

# 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)



## Keeping Children Safe in Motor Vehicles

**I**ncreasingly, families are purchasing sport utility vehicles (SUVs) for the transportation of their children. Many parents feel that the larger weight and size of SUVs make them safer vehicles for child passengers. A recent study published in the journal *Pediatrics* found that, actually, children riding in SUVs are no safer than children riding in passenger cars. The potential safety advantage of SUVs resulting from their heavier weight seems to be offset by other factors, particularly the greater tendency of SUVs to *roll over in a crash*.



### What causes a rollover?

- The vehicle is “tripped” by swerving into a curb, guardrail, or a lower vehicle.
- The SUV drives across gravel or mud on the road’s shoulder and the difference in friction of the gravel or mud drags on the tires of one side of the vehicle, causing it to flip.

### Keep in mind that:

- SUVs are two to three times more likely to roll over in an accident than cars.
- Children riding in SUVs who are not in car/booster seats or seat belts are 25 times more likely to be injured in an SUV rollover crash.
- Because of the higher risk of SUV rollover, and the increased risk to children of serious injury in SUV rollovers, **ALL** children who ride in SUVs should be properly restrained in car seats, booster seats or seat belts, depending on their weight and age.

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June 2006

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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

### Earthquake Preparedness

California is overdue for a major earthquake. Here are some tips for injury prevention:

- Much damage occurs during an earthquake when heavy things fall or items shift on surfaces:
  - Remove or move heavy objects that are likely to fall from bookshelves or high shelving.
  - Latch or attach large objects that can't be moved using heavy duty Velcro.
  - Use L-shaped brackets screwed into studs to attach bookcases and cabinets to the wall.
- To prevent injuries from broken glass, move cribs and beds away from windows or use solar/safety film on the glass.
- Fires are a frequent problem after an earthquake, so:
  - Know where the gas “shut-off” valve and master electrical switch are; **know how to turn them off.**
  - Leave a wrench close to the gas meter for turning off the gas.



*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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## **School Entry Health Exam**

**Q** A parent in my program wants to know if it's too early for a school entry health exam. She also wants to know if she can use the same physician form that she used for child care.

**A** How great that parents are planning so far ahead of time. As a child care provider you can also assure children are ready for school by promoting the school health exam and immunizations. The exam can be completed up to 18 months before entry into first grade and most school districts require a health exam for kindergarten entry. The physician's form for child care entry may not be used. The required physicians form (PM171A) called the "Report of Health Examination for School Entry" can be downloaded from the website [www.dhs.ca.gov/publications/forms/pdf/pm171a\(bi\).pdf](http://www.dhs.ca.gov/publications/forms/pdf/pm171a(bi).pdf), or obtained from the new school or from the child's health care provider. This form includes documentation of all immunizations required for kindergarten entry. A family who has deeply held personal beliefs that they do not want a health exam may sign a waiver to that effect.

Children from low-income families or uninsured children may be eligible for free health exams through the CHDP program of your local health department. The program will also have the other referral sources for health insurance and will have the names of local health care providers and dentists who will perform CHDP exams. Healthline can help you locate the phone number of your local CHDP contact.

These health exams are critical to promoting success in school and result in fewer untreated health problems, less illness, and improved attendance at school. Especially important is a good dental exam so children are free from tooth decay and toothaches. Included in the health exam are: a health and development history, complete physical exam, oral health assessment, nutrition assessment, immunizations, vision and hearing screening, screening tests for anemia, lead, urine abnormalities, a TB risk factor assessment, health education and anticipatory guidance. Having this exam done early allows for time to get any treatment needed well before school starts.

Child care programs can also prepare children for this event by encouraging dramatic doctor and dentist play and by reading books on the topic. Healthline can provide suggestions for books.



by Judy Calder, RN, MS

## Separation Anxiety

**S**tarting child care and separating from a primary caregiver are stressful experiences and commonly cause “separation anxiety” in young children. All children, even those reared at home, will experience some developmentally appropriate anxiety when separated from their primary caregivers, usually between 6 and 20 months. How children express their feelings in the ECE setting will depend on their personality, previous experiences with separation, and the response of the adults in the child’s environment. Common ways of expressing anxiety over separation are crying, “clinging”, and having tantrums.

