

# 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)



## Act Now—Get the Word Out About Paid Family Leave!

Only one out of four people in California knows about Paid Family Leave *and* the numbers are *even* lower among young and Latino workers, yet 13 million Californians are eligible for Paid Family Leave benefits to bond with a new child or to care for a seriously ill family member!

### Share the good news about Paid Family Leave

Share this information with anyone who works in California, but especially with a pregnant woman, a new mom, a new dad and/or a person who is caring for a seriously ill parent, child, spouse or registered domestic partner.

### Who can receive Paid Family Leave?

All employees who pay into State Disability Insurance, and are taking time off from work to bond with a newborn baby, newly adopted or foster child, or to care for a seriously ill parent, child, spouse or registered domestic partner.

### How much money does one receive?

Maximum weekly benefit is \$882. An employee earning \$32,000 a year would get about \$325 a week. Benefits are available intermittently or all at once.

### Is an employee guaranteed their job back?

Paid Family Leave does not guarantee that you can keep your job. Employees who work for businesses with 50 or more employees, have at least one year of service, and have worked 1,250 hours in the past year may be covered by the Family and Medical Leave Act and the California Family Rights Act, which provide up to 12 weeks of unpaid, job-protected leave.

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## health + safety tips

### Early brain and healthy child development

1. Be warm, loving, and responsive.
  2. Respond to the child's cues and clues.
  3. Talk, sing, and read to children.
  4. Establish rituals and routines.
  5. Encourage safe exploration and play.
  6. Make television watching selective. No TV for children under age 2.
  7. Use discipline as an opportunity to teach.
  8. Recognize that each child is unique.
  9. Choose quality child care and stay involved.
  10. Caregivers need to take care of themselves.
- Source: Using Early Childhood Brain Development Research by Nina Sazer O'Donnell

California Child Care  
**Healthline**



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



*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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## **Immunizations and Flu Season**

**Q**

**We are ending a cycle of colds and flu in our infant center. I encouraged staff to get their flu shots but they were reluctant. Is there anything I can do to prepare for next year's flu season?**

**A**

You cannot force staff to get immunizations that are not required by licensing; however, you can provide incentives for staff to get immunized. There are several immunizations that adult caregivers (child care providers, parents, and other intimate contacts such as grandparents) should consider to protect the children they care for. Many adults will update their immunizations for the sake of their children. The most important adult immunizations that protect young children are: influenza, Tdap (tetanus, diphtheria, attenuated pertussis), and varicella (chicken pox).

The influenza vaccine is especially recommended if you live with or care for young children, especially children with special health needs such as asthma and children less than 6 months of age who are too young to get the flu vaccine, but who are at very high risk of complications from influenza. Since influenza is easily spread in a child care program, the more children and adults who receive flu shots, the lower the rates of the disease and its side effects among young children, other caregivers and family members. In September, start by informing staff of the importance of immunizations and where low, or no cost flu shots, can be provided. Provide financial support for those employees who cannot afford immunization.

Pertussis (whooping cough) is a serious disease for infants who have not completed their pertussis series or remain unimmunized. The major source of infection for these infants is infected adults. Adults under 65 years old, who have not previously received Tdap, and are in close contact with an infant aged under 1 year, should receive a dose of Tdap. Previously immunized adults caring for infants should receive a pertussis booster every two to 10 years. Consultation with a health care provider will help determine if it's indicated.

Varicella or chicken pox immunization in adults will also protect children in care, but you do not need it if you have a reliable history of having had chickenpox or of immunization. Again, consultation with a health care provider will help determine the need.

#### **Resources**

Local Immunization Coordinators located in the county health department can provide immunization materials. Comprehensive immunization resources can also be accessed at [www.immunizeca.org](http://www.immunizeca.org).

Recommended adult immunization schedule by vaccine and age group at [www.cdc.gov/nip/recs/adult-schedule.pdf](http://www.cdc.gov/nip/recs/adult-schedule.pdf).



by Judy Calder, RN, MS

## What is Your Infant Telling You About Feeding?

**C**hildren in the US are becoming overweight and obese at an alarming rate. Caregivers must be aware of the role they may be playing in this epidemic by their infant feeding practices. An important responsibility of caregivers is to help infants and toddlers develop healthy eating habits. This includes helping infants learn to recognize the feelings of hunger and fullness by being sensitive and responding to an infant's cues that she is hungry or full.

