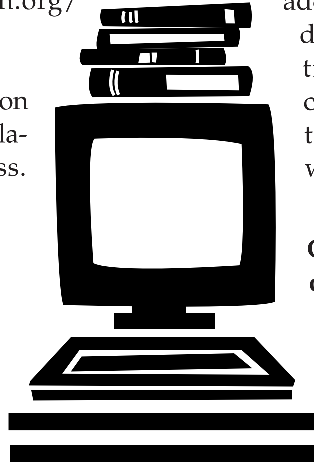
Resources

Bullying and What to Do About It offers statistics and information on bullying, including tips for stopping it. Free. National Mental Health Association, online at www.nmha.org/pbedu/backtoschool/bullying.cfm.

Go Where They Are: Working with Child Care Programs to Reach California's Uninsured Children, from the 100% Campaign, provides information on the child care and health insurance systems in California and highlights strategies to enroll eligible children in free and low-cost health insurance through child care centers. www.100percentcampaign.org/resources/publications/cc-030917.htm.

Overweight/Unfit Children. Provides information on the status of children in your California legislative district related to overweight and fitness. www.publichealthadvocacy.org.

Violence in the Lives of Children, from the Child Trends DataBank, examines the prevalence and types of violence in children's lives, as well as its effect on children by age, gender and ethnicity. Online at www.childtrendsdatabank.org/PDF/Violence.pdf.



National Resource Center on AD/HD, from Children and Adults with Attention-Deficit/Hyperactivity Disorder, offers information about AD/HD as well as strategies for dealing with schools, insurance programs, and public benefits programs. In English and Spanish, online at www.help4adhd.org.

Bright Futures at Georgetown University, a national health promotion initiative dedicated to promoting and improving the health and well being of infants, children and adolescents, offers publications, training tools and distance education. The "Bright Futures in Practice Series" provides guidelines to improve children's health in the areas of mental health, nutrition, oral health and physical activity. www.brightfutures.org.

Guidelines for Collecting Heights and Weights of Children and Adolescents in School Settings, from the Center for Weight and Health, is a very practical guide for respectfully weighing and measuring children. This brochure can be downloaded at http://nature.berkeley.edu/cwh/PDFs/color_weighing.pdf. ◆

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

CHANGE SERVICE REQUESTED

Nonprofit Org.
U.S. POSTAGE
PAID
University of California,
San Francisco