A child is identified as having Separation Anxiety Disorder (SAD) when he or she experiences developmentally inappropriate distress, or excessive anxiety, for at least four weeks around separation. The first sign of SAD is usually when the child refuses to go to child care. The child may do this verbally or indirectly by complaining of headaches or stomachaches, by having a temper tantrum in the morning while getting ready, or clinging excessively when a parent attempts to leave the child at day care. The child with SAD does not have a specific fear, but a more general concern about separation from the primary caregiver, and the anxious behavior occurs in any setting in which the child is separated from the caregiver. Intervention is imperative for these children, because treatments are often very effective and will spare the child a great deal of distress as they grow (between eight and 12% of children suffer from anxiety severe enough to interfere with daily functioning).

To prevent SAD in the child care setting, encourage parents to:

- Accompany the child for a visit or for a phase-in period before he actually starts.
- Stay with the child for a *short* period of time when dropping the child off.

- After picking the child up, spend time talking about what happened during the day; praise the child for what she accomplished.
- Offer the child a “transitional object”: a photograph, blanket or cuddly toy that stands in for the parent while he is away, reminding the child that he is loved and the parent will return.
- Have a consistent daily routine so their child knows who will be there for her and when.
- Never leave without saying goodbye.

The ECE professional can help to prevent SAD by:

- Orienting the child to the child care setting.
- Offering comfort during the day to the child with anxiety over separation, and praising her when she participates in activities.
- Identifying the child’s interests and involving him in them when he arrives.
- Avoiding moving quickly or touching the child unless you are sure the child wants to be touched.
- “Parallel playing” next to the child, letting him direct any interaction between the two of you.
- Pairing the child with a “buddy” who can help the child learn new routines and explain the physical environment.
- Saying in words what you think the child is feeling, particularly if she is sad or crying; reassure her that her parent(s) will return and give a specific time.
- Repeating familiar nap or mealtime routines from home.

If the child’s anxiety worsens, despite the above interventions, and lasts for more than four weeks, talk with the family about professional intervention.

by Victoria Leonard, RN, FNP, PHD

### BOX OF FUN

#### Board Walking

Lay a long, flat board that is 6–8 inches wide on a rug or a grassy area. Make sure the board is free from nails or splintered edges. Demonstrate how to walk along the board while the children watch. Next, hold each child’s hand as he walks slowly across. Then let the children

take turns walking across on their own. Challenge the children to walk across tip-toed, backwards and sideways. Pretend the rug is hot lava or water. Encourage the children to use their imaginations, laugh and have fun!

*Adapted from Active Learning for Two’s, 1988, by Debby Cryer, Thelma Harms and Beth Bourland*

# Tuberculosis Screening for Early Care and Education Staff

## What is Tuberculosis?

Tuberculosis (TB) is a serious, chronic bacterial infection that usually infects the lungs, although other organs and parts of the body can be involved. Individuals with active TB infection (in which TB bacteria are multiplying and attacking different parts of the body), need aggressive, long-term treatment that includes a combination of antibiotics and careful follow-up. If undetected, TB can spread through families and communities.

## Are child care staff required to be screened for TB?

Community Care Licensing requires that all new licensees and new employees have a health screening by a primary care provider that includes a TB skin test. The test must be performed not more than one year before, or seven days after, the start of work. If an ECE facility is part of a school district or a Head Start program, the requirements may be stricter. For example, TB testing may need to be repeated at regular intervals such as every two or every four years. In addition, if TB is found in a community, the local Public Health Department may require additional testing.

## What are the TB test requirements for Family Child Care homes?

Evidence of TB clearance is required for *any adult* in the home during the time that children are in care.

## What is a TB skin test?

A TB skin test, or Mantoux test, involves using a small needle to inject a liquid (tuberculin) into the skin on the inner forearm. If this material is remembered by the body's immune system because of previous exposure to TB, a positive reaction will occur.

## How is it read?

The Mantoux test must be read after 48–72 hours by a health professional. This requires a return visit to the health provider who performed the test.

A positive reaction will produce a hard red area at the sight of the injection that measures larger than 10 mm. Documentation of this reading is required.

## What if I have a positive test?

A positive test means that the body was exposed to the TB germs. It doesn't necessarily mean that the individual with a positive test has *active* TB disease. A new employee with a positive skin test must have a physical exam that includes a chest x-ray and/or a symptom review. Symptoms of active TB are: chronic cough, weight loss, fever and night sweats. This staff member must present documentation by a physician or public health official that she has been cleared to work.