In the first six months, the early signs of hunger include increased alertness, physical activity, mouthing, or rooting. Crying is a late sign of hunger. Signs that the infant is full include: turning away from the bottle or breast, or falling asleep. It takes about 20 minutes for a baby to feel full. Do not force him to finish a bottle. It is important for caregivers to know that infants have the ability to self-regulate their milk intake. This means that when they are full, they will stop eating, unless they are pushed to continue eating by their caregiver. If the caregiver doesn't respect the infant's cues by stopping the feeding, infants will overeat and won't learn to recognize when they are full. This can lead to overeating and obesity.

### What are the signs that an infant is ready for solid food?

Physical signs that an infant is ready, include being able to:

- sit up and control her head movement.
- accept a small infant-sized spoon into her mouth without reflexively pushing it out with the tongue

Behavioral cues include:

- hunger shortly after breastmilk or formula feedings, indicating that the baby needs more calories than he is getting from milk alone
- acting interested in (reaching out for or staring at) the foods being eaten by others

When these signs appear, parents should discuss introducing solids with the baby's medical provider. Infants should start solids around 6 months of age. The infant's immature kidneys and digestive system are not able to handle solid foods earlier than six months. Food allergies are more common in infants who are started on solids too early, and there is new evidence that starting solids later than 6 months may also cause food allergies. Infants should start learning how to use a cup at 6 months of age.

When introducing solids the infant develops new cues that she is full. She may:

- purse her lips
- close her mouth
- spit food out
- play with or bite the spoon
- turn her head away from the approaching spoon
- lean back or fall asleep
- drink or eat less

It is important for caregivers to learn these cues and allow the infant to respond to his own internal hunger signs. This lays the foundation for good eating habits. Never offer food to a child to comfort or distract him. This teaches a child to use food to feel better when he is unhappy or bored. Infants should be weaned to a cup by 12 months of age.

Older infants and toddlers can be offered foods that they serve themselves, allowing them to self regulate what they eat. The caregiver's role in feeding toddlers is to create a nurturing feeding environment and provide healthy foods, while allowing the child to determine when and how much he/she will eat.

### Resources

Pediatric Basics, the Journal of Pediatric Nutrition and Development, Number 113, Volume 2006.

by Vickie Leonard, RN, FNP, PHD

## BOX OF FUN

### Crossing the midline

Help children learn the skill of making movements that go from one side of the body to the other, known as "crossing the midline." This skill is necessary for a child to learn more complex tasks such as throwing a ball or passing an object from one hand to another. This concept is also important for fine motor development.

Here is an activity to encourage children to cross the midline: **Figure "8"**

Hand out scarves or streamers and ask the children to make a large "8" in front of their bodies. Have children switch hands. Try making other shapes, letters and numbers with the streamer. Turn on the music and have a streamer parade!

# Take Care of Your Heart

**C**aregivers have many heartfelt relationships with the children in their lives. How can ECE professionals take care of their hearts? Since heart disease is the leading cause of death in the United States, review these steps to lower your risk for heart disease.

## Steps to a healthier heart:

### Eat right

Choose foods low in saturated fats, trans fats, cholesterol, sugar and salt. Read labels to find hidden salt, fat and sugar. Eat more fruits, vegetables and whole grains. Consider giving up that can of soda each day. It can mean a loss of 10–15 lbs over a year!

### Stay active

Staying active strengthens the heart, prevents heart disease and has many other health benefits. Activity builds stamina, gives you more energy, helps you relax and cope better with stress. It helps you sleep more soundly and provides a pleasant way to enjoy time with family and friends. Moderate activity like hiking, dancing, walking and yard work can be done without special equipment or training. These kinds of activities can be part of your planned activities with the children in your care. Try to make changes in the intensity and quality of the planned physical activities in your program and move right along with the children. Circle time does not have to be sitting down. Generally, the more intense the activity and the more time you spend doing it, the more health benefits you will receive.

### Lose weight if you are overweight

Extra weight, especially around the waist, increases your risk for heart disease. Over the past three decades obesity rates have soared. During this time our foods have become more con-

venient and super-sized. At the same time, Americans have become more sedentary. A small change can make a big difference; for example, a 200-pound person who eats the same number of calories but begins to walk 1.5 miles per day, will lose 14 lbs in a year. Stay active and keep the weight off.

### Quit smoking and avoid secondhand smoke

Consult a physician if you need help to quit smoking. There are many new products that can help you. Ask family and friends to smoke outside. Encourage others to quit smoking.



### Control high blood pressure (hypertension)

Most visits to the doctor include having your blood pressure checked. This simple and painless test will tell you if your blood pressure is high or not. Your doctor may give you medication or suggest diet changes if your blood pressure is high.

### Prevent and control diabetes

Diabetes increases the risk of heart disease. Take steps to prevent diabetes with diet, weight loss and exercise. If you have diabetes, work with your doctor to keep your diabetes controlled.

### Resources

US Department of Health and Human Services, NIH, *Your Guide to Physical Activity and Your Heart*, 2006, [www.nhlbi.nih.gov/health/public/heart/obesity/phy\\_active.pdf](http://www.nhlbi.nih.gov/health/public/heart/obesity/phy_active.pdf).

*Your Guide to a Healthy Heart*, 2005, [www.nhlbi.nih.gov/health/public/heart/other/your\\_guide/healthyheart.pdf](http://www.nhlbi.nih.gov/health/public/heart/other/your_guide/healthyheart.pdf).

National Diabetes Education Program, [www.ndep.nih.gov/diabetes/prev/prevention.htm](http://www.ndep.nih.gov/diabetes/prev/prevention.htm).

by Bobbie Rose, RN

## Commonly Used Toxic Cleaning Products

**C**leaning and sanitizing is an important step in reducing the spread of illnesses. However, many products commonly used for household cleaning and maintenance are among the most hazardous and potentially dangerous toxins you will find in your home.

### A source for indoor pollution

Studies by the Environmental Protection Agency show that indoor air quality is much worse than outside air quality. There are many sources of indoor air pollution, including household products such as cleansers and disinfectants; paints, paint strippers, and other solvents; wood preservatives; aerosol sprays; moth repellents and air fresheners. Many common cleaning and household products such as furniture cleaners and polishes, floor cleaners and polishes, oven cleaners, multipurpose cleansers and carpet shampoos contain volatile organic compounds (VOCs), organic solvents that easily evaporate into the air, and into the lungs (and children breathe more air per pound of body weight than adults)!

### Exposure to cleaning chemicals

As with other pollutants, the extent and nature of the health effects of exposure to these materials will depend on many factors, including the amount of exposure, the duration, the toxicity or strength of the toxin and the age, gender and health status of those exposed.

The short-term effects may include irritation of the eyes, nose and throat, headache, mild dizziness, nausea, diarrhea, skin rashes, allergic reactions and asthma flares. Long-term exposure can cause damage to the nervous, reproductive, endocrine and immune systems; birth defects; brain cancer and leukemia.

Household cleaning products are also reported to be responsible for unintentional poisonings in children less than 6 years of age.

### Tips to reduce exposure

- Read the labels of products you are considering buying. Buy the products labeled “caution” or “warning” since these are less harmful than those labeled “poison” or “danger.”
- When purchasing cleaning products, look for key words such as natural ingredients, non-toxic, biodegradable and citrus-based.

- Avoid products with statements such as, “be sure room is ventilated,” “wear protective eye protection and/or gloves,” “harmful if swallowed,” “flammable,” “corrosive,” or “irritant,” as these indicate hazards to health.



- Choose pump sprays over aerosols.
- Store products safely in a locked cabinet, in their original containers, in a well-ventilated area, but out of reach of children and pets.
- Avoid excessive use. Reduce the need to use more toxic products by preventing the growth of molds and bacteria, and by cleaning up immediately. Use safe alternatives (ingredients such as baking soda, liquid soap and detergents, and white vinegar and lemon juice), that often work just as well as more toxic products.
- Use products according to manufacturer’s directions and for their intended purpose. Never mix with other products unless directed on the label.
- Keep products in their original container.
- Make sure you provide plenty of fresh air when using these products.
- Choose products that are packaged to reduce the chance of spills, leaks and child-tampering.
- Unused or partially-used products do not go in the trash—bring them to the Household Hazardous Waste Center. Buy in quantities that you will use soon.
- Use water-based latex paints that 1) contain no solvents, and 2) have zero or low volatile organic compounds (VOCs).

### Resources and References

The Healthy Schools Network at [www.healthyschools.org/index.html](http://www.healthyschools.org/index.html).

The Environmental Protection Agency at [www.epa.gov](http://www.epa.gov).

CCHP Web site at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

by A. Rahman Zamani, MD, MPH



# When the Baby Won't Stop Crying



When an infant cries, she is trying to tell you something. Usually it's easy to figure out what the baby is saying: "I'm hungry," "I'm wet," "I'm frightened." During the first months, an infant's primary needs are touch, eye contact, movement, smiles, nourishment and a close, caring relationship. Ideally, you read the baby's signals, meet her needs and she stops crying. When you respond quickly, the baby gradually learns that the world is a safe place and develops basic trust in herself and the world around her. She forms an attachment to you and a secure base from which to explore the world. Your sensitive, responsive interactions with the infant enhance brain development along with all her other early physical, emotional, intellectual and social development.