## What if I test positive because of a previous exposure or because of having BCG as a child in another country?

A positive skin test can occur because a staff member had BCG (TB vaccine) as a child, or had been exposed to or treated for TB in the past. Some people carry the germ without being sick. These individuals must provide documentation of a health status review by their physician before starting work.

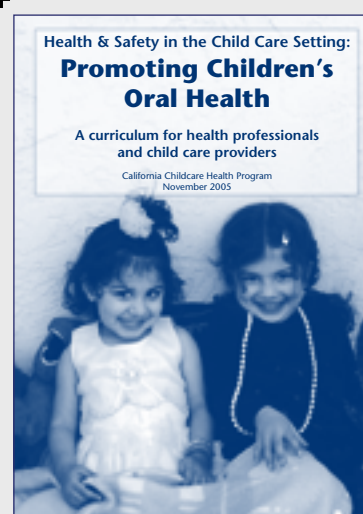
## Resources:

Caring for Our Children, National Health and Safety Standards for Out of Home Child Care Programs, Second edition, standard 6.014, 2002

CCHP Illness Fact Sheet at <http://ucsfchildcarehealth.org/pdfs/illnesses/TUBEen020105.pdf>

California Department of Social Services Manual Community Care Licensing, 2004

by Bobbie Rose, RN



**New curriculum available!**

## Promoting Children's Oral Health

To order your copy please call:  
(800) 333-3212

To view or download the curriculum, visit our website at:  
[ucsfchildcarehealth.org](http://ucsfchildcarehealth.org)



## Good Care of Your Toothbrush is Important

**T**oothbrushing with a fluoride toothpaste is important for good oral hygiene, plaque removal, keeping the mouth clean and healthy, and improving a child's breath and sense of taste. Appropriate cleaning, storage and replacement of toothbrushes are also important to prevent spread of disease.

### Is toothbrush contamination a potential health risk?

Studies have shown that various microorganisms can grow on toothbrushes after use. Toothbrushes become contaminated with bacteria, blood, saliva, oral debris and toothpaste. Even after being rinsed with tap water, visibly clean toothbrushes can remain contaminated with potentially harmful germs. Contaminated toothbrushes can be a reservoir for the direct transmission of germs as well as a source for introduction or reintroduction of germs from infected to non-infected tissues.

### What are the sources of toothbrush contamination?

- **Mouth.** Since millions of different types of germs including those responsible for the development of dental caries (*S. Mutans*) and other diseases are living in the mouth, some of them are transferred to the toothbrush during brushing.
- **Environment.** Most people store their toothbrushes in the bathroom. Since the bathroom can be the most contaminated room in the house, it may be possible to find some germs from the environment on the brush.
- **Toothbrush package.** Since toothbrushes are not required to be sold in a sterile (germ-free) package, they may even be packaged with germs on them.

### Recommended toothbrush care

- Do not share toothbrushes.
- Wash your hands before and after brushing.
- After brushing, rinse the toothbrush thoroughly with tap water and allow it to air-dry.
- Do not routinely cover toothbrushes or store them in closed containers—a humid environment is more favorable to bacterial growth than the open air.
- Store the toothbrush in an upright position, so water drains away from bristles.



- Replace toothbrushes every 3–4 months or sooner if the bristles appear worn or damaged.
- It is not necessary to soak toothbrushes in disinfecting solutions or mouthwash. This may lead to cross contamination of brushes if the same solution is used over time or by multiple users.
- It is also unnecessary to use dishwashers, microwaves or ultraviolet devices to disinfect toothbrushes. This may damage the toothbrush.

### Talk to your child care provider

If your child is attending child care, discuss the daily program of oral hygiene with your child care provider. Review their oral health policy and their measures for hygienic toothbrushing in their program. For more information visit our web site at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

### References and Resources

American Academy of Pediatric Dentistry, Pediatric Dentistry—22:5, 2000. *Microbial contamination of toothbrushes and their decontamination.*

American Dental Association (ADA) Statement on Toothbrush Care: Cleaning, Storage and Replacement.

National Center for Chronic Disease Prevention and Health Promotion, Oral Health Resources. *Infection Control Fact Sheet.*

Australian Dental Journal 1998;43:(2):128-30. *The microbial contamination of toothbrushes. A pilot study.*

by A. Rahman Zamani, MD, MPH



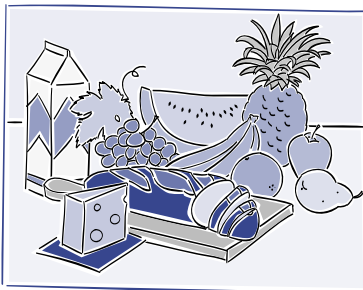
## PREVENTING BABY BOTTLE TOOTH DECAY OR EARLY CHILDHOOD CARIES



Never put a baby to bed with a bottle, unless it has only water in it.



Introduce a feeding cup between ages 6 and 8 months. Use a regular cup (no sipper cups).



Limit sweet, sticky, starchy snacks. Snacks like cheese, plain yogurt, whole grain cereals or breads, fruits and vegetables are better.



Wean from the bottle by the first birthday.



Start cleaning teeth as soon as the first teeth erupt. Clean the mouth, gums and teeth at least daily.



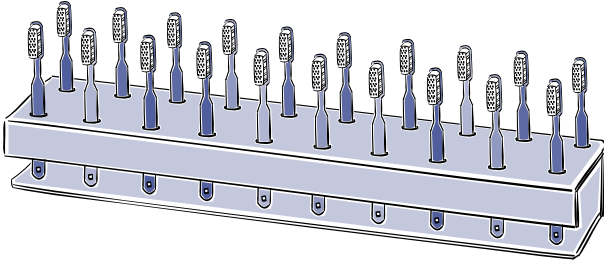
Encourage children to drink water rather than fruit juices or sweet drinks when thirsty.

California Childcare Health Program  
[www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

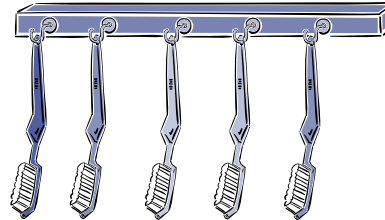
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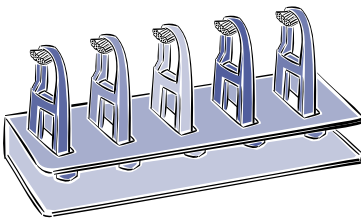
# TOOTHBRUSH STORAGE



Store toothbrushes in open air, so bristles will dry out.



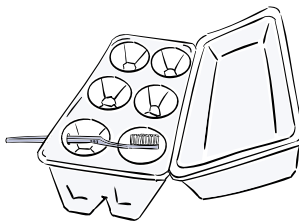
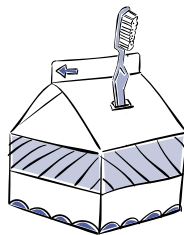
Suspend toothbrushes so that bristles do not touch each other.



Space them so that toothbrush bristles do not touch or drip on each other.

Change brushes every 3 months or when worn.

Label toothbrushes and storage rack with children's names.



Use a commercial storage rack or make your own.

California Childcare Health Program  
[www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)



# Meeting the Needs of Children with Autism

**A**utism is a severe developmental disorder that impairs a person's ability to communicate and socialize. It often becomes evident soon after birth, but always by age three. Some children are severely affected and they have little or no language and may also have unusual physical mannerisms or tics. Others are more mildly affected with near age-appropriate verbal skills. Because of this variation in severity, autism is considered an Autistic Spectrum Disorder (ASD).

## What causes autism?

No one knows exactly what causes ASD. However, it is clear that autism is a *biological* brain disorder. Scientists believe that both genes and environmental factors play a role in the development of autism. Studies show that neither immunizations nor parenting practices are a cause of ASD.

## Early intervention is important

Although there is no cure for autism, caregivers play a crucial role in recognizing developmental delays and encouraging parents to request an assessment from their regular health care provider. Early intervention is very important for children with ASD. The "Act Early Initiative" urges parents and professionals who are working with children birth to 5 years to look closely at a child's development to assess whether the child is meeting his milestones. Recognizing delays and encouraging the family to provide an early referral (birth to 3 years) to Regional Centers, and children 3 to 5 years to local educational agencies (in their school districts) will help children benefit from therapy.