But sometimes, all your attempts to provide comfort don't work. The baby cries and cries and just won't be comforted. The longer the baby cries, the longer it takes to stop crying. You try everything that has worked before and become frustrated and find it difficult to feel positive and loving with the baby and her family.

## Why does an infant cry like this — and what can you do?

Keep in mind that crying is how a child tells you he needs something. It's up to you to use your physical touch, kind words, tender loving care and experience to soothe, comfort and help him adjust.

### Stay nearby and be as calm as possible

An inconsolable baby often feels great sadness and confusion at being separated from his mother or family and needs to express his feelings. Whether you are 2 years old or 42 years old, you will have a sense of loss when you are not able to be with the person you most want to be with. The baby needs to experience

the security of being with you. Hold him and stay nearby. Let him take as long as he needs to cry. Reassure other children and parents that you are aware of his feelings and that his needs are being met.

### Reassure the parents

Parents may be distressed by knowing that their baby cries when they aren't there. Ask what they do to comfort him at home and try to adopt some of the same techniques. Try sharing some of your positive experiences each time you talk with the parents, such as, "Serena gave me such a sweet smile when I was singing today," or "Jamil loved going outside and seeing the birds today."

### Try to understand and consider some other causes

- *Physical pain or health condition:* Is she eating, sleeping and developing well? Food allergies or a lack of sleep can cause unusual irritability. Colic, gas, diaper rash, ear infections, teething and other common childhood conditions can cause pain. Be sure a health care provider has evaluated the child recently.
- *Developmental stage:* The onset of stranger and separation anxiety can range from 6 to 18 months. At those times, infants are particularly sensitive to changes in care and may even have difficulty with familiar caregivers. They may act fussy and anxious around unfamiliar people or people who have different physical characteristics from their family. You can help by supporting a strong relationship with a primary caregiver who is always there to say hello and goodbye as well as maintain other routines such as feeding, diapering and napping.
- *Individual differences:* Children with "slow-to-warm" temperaments may take time to embrace

a new caregiver or adjust to being in child care. Consider the compatibility between the temperament of the child and her primary caregiver. Consider the individual child's sensitivity to noise, light or new things, and try to adjust the amount of stimulation in the environment to meet the child's needs. Give children plenty of time to adjust to changes in people and routines and allow for individual preferences.

### Learning self-comforting

Some children are ready to learn to take comfort in good-bye rituals, transitional objects such as blankets or stuffed toys, or other self-comforting skills. Providing the structure and security of a small group with a primary caregiver and regular routines and schedules will help these children.

### Unmet emotional needs

Infants are sensitive to stresses in the family, such as illness, changes in parents' work schedules or limited time and resources. They are tuned in to the moods and feelings of their parents. You may need to make a special effort to talk with the parents about how they are feeling and what is happening at home. Parents may worry and feel guilty about leaving their baby knowing she is crying for long periods of time. Reassure them by talking about what you do to comfort the baby and find out what works at home. If there is a favorite routine, music, toy or activity, you can ask the parent to help you replicate it. If the parent is able to spend some more time with you at the beginning and end of the day, the baby will sense the trust the parent has placed in you and begin to trust you too.

### Unrecognized special needs

Some infants lack a sense of attachment, basic trust and safety and become extremely demanding in response to their own fear. Children who have experienced a lack of care in their early life show high levels of stress hormones, which affect crucial ways in which their brains, bodies and relationships develop.

Factors that may contribute to impaired attachment include: premature birth, prenatal exposure to alcohol or other drugs, separation from the birth

mother, postpartum depression in the mother or other parenting difficulties, severe neglect or abuse, multiple caregivers, unresolved pain, hospitalizations or invasive medical procedures.

Fortunately, early intervention programs are available to provide evaluation and assessment for children who are at risk for disabilities, and to support the child's development through access to appropriate services as needed.

### Caregivers' emotional needs

Pay close attention to your emotional well-being and learn to recognize your own sensitivities and "hot spots." An infant who cries constantly can stress even the most experienced caregiver. Calm yourself and take a deep breath. If you have someone to help, let them try to comfort the baby; or put him down gently in a safe place and go into another part of the room for a few minutes to try to calm down. Try to avoid stressful situations during the time of day he usually fusses. Talk about it with a supportive person.