## Be alert for the possibility of autism in the child who:

- Does not babble, point, or make meaningful gestures by 1 year of age
- Does not combine two words by 2 years
- Has loss of language and/or social skills during the second year
- Does not play "pretend" games (e.g., pretend feeding a doll)
- Doesn't smile



- Becomes attached to unusual objects
- Seems to be hearing impaired at times, although no evidence of a hearing problem is present
- Exhibits unusual repetitive behaviors like hand-flapping, humming, rocking or running in circles
- Has difficulty with change
- Unable to imitate the behaviors of others
- Laughs, cries, or shows distress for no apparent reason
- Prefers to be alone
- Has uncontrollable tantrums
- Has uneven gross and fine motor skills
- Is over-sensitive or under-sensitive to pain
- Has no real fear of danger

## Some strategies for working with children with autism in the ECE setting include:

- Keep messages simple and direct.
- Use objects and actions along with words (Show & Tell)
- Focus on improving the child's communication skills, and emphasize spoken language by having the child ask for something by name whenever possible.
- Give the child opportunities to interact with non-disabled children who are at a comparable level in language and social development.
- Establish a predictable environment including teachers' language, behaviors, daily routines and classroom furnishings and materials.
- Provide opportunities for the child to use new skills in a variety of settings (home, school, and park) and with a variety of people.
- Reduce class size to minimize distractions.
- Provide frequent communication with parents and other caregivers.

If you have any concerns about children under your care, please contact Healthline at (800) 333-3212.

by Tahereh Garakani, MA Ed



# Important Findings from a Recent Dental Health Foundation Survey

## What is the Dental Health Foundation?

The Dental Health Foundation (DHF) works to bring the latest findings on dental research to the general public, educators and health practitioners, to bridge the gap between scientific knowledge and the community. The foundation's goal is to promote oral health by advocating for prevention strategies and improving access to oral health services.

## What is the Dental Health Foundation Survey?

The recent DHF survey, called the California Smile Survey, is an oral health study that was conducted between February and June 2005. The findings were published in February 2006. In the study, 21,000 California kindergartners and third graders, in nearly 200 randomly selected schools throughout the state, were screened for dental decay.

## What did the survey show?

- Dental disease is a problem for California children. More than one-half of the kindergarten children studied had tooth decay, and almost one-third of these children had untreated tooth decay.
- Children with severe decay are often in pain and miss more school days.
- Low income, Latino and other minority children have more dental decay and more barriers to finding dental care. About one-third of low-income children have untreated tooth decay compared to about one-fifth of higher income children.
- Many California children have never been to a dentist.

- California children have more dental problems than children in most other states.
- Dental decay in children is costly and it is preventable. Early prevention is the most effective strategy to reduce dental decay in children.

## Dental disease can create other problems for children.

Children with untreated dental decay may have many other problems as a result of this neglect. They may experience:

- Pain and poor nutrition since chewing is uncomfortable.
- Infected teeth that can lead to other infections such as ear and sinus infections.
- Social and speech problems.
- Trouble sleeping and concentrating that can affect performance in school.
- Tooth loss that can result in adult teeth that do not come in correctly and are prone to disease.

## What do these findings mean to caregivers and parents of young children?

Early dental decay prevention is an important part of the health care and education provided by pediatricians, nurses, health educators, teachers and child care providers. Child care providers are in a key position to prevent dental disease and can



work with parents to improve the dental health of young children in their care. Child care programs and pre-schools can include tooth brushing in their daily activities, encourage families to make regular visits to the dentist and provide a diet that promotes healthy teeth.

Please visit the California Childcare Health Program website for free resources to promote dental health in your setting at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org) or call the toll-free Healthline at 1-800-333-3212 for more information.

## Resources and References:

Dental Health Foundation, The California Smile Survey An Oral Health Assessment of California's Kindergarten and 3<sup>rd</sup> Grade Children, February 2006 at [www.dentalhealthfoundation.org/topics/public/For%20web/DHF\\_2006\\_Report.pdf](http://www.dentalhealthfoundation.org/topics/public/For%20web/DHF_2006_Report.pdf)

by Bobbie Rose, RN

## Let's Protect Preschool Children from Over-Exposure to UV Rays

**N**o child care staff person would ever consider pouring arsenic into a preschool child's drink. Neither would staff put asbestos fibers in a child's food or blow tobacco smoke in a child's face. Yet many adults inadvertently expose young people to another cancer-causing substance: ultra-violet (UV) radiation (or UV rays).

UV rays are invisible energy that comes from the sun. These rays are the chief cause of skin cancer, by far the most common cancer afflicting California residents. Besides skin cancer, UV rays can also initiate painful sunburns, a weakened immunity, cataracts and wrinkling at an early age. Children often receive up to half of their lifetime sun exposure by age 18.

Even a few blistering sunburns during childhood can double the risk that children will develop melanoma as adults. Melanoma is the deadliest form of skin cancer. If melanoma moves into the internal organs, a person has approximately an 86% chance of dying from the disease within five years.

Child care staff should begin to teach and otherwise encour-

age young children to keep a barrier between themselves and sun. Such protection includes wearing a hat with a wide brim, longer clothing (weather permitting), UV-protective sunglasses, and applying sunscreen to exposed skin. Staying under shade also greatly reduces UV exposure.



The California Department of Health Services' Skin Cancer Prevention Program (SCPP) has prepared a sun-safety education package that it distributes, free of charge, to child care and preschool sites. The package includes a 20-activity curriculum, video, poster and a policy template, all designed to teach sun-protection behaviors to children ages 3 to 5.

You can request a package order form from SCPP via e-mail at [amanthe@dhs.ca.gov](mailto:amanthe@dhs.ca.gov) or by telephone at (916) 449-5393. You are also encouraged to visit SCPP's web-based resource center at [www.dhs.ca.gov/ps/cdic/cpns/skin/skin\\_resources.htm](http://www.dhs.ca.gov/ps/cdic/cpns/skin/skin_resources.htm).

SCPP Chief Andrew Manthe reminds everyone, "Protect young children from solar assault! Model sun-safety practices as you work with young children." Why not order your free skin cancer prevention module today?

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### Keeping Children Safe, continued from page 1

- Children riding in the front seat of vehicles suffer more severe injuries from passenger air bags than children riding in the rear seats in car seats or seat belts, so never place children less than 13 years of age in the front seat of a vehicle that has passenger air bags.
- And, remember that SUVs emit 75% more smog-forming emissions than cars!
- Include safety information in a newsletter or correspondence with parents.
- Include speakers on child passenger safety at parent meetings.
- Post the child safety seat law poster in a visible place near check in/checkout.
- Discuss your transportation policy with parents. Let parents know you are concerned about the safety of their children.
- Schedule a car seat checkup with child passenger safety experts and invite parents to get their car seats checked.

As a child care provider you are in a unique position to promote child passenger safety and provide accurate information to parents:

- Make child passenger safety information available to parents.

### References:

Daly L, Kallan MJ, Arbogast KB, Durbin DR. 2006 Risk of injury to child passengers in sport utility vehicles *Pediatrics*. 117(1):9-14.

by Victoria Leonard, RN, FNP, PHD



## May 16–17

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

*Sheraton Hotel, Sacramento*

Paul Miller, pmiller@cdpi.net, 510-744-9280 x 24

[www.cdpi.net/2006spring.html](http://www.cdpi.net/2006spring.html)

## May 4–6

### After School Leadership Conference

*Hilton Palm Springs Resort, Palm Springs*

Tia Quinn, 619-682-5260, tiaquinn@sdco.net

[www.sdco.net/rtac](http://www.sdco.net/rtac)

## June 2

### Korean American Educators Association KAEA 20th Annual Conference

*Radisson Wilshire Plaza Hotel, Los Angeles*

Daniel Yoon, dyoon@lausd.k12.ca.us,

213-389-1181

## May 21–24

### 5th UCLA Conference on Public Health and Disasters

*Long Beach*

[www.cphd.ucla.edu/](http://www.cphd.ucla.edu/)

## May 4–6

### CCHP/CTI Health and Safety Training

*Health Care Professionals May 4–5, Oakland*

*ECE professionals May 6, Oakland*

More information: [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)



# health + safety resources

## Sun Protection Education Module for use with Preschool Children

The California Department of Health Services' Skin Cancer Prevention Program (SCPP) has a free sun-safety education package that it distributes to child care and preschool sites. The package includes a curriculum, video, poster, and a policy template for teaching sun-protection behaviors to children ages 3 to 5 years. Request the package order form from SCPP via e-mail at [amanthe@dhs.ca.gov](mailto:amanthe@dhs.ca.gov) or by telephone at (916) 449-5393. Also visit SCPP's web-based resource center at [www.dhs.ca.gov/ps/cdic/cpnns/skin/skin\\_resources.htm](http://www.dhs.ca.gov/ps/cdic/cpnns/skin/skin_resources.htm)