If it becomes more than you can stand, or if you feel like shaking or hitting or harming a child in any way, *call for help immediately*. Infants are fragile and can be hurt even when you don't mean to.

If you have concerns about a child's development, talk them over with the parents and seek professional help. For resources available for assessment of developmental concerns, call California's Early Start Program, 800-515-BABY, or the Child Care Healthline at 800-333-3212.

### Resources

*Learning and Growing Together: Understanding and Supporting Your Child's Development*. C. Lerner and A.L. Dombro. (2000). Zero to Three. (Also available in Spanish.)

*Learning and Growing Together Tip Sheets: Ideas for Professionals in Programs that Serve Young Children and Their Families*. C. Powers and C. Lerner. (2000). Zero to Three. rev. 06/04

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# Benefits of Objective Observation

**O**bservation is an essential building block of all quality child care programs. While you cannot observe and record every observation on all children, every day, with careful planning, effective objective observation is possible. By using a variety of methods and tools, you can observe children and track how they are learning and developing.

## What is objective observation?

To be objective you must describe and record only the facts about a child; avoid personal feelings, interpretations, and prejudices. When writing objective observations, be aware of development milestones in relation to every child's strengths and needs.

## Conducting objective observations

Plan for the child's observation by:

- Creating a learning environment with adult/child interaction.
- Reserving 10 to 15 minutes to observe one child without interruption.
- Recording the facts in the order they occur.
- Using action verbs (e.g., jumped, ran, tapped, could hop).
- Recording every detail of what you see or hear.

## Why do we observe?

Observation plays an important role in a child's assessment. The biggest value of periodic objective observation is to check on how children are developing as individuals. With such in-depth information about children, you can provide appropriate, individualized lessons, and, ultimately, a quality early childhood program.

## Strategies on utilizing observations to implement a developmentally appropriate program:

- Identify each child's interests, skills, and needs, by paying close attention to environment and materials.
- Measure children's growth and development periodically to assess how they are progressing cognitively, physically, socially and emotionally.
- Identify children with special needs in order to plan for further screening and possible referrals.
- Review and update observations periodically.
- Make appropriate changes to the curriculum in order to identify, guide, and respond to children's behavior and actions.

- Share observations with parents to offer insight into their child's interests, progress, social skills and behavior challenges.
- Create a portfolio (see below) for each child using your observation records and screening.

## What is a portfolio and its use in the child care setting?

The portfolio is a record of the child's process of learning which indicates what and how the child has learned; how she thinks, questions, analyzes, creates, and interacts intellectually, emotionally and socially with others. The portfolio is usually a folder or a binder that contains the child's work samples, records of various forms of systematic observation, and screening tests. Teachers and parents can follow children's progress by reviewing dated writing dictations on his/her drawings, information of books read by or to them, videos or photographs of some activities.

## Overcoming challenges of writing objective observations

Time to observe, record and analyze the observation, is a logistical challenge for caregivers. You can overcome this challenge by: scheduling observation time regularly; including it on the weekly and monthly schedules; supplementing your observations with anecdotal records, checklists, rating scales and developmental screenings. Ask your co-worker, parents, or your assistant to take care of the other children while you observe a child.

## What should you do if concerns are raised?

- Communicate with the parent and get written consent from the parents for referral.
- Refer to Early Intervention and to specialists for further developmental evaluation.

## References

Training Guides for the Head Start Learning Community: Observation and Recording: Tools for Decision Making. Available online at [http://www.headstartinfo.org/pdf/observation\\_recording/observation\\_recording\\_tools\\_decision\\_making.pdf](http://www.headstartinfo.org/pdf/observation_recording/observation_recording_tools_decision_making.pdf).

[www.apples4theteacher.com](http://www.apples4theteacher.com)

by Tahereh Garakani, MA ED



# Secondhand Smoke and Young Children

## What is secondhand smoke?

Secondhand smoke is a mixture of smoke from the burning of a cigarette, pipe or cigar and the smoke exhaled from the lungs of a smoker. It stays in the air for hours after smoking and is inhaled by nonsmokers. Toxins in the smoke can also collect on furniture, toys and clothing. Secondhand smoke can be harmful to young children who are exposed to environments where adults smoke.

## Why are young children especially vulnerable to secondhand smoke?

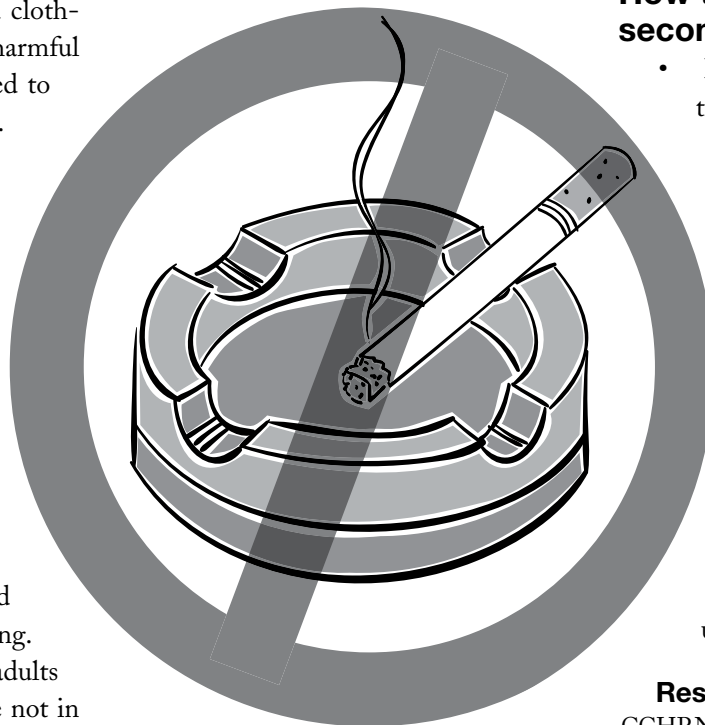
The effects of breathing secondhand smoke are greater for young children since they breathe more air in relation to their body weight than adults. The irritants and toxins in secondhand smoke can do more damage since children's lungs and immune systems are still developing. In addition, children depend on adults for care and supervision. They are not in control and not able to remove themselves from the environment of the smoker.

## Why is secondhand smoke unhealthy for young children?

- Children who breathe secondhand smoke are more likely to develop asthma. Children who already have asthma are more likely to experience more asthma attacks with more severe symptoms.
- Respiratory infections like pneumonia and bronchitis are more common in infants and young children who are

exposed to secondhand smoke.

- Exposure to secondhand smoke increases the risk that a child will develop lung cancer in his lifetime.
- Ear infections occur more often and last longer in children exposed to secondhand smoke.



- Sudden Infant Death Syndrome (SIDS) is the leading cause of death in children ages 1 month to 1 year. The risk of SIDS is higher in infants exposed to secondhand smoke.
- Babies who are born to mothers who smoke during pregnancy tend to weigh less and are more likely to be born early. After birth they may have weaker and smaller lungs.

## Smoking and child care

California Child Care Licensing regulations state that smoking is prohibited on

the premises of any child care center. In Family Child Care homes, smoking is prohibited during the hours of operation and in the areas of the home where children receive care. It is possible for cities and counties to have even stricter rules.

## How to protect children from secondhand smoke

- Enforce the no smoking regulations. Use posters, brochures and mention it in your communications with parents and staff.
  - Help parents and staff quit smoking. Encourage smokers to seek help from a physician, if needed. There are many new products to help people quit smoking.
  - If you smoke, don't smoke around children
  - Ask other people not to smoke around children.
  - Do not allow smoking in cars used for transporting children.

## Resources and References

CCHP No Smoking poster at [www.ucsfchildcarehealth.org/pdfs/posters/others/no\\_smoking\\_0207.pdf](http://www.ucsfchildcarehealth.org/pdfs/posters/others/no_smoking_0207.pdf).

Environmental Protection Agency at [www.epa.gov/smokefree/publications.html](http://www.epa.gov/smokefree/publications.html).

American Lung Association, Secondhand Smoke and Children Fact Sheet, [www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=39857](http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=39857).

California OEHHA, Secondhand Smoke and Children's Health, 2006, [www.oehha.ca.gov/air/environmental\\_tobacco/kidets041906.html](http://www.oehha.ca.gov/air/environmental_tobacco/kidets041906.html).

by Bobbie Rose, RN

## Heat Illnesses

Summer is that time of year when we all enjoy outdoor activities. Physical activity is important for children and adults, but an often unrecognized health issue associated with outdoor play in hot weather is the potential for developing heat illnesses.

### What are heat illnesses?

Heat illnesses occur when the body becomes overheated, usually when you are outside in very hot or humid weather and exercising too vigorously. The body gets hotter and is unable to cool down. First, you may become dehydrated and get heat cramps. If not treated, a more serious problem, such as heat exhaustion or heatstroke, may occur. Heat-related illness is most common in the elderly and in children under 4 years of age. Children don't sweat as much, can't cool down as fast, and their ability to tolerate heat is not as effective as that of adults.