## Earthquake Preparedness Tips:

- Earthquake Preparedness: What Every Child Care Provider Should Know  
Available from Federal Emergency Management Association (FEMA) on the web at [www.fema.gov/kids/pdf/daycare.pdf](http://www.fema.gov/kids/pdf/daycare.pdf)
- ABAG Home Quake Safety Toolkit at [www.abag.ca.gov/bayarea/eqmaps/fixit/fixit.html](http://www.abag.ca.gov/bayarea/eqmaps/fixit/fixit.html)
- Protecting Our Kids From Disasters: Nonstructural Mitigation for Child Care Centers at [www.ibhs.org/docs/childcare.pdf](http://www.ibhs.org/docs/childcare.pdf)
- Head Start Disaster Preparedness Workbook Available from the UCLA Center for Public Health and Disasters at [www.cphd.ucla.edu/headstartwb.html](http://www.cphd.ucla.edu/headstartwb.html)

**Evaluating Professional Development in Early Childhood Education:** This issue of the Evaluation Exchange, from the Harvard Family Research Project, focuses on evaluating professional

development across a range of fields, including after school and youth development, education, early childhood education, and child welfare. Download a copy or read the HTML version at [www.gse.harvard.edu/hfrp/eval/issue32/](http://www.gse.harvard.edu/hfrp/eval/issue32/).

**Helping Youth Succeed Through Out-Of-School Time:** This report reviews the current research and literature on out-of-school time (OST) programs especially with regard to their effectiveness. [www.aypf.org/publications/HelpingYouthOST2006.pdf](http://www.aypf.org/publications/HelpingYouthOST2006.pdf)

**Getting Ready for Quality: The Critical Importance of Developing and Supporting a Skilled, Ethnically and Linguistically Diverse Early Childhood Workforce:** A new study by California Tomorrow addresses the significant issues in developing and supporting an early childhood workforce that is diverse and cognizant of issues of culture. [www.zerotothree.org/policy/Getting%20Ready%20for%20Quality.pdf](http://www.zerotothree.org/policy/Getting%20Ready%20for%20Quality.pdf)

**A Child Care Provider's Guide to Safe Sleep:** This easy-to-read brochure provides child care providers with straightforward information about safe sleep practices, as well as information about SIDS. <http://healthychildcare.org/pdf/SIDSchildcaresafesleep.pdf>

**A Parents' Guide to Safe Sleep:** This brochure is for parents and includes information about working with child care providers to ensure that safe sleep practices are used both in the home and in child care. <http://healthychildcare.org/pdf/SIDSparentsafesleep.pdf>

# Hand Washing

**H**andwashing is the most important infection control measure to prevent illness in yourself and the children you care for.

## When should hands be washed?

<i>Before and After</i>	• Eating/drinking or handling food
	• Feeding a child
	• Giving medication (particularly eye drops/ ointment, etc.)
	• Playing in water that is used by more than one person
<i>After</i>	• Toileting, diapering and assisting a child in the toilet
	• Handling body fluids such as blood, urine, stool, vomit, saliva, mucus, etc.
	• Cleaning up or handling garbage
	• Playing or working outdoors
	• Handling pets and other animals, their cages, or other pet objects
	• Touching sick children, especially those with skin lesions
	• Handling uncooked food, especially raw meat and poultry
	• Removing gloves used for any purpose
	• Hands are visibly dirty

## The important concepts to remember about hand washing are:

1. You need to use running water which drains out—not a stoppered sink or container.
2. Hot water is not necessary, but warm water can be used for comfort and will help increase duration of hand washing.
3. You need to use soap, preferably liquid.
4. Antibacterial soap is not required or necessary because:
  - Both bacteria and viruses are common causes of illnesses, and antibacterial soaps are designed to kill bacteria—not viruses or fungus.
  - They are not usually applied in a way that allows them to work properly, since they are not left on the skin long enough before being rinsed off.
  - Studies have shown that there is little or no evidence of the antibacterial products offering any additional protection against bacteria. On the contrary, antibacterial products may add to the existing problem of antibiotic-resistant bacteria.

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