Heat-related illnesses include minor problems like:

- **Heat cramps**, which are muscle pains or spasms (most commonly in the abdominal, arm, or leg muscles) caused when fluids are replaced with plain water.
- **Heat syncope**, in which the person experiences sudden dizziness, feels faint and may actually sometimes faint.

But heat illnesses can progress to the more serious forms of:

- **Heat exhaustion** where the child experiences fatigue, weakness, dizziness, headache, nausea, vomiting, muscle cramps and usually profuse sweating.
- **Heat stroke**, a severely life-threatening disorder in which the child can have the symptoms of heat exhaustion as well as

delirium, seizures, or coma.

### How are heat illnesses prevented?

- Fluid replacement is very important in preventing heat-related illnesses.
- Use a sports drink that contains salt and other electrolytes to replace fluids in hot weather (plain water does not replace the salt that is lost through sweating and this can contribute to heat illnesses).
- Schedule vigorous outdoor activities for cooler times of the day—before 10 a.m. and after 6 p.m.
- During an outdoor activity, take frequent breaks and drink fluids every 15 to 20 minutes

### What actions should be taken when a child is suspected to have a heat illness?

All children with even minor heat illness should be assessed for the possibility of—and continuously monitored for the development of—heat stroke. Treatment for heat illnesses includes:

- Removing the child immediately from the hot environment to a cool, shaded area, or indoors, if that is cooler.
- Remove all clothing and cool the child by spraying water over his skin and then fanning the child's wet skin surfaces.

*If a child has heat stroke*, emergency medical treatment is necessary. If you think someone has heat stroke, call 911 immediately. Follow the treatment for heat illnesses until medical help arrives.

### Resources

*Heat Illnesses*, KidsHealth at [www.kidshealth.org/parent/fitness/problems/heat.html](http://www.kidshealth.org/parent/fitness/problems/heat.html).

by Vickie Leonard, RN, FNP, PHD

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**Paid Family Leave**, continued from page 1

### Get Involved

- Sign up for the monthly Paid Family Leave list serve.
- Do outreach within your community, religious organization, union, and/or workplace.
- Advocate to improve and protect family leave laws.
- Get your program to distribute paid family leave brochures to clients, parents, employees, etc.

### Resources and References

The **California Paid Family Leave Collaborative** offers workshops to

community groups, labor unions, health care providers, legal services agencies, and social service agencies. The Collaborative also offers hotlines, technical assistance, and written materials to the public.

California Paid Family Leave, <http://www.paidfamilyleave.org/>

Employment Development Department's (EDD), <http://www.edd.ca.gov/> or call EDD: 877-BE-THERE.

Workers experiencing difficulty taking leave call: Legal Aid Society-Employment Law Center: 800-880-4087 Equal Rights Advocates: 800-839-4372

## Asthma Awareness Month

**M**ay is Asthma Awareness Month, and World Asthma Day is May 1, 2007. In support of Asthma Awareness Month, the Environmental Protection Agency (EPA) has developed materials to assist you in planning asthma outreach events. Visit [www.epa.gov/asthma/awm.html](http://www.epa.gov/asthma/awm.html) today to view these materials and get involved in Asthma Awareness Month!

### Asthma awareness activities

EPA will publicize your upcoming events on its national Web site. A link from the Asthma Awareness Month Web page will take you to an online event listing form where you can enter information about your planned events. EPA's website includes a map of Asthma Awareness Month activities where you can see what is planned in your state.

### EPA Event Planning Kit

The Event Planning Kit is a free resource for community organizers, health care providers, school nurses, teachers, and

everyone who is committed to raising asthma awareness. The Kit includes ideas and tips on organizing events in local schools, hospitals, clinics, libraries, and state capitals, and provides sample proclamations, letters to the editor, and other resources to make it easy for you to organize outreach events.

### CCHP Asthma Information Packet

The California Childcare Health Program (CCHP) has developed an Asthma Information Packet to assist early care and education providers to learn more about asthma and to better care for children with asthma in their programs. The Asthma Information Packet is available in PDF form in both English and Spanish and can be downloaded from the CCHP website: <http://ucsfchildcarehealth.org/html/pandr/trainingcurrmain.htm#asthma>. The entire packet, which includes a DVD (English and Spanish), may be ordered from CCHP by calling 800-333-3212.

## health + safety calendar

### May 1–31

#### Asthma and Allergy Awareness Month

Materials are available from the Asthma and Allergy Foundation of America  
Contact: Angel Waldron  
(800) 7-ASTHMA (727-8462)  
[www.aafa.org](http://www.aafa.org).

### May 5–8

#### California WIC Association's Conference

San Jose  
Local Agency Sharing exhibits illustrate the creativity and innovation that makes WIC excellent.  
Everything you need is on the conference webpage at [www.calwic.org](http://www.calwic.org).

### May 14–15

#### Child Development Policy Institute Spring Institute on the May Revise

Sacramento  
The Child Development Policy Institute (CDPI) invites you to come hear representatives from the Administration, Legislature and illustrious speakers discuss what's in the May Revise as well as other issues impacting the early care and education field.  
A registration form can be downloaded from the Events section on the CDPI website at [www.cdpi.net](http://www.cdpi.net).

### June 5

#### A Day of Dialogue: Key Stakeholders Plan for the Future of ECE

Oakland  
Top policy makers, funders, researchers and practitioners together in one room to increase our mutual understanding of the issues critical to the future of ECE. Hear what the experts require from each other in order to shape the future of ECE. Ask them the questions you need to know for the children and families you serve, your organization and your career.  
More information can be obtained at [www.childlinkca.org/index.php](http://www.childlinkca.org/index.php) or calling (415) 362-4880.



**Child Care and Behavior Problems.** A new study from the National Institute of Child Health and Human Development—the largest-ever U.S. analysis of child care and development—found that by fifth and sixth grade, children who had spent more than 10 hours per week in the care of someone other than their mother had better vocabulary but more behavior problems than their peers. Researchers were careful to note that parenting quality was a much better predictor of child development than time in care, but the study has touched off much debate. For more on the study, see [www.nichd.nih.gov/news/releases/child\\_care\\_linked\\_to\\_vocabulary\\_032607.cfm](http://www.nichd.nih.gov/news/releases/child_care_linked_to_vocabulary_032607.cfm).

**Quality Child Care—A Guide for Working Parents.** In a recent California Federation of Teachers survey, working parents ranked pre-school/child care as one of the most important issues they face, essential to their ability to work. This guide offers facts and community resources to help Californians find child care. [www.firstclassteachers.org/resourcesmain/downloads/quality-child-care.pdf](http://www.firstclassteachers.org/resourcesmain/downloads/quality-child-care.pdf).

**Child Care Counts: Supporting Work Participation and Family Self-Sufficiency (CA):** This report looks at how the child care community can help California meet new federal work and data reporting requirements under the Temporary Assistance to Needy Families program. Published by the Child Development Policy Institute and The Foundation for Early Education this report can be downloaded at [www.cdpi.net/cs/cdpi/view/rs/32](http://www.cdpi.net/cs/cdpi/view/rs/32).

**Safe Horizon: Spot the Signs and Know What to Do.** Anxiety and depression, aggressive behavior, poor school performance,

even weight gain and fatigue can be warning signs of abuse in children. Safe Horizon is launching a national campaign to help adults spot the signs and intervene, to help change one very stark statistic: every day, four children die from abuse and maltreatment in the United States. Find out more, and how to get help if you suspect domestic violence or abuse at [www.safehorizon.org](http://www.safehorizon.org).

**Promoting Healthy Families in Your Community: 2007 Resource Packet.** Developed for service providers, this packet highlights strategies for fostering protective factors that prevent child abuse and neglect. It also includes tip sheets for parents, in English and Spanish. Online at [www.childwelfare.gov/pubs/res\\_packet\\_2007/packet.pdf](http://www.childwelfare.gov/pubs/res_packet_2007/packet.pdf).

**Kids' Share 2007: Kids and Federal Spending.** The funds are up, the funds are down—year to year, the numbers vary. But the big picture shows an overall decrease in the share of domestic spending that goes to help young people since 1960, particularly because these programs “are not indexed to grow with either the economy or inflation.” The report looks at spending on income security, nutrition, housing, tax credits and exemptions, health, social services, education and training. Online at [www.urban.org/publications/411432.html](http://www.urban.org/publications/411432.html).

**Need for High-Quality Child Care Affects Military Readiness and Retention.** The military has long been considered a model of effective child care policy and programs on a large scale—but improvements are needed to better address military families' child care needs. Rand research brief is online at [www.rand.org/pubs/research\\_briefs/RB9218/](http://www.rand.org/pubs/research_briefs/RB9218/)

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